

POS

Dean Health Plan

STOUGHTON AREA SCHOOL DISTRICT

Plan 6 - 0

Product Type: POS

Effective Date: 07/01/2016

Plan Code: POS02750/PHA01066

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$100 single / \$200 family	\$100 single / \$200 family
Coinsurance	0% coinsurance after deductible	20% coinsurance after deductible
Office Visit Charge (Primary/Specialist)	0% coinsurance after deductible / 0% coinsurance after deductible	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	\$100 single / \$200 family	\$400 single / \$1000 family
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$6600 single / \$13200 family	\$13200 single / \$26400 family
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier)	
Tier 1	\$5 copay	50% coinsurance
Tier 2	\$20 copay	50% coinsurance
Tier 3	\$30 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	0% coinsurance after deductible	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 copay	\$0 copay
Other Services		
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	20% coinsurance after deductible
Plan Special Features		

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.