

## DETAILS

# Prevea360 Health Plan

Marketplace Plan Options

### What's in the network

1,700+ primary and specialty care doctors  
18 hospitals

### Network provider locations

Northeast Wisconsin



Looking for a specific doctor or hospital?  
Use our network search tool.

**Prevea360.com/  
SearchPrevea360Network-2025**



**Need a mental health provider?**

Go to [Prevea360.com/SearchPrevea360Network-2025](https://Prevea360.com/SearchPrevea360Network-2025)

Note: Prevea360 Health Plan does not provide health care but arranges for the provision of covered health care services with independently contracted health care providers. Network providers are not agents or employees of Prevea360 Health Plan. The relationship between a provider and any member is that of health care provider and patient. The provider is solely responsible for health care provided to any member.

### Save the most by staying in-network

Staying in-network will give you the most savings. Unless it's an emergency, emergency air ambulance service, or certain out-of-network care at an in-network facility or pre-approved by Prevea360 Health Plan, there is no coverage if you visit a provider that's not in the Prevea360 Health Plan network. This means that your provider may require you to be responsible for the full cost of any care or supplies. Learn more at [Prevea360.com/BalanceBill](https://Prevea360.com/BalanceBill).

### **Catastrophic Plans**

Safety net coverage for individuals who are comfortable with their health status and/or transitioning between other coverages. All individuals on a catastrophic plan must be under age 30 or qualify through a federal hardship exemption.

### **Cost Share Reduction Plans**

For those who meet specific income requirements determined by household size and income. If you're a member of a federally recognized American Indian tribe, you may qualify for additional cost-sharing reductions (not shown in this brochure). To see what you qualify for, you'll need to complete an application through the Health Insurance Marketplace.

## **Discrimination is Against the Law**

The Health Plan complies with applicable Federal civil rights laws and will not discriminate against any person on the basis of race, color, national origin, age, disability or sex. The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTY communication and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, call the number included in this document or on the back of your Health Plan ID card. If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422 (phone/fax), TTY 711, [civilrightscoordinator@medica.com](mailto:civilrightscoordinator@medica.com).

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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### **Disclaimers**

- 1 Not all email, telephone, or webcam visits are considered part of the member's virtual care benefit. Members receiving services for ongoing treatment with their primary or specialty care doctor could be charged a copay or applicable deductible/coinsurance depending on their plan type. Members should consult their plan documents for more details. Prescriptions, if needed, will be covered according to a member's plan benefits. They may also be subject to cost-sharing.
- 2 Primary and convenience care copays subject to combined three-visit maximum per person per calendar year. After third visit, you pay 0% coinsurance after deductible.
- 3 The cost share will apply after the deductible is met.
- 4 Primary visit copay applies to physical therapy, occupational therapy and speech therapy.
- 5 Preventive services as defined by the Patient Protection and Affordable Care Act (PPACA). If your doctor does extra tests, follow-up appointments, and treatments, you may have additional costs.
- 7 If purchasing an HSA eligible family plan, the Bronze option offers benefits to each individual after the single deductible has been met.

This brochure is a brief overview of the plans. This document is not an invitation to apply or contract for insurance and is only intended to provide basic information about insurance that may be available. For costs, which plans are available in your county, and further details of the coverage, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force, see your agent, visit [Prevea360.com/ShopPlans-WI](http://Prevea360.com/ShopPlans-WI), or you can get a paper copy by calling 1 (800) 918-2406 (TTY: 711).

### **Privacy Notice**

We take our responsibility of protecting your personal information seriously. Where possible, we de-identify or encrypt personal information. We also use and disclose personal information only to the extent necessary to conduct treatment, payment, and health care operations, or to comply with legal, regulatory, or accreditation requirements. You can get our full Privacy Notice by calling 1 877-357-3173 (TTY: 711) or by going to [Prevea360.com/Privacy](http://Prevea360.com/Privacy).

Dean Health Plan, Inc. is a Qualified Health Plan issuer in the Health Insurance Marketplace.

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2025

# Prevea360 Health Plan

Side-by-side plan comparison overview for Wisconsinites

Prevea360 Health Plan is available for individuals and families living in: Brown, Door, Kewaunee, Manitowoc, Oconto, and Sheboygan counties.

To qualify for a plan, the policy subscriber must be a Wisconsin resident, live in the Prevea360 service area, and not enrolled in Medicare.

For complete benefit details, limitations, and exclusions please review the following documents:



#### Summary of Benefits and Coverage (SBC)

This provides the basics of a plan in a question-and-answer format.



#### Policy of Coverage

This is the plan's contract. It describes the details of the plan.

You can view these documents on [Prevea360.com/ShopPlans-WI](https://Prevea360.com/ShopPlans-WI), or call **1 (800) 918-2406** (TTY: **711**) to request a paper copy.

**Note:** If there is a discrepancy between this document and the plan's Policy of Coverage (POC), the POC will govern.

# Find a plan that fits *your needs*



You might qualify for a **cost-sharing reduction plan** that offers more affordable benefits. Visit [here](#) to see if you qualify and view our plan options.

| BENEFITS  | GOLD SHARE       | GOLD STANDARD     | GOLD HSA         |
|---|------------------|-------------------|------------------|
| Deductible: Medical + pharmacy (Individual/Family)  | \$2,500/\$5,000  | \$1,500/\$3,000   | \$2,650/\$5,300  |
| Out-of-pocket maximum (Individual/Family)   | \$5,150/\$10,300 | \$7,800/\$15,600  | \$4,600/\$9,200  |
| Coinsurance   | 20%              | 25%               | 20%              |
| Preventive care <sup>5</sup>  | \$0              | \$0               | \$0              |
| OFFICE VISITS   |                  |                   |                  |
| Primary care, mental + behavioral health  | \$30             | \$30 <sup>4</sup> | 20% <sup>3</sup> |
| Urgent care   | 20% <sup>3</sup> | \$45              | 20% <sup>3</sup> |
| Prevea Health Virtual Visit   | \$0              | \$0               | 20% <sup>3</sup> |
| Specialty care  | \$90             | \$60              | 20% <sup>3</sup> |
| PRESCRIPTION DRUG   |                  |                   |                  |
| Generic   | \$15             | \$15              | 20% <sup>3</sup> |
| Preferred brand   | \$80             | \$30              | 20% <sup>3</sup> |
| Non-preferred brand   | 50% <sup>3</sup> | \$60              | 20% <sup>3</sup> |
| Specialty   | \$550            | \$250             | 20% <sup>3</sup> |
| Preferred insulin per 30-day supply   | \$35             | \$35              | \$35             |
| Preferred diabetic supplies   | \$0              | \$0               | \$0              |
| MEDICAL SERVICES  |                  |                   |                  |
| Labs, emergency room services, imaging services, hospital stays, and other covered services | 20% <sup>3</sup> | 25% <sup>3</sup>  | 20% <sup>3</sup> |

## Copay plans

Plans with easy to understand copays and less stress. Rest easy, and know what you're likely to pay on most services before you even walk in the door. With lower out-of-pocket costs, it's easy to build a relationship with your provider and maintain your health.

| SILVER \$0 COPAY  | SILVER SHARE     | SILVER STANDARD    |
|-------------------|------------------|--------------------|
| \$3,500/\$7,000   | \$3,525/\$7,050  | \$5,000/\$10,000   |
| \$9,000/\$18,000  | \$7,600/\$15,200 | \$8,000/\$16,000   |
| 40%               | 30%              | 40%                |
| \$0               | \$0              | \$0                |
| OFFICE VISITS     |                  |                    |
| \$0               | \$30             | \$40 <sup>4</sup>  |
| \$0               | 30% <sup>3</sup> | \$60               |
| \$0               | \$0              | \$0                |
| \$80              | \$110            | \$80               |
| PRESCRIPTION DRUG |                  |                    |
| \$25              | \$20             | \$20               |
| \$125             | \$125            | \$40               |
| \$225             | 60% <sup>3</sup> | \$80 <sup>3</sup>  |
| \$700             | \$700            | \$350 <sup>3</sup> |
| \$35              | \$35             | \$35               |
| \$0               | \$0              | \$0                |
| MEDICAL SERVICES  |                  |                    |
| 40% <sup>3</sup>  | 30% <sup>3</sup> | 40% <sup>3</sup>   |

## Share plans

Dependable, affordable copays for your primary care and generic prescription drugs, "just in case" coverage for everything else with lower monthly premiums to help you balance your budget and stay healthy.

## Standard plans

This plan makes shopping easy with options at every metal tier across our provider networks and similar benefits to a traditional copay style plan.

| BRONZE SHARE      | EXPANDED BRONZE STANDARD | BRONZE HSA <sup>7</sup> | CATASTROPHIC      |
|-------------------|--------------------------|-------------------------|-------------------|
| \$7,500/\$15,000  | \$7,500/\$15,000         | \$7,000/\$14,000        | \$9,200/\$18,400  |
| \$9,200/\$18,400  | \$9,200/\$18,400         | \$8,300/\$16,600        | \$9,200/\$18,400  |
| 50%               | 50%                      | 20%                     | 0%                |
| \$0               | \$0                      | \$0                     | \$0               |
| OFFICE VISITS     |                          |                         |                   |
| \$50              | \$50 <sup>4</sup>        | 20% <sup>3</sup>        | \$30 <sup>2</sup> |
| 50% <sup>3</sup>  | \$75                     | 20% <sup>3</sup>        | 0% <sup>3</sup>   |
| \$0               | \$0                      | 20% <sup>3</sup>        | 0% <sup>3</sup>   |
| \$200             | \$100                    | 20% <sup>3</sup>        | 0% <sup>3</sup>   |
| PRESCRIPTION DRUG |                          |                         |                   |
| \$30              | \$25                     | 20% <sup>3</sup>        | 0% <sup>3</sup>   |
| \$250             | \$50 <sup>3</sup>        | 20% <sup>3</sup>        | 0% <sup>3</sup>   |
| 70% <sup>3</sup>  | \$100 <sup>3</sup>       | 20% <sup>3</sup>        | 0% <sup>3</sup>   |
| \$850             | \$500 <sup>3</sup>       | 20% <sup>3</sup>        | 0% <sup>3</sup>   |
| \$35              | \$35                     | \$35                    | \$35              |
| \$0               | \$0                      | \$0                     | \$0               |
| MEDICAL SERVICES  |                          |                         |                   |
| 50% <sup>3</sup>  | 50% <sup>3</sup>         | 20% <sup>3</sup>        | 0% <sup>3</sup>   |

## Health savings account (HSA) plans

Competitive plans designed to be fully compatible with your health savings account. Benefits start after you meet your deductible, including \$0 virtual care.