

2024

Dean Health Plan

Side-by-side plan comparison overview for direct plans available for Wisconsinites

Dean Health Plan is available for individuals and families living in:
Adams, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa,
Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon,
Walworth and Waukesha counties.

To qualify for a plan, the policy subscriber must be a Wisconsin resident,
live in the Dean Health Plan service area, and not be enrolled in Medicare.

For complete benefit details, limitations, and exclusions please review the following documents:



Summary of Benefits and Coverage (SBC)

This provides the basics of a plan in a question-and-answer format.



Policy of Coverage

This is the plan's contract. It describes the details of the plan.

You can view these documents on [DeanCare.com/ShopPlans-24](https://www.deancare.com/ShopPlans-24), or call **1 (877) 394-9080** (TTY: **711**) to request a paper copy.

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

DETAILS

Dean Health Plan

What's in the network

2,500+ primary and specialty care doctors
30+ hospitals

Network provider locations

South-Central Wisconsin



Looking for a specific doctor or hospital?
Use our network search tool.

**DeanCare.com/
SearchDeanNetwork-2024**

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.

These additional benefits include:

- Acupuncture
- Adult Eye Exams
- Travel Immunizations



Need a mental health provider?

Go to [DeanCare.com/SearchDeanNetwork-2024](https://deancare.com/SearchDeanNetwork-2024)

Save the most by staying in-network

Staying in-network will give you the most savings. Unless it's an emergency, air ambulance service, or certain out-of-network care at an in-network facility or pre-approved by Dean Health Plan, there is no coverage if you visit a provider that's not in the Dean Health Plan network. This means that your provider may require you to be responsible for the full cost of any care or supplies. Learn more at [DeanCare.com/BalanceBill](https://deancare.com/BalanceBill).

Find a plan that fits your needs

You might qualify for a cost-sharing reduction plan that offers more affordable benefits. Visit [DeanCare.com/ShopPlans-24](https://deancare.com/ShopPlans-24), to see if you qualify and view our plan options.

| BENEFITS | GOLD COPAY ELITE 1550 ¹ | SILVER COPAY ELITE 4850 ¹ |
|--|---------------------------------------|--------------------------------------|
| Deductible: Medical + pharmacy (Individual/Family) | \$1,550/\$3,100 | \$4,850/\$9,700 |
| Out-of-pocket maximum (Individual/Family) | \$5,700/\$11,400 | \$9,450/\$18,900 |
| Coinsurance | 20% | 30% |
| Focus Network Option? ² | No | No |
| OFFICE VISITS | | |
| Preventive care ³ | \$0 | \$0 |
| Primary care | Tier 1: \$10/Tier 2: \$60 | Tier 1: \$20/Tier 2: \$80 |
| Urgent care | Tier 1: \$10/Tier 2: \$60 | Tier 1: \$20/Tier 2: \$80 |
| SSM Health Express E-Visit | \$0 | \$0 |
| Specialty care | \$60 | \$80 |
| PRESCRIPTION DRUG COVERAGE | | |
| Generic | \$15 | \$15 |
| Preferred brand | \$60 | \$60 |
| Non-preferred brand | 50% | 50% |
| Specialty | 50% | 50% |
| MEDICAL SERVICES | | |
| Labs, imaging services, hospital stays, and other covered services | 20% ⁵ | 30% ⁵ |
| Emergency Room | \$500 before deductible + coinsurance | |

Copay elite plans

The coverage you need with quality providers you trust, at a lower cost for care

Receive care with defined copays and further cost-saving opportunities at select providers within the full network.

| | GOLD COPAY PLUS 1550 | SILVER COPAY PLUS 4850 | BRONZE COPAY PLUS 9450 |
|----------------------------|----------------------|------------------------|------------------------|
| | \$1,550/\$3,100 | \$4,850/\$9,700 | \$9,450/\$18,900 |
| | \$5,700/\$11,400 | \$9,450/\$18,900 | \$9,450/\$18,900 |
| | 20% | 30% | 0% |
| | Yes | Yes | Yes |
| OFFICE VISITS | | | |
| | \$0 | \$0 | \$0 |
| | \$30 | \$40 | \$40 |
| | \$30 | \$40 | \$40 |
| | \$0 | \$0 | \$0 |
| | \$60 | \$80 | \$80 |
| PRESCRIPTION DRUG COVERAGE | | | |
| | \$15 | \$15 | \$25 |
| | \$60 | \$60 | \$0 ⁵ |
| | 50% | 50% | \$0 ⁵ |
| | 50% | 50% | \$0 ⁵ |
| MEDICAL SERVICES | | | |
| | 20% ⁵ | 30% ⁵ | 0% ⁵ |

Copay plus plans

The coverage you need and the cost predictability you prefer

Copay plus plans feature low copays for office visits and many prescription drugs, as well as affordable deductible and coinsurance options.

Health savings account (HSA) plans

Plans for HSA savers

Use your HSA towards your health care and drug costs. Your benefits start after you meet your deductible.

| | GOLD HSA HDHP 2050 | SILVER HSA-E HDHP 3600 | BRONZE HSA-E HDHP 7500 |
|----------------------------|--------------------|------------------------------|-------------------------------|
| | \$2,050/\$4,100 | \$3,600/\$7,200 ⁴ | \$7,500/\$15,000 ⁴ |
| | \$4,500/\$9,000 | \$7,500/\$15,000 | \$7,500/\$15,000 |
| | 20% | 20% | 0% |
| | Yes | Yes | Yes |
| OFFICE VISITS | | | |
| | \$0 | \$0 | \$0 |
| | 20% ⁵ | 20% ⁵ | 0% ⁵ |
| | 20% ⁵ | 20% ⁵ | 0% ⁵ |
| | 20% ⁵ | 20% ⁵ | 20% ⁵ |
| | 20% ⁵ | 20% ⁵ | 0% ⁵ |
| PRESCRIPTION DRUG COVERAGE | | | |
| | 20% ⁵ | 20% ⁵ | \$0 ⁵ |
| | 20% ⁵ | 20% ⁵ | \$0 ⁵ |
| | 20% ⁵ | 20% ⁵ | \$0 ⁵ |
| | 20% ⁵ | 20% ⁵ | \$0 ⁵ |
| MEDICAL SERVICES | | | |
| | 20% ⁵ | 20% ⁵ | 0% ⁵ |
| | 20% ⁵ | 20% ⁵ | 0% ⁵ |

\$500 before deductible + coinsurance

Discrimination is Against the Law

The Health Plan complies with applicable Federal civil rights laws and will not discriminate against any person on the basis of race, color, national origin, age, disability or sex. 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 (large print, audio, other formats).
- 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, call the number included in this document or on the back of your Health Plan ID card. If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422 (phone/fax), TTY 711, civilrightscordinator@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, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

COMIFB-0823-A

Disclaimers

- ¹ Copay Elite plans are only available to residents in the following counties: Dodge, Green Lake, Iowa and Jefferson.
- ² Plans with the Focus Network option are available to residents who live and receive medical services in the following counties: Dane, Sauk, Green, and Rock.
- ³ Preventive exams are covered in accordance with the recommended preventive services as required by the Patient Protection and Affordable Care Act (PPACA).
- ⁴ If purchasing an HSA eligible family plan, the Silver and Bronze options offer benefits to each individual after the single deductible has been met.
- ⁵ Displayed copay or coinsurance will apply after the deductible is met
- ⁶ This brochure is a brief overview of the plans. This document is not an invitation to apply or contract for insurance and is 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).

Privacy Notice

We take our responsibility of protecting your personal information seriously. Where possible, we de-identify or encrypt personal information. We also use and disclose personal information only to the extent necessary to conduct treatment, payment, and health care operations, or to comply with legal, regulatory, or accreditation requirements. You can get our full Privacy Notice by calling 1 (877) 394-9080 (TTY: 711) or by going to DeanCare.com/Privacy.

Dean Health Plan, Inc. is a Qualified Health Plan issuer in the Health Insurance Marketplace.