

2018 DAKOTACARE Large Group Plan Offerings

Available to employer groups with 51 or more total employees

SUMMARY OF BENEFITS	SELECT PLAN	CHOICE PLAN	ULTRA PLAN	RESERVE PLAN (HSA QUALIFIED)
DEDUCTIBLE (Benefit Year) Deductibles are shown as individual for Select, Choice and Ultra Plans and as single for Reserve Plan. Family Deductibles of 2x or 3x are available in Select, Choice and Ultra Plans.* Reserve Plan family Deductible may have either an embedded or non-embedded option.	\$500 - \$7350	\$500 - \$7350	\$500 - \$7350	\$1350 - \$6650
COINSURANCE MAXIMUM (Benefit Year) Coinsurance Maximums are shown as individual for Select, Choice and Ultra Plans and as single for Reserve Plan. Family Coinsurance maximum of 2x or 3x will mirror selected Deductible option for Select, Choice and Ultra Plans. Reserve Plan family Coinsurance Maximum may have either an embedded or non-embedded option.	100%/0%* 80%/20% to \$500 - \$6350 70%/30% to \$1500 - \$6350 50%/50% to \$2500 - \$6350	100%/0%* 80%/20% to \$500 - \$6350 70%/30% to \$1500 - \$6350 50%/50% to \$2500 - \$6350	100%/0%* 80%/20% to \$500 - \$6350 70%/30% to \$1500 - \$6350 50%/50% to \$2500 - \$6350	100%/0%* 80%/20% to \$500 - \$3950 70%/30% to \$500 - \$3950
OUT-OF-POCKET MAXIMUM	The portion of payments for health services which is the responsibility of the Member, which shall include Deductible and Coinsurance. Annual Out-of-Pocket Maximum can range from \$1000 to \$7350 depending on the deductible and coinsurance options selected.			
PHYSICIAN OFFICE VISITS	Coinsurance % after deductible	\$25 co-pay (office visit component) / 100% (deductible waived)	\$30 universal co-pay / 100% (deductible waived)	Coinsurance % after deductible
PREVENTIVE HEALTH SERVICES	Covered preventive health services provided by a Participating Provider are not subject to Deductible, Coinsurance or Co-Pay. A complete list of available Preventive Health Services is located online at dakotacare.com.			
LAB AND X-RAY	Coinsurance % after deductible	Coinsurance % after deductible	\$30 universal co-pay+ / 100% (deductible waived)	Coinsurance % after deductible
MATERNITY CARE	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible
HOSPITAL SERVICES Inpatient or Outpatient	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible
OUTPATIENT SURGERY	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible
EMERGENCY ROOM	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible
AMBULANCE TRANSPORT	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible
MENTAL HEALTH AND SUBSTANCE USE DISORDERS Inpatient, Outpatient or Partial Hospital Care	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible
DURABLE MEDICAL EQUIPMENT AND PROSTHETICS	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible
HOSPICE	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible
PRESCRIPTION DRUGS (Subject to DAKOTACARE Formulary)	Refer to Pharmacy Rider options.	Refer to Pharmacy Rider options.	Refer to Pharmacy Rider options.	Coinsurance % after deductible
CHIROPRACTIC	Coinsurance % after deductible	\$25 co-pay (office visit & manipulation components) / 100% (deductible waived)	\$30 co-pay / 100% (deductible waived)	Coinsurance % after deductible
AveraNow VIRTUAL VISITS	Coinsurance % after deductible	\$25 co-pay	\$30 co-pay	Coinsurance % after deductible

This information is a summary of coverage. Benefits are based on services obtained through a Participating Provider. Please see Master Contract for actual benefits, limitations, exclusions and preauthorization requirements. Some plans may not be available in a 3x family maximum. Plans cannot exceed \$14,700 maximum out-of-pocket amount.

*Option available with certain deductible levels. + If service provided at physician office or independent X-ray/lab facility. Otherwise, coinsurance % after deductible.

2018 Large Group Pharmacy Rider Options

(Subject to **DAKOTACARE** Drug Formulary)

	RIDER B	RIDER C	RIDER E	RIDER G	RIDER I
DEDUCTIBLE (per member per benefit year)	\$50.00	\$100.00	None	None	None
CO-PAYMENTS Retail Pharmacy Prescriptions:					
Generic drugs*	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Brand-name formulary drugs	\$25.00	\$25.00	30% (min. \$30.00) (max. \$90.00)	30% (min. \$25.00)	100%
Brand-name non-formulary drugs	\$45.00	\$45.00	50% (min. \$60.00) (max. \$180.00)	40% (min. \$45.00)	100%
Preferred specialty medications	(1)	(1)	(1)	(1)	(1)
Non-preferred specialty medications	(1)	(1)	(1)	(1)	(1)

*Generic Drug: A medication which is a chemically equivalent copy designed from a brand name drug whose patent has expired, requires a prescription, is marketed under its chemical name and is manufactured by more than two (2) generic manufacturers. Any medication produced as a generic medication under an agreement with the company who holds the brand patent will not be considered a generic medication.

(1) Specialty medications are covered as retail pharmacy prescriptions, and co-payments vary accordingly.

NOTE: This information is a summary of coverage. Please see applicable Rider for actual benefits, limitations and exclusions.

Large Group Vision Rider Options

DAKOTACARE offers large group clients a vision rider offering employees vision benefits. This additional benefit provides coverage for services like vision examinations, vision screenings, prescription lenses and frames, and contact lenses. Certain requirements and age limitations apply. Vision rider benefits are based on services obtained through a Participating Provider. Please see the Vision Rider for actual benefits, limitations, exclusions and preauthorization requirements.