

2023 Small Employer Plan Options

Multiple options available to fit your employee needs

For more details about plan options...

talk with your Dean Health Plan Sales Executive team at 608-279-1301 (TTY: 711).

▶ **Choose Your Network Offering**
 HMO Focus POS

▶ **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

		Platinum				Gold		Silver	Bronze
Deductible	In Network	\$0	\$250	\$500	\$1,250	\$1,500	\$2,000	\$5,100	\$9,100
	Out of Network†	\$1,000			\$2,500	\$3,000	\$4,000	\$10,200	\$18,200
Coinsurance	In Network	10%				20%		30%	0%
	Out of Network†	20%				40%		60%	0%
Max Out-of-Pocket	In Network	\$1,750				\$6,150		\$8,800	\$9,100
	Out of Network†	\$3,500				\$12,300		\$17,600	\$18,200
Primary Care Office Visit		\$30 copay						\$40 copay	
Specialist Office Visit		\$60 copay						\$80 copay	
Emergency Room		\$500 copay							
Prescription Drug Options <i>Select an option to complete your plan design.</i>		Option 1 Option 2 Option 3			Option 1 Option 2	Option 1 Option 2 Option 3		\$20 Generics and no charge after deductible on all other tiers	
<p>Option 1: \$10 Generic, \$40 Preferred Brand, \$75 Non-Preferred Brand, \$150 Specialty Option 2: \$10 Generic, \$40 Preferred Brand, 50% Non-preferred Brand, 50% Specialty Option 3: \$10 Generic, \$40 Preferred Brand, \$75 Non-Preferred Brand, \$150 Specialty (\$250 additional Rx deductible on Preferred Brand, Non-preferred Brand and Specialty)</p>									

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

		Platinum				Gold		Silver	
Deductible		\$0	\$250	\$500	\$1,250	\$1,500	\$2,000	\$5,100	
Coinsurance		10%				20%		30%	
Max Out-of-Pocket		\$1,750				\$6,150		\$8,800	
Primary Care Office Visit	Tier 1 Providers	\$10 copay						\$20 copay	
	Tier 2 Providers	\$60 copay						\$80 copay	
Urgent Care	Tier 1 Providers	\$10 copay						\$20 copay	
	Tier 2 Providers	\$60 copay						\$80 copay	
Specialist Office Visit		\$60 copay						\$80 copay	
Emergency Room		\$500 copay							

Copay Elite Prescription Drug Details - \$10 Generic, \$40 Preferred Brand, 50% Non-Preferred Brand, 50% Specialty



Plans with the **Focus Network** option are noted with this symbol. Our Focus Network offers a lower-cost option for care and is a great choice if your business is located in Dane, Sauk, Green, Rock, Dodge or Fond du Lac County and receive your medical services in those counties.

▶ See the reverse side for additional PPO options.



† Out of Network values are for POS plans only.

2023 Small Employer PPO Options

For more details about plan options...

talk with your Dean Health Plan Sales Executive team at 608-279-1301 (TTY: 711).



HSA-Eligible Plan Options - For employers that want to offer lower premiums and health savings account compatibility

		Gold				Silver				Bronze
Deductible	In Network	\$1,500	\$2,600	\$3,200*	\$3,500*	\$4,100*	\$4,800*	\$5,200*	\$6,100*	\$7,000*
	Out of Network†	\$3,000	\$5,200	\$6,400*	\$7,000*	\$8,200*	\$9,600*	\$10,400*	\$12,200*	\$14,000*
Coinsurance	In Network	30%	0%			30%	0%			0%
	Out of Network†	60%	0%			60%	0%			0%
Max Out-of-Pocket	In Network	\$4,500	\$2,600	\$3,200	\$3,500	\$7,000	\$4,800	\$5,200	\$6,100	\$7,000
	Out of Network†	\$9,000	\$5,200	\$6,400	\$7,000	\$14,000	\$9,600	\$10,400	\$12,200	\$14,000
HSA-Eligible Prescription Drug Details		30% coinsurance after deductible		No charge after deductible		30% coinsurance after deductible		No charge after deductible		

† Out of Network values are for POS plans only.

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

		Platinum			Gold		Silver
Deductible	In Network	\$250	\$500	\$1,250	\$1,500	\$2,000	\$5,100
	Out of Network▲	\$1,000		\$2,500	\$3,000	\$4,000	\$10,200
Coinsurance	In Network	10%			20%		30%
	Out of Network▲	20%			40%		50%
Max Out-of-Pocket	In Network	\$1,750			\$6,150		\$8,800
	Out of Network▲	\$3,500			\$12,300		\$17,600
Primary Care Office Visit		\$40 copay					\$60 copay
Specialist Office Visit		\$40 copay					\$60 copay
Emergency Room		\$500 copay					

Copay 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 compatibility

		Gold		Silver	Bronze
Deductible	In Network	\$2,600		\$4,800*	\$7,000*
	Out of Network▲	\$5,200		\$9,600*	\$14,000*
Coinsurance	In Network	0%			
	Out of Network▲	0%			
Max Out-of-Pocket	In Network	\$2,600		\$4,800	\$7,000
	Out of Network▲	\$5,200		\$9,600	\$14,000
HSA-Eligible Prescription Drug Details		No charge after deductible			

▲ Out of Network values are for PPO plans only.

* Our HSA plans are designed to offer maximum consumer value. Plans 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.

