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6 Copay Categories for Smart Plan Health Care Services

Smart Plan

No Cost  Categories Increase in Cost 

Copay Category A (\$0)	Copay Category B	Copay Category C	Copay Category D	Copay Category E	Copay Category F
Preventive Care	Primary Care Visit	Specialist Visit	Emergency Care	Advanced Imaging	Inpatient - Other
X-Ray	Outpatient – Mental Health	Alternative Care	Ambulance		Inpatient - Detox
Recovery - Durable Medical Equipment	Allergy Injections	PT/OT/ST			Inpatient - Mental Health
Virtual Visit	Vision Care	Home Health Care			
Lab and Diagnostics	Hearing Exam	Inpatient - SNF			
Diabetes Education	Urgent Care				
Travel Immunizations					

The Copay Category table shown is not all-inclusive and is meant for illustrative purposes only.

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2023 Smart Plan Options

- 1 Choose a Smart Copay Plan by checking the box at the top of the corresponding column.
- 2 Choose an In-Network Maximum Out-of-Pocket in the same column.
- 3 Determine Out-of-Network coverage if desired (reference PPO or POS Plan Option Flyer).
- 4 Submit this form to sales@deancare.com or your account management team for renewal business.

Health Maintenance Organization (HMO) Plan Options

7 Copay Categories	<input type="checkbox"/> Smart Copay 10	<input type="checkbox"/> Smart Copay 15	<input type="checkbox"/> Smart Copay 20	<input type="checkbox"/> Smart Copay 30	<input type="checkbox"/> Smart Copay 40	<input type="checkbox"/> Smart Copay 50	<input type="checkbox"/> Smart Copay 60
Copay Category A \$0 Ex: preventive care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Copay Category B Ex: primary care visit	\$10	\$15	\$20	\$30	\$40	\$50	\$60
Copay Category C Ex: specialty care visit	\$20	\$30	\$40	\$60	\$80	\$100	\$120
Copay Category D Ex: emergency room visit							
Emergency (A)	\$150	\$150	\$150	\$300	\$300	\$300	\$300
Emergency (B)	\$300	\$300	\$300	N/A	N/A	N/A	N/A
Copay Category E Ex: advanced imaging	\$120	\$180	\$240	\$360	\$480	\$600	\$720
Copay Category F Ex: inpatient surgery	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500	\$2,500
4 Tier Pharmacy Options							
Option A	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100
Option B	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100
Maximum Out-of-Pocket (MOOP)	Smart Copay 10	Smart Copay 15	Smart Copay 20	Smart Copay 30	Smart Copay 40	Smart Copay 50	Smart Copay 60
MOOP A	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,250	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$7,500
MOOP B	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$7,500	N/A	N/A

2023 Smart Plan Options

- Choose a Smart Copay Plan by checking the box at the top of the corresponding column.
- Choose an In-Network Maximum Out-of-Pocket in the same column.
- Determine Out-of-Network coverage if desired (reference PPO or POS Plan Option Flyer).
- Submit this form to sales@deancare.com or your account management team for renewal business.

Point of Service (POS) Plan Options

7 Copay Categories	Smart Copay 10	Smart Copay 15	Smart Copay 20	Smart Copay 30	Smart Copay 40	Smart Copay 50	Smart Copay 60
Copay Category A \$0 Ex: preventive care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Copay Category B Ex: primary care visit	\$10	\$15	\$20	\$30	\$40	\$50	\$60
Copay Category C Ex: specialty care visit	\$20	\$30	\$40	\$60	\$80	\$100	\$120
Copay Category D Ex: emergency room visit							
Emergency (A)	\$150	\$150	\$150	\$300	\$300	\$300	\$300
Emergency (B)	\$300	\$300	\$300	N/A	N/A	N/A	N/A
Copay Category E Ex: advanced imaging	\$120	\$180	\$240	\$360	\$480	\$600	\$720
Copay Category F Ex: inpatient surgery	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500	\$2,500
4 Tier Pharmacy Options							
Option A	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100
Option B	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100
Maximum Out-of-Pocket (MOOP)	Smart Copay 10	Smart Copay 15	Smart Copay 20	Smart Copay 30	Smart Copay 40	Smart Copay 50	Smart Copay 60
MOOP A	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,250	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$7,500
MOOP B	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$7,500	N/A	N/A
Out-of-Network (OON)							
Out-of-Network Coinsurance	20%	20%	20%	40%	40%	40%	40%
Out-of-Network MOOP*	2x In-Network	2x In-Network	2x In-Network	2x In-Network	2x In-Network	2x In-Network	2x In-Network

If elected, Out-of-Network (OON) benefits are predetermined. OON Coinsurance will either be 20% or 40% depending on which plan is chosen. OON Maximum Out-of-Pocket (MOOP) will follow 2x In-Network (INN) MOOP. Premium spread between HMO and POS/PPO plans will resemble our current pricing.

*No cross accumulation between INN and OON out-of-pocket expenses.

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2023 Smart Plan Options

- Choose a Smart Copay Plan by checking the box at the top of the corresponding column.
- Choose an In-Network Maximum Out-of-Pocket in the same column.
- Determine Out-of-Network coverage if desired (reference PPO or POS Plan Option Flyer).
- Submit this form to sales@deancare.com or your account management team for renewal business.

Preferred Provider Organization (PPO) Plan Option

7 Copay Categories	Smart Copay 10	Smart Copay 15	Smart Copay 20	Smart Copay 30	Smart Copay 40	Smart Copay 50	Smart Copay 60
Copay Category A \$0 Ex: preventive care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Copay Category B** Ex: primary care visit	\$10	\$15	\$20	\$30	\$40	\$50	\$60
Copay Category C Ex: specialty care visit	\$10	\$15	\$20	\$30	\$40	\$50	\$120
Copay Category D Ex: emergency room visit							
Emergency (A)	\$150	\$150	\$150	\$300	\$300	\$300	\$300
Emergency (B)	\$300	\$300	\$300	N/A	N/A	N/A	N/A
Copay Category E Ex: advanced imaging	\$120	\$180	\$240	\$360	\$480	\$600	\$720
Copay Category F Ex: inpatient surgery	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500	\$2,500
4 Tier Pharmacy Options							
Option A	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100	\$10 / \$35 \$60 / \$100
Option B	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100	\$20 / \$45 \$70 / \$100
Maximum Out-of-Pocket (MOOP)	Smart Copay 10	Smart Copay 15	Smart Copay 20	Smart Copay 30	Smart Copay 40	Smart Copay 50	Smart Copay 60
MOOP A	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,250	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$7,500
MOOP B	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$7,500	N/A	N/A
Out-of-Network (OON)							
Out-of-Network Coinsurance	20%	20%	20%	40%	40%	40%	40%
Out-of-Network MOOP*	2x In-Network	2x In-Network	2x In-Network	2x In-Network	2x In-Network	2x In-Network	2x In-Network

If elected, Out-of-Network (OON) benefits are predetermined. OON Coinsurance will either be 20% or 40% depending on which plan is chosen. OON Maximum Out-of-Pocket (MOOP) will follow 2x In-Network (INN) MOOP. Premium spread between HMO and POS/PPO plans will resemble our current pricing.

*No cross accumulation between INN and OON out-of-pocket expenses.

**Copay Category C will follow Copay Category B for In-Network visits and services.

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