

Dane County Contract Addendum Cover Sheet

Revised 06/2021

Res 146
significant

		Contract # Admin will assign	15411A
Dept./Division	Administration/Employee Relations	Vendor Name	Dean Health Plan
Brief Addendum Title/Description	Provides Health Insurance for Dane County employees and retirees	Vendor MUNIS #	9024
		Addendum Term	1/1/26-12/31/2027
		Amount (\$)	\$ 3,624,694.08

Department Contact Information		Vendor Contact Information	
Contact	Amy Utzig	Contact	Heather McDonald
Phone #	266-9253	Phone #	608-827-4062
Email	utzig.amy@danecounty.gov	Email	heather.mcdonald@deancare.com
Purchasing Officer	Pete Patten		



Purchase Order – Maintenance or New PO					
<input type="checkbox"/>	PO Maintenance Needed PO#	Org:	Obj:	Proj:	
		Org:	Obj:	Proj:	
<input type="checkbox"/>	No PO Maintenance Needed – <i>this addendum does not change the dollar amount of the contract.</i>				
<input type="checkbox"/>	New PO / Req. Submitted Req#	Org:	Obj:	Proj:	
		Org:	Obj:	Proj:	

Budget Amendment	
<input type="checkbox"/>	A Budget Amendment has been requested via a Funds Transfer or Resolution. Upon addendum approval and budget amendment completion, the department shall update the requisition in MUNIS accordingly.

Total Contracted Amount – List the Original contract info, then subsequent addenda including this new addendum					
A resolution is required when the total contracted amount first exceeds \$100,000. Additional resolutions are then required whenever the sum(s) of any additional addenda exceed(s) \$100,000	Addendum #	Term	Amount	Resolution	
	Original	1/1/25-12/31/27	\$ 76,943,042.88	<input type="checkbox"/> None	Res# 2023-397
	A	1/1/26-12/31/27	\$ 3,624,694.08	<input type="checkbox"/> None	Res# 2025-146
				<input type="checkbox"/> None	Res#
				<input type="checkbox"/> None	Res#
				<input type="checkbox"/> None	Res#
				<input type="checkbox"/> None	Res#
Total Contracted Amount			\$ 80,567,736.96		

Contract Language Pre-Approval – prior to internal routing, this contract has been reviewed/approved by:		
<input checked="" type="checkbox"/> Corporation Counsel: Carlos Pabellon	<input type="checkbox"/> Risk Management:	<input type="checkbox"/> No Pre-Approval

APPROVAL	
Dept. Head / Authorized Designee	
Utzig, Amy	Digitally signed by Utzig, Amy Date: 2025.09.04 13:20:41 -05'00'

APPROVAL – Contracts Exceeding \$100,000	
Director of Administration	Corporation Counsel
	

APPROVAL – Internal Contract Review – Routed Electronically – Approvals Will Be Attached			
DOA:	Date In: 9/4/25	Date Out: _____	<input checked="" type="checkbox"/> Controller, Purchasing, Corp Counsel, Risk Management

Goldade, Michelle

From: Goldade, Michelle
Sent: Thursday, September 4, 2025 12:40 PM
To: Hicklin, Charles; Pabellon, Carlos; Patten (Purchasing), Peter; Cotillier, Joshua
Cc: Stavn, Stephanie; Oby, Joe
Subject: Contract #15411A
Attachments: 15411A.pdf

Tracking:	Recipient	Read	Response
	Hicklin, Charles	Read: 9/4/2025 12:40 PM	Approve: 9/4/2025 12:46 PM
	Pabellon, Carlos		Approve: 9/4/2025 12:58 PM
	Patten (Purchasing), Peter	Read: 9/4/2025 12:50 PM	Approve: 9/4/2025 3:00 PM
	Cotillier, Joshua		Approve: 9/4/2025 12:55 PM
	Stavn, Stephanie	Read: 9/4/2025 3:08 PM	
	Oby, Joe		

Please review the contract and indicate using the vote button above if you approve or disapprove of this contract.

Contract #15411A
Department: Administration
Vendor: Dean Health Plan
Contract Description: Addendum for Employee Health Insurance (Res 146)
Contract Term: 1/1/26 – 12/31/27
Contract Amount: \$3,624,694.08

Michelle Goldade

Administrative Manager
Dane County Department of Administration
Room 425, City-County Building
210 Martin Luther King, Jr. Boulevard
Madison, WI 53703
PH: 608/266-4941
Fax: 608/266-4425
TDD: Call WI Relay 711

Please Note: I currently have a modified work schedule...I am in the office Mondays and Wednesdays and working remotely Tuesdays, Thursdays and Fridays.

**AUTHORIZING ADDENDUM A TO AN AGREEMENT WITH DEAN HEALTH PLAN, INC TO
PROVIDE EMPLOYEE GROUP HEALTH INSURANCE**

The County executed Contract # 15411 with Dean Health Plan, Inc to provide health insurance coverage for Dane County employees. The contract provides for a not to exceed rate increase of 11.4 % for the HMO plan and 15.9% for the POS plan in 2026. The current estimated annual cost for 2026 is approximately \$86 million, which represents an increase of approximately \$9 million from the 2025 annual cost

Under the current contract, the County reserves the right to make plan design changes. Dean Health Plan, Inc. has presented the County with a potential plan design change that would reduce the estimated annual cost for 2026. Under the proposed plan design, the estimated annual cost for 2026 would total \$80 million, which would result in a savings of \$6 million.

The Employee-Management Insurance Advisory Committee considered the proposed design change on July 30, 2025 and August 20, 2025 but were unable to make a recommendation. Due to the upcoming deadline for open enrollment on October 20, 2025, the County must decide on the plan design change by October 1, 2025 to ensure that there is sufficient time to implement the change and provide education to employees.

NOW, THEREFORE, BE IT RESOLVED that Addendum A to Contract # 15411 be approved.

BE IT FINALLY RESOLVED that the Dane County Executive and Dane County Clerk are authorized to execute the addendum on behalf of Dane County.



DANE COUNTY CONTRACT

ADDENDUM # 15411A

Revised 11/2024

THIS ADDENDUM, made and entered into effective as of the date by which both parties hereto have executed this document, by and between the County of Dane (hereinafter referred to as "County") and Dean Health Plan (hereinafter, "Provider").

WITNESSETH:

WHEREAS Provider and County, by a separate document (hereinafter, the "Master Agreement"), Dane County Contract #15411, have previously entered into a contractual relationship pursuant to which Provider provides health insurance, and

WHEREAS County and Provider wish to amend the Master Agreement in order to implement plan design changes for the HMO and POS health insurance plans.

NOW, THEREFORE, in consideration of the above premises and the mutual covenants of the parties hereinafter set forth, the receipt and sufficiency of which is hereby acknowledged by each party for itself, the parties do agree as follows:

1. The Master Agreement shall remain in full force and effect unchanged in any manner by this addendum except as changes are expressly set forth herein. This addendum shall control only to the extent of any conflict between the terms of the Master Agreement and this addendum.
2. The Master Agreement, and any amendment or addendum to it, may be executed and transmitted to any other party by legible facsimile reproduction or by scanned legible electronic PDF copy, and utilized in all respects as, an original, wet-inked manually executed document. Further, the Master Agreement and any amendment or addendum thereto, may be stored and reproduced by each party electronically, photographically, by photocopy or other similar process, and each party may at its option destroy any original document so reproduced. All parties hereto stipulate that any such legible reproduction shall be admissible in evidence as the original itself in any judicial, arbitration or administrative proceeding whether or not the original is in existence and whether or not such reproduction was made by each party in the regular course of business. This term does not apply to the service of notices under the Master Agreement, or any subsequent amendment or addendum.
3. Sections II and V of Schedule A of the Master Agreement are hereby deleted in their entirety and replaced with the following:

II. **COVERAGE.**

The plan design covered is set forth in Schedule E (revised). Coverage shall be provided to all "Eligible Employees" as that term is defined by COUNTY and to other individuals as identified in sec. 1.2 of the RFP 2024-RFP-022-PR. Retirees are eligible for the insurance coverage they

had at the time of retirement. If a retiree's spouse or domestic partner is not on the plan at the time of retirement, they cannot be added. The only qualifying events for a retiree are marriage or a new child.

V. **RATES.**

Base Rates for the Contract Year 2026 are attached in Schedule D (revised).

Base Rates/Premiums are defined as rates/premiums available to eligible COUNTY enrollees on January 1, 2026.

A retiree and spouse have a special employee + spouse rate of the cost of two single plans. This rate is not available to regular employees.

4. Section VII of the Master Agreement is hereby amended as follows:

VII. **SERVICES/SCHEDULE OF BENEFITS.**

Dean Health Plan shall provide services and benefits as described in their response to RFP 2024-RFP-022-PR.

Summary of benefits: See Schedule E (revised).

5. Schedules D and E of the Master Agreement are hereby deleted and replaced in their entirety with **Schedule D (revised)** and **Schedule E (revised)** attached hereto and incorporated by referenced herein.

IN WITNESS WHEREOF, the parties, by their respective authorized representatives,
have set their hands and seals as of the dates set forth below.

FOR PROVIDER:



NAME Josh Gustafson
TITLE Interim President

August 28, 2025
Date

* * *

FOR COUNTY:

Melissa Agard
Dane County Executive

Date

Scott McDonell
Dane County Clerk

Date

COUNTY OF DANE (#171YKA7)

Dean Health Plan

Rate Sheet

Rates Effective: January 1, 2026 - December 31, 2026

Schedule D (Revised)

Alternates for HMO Plan

ACTIVES

Enrollment

	Subscribers	Members	
Subscriber Only	567	567	
Subscriber + One	462	924	
Subscriber + Family	1,020	4,027	
Subtotal Active	2,049	5,518	

Medicare Eligible Enrollment

Subscriber Only, Medicare	0	0	\$767.39
Subscriber + One, 2 w/ Medicare	0	0	\$1,533.70
Subscriber + One, 1 w/ Medicare	0	0	\$1,840.66
Subscriber + Family, 1 w/ Medicare	0	0	\$2,234.55
Subscriber + Family, 2 or more w/ Medicare	0	0	\$1,925.45
Subtotal Medicare Eligible	0	0	

Total

Monthly Premium	\$4,346,414.85
Annual Premium	\$52,156,978

Change from Current Rates

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: _____

Signature: _____

Date: _____

Medical code
Pharmacy code

HMO
\$5 OV Copay
\$100 Ded
0% Coins
\$100/\$200 Limit
\$10/\$20/\$40/30% Rx
Current Rates

HMO05403

\$1,073.27
\$2,522.18
\$2,522.18

HMO

\$20 OV Copay
 \$500 Ded
 0% Coins
 \$1,000/\$2,000 Limit
 \$10/\$20/\$40/30% Rx

Plan 1 - 2

\$1,109.76
\$2,607.93
\$2,607.93

\$793.48
\$1,585.85
\$1,903.24
\$2,310.52
\$1,990.91

\$4,494,186.18
\$53,930,234

3.4%

11150535

Please return this page to:

Heather McDonald
 Account Manager
 Dean Health Plan

Direct: 608-827-4062

Fax: 608-252-0834

E-Mail: heather.mcdonald@deancare.com

#NAME?

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.

COUNTY OF DANE (#171YKA7)

Dean Health Plan

Rate Sheet

Rates Effective: January 1, 2026 - December 31, 2026

Alternates for HMO Plan

RETIREES

Enrollment

	Subscribers	Members	
Subscriber Only	47	47	
Subscriber + One	18	36	
Subscriber + Family	4	14	
Subtotal Active	69	97	

Medicare Eligible Enrollment

Subscriber Only, Medicare	56	56	
Subscriber + One, 2 w/ Medicare	11	22	
Subscriber + One, 1 w/ Medicare	4	8	
Subscriber + Family, 1 w/ Medicare	0	0	
Subscriber + Family, 2 or more w/ Medicare	0	0	
Subtotal Medicare Eligible	71	86	

Total 140 183

Monthly Premium

\$197,474.21

Annual Premium

\$2,369,691

Change from Current Rates

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: _____

Signature: _____

Date: _____

Medical code

Pharmacy code

#NAME?

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HMO

\$5 OV Copay

\$100 Ded

0% Coins

\$100/\$200 Limit

\$10/\$20/\$40/30% Rx

Current Rates

HMO05403

\$1,273.87

\$2,547.74

\$2,993.59

HMO

\$20 OV Copay

\$500 Ded

0% Coins

\$1,000/\$2,000 Limit

\$10/\$20/\$40/30% Rx

Plan 2 - 2

\$1,317.18

\$2,634.36

\$3,095.37

\$941.78

\$1,882.25

\$2,258.96

\$2,742.37

\$2,363.02

\$204,187.69

\$2,450,252

3.4%

11373030

Please return this page to:

Heather McDonald

Account Manager

Dean Health Plan

Direct: 608-827-4062

Fax: 608-252-0834

E-Mail: heather.mcdonald@deancare.com

COUNTY OF DANE (#171YKA7)

Dean Health Plan

Rate Sheet

Rates Effective: January 1, 2026 - December 31, 2026

Alternates for POS Plan

ACTIVES

Enrollment

	Subscribers	Members	Current Rates
Subscriber Only	167	167	POS04239 \$1,683.62
Subscriber + One	106	212	\$3,956.51
Subscriber + Family	259	1,028	\$3,956.51
Subtotal Active	532	1,407	

Medicare Eligible Enrollment

Subscriber Only, Medicare	0	0	\$1,203.79
Subscriber + One, 2 w/ Medicare	0	0	\$2,404.21
Subscriber + One, 1 w/ Medicare	0	0	\$2,887.41
Subscriber + Family, 1 w/ Medicare	1	4	\$3,505.30
Subscriber + Family, 2 or more w/ Medicare	0	0	\$3,020.41
Subtotal Medicare Eligible	1	4	

Total 533 1,411

Monthly Premium \$1,728,795.99
Annual Premium \$20,745,552

Change from Current Rates

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: _____

Signature: _____

Date: _____

Medical code
Pharmacy code

#NAME?

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POS

\$20 OV Copay
\$500 Ded
0% Coins
\$1,000/\$2,000 Limit
\$10/\$20/\$40/30% Rx

Plan 3 - 2
\$1,816.63
\$4,269.07
\$4,269.07

\$1,298.89
\$2,594.15
\$3,115.52
\$3,782.22
\$3,259.03

\$1,865,369.98
\$22,384,440

7.9%

11150547

Please return this page to:

Heather McDonald

Account Manager

Dean Health Plan

Direct: 608-827-4062

Fax: 608-252-0834

E-Mail: heather.mcdonald@deancare.com

COUNTY OF DANE (#171YKA7)

Dean Health Plan

Rate Sheet

Rates Effective: January 1, 2026 - December 31, 2026

Alternates for POS Plan

RETIREES

<u>Enrollment</u>	<u>Subscribers</u>	<u>Members</u>	<u>Current Rates</u>
			POS
			\$5 OV Copay
			\$100 Ded
			0% Coins
			\$100/\$200 Limit
			\$10/\$20/\$40/30% Rx
			POS04240
Subscriber Only	0	0	\$1,679.91
Subscriber + One	0	0	\$3,359.82
Subscriber + Family	0	0	\$3,947.79
Subtotal Active	0	0	
Medicare Eligible Enrollment			
Subscriber Only, Medicare	33	33	\$1,201.14
Subscriber + One, 2 w/ Medicare	14	28	\$2,400.59
Subscriber + One, 1 w/ Medicare	4	8	\$2,881.05
Subscriber + Family, 1 w/ Medicare	0	0	\$3,497.57
Subscriber + Family, 2 or more w/ Medicare	0	0	\$3,013.76
Subtotal Medicare Eligible	51	69	
Total	51	69	
Monthly Premium			\$84,770.08
Annual Premium			\$1,017,241

Change from Current Rates

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: _____

Signature: _____

Date: _____

Medical code
Pharmacy code

Please return this page to:

Heather McDonald

Account Manager

Dean Health Plan

Direct: 608-827-4062

Fax: 608-252-0834

E-Mail: heather.mcdonald@deancare.com

POS

\$20 OV Copay
\$500 Ded
0% Coins
\$1,000/\$2,000 Limit
\$10/\$20/\$40/30% Rx

Plan 4 - 2

\$1,812.61

\$3,625.22

\$4,259.63

\$1,296.02

\$2,590.22

\$3,108.63

\$3,773.85

\$3,251.82

\$91,466.26

\$1,097,595

7.9%

11373037

#NAME?

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COUNTY OF DANE (#171YKA7)

Dean Health Plan

Rate Sheet

Rates Effective: January 1, 2026 - December 31, 2026

Alternates for POS Plan

PRE-65 RETIREE

<u>Enrollment</u>	<u>Subscribers</u>	<u>Members</u>	<u>Current Rates</u>
			POS
			\$5 OV Copay
			\$100 Ded
			0% Coins
			\$100/\$200 Limit
			\$10/\$20/\$40/30% Rx
			POS04239
Subscriber Only	18	18	\$1,683.62
Subscriber + One	6	12	\$3,367.24
Subscriber + Family	1	4	\$3,956.51
Subtotal Active	25	34	
Medicare Eligible Enrollment			
Subscriber Only, Medicare	0	0	\$1,203.79
Subscriber + One, 2 w/ Medicare	0	0	\$2,405.89
Subscriber + One, 1 w/ Medicare	0	0	\$2,887.41
Subscriber + Family, 1 w/ Medicare	0	0	\$3,505.30
Subscriber + Family, 2 or more w/ Medicare	0	0	\$3,020.41
Subtotal Medicare Eligible	0	0	
Total	25	34	
Monthly Premium			\$54,465.11
Annual Premium			\$653,581

Change from Current Rates

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: _____

Signature: _____

Date: _____

Medical code
Pharmacy code

Please return this page to:
Heather McDonald
Account Manager
Dean Health Plan
Direct: 608-827-4062
Fax: 608-252-0834
E-Mail: heather.mcdonald@deancare.com

POS

\$20 OV Copay
\$500 Ded
0% Coins
\$1,000/\$2,000 Limit
\$10/\$20/\$40/30% Rx

Plan 5 - 2
\$1,816.63
\$3,633.26
\$4,269.07

\$1,298.89
\$2,595.96
\$3,115.52
\$3,782.22
\$3,259.03

\$58,767.97

7.9%

11373073

#NAME?

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

Plan Code: 11150535

Plan Type: Copay

Network: HMO

Contract: Contract Year

Plan 1-2

Plan Overview

Plan Providers - You Pay

Non-Plan Providers - You Pay

Embedded Deductible*	\$500 single / \$1,000 family	Not Applicable
Coinsurance	0% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	\$20 copay; Waived for dependents through age 18	Not Covered
Specialist Office Visit Charge	\$30 copay; Waived for dependents through age 18	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	\$1,000 single / \$2,000 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	\$2,000 single / \$4,000 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			
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>
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	\$20 copay; Waived for dependents through age 18 and/or 0% coinsurance after deductible	\$20 copay; Waived for dependents through age 18 and/or 0% coinsurance after deductible
Emergency Room Services*	\$150 copay and/or 0% coinsurance after deductible	\$150 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

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Plan Code: 11373030

Plan Type: Copay

Network: HMO

Contract: Contract Year

Plan 2-2

Plan Overview

Plan Providers - You Pay

Non-Plan Providers - You Pay

Embedded Deductible*	\$500 single / \$1,000 family	Not Applicable
Coinsurance	0% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	\$20 copay; Waived for dependents through age 18	Not Covered
Specialist Office Visit Charge	\$30 copay; Waived for dependents through age 18	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	\$1,000 single / \$2,000 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	\$2,000 single / \$4,000 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			
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>
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	\$20 copay; Waived for dependents through age 18 and/or 0% coinsurance after deductible	\$20 copay; Waived for dependents through age 18 and/or 0% coinsurance after deductible
Emergency Room Services*	\$150 copay and/or 0% coinsurance after deductible	\$150 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

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Plan Code: 11150547 Plan Type: Copay Network: POS Contract: Contract Year Plan 3-2

Plan Overview Plan Providers - You Pay Non-Plan Providers - You Pay

Embedded Deductible*	\$500 single / \$1,000 family	\$1,000 single / \$2,000 family
Coinsurance	0% coinsurance after deductible	20% coinsurance after deductible
Primary Office Visit Charge	\$20 copay; Waived for dependents through age 18	\$40 copay; Waived for dependents through age 18
Specialist Office Visit Charge	\$30 copay; Waived for dependents through age 18	\$60 copay; Waived for dependents through age 18
Preventive Services	\$0 copay	\$10 copay; Waived for dependents through age 18
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	\$1,000 single / \$2,000 family	\$2,000 single / \$4,000 family

*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		\$0 single / \$0 family	
Rx Maximum Out-of-Pocket	\$2,000 single / \$4,000 family		\$2,000 single / \$4,000 family	
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 3 copays; Tier 4 Not Covered			
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>
In-Network	\$10 copay	\$20 copay	\$40 copay	30% coinsurance
Out-of-Network	50% coinsurance	50% coinsurance	Not Covered	50% coinsurance

*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	20% coinsurance after deductible
CAT Scans/MRI/MRA	0% coinsurance after deductible	20% coinsurance after deductible

Hospital & Surgical Center

Inpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible
Outpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible

Emergency Services

Urgent Care	\$20 copay; Waived for dependents through age 18 and/or 0% coinsurance after deductible	\$20 copay; Waived for dependents through age 18 and/or 0% coinsurance after in-network deductible
Emergency Room Services*	\$150 copay and/or 0% coinsurance after deductible	\$150 copay and/or 0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible

* copay is waived if admitted

Additional Plan Design Attributes

In and Out of Network benefits cross accumulate.
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Plan Code: 11373037 **Plan Type:** Copay **Network:** POS **Contract:** Contract Year **Plan 4-2**

Plan Overview		Plan Providers - You Pay	Non-Plan Providers - You Pay
Embedded Deductible*		\$500 single / \$1,000 family	\$1,000 single / \$2,000 family
Coinsurance		0% coinsurance after deductible	20% coinsurance after deductible
Primary Office Visit Charge	\$20 copay; Waived for dependents through age 18		\$40 copay; Waived for dependents through age 18
Specialist Office Visit Charge	\$30 copay; Waived for dependents through age 18		\$60 copay; Waived for dependents through age 18
Preventive Services	\$0 copay		\$10 copay; Waived for dependents through age 18
Deductible & Coinsurance Limit	Not Applicable		Not Applicable
Maximum Out-of-Pocket**		\$1,000 single / \$2,000 family	\$2,000 single / \$4,000 family

*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		\$0 single / \$0 family
Rx Maximum Out-of-Pocket		\$2,000 single / \$4,000 family		\$2,000 single / \$4,000 family
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 3 copays; Tier 4 Not Covered			
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>
In-Network	\$10 copay	\$20 copay	\$40 copay	30% coinsurance
Out-of-Network	50% coinsurance	50% coinsurance	Not Covered	50% coinsurance

*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	20% coinsurance after deductible
CAT Scans/MRI/MRA	0% coinsurance after deductible	20% coinsurance after deductible

Hospital & Surgical Center

Inpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible
Outpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible

Emergency Services

Urgent Care	\$20 copay; Waived for dependents through age 18 and/or 0% coinsurance after deductible	\$20 copay; Waived for dependents through age 18 and/or 0% coinsurance after in-network deductible
Emergency Room Services*	\$150 copay and/or 0% coinsurance after deductible	\$150 copay and/or 0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible

* copay is waived if admitted

Additional Plan Design Attributes

In and Out of Network benefits cross accumulate.
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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>

Plan Code: 11373073 **Plan Type:** Copay **Network:** POS **Contract:** Contract Year **Plan 5-2**
Plan Overview **Plan Providers - You Pay** **Non-Plan Providers - You Pay**

Embedded Deductible*	\$500 single / \$1,000 family	\$1,000 single / \$2,000 family
Coinsurance	0% coinsurance after deductible	20% coinsurance after deductible
Primary Office Visit Charge	\$20 copay; Waived for dependents through age 18	\$40 copay; Waived for dependents through age 18
Specialist Office Visit Charge	\$30 copay; Waived for dependents through age 18	\$60 copay; Waived for dependents through age 18
Preventive Services	\$0 copay	\$10 copay; Waived for dependents through age 18
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	\$1,000 single / \$2,000 family	\$2,000 single / \$4,000 family

*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		\$0 single / \$0 family	
Rx Maximum Out-of-Pocket	\$2,000 single / \$4,000 family		\$2,000 single / \$4,000 family	
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 3 copays; Tier 4 Not Covered			
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>
In-Network	\$10 copay	\$20 copay	\$40 copay	30% coinsurance
Out-of-Network	50% coinsurance	50% coinsurance	Not Covered	50% coinsurance

*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	20% coinsurance after deductible
CAT Scans/MRI/MRA	0% coinsurance after deductible	20% coinsurance after deductible

Hospital & Surgical Center

Inpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible
Outpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible

Emergency Services

Urgent Care	\$20 copay; Waived for dependents through age 18 and/or 0% coinsurance after deductible	\$20 copay; Waived for dependents through age 18 and/or 0% coinsurance after in-network deductible
Emergency Room Services*	\$150 copay and/or 0% coinsurance after deductible	\$150 copay and/or 0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible

* copay is waived if admitted

Additional Plan Design Attributes

In and Out of Network benefits cross accumulate.
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