

BENEFIT OPTIONS SUMMARY
PREFERRED PLANS
 (Except Asuris AdvanceSM plans, Asuris HSA Healthplan and the HSA-Qualified Preferred Plan 80/80/60)



Asuris Northwest Health offers groups several ways to enhance our standard benefit packages. The following options are available to most groups and plans unless indicated otherwise. Additional options may be available for groups of 51 or more. Contact your Sales contact for more information.

	Groups of 50 or Fewer	Groups of 51 or More
Annual Deductible Per Person The maximum annual deductible per family is three times the individual deductible amount.	\$200, \$500, \$750, or \$1,000	Same options apply as groups of 50 or fewer.
Office Visit Copay	\$15, \$20, or \$25 (available only on the 100/80/60 plan)	Same options apply as groups of 50 or fewer.
Annual Out-of-Pocket Coinsurance The maximum annual out-of-pocket coinsurance amount per family is three times the individual out-of-pocket coinsurance amount.	\$1,000, \$2,500, or \$5,000	Same options apply as groups of 50 or fewer.
Mental Disorders	Options are not available. Inpatient care is limited to 8 days per calendar year. Outpatient care is limited to 12 visits per calendar year.	Inpatient care is limited to 8 days per calendar year. Outpatient care is limited to 12 visits per calendar year. or Inpatient care is limited to 15 days per calendar year. Outpatient care is limited to 25 visits per calendar year.
Prescription Drug Prescription drugs obtained through a participating retail pharmacy or participating mail order program will be covered after the copay and prescription drugs deductible, if applicable, is satisfied. Prescription drug options include oral contraceptives.	Closed Formulary. Formulary outpatient prescription drugs are available with the following retail pharmacy copay amounts: \$15 or \$20 per-prescription copay; prescriptions obtained through the mail-order program are also included at double the retail pharmacy copay. or \$500 prescription drugs deductible per calendar year. After the deductible is met, covered prescription drugs will be provided with a 20% per-prescription copay. Prescriptions obtained through the mail-order program are also included. Tiered. Open formulary outpatient prescription drugs are available with the retail pharmacy copay amounts shown below. Since an open formulary is used, many non-formulary prescription drugs are covered but at a higher copay level for the member. The options are as follows: \$7 generic/30% brand-name/50% non-formulary or \$12 generic/30% brand-name/50% non-formulary per-prescription copay; prescriptions obtained through the mail-order program are also included with a mail-order copay amount per prescription of \$14 generic/30% brand-name/50% non-formulary or \$24 generic/30% brand-name/50% non-formulary. These options are subject to a \$2,400 prescription drugs out-of-pocket per member per calendar year. or \$10 generic/\$20 brand-name/\$40 non-formulary per-prescription copay; prescriptions obtained through the mail-order program are also included at double the retail pharmacy	

copay.

Preventive Care	Outpatient benefits are provided for routine well baby care, physical exams, immunizations, and routine cancer screenings, including preventive surgeries. Benefits are paid the same as any other condition. or Same as above, except the annual deductible is waived and all preventive care benefits will be limited to \$300 per person per calendar year. Routine colorectal cancer screening services are not subject to the preventive care benefit annual maximum.	
Vision Care	One routine eye exam per calendar year is covered when services are rendered by a Preferred Plan, participating, or recognized physician, or a Preferred Plan, participating, or recognized optometrist. Lenses and frames are paid to scheduled allowances beginning with the initial date of service. This benefit is not subject to the deductible or copay requirements. or Same as above, except lenses and frames are paid at 80% to \$200 every two calendar years beginning with the initial date of service (not subject to the stoploss provision).	
Spinal Manipulations	An unlimited benefit is available. Benefits are paid at the same percentage of the allowed amount as professional services.	
Dental Plans	There are four traditional dental plans from which to choose. Annual maximums, payment levels, copays, and deductibles vary among the plans. or For groups of 100 or more employees, there are two Columbia Dental (managed dental care) plans from which to choose. Members must go to Willamette Dental Group offices to receive benefits. These plans have no annual maximums or deductibles but have varying copays. For a complete list of Willamette Dental Group (WDG) office locations, please visit our Web site at www.asuris.com or call customer service at 1-888-344-5587.	
Orthodontia		
Traditional Dental	Paid at 50% to \$1,000 lifetime maximum, subject to group size requirements.	Paid at 50% to \$1,000 lifetime maximum.
Columbia Dental	<i>Not available.</i>	Covered after \$2,800 copay. <i>(For groups of 100 or more employees.)</i>

This is a brief list of options; it is not a certificate of coverage. A complete statement of benefits, including waiting periods, limitations, and exclusions is available through your Sales contact. myAsuris.com is designed to advise you on health care and lifestyle options, navigate you through the health care system, and reward you who make healthy choices. Go to www.myAsuris.com and view claims; get fitness and nutrition tips; learn about medical conditions, medications and formulary information; search for doctors; and research cost and care options.