

Mineral Point Schools
 \$100/\$200 - deductible - balance of deductible - 101-3999 } is Paid by
 single family and balance of deductible - 201-7999 } Third Party!!
 Plan 2 - 0

Dean Health Plan

MINERAL POINT SCHOOL DISTRICT
 Effective Date: 07/01/2020

Product Type: POS
 Plan Code: POS03720/PHA01678

| Plan Overview | Plan Providers - You Pay | Non-Plan Providers - You Pay |
|---|---|--|
| Deductible | \$4000 single / \$8000 family | \$8000 single / \$16000 family |
| Coinsurance | 0% coinsurance after deductible | 20% coinsurance after deductible |
| Office Visit Charge (Primary/Specialist) | \$20 copay / \$20 copay | 20% coinsurance after deductible / 20% coinsurance after deductible |
| Office Visit and Related Services | 0% coinsurance after deductible | 20% coinsurance after deductible |
| Preventive Services | \$0 copay | 20% coinsurance after deductible |
| Deductible and Coinsurance Limit | \$4000 single / \$8000 family | N/A |
| 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 | \$0 copay | 50% coinsurance |
| Tier 2 | \$5 copay | 50% coinsurance |
| Tier 3 | \$20 copay | Not Covered |
| Diagnostic Services | | |
| Diagnostic Services | 0% coinsurance after deductible | 20% coinsurance after deductible |
| CAT Scans/MRI/MRA | 0% coinsurance after deductible | 20% coinsurance after deductible |
| Hospital & Surgical Center | | |
| Inpatient Hospital | 0% coinsurance after deductible | 20% coinsurance after deductible |
| Outpatient Hospital | 0% coinsurance after deductible | 20% coinsurance after deductible |
| Emergency Services | | |
| Urgent Care | \$20 copay and/or 0% coinsurance after deductible | \$20 copay and/or 0% coinsurance after in-network deductible |
| Emergency Room Services (Copay is waived if admitted) | \$75 copay and/or 0% coinsurance after deductible | \$75 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% coinsurance after deductible | 20% coinsurance after deductible |
| Mental Health Day Treatment Programs | 0% coinsurance after deductible | 20% coinsurance after deductible |
| Mental Health Outpatient | \$20 copay | 20% coinsurance after deductible |
| Durable Medical Equipment | 0% coinsurance after deductible | 50% coinsurance after deductible; not subject to out-of-pocket maximum |
| Physical, Speech & Occupational Therapy | \$20 copay per therapy type per day | 20% coinsurance after deductible |
| Plan Special Features | Travel Immunizations. Full Time Student Amendment. PT/OT/ST no visit limit. | |

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.

Date Prepared: 02/24/20

Mineral Point Schools