

# Ask about our Defined Contribution Plan Options

Defined contribution plans allow the employer to choose a set amount (\$) or percentage (%) to contribute towards employee health care. The employer will pick plans from the following chart. Employees then pick the plan that meets their budget and health care needs when enrolling. In-network benefits are provided in the chart below.

	Avera 1000	Avera 1500	Avera 2000	Avera 3500 HSA Compatible	Avera 4000	Avera 7350*
<b>Deductible</b>						
Individual	\$1,000	\$1,500	\$2,500	\$3,500	\$4,000	\$7,350
Family	\$2,000	\$3,000	\$5,000	\$7,000	\$8,000	\$14,700
<b>Coinsurance</b>						
	20%	20%	30%	0%	30%	0%
<b>Out-of-Pocket Maximum</b>						
Individual	\$2,000	\$3,000	\$5,000	\$3,500	\$6,000	\$7,350
Family	\$4,000	\$6,000	\$10,000	\$7,000	\$12,000	\$14,700
<b>Medical Benefits</b>						
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams**					
Primary Care Physician Visit	Co-pay \$25	Co-pay \$30	Co-pay \$35	Deductible and coinsurance apply for all services.	Co-pay \$35	Deductible and coinsurance apply for all services.
Specialist Visit	Co-pay \$25	Co-pay \$45	Co-pay \$70		Co-pay \$70	
Urgent Care Services	Co-pay \$25	Co-pay \$30	Co-pay \$35		Co-pay \$35	
Lab and X-Ray (Diagnostic Test)	Co-pay \$25 <sup>1</sup>	Co-pay \$30 <sup>1</sup>	Co-pay \$35 <sup>1</sup>		Co-pay \$35 <sup>1</sup>	
Hospital Services	Deductible/Coinsurance if applicable					
Emergency Services	Co-pay \$200	Co-pay \$200	Co-pay \$300			
Maternity Services	Deductible and coinsurance apply for all plans					
<b>Mental Health and Substance Use Disorder</b>						
Outpatient Services	Co-pay \$25	Co-pay \$30	Co-pay \$35	Deductible and coinsurance	Co-pay \$35	Deductible and coinsurance
Inpatient Services	Deductible and coinsurance apply for all plans					
<b>Pharmacy Benefits</b>						
Pharmacy Deductible - Individual	\$0	\$0	\$0	\$0	\$0	\$0
- Family	\$0	\$0	\$0	\$0	\$0	\$0
Tier 1: Preventive Medications	\$0	\$0	\$0	Deductible and coinsurance apply for all services.	\$0	Deductible and coinsurance apply for all services.
Tier 2: Preferred Generics	\$12	\$12	\$12		\$12	
Tier 3: Non-Preferred Generics	\$12	\$12	\$12		\$12	
Tier 4: Preferred Brands	\$50	\$50	\$50		\$50	
Tier 5: Non-Preferred Bands	\$100	\$100	\$100		\$100	
Tier 6: Specialty Medications (brand and generic)	\$150	\$150	\$150		\$150	

## Plan Details:

\*Deductible and out-of-pocket maximum are compliant with 2018 allowances.

\*\*Examples include gynecological exam, screening mammography, well-child care and newborn care. Limitations do apply. For a detailed listing, visit [AveraHealthPlans.com](http://AveraHealthPlans.com).

<sup>1</sup> Lab and X-ray performed without an office visit are subject to a co-pay.

