



2025 Individual and Family

Health Insurance Options

avera TRADITIONAL & DIRECT PLANS



Avera Traditional Plans

The Avera Traditional Plans feature the Avera Health Plans Network with Avera and other independent providers and facilities across the state of South Dakota. When searching for providers on AveraHealthPlans.com, please select AHP Network in the network drop-down tool.

	Avera Standard \$1500	Avera \$2000	Avera \$1800
Medical Deductible			
Individual	\$1,500	\$2,000	\$1,800
Family	\$3,000	\$4,000	\$3,600
Coinsurance			
	25%	30%	25%
Out-of-Pocket Maximum			
Individual	\$7,800	\$8,200	\$8,000
Family	\$15,600	\$16,400	\$16,000
Medical Benefits			
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams*.		
Primary Care Physician Visit	Co-pay \$30	Co-pay \$25	Co-pay \$20
Urgent Care Services	Co-pay \$45		
Chiropractic Visit	Co-pay \$30		
Specialist Visit	Co-pay \$60	Co-pay \$50	Co-pay \$45
Lab and X-Ray (Diagnostic Test)	Medical deductible/ 25% coinsurance	Co-pay \$25	Co-pay \$20
Hospital Services		Medical deductible/ 30% coinsurance	Medical deductible/ 25% coinsurance
Emergency Services		ER co-pay \$300	ER co-pay \$300
Maternity Services		Medical deductible/ 30% coinsurance	Medical deductible/ 25% coinsurance
Pediatric Vision Services		Included with all plans.	
Pediatric Dental Services	Included with all plans.		
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 \$25	Co-pay \$20
Inpatient Services	Medical deductible/ 25% coinsurance	Medical deductible/ 30% coinsurance	Medical deductible/ 25% coinsurance
Pharmacy Benefits			
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	\$60	\$125	\$125
Tier 5: Value Specialty Drugs	\$250	\$15	\$15
Tier 6: Specialty Drugs (Brand and Generic)	\$250	Medical deductible/ 30% coinsurance	Medical deductible/ 30% coinsurance
	Gold	Gold	Gold
Quote: \$	\$	\$	\$

Please see list of disclaimers on the back cover.
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	Avera Standard \$5000	Avera \$4500	Avera \$4000 [†]
Medical Deductible			
Individual	\$5,000	\$4,500	\$4,000
Family	\$10,000	\$9,000	\$8,000
Coinsurance			
	40%	40%	40%
Out-of-Pocket Maximum			
Individual	\$8,000	\$9,200	\$9,200
Family	\$16,000	\$18,400	\$18,400
Medical Benefits			
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams*.		
Primary Care Physician Visit	Co-pay \$40	Co-pay \$45	Co-pay \$40
Urgent Care Services	Co-pay \$60		
Chiropractic Visit	Co-pay \$40		
Specialist Visit	Co-pay \$80	Co-pay \$70	Co-pay \$60
Lab and X-Ray (Diagnostic Test)	Medical deductible/ 40% coinsurance	Medical deductible/ 40% coinsurance	Medical deductible/ 40% coinsurance
Hospital Services		ER co-pay \$700	ER co-pay \$700
Emergency Services			
Maternity Services		Medical deductible/ 40% coinsurance	Medical deductible/ 40% coinsurance
Pediatric Vision Services	Included with all plans.		
Pediatric Dental Services	Included with all plans.		
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	Co-pay \$45	Co-pay \$40
Inpatient Services	Medical deductible/ 40% coinsurance	Medical deductible/ 40% coinsurance	Medical deductible/ 40% coinsurance
Pharmacy Benefits			
Tier 1: Preventive Drugs	\$0	\$0	\$0
Tier 2: Generic Drugs	\$20	\$20	\$20
Tier 3: Preferred Brand Drugs	\$40	\$40	\$40
Tier 4: Non-Preferred Brand Drugs	\$80 co-pay after medical deductible	Medical deductible/ 40% coinsurance	\$130
Tier 5: Value Specialty Drugs	\$350 co-pay after medical deductible	\$30	\$30
Tier 6: Specialty Drugs (Brand and Generic)	\$350 co-pay after medical deductible	Medical deductible/ 40% coinsurance	Medical deductible/ 40% coinsurance
	Silver	Silver	Silver
Quote:	\$	\$	\$

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	Avera \$7500 HSA Eligible HDHP****	Avera Standard \$7500	Avera \$6000	Avera \$9200**	
Medical Deductible					
Individual	\$7,500	\$7,500	\$6,000	\$9,200	
Family	\$15,000	\$15,000	\$12,000	\$18,400	
Coinsurance					
	0%	50%	50%	0%	
Out-of-Pocket Maximum					
Individual	\$7,500	\$9,200	\$9,200	\$9,200	
Family	\$15,000	\$18,400	\$18,400	\$18,400	
Medical Benefits					
Preventive Care Services	No cost to you. 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 \$50	Co-pay \$0/visit*** for the first 3 visits, then subject to medical deductible/ 0% coinsurance	
Urgent Care Services		Co-pay \$75			
Chiropractic Visit		Co-pay \$50			
Specialist Visit		Co-pay \$100	Medical deductible/ 50% coinsurance	You will pay \$0 after meeting the medical deductible.	
Lab and X-Ray (Diagnostic Test)		Medical deductible/ 50% coinsurance			ER co-pay \$1000
Hospital Services					Medical deductible/ 50% coinsurance
Emergency Services					
Maternity Services					
Pediatric Vision Services	Included with all plans.				
Pediatric Dental Services	Included with all plans.				
Avera Virtual Visits	You will pay \$0 after meeting the medical deductible.	No cost to you.	No cost to you.	No cost to you.	
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 \$50	Co-pay \$0/visit*** for the first 3 visits, then subject to medical deductible/ 0% coinsurance	
Inpatient Services		Medical deductible/ 50% coinsurance	Medical deductible/ 50% coinsurance	You will pay \$0 after meeting the medical deductible.	
Pharmacy Benefits					
Tier 1: Preventive Drugs	\$0	\$0	\$0	\$0	
Tier 2: Generic Drugs	You will pay \$0 after meeting the medical deductible.	\$25	\$30	You will pay \$0 after meeting the medical deductible.	
Tier 3: Preferred Brand Drugs		\$50 co-pay after medical deductible	Medical deductible/ 40% coinsurance		
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	Expanded Bronze	Catastrophic	
Quote:	\$	\$	\$	\$	

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Avera Direct Plans

The Avera Direct Plans feature the Avera Direct Network. The Avera Direct Network includes Avera owned, managed and leased providers and is available to residents of Brown, Lincoln and Minnehaha counties in South Dakota. This network provides zero out-of-network coverage. When searching for providers on AveraHealthPlans.com, select Avera Direct Network in the network drop-down tool.

	Avera Direct Standard \$1500	Avera Direct \$2000	Avera Direct MyWeighForward \$1800
Medical Deductible			
Individual	\$1,500	\$2,000	\$1,800
Family	\$3,000	\$4,000	\$3,600
Coinsurance			
	25%	30%	25%
Out-of-Pocket Maximum			
Individual	\$7,800	\$8,200	\$8,000
Family	\$15,600	\$16,400	\$16,000
Medical Benefits			
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams*.		
Primary Care Physician Visit	Co-pay \$30	Co-pay \$0/visit ^{††} for the first 5 visits, then \$25 co-pay	Co-pay \$0/visit ^{††} for the first 5 visits, then \$20 co-pay
Urgent Care Services	Co-pay \$45	Co-pay \$25	Co-pay \$20
Chiropractic Visit	Co-pay \$30	Co-pay \$0/visit ^{††} for the first 5 visits, then \$25 co-pay	Co-pay \$0/visit ^{††} for the first 5 visits, then \$20 co-pay
Specialist Visit	Co-pay \$60	Co-pay \$50	Co-pay \$45
Lab and X-Ray (Diagnostic Test)	Medical deductible/ 25% coinsurance	Medical deductible/ 30% coinsurance	Medical deductible/ 25% coinsurance
Hospital Services		ER co-pay \$300	ER co-pay \$300
Emergency Services			
Maternity Services		Medical deductible/ 30% coinsurance	Medical deductible/ 25% coinsurance
Pediatric Vision Services	Included with all plans.		
Pediatric Dental Services	Included with all plans.		
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 \$0/visit ^{††} for the first 5 visits, then \$25 co-pay	Co-pay \$0/visit ^{††} for the first 5 visits, then \$20 co-pay
Inpatient Services	Medical deductible/ 25% coinsurance	Medical deductible/ 30% coinsurance	Medical deductible/ 25% coinsurance
Pharmacy Benefits			
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	\$60	\$125	\$125
Tier 5: Value Specialty Drugs	\$250	\$15	\$15
Tier 6: Specialty Drugs (Brand and Generic)	\$250	Medical deductible/ 30% coinsurance	Medical deductible/ 30% coinsurance
	Gold	Gold	Gold
Quote:	\$	\$	\$

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	Avera Direct Standard \$5000	Avera Direct \$4500 [†]	Avera Direct MyWeighForward \$4000 [†]
Medical Deductible			
Individual	\$5,000	\$4,500	\$4,000
Family	\$10,000	\$9,000	\$8,000
Coinsurance			
	40%	40%	40%
Out-of-Pocket Maximum			
Individual	\$8,000	\$9,200	\$9,200
Family	\$16,000	\$18,400	\$18,400
Medical Benefits			
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams*.		
Primary Care Physician Visit	Co-pay \$40	Co-pay \$0/visit ^{††} for the first 5 visits, then \$50 co-pay	Co-pay \$0/visit ^{††} for the first 5 visits, then \$40 co-pay
Urgent Care Services	Co-pay \$60	Co-pay \$50	Co-pay \$40
Chiropractic Visit	Co-pay \$40	Co-pay \$0/visit ^{††} for the first 5 visits, then \$50 co-pay	Co-pay \$0/visit ^{††} for the first 5 visits, then \$40 co-pay
Specialist Visit	Co-pay \$80	Co-pay \$80	Co-pay \$80
Lab and X-Ray (Diagnostic Test)	Medical deductible/ 40% coinsurance	Medical deductible/ 40% coinsurance	Medical deductible/ 40% coinsurance
Hospital Services		ER co-pay \$700	ER co-pay \$700
Emergency Services			
Maternity Services		Medical deductible/ 40% coinsurance	Medical deductible/ 40% coinsurance
Pediatric Vision Services	Included with all plans.		
Pediatric Dental Services	Included with all plans.		
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	Co-pay \$0/visit ^{††} for the first 5 visits, then \$50 co-pay	Co-pay \$0/visit ^{††} for the first 5 visits, then \$40 co-pay
Inpatient Services	Medical deductible/ 40% coinsurance	Medical deductible/ 40% coinsurance	Medical deductible/ 40% coinsurance
Pharmacy Benefits			
Tier 1: Preventive Drugs	\$0	\$0	\$0
Tier 2: Generic Drugs	\$20	\$20	\$20
Tier 3: Preferred Brand Drugs	\$40	\$40	\$40
Tier 4: Non-Preferred Brand Drugs	\$80 co-pay after medical deductible	\$130	\$130
Tier 5: Value Specialty Drugs	\$350 co-pay after medical deductible	\$30	\$30
Tier 6: Specialty Drugs (Brand and Generic)	\$350 co-pay after medical deductible	Medical deductible/ 40% coinsurance	Medical deductible/ 40% coinsurance
	Silver	Silver	Silver
Quote:	\$	\$	\$

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Avera Direct Plans

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	Avera Direct \$7500 HSA Eligible HDHP****	Avera Direct Standard \$7500	Avera Direct \$6000	
Medical Deductible				
Individual	\$7,500	\$7,500	\$6,000	
Family	\$15,000	\$15,000	\$12,000	
Coinsurance				
	0%	50%	50%	
Out-of-Pocket Maximum				
Individual	\$7,500	\$9,200	\$9,200	
Family	\$15,000	\$18,400	\$18,400	
Medical Benefits				
Preventive Care Services	No cost to you. 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 5 visits, then \$50 co-pay	
Urgent Care Services		Co-pay \$75	Medical deductible/ 50% coinsurance	
Chiropractic Visit		Co-pay \$50	Co-pay \$0/visit ^{††} for the first 5 visits, then \$50 co-pay	
Specialist Visit		Co-pay \$100	Medical deductible/50% coinsurance	
Lab and X-Ray (Diagnostic Test)		Medical deductible/ 50% coinsurance		
Hospital Services		Medical deductible/ 50% coinsurance	ER co-pay \$1,000	
Emergency Services			Medical deductible/ 50% coinsurance	
Maternity Services		Medical deductible/ 50% coinsurance	Medical deductible/ 50% coinsurance	
Pediatric Vision Services		Included with all plans.		
Pediatric Dental Services		Included with all plans.		
Avera Virtual Visits	You will pay \$0 after meeting the medical deductible	No cost to you.	No cost to you.	
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 5 visits, then \$50 co-pay	
Inpatient Services		Medical deductible/ 50% coinsurance	Medical deductible/ 50% coinsurance	
Pharmacy Benefits				
Tier 1: Preventive Drugs	\$0	\$0	\$0	
Tier 2: Generic Drugs	You will pay \$0 after meeting the medical deductible.	\$25	\$30	
Tier 3: Preferred Brand Drugs		\$50 co-pay after medical deductible	Medical deductible/ 40% coinsurance	
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	Expanded Bronze	
Quote:	\$	\$	\$	

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Avera Off-Exchange Plans

The Avera Traditional Plans feature the Avera Health Plans Network with Avera and other independent providers and facilities across the state of South Dakota. When searching for providers on AveraHealthPlans.com, please select AHP Network in the network drop-down tool.

	Avera \$4000	Avera \$5200 HSA Eligible HDHP****
Medical Deductible		
Individual	\$4,000	\$5,200
Family	\$8,000	\$10,400
Coinsurance		
	40%	0%
Out-of-Pocket Maximum		
Individual	\$9,200	\$5,200
Family	\$18,400	\$10,400
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 medical deductible.
Urgent Care Services		
Chiropractic Visit		
Specialist Visit	Co-pay \$60	
Lab and X-Ray (Diagnostic Test)	Medical deductible/40% coinsurance	
Hospital Services		
Emergency Services	ER co-pay \$700	
Maternity Services	Medical deductible/40% coinsurance	
Pediatric Vision Services	Included with all plans.	
Pediatric Dental Services	Included with all plans.	
Avera Virtual Visits	No cost to you.	You will pay \$0 after meeting the medical deductible.
Mental Health and Substance Use Disorder		
Outpatient Services/ Avera Virtual Visits	Co-pay \$40	You will pay \$0 after meeting the medical deductible.
Inpatient Services	Medical deductible/ 40% coinsurance	
Pharmacy Benefits		
Tier 1: Preventive Drugs	\$0	\$0
Tier 2: Generic Drugs	\$20	You will pay \$0 after meeting the medical deductible.
Tier 3: Preferred Brand Drugs	\$40	
Tier 4: Non-Preferred Brand Drugs	\$130	
Tier 5: Value Specialty Drugs	\$30	
Tier 6: Specialty Drugs (Brand and Generic)	Medical deductible/ 40% coinsurance	
	Silver	Silver
Quote:	\$	\$

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Avera Off-Exchange Plans

The Avera Direct Plans feature the Avera Direct Network. The Avera Direct Network includes Avera owned, managed and leased providers and is available to residents of Brown, Lincoln and Minnehaha counties in South Dakota. This network provides zero out-of-network coverage. When searching for providers on AveraHealthPlans.com, select Avera Direct Network in the network drop-down tool.

	Avera Direct MyWeighForward \$4000 [†]	Avera Direct \$4500 [†]
Medical Deductible		
Individual	\$4,000	\$4,500
Family	\$8,000	\$9,000
Coinsurance		
	40%	40%
Out-of-Pocket Maximum		
Individual	\$9,200	\$9,200
Family	\$18,400	\$18,400
Medical Benefits		
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams*.	
Primary Care Physician Visit	Co-pay \$0/visit ^{††} for the first 5 visits, then \$40 co-pay	Co-pay \$0/visit ^{††} for the first 5 visits, then \$50 co-pay
Urgent Care Services	Co-pay \$40	Co-pay \$50
Chiropractic Visit	Co-pay \$0/visit ^{††} for the first 5 visits, then \$40 co-pay	Co-pay \$0/visit ^{††} for the first 5 visits, then \$50 co-pay
Specialist Visit	Co-pay \$80	Co-pay \$80
Lab and X-Ray (Diagnostic Test)	Medical deductible /40% coinsurance	Medical deductible /40% coinsurance
Hospital Services		
Emergency Services	ER co-pay \$700	ER co-pay \$700
Maternity Services	Medical deductible/40% coinsurance	Medical deductible/40% coinsurance
Pediatric Vision Services	Included with all plans.	
Pediatric Dental Services	Included with all plans.	
Avera Virtual Visits	No cost to you.	No cost to you.
Mental Health and Substance Use Disorder		
Outpatient Services/ Avera Virtual Visits	Co-pay \$0/visit ^{††} for the first 5 visits, then \$40 co-pay	Co-pay \$0/visit ^{††} for the first 5 visits, then \$50 co-pay
Inpatient Services	Medical deductible/40% coinsurance	Medical deductible/40% coinsurance
Pharmacy Benefits		
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	\$130	\$130
Tier 5: Value Specialty Drugs	\$30	\$30
Tier 6: Specialty Drugs (Brand and Generic)	Medical deductible/40% coinsurance	Medical deductible/40% coinsurance
	Silver	Silver
Quote:	\$	\$

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† 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 selecting 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.

** 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 physician, chiropractic, mental health, urgent care, habilitation or rehabilitation combined apply to the 3 visits. Not 3 visits per category.

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

†† Each direct plan member will receive their first 5 office visits per year at no charge in the categories of primary care physician, chiropractic, mental health, habilitation or rehabilitation. Not 5 visits per category.

Questions?



Moving Health
Forward.

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, under the Shop Plans for Individuals section.

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

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

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).