

INTRODUCING DEAN HEALTH PLAN'S SUITE OF BENEFIT OPTIONS FOR EMPLOYER GROUPS

Small Employer Options that fit your needs,

including a variety of copays, deductibles and co-insurance

- Designed specifically for small groups with two to 50 employees
- Expanded options available for HMO, POS, and PPO plans. POS and PPO in-network benefits match HMO, to provide a more seamless benefit program for employers
- FOCUS network available on any HMO plan design and can be part of a multiple plan offering
- Multiple plan designs available within groups of 11 or more participating employees
- Health Reimbursement Account (HRA) plans available See below
- Choose from a variety of copays, deductibles and co-insurance options
- Multiple prescription drug plan options available

Select your Plan Type	HMO Plan	FOCUS Pla	n (Dane County Employers Only)	POS Plan PPO Plan
Choose your Medical Options and Prescription Drug Plan				
Step 1 Deductible	Step2 Co-insur	ance Step 3	Office Visit Copay	Step 4 Rx Options
\$0	<u> </u>	\$0 \$1! \$20 \$30	Copay	Rx Option 1 \$10/\$25/\$50 Rx Option 2
\$250 \$500	<u> </u>	Sar	ne as Co-insurance	\$10/30%/50% Rx Option 3
\$250 \$500 \$1,000	□ 10%	_ \$1	5	No Pharmacy Coverage
\$1,500 \$1,500 \$2,000 \$2,500	<u> </u>	□ \$20 □ \$30		Available HRA Plans (Deductible / Co-insurance / Copay) \$1,000 / 10% / \$30
\$3,500 \$5,000	□ 0%	\$1! \$20 \$30)	\$1,500 / 10% / \$30 \$2,000 / 10% / \$30 \$2,500 / 10% / \$30
\$3,500 \$5,000	☐ 10% ☐ 20%	\$1! \$20		☐ \$3,500 / 10% / \$15 ☐ \$5,000 / 0% / \$15

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Standard Medical Options include the following*:

- Policy Lifetime Maximum: POS/PPO HMO unlimited
- Hospital / Surgical: Inpatient, outpatient and ambulatory surgery center
- Preventive Services: Services include preventive physical exam,
 well child care, preventive immunizations, screening colonoscopy,
 screening mammogram, total cholesterol and pap smear covered in full
- Emergency Room Facility Fees: Starting at a \$125 copay; waived if hospital stay is 24 hours or longer
- **Urgent Care:** Coverage includes ancillary services
- Home Health Care: Up to 40 visits per contract year
- Licensed Skilled Nursing: Up to 120 days per contract year
- **Outpatient Therapy**: Physical/Speech/Occupational Therapy: 50 combined visits per contract year. Subject to office visit benefit
- Hearing Aid: 100% covered up to \$500 every 36 months (Adults); No limit on children
- Infertility Services: 100% covered up to \$2,000 (combined in/out-of-network)
- Diagnostic Services:
 - -- CAT Scans: Maximum of three \$50 copayments per contract period
 - -- MRI/MRA: Maximum of three \$50 copayments per contract period
 - -- Coverage included for X-rays/Labs/Hearing and Vision exams

Prescription Drug
Options include the following*:

DHP Formulary:

To determine if a drug is covered and which tier it is placed in, visit:

deancare.com

Mail Order:

- Three-month supply for the cost of two months (Tiers 1 & 2)
- Administered by WellDyne

Retail: 30 or 90 day supply

Tablet Splitting: 50% of copay (flat copays only) for all qualifying drugs. For details, visit:

deancare.com

Smoking Cessation:

Available on all medical plans with/without a prescription plan

For more details about plan options, talk to your Dean Health Plan Account Executive

Find the plan that fits your needs with Dean Health Plan

ean Health Plan

*All benefits are based on contract period. This benefit description is intended to only highlight benefits and should not be relied upon to fully determine coverage.

Please review the Certificate of Coverage for an exact description of the services and supplies that are covered, excluded or limited, and other terms and conditions of coverage.