# Dean Health Plan

SUN PRAIRIE AREA SCHOOLS

Effective Date: 01/01/2017

Product Type: POS

Plan Code: POS02703/PHA01043

| Plan Overview | *Plan Providers - You Pay* | *Non-Plan Providers - You Pay* |
|---|---|---|
| Deductible | $0 single / $0 family | $100 single / $200 family |
| Coinsurance | 0% coinsurance after deductible | 10% coinsurance after deductible |
| Office Visit Charge (Primary/Specialist) | $10 copay / $10 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) | $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 | $0 copay | 50% coinsurance |
| Tier 2 | $15 copay | 50% coinsurance |
| Tier 3 | $25 copay | Not Covered |
| **Diagnostic Services** | | |
| Diagnostic Services | 0% coinsurance after deductible | 10% coinsurance after deductible |
| CAT Scans/MRI/MRA | $0 copay | 10% coinsurance after deductible |
| **Hospital & Surgical Center** | | |
| Inpatient Hospital | 0% coinsurance after deductible | 10% coinsurance after deductible |
| Outpatient Hospital | 0% coinsurance after deductible | 10% coinsurance after deductible |
| **Emergency Services** | | |
| Urgent Care | $10 copay and/or 0% coinsurance after deductible | $10 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 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 | $10 copay | $10 copay |
| Durable Medical Equipment | $0 copay | 50% coinsurance after deductible; not subject to out-of-pocket maximum |
| Physical, Speech & Occupational Therapy | $10 copay per therapy type per day | 10% coinsurance after deductible |
| **Plan Special Features** | No visit limits on PT/OT/ST. 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.

Date Prepared: 03/10/16