



**NATA 2024-2025 Plan Menu**  
For Effective Dates 10/01/2024 through 9/01/2025

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	Prescription Drugs (Retail)
	In-Network (Individual   Family)		Primary Care <small>(incl. outpatient psychotherapy and rehab visits)</small>	Specialist	In-Network (Individual   Family)		
<b>PPO Plans</b>							
	<small>Generic   Preferred Brand   Brand   Specialty</small>						
PPO 80   500	\$500   \$1,000	80%   60%	\$25   \$50		\$3,500   \$7,000	\$50   80% after \$250	\$10   \$50   \$75   50%
PPO 80   750	\$750   \$1,500	80%   60%	\$25   \$50		\$5,000   \$10,000	\$50   80% after \$250	\$10   \$50   \$75   50%
PPO 80   1000	\$1,000   \$2,000	80%   60%	\$25   \$50		\$6,000   \$12,000	\$50   80% after \$250	\$10   \$50   \$75   50%
PPO 80   1500	\$1,500   \$3,000	80%   60%	\$25   \$50		\$5,000   \$10,000	\$50   80% after \$250	\$10   \$50   \$75   50%
PPO 80   2000	\$2,000   \$4,000	80%   60%	\$25   \$50		\$6,000   \$12,000	\$50   80% after \$250	\$10   \$50   \$75   50%
PPO 80   2500	\$2,500   \$5,000	80%   60%	\$30   \$60		\$6,000   \$12,000	\$60   80% after \$250	\$10   \$50   \$75   50%
PPO 80   3000	\$3,000   \$6,000	80%   60%	\$30   \$60		\$6,500   \$13,000	\$60   80% after \$250	\$10   \$50   \$75   50%
PPO 80   4000	\$4,000   \$8,000	80%   60%	\$30   \$60		\$6,500   \$13,000	\$60   80% after \$250	\$10   \$50   \$75   50%
PPO 80   5000	\$5,000   \$10,000	80%   60%	\$30   \$60		\$8,000   \$16,000	\$60   80% after \$250	\$10   \$50   \$75   50%
PPO 80   6000	\$6,000   \$12,000	80%   60%	\$35   \$70		\$8,500   \$17,000	\$70   80% after \$250	\$10   \$50   \$75   50%
PPO 70   2000	\$2,000   \$4,000	70%   50%	\$35   \$70		\$7,000   \$14,000	\$70   70% after \$250	\$10   \$50   \$75   50%
PPO 70   3000	\$3,000   \$6,000	70%   50%	\$35   \$70		\$7,500   \$15,000	\$70   70% after \$250	\$10   \$50   \$75   50%
PPO 70   4000	\$4,000   \$8,000	70%   50%	\$40   \$70		\$8,000   \$16,000	\$70   70% after \$250	\$10   \$50   \$75   50%
PPO 70   5000	\$5,000   \$10,000	70%   50%	\$40   \$70		\$9,000   \$18,000	\$70   70% after \$250	\$10   \$50   \$75   50%
PPO 70   6000	\$6,000   \$12,000	70%   50%	\$40   \$70		\$9,000   \$18,000	\$70   70% after \$250	\$10   \$50   \$75   50%
<b>HSA Plans</b>							
HSA 2500	\$2,500   \$5,000	80%   60%	80%   80%		\$5,500   \$11,000	80%	80%
HSA 3500	\$3,500   \$7,000	80%   60%	80%   80%		\$6,500   \$13,000	80%	80%
HSA 5000	\$5,000   \$10,000	80%   60%	80%   80%		\$6,500   \$13,000	80%	80%
HSA 6000	\$6,000   \$12,000	80%   60%	80%   80%		\$7,500   \$15,000	80%	80%
<b>Regence - Dental</b>	<b>Deductible (Individual   Family)</b>	<b>Coinsurance</b>	<b>Calendar Year Maximum</b>				
Expressions Dental Plan 1	\$50   \$150	100%/80%/50%	\$1,500				
Expressions Dental Plan 2	\$50   \$150	80%/80%/50%	\$1,500				
Expressions Dental Plan 3	\$50   \$150	100%/80%/50%	\$1,000				
<b>Willamette – Voluntary Dental</b>	<b>Deductible (Individual   Family)</b>	<b>Copay</b>	<b>Calendar Year Maximum</b>	<b>Orthodontia</b>			
Voluntary Dental Plan 1	none	\$6 office visit copay (see pay schedule)	none	\$2,800 max   6 month wait period			
Voluntary Dental Plan 2	none	\$15 office visit copay (see pay schedule)	none	\$2,800 max   6 month wait period			
<b>USABLE Life - Employee Life + AD&amp;D (Enrollment Must Match Medical)</b>							
<b>Employee Life + AD&amp;D</b>							
\$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						
<b>Dependent Life + AD&amp;D</b>							
\$5,000 Spouse   \$2,500 Child	1 plan available						
<b>VSP Vision</b>	<b>Exams Copay   Frequency</b>	<b>Lenses Copay   Frequency   Allowance</b>	<b>Frames Copay   Frequency   Allowance</b>	<b>Contacts Copay   Frequency   Allowance</b>			
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 2024-2025 benefit highlights are not a comprehensive description of all plan features.



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