

# 2017 Plan Options for Individuals and Families

Application ID # \_\_\_\_\_

	Avera 1500	Avera 2500	Avera 3000	Avera 3500	Avera 4000	Avera 5000	Avera 6550	Avera 7150†	
<b>Deductible</b>									
Individual	\$1,500	\$2,500	\$3,000	\$3,500	\$4,000	\$5,000	\$6,550	\$7,150	
Family	\$3,000	\$5,000	\$6,000	\$7,000	\$8,000	\$10,000	\$13,100	\$14,300	
<b>Coinsurance</b>									
	20%	30%	30%	20%	0%	40%	0%	0%	
<b>Out-of-Pocket Maximum</b>									
Individual	\$3,500	\$6,500	\$6,800	\$7,150	\$4,000	\$7,150	\$6,550	\$7,150	
Family	\$7,000	\$13,000	\$13,600	\$14,300	\$8,000	\$14,300	\$13,100	\$14,300	
<b>Medical Benefits</b>									
One Free Office Visit Per Year, Per Member					This is an HSA-compatible plan. Please note: Cost Share Reduction plans may not qualify. You will pay \$0 after meeting the deductible.	Included*	This is an HSA-compatible plan. Please note: Cost Share Reduction plans may not qualify. You will pay \$0 after meeting the deductible.		
Preventive Care Services	No cost to you. This includes preventive immunizations, screenings, exams**								
Primary Care Physician Visit	Co-pay \$20	Co-pay \$25	Co-pay \$30	Co-pay \$30		Deductible/ 40% Coinsurance		Co-pay \$0 Maximum 3 visits	
Specialist Visit	Co-pay \$20	Co-pay \$60	Co-pay \$60	Co-pay \$65		Deductible/ 40% Coinsurance		Deductible/ 0% Coinsurance	
Urgent Care Services	Co-pay \$20	Co-pay \$25	Co-pay \$30	Co-pay \$75		Deductible/ 40% Coinsurance		Co-pay \$0 Maximum 3 visits	
Lab and X-Ray (Diagnostic Test)	Deductible/ 20% Coinsurance	Deductible/ 30% Coinsurance	Deductible/ 30% Coinsurance	Deductible/ 20% Coinsurance		Deductible/ 40% Coinsurance		Deductible/ 0% Coinsurance	
Hospital Services	Deductible and coinsurance apply for all plans.								
Emergency Services	Deductible and coinsurance apply for all plans.			Co-pay \$400 after deductible					
Maternity Services	Deductible and coinsurance apply for all plans.								
Pediatric Vision Services	Included with all plans.								
Pediatric Dental Services	Available to add to this plan	Available to add to this plan	Available to add to this plan	Included	Available to add to this plan				
<b>Mental Health and Substance Use Disorder</b>									
Outpatient Services	Co-pay \$20	Co-pay \$25	Co-pay \$30	Co-pay \$30	Deductible/ 40% Coinsurance	Co-pay \$0 Maximum 3 visits			
Inpatient Services	Deductible and coinsurance apply for all plans.								
<b>Pharmacy Benefits</b>									
Pharmacy Deductible - Individual	\$0	\$0	\$0	\$0	\$0	\$50	\$0	\$0	
- Family	\$0	\$0	\$0	\$0	\$0	\$100	\$0	\$0	
	Tier 1 = \$0	Tier 1 = \$0	Tier 1 = \$0	Tier 1 = \$0	Tier 1 = \$0  You will pay \$0 after meeting the deductible.	Tier 1 = \$0	Tier 1 = \$0  You will pay \$0 after meeting the deductible.	Tier 1 = \$0  You will pay \$0 after meeting the deductible.	
	Tier 2 = \$0	Tier 2 = \$0	Tier 2 = \$12	Tier 2 = \$15		Tier 2 = \$0			
	Tier 3 = \$50	Tier 3 = \$30	Tier 3 = \$12	Tier 3 = \$15		Tier 3 = \$50			
	Tier 4 = \$50	Tier 4 = \$60	Tier 4 = \$50	Tier 4 = \$50		Tier 4 = \$75			
	Tier 5 = \$150	Tier 5 = \$150	Tier 5 = \$75	Tier 5 = \$100		Tier 5 = \$150			
	Tier 6 = \$150	Tier 6 = \$150	Tier 6 = \$75	40% coinsurance		Tier 6 = \$150			
	<b>Gold</b>	<b>Silver</b>	<b>Silver</b>	<b>Silver</b>	<b>Silver</b>	<b>Bronze</b>	<b>Bronze</b>	<b>Catastrophic</b>	
Quote:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	

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](http://AveraHealthPlans.com), under the Shop Plans for Individuals section.

## Plan Details:

\*Examples include primary care physician visits, chiropractor appointments, mental health, urgent care and/or rehabilitation.

\*\*Examples include gynecological exam, screening mammography, well-child care and newborn care. Limitations do apply. For a detailed listing, visit [AveraHealthPlans.com](http://AveraHealthPlans.com).

†To qualify for the Avera 7150 plan you must be under the age of 30 before the date the plan takes effect, or qualify for a federal hardship exemption.

