



2024 Individual and Family

Health Insurance Options

avera TRADITIONAL, STANDARD & 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 and Northwest Iowa. When searching for providers on AveraHealthPlans.com, please select AHP Network in the network drop-down tool.

	Avera \$1800 Medical Deductible with \$0 Rx Deductible	Avera \$2000 Medical Deductible with \$0 Rx Deductible	Avera \$4000† Medical Deductible with \$0 Rx Deductible	Avera \$5800
Medical Deductible				
Individual	\$1,800	\$2,000	\$4,000	\$5,800
Family	\$3,600	\$4,000	\$8,000	\$11,600
Coinsurance				
	20%	30%	30%	30%
Out-of-Pocket Maximum				
Individual	\$7,500	\$8,700	\$9,000	\$8,000
Family	\$15,000	\$17,400	\$18,000	\$16,000
Medical Benefits				
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*			
Primary Care Physician Visit				
Urgent Care Services	Co-pay \$20	Co-pay \$25	Co-pay \$50	Co-pay \$20
Chiropractic Visit				
Specialist Visit	Co-pay \$50	Co-pay \$50	Co-pay \$100	Co-pay \$50
Lab and X-Ray (Diagnostic Test)				
Hospital Services	Medical Deductible/ 20% Coinsurance	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 \$20	Co-pay \$25	Co-pay \$50	Co-pay \$20
Inpatient Services	Medical Deductible/ 20% Coinsurance	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 30% Coinsurance
Pharmacy Benefits				
Pharmacy Deductible - Individual - Family	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Tier 1: Preventive Drugs	\$0	\$0	\$0	Tier 1 = \$0
Tier 2: Generic Drugs	\$0	\$10	\$12	Medical Deductible/ 30% Coinsurance
Tier 3: Preferred Brand Drugs	\$30	\$40	\$40	
Tier 4: Non-Preferred Brand Drugs	30% Coinsurance	\$125	\$125	
Tier 5: Value Specialty Drugs		\$10	\$10	
Tier 6: Specialty Drugs (Brand and Generic)		30% Coinsurance	30% Coinsurance	
	Gold	Gold	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.
 ** 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. It is not 3 visits per coverage category. ****These plans are considered High Deductible Health Plans (HDHP) that can be paired with a Health Savings Account (HSA). † Plan available on and off exchange. Members who may not qualify for premium subsidies may find premium savings with same benefits when selecting plans off-exchange. †† 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 no charge 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

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	Avera \$6800 Medical Deductible with \$50 Rx Deductible	Avera \$9450**	Avera \$5200† HSA Eligible HDHP****	Avera \$7500 HSA Eligible HDHP****
Medical Deductible				
Individual	\$6,800	\$9,450	\$5,200	\$7,500
Family	\$13,600	\$18,900	\$10,400	\$15,000
Coinsurance				
	40%	0%	0%	0%
Out-of-Pocket Maximum				
Individual	\$9,100	\$9,450	\$5,200	\$7,500
Family	\$18,200	\$18,900	\$10,400	\$15,000
Medical Benefits				
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*			
Primary Care Physician Visit	Co-pay \$50/visit*** for the first 3 visits, then subject to Medical Deductible/ 40% Coinsurance	Co-pay \$0/visit*** for the first 3 visits, then subject to Medical Deductible/ 0% Coinsurance	This is an HSA-compatible plan Please note: Cost Share Reduction plans may not qualify	This is an HSA-compatible plan
Urgent Care Services				
Chiropractic Visit	Medical Deductible/ 40% Coinsurance	You will pay \$0 after meeting the Medical Deductible	You will pay \$0 after meeting the Medical Deductible	You will pay \$0 after meeting the Medical Deductible
Specialist Visit				
Lab and X-Ray (Diagnostic Test)				
Hospital Services				
Emergency Services				
Maternity Services				
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$50/visit*** for the first 3 visits, then subject to Medical Deductible/ 40% Coinsurance	Co-pay \$0/visit*** for the first 3 visits, then subject to Medical Deductible/ 0% Coinsurance	You will pay \$0 after meeting the Medical Deductible	You will pay \$0 after meeting the Medical Deductible
Inpatient Services	Medical Deductible/ 40% Coinsurance	You will pay \$0 after meeting the Medical Deductible		
Pharmacy Benefits				
Pharmacy Deductible - Individual	\$50	\$0	\$0	\$0
- Family	\$100	\$0	\$0	\$0
Tier 1: Preventive Drugs	\$0	Tier 1 = \$0	Tier 1 = \$0	Tier 1 = \$0
Tier 2: Generic Drugs	\$15	You will pay \$0 after meeting the Medical Deductible	You will pay \$0 after meeting the Medical Deductible	You will pay \$0 after meeting the Medical Deductible
Tier 3: Preferred Brand Drugs	\$50			
Tier 4: Non-Preferred Brand Drugs	\$150			
Tier 5: Value Specialty Drugs	\$10			
Tier 6: Specialty Drugs (Brand and Generic)	30% Coinsurance			
	Expanded Bronze	Catastrophic	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.
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Avera Standard Plans

The Avera Standard Plans feature the Avera Health Plans Network with 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 Standard \$1500	Avera Standard \$5900	Avera Standard \$7500
Medical Deductible			
Individual	\$1,500	\$5,900	\$7,500
Family	\$3,000	\$11,800	\$15,000
Coinsurance			
	25%	40%	50%
Out-of-Pocket Maximum			
Individual	\$8,700	\$9,100	\$9,400
Family	\$17,400	\$18,200	\$18,800
Medical Benefits			
Preventive Care Services	No cost to member. This includes preventive immunizations, screenings, exams*		
Primary Care Physician Visit	Co-pay \$30	Co-pay \$40	Co-pay \$50
Urgent Care Services	Co-pay \$45	Co-pay \$60	Co-pay \$75
Chiropractic Visit	Co-pay \$30	Co-pay \$40	Co-pay \$50
Specialist Visit	Co-pay \$60	Co-pay \$80	Co-pay \$100
Lab and X-Ray (Diagnostic Test)	Medical Deductible/ 25% Coinsurance	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 50% Coinsurance
Hospital Services			
Emergency Services			
Maternity Services			
Mental Health and Substance Use Disorder			
Outpatient Services	Co-pay \$30	Co-pay \$40	Co-pay \$50
Inpatient Services	Medical Deductible/ 25% Coinsurance	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 50% Coinsurance
Pharmacy Benefits			
Pharmacy Deductible - Individual	\$0	\$0	\$0
- Family	\$0	\$0	\$0
Tier 1: Preventive Drugs	\$0	\$0	\$0
Tier 2: Generic Drugs	\$15	\$20	\$25
Tier 3: Preferred Brand Drugs	\$30	\$40	\$50 Co-pay after Medical Deductible
Tier 4: Non-Preferred Brand Drugs	\$60	\$80 Co-pay after Medical Deductible	\$100 Co-pay after Medical Deductible
Tier 5: Value Specialty Drugs	\$250	\$350 Co-pay after Medical Deductible	\$500 Co-pay after Medical Deductible
Tier 6: Specialty Drugs (Brand and Generic)	\$250	\$350 Co-pay after Medical Deductible	\$500 Co-pay after Medical Deductible
	Gold	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.
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Avera Direct Standard Plans

The Avera Direct Standard Plans feature the Avera Direct Network. The Direct Network features Avera owned, managed and leased providers with access to more than 2,000 providers and are eligible to residents in Brown, Lincoln and Minnehaha counties only. 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 Standard \$5900	Avera Direct Standard \$7500
Medical Deductible			
Individual	\$1,500	\$5,900	\$7,500
Family	\$3,000	\$11,800	\$15,000
Coinsurance			
	25%	40%	50%
Out-of-Pocket Maximum			
Individual	\$8,700	\$9,100	\$9,400
Family	\$17,400	\$18,200	\$18,800
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 \$30	Co-pay \$40	Co-pay \$50
Urgent Care Services	Co-pay \$45	Co-pay \$60	Co-pay \$75
Chiropractic Visit	Co-pay \$30	Co-pay \$40	Co-pay \$50
Specialist Visit	Co-pay \$60	Co-pay \$80	Co-pay \$100
Lab and X-Ray (Diagnostic Test)	Medical Deductible/ 25% Coinsurance	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 50% Coinsurance
Hospital Services			
Emergency Services			
Maternity Services			
Mental Health and Substance Use Disorder			
Outpatient Services	Co-pay \$30	Co-pay \$40	Co-pay \$50
Inpatient Services	Medical Deductible/ 25% Coinsurance	Medical Deductible/ 40% Coinsurance	Medical Deductible/ 50% Coinsurance
Pharmacy Benefits			
Pharmacy Deductible - Individual - Family	\$0 \$0	\$0 \$0	\$0 \$0
Tier 1: Preventive Drugs	\$0	\$0	\$0
Tier 2: Generic Drugs	\$15	\$20	\$25
Tier 3: Preferred Brand Drugs	\$30	\$40	\$50 Co-pay after Medical Deductible
Tier 4: Non-Preferred Brand Drugs	\$60	\$80 Co-pay after Medical Deductible	\$100 Co-pay after Medical Deductible
Tier 5: Value Specialty Drugs	\$250	\$350 Co-pay after Medical Deductible	\$500 Co-pay after Medical Deductible
Tier 6: Specialty Drugs (Brand and Generic)	\$250	\$350 Co-pay after Medical Deductible	\$500 Co-pay after Medical Deductible
	Gold	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.
 ** 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. It is not 3 visits per coverage category. ****These plans are considered High Deductible Health Plans (HDHP) that can be paired with a Health Savings Account (HSA). † Plan available on and off exchange. Members who may not qualify for premium subsidies may find premium savings with same benefits when selecting plans off-exchange. †† 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 no charge 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 \$2200 Medical Deductible with \$0 Rx Deductible	Avera Direct \$3000 Medical Deductible with \$0 Rx Deductible	Avera Direct \$4000† Medical Deductible with \$0 Rx Deductible	Avera Direct \$5000† Medical Deductible with \$0 Rx Deductible
Medical Deductible				
Individual	\$2,200	\$3,000	\$4,000	\$5,000
Family	\$4,400	\$6,000	\$8,000	\$10,000
Coinsurance				
	20%	20%	30%	30%
Out-of-Pocket Maximum				
Individual	\$7,500	\$8,000	\$9,000	\$9,100
Family	\$15,000	\$16,000	\$18,000	\$18,200
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/visittt for the first 5 visits, then \$20 co-pay	Co-pay \$0/visittt for the first 5 visits, then \$20 co-pay	Co-pay \$50	Co-pay \$0/visittt for the first 5 visits, then \$50 co-pay
Urgent Care Services	Co-pay \$20	Co-pay \$20	Co-pay \$50	Co-pay \$50
Chiropractic Visit	Co-pay \$0/visittt for the first 5 visits, then \$20 co-pay	Co-pay \$0/visittt for the first 5 visits, then \$20 co-pay	Co-pay \$50	Co-pay \$0/visittt for the first 5 visits, then \$50 co-pay
Specialist Visit	Co-pay \$60	Medical Deductible/ 20% Coinsurance	Co-pay \$100	Co-pay \$100
Lab and X-Ray (Diagnostic Test)	Medical Deductible/ 20% Coinsurance		Medical Deductible/ 30% Coinsurance	Medical Deductible/ 30% Coinsurance
Hospital Services				
Emergency Services				
Maternity Services				
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$20	Co-pay \$20	Co-pay \$50	Co-pay \$50
Inpatient Services	Medical Deductible/ 20% Coinsurance	Medical Deductible/ 20% Coinsurance	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 30% Coinsurance
Pharmacy Benefits				
Pharmacy Deductible - Individual - Family	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Tier 1: Preventive Drugs	\$0	\$0	\$0	\$0
Tier 2: Generic Drugs	\$0	\$0	\$12	\$0
Tier 3: Preferred Brand Drugs	\$30	30% Coinsurance	\$40	\$50
Tier 4: Non-Preferred Brand Drugs	30% Coinsurance		\$125	30% Coinsurance
Tier 5: Value Specialty Drugs			\$10	
Tier 6: Specialty Drugs (Brand and Generic)			30% Coinsurance	
		Gold	Gold	
Quote:	\$ _____	\$ _____	\$ _____	\$ _____

*Examples include gynecologic exam, screening mammography, well-child care and newborn care. Limitations do apply. For a detailed listing, visit AveraHealthPlans.com.
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	Avera Direct \$6000† Medical Deductible with \$2000 Rx Deductible	Avera Direct \$8000 Medical Deductible with \$1000 Rx Deductible	Avera Direct \$7500 HSA Eligible HDHP****	
Medical Deductible				
Individual	\$6,000	\$8,000	\$7,500	
Family	\$12,000	\$16,000	\$15,000	
Coinsurance				
	30%	40%	0%	
Out-of-Pocket Maximum				
Individual	\$9,100	\$9,450	\$7,500	
Family	\$18,200	\$18,900	\$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 \$50 co-pay	Co-pay \$0/visit††† for the first 3 visits, then subject to Medical Deductible/40% Coinsurance	This is an HSA-compatible plan Please note: Cost Share Reduction plans may not qualify You will pay \$0 after meeting the Medical Deductible	
Urgent Care Services	Co-pay \$50	Medical Deductible/ 40% Coinsurance		
Chiropractic Visit	Co-pay \$0/visit†† for the first 5 visits, then \$50 co-pay	Co-pay \$0/visit††† for the first 3 visits, then subject to Medical Deductible/40% Coinsurance		
Specialist Visit	Medical Deductible/ 30% Coinsurance	Medical Deductible/ 40% Coinsurance		
Lab and X-Ray (Diagnostic Test)				
Hospital Services				
Emergency Services				
Maternity Services				
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$50	Medical Deductible/ 40% Coinsurance		You will pay \$0 after meeting the Medical Deductible
Inpatient Services	Medical Deductible/ 30% Coinsurance			
Pharmacy Benefits				
Pharmacy Deductible - Individual - Family	\$2,000 \$4,000	\$1,000 \$2,000	\$0 \$0	
Tier 1: Preventive Drugs	\$0	\$0	\$0	
Tier 2: Generic Drugs	\$0	\$15	You will pay \$0 after meeting the Medical Deductible	
Tier 3: Preferred Brand Drugs	Deductible/ 30% Coinsurance	Deductible/ 30% Coinsurance		
Tier 4: Non-Preferred Brand Drugs				
Tier 5: Value Specialty Drugs				
Tier 6: Specialty Drugs (Brand and Generic)				
			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.
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Questions?



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).

**Moving Health
Forward.**