DeanHealthPlan.
A member of SSM Health

SCHOOL DISTRICT OF MONROE
Effective Date: 01/01/2024

Plan 1 - 1
Network Type: HMO
Plan Code: 5801164

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	$500 single / $1,000 family	Not Covered
Coinsurance	0% coinsurance after deductible	Not Covered
Office Visit Charge (Primary/Specialist)	$25 copay; Waived for dependents through age 18 / $50 copay; Waived for dependents through age 18	Not Covered
Office Visit and Related Services	0% coinsurance after deductible	Not Covered
Preventive Services	$0 copay	Not Covered
Deductible and Coinsurance Limit	$500 single / $1,000 family	Not Covered
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	$7,150 single / $14,300 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	$10 copay	Not Covered
Tier 2	$25 copay	Not Covered
Tier 3	$50 copay	Not Covered
Tier 4	30% coinsurance	Not Covered
Deductibles and/or Out of Pocket Maximums for Prescription Drugs	Rx Deductible: $0 single / $0 family	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	$25 copay; Waived for dependents through age 18 and/or 0% coinsurance after deductible	$25 copay; Waived for dependents through age 18 and/or 0% coinsurance after in-network deductible
Emergency Room Services (Copay is waived if admitted)	$250 copay and/or 0%coinsurance after deductible	$250 copay and/or 0%coinsurance after in-network 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	$25 copay; Waived for dependents through age 18	Not Covered
Durable Medical Equipment	0% coinsurance after deductible	Not Covered
Physical, Speech & Occupational Therapy	$50 copay per therapy type per day; Waived for dependents through age 18	Not Covered
Plan Design Attributes		

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

Date Prepared: 09/28/23

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SCHOOL DISTRICT OF MONROE
Effective Date: 01/01/2024

Plan 3 - 0
Network Type: HMO HDHP
Plan Code: HMO05978/PHA03768

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	$3,000 single / $6,000 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)	$3,000 single / $6,000 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.	

This renewal plan includes prescription drug coverage that is creditable
Unless otherwise noted, all benefits are based on a Contract Year
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Date Prepared: 09/28/23

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SCHOOL DISTRICT OF MONROE

Effective Date: 01/01/2024

Plan 4 - 1

Network Type: POS

Plan Code: 7266460

Plan Overview	In-Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	$500 single / $1,000 family	$1,000 single / $2,000 family
Coinsurance	0% coinsurance after deductible	20% coinsurance after deductible
Office Visit Charge (Primary/Specialist)	$25 copay; Waived for dependents through age 18 / $50 copay; Waived for dependents through age 18	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	$500 single / $1,000 family	$3,000 single / $6,000 family
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	$7,150 single / $14,300 family	$14,300 single / $28,600 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	30% coinsurance	50% coinsurance
Deductibles and/or Out of Pocket Maximums for Prescription Drugs	Rx Deductible: $0 single / $0 family	Rx Deductible: $0 single / $0 family
Diagnostic Services		
Diagnostic Services (Xrays/Labs)	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	$25 copay; Waived for dependents through age 18 and/or 0% coinsurance after deductible	$25 copay; Waived for dependents through age 18 and/or 0% coinsurance after in-network deductible
Emergency Room Services (Copay is waived if admitted)	$250 copay and/or 0%coinsurance after deductible	$250 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	$25 copay; Waived for dependents through age 18	20% coinsurance after deductible
Durable Medical Equipment	0% coinsurance after deductible	20% coinsurance after deductible
Physical, Speech & Occupational Therapy	$50 copay per therapy type per day; Waived for dependents through age 18	20% coinsurance after deductible
Plan Design Attributes	In and Out-of-Network deductibles and coinsurance combined.	

This renewal plan includes prescription drug coverage that is creditable
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