

2024 small employer plan options



Step 1: Choose your network offering HMO Focus POS

Step 2: Choose your plan design – Multiple options available to fit your employee needs

All copay and prescription drug values displayed are in-network benefits only.

Copay Plus plan options – For employers that want to offer great coverage and affordable office visits

Select a plan	Deductible		Coinsurance		Out-of-pocket max		Copays			Prescription drug options	
	In-network	Out-of-network*	In-network	Out-of-network*	In-network	Out-of-network*	Primary care office visit	Specialist office visit	Emergency room	#1	#2
<input type="checkbox"/> Platinum	\$0	\$1,000	10%	20%	\$1,850	\$3,700	\$30	\$60	\$500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Platinum	\$250									<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Platinum	\$500									<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Platinum	\$1,250									<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gold	\$1,500	\$3,000	20%	40%	\$6,150	\$12,300	\$40	\$80	\$500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gold	\$2,000									<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Silver	\$5,100	\$10,200	30%	60%	\$8,900	\$17,800	\$40	\$80	\$500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bronze	\$9,450	\$18,900	0%	0%	\$9,450	\$18,900				<input type="checkbox"/>	<input type="checkbox"/>

Copay Plus Prescription Drug Options & Details – Select an option to complete your plan design.

1: \$10 generic, \$40 preferred brand, \$75 non-preferred brand, \$150 specialty

2: \$10 generic, \$40 preferred brand, 50% non-preferred brand, 50% specialty

*Out-of-network values are for POS plans only

Copay Elite plan options – For employers that want to increase employee savings at select provider locations

Copay Elite plans are only available with our HMO network. Small employers must be located in Green Lake, Iowa, or Jefferson county.

Select a plan	Deductible	Coinsurance	Out of pocket	Copays					
				Primary care office visit Tier 1 providers	Primary care office visit Tier 2 providers	Urgent care Tier 1 providers	Urgent care Tier 2 providers	Specialist office visit	Emergency room
<input type="checkbox"/> Platinum	\$0	10%	\$1,850	\$10	\$60	\$10	\$60	\$60	\$500
<input type="checkbox"/> Platinum	\$250								
<input type="checkbox"/> Platinum	\$500								
<input type="checkbox"/> Platinum	\$1,250								
<input type="checkbox"/> Gold	\$1,500	20%	\$6,150	\$20	\$80	\$20	\$80	\$80	\$500
<input type="checkbox"/> Gold	\$2,000								
<input type="checkbox"/> Silver	\$5,100	30%	\$8,900	\$20	\$80	\$20	\$80	\$80	\$500

Copay Elite prescription drug details - \$10 generic, \$40 preferred brand, 50% non-preferred brand, 50% specialty

HSA-Eligible plan options – For employers that want to offer lower premiums and health savings account compatibility

Select a plan	Deductible		Coinsurance		Out-of-pocket max		HSA-eligible prescription drug details
	In-network	Out-of-network*	In-network	Out-of-network*	In-network	Out-of-network*	
<input type="checkbox"/> Gold	\$1,700	\$3,400	30%	60%	\$4,500	\$9,000	30% coinsurance after deductible
<input type="checkbox"/> Gold	\$2,800	\$5,600	0%	0%	\$2,800	\$5,600	No charge after deductible
<input type="checkbox"/> Gold**	\$3,200	\$6,400			\$3,200	\$6,400	
<input type="checkbox"/> Gold**	\$3,750	\$7,500			\$3,750	\$7,500	
<input type="checkbox"/> Silver**	\$4,100	\$8,200	30%	60%	\$7,000	\$14,000	30% coinsurance after deductible
<input type="checkbox"/> Silver**	\$5,100	\$10,200	0%	0%	\$5,100	\$10,200	No charge after deductible
<input type="checkbox"/> Silver**	\$5,800	\$11,600			\$5,800	\$11,600	
<input type="checkbox"/> Silver**	\$6,500	\$13,000			\$6,500	\$13,000	
<input type="checkbox"/> Bronze**	\$8,050	\$16,100			\$8,050	\$16,100	

Our HSA-eligible plans are designed to offer maximum consumer value. Plan options marked with a double asterisk (**) carry embedded deductibles and offer benefits to each individual on a family plan after the single deductible has been met. All HSA plans also offer a separate formulary with increased access to lower cost generic drugs. Contact a Dean Health Plan representative for more information.

*Out-of-network values are for POS plans only

Step 3: Choose your PPO plan design – Select a PPO option for employees living outside the network area

Copay Plus plan options – For employers that want to offer great coverage and affordable office visits

Select a plan	Deductible		Coinsurance		Out-of-pocket max		Copays		
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	Primary care office visit	Specialist office visit	Emergency room
<input type="checkbox"/> Platinum	\$250	\$1,000	10%	20%	\$1,850	\$3,700	\$40	\$40	\$500
<input type="checkbox"/> Platinum	\$500								
<input type="checkbox"/> Platinum	\$1,250								
<input type="checkbox"/> Gold	\$1,500	\$3,000	20%	40%	\$6,150	\$12,300	\$60	\$60	
<input type="checkbox"/> Gold	\$2,000	\$4,000							
<input type="checkbox"/> Silver	\$5,100	\$10,200	30%	50%	\$8,900	\$17,800	\$60	\$60	

Copy Plus prescription drug details - \$10 generic, \$40 preferred brand, \$75 non-preferred brand, \$150 specialty

HSA-Eligible plan options – For employers that want to offer lower premiums and Health Savings Account (HSA) compatibility

Select a plan	Deductible		Coinsurance		Out-of-pocket max		HSA-eligible prescription drug details
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	
<input type="checkbox"/> Gold	\$1,700	\$3,400	30%	50%	\$4,500	\$9,000	30% coinsurance after deductible
<input type="checkbox"/> Gold	\$2,800	\$5,600	0%	0%	\$2,800	\$5,600	No charge after deductible
<input type="checkbox"/> Gold**	\$3,200	\$6,400			\$3,200	\$6,400	
<input type="checkbox"/> Gold**	\$3,750	\$7,500			\$3,750	\$7,500	
<input type="checkbox"/> Silver**	\$4,100	\$8,200	30%	50%	\$7,000	\$14,000	30% coinsurance after deductible
<input type="checkbox"/> Silver**	\$5,100	\$10,200	0%	0%	\$5,100	\$10,200	No charge after deductible
<input type="checkbox"/> Silver**	\$5,800	\$11,600			\$5,800	\$11,600	
<input type="checkbox"/> Silver**	\$6,500	\$13,000			\$6,500	\$13,000	
<input type="checkbox"/> Bronze**	\$8,050	\$16,100			\$8,050	\$16,100	

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Have questions? We're here to help.

For more details about your plan options talk with your Dean Health Plan sales team at (866) 794-3326 (TTY: 711) or visit [DeanCare.com/Shop-Plans/Employer-Group-Plans/Small-Group](https://deancare.com/Shop-Plans/Employer-Group-Plans/Small-Group).