



1277 Deming Way | Madison, Wisconsin 53717

Thank you for your interest in our Conversion Plan; with this plan you can continue to make Dean Health Plan your health care partner. Please read and complete the enclosed forms in their entirety. If you would like assistance with this application, contact our Customer Care Center at (800) 279-1301, or TTY at (877) 733-6456.

## Eligibility

Only those applicants who reside within the Dean Health Plan service area are eligible for this plan. Please call our Customer Care Center to receive information about out-of-area conversion coverage.

If you and your spouse prefer two single contracts, two separate applications must be submitted. If a dependent child under the age of 18 is the only person to be insured, then the application must be co-signed by a legal parent or guardian.

If any applicant is eligible for Federal Medicare, please contact Dean Health Plan for further information.

## To Apply

The application must be received no later than 31 days following termination of Dean Health Plan coverage through your employer.

To choose a primary care physician or clinic, visit [deancare.com](http://deancare.com) and perform a provider search, or consult a printed provider directory. Note that primary physicians and clinic locations are marked with the symbol (•), and those not accepting new patients are marked with (◇). Each family member may choose a different primary care physician or clinic.

For dependent coverage, you must select either Limited Family (applicant and children) or Family (applicant, spouse, and children) coverage. Please sign the application where indicated and submit within 15 days of your signature date. When family coverage is requested, both applicant and spouse must sign the application. Incomplete applications will be returned.

## Medical Underwriting

Medical underwriting is not required.

## Effective Date of Coverage

Coverage is effective the first day following the termination of your Dean Health Plan group coverage.

