

2018 DAKOTACARE Small Group Plan Offerings

Available to employer groups with 50 or fewer total employees

SUMMARY OF BENEFITS		SELECT PLAN	CHOICE PLAN	ULTRA PLAN	RESERVE PLAN (HSA QUALIFIED)
DEDUCTIBLE / COINSURANCE / OUT-OF-POCKET MAXIMUM OPTIONS (Benefit Year) Deductibles are shown as individual for Select, Choice and Ultra Plans and as single for Reserve Plan (2x family for all plan types). * Reserve Plans available with a non-embedded (aggregate) deductible and out-of-pocket maximum. **Reserve Plans available with an embedded (non-aggregate) deductible and out-of-pocket maximum.	\$1000 / 20% / \$3000 \$2500 / 50% / \$5000 \$3000 / 20% / \$6000 \$4500 / 20% / \$7350	\$1000 / 20% / \$5000 \$1000 / 50% / \$3500 \$1500 / 20% / \$3500 \$2000 / 20% / \$3500 \$3500 / 50% / \$7350 \$5000 / 20% / \$7350 \$7350/0%/\$7350	\$500 / 50% / \$3000 \$1000 / 40% / \$4500 \$2000 / 20% / \$3000 \$4500 / 50% / \$7350 \$6500 / 50% / \$7350 \$7350 / 0% / \$7350	\$1500 / 20% / \$2500* \$2500 / 0% / \$2500* \$2700/50%/\$3750** \$3750 / 0% / \$3750** \$4500/50%/\$6550** \$5000 / 100% / \$5000** \$6550 / 0% / \$6550**	
	Coinsurance % after deductible	\$25 co-pay (office visit component) / 100% (deductible waived)	\$30 universal co-pay / 100% (deductible waived) NEW: Open Primary Care Access	Coinsurance % after deductible	
PHYSICIAN OFFICE VISITS	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	
AMBULATORY PATIENT SERVICES	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	
EMERGENCY ROOM SERVICES	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	
HOSPITAL SERVICES	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	
MATERNITY AND NEWBORN CARE	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	
MENTAL HEALTH AND SUBSTANCE USE DISORDERS <small>Inpatient, Outpatient or Partial Hospital Care</small>	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	
PRESCRIPTION DRUGS	Deductible/Coinsurance/Out-of-Pocket Maximum options have either Modified B or Modified E Pharmacy Benefit available.				
REHABILITATIVE AND HABILITATIVE SERVICES	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	Coinsurance % after deductible	
	Coinsurance % after deductible	Coinsurance % after deductible	\$30 universal co-pay+ / 100% (deductible waived)	Coinsurance % after deductible	
LAB & X-RAY	Coinsurance % after deductible	Coinsurance % after deductible		Coinsurance % after deductible	
PREVENTATIVE AND WELLNESS 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.				
PEDIATRIC DENTAL & VISION	Included	Included	Included	Included	
AVERANOW VIRTUAL VISITS	Coinsurance % after deductible	\$25 co-pay	\$30 co-pay	Coinsurance % after deductible	

Applicable medical and prescription co-pays apply toward the maximum out-of-pocket accumulation.

+ If service provided at physician office or independent x-ray/lab facility. Otherwise, coinsurance percent 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.

Services provided by a Non-Participating Provider are subject to 30 percent penalty except for Ultra Plan Primary Care Services, Preventive Care and Lab/X-ray. The Ultra Plan will instead have a \$60 co-pay applied and will not apply toward the out-of-pocket maximum limit. See Master Contract for details.

DAKOTACARE does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

2018 Small Group Open Primary Care Access through the Ultra Plan

NEW!

DAKOTACARE's Small Employer Ultra Plan provides members a new level of choice for primary care. This plan gives members the opportunity to get primary care, preventive care, and basic lab and X-ray services from non-network South Dakota primary care physicians without a penalty.

Members will pay a \$30 co-pay for primary care from an in-network provider, which is applied to their out-of-pocket maximum. Members who get care from eligible out-of-network providers will pay a \$60 co-pay. This co-pay is not applied to their out-of-pocket maximum, and usual and customary charges may apply.

Primary care physicians include family practitioners, general practitioners, general internists, general pediatricians and OB/GYN. This does not include maternity services. See Master Contract for benefit details.

Pharmacy Benefit Options Summary (Subject to DAKOTACARE Drug Formulary)

Pharmacy Benefit	Modified B	Modified E
DEDUCTIBLE	None	None
CO-PAYMENTS Retail Pharmacy Prescriptions:		
Generic drugs*	\$10	\$10
Brand-name formulary drugs	\$30	\$60
Brand-name non-formulary drugs	\$60	\$150
Preferred specialty medications	\$60	\$300

*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.

Specialty medications are covered as retail pharmacy prescriptions, and co-pays vary accordingly. Oral chemotherapy medications are reimbursed under the medical benefit rather than the pharmacy benefit.

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

Mail order prescriptions: All Riders offer a 93-day supply of non-specialty medications for three (3) times the above retail co-pay.

LIMITATIONS (Retail Prescriptions)	
Prescription drugs	31 days or 1 QLL per co-pay
Oral contraceptives	3 (28 day) cycles per 1 co-pay
Insulin Short-Acting	
Quantity Level Limit, per month	Up to 2 vials per 1 co-pay
Insulin Long-Acting	
Quantity Level Limit, per month	Up to 3 vials per 1 co-pay

Pediatric Dental and Vision Benefits

Eligibility: The pediatric dental and vision benefit is available to dependent children under the age of 19. Please see Summary of Benefits and Coverage for more details.