



	Asante PPO Health Plan				Asante Savings Health Plan				Asante Reimbursement Health Plan						
Medical	Asante Preferred Network (Category 1)	Regence Network (Category 2)	Regence Limited Network (Category 3)	Out-of-network (Category 4)	Asante Preferred Network (Category 1)	Regence Network (Category 2)	Regence Limited Network (Category 3)	Out-of-network (Category 4)	Asante Preferred Network (Category 1)	Regence Network (Category 2)	Regence Limited Network (Category 3)	Out-of-network (Category 4)			
Deductible – individual	\$500			\$1,500	\$2,500	\$1,600			\$3,200	\$4,800	\$1,000	\$1,500	\$2,500	\$4,000	
Deductible – family	\$1,000			\$3,000	\$4,000	\$3,200			\$6,400	\$9,600	\$2,000	\$3,000	\$5,000	\$7,000	
Out-of-pocket maximum – individual	\$2,500	\$3,500	\$6,000	\$8,250	\$2,000	\$3,000	\$5,000	\$8,000	\$2,000	\$3,500	\$5,500	\$8,000			
Out-of-pocket maximum – family	\$5,000	\$7,000	\$12,000	\$16,500	\$3,200	\$6,000	\$10,000	\$14,000	\$4,000	\$7,000	\$11,000	\$16,000			
Office visit – primary care provider	\$10*	\$25*	\$75*	50%	0%	15%	40%	50%	\$0*	\$25*	\$75*	50%			
Office visit – specialist	\$10*	\$25*	\$75*	50%	10%	15%	40%	50%	\$10*	\$25*	\$75*	50%			
Immediate care†	\$50	N/A	N/A	N/A	10%	N/A	N/A	N/A	\$50	N/A	N/A	N/A			
Inpatient/outpatient professional	15%	15%	40%	50%	10%	15%	40%	50%	10%	15%	40%	50%			
Inpatient/outpatient facility	15%	30%	40%	50%	10%	30%	40%	50%	10%	30%	40%	50%			
Lab/X-ray	15%	30%	40%	50%	10%	30%	40%	50%	10%	30%	40%	50%			
Urgent care	N/A	\$25*	\$75*	50%	N/A	30%	40%	50%	N/A	\$25*	\$75*	50%			
Emergency Department	\$150* (waived if admitted)				15%	15%	15%	15%	\$150* (waived if admitted)						
Acupuncture (Limited to 12 visits per year)	\$10*	\$25*	\$75*	50%	10%	15%	40%	50%	\$10*	\$25*	\$75*	50%			
Chiropractic (Limited to 12 visits per year)	\$10*	\$25*	\$75*	50%	10%	15%	40%	50%	\$10*	\$25*	\$75*	50%			
beWell Healthy Living Incentives (see page 10 for details)															
Asante Health Fund	Contributions to HRA				Contributions to HSA				Contributions to HRA						
Annual basic contributions <i>Only full-time employees enrolled as of Jan. 1, 2024, are eligible. Contributions will be made in January 2024.</i>	\$0				\$300 – Employee-only coverage category \$600 – All other coverage categories				\$300 – Employee-only coverage category \$600 – All other coverage categories						
Annual beWell Healthy Living Incentive	\$525 (EE only) \$900 (EE + SP)				\$675 (EE only) \$1,225 (EE + SP)				\$750 (EE only) \$1,350 (EE + SP)						
Prescription drug (Rx)															
	Asante Pharmacies	Asante Pharmacies Retail 31-90 days	Regence Participating Pharmacies	Regence Participating Pharmacies Mail Order (90 days)	Out-of-network	Asante Pharmacies	Asante Pharmacies Retail 31-90 days	Regence Participating Pharmacies	Regence Participating Pharmacies Mail Order (90 days)	Out-of-network	Asante Pharmacies	Asante Pharmacies Retail 31-90 days	Regence Participating Pharmacies	Regence Participating Pharmacies Mail Order (90 days)	Out-of-network
Annual deductible	N/A				Not covered	Shared with medical deductible				Not covered	N/A				Not covered
Annual out-of-pocket maximum	Shared with medical out-of-pocket maximum				Not covered	Shared with medical out-of-pocket maximum				Not covered	Shared with medical out-of-pocket maximum				Not covered
Tier 1 (generic Rx)	\$5*	\$10*	\$20*	\$40*	Not covered	\$5	\$10	\$20	\$40	Not covered	\$5*	\$10*	\$20*	\$40*	Not covered
Tier 2 (preferred brand Rx)	\$40*	\$80*	\$80*	\$160*	Not covered	\$40	\$80	\$80*	\$160	Not covered	\$40*	\$80*	\$80*	\$160*	Not covered
Tier 3 (non-preferred brand Rx)	\$100*	\$300*	40% up to \$200 max	40% up to \$600 max	Not covered	\$100	\$300	40% up to \$200 max	40% up to \$600 max	Not covered	\$100*	\$300*	40% up to \$200 max	40% up to \$600 max	Not covered
Tier 4 (specialty Rx)	20% up to \$200 max	N/A	40% up to \$250 max	N/A	Not covered	20% up to \$200 max	N/A	40% up to \$250 max	N/A	Not covered	20% up to \$200 max	N/A	40% up to \$250 max	N/A	Not covered

* = Deductible waived % = Coinsurance (amount you pay) † = Immediate care services will be covered as outpatient facility/professional. The copay will be split between facility and professional.