

Off Exchange Plans

Application ID # _____

	Avera 3200	Avera 6700
Medical Deductible		
Individual	\$3,200	\$6,700
Family	\$6,400	\$13,400
Coinsurance		
	40%	50%
Out-of-Pocket Maximum		
Individual	\$7,500	\$8,700
Family	\$15,000	\$17,400
Medical Benefits		
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams*	
Primary Care Physician Visit	Co-pay \$50	Co-pay \$65/visit***** for the first 3 visits, then subject to Medical Deductible/50% Coinsurance
Urgent Care Services		
Chiropractic Visit †		
Specialist Visit	Co-pay \$100	Medical Deductible/50% Coinsurance
Lab and X-Ray (Diagnostic Test)	Medical Deductible/40% Coinsurance	
Hospital Services		
Emergency Services		
Maternity Services		
Pediatric Vision Services ††	No cost to you	
Pediatric Dental Services ††		
AveraNow		
Mental Health and Substance Use Disorder		
Outpatient Services	Co-pay \$50	Co-pay \$65/visit***** for the first 3 visits, then subject to Medical Deductible/50% Coinsurance
Inpatient Services	Medical Deductible/40% Coinsurance	Medical Deductible/50% Coinsurance
Pharmacy Benefits		
Pharmacy Deductible - Individual - Family	\$50	\$100
	\$100	\$200
Tier 1: Preventive Drugs	\$0	\$0
Tier 2: Preferred Generics	\$0	\$0
Tier 3: Non-Preferred Generics	\$30	\$50
Tier 4: Preferred Brands	\$50	\$100
Tier 5: Non-Preferred Brands	\$125	\$150
Tier 6: Specialty Drugs (Brand and Generic)	30% Coinsurance	30% Coinsurance
	Silver	Expanded Bronze
Quote:	\$ _____	\$ _____

*Examples include gynecological exam, screening mammography, well-child care and newborn care. Limitations do apply. For a detailed listing, visit AveraHealthPlans.com.
 *****Visits to Primary Care, Chiropractic, Urgent Care and Mental Health Outpatient Services combined apply to the 3 visit benefit total. It is not 3 visits per coverage category.
 † Preauthorization is required after 20 chiropractic visits per plan year. No coverage for services without preauthorization. †† Basic services only. See SBC for details.