



2026 Individual and Family
Health Insurance Options
IOWA

ConnectPlus Plans

	ConnectPlus \$0 Gold	ConnectPlus \$1800	ConnectPlus Standard \$2000
Medical Deductible			
Individual	\$0	\$1,800	\$2,000
Family	\$0	\$3,600	\$4,000
Coinsurance			
	30%	30%	25%
Out-of-Pocket Maximum			
Individual	\$8,500	\$9,000	\$8,200
Family	\$17,000	\$18,000	\$16,400
Medical Benefits			
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*.		
Primary Care Physician Visit	Co-pay \$20	Copay \$0/visit ^{††} for the first 3 visits, then \$25 Co-pay	Co-pay \$30
Urgent Care Services		Co-pay \$25	Co-pay \$45
Chiropractic Visit		Copay \$0/visit ^{††} for the first 3 visits, then \$25 Co-pay	Co-pay \$30
Specialist Visit	Co-pay \$40	Co-pay \$50	Co-pay \$60
Lab and X-Ray (Diagnostic Test)	Co-pay \$20 Advanced Imaging: \$700	Co-pay \$25	Medical Deductible/25% Coinsurance
Hospital Services	Outpatient Co-pay: \$500/visit Inpatient Co-pay: \$2,000/admission	Medical Deductible/30% Coinsurance	
Emergency Services	Co-pay \$300	Co-pay \$300	
Maternity Services	Office Visits: No Charge Delivery Facility: Co-pay \$2,000/admission Delivery/Professional Services: 30% Coinsurance	Office Visits: No Charge Other: Medical Deductible/30% Coinsurance	
Pediatric Vision Services	Included with all plans. No cost to member.		
Pediatric Dental Services	Included with all plans. No cost to member.		
Avera Virtual Visits	No cost to you.	No cost to you.	No cost to you.
Mental Health and Substance Use Disorder			
Outpatient Services/ Avera Virtual Visits	Co-pay \$20	Copay \$0/visit ^{††} for the first 3 visits, then \$25 Co-pay	Co-pay \$30
Inpatient Services	Co-pay \$2,000/admission	Medical Deductible/30% Coinsurance	Medical Deductible/25% Coinsurance
Pharmacy Benefits			
Pharmacy Deductible	Individual \$50 ^{†††} Family \$100	Integrated with Medical	Integrated with Medical
Tier 1: Preventive Drugs	\$0	\$0	\$0
Tier 2: Generic Drugs	\$15	\$15	\$15
Tier 3: Preferred Brand Drugs	\$30	\$30	\$30
Tier 4: Non-Preferred Brand Drugs	\$125	\$125	\$60
Tier 5: Value Specialty Drugs	\$15	\$15	\$250
Tier 6: Specialty Drugs (Brand and Generic)	30% Coinsurance after Drug Deductible	30% Coinsurance after Medical Deductible	\$250
	Gold	Gold	Gold
Quote: \$			

Please see list of disclaimers on the back cover.
For additional details, please see your SBC on AveraHealthPlans.com.

ConnectPlus Plans

	ConnectPlus MyWeighForward \$2000	ConnectPlus \$0 Silver [†]	ConnectPlus Standard \$6000 [†]
Medical Deductible			
Individual	\$2,000	\$0	\$6,000
Family	\$4,000	\$0	\$12,000
Coinsurance			
	25%	40%	40%
Out-of-Pocket Maximum			
Individual	\$8,200	\$10,600	\$8,900
Family	\$16,400	\$21,200	\$17,800
Medical Benefits			
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*.		
Primary Care Physician Visit	Co-pay \$30	Co-pay \$50	Co-pay \$40
Urgent Care Services	Co-pay \$45		Co-pay \$60
Chiropractic Visit	Co-pay \$30		Co-pay \$40
Specialist Visit	Co-pay \$60	Co-pay \$100	Co-pay \$80
Lab and X-Ray (Diagnostic Test)	Medical Deductible/25% Coinsurance	Co-pay \$50 Advanced Imaging: \$900	Medical Deductible/40% Coinsurance
Hospital Services		Outpatient Co-pay: \$1,500/visit Inpatient Co-pay: \$3,500/admission	
Emergency Services		Co-pay \$1,000	
Maternity Services		Office Visits: No Charge Delivery Facility: Co-pay \$3,500/admission Delivery Professional Services: 40% Coinsurance	
Pediatric Vision Services		Included with all plans. No cost to member.	
Pediatric Dental Services			
Avera Virtual Visits	No cost to you.	No cost to you.	No cost to you.
Mental Health and Substance Use Disorder			
Outpatient Services/ Avera Virtual Visits	Co-pay \$30	Co-pay \$50	Co-pay \$40
Inpatient Services	Medical Deductible/25% Coinsurance	Co-pay \$3,500/admission	Medical Deductible/40% Coinsurance
Pharmacy Benefits			
Pharmacy Deductible	Integrated with Medical	Individual \$100 ^{††††} Family \$200	Integrated with Medical
Tier 1: Preventive Drugs	\$0	\$0	\$0
Tier 2: Generic Drugs	\$15	\$20	\$20
Tier 3: Preferred Brand Drugs	\$30	\$40	\$40
Tier 4: Non-Preferred Brand Drugs	\$60	40% Coinsurance after Drug Deductible	\$80 Co-pay after Medical Deductible
Tier 5: Value Specialty Drugs	\$250	\$20	\$350 Co-pay after Medical Deductible
Tier 6: Specialty Drugs (Brand and Generic)	\$250	40% Coinsurance after Drug Deductible	\$350 Co-pay after Medical Deductible
	Gold	Silver	Silver
Quote: \$		\$	\$

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ConnectPlus Plans

	ConnectPlus MyWeighForward \$6000 [†]	ConnectPlus \$4500 [†]	ConnectPlus \$6500 HSA Eligible HDHP [‡]
Medical Deductible			
Individual	\$6,000	\$4,500	\$6,500
Family	\$12,000	\$9,000	\$13,000
Coinsurance			
	40%	40%	50%
Out-of-Pocket Maximum			
Individual	\$8,900	\$10,600	\$10,600
Family	\$17,800	\$21,200	\$21,200
Medical Benefits			
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*.		
Primary Care Physician Visit	Co-pay \$40	Copay \$0/visit ^{††} for the first 3 visits, then \$45 Co-pay	Copay \$0/visit ^{††} for the first 3 visits, then \$60 Co-pay
Urgent Care Services	Co-pay \$60	Co-pay \$45	Co-pay \$60
Chiropractic Visit	Co-pay \$40	Copay \$0/visit ^{††} for the first 3 visits, then \$45 Co-pay	Copay \$0/visit ^{††} for the first 3 visits, then \$60 Co-pay
Specialist Visit	Co-pay \$80	Co-pay \$90	Medical Deductible/50% Coinsurance
Lab and X-Ray (Diagnostic Test)	Medical Deductible/40% Coinsurance	Co-pay \$45	Co-pay \$120
Hospital Services		Medical Deductible/40% Coinsurance	Medical Deductible/50% Coinsurance
Emergency Services		Co-pay \$1,000	Co-pay \$1,200
Maternity Services		Office visits: No Charge Other: Medical Deductible/40% Coinsurance	Office Visits: No Charge Other: Medical Deductible/50% Coinsurance
Pediatric Vision Services	Included with all plans. No cost to member.		
Pediatric Dental Services			
Avera Virtual Visits	No cost to you.	No cost to you.	No cost to you.
Mental Health and Substance Use Disorder			
Outpatient Services/ Avera Virtual Visits	Co-pay \$40	Copay \$0/visit ^{††} for the first 3 visits, then \$45 Co-pay	Copay \$0/visit ^{††} for the first 3 visits, then \$60 Co-pay
Inpatient Services	Medical Deductible/40% Coinsurance	Medical Deductible/40% Coinsurance	Medical Deductible/50% Coinsurance
Pharmacy Benefits			
Pharmacy Deductible	Integrated with Medical	Integrated with Medical	Integrated with Medical
Tier 1: Preventive Drugs	\$0	\$0	\$0
Tier 2: Generic Drugs	\$20	\$20	\$30
Tier 3: Preferred Brand Drugs	\$40	\$40	Medical Deductible/40% Coinsurance
Tier 4: Non-Preferred Brand Drugs	\$80 Co-pay after Medical Deductible	Medical Deductible/40% Coinsurance	
Tier 5: Value Specialty Drugs	\$350 Co-pay after Medical Deductible	\$20	
Tier 6: Specialty Drugs (Brand and Generic)	\$350 Co-pay after Medical Deductible	Medical Deductible/40% Coinsurance	
	Silver	Silver	Expanded Bronze
Quote: \$	\$	\$	\$

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ConnectPlus Plans

	ConnectPlus \$7500 HSA Eligible HDHP [†]	ConnectPlus Standard \$7500 HSA Eligible HDHP [†]	ConnectPlus \$10,600** HSA Eligible HDHP [†]	
Medical Deductible				
Individual	\$7,500	\$7,500	\$10,600	
Family	\$15,000	\$15,000	\$21,200	
Coinsurance				
	0%	50%	0%	
Out-of-Pocket Maximum				
Individual	\$7,500	\$10,000	\$10,600	
Family	\$15,000	\$20,000	\$21,200	
Medical Benefits				
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*.			
Primary Care Physician Visit	This is an HSA-compatible plan. You will pay \$0 after meeting the Medical Deductible.	Co-pay \$50	Co-pay \$0/visit ^{††} for the first 3 visits, then subject to Medical Deductible/ 0% Coinsurance	
Urgent Care Services		Co-pay \$75	You will pay \$0 after meeting the Medical Deductible	
Chiropractic Visit		Co-pay \$50	Co-pay \$0/visit ^{††} for the first 3 visits, then subject to Medical Deductible/ 0% Coinsurance	
Specialist Visit		Co-pay \$100	You will pay \$0 after meeting the Medical Deductible	
Lab and X-Ray (Diagnostic Test)		Medical Deductible/50% Coinsurance		You will pay \$0 after meeting the Medical Deductible
Hospital Services				
Emergency Services				
Maternity Services				
Pediatric Vision Services	Included with all plans. No cost to member.			
Pediatric Dental Services	Included with all plans. No cost to member.			
Avera Virtual Visits	You will pay \$0 after meeting the Medical Deductible	No cost to you.	You will pay \$0 after meeting the Medical Deductible	
Mental Health and Substance Use Disorder				
Outpatient Services/ Avera Virtual Visits	You will pay \$0 after meeting the Medical Deductible.	Co-pay \$50	Co-pay \$0/visit ^{††} for the first 3 visits, then subject to Medical Deductible/ 0% Coinsurance	
Inpatient Services		Medical Deductible/50% Coinsurance	You will pay \$0 after meeting the Medical Deductible	
Pharmacy Benefits				
Pharmacy Deductible	Integrated with Medical	Integrated with Medical	Integrated with Medical	
Tier 1: Preventive Drugs	\$0	\$0	\$0	
Tier 2: Generic Drugs	You will pay \$0 after meeting the Medical Deductible	\$25	You will pay \$0 after meeting the Medical Deductible	
Tier 3: Preferred Brand Drugs		\$50 Co-pay after Medical Deductible		
Tier 4: Non-Preferred Brand Drugs		\$100 Co-pay after Medical Deductible		
Tier 5: Value Specialty Drugs		\$500 Co-pay after Medical Deductible		
Tier 6: Specialty Drugs (Brand and Generic)		\$500 Co-pay after Medical Deductible		
	Expanded Bronze	Expanded Bronze	Catastrophic	
Quote: \$				

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ConnectPlus Off-Exchange Plans

	ConnectPlus \$0 Silver	ConnectPlus Standard \$6000
Medical Deductible		
Individual	\$0	\$6,000
Family	\$0	\$12,000
Coinsurance		
	40%	40%
Out-of-Pocket Maximum		
Individual	\$10,600	\$8,900
Family	\$21,200	\$17,800
Medical Benefits		
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*.	
Primary Care Physician Visit	Co-pay \$50	Co-pay \$40
Urgent Care Services		Co-pay \$60
Chiropractic Visit		Co-pay \$40
Specialist Visit	Co-pay \$100	Co-pay \$80
Lab and X-Ray (Diagnostic Test)	Co-pay \$50 Advanced Imaging: \$900	Medical Deductible/40% Coinsurance
Hospital Services	Outpatient Co-pay: \$1,500/visit Inpatient Co-pay: \$3,500/admission	
Emergency Services	Co-pay \$1,000	
Maternity Services	Office Visits: No Charge Delivery Facility: Co-pay \$3,500/admission Delivery Professional Services: 40% Coinsurance	
Pediatric Vision Services	Included with all plans. No cost to member.	
Pediatric Dental Services		
Avera Virtual Visits	No cost to you.	No cost to you.
Mental Health and Substance Use Disorder		
Outpatient Services/ Avera Virtual Visits	Co-pay \$50	Co-pay \$40
Inpatient Services	Co-pay \$3,500/admission	Medical Deductible/40% Coinsurance
Pharmacy Benefits		
Pharmacy Deductible	Individual \$100 ^{†††} Family \$200	Integrated with Medical
Tier 1: Preventive Drugs	\$0	\$0
Tier 2: Generic Drugs	\$20	\$20
Tier 3: Preferred Brand Drugs	\$40	\$40
Tier 4: Non-Preferred Brand Drugs	40% Coinsurance after Drug Deductible	\$80 Co-pay after Medical Deductible
Tier 5: Value Specialty Drugs	\$20	\$350 Co-pay after Medical Deductible
Tier 6: Specialty Drugs (Brand and Generic)	40% Coinsurance after Drug Deductible	\$350 Co-pay after Medical Deductible
	Silver	Silver
Quote: \$		\$

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ConnectPlus Off-Exchange Plans

	ConnectPlus MyWeighForward \$6000	ConnectPlus \$4500
Medical Deductible		
Individual	\$6,000	\$4,500
Family	\$12,000	\$9,000
Coinsurance		
	40%	40%
Out-of-Pocket Maximum		
Individual	\$8,900	\$10,600
Family	\$17,800	\$21,200
Medical Benefits		
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*.	
Primary Care Physician Visit	Co-pay \$40	Copay \$0/visit ^{††} for the first 3 visits, then \$45 Co-pay
Urgent Care Services	Co-pay \$60	Co-pay \$45
Chiropractic Visit	Co-pay \$40	Copay \$0/visit ^{††} for the first 3 visits, then \$45 Co-pay
Specialist Visit	Co-pay \$80	Co-pay \$90
Lab and X-Ray (Diagnostic Test)	Medical Deductible/40% Coinsurance	Co-pay \$45
Hospital Services		Medical Deductible/40% Coinsurance
Emergency Services		Co-pay \$1,000
Maternity Services		Office visits: No Charge Other: Medical Deductible/40% Coinsurance
Pediatric Vision Services	Included with all plans. No cost to member.	
Pediatric Dental Services		
Avera Virtual Visits	No cost to you.	No cost to you.
Mental Health and Substance Use Disorder		
Outpatient Services/ Avera Virtual Visits	Co-pay \$40	Copay \$0/visit ^{††} for the first 3 visits, then \$45 Co-pay
Inpatient Services	Medical Deductible/40% Coinsurance	Medical Deductible/40% Coinsurance
Pharmacy Benefits		
Pharmacy Deductible	Integrated with Medical	Integrated with Medical
Tier 1: Preventive Drugs	\$0	\$0
Tier 2: Generic Drugs	\$20	\$20
Tier 3: Preferred Brand Drugs	\$40	\$40
Tier 4: Non-Preferred Brand Drugs	\$80 Co-pay after Medical Deductible	Medical Deductible/40% Coinsurance
Tier 5: Value Specialty Drugs	\$350 Co-pay after Medical Deductible	\$20
Tier 6: Specialty Drugs (Brand and Generic)	\$350 Co-pay after Medical Deductible	Medical Deductible/40% Coinsurance
	Silver	Silver
Quote: \$		\$

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Questions?



In-network benefits are provided in the charts in this booklet.

For out-of-network benefits or more details, please refer to the Summary of Benefits and Coverage found at [AveraHealthPlans.com](https://www.AveraHealthPlans.com), under the Shop Plans for Individuals section.

Visit [AveraHealthPlans.com](https://www.AveraHealthPlans.com) or call 855-MyAvera (855-692-8372) to get a quote. Additional resources are available at [AveraHealthPlans.com](https://www.AveraHealthPlans.com):

- Consumer Guide
- Provider Directory
- Drug Formulary
- Find an Agent

† Plan available on- and off-exchange, but off-exchange plan offers different rates. Members who may not qualify for premium subsidies may find premium savings with same benefits when selection plans off-exchange.

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

** To qualify for this plan you must be under the age of 30 before the policy effective date or qualify for a federal hardship exemption.

†† Each plan member will receive their first 3 office visits per year at no charge in the categories of Primary Care Physician, Chiropractic, Mental Health, Habilitation or Rehabilitation. Not 3 visits per category.

‡ These plans are High Deductible Health Plans (HDHP) that can be paired with a Health Savings Account (HSA).

††† Deductible does not apply to Tier 1, Tier 2, Tier 3, Tier 4 and Tier 5 drugs.

†††† Deductible does not apply to Tier 1, Tier 2, Tier 3 and Tier 5 drugs.



[AveraHealthPlans.com](https://www.AveraHealthPlans.com)

Avera Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-322-2115 (TTY: 1-800-877-1113). LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-322-2115 (TTY: 1-800-877-1113).