



2017 Individual & Family

Health Insurance

Avera 
Health Plans

Live better. Live balanced. Avera.

Reasons to Choose Avera Health Plans

1

We commit ourselves each year to offer plan benefit designs that deliver many of the lowest premiums on [healthcare.gov](https://www.healthcare.gov) to make Avera Health Plans the number one choice in South Dakota when it comes to Affordable Care Act plan coverage.

2

Expect high quality from our care management team and health care system who focus on the member/patient needs with compassion and commitment to service.

3

Strong focus on wellness through prevention education and 24/7 access to care with the AveraNow app – a no-cost option for our members* for minor health conditions such as the cold, flu or pink eye.

*Limitations do apply. Visit [AveraHealthPlans.com](https://www.AveraHealthPlans.com), click Members to learn more.

AveraNow

AveraNow will continue to be free for all members using the mobile app or kiosk at Sioux Falls Hy-Vee locations.

- No appointments necessary
- Available 24/7 for ages 2 and older
- No need to be an established patient with Avera
- Service available in South Dakota, Iowa, Nebraska, North Dakota and Minnesota

Understanding insurance terms . . .

The following terms are used when purchasing a health insurance plan. More terms are found on our website along with other links and videos to assist you.

Deductible

The deductible is the amount you will pay before your insurance will pay. As a result, insurance premiums are typically lower with higher deductible plans.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20 percent) of the allowed amount for the service, is called coinsurance. You pay coinsurance after your deductible is met.

For example, if the health insurance plan's allowed amount for an emergency service is \$1,000, and you have met your deductible for the year, your coinsurance payment of 20 percent would be \$200. The health insurance plan pays the remainder of the allowed amount. The allowed amount is the amount the doctor or hospital has agreed to accept for the care provided.

Out-of-Pocket Limit

The most you pay during a policy period (a calendar year) before health insurance begins to pay 100 percent of the cost of covered services. This limit never includes your premium, out-of-network charges or health care that your health insurance plan doesn't cover.

Co-Pay

Co-pay or co-payment is a fixed amount (for example, \$35) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Premium

The amount that must be paid monthly for your health insurance plan.

Tax Credits

Tax credits help qualified consumers pay health insurance premiums. Tax credits are only available for insurance purchased through the Marketplace ([healthcare.gov](https://www.healthcare.gov)).

Cost-Sharing Reductions

Cost-sharing reductions will reduce the out-of-pocket expenses for health coverage for qualified families and individuals who purchase insurance through the Marketplace ([healthcare.gov](https://www.healthcare.gov)).

To determine if you qualify for a tax credit or cost-sharing reduction, please contact your agent or go to [healthcare.gov](https://www.healthcare.gov).

Frequent Member Questions

Q: How do I make my first payment?

- A: When filling out your online application you will have three options:
- Pay immediately via debit or credit card
 - Set up an Electronic Funds Transfer using your bank routing and account number
 - Pay later – find more payment options in the Member section at AveraHealthPlans.com

Q: How do I update my contact information such as address, phone number or income?

- A: If you received a tax credit or subsidy and need to make changes to your personal info, please call 1-800-318-2596 to update your income and/or contact information.

Q: When is open enrollment?

- A: Open Enrollment is Nov. 1, 2016 – Jan. 31, 2017. You cannot make changes to your plan or enroll in a plan during other times of the year, unless you are eligible for a special enrollment period. This includes events such as having a baby, getting married, moving or changing jobs.

Q: Do I need to enroll every year?

- A: Possibly. Every year health insurance companies have to resubmit and update plans to make sure they comply with Affordable Care Act guidelines. New plans are created and unfortunately some plans are discontinued because of this. During open enrollment, please ensure your plan fits your needs and is still available.

Q: How do I know if my doctor is in-network or out-of-network?

- A: Using the Provider Directory will connect you to providers in our network. You can search for a doctor, clinic or hospital. Providers listed in the directory are considered participating providers (in-network) and you will receive the most savings using their services. Visit AveraHealthPlans.com and log in.

Tier 1 Preventive Medications

Tier 2 Preferred Generics

Tier 3 Non-Preferred Generics

Tier 4 Preferred Brands

Tier 5 Non-Preferred Brands

Tier 6 Specialty Medications (Brand and Generic)

What Does it Mean to Have a 6-Tier Pharmacy Plan?

We offer you a 6-tier option to provide you with more flexibility and cost savings. This allows you to optimize your dollars spent on medications by identifying those medications at lower costs that work as well as others that cost more.



2017 Plan Options for Individuals and Families

	Avera 1500	Avera 2500	Avera 3000	Avera 3500
Deductible				
Individual	\$1,500	\$2,500	\$3,000	\$3,500
Family	\$3,000	\$5,000	\$6,000	\$7,000
Coinsurance				
	20%	30%	30%	20%
Out-of-Pocket Maximum				
Individual	\$3,500	\$6,500	\$6,800	\$7,150
Family	\$7,000	\$13,000	\$13,600	\$14,300
Medical Benefits				
One Free Office Visit Per Year, Per Member				
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
Specialist Visit	Co-pay \$20	Co-pay \$60	Co-pay \$60	Co-pay \$65
Urgent Care Services	Co-pay \$20	Co-pay \$25	Co-pay \$30	Co-pay \$75
Lab and X-Ray (Diagnostic Test)	Deductible/ 20% Coinsurance	Deductible/ 30% Coinsurance	Deductible/ 30% Coinsurance	Deductible/ 20% 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
Mental Health and Substance Use Disorder				
Outpatient Services	Co-pay \$20	Co-pay \$25	Co-pay \$30	Co-pay \$30
Inpatient Services	Deductible and coinsurance apply for all plans.			
Pharmacy Benefits				
Pharmacy Deductible - Individual	\$0	\$0	\$0	\$0
- Family	\$0	\$0	\$0	\$0
	Tier 1 = \$0	Tier 1 = \$0	Tier 1 = \$0	Tier 1 = \$0
	Tier 2 = \$0	Tier 2 = \$0	Tier 2 = \$12	Tier 2 = \$15
	Tier 3 = \$50	Tier 3 = \$30	Tier 3 = \$12	Tier 3 = \$15
	Tier 4 = \$50	Tier 4 = \$60	Tier 4 = \$50	Tier 4 = \$50
	Tier 5 = \$150	Tier 5 = \$150	Tier 5 = \$75	Tier 5 = \$100
	Tier 6 = \$150	Tier 6 = \$150	Tier 6 = \$75	40% coinsurance
	Gold	Silver	Silver	Silver
Quote:	\$ _____	\$ _____	\$ _____	\$ _____

Avera 4000	Avera 5000	Avera 6550	Avera 7150 [†]
\$4,000	\$5,000	\$6,550	\$7,150
\$8,000	\$10,000	\$13,100	\$14,300
0%	40%	0%	0%
\$4,000	\$7,150	\$6,550	\$7,150
\$8,000	\$14,300	\$13,100	\$14,300
<p>This is an HSA-compatible plan. Please note: Cost Share Reduction plans may not qualify. You will pay \$0 after meeting the deductible.</p>	Included*	<p>This is an HSA-compatible plan. Please note: Cost Share Reduction plans may not qualify. You will pay \$0 after meeting the deductible.</p>	
	Deductible/40% Coinsurance		Co-pay \$0 Maximum 3 visits
	Deductible/40% Coinsurance		Deductible/0% Coinsurance
	Deductible/40% Coinsurance		Co-pay \$0 Maximum 3 visits
	Deductible/40% Coinsurance		Deductible/0% Coinsurance
	Available to add to this plan		
	Deductible/40% Coinsurance		Co-pay \$0 Maximum 3 visits
\$0 \$0	\$50 \$100	\$0 \$0	\$0 \$0
<p>Tier 1 = \$0 You will pay \$0 after meeting the deductible.</p>	Tier 1 = \$0	<p>Tier 1 = \$0 You will pay \$0 after meeting the deductible.</p>	<p>Tier 1 = \$0 You will pay \$0 after meeting the deductible.</p>
	Tier 2 = \$0		
	Tier 3 = \$50		
	Tier 4 = \$75		
	Tier 5 = \$150		
	Tier 6 = \$150		
Silver	Bronze	Bronze	Catastrophic
\$ _____	\$ _____	\$ _____	\$ _____

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, 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.

[†] 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.



AveraHealthPlans.com

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