



INDIVIDUALS + FAMILIES

2024 Dean Health Plans

DeanHealthPlan
by  **Medica**

Coverage + care right here at home

Dean Health is now Dean Health Plan by Medica

Our name has changed, but our mission remains the same. For more than 35 years we've helped southern Wisconsinites like you find care within this community. Make the most of your insurance. Pick from a range of plans that fit your needs and offer additional benefits.



**\$0 preferred
diabetic supplies**



**Unlimited \$0 rides
to and from
medical appointments**



**\$0 SSM Health
Express E-visit**

EXTRA BENEFITS BUILT-IN TO YOUR PLAN



Preferred insulin savings

\$35 maximum member cost share* on preferred insulin (tier 2) per one-month supply as part of your standard pharmacy benefit.



Online health program with reward opportunities

You'll get access to programs to motivate and support a healthy lifestyle at no additional cost. Participate and earn a reward valued at **\$50** for completing your annual preventive visit.



On-demand help for stress, anxiety, and depression


1 in 5 adults will experience mental illness in their life. If you or someone you know needs help, know you're not alone. We offer a spectrum of support, services, and treatment options in our network. Visit [DeanCare.com/BehavioralHealth](https://deancare.com/behavioralhealth) to access our resources.

**High Deductible Health Plan (HDHP) members do not have to meet their deductible first.*

Note: If there is a discrepancy between this document and the plan's Policy of Coverage (POC), the POC will govern.





2024 Marketplace plan examples

Here are some plans we’re offering this year. You can see the full list of plans and their benefits at [DeanCare.com/ShopPlans-24](https://deancare.com/ShopPlans-24). Many of our plans may fit your needs.

We’ve noted the ones that are also available in the Focus Network² with this icon: 



Looking for a quote?
We can help you pick a plan, too.
Call us at **1 (800) 918-2394 (TTY: 711)**.

Plan Name	Metal Level	Deductible/ Out-of-Pocket Max Medical + Pharmacy		Primary Care Copay	Specialty Care Copay	Virtual Care SSM Health Express E-visit	Preventive Care ¹	Individual Counseling + Therapy Copay	Prescriptions Generic/Preferred Brand/ Non-Preferred Brand/ Specialty
 Copay Plus	Gold	Individual: \$1,500/\$5,700 Family: \$3,000/\$11,400		\$30	\$60	\$0		\$60	\$15 / \$60 / 50% / 50%
	Silver	Individual: \$4,800/\$9,450 Family: \$9,600/\$18,900		\$40	\$80				
	Bronze	Individual: \$9,400/\$9,400 Family: \$18,800/\$18,800						\$25 Generics and no charge on all other tiers after deductible	
 Copay PCP	Gold	Individual: \$3,000/\$4,900 Family: \$6,000/\$9,800	\$30	20% after deductible			20% after deductible	\$15 Generics and policy coinsurance after deductible on all tiers	
	Silver	Individual: \$4,500/\$8,850 Family: \$9,000/\$17,700						\$20 Generics and policy coinsurance after deductible on all tiers	
	Bronze	Individual: \$8,000/\$9,450 Family: \$16,000/\$18,900							
 HSA HDHP ³	Gold	Individual: \$2,000/\$4,500 Family: \$4,000/\$9,000	20% after deductible	20% after deductible	20% after deductible		\$0	20% after deductible	Policy coinsurance after deductible on all tiers
	Silver	Individual: \$3,550/\$7,500 Family: \$7,100/\$15,000	20% after deductible	20% after deductible	20% after deductible			20% after deductible	
	Bronze	Individual: \$7,450/\$7,450 Family: \$14,900/\$14,900	No charge after deductible	No charge after deductible	No charge after deductible			No charge after deductible	
 Standard	Gold	Individual: \$1,500/\$8,700 Family: \$3,000/\$17,400	\$30	\$60	\$0			\$60	\$15 / \$30 / \$60 / \$250
	Silver	Individual: \$5,900/\$9,100 Family: \$11,800/\$18,200	\$40	\$80				\$80	\$20 / \$40 / \$80 / \$350*
	Bronze 7500X	Individual: \$7,500/\$9,400 Family: \$15,000/\$18,800	\$50	\$100				\$100	\$25 / \$50 / \$100 / \$500*
	Bronze 9100X	Individual: \$9,100/\$9,450 Family: \$18,200/\$18,900	5% after deductible	5% after deductible	\$0			5% after deductible	5% after deductible on all tiers

¹ Preventive exams are covered in accordance with the recommended services as required by the patient Protection and Affordable Care act (PPACA)

² Focus Network is only available in the following counties: Dane, Green, Rock and Sauk

³ If purchasing an HSA eligible family plan, the Silver and Bronze options offer benefits to each individual after the single deductible has been met



2024 Direct plan examples

Direct plans aren't available through the Marketplace. These plan options offer additional benefits and are best suited for individuals and families not eligible for financial subsidies.

To see full list of plans and benefits, visit [DeanCare.com/ShopPlans-24](https://deancare.com/shopplans-24)



Ready to enroll?
We make it simple.
Call us at **1 (800) 918-2394 (TTY: 711).**

Plan Name	Metal Level	Deductible/ Out-of-Pocket Max Medical + Pharmacy		Primary Care Copay	Specialty Care Copay	Virtual Care SSM Health Express E-visit	Preventive Care ¹	Individual Counseling + Therapy Copay	Prescriptions Generic/Preferred Brand/ Non-Preferred Brand/ Specialty
 Copay Plus	Gold	Individual: \$1,550/\$5,700 Family: \$3,100/\$11,400		\$30	\$60	\$0	\$0	\$60	\$15 / \$60 / 50% / 50%
	Silver	Individual: \$4,850/\$9,450 Family: \$9,700/\$18,900	\$40	\$80	\$80			\$25 Generics and no charge on all other tiers after deductible	
	Bronze	Individual: \$9,450/\$9,450 Family: \$18,900/\$18,900							
Copay Elite ²	Gold	Individual: \$1,550/\$5,700 Family: \$3,100/\$11,400	Tier 1 Providers: \$10 Tier 2 Providers: \$60	\$60	\$60			\$15 / \$60 / 50% / 50%	
	Silver	Individual: \$4,850/\$9,450 Family: \$9,700/\$18,900	Tier 1 Providers: \$20 Tier 2 Providers: \$80	\$80	\$80				
 HSA HDHP ³	Gold	Individual: \$2,050/\$4,500 Family: \$4,100/\$9,000	20% after deductible	20% after deductible	20% after deductible			20% after deductible	Policy coinsurance after deductible on all tiers
	Silver	Individual: \$3,600/\$7,500 Family: \$7,200/\$15,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible			
	Bronze	Individual: \$7,500/\$7,500 Family: \$15,000/\$15,000	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible			

¹ Preventive exams are covered in accordance with the recommended services as required by the Patient Protection and Affordable Care Act (PPACA)
² Copay Elite plans are only available to residents in Dodge, Green Lake, Iowa, and Jefferson counties

³ If purchasing an HSA-eligible family plan, the Silver and Bronze options offer benefits to each individual after the single deductible has been met

Additional benefits with direct plans

Direct plans offer you additional benefits that aren't available with a Marketplace plan. They include acupuncture, adult eye exams, and travel immunizations.

What else you need to know

Eligibility and requirements

To qualify for a Dean plan, you must be a resident of Wisconsin, live in the Dean Health Plan service area, and not enrolled in Medicare. You also must live within your selected network's service area to enroll in and remain in the plan.

Understanding benefits and coverage details

This brochure is a brief overview of the plans. This document is not an invitation to apply or contract for insurance, and it's only intended to provide basic information about insurance that may be available. For costs and further details of the coverage, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force, see your agent, visit **DeanCare.com/ShopPlans-24**, or you can get a paper copy by calling **1 (800) 918-2394 (TTY: 711)**.

Prior authorization

There are certain medical services or provider visits that must be authorized by Dean Health Plan before we can provide a claims payment. A good rule to remember is that any time you seek services with an out-of-network provider, you'll need to get prior authorization.* We require these authorizations so our Medical Affairs team can make sure you're getting the appropriate care.

** HMO members will need to get prior authorization any time they seek services with an out-of-network provider. Plan providers request prior authorization for POS and PPO members.*

Pediatric dental isn't covered

These policies don't include pediatric dental services. Pediatric dental is an essential health benefit that can be purchased as a standalone product through the Marketplace. For more information visit **Healthcare.gov**.

Member complex case management

We have services and programs designed to help members with certain health conditions manage their overall care and treatment. Find more information **DeanCare.com/ShopPlans-24**.

Deductible and out-of-pocket maximum details

The deductible and out-of-pocket maximum are subject to a “cost of living” increase on a yearly basis. This increase is tied to the Consumer Price Index

and/or may result from adjustments needed to keep plans within the range for a given metal level; metal levels (e.g., Gold, Silver, Bronze) must always be in compliance with the Affordable Care Act (ACA) for Qualified Health Plans (QHPs).

Cost share reduction plans

You may be able to get help paying your health insurance premium or qualify for plans with reduced deductibles and copays. Plans with reduced deductibles and copays are called Cost Share Reduction (CSR) plans. You can get this assistance if you get health insurance through Healthcare.gov, your income is below a certain level, and you choose a health plan from the Silver plan category. Reduced cost sharing isn't available with a Catastrophic plan. If you're a member of a federally recognized tribe, you may qualify for additional cost-sharing benefits. To see if you're eligible, please visit **Healthcare.gov**.

Receiving care outside your network

Unless it's an emergency, air ambulance service, or certain out-of-network care at an in-network facility or pre-approved by the health plan, there is no coverage if you visit a provider that is not in your plan's network. This means your provider may require you to be responsible for the full cost of any care or supplies. Learn more at **DeanCare.com/BalanceBill**.

Privacy notice

Dean Health Plan is required by law to maintain the privacy of your personal health and financial information (collectively referred to as “nonpublic personal information”) and provide you with written notification of our legal duties and privacy practices concerning that information.

For additional information, visit **DeanCare.com/Privacy** or call **1 (877)-394-9080 (TTY: 711)** to request a copy.

Grievances and appeals

Your input matters, and we encourage you to reach out with any concerns you may have regarding your health coverage. Visit **DeanCare.com/Appeals** details on how to file a grievance or appeal, or for more information about these procedures.

Contact the Customer Care Center with questions about the process by calling **1 (877)-394-9080 (TTY:711)**.

Discrimination is Against the Law

The Health Plan complies with applicable Federal civil rights laws and will not discriminate against any person based on his or her race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law. The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTY communication and written information in other formats such as large print, audio, and braille.
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact the number on the back of your identification card. If you believe that we have failed to provide these services or discriminated in another way on the basis of your race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422, TTY: 711, civilrightscoordinator@medica.com.

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 800-368-1019, TTY: 800-537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you want free help translating this document, call 1-877-317-2410 (TTY: 711).

Si desea recibir asistencia gratuita para la traducción de este documento, llame al 1-877-317-2410.

Yog koj xav tau kev pab dawb txhais daim ntawv no, hu rau 1-877-317-2410.

如果您需要我們免費幫您翻譯此文件，請致電 1-877-317-2410。

Nếu quý vị muốn giúp dịch tài liệu này miễn phí, gọi 1-877-317-2410.

Sanadnikun kaffaltiimaleeakkaisiniifhiikamuyoobarbaadd-an 1-877-317-2410 tiinbilbilaa.

إذا كنت ترغب في مساعدة مجانية لترجمة هذا المستند

فاتصل على الرقم 1-877-317-2410

Если вы хотите получить бесплатную помощь в переводе этого документа, позвоните по телефону 1-877-317-2410.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອຟຣີໃນການແປເອກະສານ, ໃຫ້ໂທຫາ 1-877-317-2410.

Si desea recibir asistencia gratuita para la traducción de este documento, llame al 1-877-317-2410.

જો તમને આ લેખનું ભાષાંતર કરવામાં મદદ મદદ જોઈતી હોય તો, 1-877-317-2410 નંબર પર કૉલ કરો.

Kung nais mo ng libreng tulong sa pagsasalin sa dokumentong ito, tumawag sa 1-877-317-2410.

이 문서를 번역하는 데 무료로 도움을 받고 싶으시면 1-877-317-2410로 전화하십시오.

Si vous désirez obtenir gratuitement de l'aide pour traduire ce document, appelez le 1-877-317-2410.

နမူလိန်ဘိတ်တံမၤစၢၤကလိလၢတံၢ်ကွဲးကျိၣ်ထံလံာ်အံၤအသိၣ်,ကိး 1-877-317-2410.

Kung nais mo ng libreng tulong sa pagsasalin ng dokumentong ito, tumawag sa 1-877-317-2410.

ይህን ሰነድ ለመተርጎም ነጻ እርዳታ ከፈለጉ በ 1-877-317-2410 ይደውሉ።

Ako želite besplatnu pomoć za prijevod ovog dokumenta, nazovite 1-877-317-2410.

T'áá jiik'é díí naaltsoos t'áá nizaadk'ehji bee shí ká'adoowoł ninízingo kojí' hodíílnih, 1-877-317-2410.

Wenn Sie kostenlose Hilfe zur Übersetzung dieses Dokuments wünschen, rufen Sie 1-877-317-2410 an.

“यदि आप इस दस् तावेज़ का अनुवाद करने में सु त सहायता चाहते हैं, तो 1-877-317-2410 पर कॉल करें।”

Se desidera ricevere assistenza gratuita per la traduzione di questo documento, chiami il numero 1-877-317-2410.

Jeśli potrzebujesz bezpłatnej pomocy w przetłumaczeniu tego dokumentu, zadzwoń pod numer 1-877-317-2410.

اگر آپ اس دستاویز کا ترجمہ 1-877-317-2410 پر کال کریں کروانے کے لئے مفت مدد چاہتے ہیں، تو

YOUR NETWORK

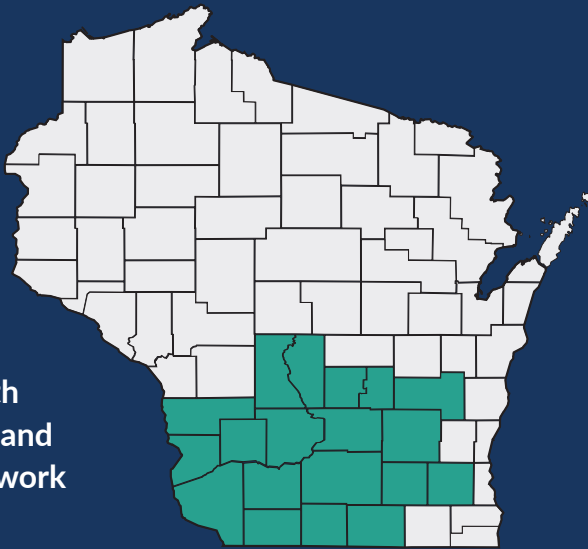
Understanding health insurance

Health insurance protects you against unexpected and potentially high costs of medical care. With a health plan, your insurer, Dean Heath Plan, pays for certain covered services for you, with providers who are in-network. Find out more information about how health insurance works, how to choose a health plan and what happens once you enroll: [DeanCare.com/HealthPlan101](https://deancare.com/HealthPlan101).



You're covered

Dean Health Plans' service area includes 20 counties across south central Wisconsin. For a current and comprehensive list of our in-network providers, visit [DeanCare.com/SearchDeanNetwork-2024](https://deancare.com/SearchDeanNetwork-2024).



READY TO ENROLL?



Call us

Call **1 (800) 918-2394** (TTY: **711**)
to enroll with a Sales Consultant



Visit us online

Pick a health plan at
[DeanCare.com/ShopPlans-24](https://deancare.com/ShopPlans-24)



Questions? Connect with us:

Call us toll-free at
1 (800) 918-2394 (TTY: 711)

Monday – Friday 8 a.m. – 5 p.m. CT

Individual and Family Business
Route CP595IFB
P.O. Box 9310
Minneapolis, MN 55440-9310

DeanCare.com/ShopPlans-24

Follow us on LinkedIn and Facebook
@DeanHealthPlan



Right here. With you.

DeanHealthPlan
by  **Medica**