

<b>Off Exchange Plans</b>	Avera 3000	Avera 5200*	Avera 5000	Avera 6500*
<b>Deductible</b>				
Individual	\$3,000	\$5,200	\$5,000	\$6,500
Family	\$6,000	\$10,400	\$10,000	\$13,000
<b>Coinsurance</b>				
	40%	0%	50%	0%
<b>Out-of-Pocket Maximum</b>				
Individual	\$6,500	\$5,200	\$7,800	\$6,500
Family	\$13,000	\$10,400	\$15,600	\$13,000
<b>Medical Benefits</b>				
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 \$40/visit for first three visits then subject to Deductible/ 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 \$40/visit for first three visits then subject to Deductible/ 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	Co-pay \$40/visit for first three visits then subject to Deductible/ Coinsurance	This is an HSA-compatible plan
AveraNow	No cost to the member		No cost to the member	
<b>Mental Health and Substance Use Disorder</b>				
Outpatient Services	Co-pay \$40	You will pay \$0 after meeting the deductible	Co-pay \$40/visit for first three visits then subject to Deductible/ Coinsurance	You will pay \$0 after meeting the deductible
Inpatient Services	Deductible/ 40% Coinsurance		Deductible/ 50% Coinsurance	
<b>Pharmacy Benefits</b>				
Pharmacy Deductible - Individual	\$50	\$0	\$50	\$0
- Family	\$100	\$0	\$100	\$0
Tier 1: Preventive Medications	\$0	Tier 1 = \$0	\$0	Tier 1 = \$0
Tier 2: Preferred Generics	\$10		\$10	
Tier 3: Non-Preferred Generics	\$30		\$30	
Tier 4: Preferred Brands	\$50	You will pay \$0 after meeting the medical deductible	\$75	You will pay \$0 after meeting the medical deductible
Tier 5: Non-Preferred Brands	\$150		\$150	
Tier 6: Specialty Medications (brand and generic)	40% Coinsurance/ \$250 maximum		40% Coinsurance/ \$250 maximum	
	<b>Silver</b>	<b>Silver</b>	<b>Bronze</b>	<b>Bronze</b>
<b>Quote:</b>	\$ _____	\$ _____	\$ _____	\$ _____