2019 Plan Options for Individuals and Families

In-network benefits are described on the charts.

For out-of-network benefits or more details, please refer to the Summary of Benefits and Coverage found at AveraHealthPlans.com, under the Shop Plans for Individuals section.

Plan Details:

*These plans are considered high-deductible health plans (HDHP) that can be paired with a Health Savings Account.

**Examples include gynecological exam, screening mammography, well-child care and newborn care. Limitations do apply. For a detailed listing, visit AveraHealthPlans.com.

*** To qualify for this plan you must be under the age of 30 before the policy effective date or qualify for a federal hardship exemption

Avera Health Plans

Application ID # _____

Plans	Avera 1500	Avera 2750	Avera 3500	Avera 4000*	Avera 5500	Avera 6750*	Avera 7900***
Deductible							
Individual	$1,500	$2,750	$3,500	$4,000	$5,500	$6,750	$7,900
Family	$3,000	$5,500	$7,000	$8,000	$11,000	$13,500	$15,800
Coinsurance							
	30%	30%	40%	0%	40%	0%	0%
Out-of-Pocket Maximum							
Individual	$3,500	$7,100	$7,500	$4,000	$7,900	$6,750	$7,900
Family	$7,000	$14,200	$15,000	$8,000	$15,800	$13,500	$15,800
Medical Benefits							
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams**						
Primary Care Physician Visit	Co-pay $25	Deductible/ 30% Coinsurance	Co-pay $50	This is an HSA-compatible plan. Please note: Cost Share Reduction plans may not qualify	Co-pay $40/visit for first three visits then subject to Deductible/ Coinsurance	This is an HSA-compatible plan. Please note: Cost Share Reduction plans may not qualify	Co-pay $0 Maximum 3 visits
Specialist Visit	Co-pay $50		Co-pay $80		Deductible/ 40% Coinsurance		Deductible/ 0% Coinsurance
Urgent Care Services	Co-pay $25		Co-pay $50		Co-pay $40/visit for first three visits then subject to Deductible/ Coinsurance		Co-pay $0 Maximum 3 visits
Lab and X-Ray (Diagnostic Test)	Deductible/ 30% Coinsurance		Deductible/ 40% Coinsurance		Deductible/ 40% Coinsurance		Deductible/ 0% Coinsurance
Hospital Services	Deductible and coinsurance apply for all plans			You will pay $0 after meeting the deductible	Deductible and coinsurance apply	You will pay $0 after meeting the deductible	Deductible and coinsurance apply
Emergency Services							
Maternity Services							
Pediatric Vision Services	Included with all plans						
Pediatric Dental Services							
Chiropractor Visit	Co-pay $25	Deductible/ 30% Coinsurance	Co-pay $50	This is an HSA-compatible plan. Please note: Cost Share Reduction plans may not qualify	Co-pay $40/visit for the first three visits, then subject to Deductible/ Coinsurance	This is an HSA-compatible plan. Please note: Cost Share Reduction plans may not qualify	Co-pay $0 Maximum 3 visits
AveraNow	No cost to the member				No cost to the member		No cost
Mental Health and Substance Use Disorder							
Outpatient Services	Co-pay $25	Deductible/ 30% Coinsurance	Co-pay $50		Co-pay $40/visit for first three visits then subject to Deductible/ Coinsurance		Co-pay $0 Maximum 3 visits
Inpatient Services	Deductible and coinsurance apply for all plans				Deductible and coinsurance apply		Deductible and coinsurance apply
Pharmacy Benefits							
Pharmacy Deductible - Individual	$0	$0	$0	$0	$50	$0	$0
- Family	$0	$0	$0	$0	$100	$0	$0
Tier 1: Preventive Medications	$0	$0	$0	Tier 1 = $0 You will pay $0 after meeting the medical deductible	$0	Tier 1 = $0 You will pay $0 after meeting the medical deductible	Tier 1 = $0 You will pay $0 after meeting the medical deductible
Tier 2: Preferred Generics	$0	Medical Deductible/ 30% Coinsurance	$10		$10		
Tier 3: Non-Preferred Generics	$50		$30		$30		
Tier 4: Preferred Brands	$50		$50		$75		
Tier 5: Non-Preferred Brands	$150		$100		$150		
Tier 6: Specialty Medications (brand and generic)	30% Coinsurance/ $250 maximum		40% Coinsurance/ $250 maximum		40% Coinsurance/ $250 maximum		
	Gold	**Silver**	**Silver**	**Silver**	**Bronze**	**Bronze**	**Catastrophic**
Quote:	$_____	$_____	$_____	$_____	$_____	$_____	$_____