

Owned by South Dakota physicians, DAKOTACARE believes you and your doctor should decide what's best for your health. We're South Dakotans, looking out for South Dakotans. That's why we don't cut corners when it comes to quality and care that helps keep you and your family healthy.

The **DAKOTACARE** Difference

DAKOTACARE offers South Dakota based customer service that shares your same home-grown values. We know your information is important to you, so we process all of your claims right here in our state.

We're different. We don't want to restrict your choice or disrupt your relationship with your physician. We want you to be able to stay with your local South Dakota provider. Pick your hospital. Choose your pharmacy. That's why we have the largest network in South Dakota.

## We are South Dakota's Own.

## Optional Coverage.

**Value Plus** – As a DAKOTACAREONE member, you are eligible for DAKOTACARE's Value Plus program, which offers members discounted rates on a variety of services such as weight loss program discounts, travel assistance, and discounts on eye exams and eyewear. There are no limitations on how often a member may use the Value Plus discounts.

## South Dakota's largest provider network.

DAKOTACARE proudly offers the largest provider network in South Dakota. With 100% of South Dakota hospitals and 98% of physicians covered, you are in good hands to receive care from the providers you know and trust.

**100%** of South Dakota hospitals In-Network!

**98%** of South Dakota physicians In-Network!

## Traveling and national network access.

Rest-assured, if you are traveling and in need of urgent or emergent care outside of the DAKOTACAREONE network, you have access to the largest proprietary health care network in the nation including more than 500,000 physicians and 4,700 facilities, along with a national network of more than 62,000 pharmacies. Preventive care services and non-emergent major medical and routine care (unless otherwise preauthorized) must be received from a South Dakota participating provider in order for services to be covered.

Access to **62,000** Pharmacies Nationwide!

This national network of providers is also available to your children who are attending post high school education outside of South Dakota or in the situation where the services you require are not available within the state. When these situations occur, using a national network participating provider protects you from additional out-of-pocket costs.

2600 West 49th Street • Sioux Falls, SD 57117  
605.334.4000 • 1.800.325.5598 • www.DAKOTACARE.com



# Health Insurance for Individuals and Families

## DAKOTACAREONE Plan Summaries

Benefit Highlights	DAKOTA Universal	DAKOTA Signature Plus	DAKOTA Core	DAKOTA Signature	DAKOTA Reserve <small>HDHP/HSA Qualified Plan</small>	DAKOTA Basic
<b>Deductible / Maximum Out-of-Pocket Options</b>	\$1000 / \$3000 \$2500 / \$3500 \$3000 / \$6850 \$4000 / \$6850	\$1000 / \$3000 \$3000 / \$6000	\$1000 / \$3000 \$2500 / \$5500 \$4000 / \$6850	\$3000 / \$4000 \$5500 / \$6850	\$3500 / \$3500 \$6550 / \$6550	No deductible / \$6850
<b>Coinsurance</b>	20%	20%	50%	50%	No Coinsurance	50%
<b>Preventive Care</b>	Covered preventive health services provided by a Participating Provider are covered at 100% and are not subject to Deductible, Coinsurance, or Copayment. Please visit <a href="http://www.dakotacare.com">www.dakotacare.com</a> for a complete list.					
<b>Office Visit</b>	\$30 Copay	First 3 visits FREE+ Then Deductible and Coinsurance Apply	\$30 Copay (Office Visit Component) then 100%	First 3 visits FREE+ Then Deductible and Coinsurance Apply	Deductible Applies	50% Coinsurance
<b>Emergency Room Visit</b>	Deductible and Coinsurance Apply	Deductible and Coinsurance Apply	Deductible and Coinsurance Apply	Deductible and Coinsurance Apply	Deductible Applies	50% Coinsurance
<b>Chiropractic Care</b>	\$30 Copay	First 3 visits FREE+ Then Deductible and Coinsurance Apply.	\$30 Copay (Office Visit Component) then 100%	First 3 visits FREE+ Then Deductible and Coinsurance Apply.	Deductible Applies	50% Coinsurance
<b>Lab and X-ray</b>	\$30 Copay	Deductible and Coinsurance Apply	Deductible and Coinsurance Apply	Deductible and Coinsurance Apply	Deductible Applies	50% Coinsurance
<b>Prescription Drug Coverage</b>						
Preferred Generic Drugs*	\$10	FREE	\$10	FREE	Deductible Applies	\$10
Tier 1: Generic Drugs	\$10	\$10	\$10	Deductible and Coinsurance Apply	Deductible Applies	\$10
Tier 2: Brand Name Formulary Drugs	\$35	\$35	50% Coinsurance	Deductible and Coinsurance Apply	Deductible Applies	50% Coinsurance
Tier 3: Brand Name Non-Formulary Drugs	\$100	\$100	50% Coinsurance	Deductible and Coinsurance Apply	Deductible Applies	50% Coinsurance
Tier 4: Specialty Drugs	50% Coinsurance	50% Coinsurance	50% Coinsurance	Deductible and Coinsurance Apply	Deductible Applies	50% Coinsurance
<b>Pediatric Vision and Dental</b>	Covered	Covered	Covered	Covered	Covered	Covered

Family Deductible and Maximum Out-of-Pocket values are 2x the individual (embedded) for all plan options

Medical and Prescription Drug copays apply toward the Out-of-Pocket Maximum

\*Preferred Generic Drug List available at [www.dakotacare.com](http://www.dakotacare.com)

+First three non-preventative primary care or chiropractic office visits per benefit year covered at no cost to the member.

**This information is a summary of coverage. Please review policy for actual benefits, limitations, and exclusions. Participating providers are responsible for obtaining preauthorization when required. A list of services requiring preauthorization is available online at [www.dakotacare.com](http://www.dakotacare.com).**

DAKOTACARE does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.



Benefits effective (1/1/16)