PREVEA360 Medicare Advantage

from Dean Health Plan

2021 Medicare Plan Guide

Plans to meet your needs

A guide to coverage and benefit information for Prevea360 Medicare Advantage offered by Dean Health Plan

- Essential (HMO-POS)
- Complete (HMO-POS)
- Harmony (HMO-POS MA-Only)

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DeanHealthPlan

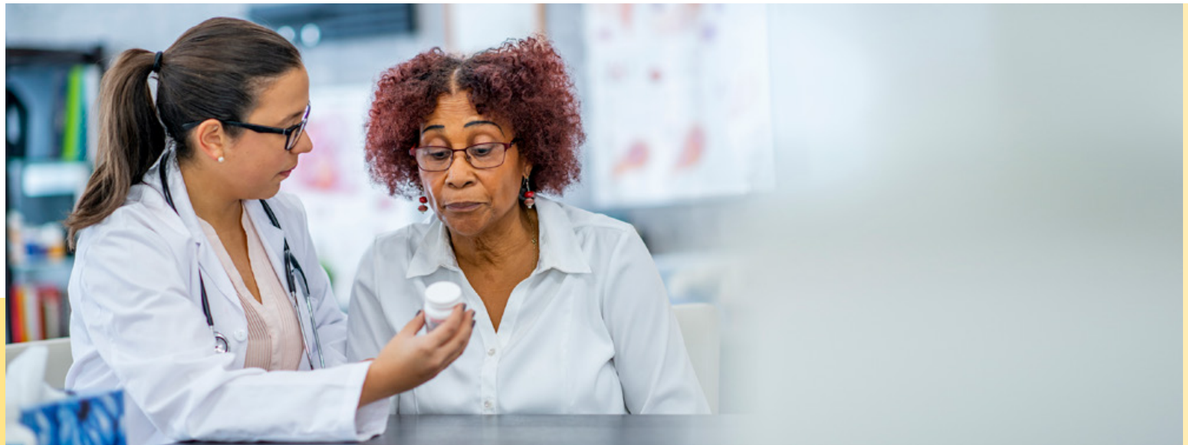
Discover Prevea360

Medicare Advantage

Thank you for your interest in Prevea360 Medicare Advantage, offered by Dean Health Plan. Prevea360 Medicare Advantage offers a strong network of providers with a history of exceptional care.

Original Medicare, Prescription Drug Coverage and Additional Benefits Combined into a Single Plan. Prevea360 Medicare Advantage removes the hassle of three different policies – Original Medicare, a stand-alone prescription drug (Part D) plan and a supplemental plan to reduce out-of-pocket costs – all while providing the coverage you need.

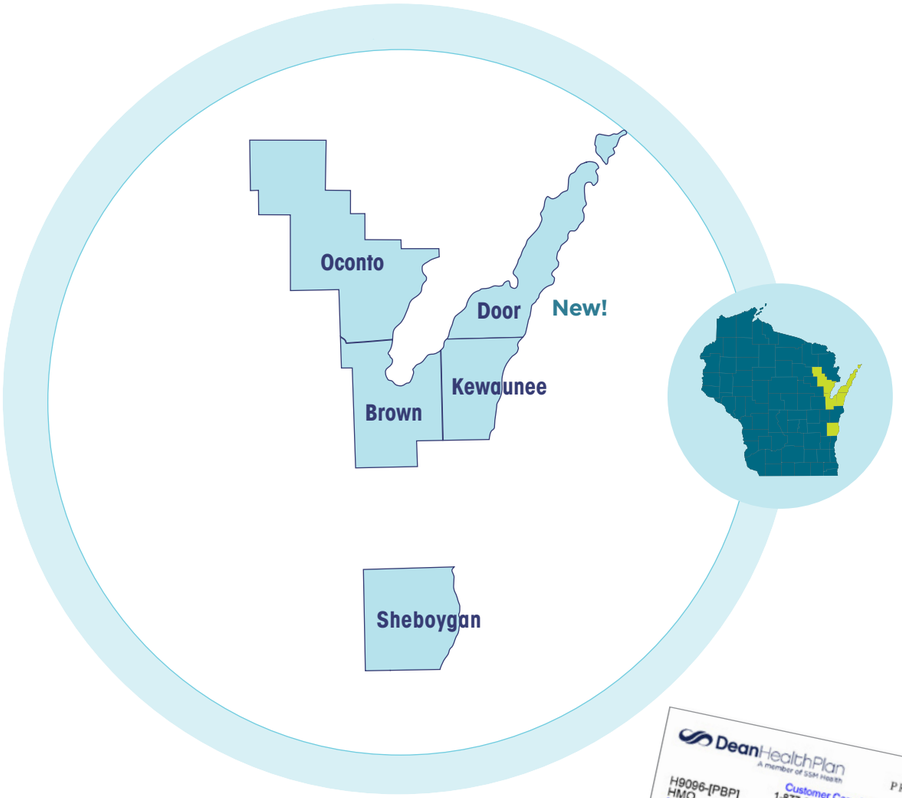
Original Medicare	Prevea360 Medicare Advantage
You are responsible for Part A and Part B medical deductibles.	Your Part A and Part B medical deductibles **are covered.**
You must cover 20% of Part B medical services – with no annual or lifetime limit on your out-of-pocket costs.	You have a **maximum out-of-pocket limit** that protects you from large, catastrophic health care expenses.
You pay 100% of the cost of your prescription drugs.	**Your prescription drugs are covered** with manageable cost sharing according to the drug formulary. (Applicable to MAPD plans only.)
You pay 100% of the cost of dental services.	**All plans have coverage** for preventive and comprehensive dental.



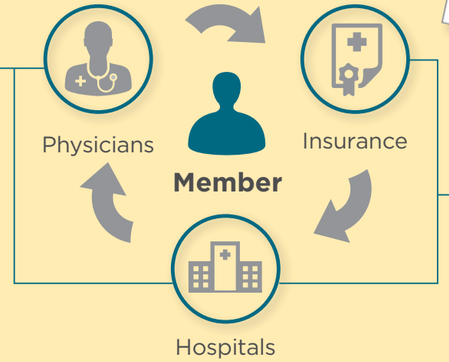
Prevea360 Medicare Advantage

Service Area

The service area for Prevea360 Medicare Advantage is Brown, Door, Kewaunee, Oconto and Sheboygan counties. You must live in one of these counties to join a Prevea360 Medicare Advantage plan.



Our Integrated Delivery Network is a true collaboration between health care experts, hospital partners and insurance providers, leading to a more affordable and beneficial experience for members.



One **plan.** One **card.**
One **strong network.**

Prevea360 Advantage Plans

At a Glance

Preventive care is covered at 100%

Choose the Prevea360 Medicare Advantage plan that suits you.

Plan Name	Monthly Premium	Part B Premium Reduction*	Hospital Copay	Primary Care Copay	Specialist Copay	Emergency Room Copay**	Urgent Care Copay**	Ambulance	Therapy: Physical, Occupational, Speech	Durable Medical Equipment	Outpatient Surgery	Maximum Out-of-Pocket (per year)†
Essential (HMO-POS)	**$0** per month	$25 Part B Premium Reduction	**In-Network:** $325/day for days 1-5	**In-Network:** $0	**In-Network:** $45	$90	$45	**In-Network:** $250	**In-Network:** $40	**In-Network:** 20%	**In-Network:** $275	**In-Network:** $4500
			Out-of-Network: $500/day for days 1-7	**Out-of-Network:** $30	**Out-of-Network:** $60			**Out-of-Network:** 40% Coinsurance	**Out-of-Network:** $60	**Out-of-Network:** 40%	**Out-of-Network:** 20% Coinsurance	**In and Out-of-Network:** $6000
Complete (HMO-POS)	**$226** per month	N/A	**In-Network:** $325/day for days 1-5	**In-Network:** $0	**In-Network:** $10	$120	$10	**In-Network:** $250	**In-Network:** $10	**In-Network:** 20%	**In-Network:** $275	**In-Network:** $2500
			Out-of-Network: $500/day for days 1-7	**Out-of-Network:** $30	**Out-of-Network:** $60			**Out-of-Network:** 40% Coinsurance	**Out-of-Network:** $60	**Out-of-Network:** 40%	**Out-of-Network:** 20% Coinsurance	**In and Out-of-Network:** $5000
Harmony (HMO-POS MA-Only)	**$0** per month	$75 Part B Premium Reduction	**In-Network:** $300/day for days 1-5	**In-Network:** $0	**In-Network:** $45	$90	$45	**In-Network:** $250	**In-Network:** $40	**In-Network:** 20%	**In-Network:** $250	**In-Network:** $4500
			Out-of-Network: $500/day for days 1-7	**Out-of-Network:** $30	**Out-of-Network:** $60			**Out-of-Network:** 40% Coinsurance	**Out-of-Network:** $60	**Out-of-Network:** 40%	**Out-of-Network:** 20% Coinsurance	**In and Out-of-Network:** $6000

Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year.

The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. You must continue to pay your Medicare Part B premium.

* This benefit reduces your monthly Part B premium.
** This benefit includes worldwide coverage.
† Payments for prescription drugs do not count toward annual maximum out-of-pocket limits.

Out-of-network/non-contracted providers are under no obligation to treat Prevea360 Medicare Advantage members, except in emergency situations. Please call Customer Care Center at 877-232-7566 (TTY: 711) or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Additional Benefits

Not covered by Original Medicare

All of our plans include the following:

Dental

DELTA DENTAL

All of our plans include coverage for both preventive and comprehensive dental benefits through our partner Delta Dental. Our plan has no deductibles and a simple copay structure.

- Preventive and Diagnostic Services: $0 copay
- Gum disease maintenance and bridge/implants/dentures repairs: $45 copay
- Fillings, gum disease treatment and extractions: $95 copay
- Root canals, bridges, implants, dentures and crowns: $595 copay
- Our plan will cover $1500 of dental services per year

See our network of dentist at **prevea360.com/extrabenefits**

In-Home Support and Companionship

papa

We've partnered with Papa, a company that connects screened and trained Papa Pals to members who seek assistance with transportation, meal prep, house chores, technology lessons, companionship, and other senior services. Your Pal can visit with you in your home or virtually for up to 10 hours per month. You and your Pal will be matched based on shared interests and communication style.

OTC

All of our plans offer $60 per quarter for you to spend on useful over-the-counter supplies like bandages, pain relievers and much more. You can use your OTC card to shop online, at participating stores, or over the phone. Participating stores include Walgreens, CVS, Kroger and Walmart.

Hearing

All of our plans include a hearing exam and a $750 hearing aid allowance every year at our in network hearing aid providers.

Find more information about our additional benefits at prevea360.com/extrabenefits

Vision

All of our plans include a yearly $0 vision exam and a $200 eyewear allowance every year at our in network eyewear providers.

Transportation

All plans cover 24 one-way rides each year to medical appointments or to the local pharmacy to help keep you well.

Meal Benefit

If you are discharged from the hospital or skilled nursing facility, all of our plans cover 14 meals delivered to your door. These meals will arrive frozen and you can heat and eat them at your convenience.

Gym Benefit

All of our plans provide free gym memberships to in-network gyms, fitness centers and YMCAs through the Silver&Fit program. If you prefer to exercise in the comfort and convenience of your own home, you can elect to have at-home fitness kits mailed to you.

Chiropractic Care

All of our plans cover additional chiropractic benefits to help you stay healthy and active.

Prevea Care After Hours

Experienced registered nurses are always available to answer your questions and concerns. Nurses are available 24 hours a day, 365 days a year. If you're not sure you need to see a doctor—or you're wondering if you have a problem—give us a call.

Living Healthy Rewards

Prevea360 Medicare Advantage wants to reward you for healthy activities. You can receive up to $150 in rewards for completing healthy activities like receiving a flu shot and getting an annual wellness visit.

Discover the value of Prevea360's

Medicare Advantage

As a Medicare Advantage member, you receive preventive screenings and other valuable services at no additional cost to you.

- **Annual wellness visit and annual physical exam**
- **Vaccines, including flu, hepatitis B, pneumococcal, shingles and Tdap**
- **Dental exams, cleanings, and X-Ray**
- **Mammograms and pelvic exams**
- **Colonoscopy**
- **Prostate cancer screening**
- **Diabetes screenings, monitoring supplies and self-management training**
- **Virtual Visits for eligible conditions at prevea360.com/virtualvisits**

Prevea360 Medicare Advantage Part D

Prescription Drug Coverage

Prevea360 Advantage plans provide comprehensive prescription drug coverage. Our drug formulary covers a wide-ranging list of generic, brand name and specialty drugs, with manageable copays and low or no deductibles.

Members save money by filling prescriptions in our preferred pharmacy network:

- **All CVS, Walmart, Target and Hy-Vee pharmacies**

Members have access to an standard retail pharmacy network that includes:

- **Most national pharmacy chains, including Walgreens**
- **Many retail and grocery store pharmacies**
- **Many independent, local community pharmacies**

Members have access to mail order pharmacies through Costco*

Formulary and Pharmacy Directories

If you need help finding Prevea360 Medicare Advantage's Comprehensive Drug Formulary, please call **1-877-232-7566 (TTY: 711)**. Visit **prevea360.com/medicare** to access our printer-friendly online formulary.

If you would like a Pharmacy Directory mailed to you, or if you need help finding a pharmacy, please call **1-877-232-7566 (TTY: 711)**. You can always access our online searchable directories at **prevea360.com/medicare**.

**You do not need to be a Costco member to use the Costco Mail Order Pharmacy*

Part D Prescription Drug Coverage
At-a-Glance

Stage 1: Initial Coverage Deductible You pay:	**Deductible (Applies to Tiers 3-5)**			
	Essential (HMO-POS)	$250		
	Complete (HMO-POS)	$0		
Stage 2: Initial Coverage Copay and Coinsurance You pay:		**1 Month/30 Day**		**3 Month/90 Day**
		Preferred Retail	**Standard Retail and Mail Order**	**Preferred Retail**	**Standard Retail and Mail Order**
	Tier 1	$0	$7	$0	$7
	Tier 2	$5	$12	$10	$24
	Tier 3	$40	$47	$100	$117.50
	Tier 4	$90	$100	$270	$300
	Tier 5	Cost Sharing Varies by Plan:		Not applicable	Not applicable
		▶ Essential: 28% ▶ Complete: 33%	▶ Essential: 28% ▶ Complete: 33%		
Stage 3: Coverage Gap (Donut Hole)	**All plans: 25% coinsurance**				
Stage 4: Catastrophic Coverage	**All Plans**				
	Generic: 5% or $3.70		Brand: 5% or $9.20		

Save time and money by purchasing a three-month supply of maintenance drugs in one transaction at retail locations or via the Costco mail-order pharmacy.

Drug dispensing fees may apply.

Harmony (HMO-POS MA-Only) Prevea360 Harmony does not offer Part D Prescription Drug coverage. This is an excellent choice if you already have prescription drug coverage through Wisconsin's Senior Care Prescription Drug Assistance Program, TRICARE for Life, the VA or an employer plan. You cannot have a Medicare Part D Prescription Drug plan if you enroll in the Harmony plan.

Stage 1: Initial Coverage Deductible	You pay full price for drugs on Tiers 3-5 until you meet your deductible. You pay Stage 2 copays for Tiers 1&2 immediately (no deductible)
Stage 2: Initial Coverage Copay and Coinsurance	You pay copays or a percentage of the drug's total cost (coinsurance) You stay in this stage until you and Prevea360 Medicare Advantage have paid $4,130 within a plan year
Stage 3: Coverage Gap (Donut Hole)	Once your total drug costs reach $4,130 you pay 25% of the cost of the drug You stay in this stage until your total out-of-pocket costs reaches $6,550 (not counting the amount that Prevea360 Medicare Advantage has also paid) within a plan year
Stage 4: Catastrophic Coverage	After your total out-of-pocket costs reach $6,550 you pay a small copay or 5% coinsurance, whichever amount is larger You stay in this stage for the remainder of the plan year

Part D Vaccines: Shingles and Tdap

Prevea360 Medicare Advantage covers Shingles and Tdap vaccines at no cost to you under the Part D benefit. These $0 vaccines are listed in our formulary as Tier 6.

Insulin Savings

A member will pay a $30 copay per prescription they fill at a preferred pharmacy or a $35 copay per prescription they fill at a standard pharmacy until they reach the catastrophic coverage stage. These savings apply through the deductible and copay stages and the donut hole.

Extra Help with Prescription Costs

If you qualify for Extra Help from Medicare, your costs may be different. You may be able to get extra help to pay for your prescription drug premiums and copays. To see if you qualify for Extra Help, please call **1-800-MEDICARE** (1-800-633-4227). TTY users should dial 1-877-486-2048, 24 hours a day, 7 days a week.

Ready to Enroll
in a Medicare Advantage Plan?

You can enroll in a Medicare Advantage Plan one of the following ways:

ONLINE

Enroll online by visiting prevea360.com/medicare.

IN PERSON

Call 877-234-0126 (TTY: 711) to schedule an enrollment appointment* with a Prevea360 Medicare Representative.

BY PHONE

Call 1-877-234-0126 (TTY: 711) to enroll over the phone with a Prevea360 Medicare Advantage Representative.

Our Prevea360 Medicare Advantage Representatives are available via phone.

For more general information about Medicare benefits, services and prescription drug coverage, please call 1-800-MEDICARE (1-800-633-4227), (TTY users should call 1-877-486-2048), 24 hours a day, 7 days a week, or visit medicare.gov. You may also enroll in Prevea360 Medicare Advantage through the CMS Medicare Online Enrollment Center located at medicare.gov.

**During the current public health crisis, these are offered by phone or video.*

Your Notes

Your
Notes

PREVEA360 Medicare Advantage
from Dean Health Plan

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Dean Health Plan, Inc. is a HMO/HMO-POS with a Medicare contract. Enrollment in Dean Health Plan, Inc. depends on contract renewal. Dean Health Plan markets under the names Dean Advantage and Prevea360 Medicare Advantage. This information is not a complete description of benefits. Call 1-877-234-0126 (TTY: 711) for more information. You must continue to pay your Medicare Part B premium.

PREVEA360 Medicare Advantage
from Dean Health Plan

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