

| Regence - Medical | Deductible (Indiv/Fam) | Coinsurance | Out of Pocket (Indiv/Fam) | Office Visit Copay | Prescription Drugs | | |
|--|---|--------------|---|--|------------------------------|----------------------|-------------------|
| | | | | | Deductible | Value Plus Drug List | Copay/Coinsurance |
| PPO Plan A | | | | | | | |
| PPO Plan A \$500 | \$500/\$1500 | 80%/60% | \$2500/\$7500 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan A \$1000 | \$1000/\$3000 | 80%/60% | \$3000/\$9000 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan A \$1500 | \$1500/\$4500 | 80%/60% | \$3500/\$10500 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan A \$2000 | \$2000/\$6000 | 80%/60% | \$4000/\$12000 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan A \$2500 | \$2500/\$7500 | 80%/60% | \$4500/\$9000 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan A \$3500 | \$3500/\$7000 | 80%/60% | \$6350/\$12700 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan A \$5000 | \$5000/\$10000 | 80%/60% | \$6350/\$12700 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan B | | | | | | | |
| PPO Plan B \$500 | \$500/\$1500 | 70%/50% | \$3500/\$10500 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan B \$1000 | \$1000/\$3000 | 70%/50% | \$4000/\$12000 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan B \$1500 | \$1500/\$4500 | 70%/50% | \$4500/\$9000 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan B \$2000 | \$2000/\$4000 | 70%/50% | \$6000/\$12000 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan B \$2500 | \$2500/\$5000 | 70%/50% | \$6350/\$12700 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan B \$3500 | \$3500/\$7000 | 70%/50% | \$6350/\$12700 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan B \$5000 | \$5000/\$10000 | 70%/50% | \$6350/\$12700 | \$25 | n/a | n/a | \$15/\$35/\$75 |
| PPO Plan D HSA | | | | | | | |
| PPO Plan D \$1500 | \$1500/\$3000 | 80%/60% | \$5000/\$10000 | n/a | Shared with Medical | n/a | 80% |
| PPO Plan D \$2500 | \$2500/\$5000 | 80%/60% | \$5000/\$10000 | n/a | Shared with Medical | n/a | 80% |
| PPO Plan D \$3500 | \$3500/\$7000 | 80%/60% | \$5000/\$10000 | n/a | Shared with Medical | n/a | 80% |
| PPO Plan D \$5000 | \$5000/\$10000 | 80%/60% | \$6350/\$12700 | n/a | Shared with Medical | n/a | 80% |
| ACO Plan M (Tuality/Adventist) | | | | | | | |
| ACO Plan M TA \$500 | INN:\$500/\$1000 OON:\$1000/\$2000 | 80%/50% | INN:\$2500/\$5000 OON:\$5000/\$10000 | PCP: \$25 Specialist: \$45 | \$250 (Waived on Generic) | \$4 Copay | \$7/25%/50% |
| ACO Plan M TA \$1000 | INN:\$1000/\$2000 OON:\$2000/\$4000 | 80%/50% | INN:\$3000/\$6000 OON:\$6000/\$12000 | PCP: \$25 Specialist: \$45 | \$250 (Waived on Generic) | \$4 Copay | \$7/25%/50% |
| ACO Plan M TA \$2000 | INN:\$2000/\$4000 OON:\$4000/\$8000 | 80%/50% | INN:\$4000/\$8000 OON:\$8000/\$16000 | PCP: \$25 Specialist: \$45 | \$250 (Waived on Generic) | \$4 Copay | \$7/25%/50% |
| ACO Plan M TA \$5000 | INN:\$5000/\$10000 OON:\$10000/\$20000 | 80%/50% | INN:\$6350/\$12700 OON:\$12700/\$25400 | PCP: \$25 Specialist: \$45 | \$250 (Waived on Generic) | \$4 Copay | \$7/25%/50% |
| 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 Exam Material | | Frequency Lenses Frames Contacts | | | Allowance | |
| 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 | |
| Moda Health (ODS) - Dental | | | | | | | |
| | Deductible (Indiv/Fam) | Coinsurance | Calendar Year Maximum | | | | |
| Plan 1000 | \$50/\$150 | 80%/80%/50% | \$1,000 | | | | |
| Plan 1500 | \$50/\$150 | 100%/80%/50% | \$1,500 | | | | |
| Plan 2000 | \$50/\$150 | 100%/80%/50% | \$2,000 | | | | |



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