DeanHealthPlan by Medica

CITY OF WATERTOWN

Benefit Summary

Effective: 01/01/2027

Plan Code: 12778634 **Plan Type:** Coinsurance HDHP **Network:** HMO **Contract:** Contract Year **Plan 1-2**

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Aggregate Deductible*	$3,000 single / $6,000 family	Not Applicable
Coinsurance	0% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	0% coinsurance after deductible	Not Covered
Specialist Office Visit Charge	0% coinsurance after deductible	Not Covered
Preventive Services	$0 copay	Not Covered
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	$3,000 single / $6,000 family	Not Applicable

**The entire family deductible must be paid out of pocket before the plan pays for services*
***Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted*

Prescription Drugs, Insulin & Disposable Diabetic Supplies*

4 Tier Select

Rx Deductible	No separate Rx deductibles			No separate Rx deductibles
Rx Maximum Out-of-Pocket	No Separate Rx Out-of-Pocket Max			No Separate Rx Out-of-Pocket Max
Mail Order	90-day supply (Tiers 1 - 3) policy coinsurance after deductible; Tier 4 Not Covered			
	Tier 1	**Tier 2**	**Tier 3**	**Tier 4**
In-Network	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered

**Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier*
**This new plan includes prescription drug coverage that is creditable*

Diagnostic Services	Plan Providers - You Pay	Non-Plan Providers - You Pay
Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered

Hospital & Surgical Center

Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered

Emergency Services

Urgent Care	0% coinsurance after deductible	0% coinsurance after deductible
Emergency Room Services	0% coinsurance after deductible	0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible

Additional Plan Design Attributes

This 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 https://app.deancare.com/sites/sbc/employergroup

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DeanHealthPlan by Medica

CITY OF WATERTOWN

Benefit Summary

Effective: 01/01/2027

Plan Code: 12850849 **Plan Type:** Coinsurance HDHP **Network:** HMO **Contract:** Contract Year **Plan 1-5**

Plan Overview	*Plan Providers - You Pay*	*Non-Plan Providers - You Pay*
Embedded Deductible*	$3,500 single / $7,000 family	Not Applicable
Coinsurance	0% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	0% coinsurance after deductible	Not Covered
Specialist Office Visit Charge	0% coinsurance after deductible	Not Covered
Preventive Services	$0 copay	Not Covered
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	$3,500 single / $7,000 family	Not Applicable

**The plan begins making payments as soon as one family member has reached their individual deductible*
***Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted*

Prescription Drugs, Insulin & Disposable Diabetic Supplies*

4 Tier Select

Rx Deductible	No separate Rx deductibles			No separate Rx deductibles
Rx Maximum Out-of-Pocket	No Separate Rx Out-of-Pocket Max			No Separate Rx Out-of-Pocket Max
Mail Order	90-day supply (Tiers 1 - 3) policy coinsurance after deductible; Tier 4 Not Covered			
	Tier 1	**Tier 2**	**Tier 3**	**Tier 4**
In-Network	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered

**Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier*
**This new plan includes prescription drug coverage that is creditable*

Diagnostic Services	*Plan Providers - You Pay*	*Non-Plan Providers - You Pay*
Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered

Hospital & Surgical Center

Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered

Emergency Services

Urgent Care	0% coinsurance after deductible	0% coinsurance after deductible
Emergency Room Services	0% coinsurance after deductible	0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible

Additional Plan Design Attributes

This is a highlight of your benefits and should not be relied upon to fully disclose your coverage.
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