

# Tier 1

## How Tier 1 Works

- To receive the highest level of benefit, you must have a Tier 1 service performed at an approved Tier 1 facility by an approved Tier 1 provider.
- If you have a Tier 1 service at a Tier 1 facility by an approved Tier 1 provider, you will have a lower out-of-pocket maximum. The out-of-pocket maximum is the most you will pay for services during a fiscal year.
- If you want to have a Tier 1 service at a Non-Tier 1 facility or by a Non-Tier 1 provider, you will pay a higher out-of-pocket maximum. Non-Tier 1 facilities and providers must be in the DAKOTACARE network.
- Tier 1 services require pre-authorization by Health Management Partners (HMP).
- Out-of-Network coinsurance of 35% and Out-of-Network maximums apply if you do not utilize a DAKOTACARE provider.

| COVERAGE FOR TIER 1*   |   |   |   |   |   |
|--|---|---|---|---|---|
| \$750 Deductible Plan  |   | \$1,250 Deductible Plan   |   | \$1,800 Deductible Plan with HSA  |   |
| Tier 1*  | Non-Tier 1  | Tier 1*   | Non-Tier 1  | Tier 1*   | Non-Tier 1  |
| <ul style="list-style-type: none"> <li>\$750 per person Deductible</li> <li>25% Coinsurance</li> <li>\$3,250 Out-of-Pocket maximum</li> <li>\$8,125 Out-of-Pocket maximum per family of three or more</li> </ul> | <ul style="list-style-type: none"> <li>\$750 per person Deductible</li> <li>25% Coinsurance</li> <li>\$5,350 Out-of-Pocket maximum</li> <li>\$10,200 Out-of-Pocket maximum per family of three or more</li> </ul> | <ul style="list-style-type: none"> <li>\$1,250 per person Deductible</li> <li>25% Coinsurance</li> <li>\$4,250 Out-of-Pocket maximum</li> <li>\$10,200 Out-of-Pocket maximum per family of three or more</li> </ul> | <ul style="list-style-type: none"> <li>\$1,250 per person Deductible</li> <li>25% Coinsurance</li> <li>\$5,350 Out-of-Pocket maximum</li> <li>\$10,200 Out-of-Pocket maximum per family of three or more</li> </ul> | <ul style="list-style-type: none"> <li>\$1,800 per person Deductible</li> <li>\$3,600 family Deductible</li> <li>25% Coinsurance</li> <li>\$4,350 Out-of-Pocket maximum single</li> <li>\$10,200 Out-of-Pocket maximum per family of three or more</li> </ul> | <ul style="list-style-type: none"> <li>\$1,800 per person Deductible</li> <li>\$3,600 family Deductible</li> <li>25% Coinsurance</li> <li>\$5,350 Out-of-Pocket maximum single</li> <li>\$10,200 Out-of-Pocket maximum per family of three or more</li> </ul> |

\* To receive the highest level of benefit, you must have a Tier 1 service performed at an approved Tier 1 facility by an approved Tier 1 provider.

| TIER 1 SERVICES, FACILITIES AND PROVIDERS   |   |  |
|---|---|--|
| Services  | Facilities  | Providers  |
| <u>Cardiac</u> <ul style="list-style-type: none"> <li>Heart Bypass Surgery</li> <li>Cardiac Catheterization</li> <li>Balloon Angioplasty</li> <li>Pacemakers</li> </ul>   | <u>Cardiac</u> <ul style="list-style-type: none"> <li>Sanford</li> </ul>  | <u>Cardiac</u> <ul style="list-style-type: none"> <li>Must be a Sanford provider</li> </ul>  |
| <u>Orthopedic</u> <ul style="list-style-type: none"> <li>Back &amp; Neck Surgery (including spinal fusion)</li> <li>Total Knee Replacement</li> <li>Total Hip Replacement</li> </ul>  | <u>Orthopedic</u> <ul style="list-style-type: none"> <li>Sanford</li> <li>Avera St. Mary's in Pierre</li> </ul>                                     | <u>Orthopedic</u> <ul style="list-style-type: none"> <li>Must be a Sanford provider</li> <li>Must be an Avera provider</li> </ul>  |
| <u>Bariatric</u> <ul style="list-style-type: none"> <li>Weight Reduction Surgery Lap-band, Gastric Sleeve, and Roux-en-Y</li> <li>Must be enrolled and approved through the Bariatric Management program with Health Management Partners</li> </ul> | <u>Bariatric</u> <ul style="list-style-type: none"> <li>Sanford</li> </ul>  | <u>Bariatric</u> <ul style="list-style-type: none"> <li>Must be a Sanford provider</li> </ul>  |
| <u>Renal Care</u> <ul style="list-style-type: none"> <li>Kidney Transplant</li> <li>Dialysis</li> </ul>   | <u>Renal Care</u> <ul style="list-style-type: none"> <li>Avera</li> </ul>   | <u>Renal Care</u> <ul style="list-style-type: none"> <li>Must be an Avera provider</li> </ul>  |
| <u>Gastroenterology</u> <ul style="list-style-type: none"> <li>Colonoscopies (does not apply to preventive colonoscopies)</li> <li>Upper GI and/or Endoscopies</li> <li>Hernia Repair</li> <li>Gallbladder</li> </ul>                               | <u>Gastroenterology</u> <ul style="list-style-type: none"> <li>Sioux Falls Specialty Hospital (SFSH)</li> <li>Avera St. Mary's in Pierre</li> </ul> | <u>Gastroenterology</u> <ul style="list-style-type: none"> <li>SFSH Tier 1 Providers include: Mark Milone, Chandar Singaram, Don Wingert, Dave Strand, Bradley Thaemert, Scott Baker, Mike Person, Michael Bauer</li> <li>Must be an Avera provider</li> </ul> |