Self-funded

Avera Health Plans is an experienced third-party administrator. Self-funded plans are suitable for large employers who wish to fund their own health insurance plan.

Benefits to having a self-funded plan include greater flexibility. Self-funded plans allow employers a choice of what benefits they would like to offer and the amount of risk they wish to take. The flexibility of a well-designed, self-funded plan can lead to significant cost savings. With a well thought out plan and positive claim experience, an employer may see a great reduction in benefit costs.

Call 1-877-322-4885 to learn more.

Available services included with self-funded plans

- Claims payment utilizing the region’s largest provider network
- Member ID card production and medical, dental and vision claims processing
- Benefit design consultation
- Plan document creation
- Established claim-editing tool and review process
- IRS 1099 forms
- Coordination of benefits
- Administration of medical claims for COBRA
- Client Relationship Executive
- Cost management and clinical reporting
- Health services (medical care and utilization management)
- Complaint and appeals coordinator
- Pharmacy benefits manager

Additional services

- National and regional provider networks
- Wellness programs
- On-site health screenings
- Employee assistance program
- Flexible spending and health care reimbursement
- Accounts using a ViSA® debit card
- Dental, vision, disability and life insurance

Innovative Health Insurance Plans

When you choose Avera Health Plans you receive quality plans that meet and exceed the requirements of the Affordable Care Act. Our team works with you and/or your agent to design cost-saving strategies that meet the unique needs of your business.

We provide an innovative program that allows you to identify health benefits that meet budget goals by choosing the right co-pays, deductibles and benefits for your business and employees.

Unlimited plan options are available with our quoting tool, which allows the employer to set the co-pays, deductible and other benefits to work with the company’s budget.

Avera Health Plans is helping employers meet the employer mandate by offering a minimum essential coverage (MEC) plan which provides affordable coverage to employees at most every employment level.

Every employer will be assigned a dedicated Client Relationship Executive who will provide an additional layer of service by assisting with on boarding, transitional care, benefit design consultation and health plan administration.

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Insurance for Large Employers (More than 50 Employees)

Avera Health Plans will help large employers comply with the Affordable Care Act employer mandate by providing a wide range of benefit options.

You now have access to innovative plan choices and clear, consistent information to help empower decision-making about all coverage options so your business can purchase plans tailored to your needs.
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Your Trusted Partner

When it comes to health insurance, Avera Health Plans is here for you and your business. We can help you identify the right plan for your employees. Our plans are available for businesses headquartered in South Dakota and the following Iowa counties: Clay, Dickinson, Emmet, Lyon, O’Brien, Osceola, Plymouth, Sioux and Woodbury.

If you have any questions, call our toll-free phone or email Sales@AveraHealthPlans.com. 1-877-322-4885
8 a.m. to 5 p.m. CT, Monday through Friday

How do I know what a health plan covers?

Our Enrollment Guide explains which services are covered or not covered by Avera Health Plans.

Other topics in the Enrollment Guide include:
- practitioner and provider availability
- utilization management procedures
- pharmaceutical management procedures
- policies and practices for collecting, using and protecting your personal health information
- how to use your benefit plan

The Enrollment Guide is available on our website, click Plans for Individuals and Families.

What Does it Mean to Have a 6-Tier Pharmacy Plan?

We offer a 6-tier pharmacy plan for all our defined contribution plans. This allows employees to optimize their dollars spent on medications by identifying those medications at lower costs that work as well as others that cost more.

| Tier 1 | Preventive Medications |
| Tier 2 | Preferred Generics |
| Tier 3 | Non-Preferred Generics |
| Tier 4 | Preferred Brands |
| Tier 5 | Non-Preferred Brands |
| Tier 6 | Specialty Medications (Brand and Generic) |

Defined Contribution Plan Options

In-network benefits are provided in the chart below. For out-of-network benefits or more details, please refer to the Summary of Benefits and Coverage found at AveraHealthPlans.com.

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Individual</th>
<th>Avera 1,000</th>
<th>Avera 1,500</th>
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Out-of-Pocket Maximum

<table>
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<tr>
<th>Out-of-Pocket Maximum</th>
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<tr>
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</tr>
<tr>
<td>$6,350</td>
</tr>
<tr>
<td>$12,700</td>
</tr>
</tbody>
</table>

Medical Benefits

Preventive Care Services
No cost to you. This includes preventive immunizations, screenings, exams.*

Primary Care Physician Visit
Co-pay $25

Specialist Visit
Co-pay $25

Urgent Care Services
Co-pay $25

Lab and X-ray (Diagnostic Test)
Co-pay $25

Hospital Services
Deductible and coinsurance apply for all plans.

Emergency Services
Co-pay $200

Maternity Services
Deductible and coinsurance apply for all plans.

Mental Health and Substance Use Disorder

Outpatient Services
Deductible and coinsurance apply for all plans.

Inpatient Services
Deductible and coinsurance apply for all plans.

Pharmacy Benefits

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<th>Deductible and coinsurance</th>
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<tr>
<td>Tier 6 = $150</td>
<td>Tier 6 = $150</td>
</tr>
</tbody>
</table>

Plan Details:
*Examples include gynecological exam, screening mammography, well-child care and newborn care. Limitations do apply.

For a detailed listing, visit AveraHealthPlans.com.

1 Lab and X-ray co-pays waived if services are performed during an office visit. Lab and X-ray performed without an office visit are subject to a separate co-pay per date of service.