



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

Additional plans for residents in Brown, Lincoln and Minnehaha counties only	Avera Preferred 2750		Avera Preferred 3500		Avera Preferred 5500	
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
Deductible						
Individual	\$2,750	\$2,750	\$3,500	\$3,500	\$5,500	\$5,500
Family	\$5,500	\$5,500	\$7,000	\$7,000	\$11,000	\$11,000
Coinsurance						
	30%	40%	40%	50%	40%	50%
Out-of-Pocket Maximum						
Individual	\$7,100	\$7,100	\$7,500	\$7,500	\$7,900	\$7,900
Family	\$14,200	\$14,200	\$15,000	\$15,000	\$15,800	\$15,800
Medical Benefits						
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams**					
Primary Care Physician Visit	Deductible/ 30% Coinsurance	Deductible/ 40% Coinsurance	Co-pay \$50	Co-pay \$70	Co-pay \$40/visit for first three visits then subject to Deductible/ 40% Coinsurance	Deductible/ 50% Coinsurance
Specialist Visit			Co-pay \$80	Co-pay \$100	Deductible/ 40% Coinsurance	
Urgent Care Services			Co-pay \$50	Co-pay \$70	Co-pay \$40/visit for first three visits then subject to Deductible/ 40% Coinsurance	
Lab and X-Ray (Diagnostic Test)			Deductible/ 40% Coinsurance	Deductible/ 50% Coinsurance	Deductible/ 40% Coinsurance	
Hospital Services		Deductible/ 30% Coinsurance		Deductible/ 40% Coinsurance		
Emergency Services				Deductible/ 50% Coinsurance		
Maternity Services		Deductible/ 40% Coinsurance				
Pediatric Vision Services	Included with all plans					
Pediatric Dental Services						
Chiropractor Visit	Deductible/ 30% Coinsurance	Deductible/ 30% Coinsurance	Co-pay \$50	Co-pay \$50	Co-pay \$40/visit for first three visits then subject to Deductible/ 40% Coinsurance	Co-pay \$40/visit for first three visits then subject to Deductible/ 40% Coinsurance
AveraNow	No cost to the member					
Mental Health and Substance Use Disorder						
Outpatient Services	Deductible/ 30% Coinsurance	Deductible/ 40% Coinsurance	Co-pay \$50	Co-pay \$70	Co-pay \$40/visit for first three visits then subject to Deductible/ 40% Coinsurance	Deductible/ 50% Coinsurance
Inpatient Services			Deductible/ 40% Coinsurance	Deductible/ 50% Coinsurance	Deductible/ 40% Coinsurance	
Pharmacy Benefits						
Pharmacy Deductible - Individual	\$0		\$0		\$50	
- Family	\$0		\$0		\$100	
Tier 1: Preventive Medications	\$0		\$0		\$0	
Tier 2: Preferred Generics	Medical Deductible/ 30% Coinsurance		\$10		\$10	
Tier 3: Non-Preferred Generics			\$30		\$30	
Tier 4: Preferred Brands			\$50		\$75	
Tier 5: Non-Preferred Brands			\$100		\$150	
Tier 6: Specialty Medications (brand and generic)			40% Coinsurance/ \$250 maximum		40% Coinsurance/ \$250 maximum	
	Silver		Silver		Bronze	
Quote:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Off Exchange Plans**

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