



2024 Small Employer

Health Insurance Options - South Dakota

**AVERA TRADITIONAL, ULTRA,
PREFERRED & DIRECT PLANS**

Plans are available in Rating Areas 2, 3 and 4 beginning in 2024

Your Partner In Offering Coverage to Move Your Business Forward

Avera Health Plans is there for you and your employees through routine primary care visits, birth and unplanned surgeries. For years, we've insured businesses like yours with comprehensive health benefits, value-added services and access to Avera's award winning providers and facilities.



REVIEW NETWORK AND COVERAGES

Avera Health Plans offers a variety of plans for your business to consider, categorized by network and plan type. For South Dakota ACA small groups, two networks are available – the Avera Health Plans Network and the Avera Direct Network. Beginning in 2024, SD plans offering the Avera Health Plans network will be available to employers with headquarters in Rating Areas 2, 3 and 4. The Avera Direct Plan network is available to employers headquartered in the designated counties in Rating Areas 2 and 3. SD Small Group ACA plans will no longer be available in Rating Area 1 in 2024.

The Avera Health Plans Network and the Avera Direct Network



Avera Health Plans Network

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



Avera Direct Network

The Avera Direct Network features Avera owned, managed and leased providers and is available to employers headquartered in Brown, Lincoln and Minnehaha counties in South Dakota — providing access to more than 2,000 providers. This network provides zero out-of-network coverage. When searching for providers on AveraHealthPlans.com, please select Avera Direct Network in the network drop down tool.



To search for an in-network provider, access our provider directory at [AveraHealthPlans.com](https://www.averahhealthplans.com)

Based on the amount of employees taking coverage, you will have the following number of plans to choose from:

- 1 – 2 employees: 1 plan
- 3 – 9 employees: 2 plans
- 10 – 24 employees: 3 plans
- 25 – 50 employees: 4 plans

NOTE: Avera Direct Network plans must include an Avera Health Plans Network plan option as well. Adding an Avera Direct Network plan may increase the number of plans a group is eligible to choose.

Essential Health Benefits

Our plans comply with the Affordable Care Act requirements and include the following 10 Essential Health Benefits.

1. Outpatient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Pediatric services, including dental and vision
10. Preventive and wellness services and chronic disease management



EXPLORE VALUE-ADDED SERVICES

Members have access to these services with Avera Health Plans insurance at no cost (available to South Dakota and Iowa ACA Small Group health insurance plans).

Fitness Center Discounts

Membership discounts at select fitness businesses such as GreatLIFE Golf & Fitness Club and Avera McKennan Fitness Center could be available to you.

Virtual Visits*

Avera Health Plans virtual visits is an online video visit program designed to conveniently connect you with a provider 24/7 when you don't have time to go to the clinic. Use it for simple illnesses such as flu or sinus infections. Virtual visits are available to all members on the insurance plan over the age of 2 and can be utilized anywhere in the United States.

*For most members. Some limitations apply. NOTE: IRS guidelines indicate that members with HSA-eligible plans may be subject to tax penalties if they use the free virtual visits. If you have an HSA-eligible plan, you may use your HSA or Flex spending dollars for this service.

Employee Assistance Program (EAP)

Avera EAP offers confidential counseling sessions with a licensed mental health professional at no cost for employees, spouses and eligible dependents. EAP can help with issues such as parenting, marital counseling, balancing work and home life, depression, anxiety, grief and more. Employees and their family members each have access to a total of three EAP visits every year. These visits are available to your business' employees, even if the employee opts not to enroll in coverage from Avera Health Plans.

Pharmacy Drug Tiers

Prescription drugs are divided into six tiers. The cost of a covered drug will depend on the tier where the drug is listed.



TIER 1	TIER 2	TIER 3	TIER 4	TIER 5	TIER 6
PREVENTIVE DRUGS	GENERIC DRUGS	PREFERRED BRAND DRUGS	NON-PREFERRED BRAND DRUGS	VALUE SPECIALTY DRUGS	SPECIALTY DRUGS
Drugs used to help avoid disease and maintain health that are covered at no cost to you.	Generic drugs that are not considered specialty drugs.	Brand name drugs offered at lower cost to you.	Brand name drugs that will have higher cost than preferred brand drugs.	Lower-cost specialty drugs which can be generic or brand name.	The most expensive drugs on the drug list which can be generic or brand name. Used to treat complex diseases.

Additional resources are available at [AveraHealthPlans.com](https://www.averahhealthplans.com), including:

- Consumer Guide
- Provider Directory
- Drug Formulary

**Let's get
started.**



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 and Northwest Iowa.

	Avera \$1500 Medical Deductible with \$0 Rx Deductible	Avera \$2000 Medical Deductible with \$0 Rx Deductible	Avera \$2500 Medical Deductible with \$0 Rx Deductible	Avera \$3000 HSA Eligible HDHP**
Medical Deductible				
Individual	\$1,500	\$2,000	\$2,500	\$3,000
Family	\$3,000	\$4,000	\$5,000	\$6,000
Coinsurance				
	30%	30%	30%	30%
Out-of-Pocket Maximum				
Individual	\$6,250	\$6,250	\$8,100	\$7,500
Family	\$12,500	\$12,500	\$16,200	\$15,000
Medical Benefits				
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*			
Primary Care Physician Visit	Co-pay \$25	Co-pay \$25	Co-pay \$25	Medical Deductible/ 30% Coinsurance
Urgent Care Services				
Chiropractic Visit	Co-pay \$75	Co-pay \$75	Co-pay \$75	
Specialist Visit				
Lab and X-Ray (Diagnostic Test)	Co-pay \$25	Co-pay \$25	Co-pay \$25	
Hospital Services	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 30% Coinsurance	
Emergency Services				
Maternity Services				
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$25	Co-pay \$25	Co-pay \$25	Medical Deductible/ 30% Coinsurance
Inpatient Services	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 30% Coinsurance	
Pharmacy Benefits				
Pharmacy Deductible - Individual	\$0	\$0	\$0	N/A
- Family	\$0	\$0	\$0	N/A
Tier 1: Preventive Drugs	\$0	\$0	\$0	\$0
Tier 2: Generic Drugs	\$15	\$15	\$15	Medical Deductible/ 30% Coinsurance
Tier 3: Preferred Brand Drugs	\$50	\$50	\$50	
Tier 4: Non-Preferred Brand Drugs	\$75	\$75	\$75	
Tier 5: Value Specialty Drugs	\$10	\$10	\$10	
Tier 6: Specialty Drugs (Brand and Generic)	30% Coinsurance	30% Coinsurance	30% Coinsurance	
	Gold	Gold	Gold	Silver
Quote:	\$ _____	\$ _____	\$ _____	\$ _____

*Examples include gynecologic 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). ***Visits to Primary Care Physician, Chiropractic, Mental Health, Urgent Care, Habilitation or Rehabilitation combined apply to the 3 visits. It is not 3 visits per coverage category. **** Each Direct Plan member will receive first 5 office visits per year at no charge in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 5 visits per category. After 5 visits subject to co-pay. † Each Direct Plan member will receive first 3 office visits per year at a co-pay in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 3 visits per category. After 3 visits subject to coinsurance after deductible.



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 and Northwest Iowa.

	Avera \$3500 Medical Deductible with \$0 Rx Deductible	Avera \$4000 Medical Deductible with \$0 Rx Deductible	Avera \$4500 Medical Deductible with \$0 Rx Deductible	Avera \$5200 HSA Eligible HDHP**
Medical Deductible				
Individual	\$3,500	\$4,000	\$4,500	\$5,200
Family	\$7,000	\$8,000	\$9,000	\$10,400
Coinsurance				
	50%	40%	40%	0%
Out-of-Pocket Maximum				
Individual	\$9,450	\$9,450	\$9,450	\$5,200
Family	\$18,900	\$18,900	\$18,900	\$10,400
Medical Benefits				
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*			
Primary Care Physician Visit	Co-pay \$40	Co-pay \$50	Co-pay \$10	This is an HSA-compatible plan. Member will pay \$0 after meeting the Medical Deductible
Urgent Care Services				
Chiropractic Visit				
Specialist Visit	Co-pay \$100	Co-pay \$100	Co-pay \$180	
Lab and X-Ray (Diagnostic Test)	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 40% Coinsurance	
Hospital Services				
Emergency Services				
Maternity Services				
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$40	Co-pay \$50	Co-pay \$10	This is an HSA-compatible plan.
Inpatient Services	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 40% Coinsurance	Member will pay \$0 after meeting the Medical Deductible
Pharmacy Benefits				
Pharmacy Deductible - Individual	\$0	\$0	\$0	NA
- Family	\$0	\$0	\$0	NA
Tier 1: Preventive Drugs	\$0	\$0	\$0	\$0
Tier 2: Generic Drugs	\$15	\$15	\$15	Member will pay \$0 after meeting the Medical Deductible
Tier 3: Preferred Brand Drugs	\$50	\$50	\$50	
Tier 4: Non-Preferred Brand Drugs	\$150	\$150	\$150	
Tier 5: Value Specialty Drugs	\$12	\$12	\$12	
Tier 6: Specialty Drugs (Brand and Generic)	30% Coinsurance	30% Coinsurance	30% Coinsurance	
	Silver	Silver	Silver	Silver
Quote:	\$ _____	\$ _____	\$ _____	\$ _____

*Examples include gynecologic 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). ***Visits to Primary Care Physician, Chiropractic, Mental Health, Urgent Care, Habilitation or Rehabilitation combined apply to the 3 visits. It is not 3 visits per coverage category. **** Each Direct Plan member will receive first 5 office visits per year at no charge in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 5 visits per category. After 5 visits subject to co-pay. † Each Direct Plan member will receive first 3 office visits per year at a co-pay in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 3 visits per category. After 3 visits subject to coinsurance after deductible.



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 and Northwest Iowa.

	Avera \$5500 Medical Deductible with \$0 Rx Deductible	Avera \$6000 Medical Deductible with \$0 Rx Deductible	Avera \$6000 HSA Eligible HDHP**	Avera \$7000 Medical Deductible with \$50 Rx Deductible
Medical Deductible				
Individual	\$5,500	\$6,000	\$6,000	\$7,000
Family	\$11,000	\$12,000	\$12,000	\$14,000
Coinsurance				
	50%	50%	50%	50%
Out-of-Pocket Maximum				
Individual	\$9,450	\$9,450	\$7,500	\$9,450
Family	\$18,900	\$18,900	\$15,000	\$18,900
Medical Benefits				
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*			
Primary Care Physician Visit	Co-pay \$50	Co-pay \$60	This is an HSA-compatible plan. Medical Deductible/ 50% Coinsurance	Co-pay \$60/visit*** for the first 3 visits, then subject to Medical Deductible/ 50% Coinsurance
Urgent Care Services				
Chiropractic Visit				
Specialist Visit	Co-pay \$100	Co-pay \$120		
Lab and X-Ray (Diagnostic Test)	Co-pay \$50			
Hospital Services	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance
Emergency Services				
Maternity Services				
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$50	Co-pay \$60	This is an HSA-compatible plan. Medical Deductible/ 50% Coinsurance	Co-pay \$60/visit*** for the first 3 visits, then subject to Medical Deductible/ 50% Coinsurance
Inpatient Services	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance
Pharmacy Benefits				
Pharmacy Deductible - Individual	\$0	\$0	NA	\$50
- Family	\$0	\$0	NA	\$100
Tier 1: Preventive Drugs	\$0	\$0	\$0	\$0
Tier 2: Generic Drugs	\$15	\$20	Medical Deductible/ 50% Coinsurance	\$25
Tier 3: Preferred Brand Drugs	\$50	\$60		\$100
Tier 4: Non-Preferred Brand Drugs	\$150	\$150		\$150
Tier 5: Value Specialty Drugs	\$12	\$12		\$15
Tier 6: Specialty Drugs (Brand and Generic)	30% Coinsurance	30% Coinsurance		30% Coinsurance
	Silver	Silver	Expanded Bronze	Bronze
Quote:	\$ _____	\$ _____	\$ _____	\$ _____

*Examples include gynecologic 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). ***Visits to Primary Care Physician, Chiropractic, Mental Health, Urgent Care, Habilitation or Rehabilitation combined apply to the 3 visits. It is not 3 visits per coverage category. **** Each Direct Plan member will receive first 5 office visits per year at no charge in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 5 visits per category. After 5 visits subject to co-pay. † Each Direct Plan member will receive first 3 office visits per year at a co-pay in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 3 visits per category. After 3 visits subject to coinsurance after deductible.



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 and Northwest Iowa.

Avera \$7500 HSA Eligible HDHP**	
Medical Deductible	
Individual	\$7,500
Family	\$15,000
Coinsurance	
	0%
Out-of-Pocket Maximum	
Individual	\$7,500
Family	\$15,000
Medical Benefits	
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*
Primary Care Physician Visit	This is an HSA-compatible plan. Member will pay \$0 after meeting the Medical Deductible
Urgent Care Services	
Chiropractic Visit	
Specialist Visit	
Lab and X-Ray (Diagnostic Test)	
Hospital Services	
Emergency Services	
Maternity Services	
Mental Health and Substance Use Disorder	
Outpatient Services	This is an HSA-compatible plan. Member will pay \$0 after meeting the Medical Deductible
Inpatient Services	
Pharmacy Benefits	
Pharmacy Deductible - Individual	NA
- Family	NA
Tier 1: Preventive Drugs	\$0
Tier 2: Generic Drugs	Member will pay \$0 after meeting the Medical Deductible
Tier 3: Preferred Brand Drugs	
Tier 4: Non-Preferred Brand Drugs	
Tier 5: Value Specialty Drugs	
Tier 6: Specialty Drugs (Brand and Generic)	
Expanded Bronze	
Quote:	\$ _____

*Examples include gynecologic 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). ***Visits to Primary Care Physician, Chiropractic, Mental Health, Urgent Care, Habilitation or Rehabilitation combined apply to the 3 visits. It is not 3 visits per coverage category. **** Each Direct Plan member will receive first 5 office visits per year at no charge in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 5 visits per category. After 5 visits subject to co-pay. † Each Direct Plan member will receive first 3 office visits per year at a co-pay in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 3 visits per category. After 3 visits subject to coinsurance after deductible.

Avera Ultra Plans

The Avera Ultra Plans feature the Avera Health Plans Network with Avera and other independent providers and facilities across the state of South Dakota and Northwest Iowa. The Ultra Plans have a comprehensive co-pay.

	Avera Ultra \$2000 Medical Deductible with \$0 Rx Deductible	Avera Ultra \$6000 Medical Deductible with \$0 Rx Deductible
Medical Deductible		
Individual	\$2,000	\$6,000
Family	\$4,000	\$12,000
Coinsurance		
	40%	40%
Out-of-Pocket Maximum		
Individual	\$5,000	\$9,450
Family	\$10,000	\$18,900
Medical Benefits		
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*	
Primary Care Physician Visit		
Urgent Care Services	Co-pay \$40	Co-pay \$50
Chiropractic Visit		
Specialist Visit	Co-pay \$80	Co-pay \$100
Lab and X-Ray (Diagnostic Test)	Co-pay \$40	Co-pay \$50
Hospital Services	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 40% Coinsurance
Emergency Services		
Maternity Services	Office Visits: Co-pay \$40 Inpatient Services: Medical Deductible/ 40% Coinsurance	Office Visits: Co-pay \$50 Inpatient Services: Medical Deductible/ 40% Coinsurance
Mental Health and Substance Use Disorder		
Outpatient Services	Co-pay \$40	Co-pay \$50
Inpatient Services	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 40% Coinsurance
Pharmacy Benefits		
Pharmacy Deductible - Individual	\$0	\$0
- Family	\$0	\$0
Tier 1: Preventive Drugs	\$0	\$0
Tier 2: Generic Drugs	\$15	\$15
Tier 3: Preferred Brand Drugs	\$50	\$50
Tier 4: Non-Preferred Brand Drugs	\$100	\$100
Tier 5: Value Specialty Drugs	\$10	\$12
Tier 6: Specialty Drugs (Brand and Generic)	30% Coinsurance	30% Coinsurance
	Gold	Silver
Quote:	\$ _____	\$ _____

*Examples include gynecologic 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). ***Visits to Primary Care Physician, Chiropractic, Mental Health, Urgent Care, Habilitation or Rehabilitation combined apply to the 3 visits. It is not 3 visits per coverage category. **** Each Direct Plan member will receive first 5 office visits per year at no charge in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 5 visits per category. After 5 visits subject to co-pay. † Each Direct Plan member will receive first 3 office visits per year at a co-pay in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 3 visits per category. After 3 visits subject to coinsurance after deductible.

Avera Preferred Plans

The Avera Preferred Plans feature a tiered network with Avera and other independent providers and facilities across the state of South Dakota and Northwest Iowa. The Preferred Plans are available in Brown, Lincoln and Minnehaha counties in South Dakota.

	Avera Preferred \$1500 Medical Deductible with \$50 Rx Deductible		Avera Preferred \$3800 Medical Deductible with \$50 Rx Deductible	
	Tier 1	Tier 2	Tier 1	Tier 2
Medical Deductible				
Individual	\$1,500	\$3,000	\$3,800	\$8,500
Family	\$3,000	\$6,000	\$7,600	\$17,000
Coinsurance				
	40%	50%	50%	50%
Out-of-Pocket Maximum				
Individual	\$4,000	\$8,000	\$9,450	\$9,450
Family	\$8,000	\$16,000	\$18,900	\$18,900
Medical Benefits				
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*			
Primary Care Physician Visit	Co-pay \$0	Medical Deductible/ 50% Coinsurance	Co-pay \$0	Medical Deductible/ 50% Coinsurance
Urgent Care Services		Co-pay \$0		Co-pay \$0
Chiropractic Visit		Co-pay \$0		Co-pay \$0
Specialist Visit	Co-pay \$75	Medical Deductible/ 50% Coinsurance	Co-pay \$115	Medical Deductible/ 50% Coinsurance
Lab and X-Ray (Diagnostic Test)	Co-pay \$0		Co-pay \$0	
Hospital Services	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 50% Coinsurance	
Emergency Services				
Maternity Services				
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$0	Medical Deductible/ 50% Coinsurance	Co-pay \$0	Medical Deductible/ 50% Coinsurance
Inpatient Services	Medical Deductible/ 40% Coinsurance		Medical Deductible/ 50% Coinsurance	
Pharmacy Benefits				
Pharmacy Deductible - Individual - Family	\$50 \$100		\$50 \$100	
Tier 1: Preventive Drugs	\$0		\$0	
Tier 2: Generic Drugs	\$25		\$25	
Tier 3: Preferred Brand Drugs	\$75		\$75	
Tier 4: Non-Preferred Brand Drugs	\$150		\$150	
Tier 5: Value Specialty Drugs	\$10		\$12	
Tier 6: Specialty Drugs (Brand and Generic)	30% Coinsurance		30% Coinsurance	
	Gold		Silver	
Quote:	\$ _____	\$ _____	\$ _____	\$ _____

*Examples include gynecologic 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). ***Visits to Primary Care Physician, Chiropractic, Mental Health, Urgent Care, Habilitation or Rehabilitation combined apply to the 3 visits. It is not 3 visits per coverage category. **** Each Direct Plan member will receive first 5 office visits per year at no charge in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 5 visits per category. After 5 visits subject to co-pay. † Each Direct Plan member will receive first 3 office visits per year at a co-pay in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 3 visits per category. After 3 visits subject to coinsurance after deductible.

Avera Preferred Plans

The Avera Preferred Plans feature a tiered network with Avera and other independent providers and facilities across the state of South Dakota and Northwest Iowa. The Preferred Plans are available in Brown, Lincoln and Minnehaha counties in South Dakota.

	Avera Preferred \$4800 Medical Deductible with \$50 Rx Deductible		Avera Preferred \$7000 Medical Deductible with \$50 Rx Deductible		
	Tier 1	Tier 2	Tier 1	Tier 2	
Medical Deductible					
Individual	\$4,800	\$8,500	\$7,000	\$8,700	
Family	\$9,600	\$17,000	\$14,000	\$17,400	
Coinsurance					
	50%	50%	50%	50%	
Out-of-Pocket Maximum					
Individual	\$9,450	\$9,450	\$9,450	\$9,450	
Family	\$18,900	\$18,900	\$18,900	\$18,900	
Medical Benefits					
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*				
Primary Care Physician Visit	Co-pay \$0	Medical Deductible/ 50% Coinsurance	Co-pay \$65/visit*** for the first 3 visits, then subject to Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance	
Urgent Care Services		Co-pay \$0		Medical Deductible/ 50% Coinsurance	Co-pay \$65/visit*** for the first 3 visits, then subject to Medical Deductible/ 50% Coinsurance
Chiropractic Visit					Medical Deductible/ 50% Coinsurance
Specialist Visit	Co-pay \$115	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance	
Lab and X-Ray (Diagnostic Test)	Co-pay \$0				
Hospital Services	Medical Deductible/ 50% Coinsurance				
Emergency Services					
Maternity Services					
Mental Health and Substance Use Disorder					
Outpatient Services	Co-pay \$0	Medical Deductible/ 50% Coinsurance	Co-pay \$65/visit*** for the first 3 visits, then subject to Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance	
Inpatient Services	Medical Deductible/ 50% Coinsurance				Medical Deductible/ 50% Coinsurance
Pharmacy Benefits					
Pharmacy Deductible - Individual	\$50		\$50		
- Family	\$100		\$100		
Tier 1: Preventive Drugs	\$0		\$0		
Tier 2: Generic Drugs	\$25		\$25		
Tier 3: Preferred Brand Drugs	\$75		\$75		
Tier 4: Non-Preferred Brand Drugs	\$150		\$150		
Tier 5: Value Specialty Drugs	\$12		\$15		
Tier 6: Specialty Drugs (Brand and Generic)	30% Coinsurance		30% Coinsurance		
	Silver		Expanded Bronze		
Quote:	\$ _____	\$ _____	\$ _____	\$ _____	

*Examples include gynecologic 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). ***Visits to Primary Care Physician, Chiropractic, Mental Health, Urgent Care, Habilitation or Rehabilitation combined apply to the 3 visits. It is not 3 visits per coverage category. **** Each Direct Plan member will receive first 5 office visits per year at no charge in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 5 visits per category. After 5 visits subject to co-pay. † Each Direct Plan member will receive first 3 office visits per year at a co-pay in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 3 visits per category. After 3 visits subject to coinsurance after deductible.



Avera Direct Plans

The Avera Direct Network features Avera owned, managed and leased providers and is available to employers headquartered in Brown, Lincoln and Minnehaha counties in South Dakota — providing access to more than 2,000 providers. This network provides zero out-of-network coverage.

	Avera Direct \$1500 Medical Deductible with \$0 Rx Deductible	Avera Direct \$2000 Medical Deductible with \$0 Rx Deductible	Avera Direct \$2500 Medical Deductible with \$0 Rx Deductible	Avera Direct \$3000 HSA Eligible HDHP**
Medical Deductible				
Individual	\$1,500	\$2,000	\$2,500	\$3,000
Family	\$3,000	\$4,000	\$5,000	\$6,000
Coinsurance				
	30%	30%	30%	30%
Out-of-Pocket Maximum				
Individual	\$6,250	\$6,250	\$8,100	\$7,500
Family	\$12,500	\$12,500	\$16,200	\$15,000
Note: Traditional Plans offer out-of-network benefits while Direct Plans do not. The member will pay full cost when using an out-of-network provider with a Direct Plan. This cost will not be deducted from the out-of-pocket maximum.				
Medical Benefits				
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*			
Primary Care Physician Visit	Co-pay \$0/visit**** for the first 5 visits, then \$25 co-pay	Co-pay \$0/visit**** for the first 5 visits, then \$25 co-pay	Co-pay \$0/visit**** for the first 5 visits, then \$25 co-pay	Medical Deductible/ 30% Coinsurance
Urgent Care Services	Co-pay \$25	Co-pay \$25	Co-pay \$25	
Chiropractic Visit	Co-pay \$0/visit**** for the first 5 visits, then \$25 co-pay	Co-pay \$0/visit**** for the first 5 visits, then \$25 co-pay	Co-pay \$0/visit**** for the first 5 visits, then \$25 co-pay	
Specialist Visit	Co-pay \$75	Co-pay \$75	Co-pay \$75	
Lab and X-Ray (Diagnostic Test)	Co-pay \$25	Co-pay \$25	Co-pay \$25	
Hospital Services	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 30% Coinsurance	
Emergency Services				
Maternity Services				
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$25	Co-pay \$25	Co-pay \$25	Medical Deductible/ 30% Coinsurance
Inpatient Services	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 30% Coinsurance	
Pharmacy Benefits				
Pharmacy Deductible - Individual - Family	\$0 \$0	\$0 \$0	\$0 \$0	NA NA
Tier 1: Preventive Drugs	\$0	\$0	\$0	\$0
Tier 2: Generic Drugs	\$15	\$15	\$15	Medical Deductible/ 30% Coinsurance
Tier 3: Preferred Brand Drugs	\$50	\$50	\$50	
Tier 4: Non-Preferred Brand Drugs	\$75	\$75	\$75	
Tier 5: Value Specialty Drugs	\$10	\$10	\$10	
Tier 6: Specialty Drugs (Brand and Generic)	30% Coinsurance	30% Coinsurance	30% Coinsurance	
	Gold	Gold	Gold	Silver
Quote:	\$ _____	\$ _____	\$ _____	\$ _____

*Examples include gynecologic 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). ***Visits to Primary Care Physician, Chiropractic, Mental Health, Urgent Care, Habilitation or Rehabilitation combined apply to the 3 visits. It is not 3 visits per coverage category. **** Each Direct Plan member will receive first 5 office visits per year at no charge in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 5 visits per category. After 5 visits subject to co-pay. † Each Direct Plan member will receive first 3 office visits per year at a co-pay in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 3 visits per category. After 3 visits subject to coinsurance after deductible.



Avera Direct Plans

The Avera Direct Network features Avera owned, managed and leased providers and is available to employers headquartered in Brown, Lincoln and Minnehaha counties in South Dakota — providing access to more than 2,000 providers. This network provides zero out-of-network coverage.

	Avera Direct \$3500 Medical Deductible with \$0 Rx Deductible	Avera Direct \$4000 Medical Deductible with \$0 Rx Deductible	Avera Direct \$4500 Medical Deductible with \$0 Rx Deductible	Avera Direct \$5200 HSA Eligible HDHP**
Medical Deductible				
Individual	\$3,500	\$4,000	\$4,500	\$5,200
Family	\$7,000	\$8,000	\$9,000	\$10,400
Coinsurance				
	50%	40%	40%	0%
Out-of-Pocket Maximum				
Individual	\$9,450	\$9,450	\$9,450	\$5,200
Family	\$18,900	\$18,900	\$18,900	\$10,400
Note: Standard Plans offer out-of-network benefits while Direct Plans do not. The member will pay full cost when using an out-of-network provider with a Direct Plan. This cost will not be deducted from the out-of-pocket maximum.				
Medical Benefits				
Preventive Care Services	No cost to member. 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	Co-pay \$10	This is an HSA-compatible plan. Member will pay \$0 after meeting the Medical Deductible
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	Co-pay \$180	
Specialist Visit	Co-pay \$100	Co-pay \$100	Co-pay \$180	
Lab and X-Ray (Diagnostic Test)	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 40% Coinsurance	
Hospital Services				
Emergency Services				
Maternity Services				
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$40	Co-pay \$50	Co-pay \$10	This is an HSA-compatible plan.
Inpatient Services	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 40% Coinsurance	Member will pay \$0 after meeting the Medical Deductible
Pharmacy Benefits				
Pharmacy Deductible - Individual	\$0	\$0	\$0	NA
- Family	\$0	\$0	\$0	NA
Tier 1: Preventive Drugs	\$0	\$0	\$0	\$0
Tier 2: Generic Drugs	\$15	\$15	\$15	Member will pay \$0 after meeting the Medical Deductible
Tier 3: Preferred Drugs	\$50	\$50	\$50	
Tier 4: Non-Preferred Drugs	\$150	\$150	\$150	
Tier 5: Value Specialty Drugs	\$12	\$12	\$12	
Tier 6: Specialty Drugs (Brand and Generic)	30% Coinsurance	30% Coinsurance	30% Coinsurance	
	Silver	Silver	Silver	Silver
Quote:	\$ _____	\$ _____	\$ _____	\$ _____

*Examples include gynecologic 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). ***Visits to Primary Care Physician, Chiropractic, Mental Health, Urgent Care, Habilitation or Rehabilitation combined apply to the 3 visits. It is not 3 visits per coverage category. **** Each Direct Plan member will receive first 5 office visits per year at no charge in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 5 visits per category. After 5 visits subject to co-pay. † Each Direct Plan member will receive first 3 office visits per year at a co-pay in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 3 visits per category. After 3 visits subject to coinsurance after deductible.

Avera Direct Plans

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	Avera Direct \$5500 Medical Deductible with \$0 Rx Deductible	Avera Direct \$6000 Medical Deductible with \$0 Rx Deductible	Avera Direct \$6000 HSA Eligible HDHP**	Avera Direct \$7000 Medical Deductible with \$50 Rx Deductible
Medical Deductible				
Individual	\$5,500	\$6,000	\$6,000	\$7,000
Family	\$11,000	\$12,000	\$12,000	\$14,000
Coinsurance				
	50%	50%	50%	50%
Out-of-Pocket Maximum				
Individual	\$9,450	\$9,450	\$7,500	\$9,450
Family	\$18,900	\$18,900	\$15,000	\$18,900
Note: Standard Plans offer out-of-network benefits while Direct Plans do not. The member will pay full cost when using an out-of-network provider with a Direct Plan. This cost will not be deducted from the out-of-pocket maximum.				
Medical Benefits				
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*			
Primary Care Physician Visit	Co-pay \$0/visit**** for the first 5 visits, then \$50 co-pay	Co-pay \$0/visit**** for the first 5 visits, then \$60 co-pay	This is an HSA-compatible plan. Medical Deductible/ 50% Coinsurance	Co-pay \$0/visit† for the first 3 visits, then subject to Medical Deductible/ 50% Coinsurance
Urgent Care Services	Co-pay \$50	Co-pay \$60		
Chiropractic Visit	Co-pay \$0/visit**** for the first 5 visits, then \$50 co-pay	Co-pay \$0/visit**** for the first 5 visits, then \$60 co-pay		
Specialist Visit	Co-pay \$100	Co-pay \$120		Medical Deductible/ 50% Coinsurance
Lab and X-Ray (Diagnostic Test)	Co-pay \$50			
Hospital Services	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance		
Emergency Services				
Maternity Services				
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$50	Co-pay \$60	This is an HSA-compatible plan.	Medical Deductible/ 50% Coinsurance
Inpatient Services	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance	Medical Deductible/ 50% Coinsurance	
Pharmacy Benefits				
Pharmacy Deductible - Individual - Family	\$0 \$0	\$0 \$0	NA NA	\$50 \$100
Tier 1: Preventive Drugs	\$0	\$0	\$0	\$0
Tier 2: Generic Drugs	\$15	\$20	Medical Deductible/ 50% Coinsurance	\$25
Tier 3: Preferred Brand Drugs	\$50	\$60		\$100
Tier 4: Non-Preferred Brand Drugs	\$150	\$150		\$150
Tier 5: Value Specialty Drugs	\$12	\$12		\$15
Tier 6: Specialty Drugs (Brand and Generic)	30% Coinsurance	30% Coinsurance		30% Coinsurance
	Silver	Silver	Expanded Bronze	Bronze
Quote:	\$ _____	\$ _____	\$ _____	\$ _____

*Examples include gynecologic 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). ***Visits to Primary Care Physician, Chiropractic, Mental Health, Urgent Care, Habilitation or Rehabilitation combined apply to the 3 visits. It is not 3 visits per coverage category. **** Each Direct Plan member will receive first 5 office visits per year at no charge in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 5 visits per category. After 5 visits subject to co-pay. † Each Direct Plan member will receive first 3 office visits per year at a co-pay in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 3 visits per category. After 3 visits subject to coinsurance after deductible.



Avera Direct Plans

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Avera Direct \$7500 HSA Eligible HDHP**

Medical Deductible		
Individual	\$7,500	
Family	\$15,000	
Coinsurance		
	0%	
Out-of-Pocket Maximum		
Individual	\$7,500	
Family	\$15,000	
Note: Standard Plans offer out-of-network benefits while Direct Plans do not. The member will pay full cost when using an out-of-network provider with a Direct Plan. This cost will not be deducted from the out-of-pocket maximum.		
Medical Benefits		
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*	
Primary Care Physician Visit	This is an HSA-compatible plan. Member will pay \$0 after meeting the Medical Deductible	
Urgent Care Services		
Chiropractic Visit		
Specialist Visit		
Lab and X-Ray (Diagnostic Test)		
Hospital Services		
Emergency Services		
Maternity Services		
Mental Health and Substance Use Disorder		
Outpatient Services		This is an HSA-compatible plan. Member will pay \$0 after meeting the Medical Deductible
Inpatient Services		
Pharmacy Benefits		
Pharmacy Deductible - Individual	NA	
- Family	NA	
Tier 1: Preventive Drugs	\$0	
Tier 2: Generic Drugs	Member will pay \$0 after meeting the Medical Deductible	
Tier 3: Preferred Brand Drugs		
Tier 4: Non-Preferred Brand Drugs		
Tier 5: Value Specialty Drugs		
Tier 6: Specialty Drugs (Brand and Generic)		
Expanded Bronze		
Quote:	\$ _____	

*Examples include gynecologic 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). ***Visits to Primary Care Physician, Chiropractic, Mental Health, Urgent Care, Habilitation or Rehabilitation combined apply to the 3 visits. It is not 3 visits per coverage category. **** Each Direct Plan member will receive first 5 office visits per year at no charge in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 5 visits per category. After 5 visits subject to co-pay. † Each Direct Plan member will receive first 3 office visits per year at a co-pay in the categories of Primary Care Physician, Chiropractic, Habilitation or Rehabilitation. Not 3 visits per category. After 3 visits subject to coinsurance after deductible.

Questions?



We can help you find the best plan options for your company.

Talk to your agent or request a quote at AveraHealthPlans.com/Solutions

Moving Health
Forward.