

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$3,000 single / 6000 family	Not Covered
Coinsurance	0% coinsurance after deductible	Not Covered
Office Visit Charge (Primary/Specialist)	0% coinsurance after deductible	Not Covered
Office Visit and Related Services	0% coinsurance after deductible	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible and Coinsurance Limit	Not Applicable	Not Covered
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$3,000 single / \$6,000 family	Not Covered
<b>Prescription Drugs, Insulin &amp; Disposable Diabetic Supplies</b>	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
Tier 4	0% coinsurance after deductible	Not Covered
<b>Diagnostic Services</b>		
Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible / 0% coinsurance after deductible	Not Covered / Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered
<b>Hospital &amp; Surgical Center</b>		
Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered
<b>Emergency Services</b>		
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
<b>Other Services</b>		
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
<b>Plan Special Features</b>		

This renewal plan includes prescription drug coverage that is creditable  
 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  
 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](http://www.deancare.com).

# SCHOOL DISTRICT OF WESTON (#3388)

## Dean Health Plan Rate Sheet

Rates Effective: July 1, 2023 - June 30, 2024

### Rates for HMO Plan

		HMO HDHP		HMO HDHP		Increase Over Current	
		Current Rates		Renewal Rates		Plan 1 - 0	
<b>Enrollment</b>	<b>Subscribers</b>	<b>Members</b>	<b>\$3,000 Ded</b>	<b>\$3,000 Ded</b>	<b>0% Coins</b>	<b>0% Coins</b>	
Subscriber Only	10	10	0% Coins	0% Coins	\$3,000/\$6,000 Limit	\$3,000/\$6,000 Limit	
Subscriber + Family	28	110	\$3,000/\$6,000 Limit	0%/0%/0%/0% Rx	0%/0%/0%/0% Rx	0%/0%/0%/0% Rx	
Subtotal Active	38	120	<b>HMO04154</b>	<b>Plan 1 - 0</b>	<b>Renewal Rates</b>	<b>Over Current</b>	
			\$576.43	\$621.95	\$621.95	7.9%	
			\$1,498.72	\$1,617.07	\$1,617.07	7.9%	

		Medicare Eligible Enrollment		Increase Over Current	
Subscriber Only, Medicare	0	0	\$547.61	\$590.85	7.9%
Subscriber + One, 2 w/ Medicare	0	0	\$1,095.22	\$1,181.70	7.9%
Subscriber + One, 1 w/ Medicare	0	0	\$1,124.04	\$1,212.80	7.9%
Subscriber + Family, 1 w/ Medicare	0	0	\$1,498.72	\$1,617.07	7.9%
Subscriber + Family, 2 or more w/ Medicare	0	0	\$1,469.90	\$1,585.97	7.9%
Subtotal Medicare Eligible	0	0			

Total	38	120			
Monthly Premium			\$47,728.46	\$51,497.46	7.9%
Annual Premium			\$572,742	\$617,970	7.9%

**RENEWAL ACCEPTANCE**  
Please select one of the following:  
Renew with renewing plan indicated above   
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: Director of Business Services  
Signature: Dawn Bell  
Date: 4/21/23

Please return this page to:  
Dawn Bell  
Account Manager  
Dean Health Plan  
Direct: 920-342-6791  
Fax: 920-351-4630  
E-Mail: dawn.bell@deancare.com

To ensure a correct July billing statement and correct SBC information is mailed to your insured employees, return this renewal acceptance no later than Saturday, May 20, 2023  
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.