

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$4,000 single / \$8,000 family	Not Covered
Coinsurance	0% coinsurance after deductible	Not Covered
Office Visit Charge (Primary/Specialist)	0% coinsurance after deductible	Not Covered
Office Visit and Related Services	0% coinsurance after deductible	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible and Coinsurance Limit	Not Applicable	Not Covered
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$4,000 single / \$8,000 family	Not Covered
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
Deductibles and/or Out of Pocket Maximums for Prescription Drugs	No Separate Prescription Drug Deductible or Out of Pocket Maximums	Not Covered
Diagnostic Services		
Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered
Hospital & Surgical Center		
Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered
Emergency Services		
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
Other Services		
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
Plan Design Attributes	Aggregate Deductible Accumulation. School District Wellness Rider	

This renewal plan includes prescription drug coverage that is creditable
 Unless otherwise noted, all benefits are based on a Contract Year
 This 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.