

Traditional Plans

Application ID # _____

	Avera 1750	Avera 3000	Avera 3500	
Medical Deductible				
Individual	\$1,750	\$3,000	\$3,500	
Family	\$3,500	\$6,000	\$7,000	
Coinsurance				
	30%	30%	40%	
Out-of-Pocket Maximum				
Individual	\$6,500	\$8,000	\$7,500	
Family	\$13,000	\$16,000	\$15,000	
Medical Benefits				
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams*			
Primary Care Physician Visit	Co-pay \$25	Medical Deductible/30% Coinsurance	Co-pay \$50	
Urgent Care Services				
Chiropractic Visit †				
Specialist Visit	Co-pay \$50		Co-pay \$80	
Lab and X-Ray (Diagnostic Test)	Medical Deductible/ 30% Coinsurance			Medical Deductible/ 40% Coinsurance
Hospital Services				
Emergency Services				
Maternity Services				
Pediatric Vision Services	No cost to you			
Pediatric Dental Services				
AveraNow				
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$25	Medical Deductible/ 30% Coinsurance	Co-pay \$50	
Inpatient Services	Medical Deductible/ 30% Coinsurance		Medical Deductible/ 40% Coinsurance	
Pharmacy Benefits				
Pharmacy Deductible - Individual	\$50	\$0	\$50	
- Family	\$100	\$0	\$100	
Tier 1: Preventive Drugs	\$0	\$0	\$0	
Tier 2: Preferred Generics	\$0	Medical Deductible/ 30% Coinsurance	\$0	
Tier 3: Non-Preferred Generics	\$30		\$30	
Tier 4: Preferred Brands	\$50		\$50	
Tier 5: Non-Preferred Brands	\$125		\$125	
Tier 6: Specialty Drugs (Brand and Generic)	20% Coinsurance		20% Coinsurance	
	Gold	Silver	Silver	
Quote:	\$ _____	\$ _____	\$ _____	

*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.

Traditional Plans

Application ID # _____

	Avera 6000	Avera 8550**	
Medical Deductible			
Individual	\$6,000	\$8,550	
Family	\$12,000	\$17,100	
Coinsurance			
	50%	0%	
Out-of-Pocket Maximum			
Individual	\$8,200	\$8,550	
Family	\$16,400	\$17,100	
Medical Benefits			
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams*		
Primary Care Physician Visit	Co-pay \$50/visit*** for the first 3 visits, then subject to Medical Deductible/50% Coinsurance	Co-pay \$0/visit*** for the 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			
Pediatric Vision Services	No cost to you		
Pediatric Dental Services			
AveraNow			
Mental Health and Substance Use Disorder			
Outpatient Services	Co-pay \$50/visit*** for the first 3 visits, then subject to Medical Deductible/50% Coinsurance		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 - 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		
	Bronze	Catastrophic	
Quote:	\$ _____	\$ _____	

*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.

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Traditional Plans

Application ID # _____

	Avera 4500 HSA-Eligible HDHP****	Avera 6850 HSA-Eligible HDHP****
Medical Deductible		
Individual	\$4,500	\$6,850
Family	\$9,000	\$13,700
Coinsurance		
	0%	0%
Out-of-Pocket Maximum		
Individual	\$4,500	\$6,850
Family	\$9,000	\$13,700
Medical Benefits		
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams*	
Primary Care Physician Visit	<p>This is an HSA-compatible plan.</p> <p>Please note: Cost Share Reduction plans may not qualify</p> <p>You will pay \$0 after meeting the Medical Deductible</p>	<p>This is an HSA-compatible plan.</p> <p>You will pay \$0 after meeting the Medical Deductible</p>
Urgent Care Services		
Chiropractic Visit †		
Specialist Visit		
Lab and X-Ray (Diagnostic Test)		
Hospital Services		
Emergency Services		
Maternity Services		
Pediatric Vision Services	No cost to you	
Pediatric Dental Services	No cost to you	
AveraNow	You will pay \$0 after meeting the Medical Deductible	
Mental Health and Substance Use Disorder		
Outpatient Services	You will pay \$0 after meeting the Medical Deductible	You will pay \$0 after meeting the Medical Deductible
Inpatient Services	You will pay \$0 after meeting the Medical Deductible	You will pay \$0 after meeting the Medical Deductible
Pharmacy Benefits		
Pharmacy Deductible - Individual	\$0	\$0
- Family	\$0	\$0
Tier 1: Preventive Drugs	\$0	\$0
Tier 2: Preferred Generics	<p>You will pay \$0 after meeting the Medical Deductible</p>	<p>You will pay \$0 after meeting the Medical Deductible</p>
Tier 3: Non-Preferred Generics		
Tier 4: Preferred Brands		
Tier 5: Non-Preferred Brands		
Tier 6: Specialty Drugs (Brand and Generic)		
	Silver	Expanded Bronze
Quote:	\$ _____	\$ _____

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

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

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

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
Medical Deductible				
Individual	\$3,000	\$3,000	\$3,500	\$3,500
Family	\$6,000	\$6,000	\$7,000	\$7,000
Coinsurance				
	30%	40%	40%	50%
Out-of-Pocket Maximum				
Individual	\$8,000	\$8,000	\$7,500	\$7,500
Family	\$16,000	\$16,000	\$15,000	\$15,000
Medical Benefits				
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				
Chiropractic Visit †		Medical Deductible/ 30% Coinsurance		Co-pay \$50
Specialist Visit			Co-pay \$80	Co-pay \$100
Lab and X-Ray (Diagnostic Test)		Medical Deductible/ 40% Coinsurance	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 50% Coinsurance
Hospital Services				
Emergency Services		Medical Deductible/ 30% Coinsurance		Medical Deductible/ 40% Coinsurance
Maternity Services			Medical Deductible/ 40% Coinsurance	Medical Deductible/ 50% Coinsurance
Pediatric Vision Services	No cost to you			
Pediatric Dental Services				
AveraNow				
Mental Health and Substance Use Disorder				
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
Pharmacy Benefits				
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	
			Silver	
Quote:	\$ _____		\$ _____	

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

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

Application ID # _____

	Avera Preferred 6000		Avera Focused 8550**
	Level 1	Level 2	In Network
Medical Deductible			
Individual	\$6,000	\$7,500	\$8,550
Family	\$12,000	\$15,000	\$17,100
Coinsurance			
	50%	50%	0%
Out-of-Pocket Maximum			
Individual	\$8,200	\$8,200	\$8,550
Family	\$16,400	\$16,400	\$17,100
Medical Benefits			
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			
Mental Health and Substance Use Disorder			
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
Pharmacy Benefits			
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		
	Expanded Bronze		Catastrophic
Quote:	\$ _____		\$ _____

*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.

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