

emailed 8/25/20
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Avera Benefit Solutions

Group: Hand County
Effective Date of Coverage: 9/1/2020

Contracts Quoted	
Employee	23
Employee & Spouse	0
Employee & Children	1
Family	0
Total	24

2020 South Dakota Large Group Rating

Non-Grandfathered

4 Tier Level Quote
SIC Code: 9111

Benefit Solutions: Medical & Pharmacy Options

	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
Deductible	\$1,000	\$2,000	\$5,000	\$10,000
Coinsurance	\$2,500	\$5,000	\$5,000	\$10,000
Coinsurance %	60%	60%	60%	60%
Out of Pocket Maximum	\$3,500	\$7,000	\$10,000	\$20,000

In-Network Coverage below. Out-of-Network Coverage is subject to Deductible and Coinsurance		Employee	Employee & Spouse	Employee & Children	Family	Total Monthly Premium
Physician Office Visit	Office Visit Co-pay with Lab/X-Ray \$35 PCP/\$70 Specialist					
Pharmacy Benefits:	Pharmacy \$12/\$35/\$70					
90 Days - 3x Copay	\$50 Deductible per member - Waived for Generics					
Preventive Benefits	100% Preventive Benefit - NGF					
Chiropractic Office Visit	Co-pay same as PCP Physician Office Visit					
Mental Health Office Visit	Co-pay same as PCP Physician Office Visit					
Emergency Room Option	Deductible/Coinsurance					
Full Time Student Age	Full Time Student thru Age 29					
Out of Network	Option 1 - Standard Out of Network					

Benefit Solutions: Riders

Vision	No Coverage					
Employee Assistance Program	5 Visit Model					
Commission Per Employee Per Month:	\$18.00					
Total Premium with Commission:		\$961.65	\$1,905.31	\$1,763.74	\$2,707.40	\$23,881.69

Renewal Rates: The above rates are based on the most recent AHP census/claim information. Rates are valid for twelve months from renewal date provided the group renews within 30 days of receipt of this renewal. Renewals not confirmed within 30 days may be re-rated based on updated census and claims information.

 Agent Name	 Agency Name
 Employer Representative Signature	8/24/2020 Date

