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6 Copay Categories for Smart Plan Health Care Services

# Smart Plan

No Cost  Categories Increase in Cost 

Copay Category A (\$0)	Copay Category B	Copay Category C	Copay Category D	Copay Category E	Copay Category F
Preventive Care	Primary Care Visit	Specialist Visit	Emergency Care	Advanced Imaging	Outpatient Surgery
X-Ray	Outpatient – Mental Health	Alternative Care	Ambulance		Inpatient - Other
Recovery - Durable Medical Equipment	Allergy Injections	PT/OT/ST			Inpatient - Detox
Virtual Visit	Vision Care	Home Health Care			Inpatient - Mental Health
Lab and Diagnostics	Hearing Exam	Inpatient - SNF			
Diabetes Education	Urgent Care				
Travel Immunizations					

The Copay Category table shown is not all-inclusive and is meant for illustrative purposes only.

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 Or call 877.230.7555 (TTY:711)



# 2024 Smart Plan Options

- 1 Choose a Smart Copay Plan by checking the box at the top of the corresponding column.
- 2 Choose an In-Network Maximum Out-of-Pocket in the same column.
- 3 Determine Out-of-Network coverage if desired (reference PPO or POS Plan Option Flyer).
- 4 Submit this form to [Sales@Prevea360.com](mailto:Sales@Prevea360.com) or your account management team for renewal business.

## Health Maintenance Organization (HMO) Plan Options

7 Copay Categories	Smart Copay 10	Smart Copay 15	Smart Copay 20	Smart Copay 30	Smart Copay 40	Smart Copay 50
<b>Copay Category A \$0</b> Ex: preventive care	\$0	\$0	\$0	\$0	\$0	\$0
<b>Copay Category B</b> Ex: primary care visit	\$10	\$15	\$20	\$30	\$40	\$50
<b>Copay Category C</b> Ex: specialty care visit	\$20	\$30	\$40	\$60	\$80	\$100
<b>Copay Category D</b> Ex: emergency room visit	\$150	\$150	\$150	\$300	\$300	\$300
<b>Copay Category E</b> Ex: advanced imaging	\$120	\$180	\$240	\$360	\$480	\$600
<b>Copay Category F</b> Ex: outpatient surgery	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500
4 Pharmacy Tier Categories						
Tier 1	\$10	\$10	\$10	\$20	\$20	\$20
Tier 2	\$35	\$35	\$35	\$45	\$45	\$45
Tier 3	\$60	\$60	\$60	\$70	\$70	\$70
Tier 4	\$100	\$100	\$100	\$150	\$150	\$150
Maximum Out-of-Pocket (MOOP)	Smart Copay 10	Smart Copay 15	Smart Copay 20	Smart Copay 30	Smart Copay 40	Smart Copay 50
MOOPA	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,250	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,500
MOOPB	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,150	<input type="checkbox"/> \$8,150	<input type="checkbox"/> \$8,150

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# 2024 Smart Plan Options

- Choose a Smart Copay Plan by checking the box at the top of the corresponding column.
- Choose an In-Network Maximum Out-of-Pocket in the same column.
- Determine Out-of-Network coverage if desired (reference PPO or POS Plan Option Flyer).
- Submit this form to [Sales@Prevea360.com](mailto:Sales@Prevea360.com) or your account management team for renewal business.

## Point of Service (POS) Plan Options

7 Copay Categories	Smart Copay 10	Smart Copay 15	Smart Copay 20	Smart Copay 30	Smart Copay 40	Smart Copay 50
<b>Copay Category A \$0</b> Ex: preventive care	\$0	\$0	\$0	\$0	\$0	\$0
<b>Copay Category B</b> Ex: primary care visit	\$10	\$15	\$20	\$30	\$40	\$50
<b>Copay Category C</b> Ex: specialty care visit	\$20	\$30	\$40	\$60	\$80	\$100
<b>Copay Category D</b> Ex: emergency room visit	\$150	\$150	\$150	\$300	\$300	\$300
<b>Copay Category E</b> Ex: advanced imaging	\$120	\$180	\$240	\$360	\$480	\$600
<b>Copay Category F</b> Ex: outpatient surgery	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500
<b>4 Pharmacy Tier Categories</b>						
Tier 1	\$10	\$10	\$10	\$20	\$20	\$20
Tier 2	\$35	\$35	\$35	\$45	\$45	\$45
Tier 3	\$60	\$60	\$60	\$70	\$70	\$70
Tier 4	\$100	\$100	\$100	\$150	\$150	\$150
<b>Maximum Out-of-Pocket (MOOP)</b>	<b>Smart Copay 10</b>	<b>Smart Copay 15</b>	<b>Smart Copay 20</b>	<b>Smart Copay 30</b>	<b>Smart Copay 40</b>	<b>Smart Copay 50</b>
MOOP A	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,250	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,500
MOOP B	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,150	<input type="checkbox"/> \$8,150	<input type="checkbox"/> \$8,150
<b>Out-of-Network (OON)</b>						
Out-of-Network Coinsurance	20%	20%	20%	40%	40%	40%
Out-of-Network MOOP*	2x In-Network	2x In-Network	2x In-Network	2x In-Network	2x In-Network	2x In-Network

If elected, Out-of-Network (OON) benefits are predetermined. OON Coinsurance will either be 20% or 40% depending on which plan is chosen. OON Maximum Out-of-Pocket (MOOP) will follow 2x In-Network (INN) MOOP. Premium spread between HMO and POS/PPO plans will resemble our current pricing.

\*No cross accumulation between INN and OON out-of-pocket expenses.

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# 2024 Smart Plan Options

- 1 Choose a Smart Copay Plan by checking the box at the top of the corresponding column.
- 2 Choose an In-Network Maximum Out-of-Pocket in the same column.
- 3 Determine Out-of-Network coverage if desired (reference PPO or POS Plan Option Flyer).
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## Preferred Provider Organization (PPO) Plan Option

7 Copay Categories	Smart Copay 10	Smart Copay 15	Smart Copay 20	Smart Copay 30	Smart Copay 40	Smart Copay 50
<b>Copay Category A \$0</b> Ex: preventive care	\$0	\$0	\$0	\$0	\$0	\$0
<b>Copay Category B</b> Ex: primary care visit	\$10	\$15	\$20	\$30	\$40	\$50
<b>Copay Category C</b> Ex: specialty care visit	\$10	\$15	\$20	\$30	\$40	\$50
<b>Copay Category D</b> Ex: emergency room visit	\$150	\$150	\$150	\$300	\$300	\$300
<b>Copay Category E</b> Ex: advanced imaging	\$120	\$180	\$240	\$360	\$480	\$600
<b>Copay Category F</b> Ex: outpatient surgery	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500
<b>4 Pharmacy Tier Categories</b>						
Tier 1	\$10	\$10	\$10	\$20	\$20	\$20
Tier 2	\$35	\$35	\$35	\$45	\$45	\$45
Tier 3	\$60	\$60	\$60	\$70	\$70	\$70
Tier 4	\$100	\$100	\$100	\$150	\$150	\$150
<b>Maximum Out-of-Pocket (MOOP)</b>	<b>Smart Copay 10</b>	<b>Smart Copay 15</b>	<b>Smart Copay 20</b>	<b>Smart Copay 30</b>	<b>Smart Copay 40</b>	<b>Smart Copay 50</b>
MOOPA	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,250	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,500
MOOPB	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,150	<input type="checkbox"/> \$8,150	<input type="checkbox"/> \$8,150
<b>Out-of-Network (OON)</b>						
Out-of-Network Coinsurance	20%	20%	20%	40%	40%	40%
Out-of-Network MOOP*	2x In-Network	2x In-Network	2x In-Network	2x In-Network	2x In-Network	2x In-Network

If elected, Out-of-Network (OON) benefits are predetermined. OON Coinsurance will either be 20% or 40% depending on which plan is chosen. OON Maximum Out-of-Pocket (MOOP) will follow 2x In-Network (INN) MOOP. Premium spread between HMO and POS/PPO plans will resemble our current pricing.

\*No cross accumulation between INN and OON out-of-pocket expenses.

\*\*Copay Category C will follow Copay Category B for In-Network visits and services.

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