

2024 level-funded plan options

Available for small employer groups with 5 - 50 employees



Step 1: Choose your EPO plan design

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

Select a plan	Deductible	Coinsurance	Max out-of-pocket	Copays			Prescription drug options	
				Primary care office visit	Specialist office visit	Emergency room	#1	#2
<input type="checkbox"/>	\$0	10%	\$1,850	\$30	\$60	\$500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	\$250						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	\$500						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	\$1,250						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	\$1,500	20%	\$6,150	\$40	\$80	\$500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	\$2,000						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	\$5,100	30%	\$8,900	\$40	\$80	\$500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	\$9,450	0%	\$9,450	\$40	\$80	\$500	\$25 generics and no charge after deductible on all other tiers	

Copay Plus prescription drug options & details - select an option to complete your plan design.

1: \$10 generic, \$40 preferred brand, \$75 non-preferred brand, \$150 specialty

2: \$10 generic, \$40 preferred brand, 50% non-preferred brand, 50% specialty

HDHP HSA-eligible plan options – For employers that want to offer lower premiums and health savings account compatibility

Select a plan	Deductible	Coinsurance	Max out-of-pocket	HSA-eligible prescription drug details
<input type="checkbox"/>	\$1,700	30%	\$4,500	30% coinsurance after deductible
<input type="checkbox"/>	\$2,800	0%	\$2,800	No charge after deductible
<input type="checkbox"/> *	\$3,200		\$3,200	
<input type="checkbox"/> *	\$3,750		\$3,750	
<input type="checkbox"/> *	\$4,100	30%	\$7,000	30% coinsurance after deductible
<input type="checkbox"/> *	\$5,100	0%	\$5,100	No charge after deductible
<input type="checkbox"/> *	\$5,800		\$5,800	
<input type="checkbox"/> *	\$6,500		\$6,500	
<input type="checkbox"/> *	\$8,050		\$8,050	

Our HSA-eligible plans are designed to offer maximum consumer value. Plan options marked with an asterisk (*) 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.

ADMINISTRATIVE SERVICES

DeanHealthPlan
by Medica.

Step 2: Choose your PPO plan design

Copay Plus plan options – For employers that want to offer great coverage and affordable office visits

Select a plan	Deductible		Coinsurance		Max out-of-pocket		Copays			Prescription drug details
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	Primary care office visit	Specialist office visit	Emergency room	
<input type="checkbox"/>	\$250	\$1,000	10%	20%	\$1,850	\$3,700	\$40	\$40	\$500	\$10/\$40/\$75/\$150
<input type="checkbox"/>	\$500									
<input type="checkbox"/>	\$1,250	\$2,500	20%	40%	\$6,150	\$12,300	\$60	\$60		
<input type="checkbox"/>	\$1,500	\$3,000								
<input type="checkbox"/>	\$2,000	\$4,000	30%	50%	\$8,900	\$17,800	\$60	\$60		
<input type="checkbox"/>	\$5,100	\$10,200								

Copay Plus prescription drug details - \$10 generic, \$40 preferred brand, \$75 non-preferred brand, \$150 specialty

HDHP HSA-eligible plan options – For employers that want to offer lower premiums and health savings account compatibility

Select a plan	Deductible		Coinsurance		Max out-of-pocket		HSA-eligible prescription drug details
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	
<input type="checkbox"/>	\$1,700	\$3,400	30%	50%	\$4,500	\$9,000	30% coinsurance after deductible
<input type="checkbox"/>	\$2,800	\$5,600	0%	0%	\$2,800	\$5,600	No charge after deductible
<input type="checkbox"/> *	\$3,200	\$6,400			\$3,200	\$6,400	
<input type="checkbox"/> *	\$3,750	\$7,500	30%	50%	\$3,750	\$7,500	30% coinsurance after deductible
<input type="checkbox"/> *	\$4,100	\$8,200			\$7,000	\$14,000	
<input type="checkbox"/> *	\$5,100	\$10,200	0%	0%	\$5,100	\$10,200	No charge after deductible
<input type="checkbox"/> *	\$5,800	\$11,600			\$5,800	\$11,600	
<input type="checkbox"/> *	\$6,500	\$13,000			\$6,500	\$13,000	
<input type="checkbox"/> *	\$8,050	\$16,100			\$8,050	\$16,100	

Our HSA-eligible plans are designed to offer maximum consumer value. Plan options marked with an asterisk (*) carry embedded deductibles and offer benefits to each individual on a family plan after the single deductible has been met. All HSA-eligible plans offer a separate formulary with increased access to lower cost generic drugs. Contact a Dean Health Plan representative for more information.

NOTE: Employers with less than 25 employees can select one EPO option and one PPO option. Employers with more than 25 employees can select two EPO options and two PPO options.



Have questions? We're here to help.

For more details about your plan options talk with your Dean Health Plan sales team at (866) 794-3326 (TTY: 711).

ADMINISTRATIVE SERVICES

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