

2023 Small Employer Plan Options

Multiple options available to fit your employee needs

For more details about plan options...

talk with your Prevea360 Sales Executive Team at 877-230-7615 (TTY:711).

Choose Your Network Offering
 HMO POS

Choose Your Plan Design
 Multiple options available to fit your employee needs

All Copay and Prescription Drug values displayed are in-network benefits only.

Copay Plus Plan Options - For employers that want to offer great coverage and affordable office visits

		Platinum				Gold		Silver	Bronze
Deductible	In Network	\$0	\$250	\$500	\$1,250	\$1,500	\$2,000	\$5,100	\$9,100
	Out of Network†	\$1,000			\$2,500	\$3,000	\$4,000	\$10,200	\$18,200
Coinsurance	In Network	10%				20%		30%	0%
	Out of Network†	20%				40%		60%	0%
Max Out-of-Pocket	In Network	\$1,750				\$6,150		\$8,800	\$9,100
	Out of Network†	\$3,500				\$12,300		\$17,600	\$18,200
Primary Care Office Visit		\$30 copay						\$40 copay	
Specialist Office Visit		\$60 copay						\$80 copay	
Emergency Room		\$500 copay							
Prescription Drug Options <i>Select an option to complete your plan design.</i>		Option 1 Option 2 Option 3			Option 1 Option 2	Option 1 Option 2 Option 3		\$20 Generics and no charge after deductible on all other tiers	

Option 1: \$10 Generic, \$40 Preferred Brand, \$75 Non-Preferred Brand, \$150 Specialty
Option 2: \$10 Generic, \$40 Preferred Brand, 50% Non-preferred Brand, 50% Specialty
Option 3: \$10 Generic, \$40 Preferred Brand, \$75 Non-Preferred Brand, \$150 Specialty
 (\$250 additional Rx deductible on Preferred Brand, Non-preferred Brand and Specialty)

HSA-Eligible Plan Options - For employers that want to offer lower premiums and health savings account compatibility

		Gold				Silver				Bronze
Deductible	In Network	\$1,500	\$2,600	\$3,200*	\$3,500*	\$4,100*	\$4,800*	\$5,200*	\$6,100*	\$7,000*
	Out of Network†	\$3,000	\$5,200	\$6,400*	\$7,000*	\$8,200*	\$9,600*	\$10,400*	\$12,200*	\$14,000*
Coinsurance	In Network	30%	0%			30%	0%			0%
	Out of Network†	60%	0%			60%	0%			0%
Max Out-of-Pocket	In Network	\$4,500	\$2,600	\$3,200	\$3,500	\$7,000	\$4,800	\$5,200	\$6,100	\$7,000
	Out of Network†	\$9,000	\$5,200	\$6,400	\$7,000	\$14,000	\$9,600	\$10,400	\$12,200	\$14,000
HSA-Eligible Prescription Drug Details		30% coinsurance after deductible		No charge after deductible		30% coinsurance after deductible		No charge after deductible		

See the reverse side for additional PPO options.

† Out of Network values are for POS plans only.

* Our HSA plans are designed to offer maximum consumer value. Plans carry embedded deductibles and offer benefits to each individual on a family plan after the single deductible has been met. All HSA plans also offer a separate formulary with increased access to lower cost generic drugs. Contact a Dean Health Plan representative for more information.



2023 Small Employer PPO Options

For more details about plan options...

talk with your Prevea360 Sales Executive Team at 877-230-7615 (TTY:711).

Choose Your PPO Plan Design - Select a PPO option for employees living outside the network area

Copay Plus Plan Options - For employers that want to offer great coverage and affordable office visits

		Platinum			Gold		Silver
Deductible	In Network	\$250	\$500	\$1,250	\$1,500	\$2,000	\$5,100
	Out of Network▲	\$1,000		\$2,500	\$3,000	\$4,000	\$10,200
Coinsurance	In Network	10%			20%		30%
	Out of Network▲	20%			40%		50%
Max Out-of-Pocket	In Network	\$1,750			\$6,150		\$8,800
	Out of Network▲	\$3,500			\$12,300		\$17,600
Primary Care Office Visit		\$40 copay					\$60 copay
Specialist Office Visit		\$40 copay					\$60 copay
Emergency Room		\$500 copay					

Copay Plus Prescription Drug Details - \$10 Generic, \$40 Preferred Brand, \$75 Non-Preferred Brand, \$150 Specialty

HSA-Eligible Plan Options - For employers that want to offer lower premiums and health savings account compatibility

		Gold	Silver	Bronze
Deductible	In Network	\$2,600	\$4,800*	\$7,000*
	Out of Network▲	\$5,200	\$9,600*	\$14,000*
Coinsurance	In Network	0%		
	Out of Network▲	0%		
Max Out-of-Pocket	In Network	\$2,600	\$4,800	\$7,000
	Out of Network▲	\$5,200	\$9,600	\$14,000
HSA-Eligible Prescription Drug Details		No charge after deductible		

▲ Out of Network values are for PPO plans only.

* Our HSA plans are designed to offer maximum consumer value. Plans carry embedded deductibles and offer benefits to each individual on a family plan after the single deductible has been met. All HSA plans also offer a separate formulary with increased access to lower cost generic drugs. Contact a Dean Health Plan representative for more information.

