Dean Health Plan Rate Sheet

Rates Effective: September 1, 2020 - August 31, 2021

\$30 OV Copay \$100 Ded 9% Coins \$100/\$250 Limit	to the renew	RENEWAL ACCEPTANCE Please select one of the following: Renew with renewing plan indicated above	Change from Current Rates	Total Monthly Premium Annual Premium	Subtotal Medicare Eligible	/ledicare	re e		Medicare Eligible Enrollment Subscriber Only, Medicare Subscriber + One, 2 w/ Medicare	Subtotal Active	Subscriber + Family	Only	Enrollment				Rates for POS Plan
POS OV Copay (\$200 Limit \$250550 Rx frit Rates \$57.79 \$1,776.03 \$1,249.80 \$1,249.80 \$1,249.80 \$1,249.80 \$1,249.80 \$1,249.80 \$1,710.25 \$1,710.25 \$1,677.36	al will result in a	R		=	0	0	0	0	0 0	_	_						
POS OV Copay (\$200 Limit \$250550 Rx frit Rates \$57.79 \$1,776.03 \$1,249.80 \$1,249.80 \$1,249.80 \$1,249.80 \$1,249.80 \$1,249.80 \$1,710.25 \$1,710.25 \$1,677.36	a second SBC m	Mec Pha		4	0	0	0	0	0 0	4	4	0	embers				
\$30 OV Copay \$100 Ded 0% Coins \$100\$200 Limit \$10\\$25\\$50 Rx Renewal Rates Plan 2 - 0 \$657.79 \$1,776.03  \$1,249.80 \$1,710.25 \$1,710.25 \$1,710.25 \$1,776.03  \$21,312 0.0%  Please return this page to: Heather McDonald Account Manager Dean Health Plan Direct: 608-252-0834 E-Mail: heather.mcdonald@deancare.com	nailing	dical code armacy code	11	\$1,776.03 \$21,312		\$1,677.36	\$1,710.25	\$1,282.69	\$624.90 \$1,249.80		\$1,776.03	\$657.79	POS03862	\$10/\$25/\$50 Rx	\$100/\$200 Limit	0% Coins	POS \$30 OV Copay
Increase Over Current 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0	Please r Heal Acc Dea Direct Fax: E-Mail: heather.r	POS03862 PHA02193	0.0%	\$1,776.03 \$21,312		\$1,677.36	\$1,710.25	\$1,282.69	\$624.90 \$1,249.80		\$1,776.03	\$657.79	Plan 2 - 0	\$10/\$25/\$50 Rx	\$100/\$200 Limit	0% Coins	<b>POS</b> \$30 OV Copay
	return this page to: ther McDonald ount Manager in Health Plan :: 608-827-4062 608-252-0834 incdonald@deancare.com					0.0%	0.0%	0.0%	0.0%		0.0%	0.0%	Increase	1			

To ensure a correct September billing statement and correct SBC information is mailed to your insured employees, return this renewal acceptance no later than Sunday, July 19, 2020 All plans noted as Focus include only Dean Clinic & SSM Affiliates locations in Dane, Rock & Sauk counties.

To view your SBC information please visit our website at https://app.deancare.com/sites/sbc/employergroup

If you cannot locate your SBC, please contact your Account Manager for assistance.

Dean Health Plan Rate Sheet

Rates Effective: September 1, 2020 - August 31, 2021

E-Mail: heather.mcdonald@deancare.com	E-Mail: heather.m	1	)	· Y	Signature:
Direct: 608-827-4062	Direct			19	Title: Kuriness /
Dean Health Plan	Dean			1	0
Account Manager	Acco	SBC mailing	ult in a second S	he renewal will res	Plan changes made less than 45 days prior to the renewal will result in a second SBC mailing
Heather McDonald	Heath				Circle desired alternative above
Please return this page to:	Please re				Renew with a plan change
	PHA02560	Pharmacy code		ጅ	Please select one of the following:  Renew with renewing plan indicated above
	HM004821	Medical code			RENEWAL ACCEPTANCE
	0.076	200			Change from Current Kates
	7% O				
	\$4,194,384	\$4,194,384			Annual Premium
	\$349.531.99	\$349.531.99			Monthly Premium
			754	278	Total
			7	4	Subtotal Medicare Eligible
0.0%	\$1,451.64	\$1,451.64	0	0	Subscriber + Family, 2 or more w/ Medicare
0.0%	\$1,480.10	\$1,480.10	0	0	Subscriber + Family, 1 w/ Medicare
0.0%	\$1,110.08	\$1,110.08	<sub>ე</sub> თ	ယ	Subscriber + One, 1 w/ Medicare
0.0%	\$1,081.61	\$1,081.61	0	0	Subscriber + One, 2 w/ Medicare
0.0%	\$540.81	\$540.81	_	_	Subscriber Only, Medicare
	•				Medicare Eligible Enrollment
			747	274	Subtotal Active
0.0%	\$1,537.03	\$1,537.03	669	196	Subscriber + Family
0.0%	).27	\$569.27	78	78	Subscriber Only
Over Current	Plan 1 - 0	HM004821	Members	Subscribers	Enrollment
Increase	Renewal Rafes	Current Rates			
	\$100/\$200 Limit \$10/\$25/\$50 Rx	\$100/\$200 Limit \$10/\$25/\$50 Rx			
	0% Coins	0% Coins			
	\$100 Ded	\$100 Ded			
	\$30 OV Copay	\$30 OV Copay			Rates for HMO Plan
	НМО	HMO			
			Ï		

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31-2020

### Dean Health Plan

Rate Sheet

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Renew with a plan change Circle desired alternative above Plan changes made less than 45 days prior to the renewal will result in a second SBC mailing Title:  Signature:  Date:	RENEWAL ACCEPTANCE Please select one of the following: Renew with renewing plan indicated above	Change from Current Rates	Total  Monthly Premium  Annual Premium	Medicare Eligible Enrollment Subscriber Only, Medicare Subscriber + One, 2 w/ Medicare Subscriber + One, 1 w/ Medicare Subscriber + Family, 1 w/ Medicare Subscriber + Family, 2 or more w/ Medicare Subscriber = Family, 2 or more w/ Medicare	Rates for PPO Plan  Enrollment Subscriber Only Subscriber + Family Subtotal Active
ys prior to the renewal will resu	B		٦	00000	Subscribers 1 0
Ilt in a second SBO	ס ס		ı	00000	Members
Omailing	Medical code Pharmacy code		\$886.61 <b>\$10</b> ,639	\$842.28 \$1,684.56 \$1,728.89 \$2,305.19 \$2,260.86	\$30 OV Copay \$100 Ded 0% Coins \$100/\$200 Limit \$10/\$25/\$50 Rx Current Rates PPO03428 \$886.61 \$2,393.85
Please return this page Heather McDonald Account Manager Dean Health Plan Direct: 608-827-406 Fax: 608-252-0834 E-Mail: heather.mcdonald@de	PPO03428 PHA02193	0.0%	\$886.61 \$10,639	\$842.28 \$1,684.56 \$1,728.89 \$2,305.19 \$2,260.86	\$30 OV Copay \$100 Ded 0% Coins \$100/\$250 Umit \$10/\$25/\$50 Rx Renewal Rates Plan 3 - 0 \$886.61 \$2,393.85
Please return this page to: Heather McDonald Account Manager Dean Health Plan Direct: 608-827-4062 Fax: 608-252-0834 heather.mcdonald@deancare.com				0.0% 0.0% 0.0% 0.0%	Increase Over Current 0.0% 0.0%

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DHP reserves the right to adjust the rates if multiple plans in a product type are offered.

Total
Renewal Annual Premium
Current Annual Premium
Overall Change

\$4,226,254 \$4,226,336 0.0%

DJ.