

**BENEFIT SELECTION INSERT
FOR GROUPS OF FEWER THAN 51 ELIGIBLE EMPLOYEES**



Group Name _____

Group # _____ Effective Date _____

1. MEDICAL PLAN CHOICES

Plan <i>(circle those that apply)</i>	Preferred Plan 100/80/60	Preferred Plan 80/80/50	Preferred Plan Asuris Advance SM 80/80/50	Preferred Plan Asuris Advance SM 70/70/50	HSA-Qualified Preferred Plan 80/80/60
Deductible <i>(check one)</i> For Preferred Plan 100/80/60, deductible is waived for office visits when a copay applies and for outpatient diagnostic lab and x-ray services.	<input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000				<input type="checkbox"/> \$1,500 Member / \$3,000 Family <input type="checkbox"/> \$2,500 Member / \$5,000 Family <input type="checkbox"/> \$3,500 Member / \$7,000 Family
Office Visit Copay <i>(check one)</i>	<input type="checkbox"/> \$15 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25	Not Applicable	<input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$30	<input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$30	Not Applicable
Out-of-Pocket Coinsurance Maximum <i>(check one)</i>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	\$5,000 Member / \$10,000 Family

2. OPTIONAL BENEFITS for all plans

Spinal Manipulations 10 spinal manipulations are included in base medical plans.	<input type="checkbox"/> Spinal Manipulations #1A (no specific spinal manipulation limit)
Vision Care <i>(check one)</i>	<input type="checkbox"/> Exam and Schedule Hardware Benefit – Option 11 (Not available to HSA-Qualified Preferred Plan) <input type="checkbox"/> Exam and 80% to \$200 Hardware Benefit – Option 7 (\$200 maximum benefit every two calendar years beginning with the initial date of service) <input type="checkbox"/> None
Traditional Dental Plans At least 5 employees must be enrolled for Asuris Northwest Health's Traditional dental plans with medical. For freestanding dental coverage, the greater of 10 employees or 75% must be enrolled. <i>(check one)</i>	<input type="checkbox"/> Indicate Traditional Dental Plan # _____ <input type="checkbox"/> Orthodontia (50% to \$1,000) (Available only to groups of 26 or more eligible employees) <input type="checkbox"/> None
TMJ	Standard – included in rates quoted (\$1,000 per calendar year / \$5,000 per lifetime maximum benefit)

3. OPTIONAL BENEFITS for all plans except the HSA-Qualified Preferred Plan

Prescription Drugs All new groups, renewing groups with an existing Prescription Drugs benefit, and groups on the Asuris Advance plan, must choose a Prescription Drugs option. <i>(check one)</i>	Tiered – Open Formulary <input type="checkbox"/> \$7 generic formulary/30% brand-name formulary/50% non-formulary copay <input type="checkbox"/> \$12 generic formulary/30% brand-name formulary/50% non-formulary copay <input type="checkbox"/> \$10 generic formulary/\$20 brand-name formulary/\$40 non-formulary copay	Closed Formulary <input type="checkbox"/> \$15 Copay <input type="checkbox"/> \$20 Copay <input type="checkbox"/> 50% Copay up to \$2,000 maximum benefit per calendar year (only available for renewing groups that currently have this Rx option) <input type="checkbox"/> 20% Copay with \$500 prescription drugs deductible per calendar year	<input type="checkbox"/> None (only for renewing groups without existing drug benefit)
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“OPTIONAL BENEFITS” continued on reverse side

3. OPTIONAL BENEFITS for all plans except the HSA-Qualified Preferred Plan - continued

Preventive Care <i>(check one)</i>	<input type="checkbox"/> Preventive Care Option #7 (no specific benefit maximum per calendar year) <input type="checkbox"/> Preventive Care Option #8 (deductible waived; subject to any applicable per-visit copay; benefit limited to \$300 per person, per calendar year) <input type="checkbox"/> None Preferred Plan Asuris Advance groups must choose one of the following options: <input type="checkbox"/> Preventive Care Option #9 (deductible waived; subject to any applicable per-visit copay; benefit limited to \$300 per person, per calendar year) <input type="checkbox"/> Preventive Care Option #10 (deductible waived; no specific benefit maximum per calendar year)
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4. NOTES

5. ACCOUNTABLE OFFICER'S CERTIFICATION

I certify that the information on this Benefit Selection Insert is complete and accurate.	
X _____	
Accountable Officer's Signature & Title	Date