WBACC PPO Advance $1,000

The Asuris Advance $1,000 Preferred Plan has the following unique features: 1) The first four office, home, or outpatient hospital visits per year and the first $500 per year for outpatient diagnostic x-ray and laboratory services will not be subject to the annual deductible and will be provided as specified below; 2) Fifth and subsequent office, home or outpatient hospital visits, outpatient diagnostic x-ray and laboratory exceeding the first $500 per year, and all other professional services not billed as an office visit will be subject to the annual deductible and will be provided as specified below; and 3) Preventive care benefits are also included and are subject to a $300 annual benefit maximum (not subject to the deductible). Refer to the Preventive Care insert for limitations that may apply. All other benefits of this plan will be provided at the percentage of the allowed amount as specified below after the deductible has been met. All benefits must be medically necessary and are subject to any copays and coinsurance unless otherwise specified. When you have reached the annual out-of-pocket coinsurance maximum, this plan will provide benefits at 100% of the allowed amount for the remainder of the calendar year, unless otherwise specified.

Deductible	$1,000 Individual/$3,000 Family
Out of Pocket Maximum	$5,000 Individual/$15,000
Rx	$10/20/40, Mail Order - 90 Days $20/40/80
Lifetime Maximum	$2,000,000 / $20,000 annual reinstatement

Benefits	Preferred Providers*	Participating Providers
Professional **Not subject to deductible** First 4 office, home, or outpatient hospital visits per year after office-visit copay and first $500/year for outpatient x-ray and lab	100%, $20 Copay	50%
Subject to deductible Fifth and subsequent office, home, or outpatient hospital visits per year after office-visit copay; outpatient x-ray and lab above the first $500/year; and other professional services not billed as an office visit	70%	50%
Hospital Services $75 ER copay, waived if admitted		50%
Maternity Not subject to preexisting condition waiting period	70%	50%
Skilled Nursing Facility 90 days per calendar year	Only Participating Providers currently available	70%
Ambulance	70%	
Inpatient Rehab Services $30,000 maximum per condition	70%	50%
Outpatient Rehab $1,500 maximum per calendar year	70%	50%
Inpatient Mental Health 8 days per calendar year	70%	50%
Outpatient Mental Health 12 visits per calendar year	70%	50%
Spinal Manipulations 10 spinal manipulations per calendar year	70%	50%
Transplants 6 month waiting period, $250,000 lifetime maximum, $50,000 per transplant organ procurement, $2,500 per transplant travel and lodging maximum	70%	50%
Smoking Cessation $500 lifetime maximum	70%	70%

***To determine if a provider is "Preferred", refer to the Asuris Northwest Health provider directory or the website www.asurisnorthwesthealth.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.**

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