



CHAMBERONE

Summary of Plans

Benefits	Dean Copay	Dean 250	Dean 750	Dean 1250	Dean 1500 (HDHP)	Dean 3000 (HDHP)
Annual Deductible	N/A	\$250 single/ \$500 family	\$750 single/ \$1,500 family	\$1,250 single/ \$2,500 family	\$1,500 single/ \$3,000 family	\$3,000 single/ \$6,000 family
Annual Out-of-Pocket Limit	N/A	\$750 single/ \$1,500 family	\$1,250 single/ \$2,500 family	\$2,250 single/ \$4,500 family	\$2,500 single/ \$5,000 family	\$3,000 single/ \$6,000 family
Office Visit	\$35 copay	10% after deductible	10% after deductible	20% after deductible	20% after deductible	0% after deductible
Prescription Drug (optional rider)	<p>Tier 1: \$10 generics; Tier 2: \$40 preferred brand drugs; Tier 3: \$75 expanded formulary brand and selected generics</p> <p>With a high deductible health plan (HDHP), as required by federal law, both your prescription drug costs and your medical costs will accumulate toward your plan deductible. This means you must pay 100% of the cost of your prescription drugs (the discounted cost if you use your Dean Health Plan ID card) until the plan deductible is met. Once the plan deductible is met, your prescription drug costs will revert to the standard 3-tier copay amounts.</p>					
Hospital Inpatient/Outpatient	\$750 copay; annual max of \$1,500 single/\$3,000 family	10% after deductible	10% after deductible	20% after deductible	20% after deductible	0% after deductible
Maternity	Office visits - you pay nothing Hospital - copay of \$750	not covered	not covered	not covered	not covered	not covered
Urgent Care	\$35 copay	10% after deductible	10% after deductible	20% after deductible	20% after deductible	0% after deductible
Emergency Room	\$100 copay (waived if 24 hour hospital stay is required)	10% after deductible	10% 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
Well Child Care (through age 17)	\$0	\$0	\$0	\$0	\$0	\$0
Immunizations	\$0	\$0	\$0	\$0	\$0	\$0
Mental Health and AODA (Alcohol and Other Drug Abuse)						
Inpatient Care	\$750 copay; annual max of \$1,500 single/\$3,000 family	10% after deductible	10% after deductible	20% after deductible	20% after deductible	0% after deductible
Outpatient Care	\$35 copay	10% after deductible	10% after deductible	20% after deductible	20% after deductible	0% after deductible