



Sponsored by the Thurston
County Chamber of Commerce



Medical Plans 2026

Available to groups of 2 or more

6 Access PPO Plans

See any doctor you want to see - inside or outside the network.

- Deductibles ranging from \$1,000-\$6,000
- 2 HSA Options

5 Core HMO Plans

Get care from a network of doctors who work together and offer services at pre approved rates, with your primary doctor coordinating your care.

- Deductibles ranging from \$2,000-\$5,000
- Need referral for specialist care

2 Virtual Plus Plans

Start with a virtual visit to get care, prescriptions, or a referral - it costs less than going in person on your own.

- \$2,000 and \$3,000 deductibles
- Available in Snohomish, King, Pierce, Thurston, Kitsap, and Spokane counties

Member Wellness Benefits available at no or low cost:

- Self-care apps (Calm, Headspace)
- In-person and digital fitness through One Pass Select Optum
- And so many others!



Delta Dental of Washington



Dental Plans 2026

2-4 All eligible employees must enroll
5+ 75% of eligible employees must enroll
(less valid waivers)

| Plan B | PPO | Premium |
|--------------|---------|---------|
| Deductible | \$50 | \$100 |
| Preventative | 100% | 80% |
| Basic | 80% | 60% |
| Major | 50% | 40% |
| Maximum | \$1,000 | \$750 |

Plan D

| Plan D | PPO | Premium |
|--------------|---------|---------|
| Deductible | \$50 | \$100 |
| Preventative | 100% | 80% |
| Basic | 80% | 60% |
| Major | 50% | 40% |
| Maximum | \$1,500 | \$1,250 |

Plan E

| Plan E | PPO | Premium |
|--------------|---------|---------|
| Deductible | \$50 | \$100 |
| Preventative | 100% | 80% |
| Basic | 80% | 60% |
| Major | 50% | 40% |
| Maximum | \$2,000 | \$1,500 |

Vision Plans 2026

Available to groups of 2 or more

Plan A

| | |
|-----------------|-----------------|
| Vision Exam | Every 24 Months |
| Lenses | Every 24 Months |
| Frames | Every 24 Months |
| Exam Co-Pays | \$20.00 |
| Material Co-Pay | \$20.00 |

Plan B

| | |
|-----------------|-----------------|
| Vision Exam | Every 12 Months |
| Lenses | Every 12 Months |
| Frames | Every 24 Months |
| Exam Co-Pays | \$20.00 |
| Material Co-Pay | \$20.00 |

Plan C

| | |
|-----------------|------------------|
| Vision Exam | Every 12 Months |
| Lenses | Every 12 Months |
| Frames | Every 12 Months |
| Exam Co-Pays | \$25.00 |
| Material Co-Pay | Combined w/ Exam |

Optional Child Orthodontia is available for groups of 5 or more.

Prior Group coverage credit to waive waiting periods.

No waiting period for groups with 10 or more enrolled.

