

UnitedHealthcare (UHC)						
<i>All plans are on the UHC Choice Plus network</i>						
UHC Medical Plan Names	Office Visit Copay	Specialist/ Urgent Care Co-pay	Calendar Year Deductible Individual Family	Coinsurance In-Network Out-of-Network	Prescription Drug Coverage Advantage 4-Tier	Out-of-Pocket Maximum Individual Family
Tech Premier Series						
Tech Premier	\$15	\$15	\$200 \$600	100% 50%	\$5 \$25 \$50 30%	\$1,500 \$4,500
Tech 90 Series						
Tech 90 \$200	\$20	\$20	\$200 \$600	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 Series						
Tech 80 \$250	\$25	\$25	\$250 \$750	80% 50%	\$10 \$30 \$60 30%	\$3,000 \$9,000
Tech 80 \$350	\$25	\$25	\$350 \$1,050	80% 50%	\$10 \$30 \$60 30%	\$3,500 \$10,500
Tech 80 \$500	\$25	\$25	\$500 \$1,500	80% 50%	\$10 \$30 \$60 30%	\$3,500 \$10,500
Tech 80 \$750	\$30	\$30	\$750 \$2,250	80% 50%	\$10 \$40 \$80 30%	\$3,500 \$10,500
Tech 80 \$1000	\$30	\$30	\$1,000 \$3,000	80% 50%	\$10 \$40 \$80 30%	\$4,200 \$12,600
Tech 80 \$1500	\$35	\$35	\$1,500 \$3,000	80% 50%	\$10 \$40 \$80 30%	\$6,350 \$12,700
Tech 80 \$2000	\$35	\$35	\$2,000 \$4,000	80% 50%	\$10 \$40 \$80 30%	\$6,350 \$12,700
Tech 80 \$2500	\$40	\$40	\$2,500 \$5,000	80% 50%	\$10 \$40 \$80 30%	\$6,350 \$12,700
Tech 80 \$3000	\$40	\$40	\$3,000 \$6,000	80% 50%	\$10 \$40 \$80 30%	\$6,350 \$12,700
Tech 80 \$4000	\$40	\$40	\$4,000 \$8,000	80% 50%	\$10 \$40 \$80 30%	\$6,350 \$12,700
HSA Series						
Premier HSA \$4250	N/A	N/A	\$4,250 \$8,500	100% 50%	100%	\$4,250 \$8,500
HSA \$1700	N/A	N/A	\$1,700 \$3,400	80% 60%	80%	\$5,000 \$10,000
HSA \$2500	N/A	N/A	\$2,500 \$5,000	80% 60%	80%	\$6,000 \$12,000
HSA \$3400	N/A	N/A	\$3,400 \$6,800	80% 60%	80%	\$6,000 \$12,000
HSA \$4500	N/A	N/A	\$4,500 \$9,000	80% 60%	80%	\$7,000 \$14,000
Tech Essential Series						
Tech E \$1000	\$25	\$50	\$1,000 \$3,000	80% 50%	\$20 \$50 \$80 30%	\$8,000 \$16,000
Tech E \$2000	\$30	\$55	\$2,000 \$4,000	80% 50%	\$30 \$70 30% 30%	\$8,000 \$16,000
Tech E \$2500	\$35	\$65	\$2,500 \$5,000	70% 50%	\$30 \$70 30% 30%	\$8,500 \$17,000
Tech E \$3000	\$35	\$65	\$3,000 \$6,000	70% 50%	\$30 \$70 30% 30%	\$8,500 \$17,000
Tech E HSA \$1700	N/A	N/A	\$1,700 \$3,400	70% 60%	70%	\$6,000 \$12,000
Tech E HSA \$3400	N/A	N/A	\$3,400 \$6,800	70% 60%	70%	\$7,000 \$14,000
Note: UHC EAP included in all medical plans; no additional charge.						

Delta Dental of WA			
	Deductible Individual / Family PCY	Coinsurance Class I, II, III Delta Dental PPO Network	Calendar Year Maximum
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
Voluntary Dental \$1500	\$50 / \$150	100% 90% 60%	\$1,500
Family Orthodontia (10+ Enrolled Employees)		50%	\$1,000 Lifetime Max

Patients receiving care from Delta Dental Premier network providers and Out of Network dentists receive a lower of level of benefits.
Orthodontia rider may not be offered with the Voluntary Dental \$1500 Plan

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.	\$140 24 Mo.	\$60 \$140 24 Mo.	n/a
Preferred	\$10 12 Mo.	\$0 12 Mo.	\$170 24 Mo.	\$60 \$170 12 Mo.	n/a
Enhanced + Computer Vision Care	\$10 12 Mo.	\$0 12 Mo.	\$170 12 Mo.	\$60 \$170 12 Mo.	L: \$10 12 Mo.
EasyOptions	\$10 12 Mo.	\$0 12 Mo.	\$180-\$230 12 Mo.	\$60 \$180-\$230 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	Increments of \$10,000 up to maximum of \$500,000 coverage
Spouse & Dependent Life and AD&D	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)