

# WTIA OPTIFLEX

For Groups with 51+ Enrolled



## Premera Medical

| All Plans Available on Heritage Prime & Heritage Networks | Deductible (Individual/Family) | Coinsurance | Out of Pocket (Individual/Family) | Office Visit Copay | Prescription Drugs Essentials RX |
|---|--------------------------------|-------------|-----------------------------------|--------------------|----------------------------------|
| Tech Premier  | \$200   \$600                  | 100%   50%  | \$1,500   \$4,500                 | \$15               | \$5   \$25   \$50   30%          |
| Tech 90   \$200   | \$200   \$600                  | 90%   50%   | \$3,000   \$9,000                 | \$20               | \$10   \$30   \$60   30%         |
| Tech 90   \$350   | \$350   \$1,050                | 90%   50%   | \$3,000   \$9,000                 | \$20               | \$10   \$30   \$60   30%         |
| Tech 90   \$500   | \$500   \$1,500                | 90%   50%   | \$3,000   \$9,000                 | \$20               | \$10   \$30   \$60   30%         |
| Tech 90   \$750   | \$750   \$2,250                | 90%   50%   | \$3,000   \$9,000                 | \$20               | \$10   \$30   \$60   30%         |
| Tech 80   \$250   | \$250   \$750                  | 80%   50%   | \$3,000   \$9,000                 | \$25               | \$10   \$30   \$60   30%         |
| Tech 80   \$350   | \$350   \$1,050                | 80%   50%   | \$3,500   \$10,500                | \$25               | \$10   \$30   \$60   30%         |
| Tech 80   \$500   | \$500   \$1,500                | 80%   50%   | \$3,500   \$10,500                | \$25               | \$10   \$30   \$60   30%         |
| Tech 80   \$750   | \$750   \$2,250                | 80%   50%   | \$3,500   \$10,500                | \$30               | \$10   \$40   \$80   30%         |
| Tech 80   \$1000  | \$1,000   \$3,000              | 80%   50%   | \$4,200   \$12,600                | \$30               | \$10   \$40   \$80   30%         |
| Tech 80   \$1500  | \$1,500   \$3,000              | 80%   50%   | \$6,350   \$12,700                | \$35               | \$10   \$40   \$80   30%         |
| Tech 80   \$2000  | \$2,000   \$4,000              | 80%   50%   | \$6,350   \$12,700                | \$35               | \$10   \$40   \$80   30%         |
| Tech 80   \$2500  | \$2,500   \$5,000              | 80%   50%   | \$6,350   \$12,700                | \$40               | \$10   \$40   \$80   30%         |
| Tech 80   \$3000  | \$3,000   \$6,000              | 80%   50%   | \$6,350   \$12,700                | \$40               | \$10   \$40   \$80   30%         |
| Tech 80   \$4000  | \$4,000   \$8,000              | 80%   50%   | \$6,350   \$12,700                | \$40               | \$10   \$40   \$80   30%         |
| Premier HSA \$4250  | \$4,250   \$8,500              | 100%   50%  | \$4,250   \$8,500                 | n/a                | 100%                             |
| HSA \$1500  | \$1,500   \$3,000              | 80%   60%   | \$5,000   \$10,000                | n/a                | 80%                              |
| HSA \$3000  | \$3,000   \$6,000              | 80%   60%   | \$5,000   \$10,000                | n/a                | 80%                              |
| HSA \$4500  | \$4,500   \$9,000              | 80%   60%   | \$5,000   \$10,000                | n/a                | 80%                              |

## Premera Vision

Coverage optional; Vision is embedded in Medical Plan if elected.

|                | Exams Copay   Frequency | Hardware Allow   Frequency |
|----------------|-------------------------|----------------------------|
| WTIA Preferred | \$0   PCY               | \$300   24 months          |
| WTIA Enhanced  | \$0   PCY               | \$300   PCY                |

## Premera Dental

| Dental Plans                       | Deductible (Individual/Family) | Coinsurance Class I, II, III In Network | Calendar Year Maximum |
|------------------------------------|--------------------------------|---|-----------------------|
| Dental 750                         | none                           | 100%   80%   50%                        | \$750                 |
| Dental 1000                        | \$50 / \$150                   | 100%   90%   60%                        | \$1,000               |
| Dental 1500                        | \$50 / \$150                   | 100%   90%   60%                        | \$1,500               |
| Dental 2000                        | \$25 / \$75                    | 100%   90%   60%                        | \$2,000               |
| Dental 2500                        | \$25 / \$75                    | 100%   90%   60%                        | \$2,500               |
| Family Orthodontia Rider (10+ EEs) | n/a                            | 50%                                     | \$1,000 Lifetime      |

\*EAP, life, & disability options available upon request