

2023 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	Office Visit Options						Prescription Drug Options		
~		(check box for HRA)		more tl	choice if nan one s listed)			(circle choice or multiple choices)				choices)		(circle choice or multiple choices)		
	НМО		\$0	0%		\$1,250	\$125	\$0	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$100	10%	20%	\$1,750	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$250	0%		\$1,500	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$250	10%	20%	\$2,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$500	0	%	\$1,750	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$500	10%	20%	\$2,250	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$1,000	10%	20%	\$3,250	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$1,500	10%	20%	\$5,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$2,000	0	%	\$4,500	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$2,000	10%	20%	\$6,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$2,500	10%	20%	\$6,250	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	нмо		\$3,000	10%	20%	\$6,750	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$3,500	0	%	\$5,250	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$3,500	10%	20%	\$7,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$4,000	10%	20%	\$7,150	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$4,500	0	%	\$5,750	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$4,500	10%	20%	\$7,150	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$5,000	0%		\$6,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$5,000	10%	20%	\$7,150	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$6,000	0%		\$6,500	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	НМО		\$7,000	0	%	\$7,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	

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:

	PI	Plan Offering HRA		HKA		Dedu	ictible igle)	Coinsurance Options	Out-of-	al Max -Pocket igle)	ER Copay		01	ffice Vis	sit Optio	ons		Prescription	Drug Options
V	(circle choice)		(check box for HRA)	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)				choices)		(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 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$100	\$500	10% 20% 30% 40%	\$1,750	\$3,500	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$250	\$500	0% 20%	\$1,500	\$3,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%		
	PPO	POS		\$250	\$500	10% 20% 30% 40%	\$2,000	\$4,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%		
	PPO	POS		\$500	\$1,000	0% 20%	\$1,750	\$3,500	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$500	\$1,000	10% 20% 30% 40%	\$2,250	\$4,500	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%		
	PPO	POS		\$1,000	\$2,000	10% 20% 30% 40%	\$3,250	\$6,500	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%		
	PPO	POS		\$1,500	\$3,000	10% 20% 30% 40%	\$5,000	\$10,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$2,000	\$4,000	0% 20%	\$4,500	\$9,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%		
	PPO	POS		\$2,000	\$4,000	10% 20% 30% 40%	\$6,000	\$12,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$2,500	\$5,000	10% 20% 40%	\$6,250	\$12,500	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$3,000	\$6,000	10% 20% 40%	\$6,750	\$13,500	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$3,500	\$7,000	0% 20%	\$5,250	\$14,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$3,500	\$7,000	10% 30%	\$7,000	\$14,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$4,000	\$8,000	10% 30%	\$7,150	\$16,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$4,500	\$9,000	0% 20%	\$5,750	\$18,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$4,500	\$9,000	10% 30%	\$7,150	\$18,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$5,000	\$10,000	0% 20%	\$6,000	\$20,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$5,000	\$10,000	10% 30%	\$7,150	\$20,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		
	PPO	POS		\$6,000	\$12,000	0% 20%	\$6,500	\$24,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%		
	PPO	POS		\$7,000	\$14,000	0% 20%	\$7,000	\$28,000	\$125	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10/30%/50%/30%		

HSA Eligible PPO/POS Plan Options:

	HSA Eligible Plan Offering			ictible igle)		urance tions	Annual Max (Si	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

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