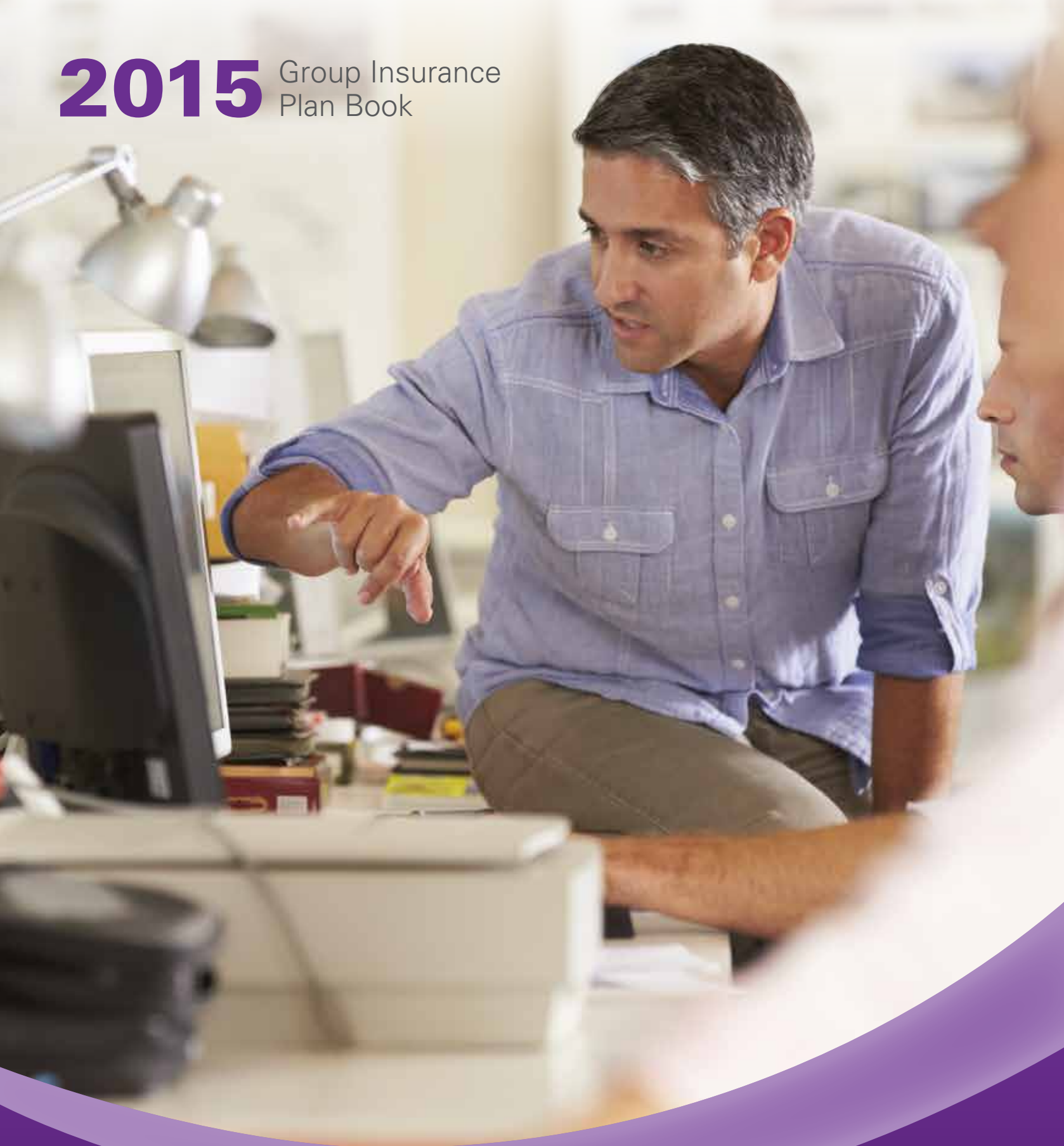


2015 Group Insurance Plan Book



Dean[™]
HEALTH PLAN

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Here When You Need Us

We're here to help make Dean Health Plan coverage as clear and understandable as possible for you because we know insurance can be confusing at times. That's why we've staffed the Dean Health Plan Customer Care Center with experienced and knowledgeable Customer Care Specialists. You can also find us in your community! Dean participates in many community-based events to help answer your questions. In-person visits and phone calls aren't the only options—you may also contact us online. Whatever works for you, we're here to help.



New Member Transition

We've produced a helpful printed **New Member Guide** that contains a variety of important information, including how to choose a primary care provider, set up an initial appointment or register for **DeanConnect**. The **New Member Guide**, which you automatically receive when you become a Dean member, also helps explain the tools and resources available to you, as well as practical suggestions for how to stay healthy.



Go Online

Visit deancare.com/contact-us and click the **Dean Health Plan** button.



Call Customer Care

(800) 279-1301 TTY users dial 711
Monday through Thursday: 7:30 a.m. to 5 p.m.
Friday: 8 a.m. to 4:30 p.m.



Visit the Insurance Desk

at our Health Plan Office or our main Dean Clinics:

Business Office: 1277 Deming Way, Madison
East Clinic: 1821 S. Stoughton Road, Madison
West Clinic: 752 N. High Point Road, Madison
Fish Hatchery Clinic: 1313 Fish Hatchery Road, Madison
Monday through Friday 8 a.m. to 4:30 p.m.



Dean On Call 24-Hour Nurse*

*If you're not sure if you need to see a doctor, or you have a health concern, experienced registered nurses at Dean On Call are always available to answer your questions. Call 24 hours a day, 365 days a year at **(800) 57-NURSE (800-576-8773)**.**

For any life-threatening emergencies, always dial 911.

*Due to licensing regulations, Dean On Call's triage services are only available to Wisconsin residents.

The Dean Difference

The best health care starts with a trusted relationship. At Dean, we've been caring for people for more than 100 years and understand the value of the patient/physician relationship. Dean Health Plan is a market leader in health insurance in southern Wisconsin, so you can trust that you're in good hands. We're proud that more than 90 percent of members who choose Dean stay with Dean.



NCQA Excellent Accreditation

Dean Health Plan is proud to have maintained National Committee for Quality Assurance (NCQA) Excellent Accreditation—the highest level awarded—since obtaining accreditation in 2000. Dean Health Plan's quality performance is continually being monitored through national standards as determined by NCQA. NCQA is an independent, not-for-profit organization dedicated to improving health care quality. This accreditation is a nationally recognized process for consumers, purchasers and regulators to compare the performance of health plans. NCQA evaluates more than 50 standards to determine health plan accreditation levels.



Access to Providers

Dean Health Plan has you covered with one of the largest regional networks of providers in southern Wisconsin. We have more than 2,000 providers, 28 hospitals and more than 200 primary care sites in 20 counties. Our network is staffed with health care professionals who are dedicated to helping you and your loved ones remain as healthy as possible. Once you sign up as a new patient in our system, you'll receive priority and personal assistance in scheduling your first new-member visit. And when you're traveling, you're still covered for emergency services worldwide.



Care Management

While you should always start with your primary care provider for non-emergency care, sometimes you might need additional help navigating through the health care system. That's where the Dean Health Plan Care Management team comes in. If you're diagnosed with a chronic health condition or have a complex health care need, we can help guide you to the most appropriate method of care and ensure your needs are met and all your questions and concerns are addressed. Learn more about Care Management at deancare.com/caremanagement.



Wellness & Rewards

It's easier to get well and stay well with Dean Health Plan. We offer preventive care with no copays, coinsurance or deductibles and give you access to a variety of wellness tools.

Living Healthy, our comprehensive wellness program, is designed to support your overall well-being and help you make healthy choices. The **Living Healthy** program can help you quit tobacco, get discounts at local health clubs, manage chronic health conditions and reward you for tracking your healthy behaviors.



We Walk the Talk

Dean Health Plan is a recipient of the prestigious Platinum Well Workplace award from the Wellness Council of America for quality and excellence in workplace health. This award recognizes Dean's high level of commitment to the health and well-being of more than 600 employees who work here.



Technology & Innovation

Get online access to your family's personal health information with **MyChart**. It's a free service that provides access to information in your personal and family health records – any time. With **MyChart**, you can communicate with your doctor and health care team through secure messaging, get real-time lab and test results and request prescription refills. While you're there, schedule future medical appointments, review past visits and pay medical bills. We also offer a mobile app that puts the same services at your fingertips.

Plus, **DeanConnect** gives you access to your insurance claims, cost estimates and documentation anytime. It's easy to sign up online once you receive your ID card in the mail.

You can also view and manage your benefit information at deancare.com. And, of course, if you have any questions along the way, Customer Care Specialists are here to help when you call **(800) 279-1301**.



Provider Network Options

Dean Health Plan offers provider network options based on your location, the coverage level you're selecting and your personal needs for care. See deancare.com for the online provider directory to easily find excellent doctors available in our network. If you need help selecting a network that is right for you, contact us for more information, or contact your company's benefits administrator.

Providers in the Network

The Dean Clinic—Madison and Beyond

Dean Clinic was founded in Madison more than a century ago and remains a major provider in the local health care community. Our reach now goes beyond the Capital City to more than two dozen clinic locations, all owned by Dean Clinic.

To complement our clinics, more than 1,600 doctors across southern Wisconsin have joined the Dean Health Plan network. With our affiliates added to the mix, Dean Health Plan locations include more than 2,000 providers. In addition to unsurpassed access, patients enjoy consistent, high-quality care that's been recognized with several awards for clinical outcomes, patient satisfaction and safety. Our health plan, clinics and hospitals have a long tradition of collaborating to provide you with the care you need, when you need it. We work together – for you.



Dean Clinic Doctors

Where Quality Soars

Dean Clinic leads the pack in a variety of key measures linked to prevention and ideal treatment, as compiled by the Wisconsin Collaborative for Healthcare Quality. Dean Clinic ranks number one in Wisconsin for the following ambulatory areas:

- Optimal testing of diabetes
- Blood pressure control for ischemic vascular disease and high blood pressure
- Cervical cancer screening
- Tobacco cessation advice for tobacco users



Hospitals You Can Trust

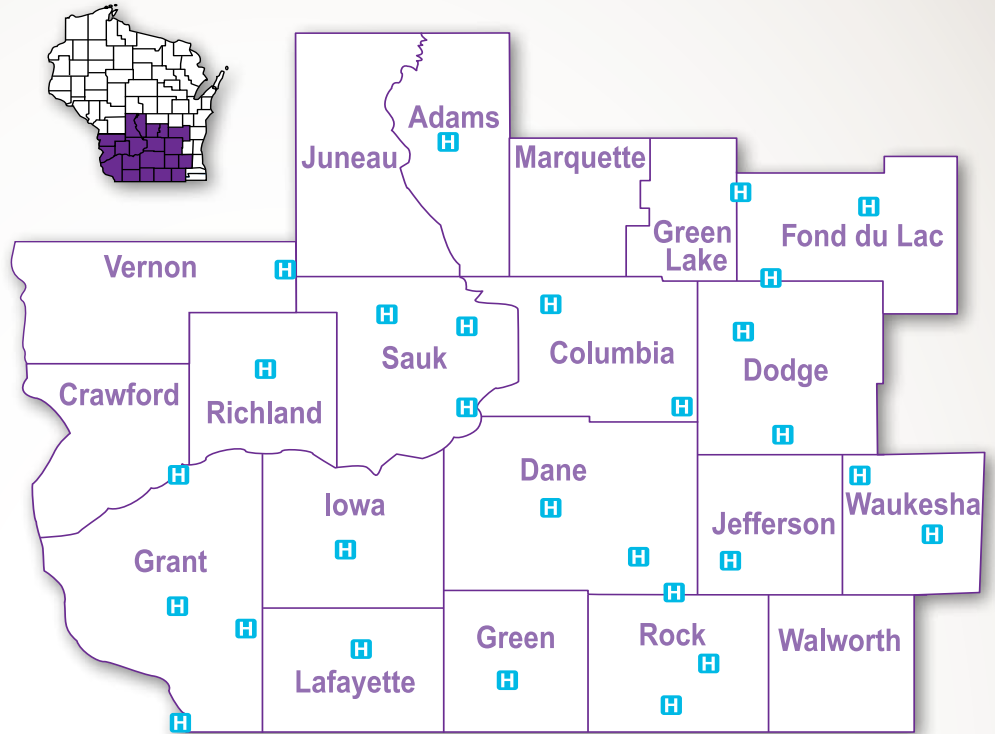
St. Mary's Hospital in Madison, St. Mary's Janesville Hospital and St. Clare Hospital in Baraboo are each recipients of the 2013 Wisconsin Forward Award of Excellence. They have also earned awards for clinical outcomes, patient satisfaction, high quality and safety. In addition, Dean Health Plan has a variety of other in-network hospitals in communities throughout southern Wisconsin, so you can be assured to receive care when and where you need it.

Every day, Dean manages complex cardiac and neurological care, guides complicated pregnancies and provides comprehensive family medical care backed by dozens of specialty and subspecialty departments. We also provide primary care and exceptional specialty outreach programs throughout southern Wisconsin.

The following network options may be available to you, depending on what plan(s) your employer selected. Please talk with your human resources or benefits department to understand which of these options are available to you.

Dean Health Maintenance Organization (HMO) Network

Think of the Dean network as a health care system that works hand-in-hand with hospitals and doctors across southern Wisconsin to serve you better. The Dean network focuses on integrated care from trusted providers in 20 counties, with your primary care provider serving as your first point of contact for all aspects of your health care. This means health insurance and health care providers work together to offer a comprehensive benefit plan that's easy to use.

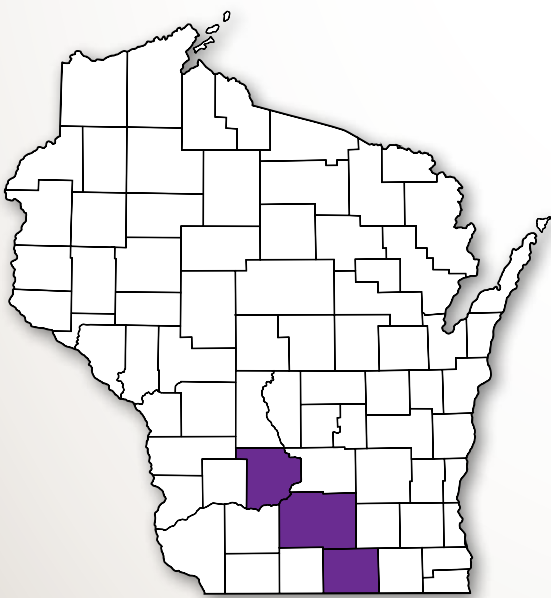


Point of Service (POS) Network

The POS plan offers the benefits of an HMO (lower costs at network providers), with the option to see out-of-network providers if necessary. When you receive care from a Dean network provider, you will enjoy lower out-of-pocket costs than when going out-of-network.

Preferred Provider Organization (PPO) Network

If you live outside the Dean network, our PPO plan gives you access to a larger footprint of providers. PPO expands your plan's service area to include a broader network of providers, specialists and hospitals. By visiting your PPO plan's providers, you'll avoid additional charges that you would otherwise experience with an out-of-network provider.



The Focus Network

This network is similar to an HMO, but offers a smaller network of providers. The Focus network features only the Dean providers in Dane, Rock and Sauk counties. This plan provides access to St. Mary's Hospital in Madison, St. Clare Hospital in Baraboo, Stoughton Hospital and St. Mary's Janesville Hospital. In addition, the Focus network contains unique specialty providers, such as skilled nursing facilities, chiropractors, optometrists, laboratories and pediatric vision hardware providers.

Coverage and Options

The options available to you from Dean Health Plan depend on the plan selected by your employer. Please talk to your benefits administrator to learn about specific options selected for you and your co-workers.

Traditional Copay and Deductible Options

Our traditional plans are for members who visit the doctor frequently and prefer to pay copays for each visit, rather than pay higher up-front deductibles. Each plan offers a variety of deductible and coinsurance levels, without sacrificing quality health care. And with affordable copays on regular office visits and specialist appointments anywhere in the Dean network, you can concentrate on staying healthy.

Health Reimbursement Account (HRA) Plans

Your employer may offer Health Reimbursement Accounts (HRAs). An HRA is an employer-sponsored plan that can be used to reimburse a portion of your out-of-pocket health care expenses, as well as your eligible family members' expenses, such as deductibles, coinsurance and pharmacy expenses.

An HRA is not an insurance program; it is a financial reimbursement plan funded by your employer. Your employer funds a specific dollar amount to credit to the account, either through monthly or annual contributions. You choose which out-of-pocket qualified health care expenses you would like to submit for reimbursement.

How it Works

1. As you incur health care expenses, claims are processed under the insurance plan through Dean Health Plan. You are responsible for paying your portion of any deductibles.
2. Your claims information will need to be submitted to your plan's HRA administrator. Depending on your plan, claims information may be sent electronically on your behalf, or you may be required to submit your receipts to the HRA administrator. Talk to your employer's human resources or benefits coordinator about how your claims should be filed.
3. After the HRA administrator has your claims information, it will contact your employer with the amount(s) to be reimbursed. Then your employer will release the funds.
4. The HRA administrator will send a check directly to your home, or direct deposit the funds into your bank account.

Health Savings Accounts (HSA)-Eligible Plans

These are high-deductible health plans (HDHPs) that provide the benefit of coverage for high-quality care but with a lower monthly premium price due to the higher plan deductible. This option allows you to set aside funds in a health savings account (HSA) for medical expenses and may provide tax benefits. If you are offered an HDHP, check with your employer to see if it is partnering with a bank or financial institution that provides HSA administration.

What is Covered?

Dean Health Plan strives to provide high-quality health services and valuable benefits in our health plan, just as we always have. Below are key changes and additions to Dean's covered benefits.

Preventive Services

The following services are provided with no copays, coinsurance or deductibles when services are delivered by a network provider, and when all preventive services criteria are met:

- Routine vaccines for both adults and children
- Flu and pneumonia shots
- Preventive care visits for routine screenings and preventive services, including Well Baby and Well Child visits
- Blood pressure, cholesterol and diabetes screenings
- Colorectal cancer screening for adults over age 50
- Breast cancer mammography screenings every one to two years for women over age 40

For a more comprehensive list, visit deancare.com/preventivecare.

Essential Health Benefits

Essential Health Benefits include common coverage needs, such as visits to the doctor and hospital. They also cover some services that were previously optional in health plans, including maternity and prescription drug coverage. All small group plans (2-50 employees) cover Essential Health Benefits. However, if you work for a larger employer (51+ employees) your benefits may vary. Contact your human resources or benefits department for information about your specific coverage.

The 10 categories of Essential Health Benefits are:

- Ambulatory patient services (outpatient care without being admitted to a hospital)
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices. This general category includes coverage of a variety of rehabilitation care, including services such as immediate post-operative, intensive, inpatient hospital rehabilitation and outpatient rehabilitation therapies provided in a variety of settings. Habilitation services include ongoing, medically necessary therapies provided to children with developmental disabilities and similar conditions who need habilitation therapies to achieve functions and skills never before acquired.
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including vision and oral care*

* Dean Health Plan does not offer pediatric dental services. This coverage is available on the Health Insurance Marketplace (healthcare.gov) and can be purchased as a stand-alone product. Please contact your benefits administrator or the Marketplace if you wish to purchase pediatric dental coverage or a stand-alone dental services product.

Annual and Lifetime Limits Removed on Essential Health Benefits

Essential Health Benefits cannot be subject to dollar limits, either annually or on a lifetime basis. Depending on the type of plan you purchased, services associated with Essential Health Benefits may still require cost sharing in the form of copays, coinsurance and deductibles.

Pre-existing Conditions

Your plan will not contain exclusions or limitations for any pre-existing conditions, which are health issues you experienced before you purchased insurance. In addition, your health insurance premiums will not be higher because of any pre-existing conditions.

Cost-sharing Maximums

Your plan includes a maximum for the out-of-pocket expenses (the deductible, coinsurance and copay amounts) you have to pay for health care each year. After you have paid the maximum, your health insurance plan begins to pay 100 percent of the cost of covered services. For 2015, a plan's maximum for in-network services cannot exceed \$6,600 per year for single coverage and \$13,200 per year for family coverage. Some plans may have a lower maximum, so be sure to take a look at the plan's maximum out-of-pocket level (as well as deductible, coinsurance and copays) when selecting a plan. Cost-sharing maximums apply to Small Group and Large Group plans in 2015.



Understanding What You Pay

Your Dean Health Plan certificate may use a system of cost-sharing that can include copayment, deductibles or coinsurance, or any combination of the three. Cost-sharing is used by most health plans and, put simply, is the amount that you are responsible for paying after getting covered medical care. Cost-sharing helps keep monthly premiums low and adds flexibility to health plans. Be sure to check your certificate to understand which of these cost-sharing components may apply to your coverage.

If you have to pay after you use your health plan for a covered service, you will be mailed an explanation of benefits (EOB). The EOB details the charges and your financial responsibility due to any cost sharing. An EOB is not a bill; it's a breakdown of the services you used, the amount charged by the provider you saw, and the amount for which you are financially responsible.

Cost-sharing terms

Please see page 13 for terms and definitions.



Questions?

Call the Customer Care Center*
(800) 279-1301 or visit
deancare.com/contact-us

*Customer Care Center hours:
Monday through Thursday: 7:30 a.m. to 5 p.m.
Friday 8 a.m. to 4:30 p.m.

Prescription Drug Coverage

Dean Health Plan offers programs to make filling prescriptions easier and save you money along the way. Prescription coverage benefits vary from plan to plan – please read your plan information for more specific information.

Pharmacy Formularies and Tiers

Dean Health Plan has a formulary, or list, of FDA-approved brand-name and generic drugs that have been reviewed and recommended for their quality and how well they work. Because the drugs in Dean Health Plan's formulary are revised from time to time, it's a good idea to check the list to find out if drugs have been added or removed.

The formulary is sorted into tiers. There are several factors that determine a drug's tier, including:

- Cost of drug
- Cost of drug in comparison to other drugs used for the same type of treatment
- Availability of over-the-counter options
- Other clinical and cost factors

Save Time with a Three-Month Supply

When you take advantage of a three-month supply for your long-term medications, you skip the hassle of going to your local pharmacy every month. It's easy to get started. Just ask your doctor to prescribe a three-month supply, have the order sent to your pharmacy of choice and pick up your prescription just once every three months.

Cut Costs with Generic Medication

When you take the generic version of your medication, you experience significant savings over brand-name drugs. Dean Health Plan offers a Generic Sampling Program that allows you to try certain generic medications at no charge. If your medication qualifies for the Generic Sampling Program, ask your doctor to write a prescription for a 30-day trial supply, and the first time you fill it, your prescription is free. Visit deancare.com/medications to see if your medication is eligible.

You Split the Tablet, We'll Split the Copay

Some medications are eligible for tablet splitting. This means you can save up to 50 percent on your medication copayment or coinsurance by splitting your pills. Visit deancare.com/medications to see if your medication is eligible for tablet splitting.

Take Advantage of Mail-Order Pharmacy

Dean Health Plan partners with WellDyneRx to provide members with mail-order pharmacy for long-term medications. With mail-order pharmacy, you are sent up to a three-month supply—with free shipping.



Go Online!

Dean Health Plan's pharmacy site has everything you need to know about prescription drug coverage. Visit deancare.com/pharmacy.

- Our formulary listing of covered medications.
- View the Quick Reference Guide.
- Check out the complete drug exclusion list.

Care for Special Circumstances

PRIMARY
CARE



EMERGENCY
CARE



URGENT
CARE



You may be wondering why we ask you to select a primary care provider (or location) within the Dean Health Plan network when you enroll. It's because we emphasize a proactive, preventive approach to care—one in which a primary care provider oversees all aspects of your health care needs. This keeps you and your family well, decreases the duplication of services and provides you with better health care value for your dollar. Your primary care provider should be your first choice for care whenever possible, but know that when a more immediate need arises, you do have other options.

If you're unsure where to get care, call Dean On Call, our 24-hour nurse hotline for help. See page 3 for more information about Dean On Call. Making the right choice when it comes to the care you need ensures you receive the right care in the right place without unnecessary costs.

Out-of-Area Care

With Dean Health Plan, there's no need to take health insurance worries on vacation. Both urgent and emergency care are covered by Dean Health Plan if you or your covered family member are unable to return to the service area for immediate treatment. It's also a good idea to familiarize yourself with the types of ailments that can be treated as urgent care vs. emergency care. Visit deancare.com/rightcare for details.

Prior Authorization

There are certain medical services or provider visits that must be authorized by Dean Health Plan before claims payment can be provided. These authorizations are required so our Medical Affairs team can make sure you are getting the appropriate care.

Getting Help with Care Decisions

When you have questions related to using health care services, such as prior authorization, Dean Health Plan is available to help. Simply contact the Customer Care Center at [\(800\) 279-1301](tel:8002791301) TTY users dial 711. A staff member will connect you to our Medical Affairs Department if he or she is unable to address your questions. Customer Care Specialists can also assist those members who do not speak English. Staff members are available Monday through Friday, 8 a.m. to 4:30 p.m. If you have an urgent need outside those hours, leave a message with the Customer Care Center and your call will be returned within one business day.

Common Insurance Terms

Allowed amount: The maximum amount on which payment is based for a health plan's covered health care services.

Annual maximum out-of-pocket: The maximum amount a member could pay out-of-pocket for covered health care services in a plan year before the plan would pay 100 percent of the cost of covered services. The maximum does not include premium payments.

Benefit maximum: A benefit maximum is a limit on a covered service. A service may be limited by duration or number of visits – and if not an Essential Health Benefit, by dollar limit. To review your benefit maximums please refer to your member certificate.

Coinsurance: Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. You pay co-insurance plus any deductibles you owe first. For example, if Dean Health Plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. Dean Health Plan pays the rest of the allowed amount.

Copay: A fixed amount that you pay for a covered health care service, usually when you get the service. The amount can vary by the type of covered health care service.

Deductible: The amount you owe for covered services before the plan begins to pay. For example, if your deductible is \$1,000, Dean Health Plan won't pay anything for covered services subject to the deductible until you've met your \$1,000. Not all services are subject to the deductible, such as preventive services.

Essential Health Benefits (EHB): Coverage in the individual and small group markets must include the Essential Health Benefits (EHB) package. EHB consist of 10 health care benefit categories. Plans that cover EHB may not put an annual or lifetime dollar limit on the amount of EHB.

Formulary: A list of prescription drugs covered by an insurance plan offering prescription drug benefits. Also called a drug list. Normally a formulary will also tell you what tier (or cost-sharing level) a particular drug will be in.

Health Savings Account (HSA): A medical savings account available to taxpayers who are enrolled in a High Deductible Health Plan. The funds contributed to the account aren't subject to federal income tax at the time of deposit. Funds must be used to pay for qualified medical expenses. Unlike a Flexible Spending Account (FSA), funds roll over year to year if you don't spend them.

In-network providers: Refers to physicians, hospitals or other health care providers who are contracted with Dean Health Plan.

Out-of-network providers: Refers to physicians, hospitals or other health care providers who are not contracted with Dean Health Plan, which could result in a greater cost for services for you.

Preexisting condition: A health problem you had before the date that new health coverage starts. Under the Affordable Care Act, insurers may no longer impose benefit limitations or exclusions, or charge higher premiums, due to a preexisting condition.

Preventive care: Routine health care that includes screenings, check-ups and patient counseling to prevent illnesses, disease or other health problems.

Prior authorization: Approval from a health plan that may be required before you receive services or fill a prescription in order for the service or prescription to be covered by your plan.

General Limitations and Exclusions

All benefits are subject to limitations and exclusions as described in your Schedule of Benefits and in your Certificate. The following list is not exhaustive and may vary based on your Policy. For a complete listing refer to your Certificate.

Medical

- Cytotoxic testing and sublingual antigens in conjunction with allergy testing.
- Hair analysis (unless lead or arsenic poisoning is suspected).
- Preimplantation genetic testing of embryos and gametes.
- Convenience items for a Member or a Member's family, unless otherwise specified in this policy.
- Drugs provided in conjunction with the treatment of infertility, including but not limited to those administered in a physician's office.*
- Outpatient prescription drugs, except those prescriptions otherwise covered under this Policy.
- Oral Nutrition: Oral nutrition is not considered a medical item. We do not cover nutritional support that is taken orally (i.e., by mouth), unless mandated by state law or covered under Our medical policy for a specific condition. Examples include, but are not limited to, over-the-counter nutritional supplements, infant formula, and donor breast milk.
- Replacement of an item if the item is lost, stolen, or unusable/nonfunctioning because of misuse, abuse, or neglect.
- Sexual dysfunction and sexual transformation supplies, including but not limited to medications and injections.
- Autopsy.
- Charges or costs relating to donor sperm.
- Consultation for, or procedures in connection with, in vitro fertilization, embryo transplantation, and/or any other assistive reproductive technique (e.g. GIFT, ZIFT).
- Cosmetic services, including cosmetic surgery. Experimental or investigational services, treatments, or procedures, and any related complications as determined by Our Medical Affairs division, unless coverage is required by state or federal law.
- Infertility-related services and procedures.*
- Infertility-related services or procedures not otherwise covered by this policy, including but not limited to the collection and storage of sperm and eggs outside the course of treatment for, and diagnosis of, infertility, including for surrogacy or Gestational Carriers.
- Laser treatment for Port Wine Stain (PWS) lesions, except on the face and neck
- Podiatry services or routine foot care rendered in the absence of localized illness, injury, or symptoms in connection with, but not limited to: (a) the examination, treatment, or removal of all or part of corns, calluses, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; (b) the cutting, trimming, or other non-operative partial removal of toenails; or (c) for any treatment or services in connection with any of these.
- Obesity-related services, including any weight loss method, unless specifically covered under this Certificate.
- Reversal of voluntary sterilization and related procedures.
- Services related to surrogacy.
- Sexual dysfunction and sexual transformation treatment and services including but not limited to surgical treatment.
- Sterilization procedures for men.*

- Sterilization procedures for women and patient education and counseling related to contraception for all women with reproductive capacity. (Although these are technically excluded from your group's health plan insurance coverage, We will pay for them as preventive services, as required by federal regulations.)*
- Travel immunizations.*
- Acupuncture.*
- Behavioral health therapy services provided in the home.
- Chelation therapy for atherosclerosis.
- Coma stimulation programs.
- Dry needling.
- Holistic medicine and any other form of alternative medicine.
- Low Level Light Therapy.
- Massage therapy.
- Prolotherapy.
- Swim or pool therapy, unless Prior Authorization is obtained.

Non-Medical

- Administrative examinations such as employment, licensing, insurance, adoption, or participation in athletics.*
- Court-ordered care, unless Medically Necessary and otherwise covered under this Certificate.
- Educational services, except for diabetic self-management classes.
- Internet and phone consultations, including all related charges and costs.
- Missed appointment charges.
- Telephone consultation charges by or between providers.
- Charges or costs exceeding a benefit maximum or Maximum Allowable Fee where applicable.
- Expense incurred before the supply or service is actually provided unless prior approved by Our Medical Affairs division.
- Services, treatment, and supplies provided to a Member while the Member is held or detained in custody of law enforcement officials, or imprisoned in a local, state, or federal penal or correctional institution.
- Services and supplies furnished by a government plan, hospital, or institution unless by law you must pay.
- Service for hospital or medical care not listed in this Certificate.
- Services, treatment, and supplies provided in connection with any illness or injury caused by: (a) a Member's engaging in an illegal occupation or (b) a Member's commission of, or an attempt to commit, a felony. (Note that this exclusion does not apply to the treatment of injuries that result from an act of domestic violence, to the extent that such treatment would otherwise be covered.)
- Services provided by members of the Subscriber's Immediate Family or any person residing with the Subscriber.
- Services or supplies for, or in connection with: a non-covered procedure or service, including complications, regardless of when a non-covered procedure or service is or was performed; a denied Prior Authorization; or a denied admission.
- Services or supplies not Medically Necessary, not recommended or approved by a provider, or not provided within the scope of the provider's license.
- Services and supplies rendered outside the scope of the provider's license.
- Services or items required as a result of war or any act of war, insurrection, riot, terrorism, or sustained while performing military service.
- Services to the extent a Member receives or is entitled to receive any benefits, settlement, award, or damages for any reason of, or following any claim under, any Workers' Compensation Act, employer's liability insurance plan, or similar law or act. "Entitled" means the Member is actually insured under Workers' Compensation.

* Indicates language that will likely vary in your policy.

Privacy and Confidentiality

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Protecting the Privacy of Your Personal Health Information

Dean is required by law to maintain the privacy of your personal health and financial information (collectively referred to as “nonpublic personal information”) and provide you with written notification of our legal duties and privacy practices concerning that information. This Notice describes how we protect the confidentiality of our members’ (and former members’) nonpublic personal information. It includes brief explanations on how we obtain, use, and protect your nonpublic personal information.

Types of Nonpublic Personal Information Dean Collects About You

We collect a variety of nonpublic personal information needed to administer health insurance coverage and benefits. We collect nonpublic personal information about you from some of the following sources:

- Information we receive directly or indirectly from you or your employer or benefits plan sponsor through applications, surveys or other forms. The information may be received in writing, in person, by telephone or electronically. Examples include name, address, social security number, date of birth, marital status and medical history.
- Information about your transactions with us, our affiliates, our providers, our agents and others. This includes information from health care claims, medical history, eligibility information, payment information, service request, and appeal and grievance information.
- Information you authorize us to collect from others.

Choices about Your Health Information

We will not use or disclose your health information without your written authorization, except as described in this Notice. You generally have the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care.
- Share information in a disaster relief situation.

In the following cases we never share your information unless you give us written permission:

- Most uses and disclosures of psychotherapy notes.
- Marketing purposes.
- Sale of your information.

If you do give us written authorization to use or disclose your health information for a particular purpose, you may change your mind at any time. You must let us know in writing if you change your mind.

How Dean May Use or Disclose Your Health Information

We will not disclose your nonpublic personal information unless we are allowed or required by law to do so. The following categories describe the ways that Dean may use and disclose your nonpublic personal information. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure we might make will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

Note: Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws that are more stringent than Federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA), and HIV testing.

We are allowed to use and disclose information that falls within one of the following categories:

- 1. *Payment.*** We may use and disclose your health information to make and collect payment for treatment and services you receive, such as: determining your eligibility for plan benefits, obtaining premiums, determining your health plan's responsibility for benefits, and collecting payment for your health services.
- 2. *Health Care Operations.*** We may use and disclose your health information to support our business activities and improve our coverage and services. However, we are not allowed to use genetic information to decide whether we will give you coverage or the price of that coverage. Health care operations include such activities as:
 - Underwriting
 - Premium rating
 - Other functions related to plan coverage
 - Quality assessment and improvement activities
 - Activities designed to improve health and reduce health care cost
 - Case management and care coordination
- 3. *Treatment.*** We may disclose your health information to a physician or other health care provider that is treating you. We may contact you with information on treatment alternatives and other related functions that may be of interest to you.
- 4. *Distributing Health-related Benefits and Services.*** We may use and disclose your health information to provide information on health-related benefits and services that may be of interest to you.
- 5. *Disclosure to Plan Sponsors.*** If applicable, we may disclose your health information to the sponsor of your group health plan for purposes of administering benefits under the plan. If you have a group health plan, your employer is the plan sponsor.
- 6. *Public Safety.*** We can share health information about you for certain situations such as: preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious and imminent threat to the health or safety of a particular person or the public.
- 7. *Research.*** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.
- 8. *Required by Law.*** We will share information about you if laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law
- 9. *Workers' Compensation, Law Enforcement, and Other Government Requests.*** We can use and share health information about you: for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.
- 10. *Legal Actions.*** We may disclose your health information in the course of any administrative or judicial proceeding.

How Dean Protects This Information

We limit the collection of nonpublic personal information to that which is necessary to administer our business, provide quality service, and meet regulatory requirements. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to safeguard your nonpublic personal information. We limit the internal use of oral, written, and electronic nonpublic personal information about you and ensure that only authorized staff and business associates with the need to know have access to it. We maintain safeguards for your nonpublic personal information and review them regularly to protect your privacy.

Your Health Information Rights

- 1. Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information.
- 2. Right to Request Confidential Communications.** You have the right to receive your health information through a reasonable alternative means or at an alternative location.
- 3. Right to See and Copy.** You have the right to see and copy certain health information about you.
- 4. Right to Correct Records.** You have a right to request that Dean correct certain health information held by Dean if you think it is incorrect or incomplete.
- 5. Right to Accounting of Disclosures.** You have the right to receive a list or “accounting of disclosures” of your health information made by us in the past six years. The list will not include disclosures made for purposes of treatment, payment, health care operations, or certain other disclosures (such as those you asked us to make).
- 6. Right to Copy of Notice.** You have a right to receive a paper copy of this Notice at any time.
- 7. Right to be Notified of a Breach.** You will be notified in the event of a breach of your unsecured protected health information.

Changes to this Notice of Privacy Practices

Dean may change this Notice from time to time and make the new provisions effective for all nonpublic personal information we maintain, including information we created or received before the change. Dean will always comply with the current version of this Notice.

Complaints

Please submit complaints about this Notice or how we handle your health information, in writing, to our Privacy Officer. Dean will not hold any complaint you submit against you in any way. In addition, if you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

If you have questions, complaints, or want to exercise any of your health information rights, call the Customer Care Center at **(800) 279-1301** or contact us at the following address:

Privacy Officer
PO Box 56099
Madison, Wisconsin 53705

The effective date of this notice is August 22, 2014.

Dean Health Plan, Inc. | 1277 Deming Way | Madison, Wisconsin 53717
(800) 279-1301 | TTY: Users Dial 711 | deancare.com