With Avera Health Plans you can renew with confidence knowing that you’ll be covered for whatever life brings your way. Throw up a red flag if you’re considering a plan that doesn’t have these essential benefits to give you the most comprehensive coverage possible.

ARE YOU COVERED FOR:

- Regular clinic visits (Outpatient care)
- A trip to the emergency room
- Hospital stays
- Pregnancy and newborn care
- Mental health counseling
- Substance use disorder services
- Prescription drugs
- Physical, speech or occupational therapy
- Preventive screenings (mammography, cholesterol)
- Chronic disease management (asthma, diabetes, COPD)
- Pediatric visits, including oral and vision care
- Lab tests (Pap smear, blood tests)

These are considered essential services that are ALWAYS covered with our plans, according to the Affordable Care Act.

You receive AveraNow* at no cost to you! Regularly $49 per visit.

This virtual visit service connects patients to a provider 24/7 so employees can miss less time for doctor visits due to common illnesses. AveraNow is available on desktop, tablet and mobile anywhere in the United States.

Contact your agent or compare plans at AveraHealthPlans.com

*AveraNow qualifies for medical reimbursement as an allowable expense, so you can use your Flexible Spending Account for payment. AveraNow qualifies for medical reimbursement as an allowable expense, so you can use your Flexible Spending Account for payment. Check with IRS regulations or your flex benefits administrator every year as eligible items and services can change. If you have a high deductible, HSA-eligible plan, consult your tax adviser on the use of AveraNow for possible tax implications.