

Dean Health Plan

WATERLOO SCHOOL DISTRICT

Product Type: HMO HDHP

Effective Date: 09/01/2017

Plan Code: HMO03475/PHA01232

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$3000 single / \$6000 family	N/A
Coinsurance	0% coinsurance after deductible	N/A
Office Visit Charge (Primary/Specialist)	0% coinsurance after deductible / 0% coinsurance after deductible	Not Covered / Not Covered
Office Visit and Related Services	0% coinsurance after deductible	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible and Coinsurance Limit	\$3000 single / \$6000 family	N/A
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$3000 single / \$6000 family	N/A
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
Diagnostic Services		
Diagnostic Services	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 Special Features	HSA Qualified High Deductible Health Plan with Embedded Deductible.	

This plan is NOT auto-linked to an HRA administrator

Unless otherwise noted, all benefits are based on a Contract Year
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Dean Health Plan

WATERLOO SCHOOL DISTRICT

Plan 6 - 0

Product Type: HMO

Effective Date: 09/01/2017

Plan Code: HMO03919/PHA01659

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$0 single / \$0 family	N/A
Coinsurance	0% coinsurance after deductible	N/A
Office Visit Charge (Primary/Specialist)	\$20 copay / \$20 copay	Not Covered / Not Covered
Office Visit and Related Services	0% coinsurance after deductible	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible and Coinsurance Limit	\$0 single / \$0 family	N/A
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$7150 single / \$14300 family	N/A
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
Diagnostic Services		
Diagnostic Services	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	\$40 copay and/or 0% coinsurance after deductible	\$40 copay and/or 0% coinsurance after deductible
Emergency Room Services (Copay is waived if admitted)	\$150 copay and 0% coinsurance after deductible	\$150 copay and 0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible
Other Services		
Mental Health Inpatient	\$0 copay per admission	Not Covered
Mental Health Day Treatment Programs	\$0 copay	Not Covered
Mental Health Outpatient	\$20 copay	Not Covered
Durable Medical Equipment	\$0 copay	Not Covered
Physical, Speech & Occupational Therapy	\$20 copay per therapy type per day	Not Covered
Plan Special Features		

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Date Prepared: 02/23/17

Dean Health Plan

WATERLOO SCHOOL DISTRICT

Product Type: POS

Effective Date: 09/01/2017

Plan Code: POS03275/PHA01682

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)	\$20 copay / \$20 copay	\$30 copay / \$30 copay
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
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
Diagnostic Services		
Diagnostic Services	0% coinsurance after deductible	10% coinsurance after deductible
CAT Scans/MRI/MRA	0% coinsurance after deductible	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	\$40 copay and/or 0% coinsurance after deductible	\$40 copay and/or 0% coinsurance after in-network deductible
Emergency Room Services (Copay is waived if admitted)	\$150 copay and 0% coinsurance after deductible	\$150 copay and 0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible
Other Services		
Mental Health Inpatient	\$0 copay per admission	10% coinsurance after deductible
Mental Health Day Treatment Programs	\$0 copay	10% coinsurance after deductible
Mental Health Outpatient	\$20 copay	\$30 copay
Durable Medical Equipment	\$0 copay	50% coinsurance after deductible
Physical, Speech & Occupational Therapy	\$20 copay per therapy type per day	\$30 copay per therapy type per day
Plan Special Features		

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Date Prepared: 02/23/17

Dean Health Plan

WATERLOO SCHOOL DISTRICT

Plan 4 - 0

Product Type: POS HDHP

Effective Date: 09/01/2017

Plan Code: POS02970/PHA01179

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$3000 single / \$6000 family	\$6000 single / \$12000 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	\$3000 single / \$6000 family	\$12000 single / \$24000 family
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$3000 single / \$6000 family	\$12000 single / \$24000 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% coinsurance after deductible	20% coinsurance after deductible
Tier 2	0% coinsurance after deductible	20% coinsurance after deductible
Tier 3	0% coinsurance after deductible	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)	0% coinsurance after deductible	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	0% coinsurance after deductible	20% coinsurance after deductible
Durable Medical Equipment	0% coinsurance after deductible	20% coinsurance after deductible
Physical, Speech & Occupational Therapy	0% coinsurance after deductible	20% coinsurance after deductible
Plan Special Features	HSA Qualified High Deductible Health Plan with Embedded Deductible.	

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