

# 2018 Plan Options for Individuals and Families

In-network benefits are described on the chart.

For out-of-network benefits or more details, please refer to the Summary of Benefits and Coverage found at [AveraHealthPlans.com](http://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](http://AveraHealthPlans.com).

On and Off Exchange Plans	Avera 1500	Avera 2750	Avera 2800	Avera 3500	Avera 4000*	Avera 5500	Avera 6550*	Avera 7350		
<b>Deductible</b>										
Individual	\$1,500	\$2,750	\$2,800	\$3,500	\$4,000	\$5,500	\$6,550	\$7,350		
Family	\$3,000	\$5,500	\$5,600	\$7,000	\$8,000	\$11,000	\$13,100	\$14,700		
<b>Coinsurance</b>										
	30%	30%	40%	40%	0%	40%	0%	0%		
<b>Out-of-Pocket Maximum</b>										
Individual	\$3,500	\$7,100	\$6,800	\$7,200	\$4,000	\$7,350	\$6,550	\$7,350		
Family	\$7,000	\$14,200	\$13,600	\$14,400	\$8,000	\$14,700	\$13,100	\$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	Deductible/ 30% Coinsurance	Co-pay \$45	Co-pay \$50	This is an HSA-compatible plan. Please note: Cost Share Reduction plans may not qualify.  You will pay \$0 after meeting the deductible.	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.  You will pay \$0 after meeting the deductible.	Co-pay \$0 Maximum 3 visits		
Specialist Visit	Co-pay \$50	Deductible/ 30% Coinsurance	Co-pay \$75	Co-pay \$80		Deductible/ 40% Coinsurance		0% Coinsurance		
Urgent Care Services	Co-pay \$25	Deductible/ 30% Coinsurance	Co-pay \$45	Co-pay \$50		Co-pay \$40		Co-pay \$0 Maximum 3 visits		
Lab and X-Ray (Diagnostic Test)	Deductible/ 30% Coinsurance	Deductible/ 30% Coinsurance	Deductible/ 40% Coinsurance	Deductible/ 40% Coinsurance		Deductible/ 40% Coinsurance		Deductible/ 0% Coinsurance		
Hospital Services	Deductible and coinsurance apply for all plans.									
Emergency Services	Deductible and coinsurance apply for all plans.									
Maternity Services	Deductible and coinsurance apply for all plans.									
Pediatric Vision Services	Included with all plans.									
Pediatric Dental Services	Included with all plans.									
<b>Mental Health and Substance Use Disorder</b>										
Outpatient Services	Co-pay \$25	Deductible/ 30% Coinsurance	Co-pay \$45	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.									
<b>Pharmacy Benefits</b>										
Pharmacy Deductible - Individual	\$0	\$0	\$0	\$0	\$0	\$50	\$0	\$0		
- Family	\$0	\$0	\$0	\$0	\$0	\$100	\$0	\$0		
Tier 1: Preventive Medications	\$0	Medical deductible/ 30% Coinsurance	\$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.	To qualify for this plan you must be under the age of 30 before Jan. 1 or qualify for a federal hardship exemption.		
Tier 2: Preferred Generics	\$0	Medical deductible/ 30% Coinsurance	\$0	\$10		\$10				
Tier 3: Non-Preferred Generics	\$50	Medical deductible/ 30% Coinsurance	\$30	\$30		\$30				
Tier 4: Preferred Brands	\$50	Medical deductible/ 30% Coinsurance	\$50	\$50		\$75				
Tier 5: Non-Preferred Brands	\$150	Medical deductible/ 30% Coinsurance	\$75	\$100		\$150				
Tier 6: Specialty Medications (brand and generic)	30% Coinsurance/ \$250 maximum	Medical deductible/ 30% Coinsurance	\$150	40% coinsurance/ \$250 maximum		40% coinsurance/ \$250 maximum				
	<b>Gold</b>	<b>Silver</b>	<b>Silver</b>	<b>Silver</b>	<b>Silver</b>	<b>Bronze</b>	<b>Bronze</b>	<b>Catastrophic</b>		
Quote:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		

