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Dear FEHB Dean Health Plan Member,

Thanks for choosing Dean Health Plan by Medica. Our holistic approach to your well-being means we'll meet you where you are and provide benefits and support to help maintain balance in your life. That's why we work so hard at prevention and enhancing your overall wellness with a strong care network, featuring the providers of SSM Health.

Joint venture with Medica

In 2021, we formed a joint venture with Medica, a nonprofit health plan serving nearly 1.5 million people. We have significant similarities in our histories, operations, cultures, and deep community commitment. Our relationship is driven by technology, a shared mission-driven vision, and innovation. Together we have an even greater opportunity to support your health care needs, and to further enhance our provider relationships.

The 2024 Federal Benefits Open Season begins Monday, November 13th and ends Monday, December 11th. The annual Federal Benefits Open Season gives Federal employees, retirees and other eligible individuals the opportunity to review their FEHB plan options, make changes and enroll for the upcoming benefit year that begins January 1, 2024.

CHANGES TO HIGH, STANDARD AND BASIC OPTIONS FOR 2023

- Infertility (Services) Adding coverage for artificial insemination; up to six cycles annually. Member pays 50% of the allowed amount of covered services. See Section 5(a) Infertility Services for additional detail.
- Infertility (Drugs) Adding coverage for outpatient infertility IVF drugs; up to three cycles annually. Member pays 50% copayment of the allowed amount per unit or refill, regardless of the tier the covered formulary drug is on. See Section 5 (f) Prescription Drug Benefits for additional detail.
- Prescription Drugs (\$6 for 6) Select unique generic medications for conditions such as diabetes, high blood pressure, mood disorders and bone health available to members for \$6 for a 6-month supply at all participating in-network SSM Health retail pharmacies and Costco retail pharmacy. See Section 5(f) - Prescription Drug Benefits for additional detail.
- **Hospice Respite Care** Adding a respite care benefit to the hospice benefit. Respite care is limited to not more than five consecutive days for the duration of hospice care. See Section 5(c) Hospice Care for additional detail.
 - o High Option: No member cost-share
 - Standard Option: 10% coinsurance after deductible cost-share
 - Basic Option: \$80 copayment per visit

- Durable Medical Equipment (Breast Pumps) Expanding the available selection of breast pumps supplied through SSM Health at Home to include the below option. The pumps are covered at 100% under the Women's Preventive benefit. See Section 5(a) -Maternity Care for additional detail.
 - Spectra S2 Plus Double Electric Breast Pump
 - Spectra S1 Plus Double Electric Premier Rechargeable Breast Pump
 - Zomee Fit Wearable Rechargeable Breast Pumps
- **COVID-19 (Post Pandemic) -** Returning all COVID-19 related services to be consistent with similar services (i.e. office visits, urgent care, emergency room, lab, x-ray, etc. will all return to the appropriate cost share for each option).
 - COVID-19 vaccines and booster shots will continue to be covered with no member cost share, but only for In-network providers.
 - COVID-19 lab testing Normal cost-sharing requirements will apply for COVID-19 tests ordered by an In-network medical provider. There is no charge for lab testing for this plan (No change.)
 - Over the Counter (OTC) tests will be removed from Plan coverage, consistent with other over the counter items. Members will pay the full cost for over-the-counter COVID-19 tests.
 - With the exception of a potential emergency care issue, there is no outof-network benefit for COVID-19 related services and drugs.
- Gender Affirming Care and Services Extending Gender Affirming Care and Services benefit to cover all medically necessary Gender Affirming Care Services, including facial gender affirming care surgeries. See Section 5(b) Reconstructive Surgery for additional detail. The member cost shares remain the same as follows:
 - High Option: PCP \$20 copayment, Specialist \$40 copayment,
 Outpatient Facility 10% coinsurance, Inpatient Facility 10%
 coinsurance, Inpatient Physician 10% coinsurance.
 - Standard Option: PCP \$20 copayment, Specialist \$40 copayment,
 Outpatient Facility 10% coinsurance after deductible, Inpatient Facility 10% coinsurance after deductible, Inpatient Physician 10% coinsurance after deductible.
 - Basic Option: PCP \$40 copayment, Specialist \$80 copayment,
 Outpatient Facility \$1,000 copayment per occurrence up to a maximum of \$3,000 per contract year, Inpatient Facility \$1,000 copayment per day up to a maximum of \$3,000 per contract year, Inpatient Physician \$0 copayment.
- Nurse Advice Line (Dean on Call). The Nurse Advice line's daytime coverage has started to phase out and will only provide service during after-clinic hours 5 - 8 p.m.
 CT, Monday - Friday. You'll still have access to round-the-clock service on weekends and holidays.

Today, there are several other ways to accommodate needs related to acute and chronic conditions. MyChart simplifies scheduling appointments and refilling medications. The clinic-based care teams within Primary and Specialty Care practices ensure you receive the care you need, when you need it.

SELECT YOUR PLAN: PROVIDERS AND HEALTH SYSTEMS

WD – High and Standard Options. These plan options include the Dean Health Plan Health Maintenance Organization (HMO) network. To enroll in this Plan, you must live in or work in our service area - this is where our providers practice. The service area includes the following Wisconsin counties: Adams, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Waukesha, and Walworth.

This network option gives you access to more than 8,000 providers, including the providers of SSM Health Dean Medical Group. Dean Health Plan has you covered with 32 hospitals and many conveniently-located primary care sites in 20 counties throughout southern Wisconsin.

Except in the case of an emergency, medical services must be obtained from a Dean Health Plan HMO network provider in these counties to ensure coverage. Review the enclosed Dean Health Plan HMO service area map for an overview of this service area.

AG – Basic Option. This plan option includes the Dean Health Plan Focus HMO network. The Focus network is our narrow/limited network, consisting of only 6 service area counties in Wisconsin which include Dane, Dodge, Fond du Lac, Green, Rock and Sauk.

This network option gives you access to more than 4,500 providers, including the providers of SSM Health Dean Medical Group. Dean Health Plan has you covered with 9 hospitals and many conveniently-located primary care sites in 6 counties throughout southern Wisconsin.

Except in the case of an emergency, medical services must be obtained from a Focus HMO network provider in these counties to ensure coverage. Review the enclosed Focus Map for an overview of this service area.

STAY UP-TO-DATE ON PROVIDER INFORMATION

To find the right doctor for you, our easy-to-use online Provider Directory displays the in-network provider or location nearest to you when searching by ZIP code.

You can find our most up-to-date listing of providers online at deancare.com/doctors. Follow the simple steps below to search for a provider or hospital and look up contact information.

- 1. Go to deancare.com/doctors.
- 2. Under "Select Plan Type" select the following:
 - For the High or Standard Options select Commercial HMO/POS Insurance (Group or Individual Coverage).
 - For the Basic Option select **Dean Focus**.
- 3. Search by specialty, name, location, ZIP code, gender and/or language.

You can also find a printable provider directory from this same location by scrolling to the bottom of the web page to "Looking for a printable directory?" and selecting one of the following:

- "Group or Individual Coverage" for the High and Standard Options.
- "Dean Focus" for the Basic Option.

Affordable Care Act (ACA) Summary of Benefits and Coverage (SBC) - Availability of Summary Health Information

The Federal Employees Health Benefits (FEHB) Program offers numerous health benefits plans and coverage options. To help you make an informed choice, Dean Health Plan offers a Summary of Benefits and Coverage (SBC) document that explains each of its health coverage options. The SBC summarizes important information in a standard format to help you compare across options.

This plan's SBCs are available at <u>deancare.com/federalemployee</u>. A free paper copy is also available by calling our Customer Care Center at 800-279-1301 (TTY: 711).

Please visit <u>opm.gov/healthcare-insurance/healthcare</u> for more information about plans available under the FEHB Program.

2024 FEHB Program Brochures

Your 2024 FEHB program brochures will be available on <u>deancare.com/federalemployee</u> before the start of your open enrollment season that begins on November 13, 2023. Hard paper copies may be obtained by calling our Customer Care Center at 800-279-1301 (TTY: 711).

2024 Rate Tables

 Your share of the premium rate will increase for Self Only, Self Plus One and Self & Family under each plan option.

		Premium Rate							
		Biweekly		Monthly					
Type of Enrollment	Enrollment Code	Gov't Share	Your Share	Gov't Share	Your Share				
Wisconsin									
High Option Self Only	WD1	\$271.43	\$501.57	\$588.10	\$1,086.73				
High Option Self Plus One	WD3	\$586.50	\$1,036.80	\$1,270.75	\$2,246.40				
High Option Self and Family	WD2	\$646.18	\$1,131.72	\$1,400.06	\$2,452.06				
Standard Option Self Only	WD4	\$271.43	\$103.37	\$588.10	\$223.97				
Standard Option Self Plus One	WD6	\$586.50	\$238.05	\$1,270.75	\$515.78				
Standard Option Self and Family	WD5	\$646.18	\$253.34	\$1,400.06	\$548.90				

		Premium Rate						
		Biweekly		Monthly				
Type of Enrollment	Enrollment Code	Gov't Share	Your Share	Gov't Share	Your Share			
Wisconsin								
Basic Option Self Only	AG1	\$167.76	\$55.92	\$363.48	\$121.16			
Basic Option Self Plus One	AG3	\$352.31	\$117.43	\$763.33	\$254.44			
Basic Option Self and Family	AG2	\$377.47	\$125.82	\$817.85	\$272.61			

Have additional questions about how your coverage and benefit choices may affect you and your family? We are here for you if you have questions about your benefit coverage, provider network and/or plan options. Contact our Customer Care Center at 800-279-1301(TTY: 711).

We will continue to provide you with the tools and resources you need to help you better understand these benefits. Visit both the Dean Health Plan (<u>deancare.com/federalemployee</u>) and OPM (<u>opm.gov/healthcare-insurance/healthcare</u>) websites for the latest information on your benefits, options and any plan changes for 2024.

Thank you for entrusting your good health to Dean Health Plan.

Sincerely,

Dean Health Plan

Enclosures:

Dean Health Plan HMO Service Area Map (High & Standard Plan Options)
Dean Health Plan FOCUS HMO Service Area Map (Basic Option)
2024 Medicare Part D Creditable Coverage Notification

"This is a summary [or brief description] of the features of the Dean Health Plan options. Before making a final decision, please read the Plan's Federal Brochures (RI 73-189 – High & Standard Options or RI 73-192 – Basic Option). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure."

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the enclosed notice for more detail.