



## WBACC HSA

<b>Deductible</b>	\$3,500 Individual/\$7,000 Family***
<b>Out of Pocket Maximum</b> (Stoploss Limit)	\$5,000 Individual/\$10,000 Family**  <i>All eligible coinsurance expenses and the annual deductible will accumulate to the stoploss limit, unless otherwise specified.</i>
<b>Coinsurance</b>	80% Preferred/60% Participating
<b>Copay</b>	N/A
<b>Rx</b>	80%- Participating Pharmacies Only- Reimbursed
<b>Lifetime Maximum</b>	\$2,000,00 / \$20,000 annual reinstatement

Benefits	Preferred Providers*	Participating Providers
<b>Office Visits</b>	80%	60%
<b>Preventive Care</b> Unlimited, deductible waived	80%	60%
<b>Lab &amp; X-Ray</b>	80%	60%
<b>Hospital Services</b>	80%	60%
<b>Maternity</b> Not subject to preexisting condition waiting period	80%	60%
<b>Skilled Nursing Facility</b> 90 days per calendar year	Only Participating Providers currently available	80%
<b>Ambulance</b>	80% Recognized ambulance providers only	
<b>Inpatient Rehab Services</b> \$30,000 maximum per condition	80%	60%
<b>Outpatient Rehab</b> \$1,500 maximum per calendar year	80%	60%
<b>Inpatient Mental Health</b>	80%	60%
<b>Outpatient Mental Health</b>	80%	60%
<b>Chemical Dependency</b> \$14,500 max every 2 years at an approved state facility	80%	60%
<b>Spinal Manipulations</b> 10 spinal manipulations per calendar year	80%	60%
<b>Transplants</b> 6 month waiting period, \$350,000 lifetime maximum, \$50,000 per transplant organ procurement, \$2,500 per transplant travel and lodging maximum	80%	60%

\*To determine if a provider is "Preferred," refer to the Asuris Northwest Health provider directory or the website [www.asurisenorthwesthealth.com](http://www.asurisenorthwesthealth.com). You may also call one of the WBACC Member Service Specialists at Asuris Northwest Health. This plan is underwritten by Asuris Northwest Health. This is a brief summary of benefits. For full coverage provisions, including a description of waiting periods, limitations and exclusions, refer to your benefits brochure.

\*\* Family deductible applies when the subscriber and one or more dependents are enrolled. Prior to benefits being paid for any family member, the entire family deductible must be met.

\*\*\* The family out-of-pocket amount applies when the subscriber and one or more dependents are enrolled. Prior to benefits being paid for any family member at 100%, the entire family out-of-pocket maximum must be met.