



Dean
HEALTH PLAN

INTRODUCING DEAN HEALTH PLAN'S SUITE
OF BENEFIT OPTIONS FOR
EMPLOYER GROUPS

Small Employer Options that fit your needs,

including a variety of copays, deductibles and co-insurance

- Designed specifically for small groups with two to 50 employees
- Expanded options available for HMO, POS, and PPO plans. POS and PPO in-network benefits match HMO, to provide a more seamless benefit program for employers
- FOCUS network available on any HMO plan design and can be part of a multiple plan offering
- Multiple plan designs available within groups of 11 or more participating employees
- Health Reimbursement Account (HRA) plans available - See below
- Choose from a variety of copays, deductibles and co-insurance options
- Multiple prescription drug plan options available

Select your Plan Type

 HMO Plan

 FOCUS Plan

(Dane County Employers Only)
 POS Plan

 PPO Plan

Choose your Medical Options and Prescription Drug Plan

Step 1 Deductible

 \$0

 0%

 \$0

 \$15

 \$20

 \$30

 + Add Optional
\$300 Hospital
Copay

 \$250
 \$500

 20%

 Same as Co-insurance

 \$250
 \$500
 \$1,000
 \$1,500
 \$2,000
 \$2,500

 10%

 \$15

 \$20

 \$30

 \$3,500
 \$5,000

 0%

 \$15

 \$20

 \$30

 \$3,500
 \$5,000

 10%

 \$15

 \$20

Step 4 Rx Options

 Rx Option 1
\$10/\$25/\$50

 Rx Option 2
\$10/30%/50%

 Rx Option 3
No Pharmacy
Coverage

Available HRA Plans

(Deductible / Co-insurance / Copay)
 \$1,000 / 10% / \$30

 \$1,500 / 10% / \$30

 \$2,000 / 10% / \$30

 \$2,500 / 10% / \$30

 \$3,500 / 10% / \$15

 \$5,000 / 0% / \$15



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Standard Medical Options include the following*:

- **Policy Lifetime Maximum:** POS/PPO HMO unlimited
- **Hospital / Surgical:** Inpatient, outpatient and ambulatory surgery center
- **Emergency Room Facility Fees:** \$75 copay; waived if hospital stay is 24 hours or longer
- **Urgent Care:** Coverage includes ancillary services
- **Home Health Care:** Up to 40 visits per contract year
- **Licensed Skilled Nursing:** Up to 120 days per contract year
- **Outpatient Therapy:** Physical/Speech/Occupational Therapy: 50 combined visits per contract year. Subject to office visit benefit
- **Transplants:** Lifetime benefit maximum of \$1,000,000
- **Hearing Aid:** 100% covered up to \$500 every 36 months (Adults); No limit on children
- **Infertility Services:** 100% covered up to \$2,000 (combined in/out-of-network)
- **Preventive Services:** Services include preventive physical exam, well child care, preventive immunizations, screening colonoscopy, screening mammogram, total cholesterol and pap smear
- **Diagnostic Services:**
 - CAT Scans: Maximum of three \$50 copayments per contract period
 - MRI/MRA: Maximum of three \$50 copayments per contract period
 - Coverage included for X-rays/Labs/Hearing and Vision exams

**For more details about plan options, talk to your
Dean Health Plan Account Executive**

Prescription Drug Options include the following*:

DHP Formulary:

To determine if a drug is covered and which tier it is placed in, visit:

www.deancare.com

Mail Order:

- Three-month supply for the cost of two months (Tiers 1 & 2)
- Administered by WellDyne

Retail: 30 or 90 day supply

Tablet Splitting: 50% of copay (flat copays only) for all qualifying drugs. For details, visit:

www.deancare.com

Smoking Cessation:

Available on all medical plans with/without a prescription plan

Find the plan
that fits your
needs with
Dean Health Plan



*All Benefits are based on contract period. This benefit description is intended to only highlight benefits and should not be relied upon to fully determine coverage. Please review the Certificate of Coverage for an exact description of the services and supplies that are covered, excluded or limited, and other terms and conditions of coverage.