

# Dean Health Plan

WATERLOO SCHOOL DISTRICT

Product Type: HMO

Effective Date: 09/01/2018

Plan Code: HMO03919/PHA01659

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$0 single / \$0 family	N/A
Coinsurance	0% coinsurance after deductible	N/A
Office Visit Charge (Primary/Specialist)	\$20 copay / \$20 copay	Not Covered / Not Covered
Office Visit and Related Services	0% coinsurance after deductible	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible and Coinsurance Limit	\$0 single / \$0 family	N/A
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$7150 single / \$14300 family	N/A
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier.	
Tier 1	\$10 copay	Not Covered
Tier 2	\$25 copay	Not Covered
Tier 3	\$60 copay	Not Covered
Tier 4	Not Covered	Not Covered
<b>Diagnostic Services</b>		
Diagnostic Services	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered
<b>Hospital &amp; Surgical Center</b>		
Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered
<b>Emergency Services</b>		
Urgent Care	\$40 copay and/or 0% coinsurance after deductible	\$40 copay and/or 0% coinsurance after deductible
Emergency Room Services (Copay is waived if admitted)	\$150 copay and/or 0% coinsurance after deductible	\$150 copay and/or 0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible
<b>Other Services</b>		
Mental Health Inpatient	\$0 copay per admission	Not Covered
Mental Health Day Treatment Programs	\$0 copay	Not Covered
Mental Health Outpatient	\$20 copay	Not Covered
Durable Medical Equipment	\$0 copay	Not Covered
Physical, Speech & Occupational Therapy	\$20 copay per therapy type per day	Not Covered
Plan Special Features		

This renewal plan includes prescription drug coverage that is creditable. Unless otherwise noted, all benefits are based on a Contract Year. This benefit summary is a highlight of your benefits and should not be relied upon to fully disclose your coverage. Please review your Member 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. Your Member Certificate is available at [www.deanacare.com](http://www.deanacare.com).

# Dean Health Plan

WATERLOO SCHOOL DISTRICT  
Effective Date: 09/01/2018

Plan 2 - 0  
Product Type: HMO HDHP  
Plan Code: HMO03476/PHA01723

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$3000 single / \$6000 family	N/A
Coinsurance	0% coinsurance after deductible	N/A
Office Visit Charge (Primary/Specialist)	0% coinsurance after deductible / 0% coinsurance after deductible	Not Covered / Not Covered
Office Visit and Related Services	0% coinsurance after deductible	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible and Coinsurance Limit	\$3000 single / \$6000 family	N/A
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$3000 single / \$6000 family	N/A
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier	
Tier 1	0% coinsurance after deductible	Not Covered
Tier 2	0% coinsurance after deductible	Not Covered
Tier 3	0% coinsurance after deductible	Not Covered
Tier 4	0% coinsurance after deductible	Not Covered
<b>Diagnostic Services</b>		
Diagnostic Services	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered
<b>Hospital &amp; Surgical Center</b>		
Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered
<b>Emergency Services</b>		
Urgent Care	0% coinsurance after deductible	0% coinsurance after deductible
Emergency Room Services (Copay is waived if admitted)	0% coinsurance after deductible	0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible
<b>Other Services</b>		
Mental Health Inpatient	0% coinsurance after deductible	Not Covered
Mental Health Day Treatment Programs	0% coinsurance after deductible	Not Covered
Mental Health Outpatient	0% coinsurance after deductible	Not Covered
Durable Medical Equipment	0% coinsurance after deductible	Not Covered
Physical, Speech & Occupational Therapy	0% coinsurance after deductible	Not Covered
<b>Plan Special Features</b>	HSA Qualified High Deductible Health Plan with Embedded Deductible.	

This renewal plan includes prescription drug coverage that is creditable  
Unless otherwise noted, all benefits are based on a Contract Year  
This benefit summary is a highlight of your benefits and should not be relied upon to fully disclose your coverage.  
Please review your Member 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. Your Member Certificate is available at [www.deancare.com](http://www.deancare.com).

# Dean Health Plan

WATERLOO SCHOOL DISTRICT  
Effective Date: 09/01/2018

Plan 3 - 0  
Product Type: POS  
Plan Code: POB03276/PHA01682

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$0 single / \$0 family	\$100 single / \$200 family
Coinsurance	0% coinsurance after deductible	10% coinsurance after deductible
Office Visit Charge (Primary/Specialist)	\$20 copay / \$20 copay	\$30 copay / \$30 copay
Office Visit and Related Services	0% coinsurance after deductible	10% coinsurance after deductible
Preventive Services	\$0 copay	10% coinsurance after deductible
Deductible and Coinsurance Limit	\$0 single / \$0 family	\$800 single / \$1200 family
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$7150 single / \$14300 family	\$14300 single / \$28600 family
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier	
Tier 1	\$10 copay	50% coinsurance
Tier 2	\$25 copay	50% coinsurance
Tier 3	\$50 copay	Not Covered
Tier 4	Not Covered	Not Covered
Diagnostic Services		
Diagnostic Services	0% coinsurance after deductible	10% coinsurance after deductible
CAT Scans/MRI/MRA	0% coinsurance after deductible	10% coinsurance after deductible
Hospital & Surgical Center		
Inpatient Hospital	0% coinsurance after deductible	10% coinsurance after deductible
Outpatient Hospital	0% coinsurance after deductible	10% coinsurance after deductible
Emergency Services		
Urgent Care	\$40 copay and/or 0% coinsurance after deductible	\$40 copay and/or 0% coinsurance after in-network deductible
Emergency Room Services (Copay is waived if admitted)	\$150 copay and/or 0% coinsurance after deductible	\$150 copay and/or 0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible
Other Services		
Mental Health Inpatient	\$0 copay per admission	10% coinsurance after deductible
Mental Health Day Treatment Programs	\$0 copay	10% coinsurance after deductible
Mental Health Outpatient	\$20 copay	\$30 copay
Durable Medical Equipment	\$0 copay	50% coinsurance after deductible
Physical, Speech & Occupational Therapy	\$20 copay per therapy type per day	\$30 copay per therapy type per day
Plan Special Features		

This renewal plan includes prescription drug coverage that is creditable. Unless otherwise noted, all benefits are based on a Contract Year. This benefit summary is a highlight of your benefits and should not be relied upon to fully disclose your coverage. Please review your Member 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. Your Member Certificate is available at [www.deancare.com](http://www.deancare.com).

Waterloo School District  
Health Insurance Options - **24 Pay**  
2018-2019

HMO 20% Employee Paid				
	Total	Employee Portion	District	Employee
	Monthly	Per Pay	Annual	Annual
	<u>Premium</u>	<u>Period*</u>	<u>Premium</u>	<u>Premium</u>
<u>Single</u>	\$871.41	\$87.14	\$8,365.54	\$2,091.38
<u>Family</u>	\$2,265.67	\$226.57	\$21,750.43	\$5,437.61

HMO PLAN - HSA with High-Deductible Health Plan \$3,000 single/\$6,000 family 10% Employee Paid Employer Covers Deductible of \$2,000 (Single)/\$4,000 (Family) Employee Covers Deductible of \$1,000 (Single) /\$2,000 (Family)				
	Total	Employee Portion	District	Employee
	Monthly	Per Pay	Annual	Annual
	<u>Premium</u>	<u>Period*</u>	<u>Premium</u>	<u>Premium</u>
<u>Single</u>	\$608.81	\$30.44	\$6,575.15	\$730.57
<u>Family</u>	\$1,582.91	\$79.15	\$17,095.43	\$1,899.49

POS 25% Employee Paid				
	Total	Employee Portion	District	Employee
	Monthly	Per Pay	Annual	Annual
	<u>Premium</u>	<u>Period*</u>	<u>Premium</u>	<u>Premium</u>
<u>Single</u>	\$929.90	\$116.24	\$8,369.10	\$2,789.70
<u>Family</u>	\$2,417.74	\$302.22	\$21,759.66	\$7,253.22

\* Based on 24 pay period deductions per year for staff being paid year round