

**Additional plans for residents in Brown, Lincoln and Minnehaha counties only**

Application ID # \_\_\_\_\_

	Avera Preferred 3000		Avera Preferred 3500	
	Level 1	Level 2	Level 1	Level 2
<b>Medical Deductible</b>				
Individual	\$3,000	\$3,000	\$3,500	\$3,500
Family	\$6,000	\$6,000	\$7,000	\$7,000
<b>Coinsurance</b>				
	30%	40%	40%	50%
<b>Out-of-Pocket Maximum</b>				
Individual	\$8,000	\$8,000	\$7,500	\$7,500
Family	\$16,000	\$16,000	\$15,000	\$15,000
<b>Medical Benefits</b>				
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams*			
Primary Care Physician Visit	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 40% Coinsurance	Co-pay \$50	Co-pay \$75
Urgent Care Services		Medical Deductible/ 30% Coinsurance		Co-pay \$50
Chiropractic Visit †		Medical Deductible/ 40% Coinsurance	Co-pay \$80	Co-pay \$100
Specialist Visit		Medical Deductible/ 40% Coinsurance	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 50% Coinsurance
Lab and X-Ray (Diagnostic Test)		Medical Deductible/ 30% Coinsurance		Medical Deductible/ 40% Coinsurance
Hospital Services		Medical Deductible/ 30% Coinsurance		Medical Deductible/ 40% Coinsurance
Emergency Services		Medical Deductible/ 40% Coinsurance	Medical Deductible/ 50% Coinsurance	
Maternity Services		Medical Deductible/ 40% Coinsurance	Medical Deductible/ 50% Coinsurance	
Pediatric Vision Services	No cost to you			
Pediatric Dental Services				
AveraNow				
<b>Mental Health and Substance Use Disorder</b>				
Outpatient Services	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 40% Coinsurance	Co-pay \$50	Co-pay \$75
Inpatient Services			Medical Deductible/ 40% Coinsurance	Medical Deductible/ 50% Coinsurance
<b>Pharmacy Benefits</b>				
Pharmacy Deductible - Individual	\$0		\$50	
- Family	\$0		\$100	
Tier 1: Preventive Drugs	\$0		\$0	
Tier 2: Preferred Generics	Medical Deductible/ 30% Coinsurance		\$0	
Tier 3: Non-Preferred Generics			\$30	
Tier 4: Preferred Brands			\$50	
Tier 5: Non-Preferred Brands			\$125	
Tier 6: Specialty Drugs (Brand and Generic)			20% Coinsurance	
			<b>Silver</b>	
<b>Quote:</b>	\$ _____		\$ _____	

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

† Preauthorization is required after 20 chiropractic visits per plan year. No coverage for services without preauthorization.

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Application ID # \_\_\_\_\_

	<b>Avera Preferred 6000</b>		<b>Avera Focused 8550**</b>
	Level 1	Level 2	In Network
<b>Medical Deductible</b>			
Individual	\$6,000	\$7,500	\$8,550
Family	\$12,000	\$15,000	\$17,100
<b>Coinsurance</b>			
	50%	50%	0%
<b>Out-of-Pocket Maximum</b>			
Individual	\$8,200	\$8,200	\$8,550
Family	\$16,400	\$16,400	\$17,100
<b>Medical Benefits</b>			
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams*		
Primary Care Physician Visit	Co-pay \$50/visit *** for first 3 visits then subject to Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance	Co-pay \$0/visit *** for first 3 visits then subject to Medical Deductible/ 0% Coinsurance
Urgent Care Services			
Chiropractic Visit †			
Specialist Visit	Medical Deductible/ 50% Coinsurance		You will pay \$0 after meeting the Medical Deductible
Lab and X-Ray (Diagnostic Test)			
Hospital Services			
Emergency Services			
Maternity Services	No cost to you		
Pediatric Vision Services			
Pediatric Dental Services			
AveraNow			
<b>Mental Health and Substance Use Disorder</b>			
Outpatient Services	Co-pay \$50/visit*** for first 3 visits then subject to Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance	Co-pay \$0/visit*** for 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
<b>Pharmacy Benefits</b>			
Pharmacy Deductible - Individual	\$50		\$0
- Family	\$100		\$0
Tier 1: Preventive Drugs	\$0		\$0
Tier 2: Preferred Generics	\$0		You will pay \$0 after meeting the Medical Deductible
Tier 3: Non-Preferred Generics	\$30		
Tier 4: Preferred Brands	\$50		
Tier 5: Non-Preferred Brands	\$125		
Tier 6: Specialty Drugs (Brand and Generic)	20% Coinsurance		
	<b>Expanded Bronze</b>	<b>Catastrophic</b>	
<b>Quote:</b>	\$ _____	\$ _____	

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

\*\*\*Visits to Primary Care, Chiropractic, Urgent Care and Mental Health Outpatient Services combined apply to the 3 visit benefit total. It is not 3 visits per coverage category.

† Preauthorization is required after 20 chiropractic visits per plan year. No coverage for services without preauthorization.