DeanHealthPlan by Medica

COUNTY OF DANE

Benefit Summary

Effective: 01/01/2025

Plan Code: HMO05403 / PHA03726 **Plan Type**: Copay **Network:** HMO **Contract:** Contract Year **Plan 1-0**

Plan Overview	***Plan Providers - You Pay***	***Non-Plan Providers - You Pay***
Embedded Deductible*	$100 single / $200 family	Not Applicable
Coinsurance	0% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	$5 copay; Waived for dependents through age 18	Not Covered
Specialist Office Visit Charge	$5 copay; Waived for dependents through age 18	Not Covered
Preventive Services	$0 copay	Not Covered
Deductible & Coinsurance Limit	$100 single / $200 family	Not Applicable
Maximum Out-of-Pocket**	$250 single / $500 family	Not Applicable

**The plan begins making payments as soon as one family member has reached their individual deductible*
***Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted*

Prescription Drugs, Insulin & Disposable Diabetic Supplies*

4 Tier Select

Rx Deductible	$0 single / $0 family			Not Applicable
Rx Maximum Out-of-Pocket	$500 single / $1,500 family			Not Covered
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 3 copays; Tier 4 Not Covered			
	Tier 1	**Tier 2**	**Tier 3**	**Tier 4**
In-Network	$10 copay	$20 copay	$40 copay	30% coinsurance
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered

**Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier*
**This new plan includes prescription drug coverage that is creditable*

Diagnostic Services	***Plan Providers - You Pay***	***Non-Plan Providers - You Pay***
Diagnostic Services (Xrays/Labs)	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	$5 copay; Waived for dependents through age 18 and/or 0% coinsurance after deductible	$5 copay; Waived for dependents through age 18 and/or 0% coinsurance after deductible
Emergency Room Services*	$50 copay and/or 0% coinsurance after deductible	$50 copay and/or 0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible

** copay is waived if admitted*

Additional Plan Design Attributes

This 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 https://app.deancare.com/sites/sbc/employergroup