



## Bronze Essential 7150 EPO | 2018 Asuris Northwest Health

Individual cost shares details	Benefit descriptions	In network	Out of network
Annual deductible	The total deductible you pay per calendar year	\$7,150	Not covered
Coinsurance	The amount you pay after you meet your deductible	10%	Not covered
Out-of-pocket maximum	The combined total for your deductible, coinsurance and copays per calendar year	\$7,350	Not covered
10 Essential benefits		Member responsibility	
1. Ambulatory care	Primary care visit	2 up-front visits at \$60 copay, then 10% after deductible	Not covered
	Specialist office visit	2 up-front visits at \$60 copay, then 10% after deductible	Not covered
	Urgent care	2 up-front visits at \$60 copay, then 10% after deductible	Not covered
	Spinal manipulations: 10 visits per calendar year	10%	Not covered
	Acupuncture: 12 visits per calendar year	10%	Not covered
2. Emergency services	Emergency room care	10%	10%
	Ambulance	10%	10%
3. Hospitalization	Inpatient services	10%	Not covered
	Supplies	10%	Not covered
4. Labs and radiology	Outpatient laboratory/radiology	10%	Not covered
	Inpatient laboratory/radiology	10%	Not covered
5. Maternity and newborn care	Pregnancy care	10%	Not covered
6. Mental health services and substance use disorder services	Inpatient services	10%	Not covered
	Outpatient services	10%	Not covered
7. Rehabilitative/ habilitative services and devices	Outpatient rehabilitative: 25 visits per calendar year outpatient habilitative: 25 visits per calendar year	10%	Not covered
	Inpatient rehabilitative: 30 days per calendar year Inpatient habilitative: 30 days per calendar year	10%	Not covered
8. Pediatric services (up to age 19)	Vision care	Covered in full	50%
	Preventive dental care	Covered in full	Covered in full
9. Prescription medications	Tier 1: preferred generics	\$15 copay*	Not covered
	Tier 2: non-preferred generics	10%	Not covered
	Tier 3: preferred brands	10%	Not covered
	Tier 4: non-preferred brands	50%	Not covered
	Tier 5: preferred specialty	40%	Not covered
	Tier 6: non-preferred specialty	50%	Not covered
10. Preventive services	Annual physical exams	Covered in full	Not covered
	Immunizations	Covered in full	Not covered
	Preventive screenings	Covered in full	Not covered
Telehealth	Doctor vistic via phone or video chat	\$10 copay*	Not covered

\*Deductible waived



## Definitions

**Allowed amount:** The lower price an in-network provider has agreed to accept as payment in full for the care provided to you.

**Coinsurance:** Your share of the cost for care after you pay any deductible. It's usually a percentage of the total cost of care (for example, 20%).

**Copay:** A flat dollar amount you pay for care, like a doctor's visit, hospital outpatient visit or prescription. You'll usually pay it when you go in for care.

**EPO:** An EPO (Exclusive Provider Organization) plan only covers in-network care. You are responsible for 100% of the costs for any out-of-network care (excluding emergency services).

**Deductible:** The amount you pay out of your own pocket each calendar year before your plan begins to pay. Some services, such as preventive care, are sometimes covered at 100% before you've met your deductible.

**Explanation of benefits (EOB):** A statement that explains how much Asuris paid toward a claim and how much you owe the provider for care.

**Formulary (list of covered drugs):** A list of prescription medications that your plan covers. It includes brand-name, generic and specialty drugs.

Through arrangements with our affiliates in Washington, Oregon, Idaho and Utah, you can access all levels of providers and payment in those states as if in the home service area. Outside those four states, you have the security of knowing you can access providers across the country. Through the Asuris Preferred Network, you have in-network coverage with thousands of providers nationwide, discounted services, balanced-billing and nationwide provider search capability.

## Exclusions

Exclusions apply.

Call us at 1-888-704-2708 (TTY: 711) or visit [asuris.com](http://asuris.com) for more information.

**Generic drugs:** A prescription medication approved by the Food and Drug Administration (FDA) as having the same active ingredient(s) as the brand-name version. Generally, a generic drug works the same as a brand-name drug and usually costs less.

**In-network provider:** A facility or health professional contracted with your plan. You usually pay less when you use in-network providers.

**Out-of-network provider:** A facility or health professional not contracted with your plan. You usually pay more when you use out-of-network providers.

**Out-of-pocket maximum:** The most you'll have to pay in deductible, coinsurance and copays per calendar year. Once you've meet this maximum, Asuris pays 100% of your covered care for the rest of the calendar year.

**Primary care provider (PCP):** A doctor or other health professional you see as the first point of contact for medical care.

**Specialist:** An expert in a particular area of medicine, for example, a dermatologist, allergist or cardiologist.

**Telehealth:** Care that you receive from a doctor over the phone or computer for routine needs and ailments.