



PO Box 56099
Madison, WI 53705-9399

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Medicare: 888-422-3326
TTY: 711
deancare.com

VILLAGE OF RIDGEWAY
208 JARVIS STREET, SUITE A
RIDGEWAY WI 53582

September 30, 2022

Re: December Renewal

Dear HAILEY ROESSLER,

Thank you for your continued partnership with Dean Health Plan. During November 2013, federal and state guidance granted eligible small employer groups in Wisconsin an option to renew their current plan that is non-compliant with the Affordable Care Act (ACA). The Center for Consumer Information and Insurance Oversight (CCIIO) requires us to send you the enclosed notice explaining this new option. In light of this new guidance, Dean Health Plan will renew your existing pre-ACA plan.

If you would like to review ACA plan options and rates, please contact your agent or our office, and we can assist you with this process. If you are planning to switch to an ACA plan, we encourage you to make your decision no later than Sunday, October 30, 2022 to ensure that a correct December billing statement is mailed to you and that a correct Summary of Benefits and Coverage (SBC) document is mailed to your insured employees.

Please review the enclosed documents pertaining to your 2022 renewal.

1. Explanation of Renewal Increase
2. Rate Sheet
3. Community-Wide Benefit Policy Changes
4. Dean Health Plan Brochure
5. Group Information Form
6. CCIIO Required Notice – How to keep your current plan

You have the right to cancel according to the terms of the Policy by notifying Dean Health Plan in writing. Once you have reviewed your renewal information, please sign the bottom of the Rate Sheet, complete the Group Information Form, and return these documents to my attention.

Please review the attached materials on your renewal plan with Dean Health Plan. Group health plan sponsors that provide prescription drug coverage must provide notices of creditable or non-creditable coverage to Medicare Part D eligible individuals. Notices must be provided annually and at various times throughout the plan year, such as when the plan changes or renews the prescription drug coverage. You will need to provide the appropriate notice to your Medicare Part D eligible individuals.

Benefit information, including the Group Member Certificate and Benefit Summary, Member Guide, and Provider Directory, is available online at deancare.com.

Please contact me or my associate if you have any questions or concerns about your group's renewal. Dean Health Plan values our continued business relationship with your organization and your employees.

Sincerely,

Jason Boisen
Account Manager
Direct: 608-827-4011
Fax: 608-252-0834
Email: jason.boisen@deancare.com

Rate Table for VILLAGE OF RIDGEWAY (#9277)

Dean Health Plan

Effective: December 1, 2022 - November 30, 2023

Age Band	Male Subscriber Only	Female Subscriber Only	Subscriber & Spouse	Male Subscriber & Child(ren)	Female Subscriber & Child(ren)	Full Family
0-24	\$293.19	\$570.49	\$1,149.38	\$770.82	\$1,336.64	\$1,732.82
25-29	\$314.23	\$586.50	\$1,114.97	\$799.28	\$1,279.54	\$1,700.68
30-34	\$339.25	\$641.95	\$1,114.24	\$830.99	\$1,248.32	\$1,700.55
35-39	\$386.73	\$640.66	\$1,056.03	\$989.73	\$1,246.42	\$1,780.29
40-44	\$445.92	\$714.20	\$1,147.42	\$1,054.01	\$1,285.24	\$1,876.28
45-49	\$541.42	\$813.38	\$1,317.57	\$1,165.09	\$1,361.06	\$2,053.42
50-54	\$709.85	\$891.65	\$1,617.26	\$1,229.67	\$1,384.06	\$2,211.36
55-59	\$904.84	\$992.55	\$1,915.23	\$1,437.91	\$1,496.73	\$2,517.62
60-64	\$1,104.85	\$1,084.86	\$2,203.08	\$1,638.73	\$1,600.09	\$2,811.91
65-69	\$1,432.88	\$1,249.85	\$2,738.98	\$1,898.67	\$1,702.03	\$3,148.34
70-74	\$1,684.61	\$1,393.57	\$3,147.18	\$2,185.60	\$1,891.74	\$3,584.50
75-79	\$1,871.44	\$1,490.60	\$3,447.72	\$2,399.97	\$2,013.00	\$3,899.41
80+	\$1,871.44	\$1,490.60	\$3,447.72	\$2,399.97	\$2,013.00	\$3,899.41

Medicare Eligible

One Eligible	\$692.61
Two Eligible	\$1,391.60
One Eligible; One Not	\$1,429.82
Family w/One Eligible	\$1,807.95
Family w/Two Eligible	\$1,784.83

Plan Features of HMO02224/PHA00361

HMO
 \$30 OV Copay
 \$500 Ded
 20% Coins
 \$10/30%/50% Rx

This table contains the rates for the entire range of employees. Note that the age band is determined by the employee's age on the first day of the employee's coverage. An employee who moves into a new age band during the contract year will not receive an increase until the next contract renewal.

When an existing employee adds a dependent, the age band rate will continue to be determined by the employee's age on the first day of the employee's coverage. The employee's age band is not recalculated when the dependent is added.

VILLAGE OF RIDGEWAY (#9277)
Dean Health Plan
Explanation of 2022 Renewal Calculation

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

In order to help you understand your renewal, we have listed the change in the components of your rate from the prior rating period. The overall change is calculated by multiplying these percentages. $[(1+a)*(1+b)*(1+c)*(1+d)*(1+e)]-1$

Baseline

Medical cost, utilization, and administrative expense for the community. 3.200% (a)

Demographics

Member age and gender, and contract mix of your group compared to the community. -0.001% (b)

Geographic

Relative cost of medical services based on the primary site choice of your group's members. 0.000% (c)

Other

Underwriting Adjustment (Underwriting Discretion) 0.000% (d)

Business Adjustment 0.000% (e)

Overall Change

Calculated by multiplying the percentages: **3.2%**

Number of Subscribers: 3
 Number of Members: 4

Age as of Renewal	Coverage Tier	Current Rates	Renewal Rates	Percent Increase
58	Subscriber Only	\$876.79	\$904.84	3.2%
37	Subscriber + Child(ren)	\$1,207.79	\$1,246.42	3.2%
29	Subscriber Only	\$568.32	\$586.50	3.2%
Monthly Total		\$2,652.90	\$2,737.76	3.2%
Annual Premium		\$31,834.80	\$32,853.12	

VILLAGE OF RIDGEWAY (#9277)

Dean Health Plan

Rate Sheet

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

				Current Rates	Renewal Rates
				Product Type:	HMO
				Plan Features:	\$30 OV Copay \$500 Ded 20% Coins \$10/30%/50% Rx 1 - 1
Subscriber	Gender	Age	Coverage		
Gorham, Michael	M	58	S	\$876.79	\$904.84
Roessler, Hailey	F	37	L	\$1,207.79	\$1,246.42
Johnson, Margaret	F	29	S	\$568.32	\$586.50
Monthly Premium:				\$2,652.90	\$2,737.76
Annual Premium:				\$31,835	\$32,853
Change from Current Rates:					3.2%
MTV medical plan code					HMO02224
MTV pharmacy plan code					PHA00361

Coverage Key

- S: Subscriber Only
- C: Subscriber + Spouse
- L: Subscriber + Child(ren)
- F: Subscriber + Family
- 1o: Subscriber Only, Medicare
- 1o1u: Subscriber + One, 1 w/ Medicare
- 2o: Subscriber + One, 2 w/ Medicare
- 1o2u: Subscriber + Family, 1 w/ Medicare
- 2o1u: Subscriber + Family, 2 or more w/ Medicare

Product Type Notes

- All plans noted as Focus include only Dean Clinic & SSM Affiliates locations in Dane, Rock & Sauk counties

RENEWAL ACCEPTANCE Please provide your group's renewal contact information.

Title: _____

Signature: _____

Date: _____

Please return this page to:
Jason Boisen
Account Manager
Dean Health Plan
Direct: 608-827-4011
Fax: 608-252-0834
E-Mail: jason.boisen@deancare.com

This renewal acceptance will need to be returned no later than Tuesday, October 18, 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 plan design, and the December billing will reflect the 2022 renewal rates.

To view your SBC information, please visit our website at <https://app.deancare.com/sites/sbc/employergroup>

Dean Health Plan

VILLAGE OF RIDGEWAY
Contract Period: 12/01/2022 - 11/30/2023

Plan 1 - 1
Product Type: HMO
Plan Code: HMO02224/PHA00361

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$500 single / \$1,000 family	Not Applicable
Coinsurance	20% coinsurance after deductible	Not Applicable
Office Visit Charge	\$30 copay	Not Covered
Office Visit and Related Services	20% coinsurance after deductible	Not Covered
Preventive Services	\$0 Copay	Not Covered
Contract Period Maximum Out-of-Pocket (deductible and coinsurance only)	\$1,500 single / \$3,000 family	Unlimited
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier)	
Tier 1	\$10 copay	Not Covered
Tier 2	30% coinsurance up to max of \$75 per Rx fill up to \$1,500 per Contract Period; then \$10 copay per prescription	Not Covered
Tier 3	50% coinsurance (\$50 minimum up to max of \$150 per prescription)	Not Covered
Diagnostic Services		
Diagnostic Services (Xrays/Labs)	20% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	\$50 copay	Not Covered
Hospital & Surgical Center		
Inpatient Hospital	20% coinsurance after deductible	Not Covered
Outpatient Hospital	20% coinsurance after deductible	Not Covered
Emergency Services		
Urgent Care	\$30 copay	\$30 copay
Emergency Room Services (Copay is waived if admitted)	\$125 copay	\$125 copay
Ambulance	20% coinsurance after deductible	20% coinsurance after deductible
Other Services		
Mental Health Inpatient	20% coinsurance after deductible	Not Covered
Mental Health Day Treatment Programs	20% coinsurance after deductible	Not Covered
Mental Health Outpatient	\$30 copay	Not Covered
Durable Medical Equipment	20% coinsurance after deductible	Not Covered
Physical, Speech & Occupational Therapy	\$30 copay per therapy type per day	Not Covered
Plan Special Features		

Unless otherwise noted, all benefits are based on a Contract Year
This benefit summary is a highlight of your benefits and should not be relied upon to fully disclose your coverage.
Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at www.deancare.com.

GROUP INFORMATION FORM

Please complete the following information to determine Large group or Small group status prior to renewal.
The information below will also confirm that participation and contribution requirements are being met.

Response is required within 10 days of receipt.

9277 VILLAGE OF RIDGEWAY

Anniversary December 1, 2022

Please complete all questions. If a question does not apply, mark N/A.

1 **Average** number of full and part-time employees at all locations and subsidiaries over the **prior calendar year**.
(This is calculated by adding the number of employees reported for each month on your quarterly tax filings for the most recent calendar year and dividing by 12)

2 Total number of **Current** employees - please include full and part-time employees at all locations and subsidiaries.

3 From the number in Question 2 please list the total number of current employees that are **eligible** for Dean Health Plan insurance.

4 Total **waiving** for other health insurance coverage not offered by the employer
(such as spousal coverage or Medicare)

5 List the **percentage** of Employer monthly premium contribution by coverage type:

Employee _____	Employee + child(ren) _____
Employee + spouse _____	Family _____

6 If you have more than one carrier, do you contribute the same for each plan offered? (yes / no)

7 If no, please explain your contribution strategy. _____

8 If you offer your employees a choice of other carriers, have the other carriers changed or have you added or removed carriers in the last 12 months? (yes / no)
If yes, please explain the changes that occurred: _____

9 List all health insurance plans offered to employees, who are also eligible for Dean Health Plan insurance.

Name of Health Insurance Carrier	# of Insured Employees*

* Number of Insured Employees should only include those covered by that carrier

Contact Person _____

Title _____

Phone _____

Please return this page to:

Jason Boisen
Account Manager
Dean Health Plan
Direct: 608-827-4011
Fax: 608-252-0834
E-Mail: jason.boisen@deancare.com