Level 1: Avera providers | Level 2: Other in-network providers Application ID # _____

Additional plans for residents in Brown, Lincoln and Minnehaha counties only	Avera Preferred 2750		Avera Preferred 3500		Avera Preferred 5500	
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
Deductible						
Individual	$2,750	$2,750	$3,500	$3,500	$5,500	$5,500
Family	$5,500	$5,500	$7,000	$7,000	$11,000	$11,000
Coinsurance						
	30%	40%	40%	50%	40%	50%
Out-of-Pocket Maximum						
Individual	$7,100	$7,100	$7,500	$7,500	$7,900	$7,900
Family	$14,200	$14,200	$15,000	$15,000	$15,800	$15,800
Medical Benefits						
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams**					
Primary Care Physician Visit	Deductible/ 30% Coinsurance	Deductible/ 40% Coinsurance	Co-pay $50	Co-pay $70	Co-pay $40/visit for first three visits then subject to Deductible/ 40% Coinsurance	Deductible/ 50% Coinsurance
Specialist Visit			Co-pay $80	Co-pay $100	Deductible/ 40% Coinsurance	
Urgent Care Services			Co-pay $50	Co-pay $70	Co-pay $40/visit for first three visits then subject to Deductible/ 40% Coinsurance	
Lab and X-Ray (Diagnostic Test)			Deductible/ 40% Coinsurance	Deductible/ 50% Coinsurance	Deductible/ 40% Coinsurance	
Hospital Services						
Emergency Services		Deductible/ 30% Coinsurance		Deductible/ 40% Coinsurance		Deductible/ 40% Coinsurance
Maternity Services		Deductible/ 40% Coinsurance		Deductible/ 50% Coinsurance		Deductible/ 50% Coinsurance
Pediatric Vision Services	Included with all plans					
Pediatric Dental Services						
Chiropractor Visit	Deductible/ 30% Coinsurance	Deductible/ 30% Coinsurance	Co-pay $50	Co-pay $50	Co-pay $40/visit for first three visits then subject to Deductible/ 40% Coinsurance	Co-pay $40/visit for first three visits then subject to Deductible/ 40% Coinsurance
AveraNow	No cost to the member					
Mental Health and Substance Use Disorder						
Outpatient Services	Deductible/ 30% Coinsurance	Deductible/ 40% Coinsurance	Co-pay $50	Co-pay $70	Co-pay $40/visit for first three visits then subject to Deductible/ 40% Coinsurance	Deductible/ 50% Coinsurance
Inpatient Services			Deductible/ 40% Coinsurance	Deductible/ 50% Coinsurance	Deductible/ 40% Coinsurance	
Pharmacy Benefits						
Pharmacy Deductible - Individual	$0		$0		$50	
- Family	$0		$0		$100	
Tier 1: Preventive Medications	$0		$0		$0	
Tier 2: Preferred Generics	Medical Deductible/ 30% Coinsurance		$10		$10	
Tier 3: Non-Preferred Generics			$30		$30	
Tier 4: Preferred Brands			$50		$75	
Tier 5: Non-Preferred Brands			$100		$150	
Tier 6: Specialty Medications (brand and generic)			40% Coinsurance/ $250 maximum		40% Coinsurance/ $250 maximum	
	Silver		**Silver**		**Bronze**	
Quote:	$_____	$_____	$_____	$_____	$_____	$_____