

2022 Large Employer Plan Options

A member of SSM Health

51 or more total employees

Step 1: Check appropriate box.

Step 2: Circle coinsurance option, office visit option and Rx option, where applicable.

Step 3: Submit this form to sales@deancare.com or your account management team for renewal business.

HMO Plan Options:

	Plan Offering	HRA	Deductible (Single)		urance ions	Annual Max Out-of-Pocket (Single)	ER Copay		Offic	e Vis	it Op	tions	;	Prescription Drug Options				
~		(check box for HRA)		(circle of more the option i	nan one			(circle choice or multiple choices)				nultipl	e	(circle choice or multiple choices)				
	НМО		\$0	0% \$1,250			\$125	\$0	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10 / 30% / 50% / \$100	
	НМО		\$100	10%	20%	\$1,750	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10C	\$10 / 30% / 50% / \$100	
	НМО		\$250	0	%	\$1,500	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10C	\$10 / 30% / 50% / \$100	
	НМО		\$250	10%	20%	\$2,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$100	\$10 / 30% / 50% / \$100	
	НМО		\$500	0	%	\$1,750	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10C	\$10 / 30% / 50% / \$100	
	НМО		\$500	10%	20%	\$2,250	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10 C	\$10 / 30% / 50% / \$100	
	НМО		\$1,000	10%	20%	\$3,250	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10 C	\$10 / 30% / 50% / \$100	
	НМО		\$1,500	10%	20%	\$5,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10 C	\$10 / 30% / 50% / \$100	
	НМО		\$2,000	0%		\$4,500	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10 C	\$10 / 30% / 50% / \$100	
	НМО		\$2,000	10%	20%	\$6,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10 C	\$10 / 30% / 50% / \$100	
	НМО		\$2,500	10%	20%	\$6,250	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10C	\$10 / 30% / 50% / \$100	
	НМО		\$3,000	10%	20%	\$6,750	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10C	\$10 / 30% / 50% / \$100	
	НМО		\$3,500	0	%	\$5,250	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10C	\$10 / 30% / 50% / \$100	
	НМО		\$3,500	10%	20%	\$7,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10C	\$10 / 30% / 50% / \$100	
	НМО		\$4,000	10%	20%	\$7,150	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10C	\$10 / 30% / 50% / \$100	
	НМО		\$4,500	0	%	\$5,750	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10C	\$10 / 30% / 50% / \$100	
	НМО		\$4,500	10%	20%	\$7,150	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10C	\$10 / 30% / 50% / \$100	
	НМО		\$5,000	0% \$6,00		\$6,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	6 \$10 / \$35 / \$60 / \$10C	\$10 / 30% / 50% / \$100	
	НМО		\$5,000	10%	20%	\$7,150	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10 / 30% / 50% / \$100	
	НМО		\$6,000	0	%	\$6,500	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10 / 30% / 50% / \$100	
	НМО		\$7,000	0	%	\$7,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10 / 30% / 50% / \$100	

HSA Eligible HMO Plan Options:

~	HSA Eligible Plan Offering	Deductible (Single)	Coinsurance Options	Annual Max Out-of-Pocket (Single)	Embedded Deductible
	НМО	\$1,500	0%	\$1,500	No
	НМО	\$1,500	20%	\$3,000	No
	НМО	\$2,000	0%	\$2,000	No
	НМО	\$2,500	0%	\$2,500	No
	НМО	\$3,000	0%	\$3,000	No
	НМО	\$3,000	0%	\$3,000	Yes
	НМО	\$3,000	20%	\$6,000	Yes
	НМО	\$3,500	0%	\$3,500	Yes
	НМО	\$4,000	0%	\$4,000	Yes
	НМО	\$5,000	0%	\$5,000	Yes
	НМО	\$6,000	0%	\$6,000	Yes

Note: Should any quoting require options other than those provided OR the assumptions do not align with consumer needs, please contact your sales or account management team to request a modified plan design(s).

PPO/POS Plan Options:

	Plan Offering HRA (circle choice) (check box for HRA)			Dedu	ctible igle)	Coinsurance Options	Out-of-	al Max -Pocket igle)	ER Copay	C	Office Visit Options				IS		Prescription Drug Options			
~			box for	In Network	Out-of- Network	In-Network Out-of-Network (circle choice if more than one option is listed		Out-of- Network		(circle choice or multiple choices)					ole	(circle choice or multiple choices)				
	PPO	POS		\$0	\$500	0% 20%	\$1,250	\$2,500	\$125	\$0	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$100	\$500	10% 20% 30% 40%	\$1,750	\$3,500	\$125	- !	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$250	\$500	0% 20%	\$1,500	\$3,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$250	\$500	10% 20% 30% 40%	\$2,000	\$4,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$500	\$1,000	0% 20%	\$1,750	\$3,500	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10/\$35/\$60/\$100	\$10/30%/50%/\$100	
	PPO	POS	٥	\$500	\$1,000	10% 20% 30% 40%	\$2,250	\$4,500	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10/\$35/\$60/\$100	\$10/30%/50%/\$100	
	PPO	POS		\$1,000	\$2,000	10% 20% 30% 40%	\$3,250	\$6,500	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$1,500	\$3,000	10% 20% 30% 40%	\$5,000	\$10,000	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10/\$35/\$60/\$100	\$10/30%/50%/\$100	
	PPO	POS		\$2,000	\$4,000	0% 20%	\$4,500	\$9,000	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS	٥	\$2,000	\$4,000	10% 20% 30% 40%	\$6,000	\$12,000	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$2,500	\$5,000	10% 20% 30% 40%	\$6,250	\$12,500	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$3,000	\$6,000	10% 20% 30% 40%	\$6,750	\$13,500	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10/\$35/\$60/\$100	\$10/30%/50%/\$100	
	PPO	POS		\$3,500	\$7,000	0% 20%	\$5,250	\$14,000	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10/\$35/\$60/\$100	\$10/30%/50%/\$100	
	PPO	POS		\$3,500	\$7,000	10% 30%	\$7,000	\$14,000	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$4,000	\$8,000	10% 30%	\$7,150	\$16,000	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10/30%/50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$4,500	\$9,000	0% 20%	\$5,750	\$18,000	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$4,500	\$9,000	10% 30%	\$7,150	\$18,000	\$125	- !	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$5,000	\$10,000	0% 20%	\$6,000	\$20,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$5,000	\$10,000	10% 30%	\$7,150	\$20,000	\$125	- !	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$6,000	\$12,000	0% 20%	\$6,500	\$24,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10 / 30% / 50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	
	PPO	POS		\$7,000	\$14,000	0% 20%	\$7,000	\$28,000	\$125	- 1	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60	\$10/30%/50%	\$10 / \$35 / \$60 / \$100	\$10/30%/50%/\$100	

HSA Eligible PPO/POS Plan Options:

		Eligible Offering		ıctible ngle)		urance tions		Out-of-Pocket ngle)	Embedded Deductible
1	(circle	(circle choice)		Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network	
	PPO	POS	\$1,500	\$3,000	0%	20%	\$1,500	\$6,000	No
	PPO	POS	\$1,500	\$3,000	20%	40%	\$3,000	\$6,000	No
	PPO	POS	\$2,000	\$4,000	0%	20%	\$2,000	\$8,000	No
	PPO	POS	\$2,500	\$5,000	0%	20%	\$2,500	\$10,000	No
	PPO	POS	\$3,000	\$6,000	0%	20%	\$3,000	\$12,000	No
	PPO	POS	\$3,000	\$6,000	0%	20%	\$3,000	\$12,000	Yes
	PPO	POS	\$3,000	\$6,000	20%	40%	\$6,000	\$12,000	Yes
	PPO	POS	\$3,500	\$7,000	0%	20%	\$3,500	\$14,000	Yes
	PPO	POS	\$4,000	\$8,000	0%	20%	\$4,000	\$16,000	Yes
	PPO	POS	\$5,000	\$10,000	0%	20%	\$5,000	\$20,000	Yes
	PPO	POS	\$6,000	\$12,000	0%	20%	\$6,000	\$24,000	Yes

Note: Should any quoting require options other than those provided OR the assumptions do not align with consumer needs, please contact your sales or account management team to request a modified plan design(s).