



Northwest Financial Associations Employee Benefit Trust

All Lines of Coverage - Oregon
For Effective Dates 1/1/2025 to 12/31/2025

Regence BlueCross BlueShield of Oregon (Classic Network)	Deductible (Individual/Family)	Coinsurance (In Network Out of Network)	Out of Pocket Max (Individual/Family)	Office Visit Copay (In Network)	Prescription Drugs (Retail)
Regence PPO Plans	In & Out of Network		Per Calendar Year		
PPO 80 500	\$500 \$1,000	80% 60%	\$3,500 \$7,000	\$20	\$10 \$35 \$75
PPO 80 1000	\$1,000 \$2,000	80% 60%	\$4,500 \$9,000	\$20	\$10 \$35 \$75
PPO 80 1500	\$1,500 \$3,000	80% 60%	\$5,000 \$10,000	\$20	\$10 \$35 \$75
PPO 80 2000	\$2,000 \$4,000	80% 60%	\$5,500 \$11,000	\$25	\$10 \$35 \$75
PPO 80 2500	\$2,500 \$5,000	80% 60%	\$5,500 \$11,000	\$25	\$10 \$35 \$75
PPO 80 3000	\$3,000 \$6,000	80% 60%	\$5,500 \$11,000	\$25	\$10 \$35 \$75
PPO 80 3500	\$3,500 \$7,000	80% 60%	\$5,500 \$11,000	\$25	\$10 \$35 \$75
PPO 80 5000	\$5,000 \$10,000	80% 60%	\$6,500 \$13,000	\$25	\$10 \$35 \$75
PPO 70 1500	\$1,500 \$3,000	70% 50%	\$5,000 \$10,000	\$30	\$10 \$35 \$75
PPO 70 2000	\$2,000 \$4,000	70% 50%	\$5,500 \$11,000	\$30	\$10 \$35 \$75
PPO 70 2500	\$2,500 \$5,000	70% 50%	\$5,500 \$11,000	\$30	\$10 \$35 \$75
PPO 70 3000	\$3,000 \$6,000	70% 50%	\$5,500 \$11,000	\$30	\$10 \$35 \$75
PPO 70 5000	\$5,000 \$10,000	70% 50%	\$7,000 \$14,000	\$30	\$10 \$35 \$75
PPO 70 6000	\$6,000 \$12,000	70% 50%	\$7,000 \$14,000	\$35	\$10 \$35 \$75
PPO 70 7000	\$7,000 \$14,000	70% 50%	\$8,000 \$16,000	\$35	\$10 \$35 \$75
PPO 100 7900	\$7,900 \$15,800	100% 100%	\$7,900 \$15,800	\$35	\$10 \$35 \$75
HSA Plans					
HSA 80 1700	\$1,700 \$3,400	80% 60%	\$4,500 \$9,000	80%	80%
HSA 80 2500	\$2,500 \$5,000	80% 60%	\$5,000 \$10,000	80%	80%
HSA 80 3500	\$3,500 \$7,000	80% 60%	\$6,000 \$12,000	80%	80%
HSA 80 5000	\$5,000 \$10,000	80% 60%	\$7,000 \$14,000	80%	80%

Regence Dual Choice: Groups with less than 10 employees enrolled may select up to 2 plans. Groups with 10+ enrolled employees may select up to 3 plans. At least one employee must be enrolled in each plan.

First Choice Health EAP

Basic EAP Plan	Included in all Medical plans - Up to 3 in-person assessment sessions per issue/per person/per year <small>Services include legal and financial consultation, childcare and family referral services as well as elder and adult care services.</small>
Enhanced EAP Plan	Includes all Basic EAP services plus up to 5 in-person assessment sessions per issue/person/year

Delta Dental of Oregon	Deductible (Indiv Family)	Class			Maximum
		Class I	Class II	Class III	
Plan B (Incentive)	\$50 \$150	Year 1=70%, Year 2=80%, Year 3=90%, Year 4=100%			\$2,000
Plan C (with Out of Network)	\$0 \$0	100% INN 80% OON	80% INN 60% OON	50%	\$2,000
Plan E	\$50 \$150	100%	80%	50%	\$2,000
Plan F	\$50 \$150	100%	80%	50%	\$1,500
Plan G	\$50 \$150	80%	80%	50%	\$1,000
Orthodontia Rider		Available for Adults & Children 50% and \$1,000 Lifetime Maximum per person			
Class III & Orthodontia Benefits		Covered after 12 months of continuous coverage			

Willamette Dental Insurance, Inc.

Staff Plan	\$25 office visit copay Schedule of copays for services performed Orthodontia included with no waiting period
Dental Dual Choice:	A Delta Dental plan may be combined with a Willamette Dental plan. At least 5 employees must be enrolled in the Delta Dental plan.

VSP Vision (Choice Network)	Exams		Lenses		Frames	
	Copay	Frequency	Copay	Frequency	Allowance	Freq.
Plan V1	\$25	12 Mo.	\$25	12 Mo.	\$190	24 Mo.
Plan V2	\$25	24 Mo.	\$25	24 Mo.	\$190	24 Mo.
Plan V3:						
Core	\$25	12 Mo.	Exam Only Plan - Extra Savings Available (see plan summary)			
Buy Up	\$25	12 Mo.	\$25	12 Mo.	\$190	24 Mo.
Plan V4	\$25	12 Mo.	\$25	12 Mo.	\$190	12 Mo.

Standard Insurance Company

Employee Life + AD&D	
Plan 1	1 X Annual Salary to \$300,000
Plan 2	2 X Annual Salary to \$300,000
Plan 2.5	2.5 X Annual Salary to \$400,000
Plan 3	3 X Annual Salary to \$500,000
Plan 5	Flat \$50,000
Plan 6	Flat \$25,000
Plan 7 (Mandatory If No Other Basic Life/AD&D Plan is Selected)	Flat \$15,000
Short Term Disability	
Plan 1	60% up to the first \$3,333 of weekly pre-disability payroll, up to \$2K weekly max
Plan 2	70% up to the first \$2,857 of weekly pre-disability payroll, up to \$2K weekly max
Long Term Disability	
Plan 1	60% of first \$25K Payroll, up to \$15K/mo max; 2-year Own Occupation after 90 Days
Plan 2	60% of first \$25K Payroll, up to \$15K/mo max; Own Occupation to SSNRA after 90 Days
Plan 3	66 2/3% of first \$22.5K Payroll, up to \$15K/mo max; 2-year Own Occupation after 90 Days
Plan 4	66 2/3% of first \$22.5K Payroll, up to \$15K/mo max; Own Occupation to SSNRA after 90 Days
Plan 5	60% of first \$10K Payroll, up to \$6K/mo max; 2-year Own Occupation after 90 Days
Plan 6	60% of first \$10K Payroll, up to \$6K/mo max; Own Occupation to SSNRA after 90 Days
Voluntary Life	
Employee	5 X Annual Salary to \$300,000; Guarantee Issue \$80,000
Spouse	50% of Employee Election to \$150,000; Guarantee Issue \$20,000
Children	50% of Employee Election: \$5,000 or \$10,000; All Guarantee Issue
Voluntary AD&D	
Employee: 10X Annual Salary to \$500,000	If dependents are elected, the amount of insurance will be as follows: <small>Spouse Only: 50% of Employee amount Children Only: 20% of Employee amount for each child Spouse & Children: 50% of Employee for Spouse, 5% of Employee for each child</small>

Metropolitan Life Insurance Company	
MetLife Insurance - Voluntary Worksite	
Voluntary Accident	Low Plan or High Plan - Benefit Type by Schedule of events/services
Voluntary Critical Illness	Low Plan \$15,000 High Plan \$30,000 Initial Benefit; 50% Spouse or Dependent Children Maximum Benefit is 300% of Initial Benefit
Voluntary Hospital Indemnity	Low Plan \$500 Admission / \$100 Confinement High Plan \$1,000 Admission / \$200 Confinement
MetLaw/Hyatt Legal Plans	
Voluntary Group Legal	Unlimited telephone advice and office consultations on personal legal matters with an attorney of your choice. Full representation for certain services.