



2022 Medicare Enrollment Guide

Your partner in wellness

Essential (HMO-POS)

Harmony (HMO-POS) MA-Only



PREVEA **360**
Medicare Advantage
from Dean Health Plan

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Discover Prevea360 Medicare Advantage

Thank you for your interest in Prevea360 Medicare Advantage, offered by Dean Health Plan. Prevea360 Medicare Advantage offers a strong network of providers with a history of exceptional care.



Ready to Enroll?

You can enroll with Prevea360 Medicare Advantage one of the following ways:

CALL

By Phone

Call **877-234-0126 (TTY: 711)** to enroll over the phone with a Medicare Consultant

CLICK

Enroll online

Visit prevea360.com/medicare

VISIT*

In Person

Call **877-234-0126 (TTY: 711)** to schedule an enrollment appointment* with a Medicare Consultant. Find our upcoming seminars at prevea360.com/seminars

** If necessary, these are offered by phone*

Our Coordinated Care Network is a true collaboration between health care experts, hospital partners and Prevea360 Health Plan, leading to a streamlined and simpler experience for members.

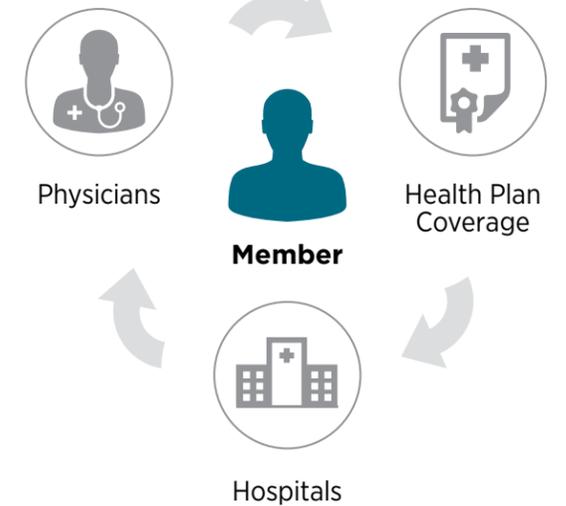
Local: Our roots are local. Our health plan employees are your friends and neighbors. You'll find your primary care provider just down the road.

Caring: Community is important to us. Our employees participate in a variety of volunteer efforts throughout the year to make local life a little better for everyone.

Premier Benefits: Our plans offer a suite of premier benefits to give you a Medicare plan that covers your health needs, including dental, vision and more.

PREVEA360
Medicare Advantage
from Dean Health Plan

Coordinated Network



Prevea360 Medicare Advantage Service Area

The service area for Prevea360 Medicare Advantage is Brown, Chippewa, Door, Eau Claire, Kewaunee, Oconto and Sheboygan counties. You must live in one of these counties to join a Prevea360 Medicare Advantage plan.



One plan. One card.
One strong network.

Medicare Eligibility and Enrollment Periods

Who's Eligible For Medicare?

You are eligible for Medicare, the federal health insurance program, if you are a legal U.S. resident and one of the following applies to you:

- You are 65 years old or older
- You are any age and have a qualifying permanent disability
- You are any age and have been diagnosed with end-stage renal disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS, also called Lou Gehrig's disease)

- Primary Care Location
- ▲ Primary and Urgent Care Location
- Urgent Care Location
- H Hospital



Medicare Advantage Enrollment Periods



Initial Enrollment Period (IEP)

This is the seven-month period during which you may enroll in Medicare for the first time. This includes the three months prior, the month of your birthday and the three months after. If you are enrolling for the first time due to disability, your IEP timing is based on your disability date.



Annual Enrollment Period (AEP)

Oct. 15–Dec. 7 of every year is the period during which you may make changes to your Medicare Advantage coverage. Your coverage will become effective January 1.



Open Enrollment Period (OEP)

Jan. 1 – Mar. 31 of every year is the period during which you may switch from one Medicare Advantage plan to another Medicare Advantage plan, or cancel your Medicare Advantage plan and return to Original Medicare.



Special Enrollment Period (SEP)

This is a period during which Medicare recipients may change Medicare Advantage coverage outside of the AEP, if they **meet certain requirements and have a qualifying event**, such as moving to a new service area or leaving an employer-based plan.

Prevea360 Medicare Advantage Plans At-a-Glance



Preventive care is covered at 100%

Choose the Prevea360 Medicare Advantage plan that suits you.

Plan Name	Monthly Premium	Part B Premium Reduction	Hospital Copay	Primary Care Copay	Specialist Copay	Emergency Room Copay	Urgent Care Copay	Ambulance	Therapy: Physical, Occupational, Speech	Durable Medical Equipment	Outpatient Surgery	Maximum Out-of-Pocket (per year)
Essential (HMO-POS)	\$0 per month	\$25 Monthly Part B Premium Reduction	In-Network: \$325/day for days 1-5	In-Network: \$0	In-Network: \$35	\$90	\$35	In-Network: \$275	In-Network: \$35	In-Network: 20%	In-Network: \$275	In-Network: \$4500
			Out-of-Network: \$500/day for days 1-7	Out-of-Network: \$50	Out-of-Network: \$50			Out-of-Network: \$275	Out-of-Network: \$60	Out-of-Network: 40%	Out-of-Network: 20% Coinsurance	In and Out-of-Network: \$6000
Harmony (HMO-POS) MA-Only	\$0 per month	\$50 Monthly Part B Premium Reduction	In-Network: \$325/day for days 1-5	In-Network: \$0	In-Network: \$35	\$90	\$35	In-Network: \$275	In-Network: \$35	In-Network: 20%	In-Network: \$275	In-Network: \$4500
			Out-of-Network: \$500/day for days 1-7	Out-of-Network: \$50	Out-of-Network: \$50			Out-of-Network: \$275	Out-of-Network: \$60	Out-of-Network: 40%	Out-of-Network: 20% Coinsurance	In and Out-of-Network: \$6000

Extra Benefits Not covered by Original Medicare

Learn more at...

Find more information about our extra benefits at prevea360.com/extrabenefits

Prevea360 Medicare Advantage plans are dedicated to our members' well-being. The benefits listed below are included in all of our Medicare plans.



Dental

We cover both preventive and comprehensive dental benefits through our partner Delta Dental. Our plan has no waiting period, no deductibles or coinsurance.

- Preventive and diagnostic services: \$0 copay
- Gum disease maintenance and bridge/implants/dentures repairs: \$45 copay
- Fillings, gum disease treatment and extractions: \$95 copay
- Root canals, bridges, implants, dentures and crowns: \$595 copay
- We cover \$1,500 in dental services per year

See our network of dentists at prevea360.com/extrabenefits



In-Home Support from Papa

We partnered with Papa, a company that connects you with screened and trained Papa Pals who provide assistance with organization, light housework, technology and transportation. Your Pal can visit with you in your home or virtually for up to 10 hours per month.



Over-the-Counter

We cover \$50 per quarter to spend on eligible over-the-counter products like bandages, pain relievers and much more.

You can shop:

- In-store at participating retailers including Walgreens, CVS, Walmart, Dollar General and Kroger stores
- Online at OTCNetwork.com
- Mail-order catalog



Vision

We cover one \$0 routine vision exam and a \$200 eyewear allowance per year at in-network eyeglass providers.



Hearing

We cover one \$0 routine hearing exam and a \$750 hearing aid allowance per year at in-network hearing aid providers.



Chiropractic Care

We cover additional chiropractic benefits to help you stay healthy and active.



Transportation

We partnered with **lyft** to cover 24 one-way personal rides each year to medical appointments and to the pharmacy.



Post-Discharge Meals

We cover 14 meals from Mom's Meals delivered to your door after you are discharged from the hospital or a skilled nursing facility.



Fitness

The Silver&Fit® program includes:

- Fitness center memberships
- Home fitness kit with a Fitbit, Garmin or other exercise equipment
- 8,000+ on-demand videos



Prevea Care After Hours

Experienced registered nurses are always available to answer your questions and concerns. Nurses are available 24 hours a day, 365 days a year. If you're not sure you need to see a doctor—or you're wondering if you have a problem—give us a call.



Living Healthy Rewards

You can earn up to \$150 in rewards for completing healthy activities like receiving a flu shot, going to the dentist and getting an annual physical

Prevea360's \$0 Benefits

All of our plans include many benefits at no cost to you.

Diabetic Benefits

Prevea360 understands the special needs of individuals with diabetes. Our Medicare Advantage plans offer specific benefits geared toward those needs.

Prevea360 Medicare Advantage Part D Prescription Drug Coverage

Prevea360 Essential plan provides comprehensive prescription drug coverage. Our drug formulary covers a wide-ranging list of generic, brand name and specialty drugs, with manageable copays.



\$0 Benefits:

- All Primary Care Visits: In-person and Telehealth
- Labs and Diagnostic Tests
- Mental Health and Substance Use Visits
- Routine Vision and Hearing Exams
- Meals Post-Discharge
- Transportation
- In-Home Support
- Dental Exams, Cleanings and X-Ray
- Vaccines
- Mammograms and Pelvic Exams
- Prostate Cancer Screening
- Preventative Colonoscopy
- Diabetes Screenings, Testing Supplies and Self-Management Training
- Virtual Visit For Eligible Conditions



Diabetic Benefits:

- \$30 Insulin Fills at Preferred Pharmacy Locations
- \$35 Insulin Fills at Standard Retail Pharmacies
- \$0 Continuous Glucose Monitors (Freestyle Libre and Dexcom)
- \$0 PCP and Lab Services
- \$0 Diabetic Testing Supplies
- 20% Coinsurance for Insulin Pumps
- Two Additional Dental Cleanings Per Year
- Over-the-Counter Benefit Includes Coverage for Products Like Diabetic Socks and Glucose Tablets



Members save money by filling prescriptions in our preferred retail pharmacy network and through our mail order pharmacy.

- All Walgreens and Walmart pharmacies
- Costco* retail and mail order pharmacies

Members have access to standard retail pharmacy network that includes:

- Most national pharmacy chains, including CVS
- Many retail and grocery store pharmacies
- Many independent, local community pharmacies

Prevea360 Medicare Advantage's Drug Formulary and Pharmacy Directory are available at prevea360.com/medicaremembers. Call **877-232-7566 (TTY: 711)** if you have questions.

**You do not need to be a Costco member to use the Costco Pharmacy.*

Part D Prescription Drug Coverage At-a-Glance

Essential (HMO-POS)					
Stage 1: Initial Coverage Deductible You pay:	Deductible (Applies to Tiers 3-5)				
	\$250				
Stage 2: Initial Coverage Copay and Coinsurance You pay:		1 Month/30 Day		3 Month/90 Day	
		Preferred Retail and Mail Order	Standard Retail	Preferred Retail and Mail Order	Standard Retail
	Tier 1	\$0	\$7	\$0	\$7
	Tier 2	\$5	\$12	\$10	\$24
	Tier 3	\$40	\$47	\$100	\$117.50
	Tier 4	\$90	\$100	\$270	\$300
Tier 5	Cost Sharing: 28%		Not applicable		
Stage 3: Coverage Gap (Donut Hole) You pay:	25% coinsurance				
Stage 4: Catastrophic Coverage You pay:	Generic: 5% or \$3.95 Brand: 5% or \$9.85				

Drug dispensing fees may apply.

Harmony (HMO-POS) MA-Only Prevea360 Harmony does not offer Part D Prescription Drug coverage. This is an excellent choice if you already have prescription drug coverage through Wisconsin's Senior Care Prescription Drug Assistance Program, TRICARE for Life, the VA or an employer plan. You cannot have a Medicare Part D Prescription Drug plan if you enroll in the Harmony plan.

Maintenance Drugs Savings

Save time and money by purchasing a three-month supply of maintenance drugs in one transaction at retail locations or via the Costco mail-order pharmacy.

Insulin Savings

You will pay a \$30 copay per prescription at a preferred pharmacy or a \$35 copay per prescription at a standard pharmacy. These savings apply through the deductible and copay stages and the donut hole.

\$0 Part D Vaccines

You pay \$0 in all stages for all covered Part D vaccines – including Shingles and Tdap. These \$0 vaccines are listed in our formulary as Tier 6.

Stages of Part D Coverage

Stage 1: Initial Coverage Deductible	You pay full price for drugs on Tiers 3-5 until you meet your deductible You pay Stage 2 copays for Tiers 1&2 immediately (no deductible)
Stage 2: Initial Coverage Copay and Coinsurance	You pay copays or a percentage of the drug's total cost (coinsurance) You stay in this stage until you and Prevea360 Medicare Advantage have paid \$4,430 within a plan year
Stage 3: Coverage Gap (Donut Hole)	Once your total drug costs reach \$4,430 you pay 25% of the cost of the drug You stay in this stage until your total out-of-pocket costs reaches \$7,050 (not counting the amount that Prevea360 Medicare Advantage has also paid) within a plan year
Stage 4: Catastrophic Coverage	After your total out-of-pocket costs reach \$7,050 you pay a small copay or 5% coinsurance, whichever amount is larger You stay in this stage for the remainder of the plan year

Summary of Benefits Plan Year 2022

Prevea360 Medicare Advantage Plans from Dean Health Plan

Essential (HMO)

Harmony (HMO-POS) MA-Only

January 1, 2022 – December 31, 2022

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. See the Evidence of Coverage to get a complete list of services we cover. The Evidence of Coverage is available to view on prevea360.com/medicaremembers. You can also request a printed copy of any of these materials by calling our Customer Care Center.

If you want to know more about the coverage and costs of Original Medicare, look in the current "Medicare & You" handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Part B premium.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877-232-7566 (TTY: 711).

Dean Health Plan, Inc. is a HMO/HMO-POS with a Medicare contract. Enrollment in Dean Health Plan, Inc. depends on contract renewal. Dean Health Plan markets under the names Dean Advantage and Prevea360 Medicare Advantage.

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8 am – 8 pm Central time.
- From April 1 to September 30, you can call us Monday through Friday from 8 am – 8 pm Central time.

Prevea360 Medicare Advantage Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-877-232-7566 (TTY: 711).
- If you are not a member of this plan, call toll-free 1-877-234-0126 (TTY: 711).
- Our website: prevea360.com/medicare

Who can join?

To join a **Prevea360 Medicare Advantage** plan, you must be enrolled in Medicare Part A and Medicare Part B and live in our service area.

What is the Service Area?

Our service area includes the following counties in Wisconsin: **Brown, Chippewa, Door, Eau Claire, Kewaunee, Oconto, and Sheboygan**

Which doctors, hospitals and pharmacies can I use?

Dean Advantage has a network of doctors, hospitals, pharmacies and other providers. For some services you can use providers that are not in our network.

- Provider directory website: prevea360.com/doctors
- Pharmacy directory website: prevea360.com/medicaremembers

Monthly Premium, Deductibles, and Limits on How Much You Pay for Covered Services

	Prevea360 Essential (HMO-POS)	Prevea360 Harmony (HMO-POS)
Monthly Premium You must continue to pay your Medicare Part B premium	\$0	\$0
Part B Buy Back Dean Health Plan provides a credit that will automatically be applied towards your Medicare Part B premium	\$25	\$50
Medical Deductible	Not Applicable	Not Applicable
Maximum Out-of-Pocket Responsibility If you reach the limit on out-of-pocket costs, you will keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. (Does not include prescription drugs)	\$4,500 for in-network services \$6,000 for in-network and out-of-network services combined	\$4,500 for in-network services \$6,000 for in-network and out-of-network services combined

Covered Medical and Hospital Benefits

*Benefit may require prior authorization

	Prevea360 Essential (HMO-POS)		Prevea360 Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network
Inpatient Hospital Coverage* For Medicare-covered stays	\$325 copay each day for days 1 - 5 \$0 each day for days 6 to discharge	\$500 copay each day for days 1 - 7 \$0 each day for days 8 to discharge	\$325 copay each day for days 1 - 5 \$0 each day for days 6 to discharge	\$500 copay each day for days 1 - 7 \$0 each day for days 8 to discharge
Outpatient Hospital Coverage* Outpatient Hospital: Ambulatory Surgery Center: Procedure performed during office visit:	\$275 copay \$175 copay \$0 - \$35 copay	20% coinsurance 20% coinsurance \$50 copay	\$275 copay \$175 copay \$0 - \$35 copay	20% coinsurance 20% coinsurance \$50 copay
Doctor Visits Primary Care Providers: Specialists: Palliative Care:	\$0 copay \$35 copay \$0 copay	\$50 copay \$50 copay \$0 copay	\$0 copay \$35 copay \$0 copay	\$50 copay \$50 copay \$0 copay
Preventive Care	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Emergency Care In the U.S. (Waived if admitted)	\$90 copay	\$90 copay	\$90 copay	\$90 copay
Urgently Needed Services In the U.S.	\$35 copay Your cost may be reduced based on level of treating provider	\$35 copay	\$35 copay Your cost may be reduced based on level of treating provider	\$35 copay

Summary of Benefits | Plan Year 2022

	Prevea360 Essential (HMO-POS)		Prevea360 Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network
Diagnostic Services / Labs / Imaging*				
Outpatient X-ray:	\$30 copay	20% coinsurance	\$35 copay	20% coinsurance
Laboratory Tests:	\$0 copay	20% coinsurance	\$0 copay	20% coinsurance
Radiation Therapy:	\$35 copay	20% coinsurance	\$35 copay	20% coinsurance
Diagnostic Procedures/Tests:	\$0 copay	20% coinsurance	\$0 copay	20% coinsurance
Diagnostic Mammograms:	\$0 copay	20% coinsurance	\$0 copay	20% coinsurance
Diagnostic Radiology:	\$100 copay	20% coinsurance	\$100 copay	20% coinsurance
Hearing Services				
Medicare-covered-exam to diagnose and treat hearing and balance issues:	\$0 copay	\$60 copay	\$0 copay	\$60 copay
Routine hearing exam:	\$0 copay per exam for 1 exam every calendar year	Not Covered	\$0 copay per exam for 1 exam every calendar year	Not Covered
Hearing aid fitting / evaluation:	\$0 copay per fitting for 1 fitting every calendar year	Not Covered	\$0 copay per fitting for 1 fitting every calendar year	Not Covered
Hearing aid allowance:	\$0 copay Our plan pays up to \$750 both ears combined every calendar year for hearing aids You are responsible for costs beyond the plan limit	Not Covered	\$0 copay Our plan pays up to \$750 both ears combined every calendar year for hearing aids You are responsible for costs beyond the plan limit	Not Covered

	Prevea360 Essential (HMO-POS)		Prevea360 Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network
Preventive Dental				
Preventive Exams:	\$0 copay per visit for 2 visits every calendar year	Not Covered	\$0 copay per visit for 2 visits every calendar year	Not Covered
Cleanings:	\$0 copay per visit for 2 visits every calendar year	Not Covered	\$0 copay per visit for 2 visits every calendar year	Not Covered
X-Ray:	\$0 copay per visit for 1 visit every calendar year	Not Covered	\$0 copay per visit for 1 visit every calendar year	Not Covered
Comprehensive Dental				
Diagnostic services:	\$0 copay	Not Covered	\$0 copay	Not Covered
Gum disease maintenance and bridge/implants/dentures repairs:	\$45 copay	Not Covered	\$45 copay	Not Covered
Fillings, gum disease treatment, and extractions:	\$95 copay	Not Covered	\$95 copay	Not Covered
Root canals, bridges, implants, dentures, and crowns:	\$595 copay	Not Covered	\$595 copay	Not Covered
Dental Maximum				
Annual limit that Dean Health Plan will pay for preventive and comprehensive dental services	\$1,500 every calendar year for dental services	Not Covered	\$1,500 every calendar year for dental services	Not Covered
You are responsible for costs beyond the plan limit				

Summary of Benefits | Plan Year 2022

	Prevea360 Essential (HMO-POS)		Prevea360 Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network
Vision Services				
Medicare-covered exam to treat to diagnose and treat diseases and conditions of the eye:	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Medicare-covered eyewear after cataract surgery:	\$0 copay	Not Covered	\$0 copay	Not Covered
Routine eye exam:	\$0 copay per exam for 1 exam every calendar year	Not Covered	\$0 copay per exam for 1 exam every calendar year	Not Covered
Eyewear: (eyeglasses, frames, lenses or contact lenses)	Our plan pays up to a total of \$200 every calendar year You are responsible for costs beyond the plan limit	Not Covered	Our plan pays up to a total of \$200 every calendar year You are responsible for costs beyond the plan limit	Not Covered
Mental Health Services:	\$325 copay each day for days 1 - 5	\$500 copay each day for days 1 - 7	\$325 copay each day for days 1 - 5	\$500 copay each day for days 1 - 7
Hospital Care* For Medicare-covered stays	\$0 each day for days 6 - 90	\$0 each day for days 8 - 90	\$0 each day for days 6 - 90	\$0 each day for days 8 - 90
Mental Health Services:				
Outpatient Care				
Outpatient Individual Therapy:	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Outpatient Group Therapy:	\$0 copay	\$30 copay	\$0 copay	\$30 copay

	Prevea360 Essential (HMO-POS)		Prevea360 Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network
Skilled Nursing Facility* Our plan covers up to 100 day per benefit period in a SNF: A benefit period begins on the first day you go to a Medicare-covered inpatient hospital or a skilled nursing facility. The benefit period ends when you haven't been an inpatient at any hospital or SNF for 60 days in a row	\$0 each day for days 1 - 20 \$184 each day for days 21 - 100	\$150 each day for days 1 - 100	\$0 each day for days 1 - 20 \$184 each day for days 21 - 100	\$150 each day for days 1 - 100
Therapy* Outpatient physical therapy, speech language pathology, and occupational therapy:	\$35 copay per visit	\$60 copay per visit	\$35 copay per visit	\$60 copay per visit
Ambulance For each one-way Medicare-covered trip	\$275 copay	\$275 copay	\$275 copay	\$275 copay
Transportation For rides to medical appointments	\$0 copay per ride for 24 one-way rides every calendar year	Not Covered	\$0 copay per ride for 24 one-way rides every calendar year	Not Covered
Medicare Part B Drugs*				
Part B Drugs:	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Part B prescription drugs received in the pharmacy:	\$0 copay - \$47 copay	20% coinsurance	\$0 copay - \$47 copay	20% coinsurance

Medicare Part D Prescription Drug Coverage

	Prevea360 Essential (HMO-POS)	Prevea360 Harmony (HMO-POS)
Part D Deductible	\$250 Applies to Tier 3, Tier 4 and Tier 5	Not Covered
PREFERRED RETAIL 30 day supply		
Tier 1 Preferred Generic	\$0 copay	Not Covered
Tier 2 Generic	\$5 copay	Not Covered
Tier 3 Preferred Brand	\$40 copay	Not Covered
Tier 4 Non-Preferred Drugs	\$90 copay	Not Covered
Tier 5 Specialty Drugs	28% coinsurance	Not Covered
Tier 6 Part D Vaccines	\$0 copay	Not Covered
STANDARD RETAIL 30 day supply		
Tier 1 Preferred Generic	\$7 copay	Not Covered
Tier 2 Generic	\$12 copay	Not Covered
Tier 3 Preferred Brand	\$47 copay	Not Covered
Tier 4 Non-Preferred Drugs	\$100 copay	Not Covered
Tier 5 Specialty Drugs	28% coinsurance	Not Covered
Tier 6 Part D Vaccines	\$0 copay	Not Covered
LONG TERM CARE 31 day supply	See Standard Retail Pharmacy (30 Day)	Not Covered
OUT-OF-NETWORK 29 day supply	See Standard Retail Pharmacy (30 Day)	Not Covered

	Prevea360 Essential (HMO-POS)	Prevea360 Harmony (HMO-POS)
PREFERRED RETAIL 90 day supply		
Tier 1 Preferred Generic	\$0 copay	Not Covered
Tier 2 Generic	\$10 copay	Not Covered
Tier 3 Preferred Brand	\$100 copay	Not Covered
Tier 4 Non-Preferred Drugs	\$270 copay	Not Covered
Tier 5 Specialty Drugs	Not Applicable	Not Covered
Tier 6 Part D Vaccines)	Not Applicable	Not Covered
STANDARD RETAIL 90 day supply		
Tier 1 Preferred Generic	\$7 copay	Not Covered
Tier 2 Generic	\$24 copay	Not Covered
Tier 3 Preferred Brand	\$117.50 copay	Not Covered
Tier 4 Non-Preferred Drugs	\$300 copay	Not Covered
Tier 5 Specialty Drugs	Not Applicable	Not Covered
Tier 6 Part D Vaccines	Not Applicable	Not Covered
Part D Coverage Stages		
Stage 1 Deductible	You pay in full until you reach your deductible. (Applies to Tier 3, Tier 4 and Tier 5 only)	Not Covered
Stage 2 Initial Coverage	You pay copays or coinsurance, and we pay the remainder until together our spending reaches \$4,430	Not Covered
Stage 3 Coverage Gap	Above \$4,430 , you pay 25% of the cost for generics and brand drugs until your expenses reach \$7,050	Not Covered
Stage 4 Catastrophic	Above \$7,050 you pay the greater of 5% or \$3.95 for generics and \$9.85 for all other drugs and we pay the remainder	Not Covered

Additional Benefits

	Prevea360 Essential (HMO-POS)		Prevea360 Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network
In-Home Support We partnered with Papa, a company that connects you with screened and trained Papa Pals who provide assistance with organization, light housework, technology and transportation.	\$0 copay per visit for 10 visits every month	Not Covered	\$0 copay per visit for 10 visits every month	Not Covered
Over-the-Counter Allowance for Health and Wellness Products Shop online, in-store, or by catalog.	\$50 quarterly allowance	Not Covered	\$50 quarterly allowance	Not Covered
Post Discharge Meals Mom's Meals delivered to your door after you are discharged from the hospital or a skilled nursing facility.	14 meals after an inpatient stay at no cost to you	Not Covered	14 meals after an inpatient stay at no cost to you	Not Covered
Fitness Benefit Silver&Fit®	\$0 copay	Not Covered	\$0 copay	Not Covered
Routine Chiropractic	\$15 copay for an additional 24 routine chiropractic visits every calendar year	\$50 copay for an additional combined 24 routine chiropractic visits every calendar year	\$10 copay for an additional 24 routine chiropractic visits every calendar year	\$50 copay for an additional combined 24 routine chiropractic visits every calendar year

	Prevea360 Essential (HMO-POS)		Prevea360 Harmony (HMO-POS)	
	In Network	Out-of-Network	In Network	Out-of-Network
Living Healthy Rewards for completing healthy activities like receiving a flu shot, going to the dentist and getting an annual physical	\$150 every calendar year	Not Covered	\$150 every calendar year	Not Covered
Worldwide Emergency and Urgent Care Outside the US	\$90 copay No Limit	\$90 copay No Limit	\$90 copay No Limit	\$90 copay No Limit
Nurse Advice Line Nurses are available 24 hours a day, 365 days a year.	\$0 copay	Not Covered	\$0 copay	Not Covered
Virtual Visits See conditions treated and complete an online health interview at prevea360.com/virtualvisit .	\$0 copay	Not Covered	\$0 copay	Not Covered

Non-Discrimination Notice

The Health Plan*:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, 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, contact the Customer Care Center at 1-877-317-2410 (TTY: 711).

The Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or religion. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, or religion.

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, sex, or religion, you can file a grievance with the organization's Civil Rights Coordinator. If you need help filing a grievance, the Civil Rights Coordinator for the Health Plan is available to help you. You can file a grievance in person, by mail, or email at:

Civil Rights Coordinator
1277 Deming Way
Madison, Wisconsin 53717

Phone: 1-608-828-2216 (TTY: 711)
Email: civilrightscordinator@deancare.com

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>, 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

Phone: 1-800-368-1019 or 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

*Dean Health Plan; Prevea360 Health Plan; WellFirst Health

Language Assistance

Spanish - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-317-2410 (TTY: 711).

Chinese - 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-317-2410 (TTY: 711)。

Polish - UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-317-2410 (TTY: 711).

Vietnamese - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-317-2410 (TTY: 711).

Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-317-2410 (TTY: 711).

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-317-2410 (TTY: 711).

French - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-317-2410 (ATS : 711).

Hindi - ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-317-2410 (TTY: 711) पर कॉल करें।

Somali - DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyadoo bilaash ah. Wac 1-877-317-2410 (TTY: 711).

Hmong - LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-317-2410 (TTY: 711).

Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-317-2410 (TTY: 711)번으로 전화해 주십시오.

Arabic - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-317-2410 (رقم هاتف الصم والبكم: 711).

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-317-2410 (телетайп: 711).

Gujarati - સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-317-2410 (TTY: 711).

Urdu - خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-317-2410 (TTY: 711).

Italian - ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-317-2410 (TTY: 711).

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Prevea360 Medicare Advantage

PO Box 56099
Madison WI 53705-9399
Toll-free **877-234-0126 (TTY: 711)**
prevea360.com/medicare

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Dean Advantage and Prevea360
Medicare Advantage. This information is
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Call **877-234-0126 (TTY: 711)** for more
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