OLYMPIC BENEFITS TRUST

KAISER PERMANENTE®

DELTA DENTAL®
Delta Dental of Washington

vsp®

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 preapproved 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!*

Dental Plans 2026

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

Plan B	PPO	Premier
Deductible	$50	$100
Preventative	100%	80%
Basic	80%	60%
Major	50%	40%
Maximum	$1,000	$750

Plan D	PPO	Premier
Deductible	$50	$100
Preventative	100%	80%
Basic	80%	60%
Major	50%	40%
Maximum	$1,500	$1,250

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

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.

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
Materials Co-Pay	$20.00

Plan B

Vision Exam	Every 12 Months
Lenses	Every 12 Months
Frames	Every 24 Months
Exam Co-Pays	$20.00
Materials Co-Pay	$20.00

Plan C

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

THURSTON COUNTY Chamber

OLYMPIC BENEFITS TRUST

Ameritas

Vision Plans 2026

Available to groups of 2 or more

Plan 1	
Vision Exam	Every 12 Mo.
Lenses	Every 12 Mo.
Frames	Every 12 Mo.
Exam Deductible	$10.00
Lense Deductible	$10.00
Frame Allowance	$150.00

Plan 2	
Vision Exam	Every 12 Mo.
Lenses	Every 12 Mo.
Frames	Every 12 Mo.
Exam Deductible	$10.00
Lense Deductible	$10.00
Frame Allowance	$180.00

Plan 3	
Vision Exam	Every 12 Mo.
Lenses	Every 12 Mo.
Frames	Every 12 Mo.
Exam Deductible	$10.00
Lense Deductible	$25.00
Frame Allowance	$150.00

Plan 4	
Vision Exam	Every 12 Mo.
Lenses	Every 12 Mo.
Frames	Every 12 Mo.
Exam Deductible	$10.00
Lense Deductible	$25.00
Frame Allowance	$180.00

Plan 5	
Vision Exam	Every 12 Mo.
Lenses	Every 12 Mo.
Frames	Every 12 Mo.
Exam Deductible	$20.00
Lense Deductible	$20.00
Frame Allowance	$150.00

Plan 6	
Vision Exam	Every 12 Mo.
Lenses	Every 12 Mo.
Frames	Every 12 Mo.
Exam Deductible	$20.00
Lense Deductible	$20.00
Frame Allowance	$180.00

Each plan helps employees save money, and maintain healthy eyes and sharper vision. Employers can offer a plan with access to the VSP or EyeMed network.

Dental Plans 2026

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

Plan 1	MAC
Deductible	$50 Lifetime
Type 1	100%
Type 2	80%
Type 3	50%
Maximum	$1,500

Plan 2	
Deductible	$50 Lifetime
Type 1	100%
Type 2	80%
Type 3	50%
Maximum	$1,000

Plan 3	
Deductible	$50 Lifetime
Type 1	100%
Type 2	80%
Type 3	50%
Maximum	$1,500

Plan 4	
Deductible	$50 Lifetime
Type 1	100%
Type 2	80%
Type 3	50%
Maximum	$2,000

Groups with as few as three enrolled employees can offer benefits with no waiting periods, dental rewards, and lifetime deductibles! Optional adult and child orthodontia available to add to any plan.

THURSTON COUNTY Chamber