

Regence - Medical	Deductible (Indiv/Fam)	Coinsurance	Out of Pocket (Indiv/Fam)	Office Visit Copay	Prescription Drugs
<b>PPO Plan A - Includes BDTC Network</b>					
PPO Plan A   \$500	\$500/\$1500	80%/60%	\$2500/\$7500	\$25	\$15/\$35/\$75
PPO Plan A   \$1000	\$1000/\$3000	80%/60%	\$3000/\$9000	\$25	\$15/\$35/\$75
PPO Plan A   \$1500	\$1500/\$4500	80%/60%	\$3500/\$10500	\$25	\$15/\$35/\$75
PPO Plan A   \$2000	\$2000/\$6000	80%/60%	\$4000/\$12000	\$25	\$15/\$35/\$75
PPO Plan A   \$2500	\$2500/\$7500	80%/60%	\$5000/\$10000	\$25	\$15/\$35/\$75
PPO Plan A   \$3500	\$3500/\$7000	80%/60%	\$6500/\$13000	\$25	\$15/\$35/\$75
PPO Plan A   \$5000	\$5000/\$10000	80%/60%	\$6500/\$13000	\$25	\$15/\$35/\$75
<b>PPO Plan B - Includes BDTC Network</b>					
PPO Plan B   \$500	\$500/\$1500	70%/50%	\$3500/\$10500	\$25	\$15/\$35/\$75
PPO Plan B   \$1000	\$1000/\$3000	70%/50%	\$4000/\$12000	\$25	\$15/\$35/\$75
PPO Plan B   \$1500	\$1500/\$4500	70%/50%	\$4500/\$9000	\$25	\$15/\$35/\$75
PPO Plan B   \$2000	\$2000/\$4000	70%/50%	\$6000/\$12000	\$25	\$15/\$35/\$75
PPO Plan B   \$2500	\$2500/\$5000	70%/50%	\$7500/\$15000	\$25	\$15/\$35/\$75
PPO Plan B   \$3500	\$3500/\$7000	70%/50%	\$7500/\$15000	\$25	\$15/\$35/\$75
PPO Plan B   \$5000	\$5000/\$10000	70%/50%	\$7500/\$15000	\$25	\$15/\$35/\$75
<b>PPO Plan C - Includes BDTC Network</b>					
PPO Plan C   \$2500	\$2500/\$5000	70%/50%	\$7350/\$14700	\$35/\$45	\$4/25%/\$25/50%/20%/50%
PPO Plan C   \$3000	\$3000/\$6000	70%/50%	\$7350/\$14700	\$35/\$45	\$4/25%/\$25/50%/20%/50%
PPO Plan C   \$4000	\$4000/\$8000	70%/50%	\$7350/\$14700	\$35/\$45	\$4/25%/\$25/50%/20%/50%
PPO Plan C   \$5500	\$5500/\$11000	70%/50%	\$7350/\$14700	\$35/\$45	\$4/25%/\$25/50%/20%/50%
<b>PPO Plan D HSA - Does NOT Include BDTC Network</b>					
PPO Plan D   \$1500	\$1500/\$3000	80%/60%	\$5000/\$10000	n/a	80%
PPO Plan D   \$2500	\$2500/\$5000	80%/60%	\$5000/\$10000	n/a	80%
PPO Plan D   \$3500	\$3500/\$7000	80%/60%	\$5000/\$10000	n/a	80%
PPO Plan D   \$5000	\$5000/\$10000	80%/60%	\$6350/\$12700	n/a	80%

**Blue Distinction Total Care (BDTC)**

- Added network of national providers with enhanced cost-share discounts; 50% off BDTC office visits.
- BDTC discounts apply to VGBT A, B, and C Plans. BDTC is NOT available on VGBT D Plans (HSA Plans).
- Oregon BDTC Medical Groups include: Adventist, Bend Memorial Clinic, Corvallis Clinic, Oregon Medical Group, Portland Coordinated Care, The Vancouver Clinic and Salem Clinic.
- BDTC providers are nationwide. Visit regence.com to search providers. Look for the BDTC badge beneath the provider's name.

Reliant Behavioral Health - Employee Assistance Program	
3-Visit Model	3 face-to-face visits
6-Visit Model	6 face-to-face visits

LifeMap Assurance Company - Life & AD&D	
Plan A	\$10,000 of Basic Life and AD&D coverage
Plan B	\$15,000 of Basic Life and AD&D coverage
Plan C	\$25,000 of Basic Life and AD&D coverage

VSP - Vision	Copay		Frequency			Allowance
	Exam	Material	Lenses	Frames	Contacts	
Plan 1	\$10	\$10	12	12	24	\$150
Plan 2	\$10	\$10	12	12	12	\$200
Plan 3	\$10	\$10	12	12	12	\$200
+ ProTec Safety Glasses (employee only)	\$10		12	12	12	n/a

Delta Dental of Washington - Dental	Deductible (Indiv/Fam)	Coinsurance PPO	Coinsurance Premier	Calendar Year Maximum
	Plan 1	\$50/\$150	100%/90%/50%	100%/80%/50%
Plan 2	\$25/\$75	100%/90%/50%	100%/80%/50%	\$2,000
Plan 3	\$50/\$150	100%/80%/50%	100%/80%/50%	\$1,000
Plan 4	\$25/\$75	100%/90%/50%	80%/70%/40%	\$1,500

Family Orthodontic Coverage (10+ Employees)      \$0      50%      50%      \$1000 Lifetime



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Delta Dental of Washington