

2019 Small Employer Plan Options

In-network benefits are provided in the charts to the right.

For out-of-network benefits or more details, please refer to the Summary of Benefits and Coverage found at AveraHealthPlans.com.

Consider Using Defined Contribution Plans

Based on the amount of employees taking coverage, you will have the following number of plans to choose from:

- 1 – 2 employees: 1 plan
- 3 – 9 employees: 2 plans
- 10 – 24 employees: 3 plans
- 25 – 50 employees: 4 plans



Plans	Avera 1000	Avera 2000	Avera 3000	Avera 3500	Avera 4000*	Avera 5000*	Avera 5500
Deductible							
Individual	\$1,000	\$2,000	\$3,000	\$3,500	\$4,000	\$5,000	\$5,500
Family	\$2,000	\$4,000	\$6,000	\$7,000	\$8,000	\$10,000	\$11,000
Coinsurance							
	40%	30%	40%	40%	0%	50%	40%
Out-of-Pocket Maximum							
Individual	\$3,500	\$4,500	\$6,800	\$7,800	\$4,000	\$6,750	\$7,900
Family	\$7,000	\$9,000	\$13,600	\$15,600	\$8,000	\$13,500	\$15,800
Medical Benefits							
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams***						
Primary Care Physician Visit	Co-pay \$35	Co-pay \$25	Co-pay \$35	Co-pay \$40	Deductible	Deductible/ 50% Coinsurance	Co-pay \$40/visit for the first 3 visits, then subject to Deductible/Coinsurance**
Specialist Visit	Co-pay \$75	Co-pay \$50	Co-pay \$75	Co-pay \$80			Deductible/ 40% Coinsurance
Urgent Care Services	Co-pay \$35	Co-pay \$25	Co-pay \$35	Co-pay \$40			Co-pay \$40/visit for the first 3 visits, then subject to Deductible/Coinsurance**
Lab and X-Ray (Diagnostic Test)	Co-pay \$0	Co-pay \$0	Deductible/ 40% Coinsurance	Co-pay \$0			Deductible/ 40% Coinsurance
Hospital Services	Deductible and coinsurance apply for all plans						
Emergency Services	Deductible/ 40% Coinsurance	Deductible/ 30% Coinsurance	Deductible/ 40% Coinsurance	Deductible/ 40% Coinsurance	Deductible	Deductible/ 50% Coinsurance	Deductible/ 40% Coinsurance
Maternity Services	Included with all plans						
Pediatric Vision Services	Included with all plans						
Pediatric Dental Services	Included with all plans						
Chiropractic Visit	Co-pay \$35	Co-pay \$25	Co-pay \$35	Co-pay \$40	Deductible	Deductible/ 50% Coinsurance	Co-pay \$40/visit for the first 3 visits, then subject to Deductible/Coinsurance**
AveraNow	No cost to the member				No cost to the member		
Mental Health and Substance Use Disorder							
Outpatient Services	Co-pay \$35	Co-pay \$25	Co-pay \$35	Co-pay \$40	Deductible	Deductible/ 50% Coinsurance	Co-pay \$40/visit for the first 3 visits, then subject to Deductible/Coinsurance**
Inpatient Services	Deductible and coinsurance apply for all plans						
Pharmacy Benefits							
Pharmacy Deductible - Individual	\$50	\$50	\$50	\$50	NA	NA	\$50
- Family	\$100	\$100	\$100	\$100	NA	NA	\$100
Tier 1: Preventive Medications	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Preferred Generics	\$15	\$15	\$15	\$15	Deductible	Deductible/ 50% Coinsurance	\$10
Tier 3: Non-Preferred Generics	\$15	\$15	\$15	\$15			\$30
Tier 4: Preferred Brands	\$50	\$50	\$50	\$50			\$75
Tier 5: Non-Preferred Brands	\$75	\$75	\$75	\$150			\$150
Tier 6: Specialty Medications (brand and generic)	40% Coinsurance/ \$150 maximum	30% Coinsurance/ \$250 maximum	40% Coinsurance/ \$150 maximum	40% Coinsurance/ \$250 maximum	40% Coinsurance/ \$250 maximum		
	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze
Quote:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Plan Details

*The Avera 4000 and Avera 5000 are high deductible health plans (HDHP) that can be paired with a Health Savings Account.

**Each family member will receive the first three office visit co-pays at \$40 per person per year. This includes Primary Care, Chiropractic, Mental Health, Urgent Care or rehabilitation visits. After three visits, subject to deductible and coinsurance.

***Examples include gynecological exam, screening mammography, well-child care and newborn care. Limitations do apply. For a detailed listing, visit AveraHealthPlans.com.

Ultra Plans	Avera Ultra 1500		Avera Ultra 6000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$1,500	\$5,000	\$6,000	\$10,000
Family	\$3,000	\$10,000	\$12,000	\$20,000
Coinsurance				
	40%	50%	40%	50%
Out-of-Pocket Maximum				
Individual	\$3,500	\$10,000	\$7,800	\$10,000
Family	\$7,000	\$20,000	\$15,600	\$20,000
Medical Benefits				
Preventive Care Services	No charge	Co-pay \$60	No charge	Co-pay \$60
Primary Care Physician Visit	Co-pay \$30		Deductible/ 50% Coinsurance	
Specialist Visit				
Urgent Care Services				
Lab and X-Ray (Diagnostic Test)	Deductible/ 40% Coinsurance	Deductible/ 40% Coinsurance	Deductible/ 40% Coinsurance	
Hospital Services				
Emergency Services	Deductible/ 40% Coinsurance	Deductible/ 40% Coinsurance	Deductible/ 40% Coinsurance	
Maternity Services	Office Visits: Co-pay \$30 Inpatient Services: Deductible/ 40% Coinsurance	Office Visits: Co-pay \$60 Inpatient Services: Deductible/ 50% Coinsurance	Office Visits: Co-pay \$30 Inpatient Services: Deductible/ 40% Coinsurance	Office Visits: Co-pay \$60 Inpatient Services: Deductible/ 50% Coinsurance
Pediatric Vision Services	Included	Not covered	Included	Not covered
Pediatric Dental Services	Included	Not covered	Included	Not covered
Chiropractor Visit	Co-pay \$30	Deductible/ 50% Coinsurance	Co-pay \$30	Deductible/ 50% Coinsurance
AveraNow	No cost to the member			
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$30	Deductible/ 50% Coinsurance	Co-pay \$30	Deductible/ 50% Coinsurance
Inpatient Services	Deductible/ 40% Coinsurance		Deductible/ 40% Coinsurance	
Pharmacy Benefits				
Pharmacy Deductible - Individual	\$0	Not covered	\$0	Not covered
- Family	\$0		\$0	
Tier 1: Preventive Medications	\$0		\$0	
Tier 2: Preferred Generics	\$10		\$10	
Tier 3: Non-Preferred Generics	\$10		\$10	
Tier 4: Preferred Brands	\$30		\$30	
Tier 5: Non-Preferred Brands	\$60	\$60		
Tier 6: Specialty Medications (brand and generic)	\$60	\$60		
	Gold		Silver	
Quote:	\$ _____	\$ _____	\$ _____	\$ _____