

### Value-added Benefits



#### Acupuncture

For members interested in alternative health options



#### Adult Eye Exams

To keep your prescriptions up to date and eyes seeing clear



#### Travel Immunizations

Added peace of mind while enjoying your vacations

Dean Health Plan direct plans are not available through the Marketplace. These plan options offer value-added benefits and are best suited for individuals and families that are not eligible for financial subsidies. Visit [deancare.com/calculator](https://deancare.com/calculator) for help deciding which option is best for you.

## Copay Plus and Copay Elite Plan Options

| Plan Name                            | Deductible (Single / Family) | Coinsurance | Annual Max Out of Pocket (Single / Family) | Primary Care Office Visit    | Specialist Office Visit | SSM Health Express E Visit | Preventive Exam* | Urgent Care                  | Emergency Room   | Outpatient Lab/X-ray       | Hospital Stay |
|--------------------------------------|------------------------------|-------------|--|------------------------------|-------------------------|----------------------------|------------------|------------------------------|--|----------------------------|---------------|
| Gold Copay Plus 1550                 | \$1,550 / \$3,100            | 20%         | \$5,100 / \$10,200                         | \$30 copay                   | \$60 copay              | No charge                  |                  | \$30 copay                   | \$325 copay before policy deductible and coinsurance   | 20% after deductible       |               |
| Silver Copay Plus 4850               | \$4,850 / \$9,700            | 30%         | \$8,700 / \$17,400                         |                              |                         |                            |                  |                              |  | 30% after deductible       |               |
| Bronze Copay Plus 8700               | \$8,700 / \$17,400           | 0%          | \$8,700 / \$17,400                         | \$60 copay                   | \$120 copay             |                            |                  | \$60 copay                   | \$500 copay before policy deductible and coinsurance   | No charge after deductible |               |
| Gold Copay Elite 1550 <sup>†</sup>   | \$1,550 / \$3,100            | 20%         | \$5,100 / \$10,200                         | Tier 1 Providers: \$10 copay | \$60 copay              |                            |                  | Tier 1 Providers: \$10 copay | \$750 copay before policy deductible and coinsurance   | 20% after deductible       |               |
| Silver Copay Elite 4850 <sup>†</sup> | \$4,850 / \$9,700            | 30%         | \$8,700 / \$17,400                         | Tier 2 Providers: \$60 copay |                         |                            |                  | Tier 2 Providers: \$60 copay | \$1,000 copay before policy deductible and coinsurance | 30% after deductible       |               |

*Copay Plus and Copay Elite Prescription Drug Benefits - Gold and Silver offer \$15 Generics, \$50 Preferred Brand, 50% Non-Preferred Brand, 50% Specialty. Bronze offers \$15 Generics and no charge after deductible on all other tiers.*

*<sup>†</sup>Copay Elite plans are only available to residents in Dodge, Green Lake, Iowa and Jefferson counties*

## Value Copay Plan Options

| Plan Name               | Deductible (Single / Family) | Coinsurance | Annual Max Out of Pocket (Single / Family) | Primary Care Office Visit                                     | Specialist Office Visit    | SSM Health Express E Visit | Preventive Exam* | Urgent Care                | Emergency Room | Outpatient Lab/X-ray                                 | Hospital Stay              |  |
|-------------------------|------------------------------|-------------|--|---|----------------------------|----------------------------|------------------|----------------------------|----------------|--|----------------------------|--|
| Gold Value Copay 3750   | \$3,750 / \$7,500            | 0%          | \$3,750 / \$7,500                          | \$25 copay for 3 visits then no charge after deductible       | No charge after deductible | No charge                  |                  | No charge after deductible |                | No charge after deductible                           |                            |  |
| Silver Value Copay 5050 | \$5,050 / \$10,100           | 30%         | \$8,700 / \$17,400                         | \$25 copay for 3 visits then 30% coinsurance after deductible | 30% after deductible       |                            |                  | 30% after deductible       |                | \$325 copay before policy deductible and coinsurance | 30% after deductible       |  |
| Bronze Value Copay 8700 | \$8,700 / \$17,400           | 0%          | \$8,700 / \$17,400                         | \$100 copay for 3 visits then no charge after deductible      | No charge after deductible |                            |                  | No charge after deductible |                |  | No charge after deductible |  |

*Value Copay Prescription Drug Benefits - Gold and Silver offer \$15 Generics, 50% Preferred Brand, 50% Non-Preferred Brand, 50% Specialty. Bronze offers no charge after deductible on all tiers.*

## HSA Eligible Plan Options

| Plan Name         | Deductible** (Single / Family) | Coinsurance | Annual Max Out of Pocket (Single / Family) | Primary Care Office Visit  | Specialist Office Visit | SSM Health Express E Visit | Preventive Exam* | Urgent Care                | Emergency Room | Outpatient Lab/X-ray | Hospital Stay |
|-------------------|--------------------------------|-------------|--|----------------------------|-------------------------|----------------------------|------------------|----------------------------|----------------|----------------------|---------------|
| Gold HSA 2000     | \$2,000 / \$4,000              | 20%         | \$4,250 / \$8,500                          | 20% after deductible       |                         |                            | No charge        | 20% after deductible       |                |                      |               |
| Silver HSA-E 4550 | \$4,550 / \$9,100              |             | \$7,000 / \$14,000                         |                            |                         |                            |                  |                            |                |                      |               |
| Bronze HSA-E 7000 | \$7,000 / \$14,000             | 0%          | \$7,000 / \$14,000                         | No charge after deductible |                         |                            |                  | No charge after deductible |                |                      |               |

*HSA Eligible Prescription Drug Benefits - Policy coinsurance after deductible on all tiers*

*Our HSA eligible plans are designed to offer maximum consumer value through a separate HDHP HSA formulary, increasing access to lower cost generic drugs.*

*\*\*If purchasing an HSA eligible family plan, the Silver and Bronze options offer benefits to each individual after the single deductible has been met.*

*\*Preventive exams are covered in accordance with the recommended preventive services as required by the Patient Protection and Affordable Care Act (PPACA).*

Plans offering additional savings through the Focus Network are noted with this symbol.  
Available to residents in Dane, Sauk, Green & Rock counties only.

