



Asuris Employee SelectSM Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Silver Essential 2500	Silver Essential 4000	Bronze Essential 7500
Networks offered on these plans	Preferred	Preferred	Preferred
In-network deductible / out-of-network deductible	\$2,500 / \$5,000	\$4,000 / \$5,000	\$7,500 / \$10,000
In-network OOPM / out-of-network OOPM	\$8,500 / \$10,000	\$8,150 / \$10,000	\$9,100 / \$15,000
Preventive care	Covered in full for in-network services		
Asuris Advantages	asuris.com/member/resources/advantages-discounts Program is offered in addition to your medical plan but is not insurance		
Employee Assistance Program	Covered in full (4 counseling visits per incident)		
Behavioral health	30% / 50%	20% / 50%	30% / 50%
Virtual care	Covered in full for in-network services		
Primary care provider	\$40 upfront limited to 10 combined visits; deductible and coinsurance after visit limit is met	\$40 upfront limited to 4 combined visits; deductible and coinsurance after visit limit is met	\$40 upfront limited to 4 combined visits; deductible and coinsurance after visit limit is met
Specialist			
Urgent care			
Maternity	30% / 50%	20% / 50%	30% / 50%
Inpatient hospital	30% / 50%	20% / 50%	30% / 50%
Outpatient surgery & services	30% / 50%	20% / 50%	30% / 50%
Outpatient lab & radiology	30% / 50%	20% / 50%	30% / 50%
Outpatient complex lab & imaging	30% / 50%	20% / 50%	30% / 50%
Outpatient rehab	30% / 50%	20% / 50%	30% / 50%
Emergency room	30% / 30%	20% / 20%	30% / 30%
Hearing aids and evaluation \$1,000 limit (device only) per calendar year, regardless of age	30% / 50%	20% / 50%	30% / 50%
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses, or 1 pair of contacts per year		
Pediatric dental up to age 19	0% Preventive, 20% Basic, 50% Major		
Acupuncture / spinal manipulation (12 / 10 visits per year)	30% / 50%	20% / 50%	30% / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	30% / 50%	20% / 50%	30% / 50%
Optimum Value Medication List	N/A	N/A	N/A
Rx Tier 1 (Preferred generics)	\$15	\$10	\$10
Rx Tier 2 (Generics)	\$35	\$35	\$35
Rx Tier 3 (Preferred brands)	25%	25%	25%
Rx Tier 4 (Brands)	50%	50%	50%
Rx Tier 5 (Preferred specialty)	20%	20%	20%
Rx Tier 6 (Specialty)	50%	50%	50%

Dark gray box = Deductible waived

Light gray box = Deductible applies



Asuris Employee SelectSM Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Gold HSA 1600	Silver HSA 2700	Silver HSA Embedded 3200	Silver HSA 5150	Silver HSA 3500	Bronze HSA 6000
Networks offered on these plans	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
In-network deductible / out-of-network deductible	\$1,600 / \$5,000	\$2,700 / \$5,000	\$3,200 / \$5,000	\$5,150 / \$7,500	\$3,500 / \$5,000	\$6,000 / \$10,000
In-network OOPM / out-of-network OOPM	\$4,500 / \$10,000	\$6,900 / \$10,000	\$6,700 / \$10,000	\$5,150 / \$15,000	\$6,900 / \$10,000	\$7,150 / \$15,000
Preventive care	Covered in full for in-network services					
Asuris Advantages	asuris.com/member/resources/advantages-discounts Program is offered in addition to your medical plan but is not insurance					
Employee Assistance Program	Covered in full (4 counseling visits per incident)					
Behavioral health	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Virtual care	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Primary care provider	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Specialist	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Urgent care	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Maternity	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Inpatient hospital	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Outpatient surgery & services	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Outpatient lab & radiology	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Outpatient complex lab & imaging	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Outpatient rehab	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Emergency room	20% / 20%	30% / 30%	25% / 25%	0% / 0%	20% / 20%	50% / 50%
Hearing aids and evaluation \$1,000 limit (device only) per calendar year, regardless of age	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses, or 1 pair of contacts per year					
Pediatric dental up to age 19	0% Preventive, 20% Basic, 50% Major					
Acupuncture / spinal manipulation (12 / 10 visits per year)	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	20% / 50%	30% / 50%	25% / 50%	0% / 50%	20% / 50%	50% / 50%
Optimum Value Medication List	Yes	Yes	Yes	Yes	Yes	Yes
Rx Tier 1 (Preferred generics)	10%	10%	10%	0%	10%	50%
Rx Tier 2 (Generics)	25%	25%	25%	0%	25%	50%
Rx Tier 3 (Preferred brands)	25%	35%	35%	0%	35%	50%
Rx Tier 4 (Brands)	50%	50%	50%	0%	50%	50%
Rx Tier 5 (Preferred specialty)	20%	20%	20%	0%	20%	20%
Rx Tier 6 (Specialty)	50%	50%	50%	0%	50%	50%

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Asuris Employee SelectSM Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Platinum 250	Platinum 500	Platinum 900	Gold 500	Gold 1000	Gold 1500
Networks offered on these plans	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
In-network deductible / out-of-network deductible	\$250 / \$3,000	\$500 / \$3,000	\$900 / \$3,000	\$500 / \$5,000	\$1,000 / \$5,000	\$1,500 / \$5,000
In-network OOPM / out-of-network OOPM	\$4,000 / \$10,000	\$4,000 / \$10,000	\$900 / \$10,000	\$7,500 / \$10,000	\$7,000 / \$10,000	\$8,550 / \$10,000
Preventive care	Covered in full for in-network services					
Asuris Advantages	asuris.com/member/resources/advantages-discounts Program is offered in addition to your medical plan but is not insurance					
Employee Assistance Program	Covered in full (4 counseling visits per incident)					
Behavioral health	\$20	\$20	0% / 50%	\$30	\$30	\$30
Virtual care	\$10	\$10	0% / 50%	\$10	\$10	\$10
Primary care provider	\$20	\$20	0% / 50%	\$30	\$30	\$30
Specialist	\$30	\$30	0% / 50%	\$50	\$50	\$50
Urgent care	\$30	\$30	0% / 50%	\$50	\$50	\$50
Maternity	10% / 50%	10% / 50%	0% / 50%	30% / 50%	30% / 50%	20% / 50%
Inpatient hospital	10% / 50%	10% / 50%	0% / 50%	30% / 50%	30% / 50%	20% / 50%
Outpatient surgery & services	10% / 50%	10% / 50%	0% / 50%	30% / 50%	30% / 50%	20% / 50%
Outpatient lab & radiology**	0% / 50%	0% / 50%	0% / 50%	30% / 50%	30% / 50%	20% / 50%
Outpatient complex lab & imaging	10% / 50%	10% / 50%	0% / 50%	30% / 50%	30% / 50%	20% / 50%
Outpatient rehab	\$20	\$20	0% / 50%	\$30	\$30	\$30
Emergency room	\$250 then coinsurance	\$250 then coinsurance	0% / 0%	\$300 then coinsurance	\$300 then coinsurance	\$300 then coinsurance
Hearing aids and evaluation \$1,000 limit (device only) per calendar year, regardless of age	10% / 50%	10% / 50%	0% / 50%	30% / 50%	30% / 50%	20% / 50%
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses, or 1 pair of contacts per year					
Pediatric dental up to age 19	0% Preventive, 20% Basic, 50% Major					
Acupuncture / spinal manipulation (12 / 10 visits per year)	\$20	\$20	0% / 50%	\$30	\$30	\$30
In-network coinsurance for other covered medical care / out-of-network coinsurance	10% / 50%	10% / 50%	0% / 50%	30% / 50%	30% / 50%	20% / 50%
Optimum Value Medication List	N/A	N/A	Yes	N/A	N/A	N/A
Rx Tier 1 (Preferred generics)	\$8	\$8	\$0	\$10	\$10	\$15
Rx Tier 2 (Generics)	\$30	\$35	\$0	\$35	\$35	\$35
Rx Tier 3 (Preferred brands)	\$30	\$30	\$0	\$50	\$50	\$50
Rx Tier 4 (Brands)	50%	50%	\$0	50%	50%	50%
Rx Tier 5 (Preferred specialty)	20%	20%	\$0	20%	20%	20%
Rx Tier 6 (Specialty)	50%	50%	\$0	50%	50%	50%

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**The deductible is waived only for in-network care. Out-of-network care is subject to the out-of-network deductible.



Asuris Employee SelectSM Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Gold 2000	Gold 2500	Silver 3000	Silver 5500	Bronze 8550
Networks offered on these plans	Preferred	Preferred	Preferred	Preferred	Preferred
In-network deductible / out-of-network deductible	\$2,000 / \$5,000	\$2,500 / \$5,000	\$3,000 / \$5,000	\$5,500 / \$7,500	\$8,550 / \$10,000
In-network OOPM / out-of-network OOPM	\$5,750 / \$10,000	\$7,350 / \$10,000	\$8,650 / \$10,000	\$7,900 / \$10,000	\$8,550 / \$15,000
Preventive care	Covered in full for in-network services				
Asuris Advantages	asuris.com/member/resources/advantages-discounts Program is offered in addition to your medical plan but is not insurance				
Employee Assistance Program	Covered in full (4 counseling visits per incident)				
Behavioral health	\$30	\$30	\$40	\$40	0% / 50%
Virtual care	\$10	\$10	\$10	\$10	0% / 50%
Primary care provider	\$30	\$30	\$40	\$40	0% / 50%
Specialist	\$50	\$50	\$60	\$60	0% / 50%
Urgent care	\$50	\$50	\$60	\$60	0% / 50%
Maternity	25% / 50%	30% / 50%	35% / 50%	50% / 50%	0% / 50%
Inpatient hospital	25% / 50%	30% / 50%	35% / 50%	50% / 50%	0% / 50%
Outpatient surgery & services	25% / 50%	30% / 50%	35% / 50%	50% / 50%	0% / 50%
Outpatient lab & radiology**	25% / 50%	30% / 50%	35% / 50%	50% / 50%	0% / 50%
Outpatient complex lab & imaging	25% / 50%	30% / 50%	35% / 50%	50% / 50%	0% / 50%
Outpatient rehab	\$30	\$30	\$40	\$40	0% / 50%
Emergency room	\$300 then coinsurance	\$300 then coinsurance	\$400 then coinsurance	\$400 then coinsurance	0% / 0%
Hearing aids and evaluation \$1,000 limit (device only) per calendar year, regardless of age	25% / 50%	30% / 50%	35% / 50%	50% / 50%	0% / 50%
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses, or 1 pair of contacts per year				
Pediatric dental up to age 19	0% Preventive, 20% Basic, 50% Major				
Acupuncture / spinal manipulation (12 / 10 visits per year)	\$30	\$30	\$40	\$40	0% / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	25% / 50%	30% / 50%	35% / 50%	50% / 50%	0% / 50%
Optimum Value Medication List	N/A	N/A	N/A	N/A	Yes
Rx Tier 1 (Preferred generics)	\$10	\$10	\$20	\$20	0%
Rx Tier 2 (Generics)	\$35	\$35	\$35	\$35	0%
Rx Tier 3 (Preferred brands)	\$50	\$50	\$60	\$60	0%
Rx Tier 4 (Brands)	50%	50%	50%	50%	0%
Rx Tier 5 (Preferred specialty)	20%	20%	20%	20%	0%
Rx Tier 6 (Specialty)	50%	50%	50%	50%	0%

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**The deductible is waived only for in-network care. Out-of-network care is subject to the out-of-network deductible.