

## Attachment B: Plan Review Sample

**To:** Tribal Leadership, [ ] Tribe

**From:** Doneg McDonough, Health System Analytics

**Subject:** SAMPLE Analysis of 2022 Health Insurance Marketplace Plans for [ ] Tribe

**Date:** February 5, 2023

### BACKGROUND

The [ ] Tribe is considering establishing a Tribal Premium Sponsorship program (TPSP) in 2022 to enroll uninsured Tribal members in health plans offered through the Health Insurance Marketplace. This memo reviews the plans available through the Marketplace in [ ] County, South Dakota (Marketplace), comparing the plans on cost and coverage factors,<sup>1</sup> and makes recommendations on the bronze, silver, and gold plans most suitable for TPSP participants.

American Indians and Alaska Natives (AI/ANs) who meet the definition of Indian under the Affordable Care Act (ACA) (in this memo, referred to as Tribal members) qualify for one of two types of comprehensive Indian-specific cost-sharing protections. As such, Tribal members will have no cost-sharing for either in-network or out-of-network providers in “open network” plans,<sup>2</sup> although they could incur “balance billing” charges from some out-of-network providers.<sup>3</sup> It is recommended that Tribal members enroll in bronze-level coverage, where the premiums are the lowest and the federal government covers the greatest share of health care costs.

It is recommended that all other Indian Health Service (IHS)-eligible individuals who are sponsored (such as descendants of enrolled Tribal members) enroll in (1) silver-level coverage to gain access to the general cost-sharing protections available to individuals enrolled through a Marketplace or (2) gold-level coverage if they do not qualify for the general cost-sharing protections or qualify for only the least generous of these protections.

### RECOMMENDATIONS

This memo recommends use of the following plans for TPSP enrollees:

- **For bronze coverage, the Sanford Simplicity \$7,000 plan is the recommended option;**

---

<sup>1</sup> The [ ] Tribe also might want to consider other factors in deciding on the preferred plans, such as the reimbursement rate negotiated between the plan and the [ ] Tribe health care facility, and possibly other Indian health care providers (IHCPs).

<sup>2</sup> All health plans currently offered through the Marketplace are “open network” (PPO) plans. Under “closed network” plans, the health plan makes no payment for services provided by out-of-network providers. The Indian-specific cost-sharing protections do not apply to providers to which the plan makes no payments.

<sup>3</sup> Under the available plans, some services are not reimbursed when furnished by out-of-network providers. “Balance billing” charges might occur if an out-of-network provider does not accept the combined plan payment and patient cost-sharing as payment in full and charges an additional amount to the patient. Before seeking services at an out-of-network provider, patients are encouraged to ask the provider if they impose extra/balance billing charges. If so, an in-network provider or another out-of-network provider might be preferred.

- For silver coverage, the Sanford Simplicity \$4,750 plan is the recommended option; and
- For gold coverage, the Sanford Simplicity \$1,750 plan is the recommended option.

Specifically, this memo recommends the following:

- Tribal members who meet the definition of Indian under the ACA should enroll in bronze-level coverage, where the premiums are lowest and cost-sharing protections are comprehensive;
- Other IHS-eligible individuals who have a household income between 100% and 200% of the federal poverty level (FPL) should enroll in silver-level coverage in order to access the general (partial) cost-sharing protections for moderate-income households<sup>4</sup>; and
- Other IHS-eligible individuals who have a household income lower than 100% FPL or higher than 200% FPL enroll in gold-level coverage.

See more discussion on individuals with an income lower than 100% FPL in the “Additional Considerations for Lowest-Income Adults” below.

#### **ADDITIONAL CONSIDERATIONS FOR LOWEST-INCOME ADULTS**

South Dakota has not implemented the optional ACA Medicaid expansion, under which states can extend Medicaid program eligibility to adults with a household income at or less than 138% FPL.<sup>5</sup> As such, the TPSP likely will enroll a number of adults with an income in this range. Of particular importance is the subpopulation of non-Medicaid-eligible adults with a household income less than 100% FPL, as these individuals do not qualify for premium tax credits (meaning the TPSP must pay the full premium if enrolling these individuals). Tribal member adults in this subpopulation (who have household income less than 100% FPL) do qualify for the comprehensive Indian-specific cost sharing protections, whereas other IHS-eligible adults with household income under 100% FPL do not qualify for the Indian-specific or general cost-sharing protections

#### **SELECTION OF PREFERRED BRONZE PLAN**

For 2022, the following two health insurance issuers offer a combined 6 bronze plans through the Marketplace:

- Avera Health Plans (Avera) offers 3 bronze plans; and
- Sanford Health Plan (Sanford) offers 3 bronze plans.

---

<sup>4</sup> Although individuals who have a household income between 201% and 250% FPL also qualify for the general cost-sharing protections, these individuals will incur significantly less cost-sharing by enrolling in gold-level coverage in 2022, with only a marginally higher premium.

<sup>5</sup> The South Dakota Medicaid program currently covers parents of dependent children with a household income up to only 48% FPL (for a 3-member household). Adults without dependent children generally are not eligible for Medicaid under the South Dakota Medicaid State Plan, except for certain aged and disabled adults.

Among bronze plans offered by the same issuer, most plan elements are the same or similar, including tobacco rating, network, prior authorization requirements, and covered services. Plans offered by the same issuer differ primarily on premiums and the design of the cost-sharing requirements.

Across issuers (Avera versus Sanford), plans differ on a number of cost factors but, to a large degree, cover or exclude the same (in-network) general services.<sup>6</sup> They also differ to some extent on networks.

Table 1 below provides a comparison across bronze plans on several key issues.

In selecting the preferred bronze plans for the TPSP, the primary differences between the 6 plans offered are:

- Premiums (ranging from \$6,775 to \$7,510 (+10.8%) annually for a 40-year-old enrollee),
- Tobacco ratings (ranging from a surcharge of 15% to 20%);
- Networks; and
- Out-of-network coverage exclusions.

For the purposes of this analysis, cost-sharing (*i.e.*, deductible, copayment, and coinsurance amounts, as well as out-of-pocket (OOP) maximum) was considered comparable across all of the bronze plans, as Tribal members (those who meet the definition of Indian under the ACA) will have no cost-sharing.<sup>7</sup>

<i>Available Bronze Plans</i>									
Issuer	Plan	Plan Type	Premium			In-Network		Out-of-Network Providers <sup>1,2</sup>	
			Monthly	Smoker	Annual	Deductible <sup>1</sup>	OOP Max <sup>1</sup>		
Sanford Health Plan	Sanford Simplicity \$7,000	PPO	\$565	20%	\$678	\$6,775	\$7,000	\$8,700	Yes
Sanford Health Plan	Sanford Simplicity \$6,000	PPO	\$576	20%	\$692	\$6,917	\$6,000	\$8,700	Yes
Avera Health Plans	Avera 8000	PPO	\$588	15%	\$676	\$7,051	\$8,000	\$8,700	Yes
Sanford Health Plan	Sanford Simplicity \$6,900 HSA	PPO	\$588	20%	\$705	\$7,051	\$6,900	\$6,900	Yes
Avera Health Plans	Avera 6800	PPO	\$603	15%	\$693	\$7,236	\$6,800	\$8,700	Yes
Avera Health Plans	Avera 6850 HDHP	PPO	\$626	15%	\$720	\$7,510	\$6,850	\$6,850	Yes

Notes:

<sup>1</sup> For enrollees meeting the definition of Indian under the ACA, comprehensive Indian-specific cost-sharing protections apply.

<sup>2</sup> For most services; "Yes" is indicated for out-of-network coverage if the plan Summary of Benefits and Coverage indicates some form of payment owed in the "Your Cost If You Use a Non-Participating Provider" column.

Premiums

In regard to premiums, Sanford Simplicity \$7,000, offered by Sanford, has the lowest premium at \$6,775 annually, compared with an annual premium of \$7,051 for the lowest-cost Avera bronze plan (Avera 8000). As such, on an annual basis, Sanford Simplicity \$7,000 has a \$276, or 3.9%, lower premium than Avera 8000.

<sup>6</sup> The plans offered by the two issuers differ on the scope of services excluded when furnished by out-of-network providers.

<sup>7</sup> Tribal members enrolled in the Indian-specific "limited" cost-sharing protections will need to secure a "Referral for Cost-Sharing" from a Tribal/IHS Purchased/Referred Care (PRC) program to secure the cost-sharing protections when served by non-IHCPs.

## Tobacco Ratings

Sanford has the highest tobacco rating among the two issuers at 1.20, followed by Avera at 1.15. (To determine premium with the surcharge, multiply the base premium by the tobacco rating (e.g., \$565 x 1.2 = \$678). The tobacco rating is the amount of a surcharge applied to the health plan premium for individuals identified as tobacco smokers. With the lower surcharge, the smoker premium for the lowest-cost bronze plan offered by Avera is slightly lower than the smoker premium for the lowest-cost bronze plan offered by Sanford (\$676 monthly versus \$678 monthly, or 0.3% lower).

## Networks

Based on a search of the provider directories provided by each of the two issuers, the networks used by the available bronze plans offered by Avera and Sanford include the same hospitals<sup>8</sup> but a different mix of physicians, practitioners, and specialists in a 10-mile radius around [ ], South Dakota, as *in-network providers*. The plan materials indicate that *the network used by the Sanford plans includes the [ ] Tribe health care facility as an in-network provider, while the network used by the Avera plans does not*. Both networks include [ ], another Indian health care provider (IHCP), as an in-network provider. Other IHCPs would be available as out-of-network providers but not for all service types. (See the “Out-of-Network Coverage Exclusions” section below).

- The network used by Avera bronze plans includes 192 PCPs, 3 hospitals, and 1 IHCP as in-network providers within 10 miles of [ ], South Dakota. The Avera network provider directory is accessible at <https://www.avera.org/marketplace/provider-directory/>.
- The Sanford bronze plans use the Broad network; this network includes 627 PCPs, 3 hospitals, and 2 IHCPs as in-network providers within 10 miles of [ ], South Dakota. The Sanford network provider directory is available at [https://www3.viiad.com/shp/public/app/compass/provider\\_search\\_main.asp](https://www3.viiad.com/shp/public/app/compass/provider_search_main.asp).
- With regard to specialty services, each plan network has a significant number of specialists within 10 miles of the [ ] Tribe health care facility. (See Attachment 1 below for a sample). If specific specialists are preferred, additional research can be conducted to determine their in-network status.

Additional information on the networks of the two issuers appears in Attachment 1 below.

All of the available bronze plans are considered “open network” plans. As such, except when providing certain services that fall under “out-of-network coverage exclusions” (as discussed in the “Out-of-Network Coverage Exclusions” section below), out-of-network South Dakota providers are reimbursed under both Avera and Sanford bronze plans. An important factor, though, when considering out-of-network providers, is whether “balance billing” charges will be imposed by an out-of-network provider.

---

<sup>8</sup> The in-network hospitals in this area include [ ].

This can be determined by contacting the out-of-network provider and asking if the plan payment (plus any allowed cost-sharing) is accepted as payment in full.<sup>9</sup>

### Payment Rates

A comparison of payment rates to the IHCPs under each plan should be conducted to determine whether there are substantial differences and, therefore, whether this should be added as a factor in selecting preferred plans.<sup>10</sup>

### Negotiation of Tribal Federally Qualified Health Center (FQHC) Payment Rate

Under federal law and regulations, Tribes have the potential to increase health service resources significantly by securing payment at the encounter rate (*i.e.*, the IHS all-inclusive rate) for covered services provided to Marketplace plan enrollees, including TPSP enrollees. To receive payment at the encounter rate from Marketplace plans, a Tribe operating a Tribal clinic must: (1) participate in Medicaid as an FQHC; (2) have (and agree to) the option to receive payment at the OMB encounter rate, rather than the standard FQHC rate under Medicaid; and (3) negotiate with Marketplace plan issuers to secure payment at the OMB encounter rate.

Outpatient health care facilities operated by a Tribe under the Indian Self-Determination and Education Assistance Act (ISDEAA) are by definition FQHCs<sup>11</sup> and, as such, have the option to participate in Medicaid as an FQHC. Tribal clinics that participate in Medicaid as an FQHC typically receive payments based on a rate determined by the state using the Prospective Payment System (PPS) methodology.<sup>12</sup> However, federal law allows states and FQHCs to agree to use an Alternative Payment Methodology (APM) in determining Medicaid payment rates, meaning that states can use the OBM encounter rate, rather than the PPS rate, to set payments for Tribal clinics participating in the program as FQHCs, as long as the APM rate is higher than the standard FQHC payment rate (Tribal FQHC option).<sup>13</sup>

---

<sup>9</sup> “Balance billing” charges might occur if an out-of-network provider does not accept the combined plan payment and patient cost-sharing as payment in full and charges an additional amount to the patient. Before seeking services at an out-of-network provider, patients are encouraged to ask the provider if they impose extra/balance billing charges. If so, an in-network provider or another out-of-network provider might be preferred.

<sup>10</sup> In addition, health plans offered through a Federally-Facilitated Marketplace, such as the South Dakota Health Insurance Marketplace, are required to meet payment requirements for certain health care providers, such as certain Indian health care providers.

<sup>11</sup> See section 1905(l)(2)(B) of the Social Security Act.

<sup>12</sup> The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act established a PPS methodology for Medicaid FQHCs in all states. The Medicaid FQHC payment rate is determined based on two components:

- **PPS base rate:** The law required states to set a per-visit payment rate for each Medicaid FQHC based on the average costs incurred by each FQHC during FY 1999 and FY 2000. The base rate was composed of the allowable capital cost per visit and the lesser of the allowable operating cost per visit or the peer group operating cost ceiling per visit. Payment rates for Medicaid FQHCs established after FY 2001 are (initially) based on either the average of other FQHCs in the same or adjacent areas or (subsequently) determined through facility-specific cost reporting.
- **Adjustments:** States use the Medicare Economic Index (MEI), a measure of medical practice cost inflation, to adjust the Medicaid FQHC payment rate annually. States also must adjust the payment rate for each FQHC to reflect changes in scope of services included in the (FQHC) encounter rate.

<sup>13</sup> See section 1902(bb)(6) of the Social Security Act.

Federal regulations impose specific requirements on payment rates from Marketplace plan issuers to FQHCs. Specifically, for covered services provided by FQHCs to Marketplace plan enrollees, issuers must pay an amount “not less than the amount of payment that would have been paid to the center under section 1902(bb) of the Social Security Act (SSA) for such item or service.”<sup>14</sup> As such, in cases in which a Tribal FQHC receives the OMB encounter rate for covered services under Medicaid and contracts with a Marketplace plan issuer, the issuer generally would have to pay this facility at the OMB encounter rate.

It is important to note that a Medicaid FQHC and a Marketplace issuer can agree to payment rates other than those the FQHC would have received under section 1902(bb), as long as the alternative rate at least equals the generally applicable payment rate of the issuer. Instances might occur in which a Tribal FQHC finds it advantageous to agree to a rate less than the Medicaid FQHC rate. According to the National Association of Community Health Centers (NACHC), because federal regulations do not require Marketplace plan issuers to contract with all FQHCs, “there is substantial likelihood that many FQHCs will have to negotiate a rate less than” the Medicaid FQHC rate.<sup>15</sup>

#### Out-of-State Coverage

The network used by the Avera bronze plans includes out-of-state providers in northwest Iowa, southwest Minnesota, and northeast Nebraska. The Avera bronze plans do not have a national provider network, meaning they do not offer in-network coverage outside the plan service area; enrollees who require medical services while traveling outside the plan service area can obtain reimbursement for covered services at the out-of-network rate, but they likely will have to cover the full cost of these services at the time they receive them.<sup>16,17</sup> The Broad network used by the Sanford bronze plans includes out-of-state providers in Iowa, Minnesota, and North Dakota, as well as access to a national provider network while traveling outside the plan service area.

#### Cost-Sharing

As discussed above, cost-sharing was considered comparable among all of the available bronze plans. A brief summary of the cost-sharing (deductibles, coinsurance, and copayments) associated with all of the plans, as well as the OOP limits for the plans, appears in Table 1 above.

#### Prior Authorization

---

<sup>14</sup> See 45 CFR 156.235(e).

<sup>15</sup> See the NACHC brief titled “Health Insurance Exchanges: Key Issues for Community Health Centers: Spotlight on the States #4” at <https://www.nachc.org/wp-content/uploads/2015/11/Exchange-Issue-Brief-4.pdf>.

<sup>16</sup> Per the Avera Web site, “If you’re traveling outside of the Avera Health Plans service area and need immediate medical care, please present your member ID card to the physician or hospital caring for you and identify yourself as an Avera Health Plans member. Instructions for billing and notifying us are on the back of your card. ... It’s important to note that you may be required to pay for medical services at the time they’re provided, but you’ll be reimbursed for any covered services.” See <https://www.averahealthplans.com/insurance/members/how-your-insurance-works-when-you-travel/>.

<sup>17</sup> For an enrollee who lives outside the plan service area for longer than 90 consecutive days, Avera contracts with expanded regional and national provider networks to allow the enrollee to continue to receive in-network coverage. See page 10 of the Avera document titled “The Consumer’s Guide for Individual Plans” at <http://www.averahealthplans.com/app/files/public/583/Consumer-Guide.pdf>.

None of the available bronze plans requires a referral from a PCP or prior authorization from the plan to see a specialist. However, all of the plans require enrollees to obtain prior authorization from the plan for certain services.

*It is important to note that, while cost-sharing charges do not apply to individuals with the comprehensive Indian-specific cost-sharing protections, all enrollees are required to secure any prior authorizations required by a health plan for a service to be covered by the health plan.*

### Benefits Package

The benefits packages are substantially the same across all of the available bronze plans, although there might be important differences on the drug formularies, as well as for specific services. Coverage or exclusion of a sample of services (e.g., dental, pregnancy-related services, and bariatric surgery) is noted below. In addition, it is important to note that there are differences in covered/reimbursed services between the issuers when provided by out-of-network providers.

### Dental Coverage

All of the bronze plans offered by Avera and Sanford include dental coverage for children. The coverage of pediatric dental services as part of the core health plan benefit package is significant, as Indian-specific (and general) cost-sharing protections do not apply to pediatric dental services when covered under a separate stand-alone dental plan (SADP). It also is important to note that none of the plans includes adult dental benefits. If dental coverage for adults is desired, TPSP enrollees would have to enroll in an SADP.<sup>18</sup> More information on available SADPs appears in Attachment 2.

### Pregnancy-Related Services Coverage

In regard to pregnancy-related services, all of the available bronze plans include coverage for prenatal and postnatal care, as well as delivery and all inpatient services, but exclude elective abortion services. The plans include coverage for abortion services only when the life of the woman is endangered.

### Bariatric Surgery Coverage

All of the available bronze plans include coverage for bariatric surgery.

### Out-of-Network Coverage Exclusions

The bronze plans offered by Avera exclude out-of-network coverage for certain services, including preventive services (e.g., screenings and immunizations), chiropractic care, prescription drugs, durable medical equipment, and pediatric dental and vision care. The plans offered by Sanford exclude out-of-network coverage for prescription drugs.

### Analysis

The lowest-cost bronze plan offerings by Avera and Sanford have similar tobacco ratings, in-state networks, and covered services. These plans differ primarily on premiums, the availability of the [ ]

---

<sup>18</sup> Neither premium tax credits, if any, nor the comprehensive Indian-specific (or general) cost-sharing protections apply to adult dental services as these services are not considered part of “essential health benefits.”

Tribe health care facility as an in-network provider, out-of-state coverage, and out-of-network coverage exclusions. Based on the above factors, the following **bronze plan** is recommended for TPSP enrollees:

The Sanford Simplicity \$7,000 plan is the recommended option. Sanford Simplicity \$7,000 has the lowest premium among the available bronze plans (\$565 monthly), includes the [ ] Tribe health care facility as an in-network provider, and offers the broadest available out-of-state network and fewest out-of-network coverage exclusions. Sanford Simplicity \$7,000 also is an “open network” plan, meaning that enrollees who meet the ACA definition of Indian receive comprehensive cost-sharing protections whether they seek services from in-network or out-of-network providers. In addition, Sanford Simplicity \$7,000 provides embedded pediatric dental coverage, an important factor because the comprehensive Indian-specific cost-sharing protections do not apply to pediatric dental services when they are covered through an SADP.

**ENROLLMENT OF OTHER IHS-ELIGIBLE INDIVIDUALS IN SILVER- OR GOLD-LEVEL COVERAGE**

As discussed above, it is recommended that other IHS-eligible individuals with a household income between 100% FPL and 200% FPL enroll in silver-level coverage and that those outside of this income range enroll in gold-level coverage (as other IHS-eligible individuals are not eligible for the comprehensive Indian-specific cost-sharing protections). The reason for enrolling other IHS-eligible individuals at different income levels in plans at different metal levels is to minimize OOP costs for these enrollees, with either only a small increase in premium payments by the TPSP.

Enrollee HH Income (% FPL)	Plan	Annual Premium <sup>1</sup>					Average Health Care Expenditures						
		MSP Share		Federal Share		Total	OOP Share <sup>3</sup>		Federal Share		Plan Share		Total
		\$	%	\$	%		\$	%	\$	%	\$	%	
150%	Sanford Simplicity \$4,750	\$0	0.0%	\$9,235	100.0%	\$9,235	\$792	6.0%	\$3,166	24.0%	\$9,235	70.0%	\$13,193
	Sanford Simplicity \$1,750	\$14	0.1%	\$9,468	99.9%	\$9,482	\$2,370	20.0%	\$0	0.0%	\$9,482	80.0%	\$11,852
	<i>Difference:</i>	<b>\$14</b>					<b>\$1,579</b>						
200%	Sanford Simplicity \$4,750	\$283	3.1%	\$8,952	96.9%	\$9,235	\$1,715	13.0%	\$2,243	17.0%	\$9,235	70.0%	\$13,193
	Sanford Simplicity \$1,750	\$530	5.6%	\$8,952	94.4%	\$9,482	\$2,370	20.0%	\$0	0.0%	\$9,482	80.0%	\$11,852
	<i>Difference:</i>	<b>\$247</b>					<b>\$655</b>						
250%	Sanford Simplicity \$4,750	\$1,051	11.4%	\$8,184	88.6%	\$9,235	\$3,562	27.0%	\$396	3.0%	\$9,235	70.0%	\$13,193
	Sanford Simplicity \$1,750	\$1,298	13.7%	\$8,184	86.3%	\$9,482	\$2,370	20.0%	\$0	0.0%	\$9,482	80.0%	\$11,852
	<i>Difference:</i>	<b>\$247</b>					<b>-\$1,192</b>						
300%	Sanford Simplicity \$4,750	\$2,083	22.6%	\$7,152	77.4%	\$9,235	\$3,958	30.0%	\$0	0.0%	\$9,235	70.0%	\$13,193
	Sanford Simplicity \$1,750	\$2,330	24.6%	\$7,152	75.4%	\$9,482	\$2,370	20.0%	\$0	0.0%	\$9,482	80.0%	\$11,852
	<i>Difference:</i>	<b>\$247</b>					<b>-\$1,587</b>						

Notes:

<sup>1</sup> Figures are for a 40-year-old non-smoker living in [ ] County, SD.

<sup>2</sup> PTC figures are generated by HealthCare.gov.

<sup>3</sup> The OOP share figures are calculated by dividing the total premium by the plan AV, then multiplying by 1 minus the plan AV.

<sup>4</sup> For silver-level coverage, the general population is eligible for partial cost-sharing protections based on household income level. These protections require issuers to reduce cost-sharing in their standard silver plans, which have an AV of 70%, to meet a higher AV: 94% for individuals with an income less than 150% FPL, 87% for those with an income of 151%-200% FPL, and 73% for those with an income of 201-250% FPL. Issuers have discretion in how they reduce cost-sharing in their standard silver plans to meet the higher AV, subject to a few constraints. In general, the cost-sharing for EHBs cannot exceed the cost-sharing for the same service in the standard silver plan or in another variant of the plan with a lower AV.

For example, as Table 2 below shows, a 40-year-old other IHS-eligible individual with a household income of 200% FPL would have a \$247 lower annual premium and would have \$655 lower average OOP costs under the recommended silver plan versus the recommended gold plan, even though gold plans generally are reported to have a smaller share of average health services expenditures covered by OOP costs than silver plans (20% versus 30%). These lower average OOP costs result from the application of the general cost-sharing protections available to lower-income individuals when enrolled in silver-level



coverage. However, if the same other IHS-eligible individual has an income of 300% FPL (making him or her ineligible for the general cost-sharing protections), the individual would continue to have a \$247 lower annual premium but would have \$1,587 *higher* average OOP costs under the recommended silver plan versus the recommended gold plan.

It also is worth noting that the premium for the recommended gold plan is only slightly higher than the premium for the recommended silver plan. This dynamic whereby silver plan premiums are almost the same as (or, in some Marketplaces, higher than) gold plan premiums is due to “silver loading,” a term created to describe the increase in silver plan premiums that has resulted from the policy change imposed by the previous HHS administration to have the silver plan premiums rise to cover the cost of the cost-sharing protections available to moderate-income enrollees.

See Attachment 3 for more information on relative costs of TPSP enrollment of other IHS-eligible individuals in silver-level versus gold-level coverage. A complete analysis of the silver and gold plans available in the Marketplace for 2022 appears below.

**SELECTION OF RECOMMENDED SILVER PLAN**

For 2022, Avera and Sanford offer a combined 7 silver plans through the Marketplace. Avera offers 4 silver plans, and Sanford offers 3 silver plans.

As with the bronze plans, among silver plans offered by the same issuer, most plan elements are the same or similar, including tobacco rating, network, prior authorization requirements, and covered services. Plans offered by the same issuer differ primarily on premiums and the design of the cost-sharing requirements.

Across issuers (Avera versus Sanford), plans differ on a number of cost factors but, to a large degree, cover or exclude the same general (in-network) services. They also differ to some extent on networks.

Table 3 below provides a comparison across silver plans on several key issues. As noted above, enrollment in silver-level coverage is recommended only for individuals who do not meet the ACA definition of Indian and have a household income between 100% and 200% FPL.

Table 3. SOUTH DAKOTA MARKETPLACE PLANS (2022) - [ ] County ([ ]); 40-Year-Old, Non-Smoker										
Available Silver Plans										
Issuer	Plan	Plan Type	Premium			In-Network		Out-of-Network <sup>1</sup>		
			Monthly	Smoker	Annual	Deductible	OOP Max	Deductible	OOP Max	
Sanford Health Plan	Sanford Simplicity \$4,750	PPO	\$770	20%	\$924	\$9,235	\$4,750	\$8,700	\$9,500	\$17,400
Sanford Health Plan	Sanford Simplicity \$3,500	PPO	\$788	20%	\$946	\$9,460	\$3,500	\$8,700	\$7,000	\$17,400
Avera Health Plans	Avera 7000	PPO	\$794	15%	\$913	\$9,532	\$7,000	\$8,500	\$10,000	Unlimited
Sanford Health Plan	Sanford Simplicity \$3,000	PPO	\$797	20%	\$957	\$9,568	\$3,000	\$8,700	\$6,000	\$17,400
Avera Health Plans	Avera 3000	PPO	\$832	15%	\$957	\$9,981	\$3,000	\$8,700	\$5,000	Unlimited
Avera Health Plans	Avera 3500	PPO	\$836	15%	\$962	\$10,038	\$3,500	\$8,500	\$5,000	Unlimited
Avera Health Plans	Avera 4500 HDHP	PPO	\$922	15%	\$1,060	\$11,059	\$4,500	\$4,500	\$10,000	Unlimited

Notes:

<sup>1</sup> For most services; out-of-network coverage applies if the plan Summary of Benefits and Coverage indicates some form of payment owed in the "Your Cost If You Use a Non-Participating Provider" column.

**Premiums**

Among the available silver plans, Sanford Simplicity \$4,750 has the lowest premiums, about \$297, or 3.1%, less annually than those for the lowest-cost silver plan offered by Avera (Avera 7000).

## Tobacco Ratings

As with the available bronze plans, Sanford has the highest tobacco rating among the two issuers at 1.20, followed by Avera at 1.15. The combined impact of higher base premiums but a lower tobacco surcharge results in Avera 7000 having a smoker premium that is 1.1% lower than the smoker premium for Sanford Simplicity \$4,750 (generally the lowest-cost silver plan).

## Networks

All of the available silver plans are considered “open network” plans, meaning out-of-network South Dakota providers generally are reimbursed under both Avera and Sanford plans. The Avera silver plans offer no in-network coverage outside of South Dakota. The Broad network used by the Sanford silver plans includes out-of-state providers in Iowa, Minnesota, and North Dakota, as well as access to a nationwide network when traveling outside the plan service area. See more discussion above in the “Networks” and “Out-of-State Coverage” sections under “Selection of Preferred Bronze Plans.”

The distinction between in-network and out-of-network providers is important for silver plan enrollment under the TPSP. This is the case because TPSP enrollment in silver plans is for individuals who are not eligible for the comprehensive Indian-specific cost-sharing protections. As explained more in the “Cost-Sharing” section below, separate deductibles and OOP maximums—which often are substantial—apply when accessing out-of-network providers. And, when receiving services from an IHCP that is a non-network provider, the required cost-sharing (which is subsequently waived by the IHCP), if more substantial, can result in lower net reimbursement to the IHCP. As such, for silver-level coverage, it is most important to assess the degree to which the list of “in-network” providers is adequate to accessing needed health services.

*As noted above, the network used by the Sanford plans includes the [ ] Tribe health care facility as an in-network provider, while the network used by the Avera plans does not. This means that other IHS-eligible individuals who enroll in silver-level coverage and access health services at the [ ] Tribe health care facility would have to pay out-of-network (i.e., higher) cost-sharing for these services.*

## Cost-Sharing

With regard to cost-sharing in silver-level coverage, it is important to note that individuals who have a household income between 100% and 200% FPL qualify for the two most generous levels of the general cost-sharing protections. And when these protections are taken into account, as shown in Table 4 below, the cost-sharing design differences across the available silver plans are substantially negated when receiving services from *in-network* providers. For services furnished by out-of-network providers, however, the cost-sharing design differences across the available silver plans are much starker.<sup>19</sup> And, as discussed above, only the network used by the Sanford plans includes the [ ] Tribe health care facility as an in-network provider.

---

<sup>19</sup> The Summary of Benefits and Coverage (SBC) documents for the silver plans offered by both Avera and Sanford indicate that the general cost-sharing protections do not appear to apply to out-of-network services in most cases.

Available Silver Plans										
Enrollee Household Income	Issuer	Plan	Monthly Premium <sup>2</sup>	Effective Actuarial Value (AV) <sup>3</sup>	Enrollee Cost-Sharing	In-Network Deductible	In-Network OOP Max	Out-of-Network Services <sup>4</sup>	Out-of-Network Deductible	Out-of-Network OOP Max
100%-150% FPL	Sanford Health Plan	Sanford Simplicity \$4,750	\$0	94%	6%	\$250	\$1,500	Yes	\$9,500	\$17,400
	Sanford Health Plan	Sanford Simplicity \$3,500	\$0	94%	6%	\$200	\$1,250	Yes	\$7,000	\$17,400
	Avera Health Plans	Avera 7000	\$5	94%	6%	\$300	\$600	Yes	\$10,000	Unlimited
	Sanford Health Plan	Sanford Simplicity \$3,000	\$8	94%	6%	\$150	\$1,750	Yes	\$6,000	\$17,400
	Avera Health Plans	Avera 3000	\$43	94%	6%	\$300	\$600	Yes	\$5,000	Unlimited
	Avera Health Plans	Avera 3500	\$47	94%	6%	\$400	\$800	Yes	\$5,000	Unlimited
	Avera Health Plans	Avera 4500 HDHP	\$133	94%	6%	\$600	\$600	Yes	\$10,000	Unlimited
151%-200% FPL	Sanford Health Plan	Sanford Simplicity \$4,750	\$24	87%	13%	\$1,500	\$2,900	Yes	\$9,500	\$17,400
	Sanford Health Plan	Sanford Simplicity \$3,500	\$42	87%	13%	\$1,450	\$2,900	Yes	\$7,000	\$17,400
	Avera Health Plans	Avera 7000	\$48	87%	13%	\$1,100	\$2,200	Yes	\$10,000	Unlimited
	Sanford Health Plan	Sanford Simplicity \$3,000	\$51	87%	13%	\$1,400	\$2,900	Yes	\$6,000	\$17,400
	Avera Health Plans	Avera 3000	\$86	87%	13%	\$900	\$1,800	Yes	\$5,000	Unlimited
	Avera Health Plans	Avera 3500	\$90	87%	13%	\$1,300	\$2,600	Yes	\$5,000	Unlimited
	Avera Health Plans	Avera 4500 HDHP	\$176	87%	13%	\$1,600	\$1,600	Yes	\$10,000	Unlimited

**Notes:**

<sup>1</sup> Although other IHS-eligible individuals who have a household income of 201%-250% FPL also qualify for the general cost-sharing protections, these individuals are recommended to enroll in gold-level coverage, where they will incur significantly less cost-sharing than in silver-level coverage in 2020, with only a slightly higher premium.

<sup>2</sup> Figures are for a 40-year-old non-smoker who lives in [ ] County, SD, and has a household income at the high end of the range.

<sup>3</sup> For silver-level coverage, the general population is eligible for partial cost-sharing protections based on household income level. These protections require issuers to reduce cost-sharing in their standard silver plans, which have an AV of 70%, to meet a higher AV: 94% for individuals with an income less than 150% FPL, 87% for those with an income of 151%-200% FPL, and 73% for those with an income of 201%-250% FPL. Issuers have discretion in how they reduce cost-sharing in their standard silver plans to meet the higher AV, subject to a few constraints. In general, the cost-sharing for EHBs cannot exceed the cost-sharing for the same service in the standard silver plan or in another variant of the plan with a lower AV.

<sup>4</sup> For most services; "Yes" is indicated for out-of-network coverage if the plan Summary of Benefits and Coverage indicates some form of payment owed in the "Your Cost If You Use a Non-Participating Provider" column.

**Benefits Package**

As with the bronze plans, the benefits packages are substantially the same across all of the available silver plans, although there might be important differences on the drug formularies, as well as for specific services. See more discussion above in the "Benefits Package" section under "Selection of Preferred Bronze Plans."

**Analysis**

The lowest-cost silver plan offerings by Avera and Sanford have similar tobacco ratings, in-network cost-sharing structure (after the application of general cost-sharing protections), in-state networks, and (in-network) covered services. These plans differ primarily on premiums, out-of-network cost-sharing structure, the availability of the [ ] Tribe health care facility as an in-network provider, out-of-state coverage, and out-of-network coverage exclusions. Based on the above factors, **the following silver plan is recommended for TPSP enrollees:**

- **The Sanford Simplicity \$4,750 plan is the recommended option. Sanford Simplicity \$4,750 has the lowest premium among the available silver plans (\$770 monthly), includes the [ ] Tribe health care facility as an in-network provider, and offers the broadest available out-of-state network and fewest out-of-network coverage exclusions. As noted above, enrollment in silver-level coverage is recommended specifically for TPSP participants who do not meet the ACA definition of Indian and have a household income between 100% and 200% FPL. These individuals qualify for the two most generous levels of the general cost-sharing protections, making the *in-network* cost-sharing design differences across the available silver plans much less important. Sanford Simplicity \$4,750 has a somewhat more favorable *out-of-network***

cost-sharing structure than Avera 7000, however. Further, Sanford Simplicity \$4,750 is an “open network” plan and provides embedded pediatric dental coverage.

**SELECTION OF RECOMMENDED GOLD PLAN**

For 2022, Avera and Sanford offer a combined 2 gold plans through the Marketplace. Avera offers 1 gold plan, and Sanford offers 1 gold plan.

As with the bronze and silver plans, among gold plans offered by the same issuer, most plan elements are the same or similar, including tobacco rating, network, prior authorization requirements, and covered services. Plans offered by the same issuer differ primarily on premiums and the design of the cost-sharing requirements.

Across issuers (Avera versus Sanford), plans differ on a number of cost factors but, to a large degree, cover or exclude the same (in-network) general services. They also differ to some extent on networks.

Table 5 below provides a comparison across gold plans on several key issues.

As noted above, enrollment in gold-level coverage is recommended only for individuals who do not meet the ACA definition of Indian and have a household income less than 100% FPL or more than 200% FPL.

Table 5. SOUTH DAKOTA MARKETPLACE PLANS (2022) - [ ] County ([ ]); 40-Year-Old, Non-Smoker										
Available Gold Plans										
Issuer	Plan	Plan Type	Premium			In-Network		Out-of-Network <sup>1</sup>		
			Monthly	Smoker	Annual	Deductible	OOP Max	Deductible	OOP Max	
Sanford Health Plan	Sanford Simplicity \$1,750	PPO	\$790	20%	\$948	\$9,482	\$1,750	\$6,750	\$3,500	\$13,500
Avera Health Plans	Avera 1750	PPO	\$1,001	15%	\$1,151	\$12,014	\$1,750	\$6,500	\$5,000	Unlimited

Notes:

<sup>1</sup> For most services; "Yes" is indicated for out-of-network coverage if the plan Summary of Benefits and Coverage indicates some form of payment owed in the "Your Cost If You Use a Non-Participating Provider" column.

Premiums

Among the available gold plans, Sanford Simplicity \$1,750 has the lowest premiums, about \$2532, or 21.1%, less annually than those for the lowest-cost gold plan offered by Avera (Avera 1750).

Tobacco Ratings

As with the available bronze and silver plans, Sanford has the highest tobacco rating among the two issuers at 1.20, followed by Avera at 1.15. Even with the lower surcharge, the smoker premium for the gold plan offered by Avera exceeds the smoker premium for the gold plan offered by Sanford.

Networks

All of the available gold plans are considered “open network” plans, meaning out-of-network South Dakota providers generally are reimbursed under both Avera and Sanford plans. The Avera gold plan offers no in-network coverage outside of South Dakota. The Broad network used by the Sanford gold plan includes out-of-state providers in Iowa, Minnesota, and North Dakota, as well as access to a nationwide network when traveling outside the plan service area. See more discussion above in the “Networks” and “Out-of-State Coverage” sections under “Selection of Preferred Bronze Plans.”

As with silver plan enrollment, the distinction between in-network and out-of-network providers is important for gold plan enrollment under the TPSP. This is the case because TPSP enrollment in gold plans is for individuals who are not eligible for the comprehensive Indian-specific cost-sharing protections; these individuals also will not receive general cost-sharing protections, even if they qualify, because of their enrollment in gold-level, rather than silver-level, coverage.

*Again, as noted above, the network used by the Sanford plans includes the [ ] Tribe health care facility as an in-network provider, while the network used by the Avera plans does not. This means that other IHS-eligible individuals who enroll in gold-level coverage and access health services at the [ ] Tribe health care facility would have to pay out-of-network (i.e., higher) cost-sharing for these services.*

### Cost-Sharing

Given that all gold plans have an “actuarial value” of 80%, the overall average per person cost-sharing is projected to be 20% of total health services expenditures. As shown in Table 5 above, for in-network providers, the available gold plans have similar a similar cost-sharing structure. For out-of-network providers, Sanford Simplicity \$1,750 has the lowest deductible at \$3,500, versus \$5,000 for Avera 1750. Sanford Simplicity \$1,750 also has the lowest out-of-network OOP maximum at \$13,500, while Avera 1500 imposes no limit on out-of-pocket costs.

### Benefits Package

As with the bronze and silver plans, the benefits packages are substantially the same across all of the available gold plans, although there might be important differences on the drug formularies, as well as for specific services. See more discussion above in the “Benefits Package” section under “Selection of Preferred Bronze Plans.”

### Analysis

The gold plan offerings by Avera and Sanford generally have similar tobacco ratings, in-network cost-sharing structure, in-state networks, and covered services. These plans differ primarily on premiums, out-of-network cost-sharing structure, the availability of the [ ] Tribe health care facility as an in-network provider, out-of-state coverage, and out-of-network coverage exclusions. Based on the above factors, **the following gold plan is recommended for TPSP enrollees:**

- **The Sanford Simplicity \$1,750 plan is the recommended option. Sanford Simplicity \$1,750 includes the [ ] Tribe health care facility as an in-network provider and offers the broadest available network and fewest out-of-network coverage exclusions. In addition, Sanford Simplicity \$1,750 has monthly premiums that are lower (\$211, or 21.1%) than those for the gold plan offered by Avera (Avera 1750) and has a more a more favorable out-of-network cost-sharing structure than Avera 1750. Sanford Simplicity \$1,750 also is an “open network” plan and provides embedded pediatric dental coverage.**

Attachment 1: South Dakota Marketplace Plans (2022) – Issuer Networks (as of October 15, 2021)

Attachment 2: South Dakota Marketplace Stand-Alone Dental Plans (2022) – [ ] County ([ ])

Attachment 3: Comparison of Premiums and Cost-Sharing for Other IHS-Eligible Individuals Enrolled in Recommended Silver and Gold Marketplace Plans, by Income Level; 2022

Attachment 4: South Dakota Marketplace Plan Characteristics (2022) – [ ] County ([ ]); 40-Year-Old, Non-Smoker

## Attachment 1

SOUTH DAKOTA MARKETPLACE PLANS (2022) - Issuer Networks (as of October 15, 2021)									
Issuer	Network	PCPs (Accepting New Patients) <sup>1</sup>	Specialists Located Within 10 Miles of [ ], SD <sup>1</sup>					Hospitals <sup>1</sup>	IHCPs <sup>1,2</sup>
			Chiropractor	Dermatologist	OB/GYN	Orthopedic Surgeon	Physical Therapist		
Avera Health Plans	Avera	192 (150) <sup>3</sup>	31	13	17	30	73	3	1
Sanford Health Plan	Broad	627 (626) <sup>4</sup>	36	14	18	45	66	3	2

**Notes:**

<sup>1</sup> Located within 10 miles of zip code [ ] ([ ], SD).

<sup>2</sup> In-network IHCPs in this area are [ ] ([ ], SD). The Avera network does not include the [ ] Tribe health care facility as an in-network provider.

<sup>3</sup> Includes family medicine and internal medicine physicians and other practitioners.

<sup>4</sup> Includes primary care and family medicine physicians and other practitioners.

## Attachment 2

SOUTH DAKOTA MARKETPLACE <b>STAND-ALONE</b> DENTAL PLANS (2022) - [ ] County ([ ])								
Issuer	Plan	Plan Type	Monthly Premium		Deductible <sup>1</sup>		OOP Max <sup>1</sup>	
			Adult	Child	Adult	Child	Adult	Child <sup>2</sup>
BEST Life	BESTOne Basic Silver	PPO	\$20	\$24	\$50	\$75	\$1,000	\$350
BEST Life	BESTOne Plus Silver	PPO	\$27	\$24	\$50	\$75	\$1,500	\$350
BEST Life	BESTOne Plus Gold	PPO	\$28	\$31	\$50	\$50	\$1,500	\$350
BEST Life	BESTOne Advantage Gold	PPO	\$34	\$31	\$50	\$50	\$1,500	\$350

**Notes:**

<sup>1</sup> The comprehensive Indian-specific cost-sharing protections do not apply to stand-alone dental plans.

<sup>2</sup> Applies only to pediatric essential health benefits.

## Attachment 3

Comparison of Premiums and Cost-Sharing for Non-Tribal Members Enrolled in Recommended Silver and Gold Marketplace Plans, by Income Level; 2022								
Recommended Plan	Household Income	Actuarial Value (AV) <sup>1</sup>	Effective AV (with CSRs)	Enrollee Cost-Sharing	Monthly Premium (no PTCs) <sup>2</sup>	Monthly Premium (with PTCs) <sup>3</sup>	Deductible	OOP Maximum
Sanford Simplicity \$4,750 <sup>4</sup>	100%-150% FPL	70%	94%	6%	\$770	\$0-\$24	\$250	\$500
	151%-200% FPL	70%	87%	13%	\$770	\$25-\$88	\$1,500	\$2,900
	201%-250% FPL	70%	73%	27%	\$770	\$89-\$174	\$4,750	\$6,950
	251%+ FPL	70%	70%	30%	\$770	\$175-\$770	\$4,750	\$8,700
Sanford Simplicity \$1,750	100%-250% FPL	80%	80%	20%	\$790	\$1-\$194	\$1,750	\$7,900
	251%+ FPL	80%	80%	20%	\$790	\$195-\$790	\$1,750	\$7,900

**Notes:**

<sup>1</sup> AV represents the percentage of average costs covered by the health plan, with the remainder covered by enrollee cost-sharing payments.

<sup>2</sup> Figures are for a 40-year-old non-smoker living in [ ] County, SD.

<sup>3</sup> The monthly premium (with PTCs) figures are generated by HealthCare.gov.

<sup>4</sup> For silver-level coverage, the general population is eligible for partial cost-sharing protections based on household income level. These protections require issuers to reduce cost-sharing in their standard silver plans, which have an AV of 70%, to meet a higher AV: 94% for individuals with an income less than 150% FPL, 87% for those with an income of 151%-200% FPL, and 73% for those with an income of 201-250% FPL. Issuers have discretion in how they reduce cost-sharing in their standard silver plans to meet the higher AV, subject to a few constraints. In general, the cost-sharing for EHBs cannot exceed the cost-sharing for the same service in the standard silver plan or in another variant of the plan with a lower AV.

**Attachment 4**

<b>SOUTH DAKOTA MARKETPLACE PLAN CHARACTERISTICS (2022) - [ ] County ([ ]); 40-Year-Old, Non-Smoker</b>													
<i>Available Bronze Plans</i>													
<b>Issuer</b>	<b>Plan</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Smoker Premium (%)</b>	<b>Smoker Premium (\$)</b>	<b>Annual Premium (Non-Smoker)</b>	<b>In-Network Deductible</b>	<b>In-Network OOP Maximum</b>	<b>Out-of-Network Services<sup>1</sup></b>	<b>Child Dental</b>	<b>Adult Dental</b>	<b>Abortion Services<sup>2</sup></b>	<b>Bariatric Surgery</b>
Sanford Health Plan	Sanford Simplicity \$7,000	PPO	\$565	20%	\$678	\$6,775	\$7,000	\$8,700	Yes	Yes	No	No	Yes
Sanford Health Plan	Sanford Simplicity \$6,000	PPO	\$576	20%	\$692	\$6,917	\$6,000	\$8,700	Yes	Yes	No	No	Yes
Avera Health Plans	Avera 8000	PPO	\$588	15%	\$676	\$7,051	\$8,000	\$8,700	Yes	Yes	No	No	Yes
Sanford Health Plan	Sanford Simplicity \$6,900 HSA	PPO	\$588	20%	\$705	\$7,051	\$6,900	\$6,900	Yes	Yes	No	No	Yes
Avera Health Plans	Avera 6800	PPO	\$603	15%	\$693	\$7,236	\$6,800	\$8,700	Yes	Yes	No	No	Yes
Avera Health Plans	Avera 6850 HDHP	PPO	\$626	15%	\$720	\$7,510	\$6,850	\$6,850	Yes	Yes	No	No	Yes
<i>Available Silver Plans</i>													
<b>Issuer</b>	<b>Plan</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Smoker Premium (%)</b>	<b>Smoker Premium (\$)</b>	<b>Annual Premium (Non-smoker)</b>	<b>In-Network Deductible</b>	<b>In-Network OOP Maximum</b>	<b>Out-of-Network Services<sup>1</sup></b>	<b>Child Dental</b>	<b>Adult Dental</b>	<b>Abortion Services<sup>2</sup></b>	<b>Bariatric Surgery</b>
Sanford Health Plan	Sanford Simplicity \$4,750	PPO	\$770	20%	\$924	\$9,235	\$4,750	\$8,700	Yes	Yes	No	No	Yes
Sanford Health Plan	Sanford Simplicity \$3,500	PPO	\$788	20%	\$946	\$9,460	\$3,500	\$8,700	Yes	Yes	No	No	Yes
Avera Health Plans	Avera 7000	PPO	\$794	15%	\$913	\$9,532	\$7,000	\$8,500	Yes	Yes	No	No	Yes
Sanford Health Plan	Sanford Simplicity \$3,000	PPO	\$797	20%	\$957	\$9,568	\$3,000	\$8,700	Yes	Yes	No	No	Yes
Avera Health Plans	Avera 3000	PPO	\$832	15%	\$957	\$9,981	\$3,000	\$8,700	Yes	Yes	No	No	Yes
Avera Health Plans	Avera 3500	PPO	\$836	15%	\$962	\$10,038	\$3,500	\$8,500	Yes	Yes	No	No	Yes
Avera Health Plans	Avera 4500 HDHP	PPO	\$922	15%	\$1,060	\$11,059	\$4,500	\$4,500	Yes	Yes	No	No	Yes
<i>Available Gold Plans</i>													
<b>Issuer</b>	<b>Plan</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Smoker Premium (%)</b>	<b>Smoker Premium (\$)</b>	<b>Annual Premium (Non-smoker)</b>	<b>In-Network Deductible</b>	<b>In-Network OOP Maximum</b>	<b>Out-of-Network Services<sup>1</sup></b>	<b>Child Dental</b>	<b>Adult Dental</b>	<b>Abortion Services<sup>2</sup></b>	<b>Bariatric Surgery</b>
Sanford Health Plan	Sanford Simplicity \$1,750	PPO	\$790	20%	\$948	\$9,482	\$1,750	\$6,750	Yes	Yes	No	No	Yes
Avera Health Plans	Avera 1750	PPO	\$1,001	15%	\$1,151	\$12,014	\$1,750	\$6,500	Yes	Yes	No	No	Yes

Notes:

<sup>1</sup> For most services; "Yes" is indicated for out-of-network coverage if the plan Summary of Benefits and Coverage indicates some form of payment owed in the "Your Cost If You Use a Non-Participating Provider" column.

<sup>2</sup> "Yes" is indicated for abortion services if the plan covers comprehensive abortion services, including elective termination of pregnancy.

[CLICK HERE TO RETURN TO MAIN PAGE](#)