

Asuris Northwest Health 2023 Asuris Employee SelectSM plans—Preferred network

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Platinum 250	Platinum 500	Platinum 850
In-network deductible / out-of-network deductible	\$250 / \$3,000	\$500 / \$3,000	\$850 / \$3,000
In-network OOPM / out-of-network OOPM	\$4,000 / \$10,000	\$4,000 / \$10,000	\$850 / \$10,000
Preventive care	Covered in full for in-network services		
Employee Assistance Program (4 counseling visits per incident)	Covered in full		
Behavioral health	\$20	\$20	0%
Virtual care	\$10	\$10	0%
Primary care provider	\$20	\$20	0%
Specialist	\$30	\$30	0%
Urgent care	\$30	\$30	0%
Maternity	10%	10%	0%
Inpatient hospital	10%	10%	0%
Outpatient surgery and services	10%	10%	0%
Outpatient lab and radiology	0%	0%	0%
Outpatient complex lab and imaging	10%	10%	0%
Outpatient rehab	\$20	\$20	0%
Emergency room	\$250 plus 10% coinsurance	\$250 plus 10% coinsurance	0%
Hearing aids and evaluation \$1,000 limit per calendar year, regardless of age	10%	10%	0%
Pediatric vision up to age 19	Annual eye exam plus one pair of frames and lenses, or one pair of contacts per year		
Pediatric dental up to age 19	0% Preventive, 20% Basic, 50% Major		
Acupuncture / spinal manipulations (12 / 10 annual visit limit)	\$20	\$20	0%
In-network coinsurance for other covered medical care	10%	10%	0%
Out-of-network coinsurance for covered medical care	50%	50%	50%
Optimum Value Medication List	N/A	N/A	Yes
Rx Preferred generic	\$8	\$8	0%
Rx Generic	\$30	\$35	0%
Rx Preferred brand*	\$30	\$30	0%
Rx Preferred specialty*	20%	20%	0%

Dark gray box = Deductible waived

Light gray box = Deductible applies

*Non-preferred Rx brand and specialty may be available at a higher cost-share



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Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Gold 500	Gold 1000	Gold 1500	Gold 2000	Gold 2500
In-network deductible / out-of-network deductible	\$500 / \$5,000	\$1,000 / \$5,000	\$1,500 / \$5,000	\$2,000 / \$5,000	\$2,500 / \$5,000
In-network OOPM / out-of-network OOPM	\$7,500 / \$10,000	\$7,000 / \$10,000	\$8,550 / \$10,000	\$5,750 / \$10,000	\$7,350 / \$10,000
Preventive care	Covered in full for in-network services				
Employee Assistance Program (4 counseling visits per incident)	Covered in full				
Behavioral health	\$30	\$30	\$30	\$30	\$30
Virtual care	\$10	\$10	\$10	\$10	\$10
Primary care provider	\$30	\$30	\$30	\$30	\$30
Specialist	\$50	\$50	\$50	\$50	\$50
Urgent care	\$50	\$50	\$50	\$50	\$50
Maternity	30%	30%	20%	25%	30%
Inpatient hospital	30%	30%	20%	25%	30%
Outpatient surgery and services	30%	30%	20%	25%	30%
Outpatient lab and radiology	30%	30%	20%	25%	30%
Outpatient complex lab and imaging	30%	30%	20%	25%	30%
Outpatient rehab	\$30	\$30	\$30	\$30	\$30
Emergency room	\$300 plus 30% coinsurance	\$300 plus 30% coinsurance	\$300 plus 20% coinsurance	\$300 plus 25% coinsurance	\$300 plus 30% coinsurance
Hearing aids and evaluation \$1,000 limit per calendar year, regardless of age	30%	30%	20%	25%	30%
Pediatric vision up to age 19	Annual eye exam plus one pair of frames and lenses, or one pair of contacts per year				
Pediatric dental up to age 19	0% Preventive, 20% Basic, 50% Major				
Acupuncture / spinal manipulations (12 / 10 annual visit limit)	\$30	\$30	\$30	\$30	\$30
In-network coinsurance for other covered medical care	30%	30%	20%	25%	30%
Out-of-network coinsurance for covered medical care	50%	50%	50%	50%	50%
Optimum Value Medication List	N/A	N/A	N/A	N/A	N/A
Rx Preferred generic	\$10	\$10	\$15	\$10	\$10
Rx Generic	\$35	\$35	\$35	\$35	\$35
Rx Preferred brand*	\$50	\$50	\$50	\$50	\$50
Rx Preferred specialty*	20%	20%	20%	20%	20%

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Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Silver 3000	Silver 5500	Bronze 8550
In-network deductible / out-of-network deductible	\$3,000 / \$5,000	\$5,500 / \$7,500	\$8,550 / \$10,000
In-network OOPM / out-of-network OOPM	\$8,550 / \$10,000	\$7,500 / \$10,000	\$8,550 / \$15,000
Preventive care	Covered in full for in-network services		
Employee Assistance Program (4 counseling visits per incident)	Covered in full		
Behavioral health	\$40	\$40	0%
Virtual care	\$10	\$10	0%
Primary care provider	\$40	\$40	0%
Specialist	\$60	\$60	0%
Urgent care	\$60	\$60	0%
Maternity	35%	50%	0%
Inpatient hospital	35%	50%	0%
Outpatient surgery and services	35%	50%	0%
Outpatient lab and radiology	35%	50%	0%
Outpatient complex lab and imaging	35%	50%	0%
Outpatient rehab	\$40	\$40	0%
Emergency room	\$400 plus 35% coinsurance	\$400 plus 50% coinsurance	0%
Hearing aids and evaluation \$1,000 limit per calendar year, regardless of age	35%	50%	0%
Pediatric vision up to age 19	Annual eye exam plus one pair of frames and lenses, or one pair of contacts per year		
Pediatric dental up to age 19	0% Preventive, 20% Basic, 50% Major		
Acupuncture / spinal manipulations (12 / 10 annual visit limit)	\$40	\$40	0%
In-network coinsurance for other covered medical care	35%	50%	0%
Out-of-network coinsurance for covered medical care	50%	50%	50%
Optimum Value Medication List	N/A	N/A	Yes
Rx Preferred generic	\$20	\$20	0%
Rx Generic	\$35	\$35	0%
Rx Preferred brand*	\$60	\$60	0%
Rx Preferred specialty*	20%	20%	0%

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Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Gold HSA 1500	Silver HSA 2500	Silver HSA Embedded 3000	Silver HSA 3500	Silver HSA 4850	Bronze HSA 5500
In-network deductible / out-of-network deductible	\$1,500 / \$5,000	\$2,500 / \$5,000	\$3,000 / \$5,000	\$3,500 / \$5,000	\$4,850 / \$5,000	\$5,500 / \$10,000
In-network OOPM / out-of-network OOPM	\$4,500 / \$10,000	\$6,900 / \$10,000	\$6,000 / \$10,000	\$6,900 / \$10,000	\$4,850 / \$10,000	\$7,000 / \$15,000
Preventive care	Covered in full for in-network services					
Employee Assistance Program (4 counseling visits per incident)	Covered in full					
Behavioral health	20%	30%	25%	20%	0%	50%
Virtual care	20%	30%	25%	20%	0%	50%
Primary care provider	20%	30%	25%	20%	0%	50%
Specialist	20%	30%	25%	20%	0%	50%
Urgent care	20%	30%	25%	20%	0%	50%
Maternity	20%	30%	25%	20%	0%	50%
Inpatient hospital	20%	30%	25%	20%	0%	50%
Outpatient surgery and services	20%	30%	25%	20%	0%	50%
Outpatient lab and radiology	20%	30%	25%	20%	0%	50%
Outpatient complex lab and imaging	20%	30%	25%	20%	0%	50%
Outpatient rehab	20%	30%	25%	20%	0%	50%
Emergency room	20%	30%	25%	20%	0%	50%
Hearing aids and evaluation \$1,000 limit per calendar year, regardless of age	20%	30%	25%	20%	0%	50%
Pediatric vision up to age 19	Annual eye exam plus one pair of frames and lenses, or one pair of contacts per year					
Pediatric dental up to age 19	0% Preventive, 20% Basic, 50% Major					
Acupuncture / spinal manipulations (12 / 10 annual visit limit)	20%	30%	25%	20%	0%	50%
In-network coinsurance for other covered medical care	20%	30%	25%	20%	0%	50%
Out-of-network coinsurance for covered medical care	50%	50%	50%	50%	50%	50%
Optimum Value Medication List	Yes	Yes	Yes	Yes	Yes	Yes
Rx Preferred generic	10%	10%	10%	10%	0%	50%
Rx Generic	25%	25%	25%	25%	0%	50%
Rx Preferred brand*	25%	35%	35%	35%	0%	50%
Rx Preferred specialty*	20%	20%	20%	20%	0%	20%

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Asuris Northwest Health 2023 Asuris Employee SelectSM plans—Preferred network

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Silver Essential 2500	Silver Essential 4000	Bronze Essential 7500
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	\$8,150 / \$10,000	\$8,150 / \$10,000	\$8,550 / \$15,000
Preventive care	Covered in full for in-network services		
Employee Assistance Program (4 counseling visits per incident)	Covered in full		
Behavioral health	30%	20%	30%
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%	20%	30%
Inpatient hospital	30%	20%	30%
Outpatient surgery and services	30%	20%	30%
Outpatient lab and radiology	30%	20%	30%
Outpatient complex lab and imaging	30%	20%	30%
Outpatient rehab	30%	20%	30%
Emergency room	30%	20%	30%
Hearing aids and evaluation \$1,000 limit per calendar year, regardless of age	30%	20%	30%
Pediatric vision up to age 19	Annual eye exam plus one pair of frames and lenses, or one pair of contacts per year		
Pediatric dental up to age 19	0% Preventive, 20% Basic, 50% Major		
Acupuncture / spinal manipulations (12 / 10 annual visit limit)	30%	20%	30%
In-network coinsurance for other covered medical care	30%	20%	30%
Out-of-network coinsurance for covered medical care	50%	50%	50%
Optimum Value Medication List	N/A	N/A	N/A
Rx Preferred generic	\$15	\$10	\$10
Rx Generic	\$35	\$35	\$35
Rx Preferred brand*	25%	25%	25%
Rx Preferred specialty*	20%	20%	20%

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