



Asuris Employee SelectSM Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Platinum 250	Platinum 500	No-math plan Platinum 1150	Gold 500	Gold 1000	Gold 1500
	Networks offered on these plans	Preferred In network / Out of network	Preferred In network / Out of network	Preferred In network / Out of network	Preferred In network / Out of network	Preferred In network / Out of network
Deductible	\$250 / \$3,000	\$500 / \$3,000	\$1,150 / \$3,000	\$500 / \$5,000	\$1,000 / \$5,000	\$1,500 / \$5,000
Out-of-pocket maximum	\$4,000 / \$10,000	\$4,000 / \$10,000	\$1,150 / \$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 / 50%	\$20 / 50%	0% / 50%	\$30 / 50%	\$30 / 50%	\$30 / 50%
Virtual care	\$10 / 50%	\$10 / 50%	0% / 50%	\$10 / 50%	\$10 / 50%	\$10 / 50%
Primary care provider	\$20 / 50%	\$20 / 50%	0% / 50%	\$30 / 50%	\$30 / 50%	\$30 / 50%
Specialist	\$30 / 50%	\$30 / 50%	0% / 50%	\$50 / 50%	\$50 / 50%	\$50 / 50%
Urgent care	\$30 / 50%	\$30 / 50%	0% / 50%	\$50 / 50%	\$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 / 50%	\$20 / 50%	0% / 50%	\$30 / 50%	\$30 / 50%	\$30 / 50%
Emergency room*	\$250 then coinsurance	\$250 then coinsurance	0%	\$300 then coinsurance	\$300 then coinsurance	\$300 then coinsurance
Hearing aids & 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 contacts once per year at \$0 / 50%					
Pediatric dental up to age 19*	0% Preventive, 20% Basic, 50% Major					
Acupuncture / spinal manipulation (12 / 10 visits per year)	\$20 / 50%	\$20 / 50%	0% / 50%	\$30 / 50%	\$30 / 50%	\$30 / 50%
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%

Light-gray box = Deductible applies

Dark-gray box = Deductible waived for in-network care. Out-of-network care is subject to the out-of-network deductible.

* In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network.



Asuris Employee SelectSM Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Gold 2000		Gold 2500		No-math plan
	Gold 2000		Gold 2500		Gold Around 3500*
Networks offered on these plans	Preferred In network / Out of network	Preferred In network / Out of network	RealValue In network / Out of network	Preferred In network / Out of network	Preferred In network / Out of network
Deductible	\$2,000 / \$5,000	\$2,500 / \$5,000	\$2,500 / Not covered	\$3,500 / \$4,000	\$3,500 / \$4,000
Out-of-pocket maximum	\$5,750 / \$10,000	\$7,350 / \$10,000	\$7,350 / Not covered	\$3,500 / \$10,000	\$3,500 / \$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; 8 visits for Gold Around 3500)				
Behavioral health	\$35 / 50%	\$30 / 50%	\$30 / Not covered	0% / 50%	0% / 50%
Virtual care	\$10 / 50%	\$10 / 50%	\$10 / Not covered	0% / 50%	0% / 50%
Primary care provider	\$35 / 50%	\$30 / 50%	\$30 / Not covered	0% / 50%	0% / 50%
Specialist	\$50 / 50%	\$50 / 50%	\$50 / Not covered	0% / 50%	0% / 50%
Urgent care	\$50 / 50%	\$50 / 50%	\$50 / Not covered	0% / 50%	0% / 50%
Maternity	25% / 50%	30% / 50%	30% / Not covered	0% / 50%	0% / 50%
Inpatient hospital	25% / 50%	30% / 50%	30% / Not covered	0% / 50%	0% / 50%
Outpatient surgery & services	25% / 50%	30% / 50%	30% / Not covered	0% / 50%	0% / 50%
Outpatient lab & radiology	25% / 50%	30% / 50%	30% / Not covered	0% / 50%	0% / 50%
Outpatient complex lab & imaging	25% / 50%	30% / 50%	30% / Not covered	0% / 50%	0% / 50%
Outpatient rehab	\$35 / 50%	\$30 / 50%	\$30 / Not covered	0% / 50%	0% / 50%
Emergency room**	\$300 then coinsurance	\$300 then coinsurance	\$300 then coinsurance	0%	0%
Hearing aids & evaluation \$1,000 limit (device only) per calendar year, regardless of age	25% / 50%	30% / 50%	30% / Not covered	0% / 50%	0% / 50%
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or contacts once per year at \$0 / 50% (\$0 / Not covered for Gold 2500 plan on RealValue Network)				
Pediatric dental up to age 19**	0% Preventive, 20% Basic, 50% Major				
Acupuncture / spinal manipulation (12 / 10 visits per year)	\$35 / 50%	\$30 / 50%	\$30 / Not covered	0% / 50%	0% / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	25% / 50%	30% / 50%	30% / Not covered	0% / 50%	0% / 50%
Optimum Value Medication List	N/A	N/A	N/A	N/A	N/A
Rx Tier 1 (Preferred generics)**	\$10	\$10	\$10	0%	0%
Rx Tier 2 (Generics)**	\$35	\$35	\$35	0%	0%
Rx Tier 3 (Preferred brands)**	\$50	\$50	\$50	0%	0%
Rx Tier 4 (Brands)**	50%	50%	50%	0%	0%
Rx Tier 5 (Preferred specialty)**	20%	20%	20%	0%	0%
Rx Tier 6 (Specialty)**	50%	50%	50%	0%	0%

Light-gray box = Deductible applies

Dark-gray box = Deductible waived for in-network care. Out-of-network care is subject to the out-of-network deductible.

*Gold Around 3500 is a sole plan offering.

**In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network. (Excludes pediatric dental on Gold 2500 plan on RealValue Network which is not covered out of the network.)



Asuris Employee SelectSM Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Silver 3000		Silver 500	No-math plan
	Preferred In network / Out of network	RealValue In network / Out of network	Preferred In network / Out of network	Bronze 8550
Networks offered on these plans				
Deductible	\$3,000 / \$5,000	\$3,000 / Not covered	\$5,500 / \$7,500	\$8,550 / \$10,000
Out-of-pocket maximum	\$8,650 / \$10,000	\$8,650 / Not covered	\$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	\$40 / 50%	\$40 / Not covered	\$40 / 50%	0% / 50%
Virtual care	\$10 / 50%	\$10 / Not covered	\$10 / 50%	0% / 50%
Primary care provider	\$40 / 50%	\$40 / Not covered	\$40 / 50%	0% / 50%
Specialist	\$60 / 50%	\$60 / Not covered	\$60 / 50%	0% / 50%
Urgent care	\$60 / 50%	\$60 / Not covered	\$60 / 50%	0% / 50%
Maternity	35% / 50%	35% / Not covered	50% / 50%	0% / 50%
Inpatient hospital	35% / 50%	35% / Not covered	50% / 50%	0% / 50%
Outpatient surgery & services	35% / 50%	35% / Not covered	50% / 50%	0% / 50%
Outpatient lab & radiology	35% / 50%	35% / Not covered	50% / 50%	0% / 50%
Outpatient complex lab & imaging	35% / 50%	35% / Not covered	50% / 50%	0% / 50%
Outpatient rehab	\$40 / 50%	\$40 / Not covered	\$40 / 50%	0% / 50%
Emergency room*	\$400 then coinsurance	\$400 then coinsurance	\$400 then coinsurance	0%
Hearing aids & evaluation \$1,000 limit (device only) per calendar year, regardless of age	35% / 50%	35% / Not covered	50% / 50%	0% / 50%
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or contacts once per year at \$0 / 50% (\$0 / Not covered for Silver 3000 plan on RealValue Network)			
Pediatric dental up to age 19*	0% Preventive, 20% Basic, 50% Major			
Acupuncture / spinal manipulation (12 / 10 visits per year)	\$40 / 50%	\$40 / Not covered	\$40 / 50%	0% / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	35% / 50%	35% / Not covered	50% / 50%	0% / 50%
Optimum Value Medication List	N/A	N/A	N/A	Yes
Rx Tier 1 (Preferred generics)*	\$20	\$20	\$20	0%
Rx Tier 2 (Generics)*	\$35	\$35	\$35	0%
Rx Tier 3 (Preferred brands)*	\$60	\$60	\$60	0%
Rx Tier 4 (Brands)*	50%	50%	50%	0%
Rx Tier 5 (Preferred specialty)*	20%	20%	20%	0%
Rx Tier 6 (Specialty)*	50%	50%	50%	0%

Light-gray box = Deductible applies

Dark-gray box = Deductible waived for in-network care.

Out-of-network care is subject to the out-of-network deductible.

*In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network. (Excludes pediatric dental on Silver 3000 plan on RealValue Network, which is not covered out of the network.)



Asuris Employee SelectSM Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Gold HSA 1800		Silver HSA 2700		Silver HSA Embedded 3600
	Preferred In network / Out of network	RealValue In network / Out of network	Preferred In network / Out of network	RealValue In network / Out of network	Preferred In network / Out of network
Networks offered on these plans					
Deductible	\$1,800 / \$5,000	\$1,800 / Not covered	\$2,700 / \$5,000	\$2,700 / Not covered	\$3,600 / \$5,000
Out-of-pocket maximum	\$4,500 / \$10,000	\$4,500 / Not covered	\$6,900 / \$10,000	\$6,900 / Not covered	\$6,700 / \$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% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Virtual care	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Primary care provider	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Specialist	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Urgent care	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Maternity	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Inpatient hospital	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Outpatient surgery & services	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Outpatient lab & radiology	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Outpatient complex lab & imaging	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Outpatient rehab	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Emergency room*	20%	20%	30%	30%	25%
Hearing aids & evaluation \$1,000 limit (device only) per calendar year, regardless of age	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or contacts once per year at \$0 / 50% (\$0 / Not covered for Gold HSA 1800 and Silver HSA 2700 plans on RealValue Network)				
Pediatric dental up to age 19*	0% Preventive, 20% Basic, 50% Major				
Acupuncture / spinal manipulation (12 / 10 visits per year)	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	20% / 50%	20% / Not covered	30% / 50%	30% / Not covered	25% / 50%
Optimum Value Medication List	Yes	Yes	Yes	Yes	Yes
Rx Tier 1 (Preferred generics)*	10%	10%	10%	10%	10%
Rx Tier 2 (Generics)*	25%	25%	25%	25%	25%
Rx Tier 3 (Preferred brands)*	25%	25%	35%	35%	35%
Rx Tier 4 (Brands)*	50%	50%	50%	50%	50%
Rx Tier 5 (Preferred specialty)*	20%	20%	20%	20%	20%
Rx Tier 6 (Specialty)*	50%	50%	50%	50%	50%

Light-gray box = Deductible applies

Dark-gray box = Deductible waived

*In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network. (Excludes pediatric dental on Gold HSA 1800 and Silver HSA 2700 plans on RealValue Network, which is not covered out of the network.)



Asuris Employee SelectSM Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	No-math plan	Silver HSA 3500	Bronze HSA 6000	
	Silver HSA 5150			
Networks offered on these plans	Preferred In network / Out of network	Preferred In network / Out of network	Preferred In network / Out of network	RealValue In network / Out of network
Deductible	\$5,150 / \$7,500	\$3,500 / \$5,000	\$6,000 / \$10,000	\$6,000 / Not covered
Out-of-pocket maximum	\$5,150 / \$15,000	\$6,900 / \$10,000	\$7,150 / \$15,000	\$7,150 / Not covered
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	0% / 50%	20% / 50%	50% / 50%	50% / Not covered
Virtual care	0% / 50%	20% / 50%	50% / 50%	50% / Not covered
Primary care provider	0% / 50%	20% / 50%	50% / 50%	50% / Not covered
Specialist	0% / 50%	20% / 50%	50% / 50%	50% / Not covered
Urgent care	0% / 50%	20% / 50%	50% / 50%	50% / Not covered
Maternity	0% / 50%	20% / 50%	50% / 50%	50% / Not covered
Inpatient hospital	0% / 50%	20% / 50%	50% / 50%	50% / Not covered
Outpatient surgery & services	0% / 50%	20% / 50%	50% / 50%	50% / Not covered
Outpatient lab & radiology	0% / 50%	20% / 50%	50% / 50%	50% / Not covered
Outpatient complex lab & imaging	0% / 50%	20% / 50%	50% / 50%	50% / Not covered
Outpatient rehab	0% / 50%	20% / 50%	50% / 50%	50% / Not covered
Emergency room*	0%	20%	50%	50%
Hearing aids & evaluation \$1,000 limit (device only) per calendar year, regardless of age	0% / 50%	20% / 50%	50% / 50%	50% / Not covered
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or contacts once per year at \$0 / 50% (\$0 / Not covered for Bronze HSA 6000 plan on RealValue Network)			
Pediatric dental up to age 19*	0% Preventive, 20% Basic, 50% Major			
Acupuncture / spinal manipulation (12 / 10 visits per year)	0% / 50%	20% / 50%	50% / 50%	50% / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	0% / 50%	20% / 50%	50% / 50%	50% / 50%
Optimum Value Medication List	Yes	Yes	Yes	Yes
Rx Tier 1 (Preferred generics)*	0%	10%	50%	50%
Rx Tier 2 (Generics)*	0%	25%	50%	50%
Rx Tier 3 (Preferred brands)*	0%	35%	50%	50%
Rx Tier 4 (Brands)*	0%	50%	50%	50%
Rx Tier 5 (Preferred specialty)*	0%	20%	20%	20%
Rx Tier 6 (Specialty)*	0%	50%	50%	50%

Light-gray box = Deductible applies

Dark-gray box = Deductible waived

*In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network. (Excludes pediatric dental on Bronze HSA 6000 plan on RealValue Network, which is not covered out of the network.)



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 In network / Out of network	Preferred In network / Out of network	Preferred In network / Out of network	RealValue In network / Out of network
Deductible	\$2,500 / \$5,000	\$4,000 / \$5,000	\$7,500 / \$10,000	\$7,500 / Not covered
Out-of-pocket maximum	\$8,500 / \$10,000	\$8,150 / \$10,000	\$9,100 / \$15,000	\$9,100 / Not covered
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%	30% / Not covered
Virtual care	Covered in full for in-network services			
Primary care provider	\$40 for first 10 combined visits; then deductible and 30% / 50%	\$40 for first 4 combined visits; then deductible and 20% / 50%	\$40 for first 4 combined visits; then deductible and 30% / 50%	\$40 for first 4 combined visits; then deductible and 30% / Not covered
Specialist				
Urgent care				
Maternity	30% / 50%	20% / 50%	30% / 50%	30% / Not covered
Inpatient hospital	30% / 50%	20% / 50%	30% / 50%	30% / Not covered
Outpatient surgery & services	30% / 50%	20% / 50%	30% / 50%	30% / Not covered
Outpatient lab & radiology	30% / 50%	20% / 50%	30% / 50%	30% / Not covered
Outpatient complex lab & imaging	30% / 50%	20% / 50%	30% / 50%	30% / Not covered
Outpatient rehab	30% / 50%	20% / 50%	30% / 50%	30% / Not covered
Emergency room*	30%	20%	30%	30%
Hearing aids & evaluation \$1,000 limit (device only) per calendar year, regardless of age	30% / 50%	20% / 50%	30% / 50%	30% / Not covered
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or contacts once per year at \$0 / 50% (\$0 / Not covered for Bronze Essential 7500 plan on RealValue Network)			
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%	30% / Not covered
In-network coinsurance for other covered medical care / out-of-network coinsurance	30% / 50%	20% / 50%	30% / 50%	30% / Not covered
Optimum Value Medication List	N/A	N/A	N/A	N/A
Rx Tier 1 (Preferred generics)*	\$15	\$10	\$10	\$10
Rx Tier 2 (Generics)*	\$35	\$35	\$35	\$35
Rx Tier 3 (Preferred brands)*	25%	25%	25%	25%
Rx Tier 4 (Brands)*	50%	50%	50%	50%
Rx Tier 5 (Preferred specialty)*	20%	20%	20%	20%
Rx Tier 6 (Specialty)*	50%	50%	50%	50%

Light-gray box = Deductible applies

Dark-gray box = Deductible waived

* In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network. (Excludes pediatric dental on Bronze Essential 7500 plan on RealValue Network, which is not covered out of the network.)

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