

## DETAILS

# Dean Health Plan

Marketplace Plan Options

### 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**



**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).

## Catastrophic Plans

All individuals covered by the plan must be under age 30. You may also enroll if you're over 30 and qualify for a hardship exemption based on insurance being unaffordable.

## Cost Share Reduction Plans

Plans for those who meet specific income requirements determined by household size and income. If you're a member of a federally recognized American Indian tribe, you may qualify for additional cost-sharing reductions (not shown in this brochure). To see what you qualify for, you'll need to complete an application through the Health Insurance Marketplace.

## 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, [civilrightscoordinator@medica.com](mailto:civilrightscoordinator@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

<sup>1</sup> Copay Elite plans are only available to residents in the following counties: Dodge, Green Lake, Iowa, and Jefferson.

<sup>2</sup> 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.

<sup>3</sup> Preventive exams are covered in accordance with the recommended preventive services as required by the Patient Protection and Affordable Care Act (PPACA).

<sup>4</sup> If purchasing an HSA eligible family plan, the Silver and Bronze options offer benefits to each individual after the single deductible has been met.

<sup>5</sup> Displayed copay or coinsurance will apply after the deductible is met.

<sup>6</sup> Subject to plan deductible.

<sup>7</sup> \$0 copay for three visits, and then no charge after the deductible.

<sup>8</sup> 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](http://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](http://DeanCare.com/Privacy).

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

2024

# Dean Health Plan

Side-by-side plan comparison overview Marketplace plans 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://DeanCare.com/ShopPlans-24), or call **1 (800) 918-2394** (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.

# 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://www.deancare.com/ShopPlans-24), to see if you qualify and view our plan options.

BENEFITS	GOLD COPAY PCP 3000X	SILVER COPAY PCP 4500X	BRONZE COPAY PCP 8000X	CATASTROPHIC
Deductible: Medical + pharmacy (Individual/Family)	\$3,000/\$6,000	\$4,500/\$9,000	\$8,000/\$16,000	\$9,450/\$18,900
Out-of-pocket maximum (Individual/Family)	\$4,900/\$9,800	\$8,850/\$17,700	\$9,450/\$18,900	\$9,450/\$18,900
Coinsurance	20%	20%	20%	0%
Focus Network Option <sup>2</sup>	Yes	Yes	Yes	Yes
OFFICE VISITS				
Preventive care <sup>3</sup>	\$0	\$0	\$0	\$0
Primary care	\$30	\$30	\$30	\$0 <sup>7</sup>
Urgent care	20% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	\$0 <sup>5</sup>
SSM Health Express E-Visit	\$0	\$0	\$0	\$0 <sup>5</sup>
Specialty care	20% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	\$0 <sup>5</sup>
PRESCRIPTION DRUG				
Preventive <sup>3</sup>	\$0	\$0	\$0	\$0
Generic	\$15	\$15	\$20	0% <sup>5</sup>
Preferred brand	20% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
Non-preferred brand	20% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
Specialty	20% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
MEDICAL SERVICES				
Labs, imaging services, hospital stays, and other covered services	20%	20%	20%	0%
Emergency Room	20% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	\$0 <sup>5</sup>

## Copay PCP plans

The best value for the care you receive the most. Our Copay PCP plans keep your premiums low, and offer you the best value for your regular PCP visits and generic prescription drugs.

GOLD COPAY PLUS 1500X	SILVER COPAY PLUS 4800X	BRONZE COPAY PLUS 9400X	GOLD HSA HDHP 2000X	SILVER HSA-E HDHP 3550X	BRONZE HSA-E HDHP 7450X
\$1,500/\$3,000	\$4,800/\$9,600	\$9,400/\$18,800	\$2,000/\$4,000	\$3,550/\$7,100 <sup>4</sup>	\$7,450/\$14,900 <sup>4</sup>
\$5,700/\$11,400	\$9,450/\$18,900	\$9,400/\$18,800	\$4,500/\$9,000	\$7,500/\$15,000	\$7,450/\$14,900
20%	30%	0%	20%	20%	0%
Yes	Yes	Yes	Yes	Yes	Yes
OFFICE VISITS					
\$0	\$0	\$0	\$0	\$0	\$0
\$30	\$40	\$40	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
\$30	\$40	\$40	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
\$0	\$0	\$0	20% <sup>5</sup>	20% <sup>5</sup>	\$0 <sup>5</sup>
\$60	\$80	\$80	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
PRESCRIPTION DRUG					
\$0	\$0	\$0	\$0	\$0	\$0
\$15	\$15	\$25	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
\$60	\$60	\$0 <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
50%	50%	\$0 <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
50%	50%	\$0 <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>
MEDICAL SERVICES					
20%	30%	0%	20%	20%	0%
\$500 before deductible + coinsurance			20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>5</sup>

## Copay elite plans

A health plan 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.

## Copay plus plans

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.

GOLD COPAY ELITE 1500X <sup>1</sup>	SILVER COPAY ELITE 4800X <sup>1</sup>	GOLD STANDARD 1500X	SILVER STANDARD 5900X	BRONZE STANDARD 7500X	BRONZE STANDARD 9100X
\$1,500/\$3,000	\$4,800/\$9,600	\$1,500/\$3,000	\$5,900/\$11,800	\$7,500/\$15,000	\$9,100/\$18,200
\$5,700/\$11,400	\$9,450/\$18,900	\$8,700/\$17,400	\$9,100/\$18,200	\$9,400/\$18,800	\$9,450/\$18,900
20%	30%	25%	40%	0.5	5%
No	No	Yes	Yes	Yes	Yes
OFFICE VISITS					
\$0	\$0	\$0	\$0	\$0	\$0
Tier 1: \$10 Tier 2: \$60	Tier 1: \$20 Tier 2: \$80	\$30	\$40	\$50	5% <sup>5</sup>
Tier 1: \$10 Tier 2: \$60	Tier 1: \$20 Tier 2: \$80	\$45	\$60	\$75	5% <sup>5</sup>
\$0	\$0	\$0	\$0	\$0	\$0
\$60	\$80	\$60	\$80	\$100	5% <sup>5</sup>
PRESCRIPTION DRUG					
\$0	\$0	\$0	\$0	\$0	\$0
\$15	\$15	\$15	\$20	\$25	5% <sup>5</sup>
\$60	\$60	\$30	\$40	\$50 <sup>6</sup>	5% <sup>5</sup>
50%	50%	\$60	\$80 <sup>6</sup>	\$100 <sup>6</sup>	5% <sup>5</sup>
50%	50%	250	\$350 <sup>6</sup>	\$500 <sup>6</sup>	5% <sup>5</sup>
MEDICAL SERVICES					
20%	30%	25%	40%	50%	5%
\$500 before deductible + coinsurance		25% <sup>5</sup>	40% <sup>5</sup>	50% <sup>5</sup>	5% <sup>5</sup>

## Health savings account (HSA) plans

Plans for HSA savers. Use your HSA towards your care and drug costs. There is no "use it or lose it" rule and you may receive tax savings.

## Standard plans

Simplify your shopping experience with standard plans. Standard plans make it easy to shop across all of the important services you need.