

WTIA PLAN DESCRIPTIONS



All Lines of Coverage
For Effective Dates 12/01/2022 through 11/30/2023

Benefits Program

Premera Medical*

*Heritage & Heritage Prime networks offered

Medical Plan Name	Office Visit Copay	Virtual/ Telemedicine Cost Share	Calendar Year Deductible (Individual Family)	Coinsurance In-Network Out-of-Network	Prescription Drugs Essentials RX	Out-of-Pocket Maximum (Individual Family)
Tech Premier	\$15	\$15	\$200 \$600	100% 50%	\$5 \$25 \$50 30%	\$1,500 \$4,500
Tech 90 \$200	\$20	\$20	\$200 \$600	90% 50%	\$10 \$30 \$60 30%	\$3,000 \$9,000
Tech 90 \$350	\$20	\$20	\$350 \$1,050	90% 50%	\$10 \$30 \$60 30%	\$3,000 \$9,000
Tech 90 \$500	\$20	\$20	\$500 \$1,500	90% 50%	\$10 \$30 \$60 30%	\$3,000 \$9,000
Tech 90 \$750	\$20	\$20	\$750 \$2,250	90% 50%	\$10 \$30 \$60 30%	\$3,000 \$9,000
Tech 80 \$250	\$25	\$20	\$250 \$750	80% 50%	\$10 \$30 \$60 30%	\$3,000 \$9,000
Tech 80 \$350	\$25	\$20	\$350 \$1,050	80% 50%	\$10 \$30 \$60 30%	\$3,500 \$10,500
Tech 80 \$500	\$25	\$20	\$500 \$1,500	80% 50%	\$10 \$30 \$60 30%	\$3,500 \$10,500
Tech 80 \$750	\$30	\$20	\$750 \$2,250	80% 50%	\$10 \$40 \$80 30%	\$3,500 \$10,500
Tech 80 \$1000	\$30	\$20	\$1,000 \$3,000	80% 50%	\$10 \$40 \$80 30%	\$4,200 \$12,600
Tech 80 \$1500	\$35	\$20	\$1,500 \$3,000	80% 50%	\$10 \$40 \$80 30%	\$6,350 \$12,700
Tech 80 \$2000	\$35	\$20	\$2,000 \$4,000	80% 50%	\$10 \$40 \$80 30%	\$6,350 \$12,700
Tech 80 \$2500	\$40	\$20	\$2,500 \$5,000	80% 50%	\$10 \$40 \$80 30%	\$6,350 \$12,700
Tech 80 \$3000	\$40	\$20	\$3,000 \$6,000	80% 50%	\$10 \$40 \$80 30%	\$6,350 \$12,700
Tech 80 \$4000	\$40	\$20	\$4,000 \$8,000	80% 50%	\$10 \$40 \$80 30%	\$6,350 \$12,700
Premier HSA \$4250	n/a	Deductible Only	\$4,250 \$8,500	100% 50%	100%	\$4,250 \$8,500
HSA \$1500	n/a	Deductible Only Coins. Waived	\$1,500 \$3,000	80% 60%	80%	\$5,000 \$10,000
HSA \$3000	n/a	Deductible Only Coins. Waived	\$3,000 \$6,000	80% 60%	80%	\$5,000 \$10,000
HSA \$4500	n/a	Deductible Only Coins. Waived	\$4,500 \$9,000	80% 60%	80%	\$5,000 \$10,000

Wellspring Employee Assistance Program

3-Visit Model (Included with medical)

3 face-to-face visits

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

VSP Vision

VSP Plans	Exams Copay Frequency	Lenses Copay Frequency	Frames Allowance Frequency	Contact Copay Allow Frequency	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 Vision Care	\$10 12 Mo.	\$0 12 Mo.	\$150 12 Mo.	\$60 \$150 12 Mo.	L: \$10 12 Mo.
EasyOptions	\$10 12 Mo.	\$0 12 Mo.	\$170 12 Mo.	\$60 \$170 12 Mo.	F: \$10 \$90 12 Mo.

Metropolitan Life Insurance Company

Mandatory Plan A	\$25,000 of Basic Life and AD&D coverage
Plan B	\$50,000 of Basic Life and AD&D coverage
Plan C	\$100,000 of Basic Life and AD&D coverage
Plan D	\$250,000 of Basic Life and AD&D coverage
Supplemental Life and AD&D Spouse & Dependent Life and AD&D	Increments of \$10,000 up to maximum of \$500,000 coverage Spouse: Increments of \$5,000 to maximum of \$250,000 coverage Dependent: Flat \$2,500 coverage
Long-Term Disability	4 plans (90-day & 180-day elimination period available)
Short-Term Disability	4 plans (12-week & 26-week duration available)