

VILLAGE OF RIDGEWAY (9277)

Dean Health Plan

Rate Sheet

Renewal Rates Effective: December 1, 2022 - November 30, 2023

Plan Features	Current Plan	Renewal Plan	Alternate Plan 1	Alternate Plan 2	Alternate Plan 3
Product Type	HMO	HMO	HMO	None	None
Medical Code	HMO02224	HMO05766	HMO05764	None	None
Pharmacy Code	PHA00361	PHA03241 *	PHA03241 *	None	None
Metal Tier		Platinum	Platinum		
Medical Deductible	\$500 single / \$1000 family	\$500 single / \$1000 family	\$1250 single / \$2500 family		
Max Out-of-Pocket	\$1500 single / \$3000 family	\$1750 single / \$3500 family	\$1750 single / \$3500 family		
Coinsurance	20%	10%	10%		
Primary Care Visit	\$30 copay	\$30 copay	\$30 copay		
Specialist Visit	\$30 copay	\$60 copay	\$60 copay		
Prescription (Rx) Drug					
Tier 1	\$10 copay	\$10 copay	\$10 copay		
Tier 2	50% coinsurance up to max of \$75 per Rx fill up to \$1,500 per Contract Period; then \$10 copay per prescription 50% coinsurance (\$50 minimum up to max of \$150 per prescription)	\$40 copay after Rx deductible of \$250 single/\$500 family	\$40 copay after Rx deductible of \$250 single/\$500 family		
Tier 3		\$75 copay after Rx deductible of \$250 single/\$500 family	\$75 copay after Rx deductible of \$250 single/\$500 family		
Tier 4		\$150 copay after Rx deductible of \$250 single/\$500 family	\$150 copay after Rx deductible of \$250 single/\$500 family		
Hospital	20% coinsurance after deductible	10% coinsurance after deductible	10% coinsurance after deductible		
Urgent Care Visit	\$30 copay	\$30 copay	\$30 copay		
Emergency Room Visit	\$125 copay	\$325 copay	\$325 copay		
Pediatric Dental not included					
Monthly Premium	\$2,652.90	\$2,530.12	\$2,396.42	\$0.00	\$0.00
Annual Premium	\$31,834.80	\$30,361.44	\$28,757.04	\$0.00	\$0.00
Change from Current Rates		-4.6%	-9.7%		

This new plan includes prescription drug coverage that is creditable

This new plan includes prescription drug coverage that is creditable

This new plan includes prescription drug coverage that is N/A

This new plan includes prescription drug coverage that is N/A

Please select one of the following:

- Renew with renewing plan indicated above
- Renew with a plan change. Circle desired alternative above.
- For HRA Vendor Information please contact your Account Manager.
- Plan changes made less than 45 days prior to the renewal date will result in a second SBC mailing.

Please provide your group's renewal contact information.

Name: _____

Title: _____

Email/Phone: _____

Signature: _____

Date: _____

Please return this page to:

FSGRenewal@deancare.com

* Separate Rx drug deductible is \$250 single, \$500 family on Tier 2 (preferred brand), Tier 3 (non-preferred brand) and Tier 4 (specialty only)
 - All plans noted as Focus include only Dean Clinic & SSM Affiliates locations in Dane, Dodge, Fond du Lac, Green, Rock & Sauk counties
 - Unless otherwise noted, all benefits are based on a Contract Year
 - The above information is a highlight of your in-network benefits and should not be relied upon to fully disclose your coverage. Additional plan benefit details can be found in the Summary of Benefits and Coverage (SBC) document located at <https://app.deancare.com/sites/sbc/employergroup>.
 If you cannot locate your SBC, please contact your Account Manager for assistance.

PLEASE NOTE

This renewal acceptance will need to be returned no later than Thursday, October 20, 2022, to ensure a correct December billing statement and to assure correct SBC information is mailed to your insured employees. If this form is not returned by the above date, we will renew your group with the current or closest available ACA compliant plan design, and the December billing will reflect the 2022 renewal rates.

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Rate Detail

Renewal Rates Effective: December 1, 2022 - November 30, 2023

				Current Rates	Renewal Rates	Alternate Rates	Alternate Rates	Alternate Rates
				HMO	HMO	HMO	None	None
				Medical Code	HMO02224	HMO05766	HMO05764	None
				Pharmacy Code	PHA00361	PHA03241	PHA03241	None
Subscriber/Spouse/ Dependent	Relationship	Age	Coverage					
Michael Gorham	Sub	58	S	\$876.79	\$1,123.52	\$1,064.15		
Hailey Roessler	Sub	37	L	\$1,207.79	\$545.89	\$517.04		
Odin Roessler	Dep	15	L	\$0.00	\$367.30	\$347.89		
Margaret Johnson	Sub	29	S	\$568.32	\$493.41	\$467.34		
Monthly Premium				\$2,652.90	\$2,530.12	\$2,396.42	\$0.00	\$0.00
Annual Premium				\$31,834.80	\$30,361.44	\$28,757.04	\$0.00	\$0.00

Coverage Key: S - Subscriber Only, C - Subscriber+Spouse, L - Subscriber+Child(ren), F - Subscriber+Family

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Estimated Composite Rates

Rates below are for illustrative purposes only. Actual member billing rates can be viewed on the Rate Table.

Renewal Rates Effective: December 1, 2022 - November 30, 2023

			Current Rates	Renewal Rates	Alternate Rates	Alternate Rates	Alternate Rates
	Product Type		HMO	HMO	HMO	None	None
	Medical Code		HMO02224	HMO05766	HMO05764	None	None
	Pharmacy Code		PHA00361	PHA03241	PHA03241	None	None
<u>Enrollment</u>	<u>Subscribers</u>	<u>Members</u>	<u>Average Rate</u>				
Subscriber Only	2	2	\$722.56	\$808.47	\$765.75		
Subscriber+Child(ren)	1	2	\$1,207.79	\$913.19	\$864.93		

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Rate Table

Renewal Rates Effective: December 1, 2022 - November 30, 2023

	Renewal Rates	Alternate Rates	Alternate Rates	Alternate Rates
Product Type	HMO	HMO	None	None
Medical Code	HMO05766	HMO05764	None	None
Pharmacy Code	PHA03241	PHA03241	None	None
<u>Age</u>				
0-14	\$337.32	\$319.49		
15	\$367.30	\$347.89		
16	\$378.77	\$358.75		
17	\$390.23	\$369.61		
18	\$402.58	\$381.31		
19	\$414.93	\$393.00		
20	\$427.71	\$405.11		
21	\$440.94	\$417.64		
22	\$440.94	\$417.64		
23	\$440.94	\$417.64		
24	\$440.94	\$417.64		
25	\$442.71	\$419.31		
26	\$451.52	\$427.66		
27	\$462.11	\$437.69		
28	\$479.30	\$453.98		
29	\$493.41	\$467.34		
30	\$500.47	\$474.02		
31	\$511.05	\$484.05		
32	\$521.63	\$494.07		
33	\$528.25	\$500.33		
34	\$535.30	\$507.02		
35	\$538.83	\$510.36		
36	\$542.36	\$513.70		
37	\$545.89	\$517.04		
38	\$549.41	\$520.38		
39	\$556.47	\$527.06		
40	\$563.52	\$533.74		
41	\$574.11	\$543.77		
42	\$584.25	\$553.37		
43	\$598.36	\$566.74		
44	\$616.00	\$583.44		
45	\$636.72	\$603.07		
46	\$661.41	\$626.46		
47	\$689.19	\$652.77		
48	\$720.94	\$682.84		
49	\$752.25	\$712.49		
50	\$787.52	\$745.91		
51	\$822.36	\$778.90		
52	\$860.72	\$815.23		
53	\$899.52	\$851.99		
54	\$941.41	\$891.66		
55	\$983.30	\$931.34		
56	\$1,028.72	\$974.36		
57	\$1,074.57	\$1,017.79		
58	\$1,123.52	\$1,064.15		
59	\$1,147.77	\$1,087.12		
60	\$1,196.72	\$1,133.48		
61	\$1,239.05	\$1,173.57		
62	\$1,266.82	\$1,199.88		
63	\$1,301.66	\$1,232.87		
64+	\$1,322.82	\$1,252.92		