

**Vigilant OptiFlex™ Medical Plan Descriptions**

Available to Groups of 51 or More Enrolled

Premiera Medical - Prime Network	Deductible (Individual/Family)	Coinsurance	Out of Pocket (Individual/Family)	Office Visit Copay	Prescription Drugs
<b>80 Series   80% Copay Plans</b>					
PPO 80   250	\$250   \$500	80%   50%	\$4,000   \$8,000	\$30	\$10   \$40   \$70
PPO 80   350	\$350   \$700	80%   50%	\$4,000   \$8,000	\$30	\$10   \$40   \$70
PPO 80   500	\$500   \$1,000	80%   50%	\$4,000   \$8,000	\$30	\$10   \$40   \$70
PPO 80   750	\$750   \$1,500	80%   50%	\$4,000   \$8,000	\$30	\$10   \$40   \$70
PPO 80   1000	\$1,000   \$2,000	80%   50%	\$4,000   \$8,000	\$30	\$10   \$40   \$70
PPO 80   1500	\$1,500   \$3,000	80%   50%	\$5,000   \$10,000	\$30	\$10   \$40   \$70
PPO 80   2000	\$2,000   \$4,000	80%   50%	\$5,000   \$10,000	\$30	\$10   \$40   \$70
PPO 80   2500	\$2,500   \$5,000	80%   50%	\$5,000   \$10,000	\$30	\$10   \$40   \$70
PPO 80   3000	\$3,000   \$6,000	80%   50%	\$6,000   \$12,000	\$30	\$10   \$40   \$70
PPO 80   4000	\$4,000   \$8,000	80%   50%	\$6,000   \$12,000	\$30	\$10   \$40   \$70
PPO 80   5000	\$5,000   \$10,000	80%   50%	\$6,000   \$12,000	\$40	\$10   \$40   \$70
<b>70 Series   70% Copay Plans</b>					
PPO 70   1000	\$1,000   \$2,000	70%   50%	\$5,000   \$10,000	\$40	\$10   \$50   \$80
PPO 70   1500	\$1,500   \$3,000	70%   50%	\$5,000   \$10,000	\$40	\$10   \$50   \$80
PPO 70   2000	\$2,000   \$4,000	70%   50%	\$5,000   \$10,000	\$40	\$10   \$50   \$80
PPO 70   2500	\$2,500   \$5,000	70%   50%	\$5,000   \$10,000	\$40	\$10   \$50   \$80
PPO 70   3000	\$3,000   \$6,000	70%   50%	\$6,000   \$12,000	\$40	\$10   \$50   \$80
PPO 70   4000	\$4,000   \$8,000	70%   50%	\$6,000   \$12,000	\$40	\$10   \$50   \$80
<b>50 Series   50% Copay Plans</b>					
PPO 50   0	\$0   \$0	50%   50%	\$4,000   \$8,000	\$0	50%   50%   50%
PPO 50   500	\$500   \$1,000	50%   50%	\$4,000   \$8,000	\$0	50%   50%   50%
PPO 50   1000	\$1,000   \$2,000	50%   50%	\$5,000   \$10,000	\$0	50%   50%   50%
<b>HSA Plans</b>					
HSA \$1500	\$1,500   \$3,000	80%   60%	\$4,000   \$8,000	\$0	80%   80%   80%
HSA \$2500	\$2,500   \$5,000	80%   60%	\$5,000   \$10,000	\$0	80%   80%   80%
HSA \$3500	\$3,500   \$7,000	80%   60%	\$6,000   \$12,000	\$0	80%   80%   80%
HSA \$4500	\$5,500   \$11,000	80%   60%	\$6,000   \$12,000	\$0	80%   80%   80%

  

Premiera Medical - Plus Network	Deductible (Individual/Family)	Coinsurance	Out of Pocket (Individual/Family)	Office Visit Copay	Prescription Drugs
<b>80 Series   80% Copay Plans</b>					
PPO 80   250	\$250   \$500	80%   50%	\$4,000   \$8,000	\$30	\$10   \$40   \$70
PPO 80   500	\$500   \$1,000	80%   50%	\$4,000   \$8,000	\$30	\$10   \$40   \$70
PPO 80   1000	\$1,000   \$2,000	80%   50%	\$4,000   \$8,000	\$30	\$10   \$40   \$70
PPO 80   2000	\$2,000   \$4,000	80%   50%	\$5,000   \$10,000	\$30	\$10   \$40   \$70
PPO 80   3000	\$3,000   \$6,000	80%   50%	\$6,000   \$12,000	\$30	\$10   \$40   \$70
PPO 80   5000	\$5,000   \$10,000	80%   50%	\$6,000   \$12,000	\$40	\$10   \$40   \$70
<b>70 Series   70% Copay Plans</b>					
PPO 70   1500	\$1,500   \$3,000	70%   50%	\$5,000   \$10,000	40	\$10   \$50   \$80
PPO 70   2500	\$2,500   \$5,000	70%   50%	\$5,000   \$10,000	40	\$10   \$50   \$80
PPO 70   4000	\$4,000   \$8,000	70%   50%	\$6,000   \$12,000	40	\$10   \$50   \$80
<b>50 Series   50% Copay Plans</b>					
PPO 50   500	\$0   \$0	50%   50%	\$4,000   \$8,000	\$0	50%   50%   50%
<b>HSA Plans</b>					
HSA \$1500	\$1,500   \$3,000	80%   60%	\$4,000   \$8,000	\$0	80%   80%   80%
HSA \$3500	\$3,500   \$7,000	80%   60%	\$6,000   \$12,000	\$0	80%   80%   80%

**Ancillary Plan Descriptions**

Available Through Vigilant Manufacturers' Trust, for Groups Enrolled in OptiFlex™

LifeMap Assurance Company - Employee Life + AD&D	
Employee Life + AD&D	
\$10,000 (Mandatory)	\$10,000 of Basic Life and AD&D coverage
\$15,000	\$15,000 of Basic Life and AD&D coverage
\$25,000	\$25,000 of Basic Life and AD&D coverage
\$50,000	\$50,000 of Basic Life and AD&D coverage
Dependent Life + AD&D	
\$5,000 Spouse   \$2,500 Child	1 plan available

VSP Vision	Exams Copay   Frequency	Lenses Copay   Frequency	Frames Allowance   Freq.	Contacts Copay   Allow   Freq	Computer Vision Care (Lenses/Frames)
Exam Plus	\$10   12 Mo.	n/a	n/a	n/a	n/a
Basic	\$10   12 Mo.	\$0   24 Mo.	\$130   24 Mo.	\$60   \$130   24 Mo.	n/a
Preferred	\$10   12 Mo.	\$0   12 Mo.	\$150   24 Mo.	\$60   \$150   12 Mo.	n/a
Enhanced + Computer VisionCare	\$10   12 Mo.	\$0   12 Mo.	\$150   12 Mo.	\$60   \$150   12 Mo.	L: \$10   12 Mo. F: \$10   \$90   12 Mo.

Delta Dental Plan of Washington	Deductible (Individual/Family)	Coinsurance		Calendar Year Maximum
		Delta PPO	Delta Premier	
Plan 1	\$50   \$150	100%   90%   50%	100%   80%   50%	\$1,000
Plan 2	\$25   \$75	100%   90%   50%	100%   80%   50%	\$2,000
Plan 3	\$25   \$75	80%   80%   50%	80%   80%   50%	\$2,000
Plan 4	\$25   \$75	100%   90%   50%	80%   70%   40%	\$1,500
Family Orthodontia Rider (10+ EEs)	n/a	50%	50%	\$1,000 Lifetime

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