



2018 Individual & Family

Health Insurance



Live better. Live balanced. Avera.

2018 Plan Options for Individuals and Families

In-network benefits are described on the chart.

For out-of-network benefits or more details, please refer to the Summary of Benefits and Coverage found at AveraHealthPlans.com, under the Shop Plans for Individuals section.

Plan Details:

*These plans are considered high-deductible health plans (HDHP) that can be paired with a Health Savings Account.

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



On and Off Exchange Plans		Avera 1500	Avera 2750
Deductible			
Individual		\$1,500	\$2,750
Family		\$3,000	\$5,500
Coinsurance			
		30%	30%
Out-of-Pocket Maximum			
Individual		\$3,500	\$7,100
Family		\$7,000	\$14,200
Medical Benefits			
Preventive Care Services		No cost to you. This includes preventive in	
Primary Care Physician Visit		Co-pay \$25	Deductible/ 30% Coinsurance
Specialist Visit		Co-pay \$50	Deductible/ 30% Coinsurance
Urgent Care Services		Co-pay \$25	Deductible/ 30% Coinsurance
Lab and X-Ray (Diagnostic Test)		Deductible/ 30% Coinsurance	Deductible/ 30% Coinsurance
Hospital Services		Deductible and coinsurance apply for all	
Emergency Services		Deductible and coinsurance apply for all	
Maternity Services		Deductible and coinsurance apply for all	
Pediatric Vision Services		Included with all plans.	
Pediatric Dental Services		Included with all plans.	
Mental Health and Substance Use Disorder			
Outpatient Services		Co-pay \$25	Deductible/ 30% Coinsurance
Inpatient Services		Included with all plans.	
Pharmacy Benefits			
Pharmacy Deductible - Individual		\$0	\$0
- Family		\$0	\$0
Tier 1: Preventive Medications		\$0	Tier 1 = \$0 You will pay \$0 after meeting the deductible.
Tier 2: Preferred Generics		\$0	
Tier 3: Non-Preferred Generics		\$50	
Tier 4: Preferred Brands		\$50	
Tier 5: Non-Preferred Brands		\$150	
Tier 6: Specialty Medications (brand and generic)		30% Coinsurance/ \$250 maximum	
		Gold	Silver
Quote:		\$ _____	\$ _____

Avera 2800	Avera 3500	Avera 4000*	Avera 5500	Avera 6550*	Avera 7350
\$2,800	\$3,500	\$4,000	\$5,500	\$6,550	\$7,350
\$5,600	\$7,000	\$8,000	\$11,000	\$13,100	\$14,700
40%	40%	0%	40%	0%	0%
\$6,800	\$7,200	\$4,000	\$7,350	\$6,550	\$7,350
\$13,600	\$14,400	\$8,000	\$14,700	\$13,100	\$14,700

munizations, screenings, exams**					
Co-pay \$45	Co-pay \$50	This is an HSA-compatible plan. Please note: Cost Share Reduction plans may not qualify. 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. Please note: Cost Share Reduction plans may not qualify. You will pay \$0 after meeting the deductible.	Co-pay \$0 Maximum 3 visits
Co-pay \$75	Co-pay \$80		Deductible/40% Coinsurance		0% Coinsurance
Co-pay \$45	Co-pay \$50		Co-pay \$40		Co-pay \$0 Maximum 3 visits
Deductible/40% Coinsurance	Deductible/40% Coinsurance		Deductible/40% Coinsurance		Deductible/0% Coinsurance
plans.					
plans.					
plans.					
					Included
Co-pay \$45	Co-pay \$50		Co-pay \$40/visit for first three visits then subject to Deductible/Coinsurance		Co-pay \$0 Maximum 3 visits

\$0	\$0	\$0	\$50	\$0	\$0
\$0	\$0	\$0	\$100	\$0	\$0
\$0	\$0	Tier 1 = \$0 You will pay \$0 after meeting the deductible.	\$0	Tier 1 = \$0 You will pay \$0 after meeting the deductible.	To qualify for this plan you must be under the age of 30 before Jan. 1 or qualify for a federal hardship exemption.
\$0	\$10		\$10		
\$30	\$30		\$30		
\$50	\$50		\$75		
\$75	\$100		\$150		
\$150	40% coinsurance/\$250 maximum		40% coinsurance/\$250 maximum		
Silver	Silver	Silver	Bronze	Bronze	Catastrophic
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Off Exchange Plans

Off Exchange Plans	Avera 2500	Avera 3000	Avera 5000	Avera 6000*
Deductible				
Individual	\$2,500	\$3,000	\$5,000	\$6,000
Family	\$5,000	\$6,000	\$10,000	\$12,000
Coinsurance				
	30%	40%	40%	0%
Out-of-Pocket Maximum				
Individual	\$6,000	\$6,500	\$7,350	\$6,000
Family	\$12,000	\$13,000	\$14,700	\$12,000
Medical Benefits				
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams**			
Primary Care Physician Visit	Co-pay \$30	Co-pay \$40	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 \$75	Co-pay \$100	Deductible/ 40% Coinsurance	
Urgent Care Services	Co-pay \$30	Co-pay \$40	Co-pay \$40	
Lab and X-Ray (Diagnostic Test)	Deductible/ 30% Coinsurance	Deductible/ 40% Coinsurance	Deductible/ 40% Coinsurance	
Hospital Services	Deductible and coinsurance apply for all plans.			
Emergency Services	Deductible and coinsurance apply for all plans.			
Maternity Services	Deductible and coinsurance apply for all plans.			
Pediatric Vision Services	Included with all plans.			
Pediatric Dental Services	Included with all plans.			
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$30	Co-pay \$40	Co-pay \$40/visit for first three visits then subject to Deductible/ Coinsurance	
Inpatient Services	Included with all plans.			
Pharmacy Benefits				
Pharmacy Deductible - Individual	\$50	\$50	\$50	\$0
- Family	\$100	\$100	\$100	\$0
Tier 1: Preventive Medications	\$0	\$0	\$0	Tier 1 = \$0 You will pay \$0 after meeting the deductible.
Tier 2: Preferred Generics	\$10	\$10	\$10	
Tier 3: Non-Preferred Generics	\$30	\$30	\$30	
Tier 4: Preferred Brands	\$50	\$50	\$75	
Tier 5: Non-Preferred Brands	\$100	\$150	\$150	
Tier 6: Specialty Medications (brand and generic)	30% Coinsurance/ \$250 maximum	40% Coinsurance/ \$250 maximum	40% Coinsurance/ \$250 maximum	
	Silver	Silver	Bronze	Bronze
<div><div><div>Avera</div><div>Health Plans</div></div><div>Quote: \$</div></div>	\$	\$	\$	\$

Off Exchange – Stanley County

	Avera 2500	Avera 6250*
Deductible		
Individual	\$2,500	\$6,250
Family	\$5,000	\$12,500
Coinsurance		
	30%	0%
Out-of-Pocket Maximum		
Individual	\$6,000	\$6,250
Family	\$12,000	\$12,500
Medical Benefits		
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams**	
Primary Care Physician Visit	Co-pay \$30	<p>This is an HSA-compatible plan.</p> <p>You will pay \$0 after meeting the deductible.</p>
Specialist Visit	Co-pay \$75	
Urgent Care Services	Co-pay \$30	
Lab and X-Ray (Diagnostic Test)	Deductible/ 30% Coinsurance	
Hospital Services	Deductible and coinsurance apply for all plans.	
Emergency Services	Deductible and coinsurance apply for all plans.	
Maternity Services	Deductible and coinsurance apply for all plans.	
Pediatric Vision Services	Included with all plans.	
Pediatric Dental Services	Included with all plans.	
Mental Health and Substance Use Disorder		
Outpatient Services	Co-pay \$30	<p>Tier 1 = \$0</p> <p>You will pay \$0 after meeting the deductible.</p>
Inpatient Services	Included with all plans.	
Pharmacy Benefits		
Pharmacy Deductible - Individual	\$50	
- Family	\$100	
Tier 1: Preventive Medications	\$0	
Tier 2: Preferred Generics	\$10	
Tier 3: Non-Preferred Generics	\$30	
Tier 4: Preferred Brands	\$50	
Tier 5: Non-Preferred Brands	\$100	
Tier 6: Specialty Medications (brand and generic)	30% Coinsurance/ \$250 maximum	
	Silver	Bronze
Avera Health Plans	Quote: \$ _____	\$ _____