



Individual Plan Summary

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Benefits	Dean Copay	Dean 500	Dean 1000	Dean 1500	Dean 2000	Dean 3500	Dean 5000
Annual Deductible	N/A	\$500 single/ \$1,000 family	\$1,000 single/ \$2,000 family	\$1,500 single/ \$3,000 family	\$2,000 single/ \$4,000 family	\$3,500 single/ \$7,000 family	\$5,000 single/ \$10,000 family
Annual Out-of-Pocket Limit	N/A	\$1,500 single/ \$3,000 family	\$2,000 single/ \$4,000 family	\$2,500 single/ \$5,000 family	\$3,000 single/ \$6,000 family	\$4,500 single/ \$9,000 family	\$5,000 single/ \$10,000 family
Office Visit	\$30 copay	\$30 copay	\$30 copay	20% after deductible	20% after deductible	20% after deductible	0% after deductible
Prescription Drug (optional rider)	Option 1: Tier 1: \$10 generics; Tier 2: 30% preferred brand drugs; Tier 3: 50% non formulary Option 2: \$250 single / \$500 family deductible then copays of Tier 1: \$5 generics; Tier 2: \$25 preferred brand drugs; Tier 3: \$60 non formulary						
Hospital Inpatient/Outpatient	\$500 copay; annual max of \$2,000 single / \$4,000 family			20% after deductible	20% after deductible	20% after deductible	0% after deductible
Maternity (optional rider)	\$1,000 deductible, then subject to 20% coinsurance (270 day waiting period)						
Urgent Care	\$30 copay	\$30 copay	\$30 copay	20% after deductible	20% after deductible	20% after deductible	0% after deductible
Emergency Room	\$100 copay (waived if 24 hour hospital stay is required)	\$100 copay (waived if 24 hour hospital stay is required)	\$100 copay (waived if 24 hour hospital stay is required)	20% after deductible	20% after deductible	20% after deductible	0% after deductible
Preventive Services							
Annual Physical Exam (age 18 and older)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Well Child Care (through age 17)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mental Health and AODA (Alcohol and Other Drug Abuse)							
Inpatient Care	\$500 copay; annual max of \$2,000 single / \$4,000 family			20% after deductible	20% after deductible	20% after deductible	0% after deductible
Outpatient Care	\$30 copay	\$30 copay	\$30 copay	20% after deductible	20% after deductible	20% after deductible	0% after deductible