

# Plan Options for Individuals and Families

	Avera MyPlan \$1,500/20	Avera MyPlan \$2,000/20	Avera MyPlan \$2,500/5,800	Avera MyPlan \$2,500/6,350	Avera MyPlan \$3,000/30	Avera MyPlan \$3,500	Avera MyPlan \$5,000/30	Avera MyPlan \$6,500 <sup>1</sup>	Avera MyPlan \$6,850 <sup>1</sup>	
<b>Deductible</b>										
Individual	\$1,500	\$2,000	\$2,500	\$2,500	\$3,000	\$3,500	\$5,000	\$6,500	\$6,850	
Family	\$3,000	\$4,000	\$5,000	\$5,000	\$6,000	\$7,000	\$10,000	\$13,000	\$13,700	
<b>Coinsurance</b>										
	20%	20%	30%	30%	30%	0%	30%	0%	0%	
<b>Out-of-Pocket Maximum</b>										
Individual	\$3,000	\$3,500	\$5,800	\$6,350	\$6,500	\$3,500	\$6,850	\$6,500	\$6,850	
Family	\$6,000	\$7,000	\$11,600	\$12,700	\$13,000	\$7,000	\$13,700	\$13,000	\$13,700	
<b>Medical Benefits</b>										
Two Free Office Visits Per Year, Per Member					Included*	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 \$25	Co-pay \$30		Deductible/ 30% Coinsurance		Co-pay \$0 Maximum 3 visits	
Specialist Visit	Co-pay \$20	Co-pay \$25	Co-pay \$60	Co-pay \$60	Co-pay \$60		Deductible/ 30% Coinsurance		0% Coinsurance	
Urgent Care Services	Co-pay \$20	Co-pay \$25	Co-pay \$30	Co-pay \$25	Co-pay \$30		Deductible/ 30% Coinsurance		Co-pay \$0 Maximum 3 visits	
Lab and X-ray (Diagnostic Test)	Deductible/ 20% Coinsurance	Deductible/ 20% Coinsurance	Deductible/ 30% Coinsurance	Deductible/ 30% Coinsurance	Deductible/ 30% Coinsurance		Deductible/ 30% Coinsurance		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	Available to add to this plan		Available to add to this plan	Available to add to this plan	Available to add to this plan		Available to add to this plan			
<b>Mental Health and Substance Use Disorder</b>										
Outpatient Services	Co-pay \$20	Co-pay \$20	Co-pay \$30	Co-pay \$25	Co-pay \$30		Deductible/ 30% 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	\$0	\$50 deductible per person	\$0		
- Family	\$0	\$0	\$0	\$0	\$0	\$0		\$0		
	Tier 1 = \$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.	To qualify for this plan you must be under the age of 30 before Jan. 1 or qualify for a federal hardship exemption.	
	Tier 2 = \$0	Tier 2 = \$12	Tier 2 = \$12	Tier 2 = \$0	Tier 2 = \$0		Tier 2 = \$25			
	Tier 3 = \$50	Tier 3 = \$12	Tier 3 = \$12	Tier 3 = \$30	Tier 3 = \$25		Tier 3 = \$25			
	Tier 4 = \$50	Tier 4 = \$50	Tier 4 = \$50	Tier 4 = \$60	Tier 4 = \$75		Tier 4 = \$75			
	Tier 5 = \$150	Tier 5 = \$75	Tier 5 = \$75	Tier 5 = \$150	Tier 5 = \$150		Tier 5 = \$150			
	Tier 6 = \$150	Tier 6 = \$75	Tier 6 = \$75	Tier 6 = \$150	Tier 6 = \$150		Tier 6 = \$150			
	<b>Gold</b>	<b>Gold</b>	<b>Silver</b>	<b>Silver</b>	<b>Silver</b>	<b>Silver</b>	<b>Bronze</b>	<b>Bronze</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 and Families section.

### Plan Details:

<sup>1</sup> This plan does not have any out-of-network coverage.

\*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).