



**NATA 2023-2024 Plan Menu**  
For Effective Dates 10/01/2023 through 9/01/2024

Medical - Regence BCBS of Oregon <small>Plan Combinations: Groups may choose up to 4 plans, with no minimum enrollment per plan.</small>	Deductible	Coinsurance (In   Out)	Office Visit Copay (In Network)		Out of Pocket	Urgent Care   Emergency Room
	In-Network <small>(Individual   Family)</small>		Primary Care <small>(incl. outpatient psychotherapy and rehab visits)</small>	Specialist	In-Network <small>(Individual   Family)</small>	
PPO Plans						
PPO 80   750	\$750   \$1,500	80%   60%	\$20   \$40		\$5,000   \$10,000	\$50   80% after \$250
PPO 80   1000	\$1,000   \$2,000	80%   60%	\$25   \$50		\$6,000   \$12,000	\$50   80% after \$250
PPO 80   1500	\$1,500   \$3,000	80%   60%	\$25   \$50		\$5,000   \$10,000	\$50   80% after \$250
PPO 80   2000	\$2,000   \$4,000	80%   60%	\$20   \$40		\$6,000   \$12,000	\$50   80% after \$250
PPO 80   2500	\$2,500   \$5,000	80%   60%	\$30   \$60		\$6,000   \$12,000	\$60   80% after \$250
PPO 80   3000	\$3,000   \$6,000	80%   60%	\$30   \$60		\$6,500   \$13,000	\$60   80% after \$250
PPO 80   4000	\$4,000   \$8,000	80%   60%	\$30   \$60		\$6,500   \$13,000	\$70   80% after \$250
PPO 80   5000	\$5,000   \$10,000	80%   60%	\$30   \$60		\$7,900   \$15,800	\$70   80% after \$250
PPO 70   4000	\$4,000   \$8,000	70%   50%	\$40   \$70		\$7,000   \$14,000	\$70   70% after \$250
PPO 70   5000	\$5,000   \$10,000	70%   50%	\$40   \$70		\$7,350   \$14,700	\$70   70% after \$250
PPO 70   6000	\$6,000   \$12,000	70%   50%	\$40   \$70		\$7,350   \$14,700	\$70   70% after \$250
PPO 'E' Plans						
PPO 80   1500 E	\$1,500   \$3,000	80%   60%	\$30   \$60		\$6,600   \$13,200	\$50   80%
PPO 80   2000 E	\$2,000   \$4,000	80%   60%	\$30   \$60		\$6,600   \$13,200	\$50   80%
PPO 80   3000 E	\$3,000   \$6,000	80%   60%	\$35   \$70		\$6,600   \$13,200	\$50   80%
PPO 80   4000 E	\$4,000   \$8,000	80%   60%	\$35   \$70		\$7,350   \$14,700	\$50   80%
PPO 80   5000 E	\$5,000   \$10,000	80%   60%	\$35   \$70		\$7,350   \$14,700	\$50   80%
PPO 70   2000 E	\$2,000   \$4,000	70%   50%	\$35   \$70		\$6,600   \$13,200	\$50   70%
PPO 70   3000 E	\$3,000   \$6,000	70%   50%	\$35   \$70		\$6,600   \$13,200	\$70   70%
HSA Plans						
HSA 2500	\$2,500   \$5,000	80%   60%	80%   80%		\$5,500   \$11,000	80%
HSA 3500	\$3,500   \$7,000	80%   60%	80%   80%		\$6,550   \$13,100	80%
HSA 5000	\$5,000   \$10,000	80%   60%	80%   80%		\$6,550   \$13,100	80%
Prescription Drug Plan Options* <small>(For Non-HSA Plans)</small>	Tiers					
Rx 10-50-75-50%	Generic   Preferred Brand   Brand   Specialty \$10   \$50   \$75   50%					
Rx 15-30%-50%	Generic   Preferred Brand   Brand & Specialty \$15   30%   50%					
*Groups MUST select an Rx for any PPO plan						
Regence - Dental	Deductible <small>(Individual   Family)</small>	Coinsurance	Calendar Year Maximum			
Expressions Dental Plan 1	\$50   \$150	100%/80%/50%	\$1,500			
Expressions Dental Plan 2	\$50   \$150	80%/80%/50%	\$1,500			
Willamette (LifeMap) – Voluntary Dental	Deductible <small>(Individual   Family)</small>	Coinsurance	Calendar Year Maximum		Orthodontia	
Voluntary Dental Plan 1	none	\$6 visit copay   see pay schedule		none	\$2,800 max   6 month wait period	
Voluntary Dental Plan 2	none	\$15 visit copay   see pay schedule		none	\$2,800 max   6 month wait period	
LifeMap Assurance Company - Employee Life + AD&D <i>(Enrollment Must Match Medical)</i>						
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 (5+ EE's)	\$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   Allowance	Frames Copay   Frequency   Allowance	Contacts Copay   Frequency   Allowance
Exam Plus	\$10   12 Months	n/a   n/a   20% Discount	n/a   n/a   20% Discount	n/a   n/a   15% Discount
Basic	\$10   12 Months	\$0   24 Months   Covered In Full	\$0   24 Months   \$130	Up to \$60   24 Months   \$130
Preferred	\$10   12 Months	\$0   12 Months   Covered In Full	\$0   24 Months   \$150	Up to \$60   12 Months   \$150
Enhanced + Computer Vision Care	\$10   12 Months	\$0   12 Months   Covered In Full \$0   12 Months   Covered In Full	\$0   12 Months   \$150 \$0   12 Months   \$90	Up to \$60   12 Months   \$150

These 2023-2024 benefit highlights are not a comprehensive description of all plan features.



**DiMartino Associates**  
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