

Dean Health Plan

SAUK PRAIRIE SCHOOL DISTRICT

Product Type: HMO

Effective Date: 07/01/2017

Plan Code: HMO03916/PHA01655

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)	\$10 copay / \$10 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	\$2 copay	Not Covered
Tier 2	\$2 copay	Not Covered
Tier 3	Not Covered	Not Covered
Diagnostic Services		
Diagnostic Services	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	\$0 copay	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	\$10 copay and/or 0% coinsurance after deductible	\$10 copay and/or 0% coinsurance after deductible
Emergency Room Services (Copay is waived if admitted)	\$50 copay and 0% coinsurance after deductible	\$50 copay and 0% coinsurance after deductible
Ambulance	\$0 copay	\$0 copay
Other Services		
Mental Health Inpatient	\$0 copay per admission	Not Covered
Mental Health Day Treatment Programs	\$0 copay	Not Covered
Mental Health Outpatient	\$10 copay	Not Covered
Durable Medical Equipment	\$0 copay	Not Covered
Physical, Speech & Occupational Therapy	\$10 copay per therapy type per day	Not Covered
Plan Special Features	120 days per contract period (Skilled Nursing Facility)	

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: 03/03/17