

Off Exchange Plans

Application ID # _____

	Avera 3000	Avera 5200 HDHP*	Avera 6250	Avera 6850 HDHP*
Deductible				
Individual	\$3,000	\$5,200	\$6,250	\$6,850
Family	\$6,000	\$10,400	\$12,500	\$13,700
Coinsurance				
	40%	0%	50%	0%
Out-of-Pocket Maximum				
Individual	\$6,500	\$5,200	\$8,150	\$6,850
Family	\$13,000	\$10,400	\$16,300	\$13,700
Medical Benefits				
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams**			
Primary Care Physician Visit	Co-pay \$40	This is an HSA-compatible plan You will pay \$0 after meeting the Deductible	Co-pay \$50/visit*** for first three visits then subject to Deductible/ 50% Coinsurance	This is an HSA-compatible plan You will pay \$0 after meeting the Deductible
Specialist Visit	Co-pay \$100		Deductible/ 50% Coinsurance	
Urgent Care Services	Co-pay \$40		Co-pay \$50/visit*** for first three visits then subject to Deductible/ 50% Coinsurance	
Lab and X-Ray (Diagnostic Test)	Deductible/ 40% Coinsurance		Deductible/ 50% Coinsurance	
Hospital Services				
Emergency Services				
Maternity Services				
Pediatric Vision Services	Included with all plans			
Pediatric Dental Services	Included with all plans			
Chiropractic Visit †	Co-pay \$40	This is an HSA-compatible plan You will pay \$0 after meeting the Deductible	Co-pay \$50/visit*** for first three visits then subject to Deductible/ 50% Coinsurance	This is an HSA-compatible plan You will pay \$0 after meeting the Deductible
AveraNow	No cost to the member		No cost to the member	
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$40	You will pay \$0 after meeting the Deductible	Co-pay \$50/visit*** for first three visits then subject to Deductible/ 50% Coinsurance	You will pay \$0 after meeting the Deductible
Inpatient Services	Deductible/ 40% Coinsurance		Deductible/ 50% Coinsurance	
Pharmacy Benefits				
Pharmacy Deductible - Individual	\$50	\$0	\$50	\$0
- Family	\$100	\$0	\$100	\$0
Tier 1: Preventive Drugs	\$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 2: Preferred Generics	\$10		\$15	
Tier 3: Non-Preferred Generics	\$30		\$35	
Tier 4: Preferred Brands	\$50		\$75	
Tier 5: Non-Preferred Brands	\$150		\$150	
Tier 6: Specialty Drugs (brand and generic)	40% Coinsurance/ \$250 maximum		40% Coinsurance/ \$250 maximum	
	Silver	Silver	Bronze	Expanded Bronze
Quote:	\$ _____	\$ _____	\$ _____	\$ _____