

Dean Health Plan

ARGYLE SCHOOL DISTRICT
Effective Date: 07/01/2017

Plan 2 - 0
Product Type: POS
Plan Code: POS03284/PHA01692

Deductible	\$0 single / \$0 family	\$100 single / \$200 family
Coinsurance	0% coinsurance after deductible	10% coinsurance after deductible
Office Visit Charge (Primary/Specialist)	\$0 copay / \$0 copay	10% coinsurance after deductible / 10% coinsurance after deductible
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	\$600 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
Tier 1	\$6 copay	50% coinsurance
Tier 2	\$10 copay	50% coinsurance
Tier 3	50% coinsurance (\$50 minimum up to max of \$150 per prescription)	Not Covered
Diagnostic Services	0% coinsurance after deductible	10% coinsurance after deductible
CAT Scans/MRI/MRA	\$0 copay	10% coinsurance after deductible
Inpatient Hospital	0% coinsurance after deductible	10% coinsurance after deductible
Outpatient Hospital	0% coinsurance after deductible	10% coinsurance after deductible
Urgent Care	\$0 copay and/or 0% coinsurance after deductible	\$0 copay and/or 0% coinsurance after in-network deductible
Emergency Room Services (Copay is waived if admitted)	\$100 copay and 0% coinsurance after deductible	\$100 copay and 0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible
Mental Health Inpatient	\$0 copay per admission	\$0 copay per admission
Mental Health Day Treatment Programs	\$0 copay	\$0 copay
Mental Health Outpatient	\$0 copay	\$0 copay
Durable Medical Equipment	\$0 copay	50% coinsurance after deductible; not subject to out-of-pocket maximum
Physical, Speech & Occupational Therapy	0% coinsurance after deductible	10% coinsurance after deductible
Plan Special Features	PT/OT/ST & HH no visit limit. Travel Immunizations. Full Time Student Amendment.	

This plan is NOT auto-linked to an HRA administrator

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.