Your Guide to Choosing Health Insurance
Health Insurance: An Essential Investment

If you don’t have a health insurance option through an employer, you can still have coverage when you need it with an individual or family plan thanks to the Affordable Care Act. The plans offer key essential benefits and savings potential according to your yearly income.

We developed this guide to help you figure out what plan is best for you and your budget.
Let’s get started.

Affordable Care Act-regulated plans are available through private insurance companies like Avera Health Plans or on the Federal Marketplace.

Here’s what you need to know:

1. You won’t be fined if you don’t have health insurance, but it will come in handy when a medical need arises.

2. You are guaranteed coverage of 10 essential health benefits.

3. Your plan includes a lot of preventive care at no additional cost. That means things like immunizations, yearly checkups and cancer screenings will be covered. (full list)

• Outpatient care
• Emergency services
• Hospitalization
• Pregnancy, maternity and newborn care
• Mental health and substance use disorder services
• Prescription drugs
• Rehabilitative and habilitative services and devices
• Laboratory services
• Preventive and wellness services and chronic disease management
• Pediatric dental and vision

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<th><strong>KEY TERMS</strong></th>
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We know health insurance is an investment. We also know that health care without insurance could cripple your finances.

The Federal Marketplace offers assistance depending on your income. You can find out if you’re eligible for reductions and enroll at [healthcare.gov](http://healthcare.gov).

$85.59 AVERAGE MONTHLY PREMIUM AFTER PREMIUM TAX CREDIT PER INDIVIDUAL

**Cost-sharing reductions**
Save on out-of-pocket costs with lower deductibles, co-pays and coinsurance.

**Premium tax credits**
Lowers your monthly health insurance bill.

50% ENROLLEES WITH COST-SHARING REDUCTIONS

93% ENROLLEES WITH PREMIUM TAX CREDITS

South Dakota healthcare.gov enrollment as of March 15, 2019. Source: Centers for Medicare and Medicaid Services
You have various plan options to fit your coverage needs and budget.

Our plans are categorized according to three categories and must fall within this payment structure. Silver plans offer the most opportunity to save through federal cost-sharing reductions.

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THE COST

You have various plan options to fit your coverage needs and budget.

Our plans are categorized according to three categories and must fall within this payment structure. Silver plans offer the most opportunity to save through federal cost-sharing reductions.
You have two basic plans to choose from within the metal structure.

1. **Co-pay plan**

   This plan uses fixed co-pays for medical services such as clinic and urgent care visits, and deductibles and coinsurance for services such as surgery and hospitalizations. These payment amounts vary based on the plan type.

   Consider a lower deductible plan if you know you will have significant health care expenses and want assurance you’ll have less out-of-pocket costs for services.

2. **High deductible health plan**

   This plan requires you to pay the full cost of health services and prescription drugs – except for covered preventive services – until the deductible/out-of-pocket maximum is met. The health plan covers all eligible health care expenses once the deductible/out-of-pocket maximum is met. Some plans can be combined with a Health Savings Account (HSA), allowing you to pay for certain medical expenses with money that’s tax-free.

   Consider this plan if you’re generally healthy and don’t expect significant health care expenses.

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The lower your premium, the higher your out-of-pocket costs could be for health care services.

The higher your premium, the lower your out-of-pocket costs could be for health care expenses.
Many plans offer added benefits as part of your insurance coverage. These can provide cost savings throughout the year and help with your overall well-being.

**Avera Health Plans benefits:**

- Fitness center discounts or memberships
- Free virtual provider visits
- Health and well-being education
- Health and well-being coaching
Network coverage
Avera Health Plans’ network includes all Avera facilities and providers in addition to many independent providers. Our close relationship with Avera helps provide seamless care using a system of specialists, clinics and world-renowned telemedicine services to connect you to the care you need when you need it.

OUR PROVIDER NETWORK INCLUDES:

92+ HOSPITALS in a 5 STATE REGION
4,300+ PHYSICIANS AND LICENSED PRACTITIONERS
700+ physicians providing PRIMARY CARE

Our narrow network provides A COST-EFFECTIVE ADVANTAGE WITHOUT SACRIFICING QUALITY CARE

NETWORK COVERAGE FOR OUT-OF-AREA EMERGENCIES and employees and dependents living outside coverage area.

Pharmacy
Our pharmacy benefits include six tiers with Tier 1 offering the highest value.

TIER 1 Preventive Drugs
TIER 2 Preferred Generics
TIER 3 Non-Preferred Generics
TIER 4 Preferred Brands
TIER 5 Non-Preferred Brands
TIER 6 Specialty Drugs (Brand and Generic)
When can I sign up?

You have two opportunities to enroll for health care coverage.

1 **Open enrollment**
   Occurs annually Nov. 1 – Dec. 15
   Enroll by Dec. 15, and coverage starts Jan. 1.
   (dependent on receiving first month's premium payment)

2 **Special enrollment period**
   A qualifying life event lets you enroll other times of the year.
   - Marriage
   - Loss of other creditable coverage (loss of job, divorce, turning 26)
   - Birth, adoption or placement for adoption
   - Court-ordered coverage
   You have up to 60 days before or after a life event to enroll.

**Checklist**

Use this checklist to gather what you need before applying for coverage.

- Home and/or mailing addresses for everyone applying for coverage
- Social Security number(s) for everyone applying for coverage
- Document information for legal immigrations
- Employer and income information for every member of your household (For example: pay stubs or W-2 forms—wage and tax statements)
- An estimate of your annual household income
There’s a lot to consider when deciding what plan is right for you. Consider these questions.

**WHAT TYPE OF PLAN IS BEST FOR ME AND MY FAMILY?**

- Co-pay traditional plan
- High deductible health plan

**WHAT IS MORE IMPORTANT?**

- Lower deductible
- Lower premium

**WHAT’S COVERED?**

- Do I have any ongoing medications or expected surgeries in the coming year?
- Are my providers in the network?
- What do I want to budget for insurance this year?

**WHAT ELSE IS INCLUDED WITH BENEFITS?**

**WHAT IS IMPORTANT TO ME?**

- Fitness center discounts
- Virtual care visits
- Health coaching
- Wellness education
- Pediatric dental and vision

**ESTIMATE COST:**

- Monthly premium amount x 12

Estimate possible out-of-pocket costs:
(Include clinic visits, hospital care, prescription drugs)

- Co-pay amounts
- Annual deductible
- Coinsurance expense
- Prescription fills

**The LEAST you’ll pay in a year:**

your 12 monthly premium payments

**The MOST you’ll pay:**

12 monthly premium payments + your out-of-pocket maximum
Questions? We’ve got answers.

When you have questions with enrollment or you’re ready to pick a plan: Call us toll-free at 1-855-MyAvera (692-8372)

Review our plans at AveraHealthPlans.com