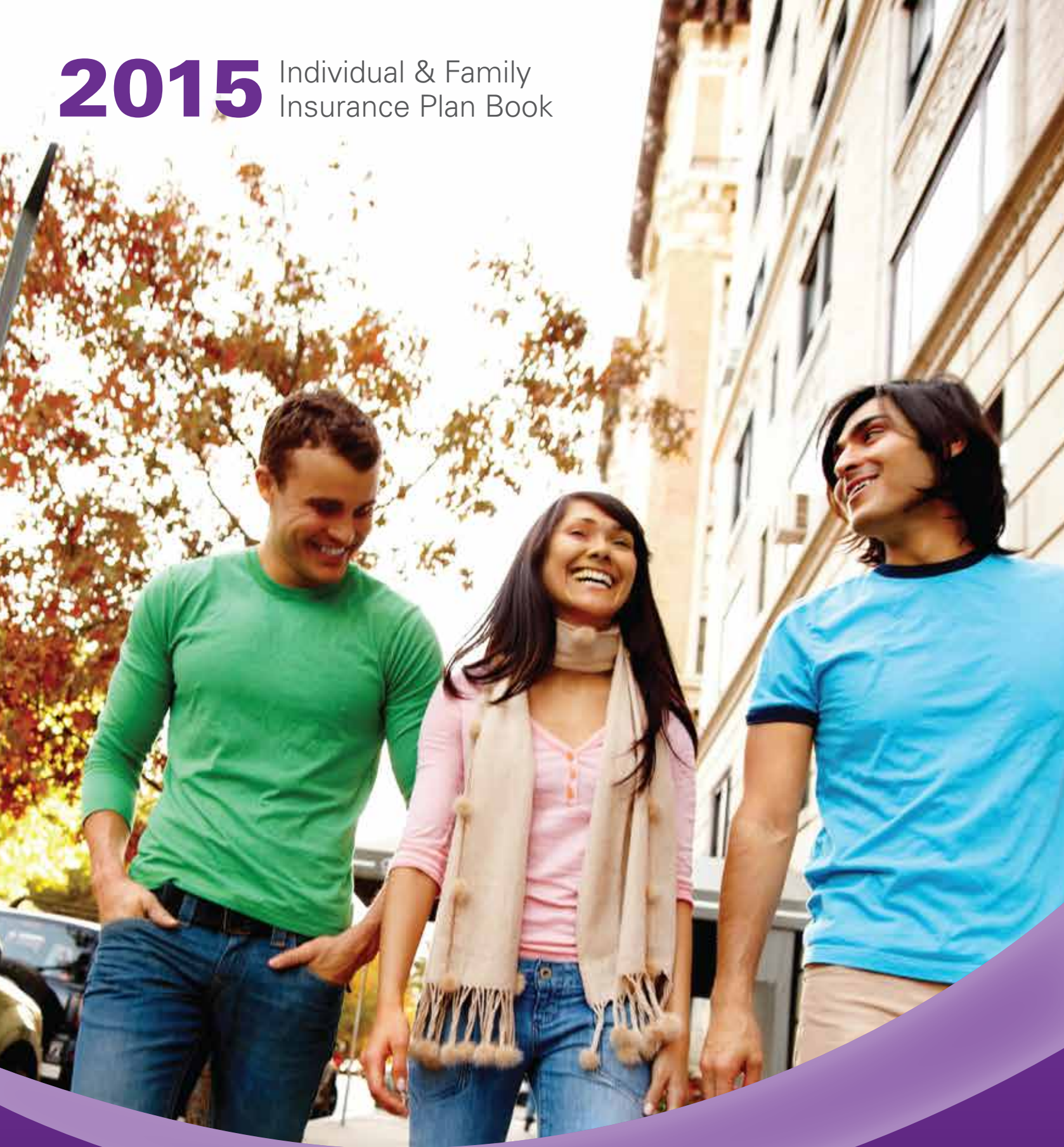


2015 Individual & Family Insurance Plan Book



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 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, ready to answer your questions. Dean is also sponsoring numerous community-based events to help provide one-on-one service. In-person visits or calls aren't the only options, either. You may instead prefer to send an email message. Whatever works for you, we're here to help.



Go Online

Visit deancare.com/sign-me-up to request via email message box that our sales department contact you.



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*

*Get prompt access to a nurse when you have questions. A registered nurse is available 24/7, 365 days a year via Dean On Call. Maybe you're not sure if you need to make a doctor appointment or go to urgent care. Just pick up the phone and get some advice—any time. Call **(800) 57-NURSE** (800-576-8773).**

For any life-threatening emergencies, always dial 911.

We are just a call, click or visit away from getting you the information you need to stay covered. The important part is that you continue to get the coverage and care you need. And we hope you continue to select Dean as your partner in health.

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

The Dean Difference

Dean, headquartered in Madison, Wisconsin, is one of the largest integrated health care delivery systems in the country. We provide unsurpassed quality and compassionate care in Wisconsin through a network of clinics, hospitals and related health care providers. Established in 1983, Dean Health Plan is the insurance services subsidiary of SSM Health. Hospitals, clinics and a health plan working together—for you.



J.D. Power

Dean Health Plan ranks “Highest in Member Satisfaction with Health Plans in the Minnesota-Wisconsin Region.” This is according to the J.D. Power 2014 U.S. Member Health Plan StudySM. The study measures member satisfaction among 138 health plans in 18 regions throughout the U.S. by examining six key factors: coverage and benefits, cost, provider choice, customer service, information and communication, and claims processing.

Dean Health Plan, Inc. received the highest numerical score among commercial health plans in the Minnesota/Wisconsin region in the proprietary J.D. Power 2014 U.S. Member Health Plan StudySM. Study based on 34,315 total member responses, measuring seven plans in the Minnesota/Wisconsin region (excludes Medicare and Medicaid). Proprietary study results are based on experiences and perceptions of members surveyed December 2013–January 2014. Your experiences may vary. Visit jdpower.com



New Member Transition

We’ve also produced a helpful printed **New Member Guide**, which will ease your transition to Dean Health Plan. It contains a variety of important information, including how to choose a primary care provider, set up an initial appointment or register for **DeanConnect**, which gives you access to your insurance claims and documentation. The **New Member Guide**, which you will automatically receive upon joining us, also helps explain the tools and resources available to you, as well as practical suggestions for how to stay healthy. Check it out at

deancare.com/newmember.



NCQA Excellent Accreditation

Dean Health Plan is proud to have maintained NCQA’s 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 the National Committee for Quality Assurance (NCQA). The 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.

Why Dean is the Smart Choice

The best health care starts with trusted relationships. At Dean Health Plan, it's simple because we're **three of a kind**. Your **clinic works with your hospital**. Your **hospital works with your health plan**. Your **health plan works with your clinic**. And **everybody works with you**. Add since we offer a wide variety of plans to meet your needs, it's no wonder Dean Health Plan remains a market leader in individual and family health insurance in southern Wisconsin.



Access to Providers

Dean Health Plan has you covered with the largest regional network of providers. We have more than 2,000 providers, 28 hospitals and 185 primary care sites in 20 counties throughout southern Wisconsin. Our network is staffed with health care professionals who are dedicated to helping you and your loved ones remain as healthy as possible, even when you're on the road. If you travel, you're still covered for emergency services worldwide. Once you sign up as a new patient in our system, you'll receive personal assistance in scheduling your first new-member visit.

Wellness & Rewards

It's easier to get well and stay well with Dean Health Plan. Our plans 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. Each adult earns up to \$150 per year just for being healthy!

Technology & Innovation

Get online access to health information 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. We also offer a mobile app that provides the same services whenever and wherever you are. Members can also view and manage benefit information with **DeanConnect** at deancare.com.



Provider Network Options

For more info visit:
deancare.com/sign-me-up

Check out the folder in the back of this book to learn how to buy our plans

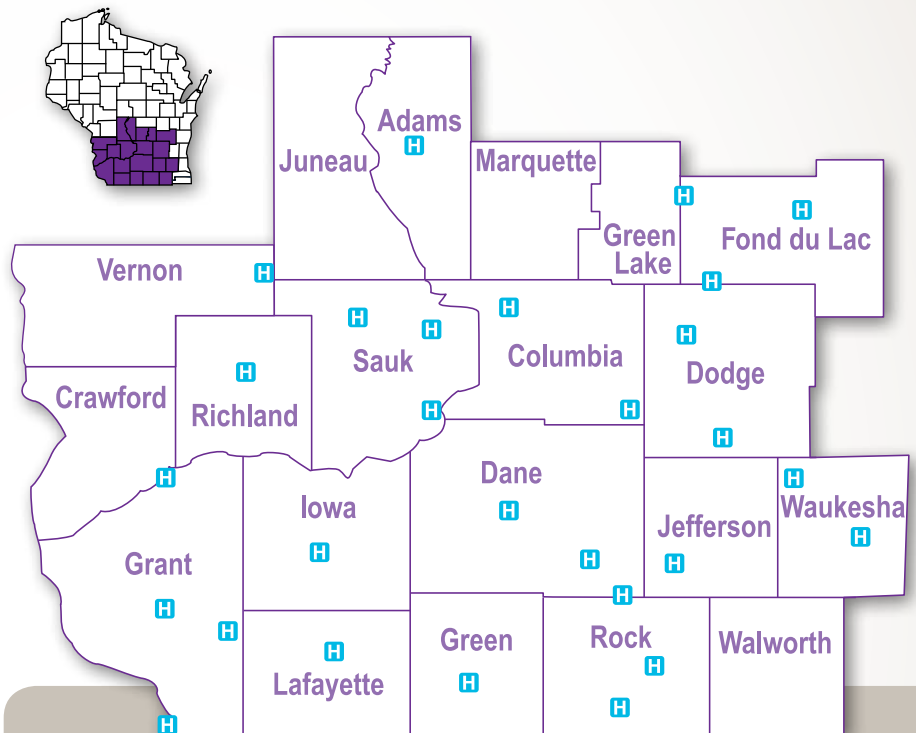
Dean Health Plan offers provider network options based on your location, the coverage level you're selecting and your care needs. See deancare.com for the online Provider Directory and easily find excellent doctors available in our network. If you need help selecting a network that is right for you, contact us for more information, or contact a health insurance agent.

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. However, the organization's reach now includes more than two dozen clinic locations, all owned by Dean Clinic.

The power of Dean Health Plan goes beyond Dean Clinic to our association with other network doctors across southern Wisconsin. With these network affiliates added to the mix, Dean Health Plan locations have more than 2,000 doctors. Our health plan, clinics and hospitals have a long tradition of collaborating to provide you with care, where and when you need it.

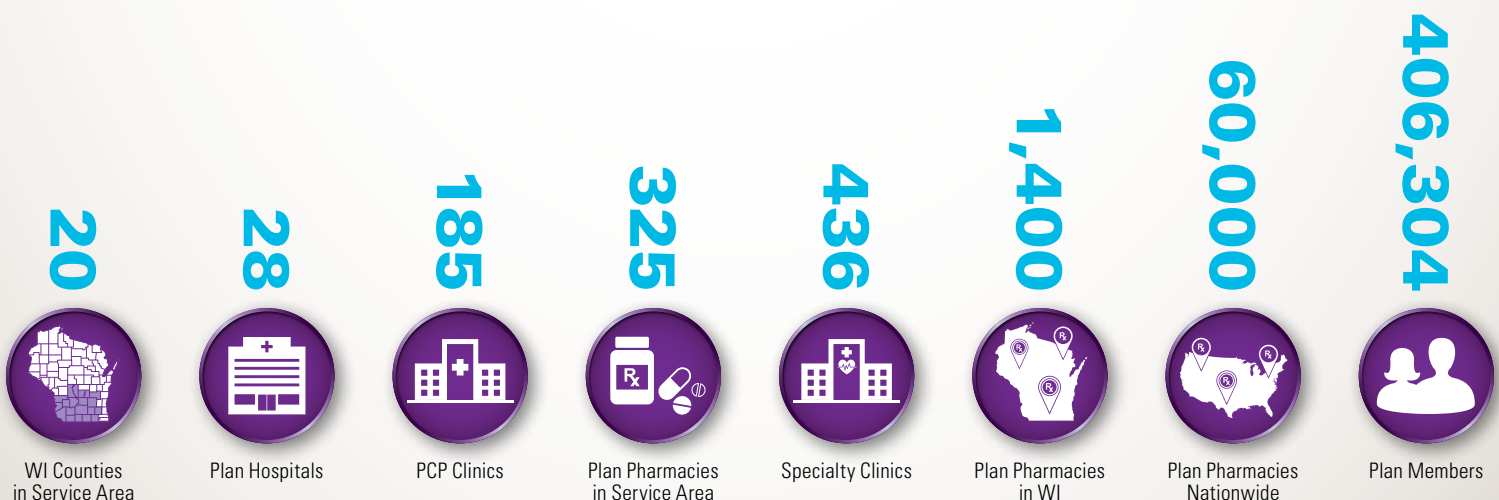


HMO Network

The HMO 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.

The HMO Network is a good choice if:

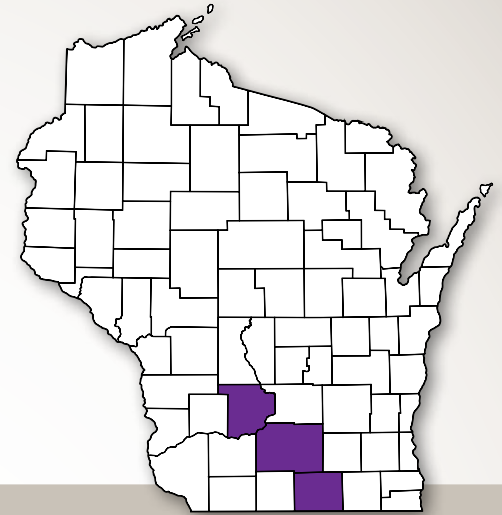
- You want the full breadth of coverage in 20 counties, including more than 2,000 doctors to choose from for routine through specialty care.
- You want highly directed care from a team of physicians working together.



The Focus Network

This network is a more tightly integrated subset of doctors who deliver the same services you expect but with less cost and greater convenience for patients.

The Focus Network works like an HMO but with a smaller network of providers. It features only Dean (Dean Clinics and Davis Duehr Dean) and SSM Health providers in Dane, Rock and Sauk counties. This plan provides in-network access to St. Mary's Hospital in Madison, St. Clare Hospital in Baraboo, Stoughton Hospital and St. Mary's Janesville Hospital. In addition, the network contains unique specialty providers, such as skilled nursing facilities, chiropractors and optometrists.



Plans with the Focus Network Option are noted with this symbol (on inserted plan grid)



The Focus Network is a good choice if:

- You live in Dane, Rock or Sauk County and receive your medical services in those areas.
- You want a lower-cost option but still want to see doctors in your community.
- You like the comfort of knowing all your care is carefully coordinated through your primary care physician and a select number of providers.

Coordinated Care



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 areas:

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



Hospitals You Can Trust

SSM Health's three wholly-owned hospitals are all recipients of the 2013 Wisconsin Forward Award of Excellence. St. Mary's Hospital in Madison, St. Mary's Janesville Hospital and St. Clare Hospital in Baraboo have also earned awards for clinical outcomes, patient satisfaction, high quality and safety. Dean Health Plan also 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.

Understanding Health Care Reform

For more info visit:
deancare.com/sign-me-up

Check out the folder
in the back of this
book to learn how
to buy our plans

Health reform is complicated, so we're going to walk you through the basics. This booklet offers a recap of health reform information, moves into an overview of benefits and finally, summarizes our new portfolio of easy-to-understand plans designed for individuals and families. Remember, the federal health reform law, also known as the Affordable Care Act, includes an individual mandate. That means almost everybody must have health insurance. To avoid a fine, sign up between November 15, 2014 and February 15, 2015. Visit deancare.com/sign-me-up.

Health Care Reform Quick Guide

The Affordable Care Act was passed in 2010 and continues to evolve. It affects how and where insurance is purchased and what benefits are provided. No matter where you choose to buy, Dean will be there. As always, we will have plans that are available directly from Dean, through agents and from deancare.com/sign-me-up.

Dean Health Plan offers a variety of plans in the Health Insurance Marketplace, also known as healthcare.gov or the Exchange. The Marketplace also offers tax credits and subsidies to people who qualify. This makes health insurance more affordable. If you believe you are eligible for this financial assistance on the Marketplace, you can log on to healthcare.gov or seek advice from Dean Health Plan, an insurance agent or a certified application counselor. For those who do not need financial assistance, a greater selection of plan options are available directly from Dean Health Plan.

When considering your health insurance coverage, there's a lot to think about. Here are some simple definitions that should help clarify the main points and more are listed on pages 10-11.



The Individual Mandate means that most U.S. citizens must be covered by health insurance that meets "Minimum Essential Coverage" rules. If you are not covered, you may face a tax penalty.



Federal Poverty Level (FPL) is the measure of income level issued annually by the Department of Health and Human Services. The relationship between your income and the federal poverty level is used to determine your eligibility for certain programs and benefits.



Health Insurance Marketplace (also referred to as the Exchange or [healthcare.gov](https://www.healthcare.gov)) is a website where individuals can compare plans and purchase health insurance. Individuals who qualify for federal assistance or tax breaks must purchase through the Marketplace to take advantage of any cost sharing or tax credits.



Preventive Care Benefits are services such as child immunizations and certain cancer screenings. These benefits are covered with zero out-of-pocket cost to you when you use in-network providers and all other criteria are met.



Essential Health Benefits are a set of benefits individual plans must now cover. These Essential Health Benefits include things like preventive and wellness services, maternity and newborn coverage, prescription drugs, doctor visits and coverage for hospital stays. Most of these benefits were already covered by Dean Health Plan long before this law came into effect, as we have always provided comprehensive health services and valuable benefits through our health plans.



Metal Tiers refer to plans of varying cost and coverage. These are indicated by four metal levels (or tiers): bronze, silver, gold, and platinum (Dean Health Plan does not offer platinum plans on the Marketplace). These plans will all offer coverage of the same Essential Health Benefits but with different out-of-pocket costs for things like doctor or hospital visits. The level you buy determines **1)** your monthly premium, **2)** your cost-sharing amounts, and **3)** your maximum out-of-pocket limit. In addition to the metal tier options, there is an option called the Catastrophic Plan. It is only for people under age 30 or who qualify through financial hardship. See the plan details for more information on metal tiers and catastrophic coverage.

Holding Down Insurance Costs

Having health insurance means peace of mind, knowing you are covered. Depending on your income and personal situation, you may be eligible for a variety of discounts and subsidies, too. Going with Dean Health Plan is the smart choice, especially when you consider the variety of cost-saving possibilities.

Health Insurance Affordability Programs





If you purchase health insurance through the Health Insurance Marketplace, you may be eligible for programs that would make your health insurance more affordable. Only the Marketplace can determine if you are eligible for, and how much you can receive under, either of the following programs.

Advance payments of the premium tax credit are available to individuals with household income of at least 100 percent but not more than 400 percent of the Federal Poverty Level (FPL). Advance payments of the premium tax credit reduce the amount you have to pay in monthly premiums.

Cost-sharing reductions are available to individuals who have a household income of at least 100 percent but not more than 250 percent of the FPL and are enrolled in a silver tier plan. Cost-sharing reductions reduce the amount you have to pay towards your deductible, coinsurance and copays.

It's important to check if you qualify for one or more of these programs based on your income level. The following table shows the FPL guidelines, but an agent or Dean Health Plan representative can help you if you're not sure.

2014 Plan Year Federal Poverty Level Guidelines

Size of Household	Percentage of Federal Poverty Level		
	100%	250%	400%
1 	\$11,670	\$29,175	\$46,680
2 	\$15,730	\$39,325	\$62,920
3 	\$19,790	\$49,475	\$79,160
4 	\$23,850	\$59,625	\$95,400
Each Additional Person Adds	\$4,060	\$10,150	\$16,240
Coverage Information		May Qualify for Cost-Sharing Reductions	May Qualify for Advance Premium Tax Credits



Advance Premium Tax Credits (APTC)

Tax credits can lower the amount you pay toward your monthly premium. Tax credits are available to individuals and families who earn at least 100 percent and not more than 400 percent of the Federal Poverty Level. Only the Marketplace can determine if you are eligible for, and how much you can receive in, tax credits.



Cost Sharing Reduction (CSR)

If your income is at least 100 percent and not more than 250 percent of the Federal Poverty Level, you are eligible for special plans with Cost Sharing Reductions to lower your out-of-pocket costs, in addition to the Advanced Premium Tax Credits. Only the Marketplace can determine if you are eligible for, and how much you can receive in, Cost Sharing Reductions.



Cost-sharing Maximums

The plan you purchase will include a limit on the out-of-pocket expenses you have to pay for health care per year, after which point your health insurance plan begins to pay 100 percent of the cost. This maximum cost sharing amount is lower for some plans, 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 do not account for monthly premiums or payments for out-of-network care that is not prior authorized.



How You Can Use Your Tax Credit

You can use your tax credit on any Marketplace plan. The Marketplace, also known as [healthcare.gov](https://www.healthcare.gov), calculates your tax credit allowance. Your monthly premium will be personalized for you based on the plan you select, but the credit will stay the same.

Example: You have a \$250 tax credit per month and have income of less than 400 percent of the Federal Poverty Level.

- If you buy a Silver plan with a premium payment of \$400 per month, you will lower your monthly premium payment to \$150.
- If you buy a Bronze plan with a premium payment of \$260 per month, you will lower your monthly premium to \$10.

Choosing the Right Plan for You

For more info visit:
[deancare.com/
sign-me-up](http://deancare.com/sign-me-up)

Check out the folder
in the back of this
book to learn how
to buy our plans

Dean Health Plan offers a variety of plan options to fit your situation. You may want to keep costs more predictable by choosing a plan with an office visit copay. Or you might prefer a plan that qualifies for a Health Savings Account (HSA) and the tax advantages that go with it. You also may base your plan decision on features offered on the Health Insurance Marketplace, such as cost-sharing reductions and premium tax credits. As you choose your plan, you'll want to understand the metal tier that best fits your needs. Metal tiers categorize plans by how much of your medical costs you can expect to pay as a percentage of premiums. In addition to summarizing your basic plan options, the next section also describes metal tiers in more detail.

Copay Plus Plans

Dean's Copay Plus Plans include various levels of copays for services, as well as deductibles and coinsurance. These plans give you the flexibility to balance your copays and annual out-of-pocket expenses to fit your budget, while providing the coverage you and your family need. A copay plan may be right for you if you want a more predictable cost for regular office visits to your primary care or specialty providers.

Classic Plans

Dean's Classic Plans are designed for those who want their health coverage to be as simple as possible. With a Dean Classic Plan, you pick the deductible level and coinsurance combination you're comfortable with, and you're done!

HSA (Health Savings Account) Plans

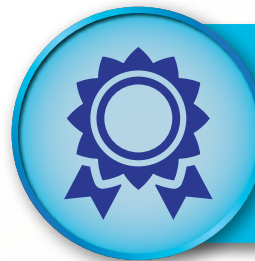
Dean's HSA-eligible plans are developed to provide multiple options for members interested in combining a high-deductible health plan with a health savings account (HSA). The HSA-eligible plans were built to be fully compatible with an HSA of your choice.

Value Plans

For those who prefer a lower monthly premium, without an HSA, we offer Value Plan options. These plans, redesigned for 2015, include limited office visits as well as access to generic medications with a dependable copay.

Safety Net Plan

The Safety Net Plan is a high-deductible, catastrophic plan available only to those under age 30 or those who meet certain income guidelines as determined by the Health Insurance Marketplace, also known as healthcare.gov. Our Safety Net Plan is designed specifically for people under age 30, or those age 30 and above who can provide a certification that they are without affordable coverage or are experiencing financial hardship and need to purchase a low-cost plan option. The plan carries a high deductible and provides coverage in case of an emergency.



Affordable option for those who want peace of mind but don't visit the doctor often

Out-of-Pocket Costs

Cost-sharing reduction is only available on silver plans. There are three levels of cost sharing reduction based on income brackets:

- 1) 101–150 percent of Federal Poverty Level (FPL)
- 2) 151–200 percent FPL
- 3) 201–250 percent FPL

Dean Health Plan offers a variety of options for silver plans that are eligible cost sharing reduction plans.







Find the Help You Need to Select a Plan

What you need	Dean Health Plan Sales Rep	Insurance Agent or Broker	Application Counselor or Navigator
You need help determining if you are eligible for a tax credit or cost-sharing reduction on the Marketplace	✓	✓	✓
You need help enrolling on the Marketplace	✓	✓	✓
You need help determining which plan and benefits are right for you. <i>Example: What's the difference between plan types like HMO, PPO and HDHP?</i>	✓	✓	
You need help choosing a plan from Dean Health—no matter how you buy	✓	✓	
You need help from someone who upholds Marketplace Privacy and Security Standards	✓	✓	✓

For more information about Dean Health Plan coverage, visit deancare.com/sign-me-up or call (800) 279-1302

What are Metal Tiers?

You can use metal tiers to help determine which type of plan is right for you. No matter where you purchase your plan, it will be categorized using metal tiers. In addition to your personal situation and values, you'll want to consider if you are eligible to receive a price break, which can be delivered in the form of a tax credit or cost-sharing subsidy.

Metal Tiers				
				
	Platinum	Gold	Silver	Bronze
Monthly Cost	\$\$\$\$	\$\$\$	\$\$	\$
Cost When You Get Care	\$	\$\$	\$\$\$	\$\$\$\$
Maximum Out-of-Pocket Expenses	\$	\$\$	\$\$\$	\$\$\$\$
Good Option if You...	plan to use a lot of health care services	want to save on monthly premiums while keeping out-of-pocket costs low	need to balance monthly premium with out-of-pocket costs	don't plan to need a lot of health care services

Care for Special Circumstances

PRIMARY
CARE



URGENT
CARE



EMERGENCY
CARE



Get the Right Care

We ask our members to select a primary care provider (or location) within the Dean network upon enrollment. This is because at Dean Health Plan, all of our coverage options emphasize a proactive, preventive approach to care—one in which a primary care provider oversees all aspects of an individual's health care needs and keeps him or her well through regular visits. Your primary care provider should be your first choice for care whenever possible. When a more immediate need arises, however, you do have other options, including urgent care centers and emergency room service.

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 a member is not able to return to the service area for immediate treatment. It's also a good idea to familiarize oneself with the types of ailments that can be treated as urgent care vs. emergency care. Visit deancare.com/rightcare for details.

Prior Authorization

As our members navigate their health care, it's important to note there are certain medical services or provider visits that will require prior authorization by Dean Health Plan. These authorizations are required so our Medical Affairs team can make sure our members are getting the appropriate care.

Getting Help with Care Decisions

When you need to discuss issues or 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. A staff member will connect you to our Medical Affairs Department if he or she is unable to address your questions.

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 is key information about 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 coverage. All Affordable Care Act-compliant health plans with effective dates in 2014 and 2015 must cover a standard set of health care service categories known as Essential Health Benefits, with the exception of pediatric oral care. The 10 categories of Essential Health Benefits include:

- 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 to 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 and can be purchased as a stand-alone product. Please contact your insurance agent 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 include 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.

Child-only Coverage Now Available

Dean Health Plan now offers child-only policies through all its plan options. Individuals 20 years of age and younger are qualified to enroll in these plans on or off the Health Insurance Marketplace, regardless of whether a parent is enrolled.

Prescription 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 the plan information for more specific information.

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.

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 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—including free shipping.



Go Online!

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

- Our plans include a standard drug listing of covered medications called a formulary. Browse the complete drug formulary that includes a list of covered medications and what you can expect to pay for each tier.
- View the Quick Reference Guide.
- Check out the complete drug exclusion list.

General Limitations and Exclusions

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

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 Policy.
- 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.

- 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 Plan.
- 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 Policy.
- 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.

The effective date of this notice is July 30, 2014.

Privacy and Confidentiality

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 this information about you from some of the following sources:

- Information we receive directly or indirectly from your applications, surveys, and other forms, in writing, in person, by telephone, and 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 requests, 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. Health care operations include such activities as:
 - Underwriting, premium rating, and other functions related to plan coverage. However, we are not allowed to use genetic information to decide whether we will give you coverage or the price of that 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 paper 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) 279-1302** or contact us at the following address:

Privacy Officer
PO Box 56099
Madison, Wisconsin 53705

The effective date of this notice is July 30, 2014.

Common Insurance Terms

Annual maximum out-of-pocket: The maximum amount a member would pay for covered health care services in a plan year before the plan would pay 100 percent of the charges.

Benefit maximum: A limit on a covered service or supply. A service or supply may be limited by duration or frequency.

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 coinsurance 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 must pay for covered health care services each year before the plan begins to pay. For example, if your deductible is \$1,000, Dean Health Plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

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.

Out-of-network providers: 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.

Preventive care: Routine health care that includes screenings, checkups and patient counseling to prevent illness, disease or other health problems.

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

Prohibition on pre-existing condition exclusion: A requirement that health plans cannot deny you coverage based on your health status.

Rating rules: A requirement that health plans can only rate your plan based on age, geographic area, family status and tobacco use.

Dean Health Plan does not discriminate on the basis of disability in the provisions of programs, services or activities. If you need this printed material interpreted or in an alternate format, or need assistance in using any of our services, please contact a Customer Care Specialist at (800) 279-1301 or TTY users dial 711.

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