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
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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.

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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.

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.

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)

IND 16-AVHP-2258 (7/16)
1. **Reasons to Choose Avera Health Plans**
   - We commit ourselves each year to offer plan benefits that deliver many of the most popular benefits on health plans.
   - We focus on our members’ needs with compassion and service to our health care system.
   - Expect high quality from our care management team and health care system who focus on the member/patient needs with compassion and service.

2. **Understanding insurance terms**
   - Deductible: The amount you must pay out-of-pocket before insurance begins to pay.
   - Maximum Out-of-Pocket Limit: Once you reach this amount, you will pay the full cost of covered services.
   - Coinsurance: The amount of money you pay for a covered service, calculated as a percentage.
   - Co-pay: A fixed amount you pay for a covered service.

3. **AveraNow**
   - AveraNow will continue to be free for all members using the mobile app or kiosk at Sioux Falls Hy-Vee locations.
   - AveraNow app – a no-cost option for our North Dakota and Minnesota members for minor health conditions such as cold, flu or pink eye.

### 2017 Plan Options for Individuals and Families

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Avera 1000</th>
<th>Avera 2500</th>
<th>Avera 3500</th>
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<th>Primary Care Physician Visit</th>
<th>Special Visit</th>
<th>Urgent Care Services</th>
<th>Lab and X-Ray (Diagnostic Test)</th>
<th>Hospital Services</th>
<th>Emergency Services</th>
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<td>No cost to you. This includes prenatal immunizations, screenings†††</td>
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| Primary Care Physician Visit | Co-pay $20 | Co-pay $25 | Co-pay $30 | Co-pay $30 | Deductible/Coinsurance |}

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</table>
| Specialist Visit       | Co-pay $20 | Co-pay $25 | Co-pay $30 | Co-pay $30 | Deductible/Coinsurance |}

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<th>Avera 5000</th>
<th>Avera 6500</th>
<th>Avera 7500</th>
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</thead>
</table>
| Urgent Care Services   | Co-pay $20 | Co-pay $25 | Co-pay $30 | Co-pay $30 | Deductible/Coinsurance |}

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<th>Avera 5000</th>
<th>Avera 6500</th>
<th>Avera 7500</th>
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| Lab and X-Ray (Diagnostic Test) | Co-pay $20 | Co-pay $25 | Co-pay $30 | Co-pay $30 | Deductible/Coinsurance |}

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<th>Avera 5000</th>
<th>Avera 6500</th>
<th>Avera 7500</th>
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</thead>
<tbody>
<tr>
<td>Hospital Services</td>
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<td>Deductible and coinsurance apply for all plans.</td>
<td>Deductible and coinsurance apply for all plans.</td>
<td>Deductible/Coinsurance</td>
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**Plan Details:**
- **Example** include primary care physician visits, chiropractor appointments, urgent care, mental health care and more.
- **Examples** include gynecological or mental health, mammograms, wellness visits and newborn care.
- **Examples** include gynecological or mental health care and more.
- 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.
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AveraHealthPlans.com.

Understanding insurance terms . . .

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

Deductible

The amount that is the amount you will pay before your insurance kicks in. For Avera plans, it is typically a set amount per visit or for a particular type of covered service.

Out-of-Pocket Maximum

The most you could pay for your health care services during the coverage period. After this amount is reached, your insurance plan pays the remainder of your covered costs.

Coinsurance

You pay a portion of the cost of a covered health care service, usually when you receive the service. The amount can vary from 0% to 100%.

Co-pay or co-payment

A fixed amount for a covered health care service, usually when you receive the service. The amount is usually a specific dollar amount.

Copay

A fixed amount for a covered health care service, usually when you receive the service. The amount is usually a specific dollar amount.

Premium

The amount you must pay monthly for your health insurance plan.

Tax Credits

Tax credits help you qualify for lower insurance premiums. Your eligibility is only available for insurance purchased through the Marketplace (affordable care).

Cost-Sharing Reductions

Cost-sharing reductions will reduce the out-of-pocket expenses for health care coverage. To determine if you qualify, please complete your application or go to healthcare.gov.

Out-Patient Services

Insurance plan pays the remainder of the covered health care service, calculated as a percentage of the allowed amount. For the service, is called coinsurance. You pay coinsurance after your deductible is met.

In-Network Benefits

In-network benefits are marked 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, routine and newborn care.

**Examples include mammograms, screenings and well-child care.

†To qualify for the Avera 7150 plan you must complete 30 days of the plan before the date of the plan’s effective date.

††To qualify for the Avera Health Plans Bronze plan you must complete 90 days of the plan before the date of the plan’s effective date.

AveraCare is available in South Dakota, Iowa, Nebraska, North Dakota and Minnesota.

2017 Plan Options for Individuals and Families

Avera 1000

Avera 2500

Avera 3000

Avera 3500

Avera 4000

Avera 5000

Avera 5500

Avera 7150

Deductible

Individual

$1,500

$2,500

$3,000

$3,500

$4,000

$5,000

$6,500

$11,500

Family

$3,000

$5,000

$6,000

$6,500

$8,000

$10,000

$13,100

$22,000

Out-of-Pocket Maximum

Individual

$5,700

$8,500

$9,000

$11,500

$14,000

$16,000

$18,500

$22,000

Family

$7,000

$13,000

$13,000

$16,000

$18,000

$23,500

$25,000

$25,000

Medical Benefits

One Free Office Visit Per Year, Preventive Care Services

No cost to you. To include preconception counseling, screenings**

Primary Care Physician Visit

Copay $20

Copay $25

Copay $30

Copay $30

Copay $30

Copay $30

Copay $40

Copay $40

Specialist Visit

Copay $20

Copay $50

Copay $50

Copay $50

Copay $60

Copay $60

Copay $65

Copay $65

Urgent Care Services

Copay $20

Copay $25

Copay $30

Copay $30

Copay $30

Copay $30

Copay $30

Copay $30

Lab and X-Ray (Diagnostic Test)

Copay $20

Copay $25

Copay $30

Copay $30

Copay $30

Copay $30

Copay $35

Copay $35

Hospital Services

Deductible and coinsurance apply for all plans.

Emergency Services

Deductible and coinsurance apply for all plans.

Cost-Sharing Reductions

In-Network Benefits

AveraCare is available in South Dakota, Iowa, Nebraska, North Dakota and Minnesota.

Out-Patient Services

Copay $30

Copay $35

Copay $40

Copay $40

Copay $40

Copay $40

Copay $40

Copay $40

In-Patient Services

Deductible and coinsurance apply for all plans.

Pharmacy Benefits

Pharmacy Deductible - Individual

Family

$0

$0

$0

$0

$0

$0

$0

$0

$100

Tier 1 = $0

Tier 1 = $0

Tier 1 = $0

Tier 1 = $0

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Tier 6 = $0

20% Coinsurance

40% Coinsurance

20% Coinsurance

40% Coinsurance

20% Coinsurance

40% Coinsurance

20% Coinsurance

40% Coinsurance

Quote: $______________ $______________ $______________ $______________ $____________ $____________ $____________ $______________
2017 Plan Options for Individuals and Families

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Out-Of-Pocket Maximum

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Medical Benefits

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Out-of-Pocket Limit

• Your out-of-pocket limit is the dollar amount you may pay in deductibles, co-payments, and coinsurance in a year. Out-of-pocket limits are calculated on a calendar year basis.

Premium

<table>
<thead>
<tr>
<th>Deductible</th>
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<th>Avera 3000</th>
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<td>$13,100</td>
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Coinsurance

• You will pay the coinsurance amount on covered services after you pay your deductible. Coinsurance is applied to the allowed amount and the numerator is the amount you pay and the denominator is the amount the doctor or hospital has agreed to accept for the care provided.

Cost Sharing Reductions

• For example, if the health insurance plan's maximum allowed charge for a procedure is $500, your coinsurance payment will be $100. The insurer will pay $400, and you will pay the $100 coinsurance. The coinsurance amount will vary depending on your plan and deductible.

Out-of-Pocket Costs

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<tr>
<td>Individual</td>
<td>$1,500</td>
<td>$2,500</td>
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<td>$4,000</td>
<td>$5,000</td>
<td>$6,500</td>
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</tr>
<tr>
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<td>$3,000</td>
<td>$6,000</td>
<td>$6,000</td>
<td>$6,000</td>
<td>$8,000</td>
<td>$10,000</td>
<td>$13,100</td>
<td>$13,100</td>
</tr>
</tbody>
</table>

Out-of-Pocket Limit

• Your out-of-pocket limit is the dollar amount you may pay in deductibles, co-payments, and coinsurance in a year. Out-of-pocket limits are calculated on a calendar year basis.

Premium

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Avera 1000</th>
<th>Avera 2500</th>
<th>Avera 3000</th>
<th>Avera 3500</th>
<th>Avera 4000</th>
<th>Avera 5000</th>
<th>Avera 6000</th>
<th>Avera 7150</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$1,500</td>
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</tr>
<tr>
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<td>$8,000</td>
<td>$10,000</td>
<td>$13,100</td>
<td>$13,100</td>
</tr>
</tbody>
</table>

Coinsurance

• You will pay the coinsurance amount on covered services after you pay your deductible. Coinsurance is applied to the allowed amount and the numerator is the amount you pay and the denominator is the amount the doctor or hospital has agreed to accept for the care provided.

Cost Sharing Reductions

• For example, if the health insurance plan's maximum allowed charge for a procedure is $500, your coinsurance payment will be $100. The insurer will pay $400, and you will pay the $100 coinsurance. The coinsurance amount will vary depending on your plan and deductible.

Out-of-Pocket Costs

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Avera 1000</th>
<th>Avera 2500</th>
<th>Avera 3000</th>
<th>Avera 3500</th>
<th>Avera 4000</th>
<th>Avera 5000</th>
<th>Avera 6000</th>
<th>Avera 7150</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$2,500</td>
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Medical Benefits

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<th>Deductible</th>
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<th>Avera 3000</th>
<th>Avera 3500</th>
<th>Avera 4000</th>
<th>Avera 5000</th>
<th>Avera 6000</th>
<th>Avera 7150</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$1,500</td>
<td>$2,500</td>
<td>$3,000</td>
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</tr>
<tr>
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<td>$6,000</td>
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<td>$6,000</td>
<td>$8,000</td>
<td>$10,000</td>
<td>$13,100</td>
<td>$13,100</td>
</tr>
</tbody>
</table>
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.

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.

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)