2023 Prevea Health Medical Plans Available to Employees

The below is a brief outline of the medical plan designs offered to eligible employees. Please refer to the Health Insurance information on Prevea.com/employees or the Summary Plan Description (SPD) located on the ADP portal for complete plan details. Provisions noted with an asterisk (*) refer to Prevea's ***Partnered Health*** program – Please refer to Prevea Partnered Health Handouts for detailed information on discounts, eligible services, and eligible locations.

Plan Highlights	Dean Health Plan, Inc. HDHP EPO Plan (HSA Qualified) *Prevea Partnered Health (PPH) Discount Eligible		Dean Health Plan, Inc. Traditional EPO Plan (non Qualified HSA) *Prevea Partnered Health (PPH) Visit Co-pay/Discount Eligible		Dean Health Plan, Inc. HDHP PPO Plan (HSA Qualifed) Out of Area Participants Only - Please see zip code list for eligibility Prevea Partnered Health (PPH) : Not Eligible	
Benefits Coverage	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Annual Deductible						
Individual	$2,000	Not covered	$1,000	Not covered	$2,000	$4,000
EE +1	$4,000 combined	Not covered	$2,000 individual	Not covered	$4,000 combined	$8,000 combined
Family	$4,000 combined	Not covered	$2,000 individual	Not covered	$4,000 combined	$8,000 combined
Coinsurance	80%	Not covered	80%	Not covered	80%	60%
Annual Maximum Out-of-Pocket Amount						
Individual	$3,000	Not covered	$2,000	Not covered	$3,000	$6,000
Family	$6,000	Not covered	$4,000	Not covered	$6,000	$12,000
Additional Coverage Details						
Primary Care	*80% after deductible	Not covered	Office Visit: *$25 copay All other services 80% after deductible	Not covered	80% after deductible	60% after deductible
Physical & Occupational Therapy	*80% after deductible	Not covered	Office Visit: *$25 copay All other services 80% after deductible	Not covered	80% after deductible	60% after deductible
Specialty Care	80% after deductible	Not covered	Office Visit: $50 copay All other services 80% after deductible	Not covered	80% after deductible	60% after deductible
Urgent Care	80%* after deductible	Not covered	$15 Prevea Virtual Care * $25 Prevea Urgent Care	Not covered	80% after deductible	80% after deductible
Emergency Room	80% after decutible		80% after deductible		80% after deductible	
Adult Periodic Exams & Well-Child Care	100%	Not covered	100%	Not covered	100%	60% after deductible

Plan Highlights	Dean Health Plan, Inc. HDHP EPO Plan (HSA Qualified) *Prevea Partnered Health (PPH) Discount Eligible		Dean Health Plan, Inc. Traditional EPO Plan (non Qualified HSA) *Prevea Partnered Health (PPH) Visit Co-pay/Discount Eligible		Dean Health Plan, Inc. HDHP PPO Plan (HSA Qualifed) Out of Area Participants Only - Please see zip code list for eligibility Prevea Partnered Health (PPH) : Not Eligible	
Benefits Coverage	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Immunizations	* 80% after deductible (as applicable)	Not covered	*80% after deductible (as applicable)	Not covered	80% after deductible	60% after deductible
Labs	* 80% after deductible (as applicable)	Not covered	*80% after deductible (as applicable)	Not covered	80% after deductible	60% after deductible
X-ray, Radiology	80% after deductible	Not covered	80% after deductible	Not covered	80% after deductible	60% after deductible
Inpatient Charges	80% after deductible	Not covered	80% after deductible	Not covered	80% after deductible	60% after deductible
Outpatient and Surgical Charges	80% after deductible	Not covered	80% after deductible	Not covered	80% after deductible	60% after deductible
Pharmacy Benefits – ***Note:*** *Plan member prescription out-of-pocket amounts track toward the annual deductible and annual out-of-pocket amounts for the HDHP Plan designs. Plan member prescription co-payments that apply to the Traditional Plan design track toward the annual out-of-pocket amount only (and not the annual deductible amount).*						
Retail Pharmacy (30 Day Supply or up to 90 day Supply for maintenance medications) ACA/Preventive Drug List applies to HDHP plan options* See plan for details						
Generic (Tier 1)	20% after deductible	Not covered	$5 copay	Not covered	20% after deductible	Not covered
Preferred Brand (Tier 2)	20% after deductible	Not covered	$25 copay	Not covered	20% after deductible	Not covered
Non-Preferred Brand (Tier 3)	20% after deductible	Not covered	$40 copay, then 20%	Not covered	20% after deductible	Not covered
Preferred Specialty (Tier 4)	20% after deductible	Not covered	20%	Not covered	20% after deductible	Not covered
Mail Order Pharmacy (90 Day Supply) ACA/Preventive Drug List applies to HDHP plan options* See plan for details						
Generic (Tier 1)	20% after deductible	Not covered	$12.50 copay	Not covered	20% after deductible	Not covered
Preferred Brande (Tier 2)	20% after deductible	Not covered	$62.50 copay	Not covered	20% after deductible	Not covered
Non-Preferred Brand (Tier 3)	20% after deductible	Not covered	$100 copay, then 20%	Not covered	20% after deductible	Not covered
Preferred Specialty[1] (Tier 4)	20% after deductible	Not covered	20%	Not covered	20% after deductible	Not covered

[1]If covered specialty medications are arranged through CVS/Caremark **PrudentRx Copay Program**, $0 out-of-pocket costs will apply. Please refer to the Health Insurance information on Prevea.com/employees or the Summary Plan Description (SPD) located on the ADP portal for complete plan details.

2023 Medical Plan Employee Contributions (Bi- Weekly)		
HDHP EPO Plan (HSA Qualified)	Full-Time	Part-time
Employee	$67.81	$139.38
Employee +1	$139.84	$287.46
Family	$186.61	$383.58
Traditional EPO Plan (non-Qualifed HSA)	Full-Time	Part-time
Employee	$97.70	$175.04
Employee +1	$202.06	$362.02
Family	$269.73	$483.27
HDHP PPO Plan (Out of Area Only)	Full-Time	Part-time
Employee	$67.81	$139.38
Employee +1	$139.84	$287.46
Family	$186.61	$383.58

Spouse Medical Insurance Fee: If your spouse has other full-time medical insurance coverage available through their employer, they must take at least single coverage through their employer to serve as primary coverage, or there is an additional fee ($57.69 per pay period) to enroll spouse in Prevea's medical coverage as primary coverage. See the Spouse Medical Insurance Coverage statement at Prevea.com/employees. **This form is required if your spouse is enrolled in Prevea's medical plan.**

*HDHP/HSA **PPH** Discount: See PPH- HDHP EPO Plan Flyer for discounts and plan details

*Traditional **PPH** Copays/Discounts: See PPH- Traditional EPO Plan Flyer for discounts and plan details