

Avera MyPlan

Health care benefits for individuals

Benefit Summary - MyPlan HSA Qualified

Benefits	In Network	Out of Network
Deductibles		
Individual	\$2,500*	\$5,000*
Family	\$5,000*	\$10,000*
Coinsurance	80%	60%
Out of Pocket Max (Includes medical deductible and coinsurance)		
Individual	\$5,000	No Maximum Limit
Family	\$10,000	No Maximum Limit
Maximum Lifetime Benefit		\$2 Million
Medical Office Visit		
Primary and Specialist Care	80% after deductible	60% after deductible
Preventive Health Services (With any participating Physician, PA, or NP)		
Well Child (Office Visit Only)	80% after deductible	No Coverage
Annual Physical Exam 1 per calendar year (Office Visit Only)	80% after deductible	No Coverage
Well Woman 1 per year (Including pap smear, hemoglobin and urinalysis)	80% after deductible	No Coverage
Routine Immunizations	80% after deductible	No Coverage
Screening Mammogram (1 baseline age 35-39; Annual after age 40)	80% after deductible	No Coverage
PSA Screening (Annual if history of prostate cancer, age 45-49 at high risk or for age 50 and over)	80% after deductible	No Coverage
Colorectal (fecal occult only, 1 per calendar year) age 50 and over	80% after deductible	No Coverage
Lipid Screening (1 every 5 years)	80% after deductible	No Coverage
Glucose Screening (1 every 3 years)	80% after deductible	No Coverage
Emergency Services	80% after deductible	80% after deductible
Laboratory & X-Ray Services	80% after deductible	60% after deductible
Inpatient Hospital Services	80% after deductible	60% after deductible
Inpatient Rehabilitative Services (30 day maximum per calendar year)		
Inpatient Physician Services & Consultations	80% after deductible	60% after deductible
Outpatient Hospital Services	80% after deductible	60% after deductible
Outpatient Surgery	80% after deductible	60% after deductible
Home Health Care (1 visit is a maximum of 4 hrs)	80% after deductible	60% after deductible
(60 visit maximum per calendar year)		
Hospice Care		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
(Combined inpatient & outpatient 185 day maximum benefit while covered under plan)		

Benefits	In Network	Out of Network
Skilled Nursing Facility Service Same confinement if readmitted with same diagnosis within 60 days	80% after deductible 100 days/confinement max	60% after deductible 60 days/confinement max
Ambulance & Other Transportation Services	80% after deductible	80% after deductible
Mental Health Services Inpatient Outpatient (20 visit maximum per calendar year)	80% after deductible 80% after deductible	60% after deductible 60% after deductible
Alcohol Dependency Treatment Services Inpatient (30 day max/6 month period and 90 day maximum benefit while covered under plan) Outpatient (30 visit max/6month period and 90 day maximum benefit while covered under plan) Partial Day Program (equivalent to 1/2 day & applied to inpatient limits)	80% after deductible 80% after deductible 80% after deductible	60% after deductible 60% after deductible 60% after deductible
Chemical Dependency Treatment Services Inpatient (30 day max/6 month period and 90 day maximum benefit while covered under plan) Outpatient (30 visit max/6month period and 90 day maximum benefit while covered under plan) Partial Day Program (equivalent to 1/2 day & applied to inpatient limits)	80% after deductible 80% after deductible 80% after deductible	60% after deductible 60% after deductible 60% after deductible
Durable Medical Equipment (\$1,000 paid maximum per calendar year)	80% after deductible	60% after deductible
Orthopedic & Prosthetic Devices	80% after deductible	60% after deductible
Outpatient Rehabilitative Therapy includes PT, OT, & ST (20 visit limit for each per calendar year)	80% after deductible	60% after deductible
Outpatient Cardiac Rehabilitation-Phase II (20 visit maximum per calendar year)	80% after deductible	60% after deductible
Transplant Services	80% after deductible	No Coverage
Chiropractic Office Visit (20 visit maximum per calendar year)	80% after deductible	No Coverage
Prescription Drugs (30-day or 90-day supply)	80% after deductible	No Coverage

*In Network and Out of Network Deductibles are separate.

Note: This document is a summary of coverage. Please refer to the policy for actual benefits and exclusions.