

# Dean Health Plan

Madison College  
Effective Date: 01/01/2019

Plan 1 - 2  
Product Type: HMO  
Plan Code: 47263/

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$250 single / \$500 family	N/A
Coinsurance	10% coinsurance after deductible	N/A
Office Visit Charge (Primary/Specialist)	\$25 copay / \$25 copay	Not Covered / Not Covered
Office Visit and Related Services	10% coinsurance after deductible	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible and coinsurance Limit	\$500 single / \$1000 family	N/A
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$6850 single / \$13700 family	N/A
<b>Prescription Drugs, Insulin &amp; Disposable Diabetic Supplies</b>	<i>Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier)</i>	
Tier 1	\$5 copay	Not Covered
Tier 2	\$35 copay	Not Covered
Tier 3	\$50 copay	Not Covered
<b>Diagnostic Services</b>		
Diagnostic Services	10% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	\$50 copay	Not Covered
<b>Hospital &amp; Surgical Center</b>		
Inpatient Hospital	10% coinsurance after deductible	Not Covered
Outpatient Hospital	10% coinsurance after deductible	Not Covered
<b>Emergency Services</b>		
Urgent Care	\$25 copay and/or 10% coinsurance after deductible	\$25 copay and/or 10% coinsurance after deductible
Emergency Room Services (Copay is waived if admitted)	\$150 copay and/or 10% coinsurance after deductible	\$150 copay and/or 10% coinsurance after deductible
Ambulance	10% coinsurance after deductible	10% coinsurance after deductible
<b>Other Services</b>		
Mental Health Inpatient	10% coinsurance after deductible	Not Covered
Mental Health Day Treatment Programs	10% coinsurance after deductible	Not Covered
Mental Health Outpatient	\$25 copay	Not Covered
Durable Medical Equipment	10% coinsurance after deductible	Not Covered
Physical, Speech & Occupational Therapy	\$25 copay per therapy type per day	Not Covered
<b>Plan Special Features</b>		

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](http://www.deancare.com).

Date Prepared: 03/27/18