



YOUR PARTNER IN WELLNESS

2026 Medicare Plan Enrollment Guide

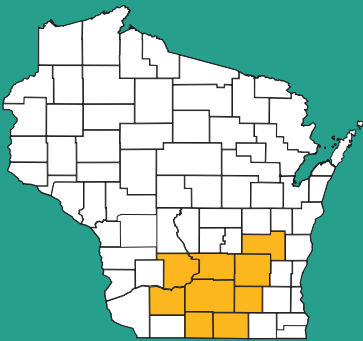
Dean Health Plan Medicare Advantage Plans:

- Dean AdvantageSM Essential (HMO)
- Dean AdvantageSM Assurance (HMO-POS)
- Dean AdvantageSM Balance (HMO-POS)
- Dean AdvantageSM Complete (HMO)
- Dean AdvantageSM Harmony (HMO-POS)

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DeanHealthPlan
by  **Medica**

Discover the Dean Advantage



Thank you for your interest in Dean Advantage Medicare coverage. We offer a strong network of providers with a history of exceptional care.

Our service area

Our service area is Columbia, Dane, Dodge, Fond du Lac, Green, Iowa, Jefferson, Rock, and Sauk counties. You must have permanent residence in one of these counties to join a Dean Health Plan Medicare Advantage plan.

COORDINATED CARE NETWORK



Physicians



Health plan



Hospitals

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

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

Caring:
Community is important to us. We participate in volunteer efforts throughout the year to make local life better for everyone.

Premier benefits:
We give you a Medicare plan that covers your health needs — including dental, over-the-counter (OTC) purchases, and more.

EXTRA BENEFITS, AT NO EXTRA COST



Over-the-counter savings



Vision coverage



Dental coverage



In-home support



Hearing benefits



Free fitness benefits

Details starting on page 6.

Plan comparison

Most plans combine medical and drug coverage for one affordable premium.

See drug coverage information on pages 8 - 9.

Preventive medical care is covered at 100%.

		Essential (HMO) In-network only	Assurance (HMO-POS)	Balance (HMO-POS)	Complete (HMO) In-network only	Harmony (HMO-POS) MA-Only
Coverage		Medical + drug	Medical + drug	Medical + drug	Medical + drug	Medical only
Monthly premium		\$0	\$50	\$119	\$256	\$0
Annual out-of-pocket maximum (100% coverage once met)		\$6,750	\$5,000	\$4,200	\$2,750	\$5,000
Part B premium reduction		n/a	n/a	n/a	n/a	\$20/month
Medical benefits						
Office visits	Primary care	\$0	In network: \$0 Out of network: 50%	In network: \$0 Out of network: 40%	\$0	In network: \$0 Out of network: 40%
	Specialist	Up to \$45	In network: Up to \$40 Out of network: Up to 50%	In network: Up to \$35 Out of network: Up to 40%	Up to \$25	In network: Up to \$40 Out of network: Up to 40%
	Urgent care	\$50	\$50	\$40	\$25	\$40
	Mental health	\$35 - \$45	In network: \$20 - \$30 Out of network: 50%	In network: \$15 - \$25 Out of network: 40%	\$10 - \$15	In network: \$20 - \$30 Out of network: 40%
Preventive care	Immunizations and screenings	\$0	In network: \$0 Out of network: 50%	\$0	\$0	In network: \$0 Out of network: 40%
Hospital care	Inpatient stay	Days 1 - 6: \$395/day Days 7 - 90: \$0	In network: Days 1 - 5: \$400/day Days 6 - 90: \$0 Out of network: Days 1 - 7: 50% Days 8 - 90: \$0	In network: Days 1 - 5: \$375/day Days 6 - 90: \$0 Out of network: Days 1 - 7: 40% Days 8 - 90: \$0	Days 1 - 5: \$350/day Days 6 - 90: \$0	In network: Days 1 - 6: \$400/day Days 7 - 90: \$0 Out of network: Days 1 - 7: 40% Days 8 - 90: \$0
	Outpatient surgery	\$495	In network: \$450 Out of network: 50%	In network: \$400 Out of network: 40%	\$300	In network: \$425 Out of network: 40%
Emergency care	Emergency room	\$130	\$130	\$150	\$150	\$130
	Ground ambulance	\$300	\$300	\$300	\$300	\$300

Continued on next page>

Plan comparison

Most plans combine medical and drug coverage for one affordable premium.

See drug coverage information on pages 8 - 9.

Preventive medical care is covered at 100%.

		Essential (HMO) In-network only	Assurance (HMO-POS)	Balance (HMO-POS)	Complete (HMO) In-network only	Harmony (HMO-POS) MA-Only
Radiology & tests	Diagnostic tests and radiology	\$0 - \$250	In network: \$0 - \$170 Out of network: 50%	In network: \$0 - \$140 Out of network: 40%	\$0 - \$140	In network: \$0 - \$225 Out of network: 40%
Dental	Coverage for preventive and comprehensive dental - annual amount	\$500	\$600	\$800	\$1,500	\$1,500
Vision	Vision exam — routine annual	\$0	\$0	\$0	\$0	\$0
	Eyewear coverage — annual amount	\$175	\$175	\$175	\$175	\$175
Hearing	Hearing exam — routine annual	\$0	\$0	\$0	\$0	\$0
	Hearing aid coverage — annual amount	\$750	\$750	\$750	\$750	\$750
Diabetes supplies	Glucose monitors, test strips, and lancets	\$0 - 20%	In network: \$0 - 20% Out of network: 50%	In network: \$0 - 20% Out of network: 40%	\$0 - 20%	In network: \$0 - 20% Out of network: \$0 - 40%
Skilled nursing care	No prior 3-day hospital stay required	Days 1 - 20: \$0/day Days 21 - 52: \$218/day Days 53 - 100: \$0/day	In network: Days 1 - 20: \$0/day Days 21 - 44: \$218/day Days 45 - 100: \$0 Out of network: Days 1 - 100: 50%	In network: Days 1 - 20: \$0/day Days 21 - 41: \$218/day Days 42 - 100: \$0/day Out of network: Days 1 - 100: 40%	Days 1 - 20: \$0/day Days 21 - 34: \$218/day Days 35 - 100: \$0/day	In network: Days 1 - 20: \$0/day Days 21 - 44: \$218/day Days 45 - 100: \$0/day Out of network: Days 1 - 100: 40%

Plan comparison

Most plans combine medical and drug coverage for one affordable premium.
See medical benefits on pages 4 - 7.

You will pay the lowest retail cost-sharing if you use a preferred pharmacy.*

		Essential (HMO) In-network only	Assurance (HMO-POS)	Balance (HMO-POS)	Complete (HMO) In-network only	Harmony (HMO-POS) MA-Only
Part D drug coverage						
Annual Part D deductible		Tiers 1 & 2: \$0 Tiers 3, 4, & 5: \$615	Tiers 1 & 2: \$0 Tiers 3, 4, & 5: \$380	Tiers 1 & 2: \$0 Tiers 3, 4, & 5: \$300	Tiers 1 & 2: \$0 Tiers 3, 4, & 5: \$100	Medical only plan. No coverage for Part D prescription drugs.
Insulin program at preferred pharmacies		30-day: \$30 60-day: \$60 90-day: \$90	30-day: \$30 60-day: \$60 90-day: \$90	30-day: \$30 60-day: \$60 90-day: \$90	30-day: \$30 60-day: \$60 90-day: \$90	
Insulin program at standard pharmacies		30-day: \$35 60-day: \$70 90-day: \$105	30-day: \$35 60-day: \$70 90-day: \$105	30-day: \$35 60-day: \$70 90-day: \$105	30-day: \$35 60-day: \$70 90-day: \$105	
Initial coverage (member drug costs up to \$2,100)						
30-day * preferred retail	Tier 1: Preferred generic	\$0	\$0	\$0	\$0	You CANNOT be a member of this plan and enroll in a stand-alone Medicare Part D plan. If you need medical and Part D drug coverage, enroll in one of our other Medicare plans.
	Tier 2: Generic	\$5	\$11	\$14	\$15	
	Tier 3: Preferred brand	20%	20%	20%	20%	
	Tier 4: Non-preferred drug	45%	45%	45%	45%	
	Tier 5: Specialty drug	25%	28%	29%	31%	
30-day standard retail	Tier 1: Preferred generic	\$7	\$7	\$7	\$7	
	Tier 2: Generic	\$11	\$16	\$19	\$20	
	Tier 3: Preferred brand	25%	25%	25%	25%	
	Tier 4: Non-preferred drug	50%	50%	50%	50%	
	Tier 5: Specialty drug	25%	28%	29%	31%	
90-day mail order	Tier 1: Preferred generic	\$0	\$0	\$0	\$0	
	Tier 2: Generic	\$10	\$22	\$28	\$30	
	Tier 3: Preferred brand	20%	20%	20%	20%	
	Tier 4: Non-preferred drug	45%	45%	45%	45%	
Catastrophic coverage (plan pays member costs exceeding \$2,100)		The plan pays the full cost for your covered Part D drugs.				

*To find a preferred pharmacy near you, visit DeanCare.com/FindaPharmacy.

EXTRA BENEFITS, NO EXTRA COST

For your well-being

We're dedicated to our members' well-being. The following benefits are included in all of our Medicare plans and are not covered by Original Medicare.



Health+ by Medica Card

Your **over-the-counter**, **Living Healthy Rewards**, and **eyewear benefits** are on your Health+ by Medica Card



Over-the-counter (OTC)

We cover up to \$50 per quarter to spend on eligible OTC products like bandages, pain relievers, and more.[†]



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.



In-home support

We partner with Papa, a company that connects you with screened and trained Papa Pals who can help with organization, light housework, technology, and transportation. Your Pal can visit with you in your home or virtually for up to 120 hours per year.

For a comprehensive list of all benefits, please review the plan Summary of Benefits for more information.

[†]Amount varies by plan.



Chiropractic care/ acupuncture

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



Transportation

We cover 24 one-way personal rides each year to medical appointments and pharmacy visits.



Post-discharge meals

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



Free fitness membership

Our innovative fitness program through One Pass™ makes staying fit — physically and mentally — convenient and fun.

- Large network of 25,000+ gyms and fitness centers
- Free home fitness kit
- Enrollment in as many facilities as you want
- Live and on-demand fitness classes
- Unlimited access to online cognitive training activities that support brain speed and memory

READY TO ENROLL?



Over the phone

Call **1 (877) 510-7438 (TTY: 711)** to enroll with a Medicare sales consultant.



Online

Visit **DeanCare.com/Medicare2026**.



In person

Get one-on-one help to learn more about our Medicare coverage options. Please call us at **1 (877) 510-7438 (TTY: 711)** to schedule an appointment. You can also visit **DeanCare.com/Seminars** to see our upcoming seminars.

For accommodations of persons with special needs, call **1 (877) 510-7438 (TTY: 711)**.

Note: When you enroll, you'll be asked to choose a Primary Health System (PHS) provider from which you receive care or expect to receive care. If you don't want to choose a PHS, or if your provider isn't part of the PHS options listed, you can choose "Unassigned." Your selection of a Primary Health System doesn't limit you from getting care from other network providers, and you never need referrals for covered services. To find out if your provider is part of a PHS, please reference the directory at [Deancare.com/AdvantageProviders](https://deancare.com/AdvantageProviders).

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-952-3455 (TTY: 711) for Medica, call 1-877-317-2410 (TTY: 711) for Dean Health Plan/Prevea360 Health Plan, or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia de idiomas. También están disponibles de forma gratuita asistencia y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-952-3455 (TTY: 711) para Medica, llame al 1-877-317-2410 (TTY: 711) para Dean Health Plan/Prevea360 Health Plan o hable con su proveedor de atención médica.

Vietnamese/Việt: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-952-3455 (TTY: 711) đối với Medica, gọi theo số 1-877-317-2410 (TTY: 711) đối với Dean Health Plan/Prevea360 Health Plan hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

Chinese Traditional: 注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-952-3455 (TTY: 711) 聯絡 Medica，致電 1-877-317-2410 (TTY: 711) 聯絡 Dean Health Plan/Prevea360 Health Plan，或與您的提供者討論。

Hmong/Lus Hmoob: LUS CEEV: Yog hais tias koj hais Lus Hmoob ces muaj kev pab txhais lus pub dawb rau koj. Muaj khoom siv thiab muaj kev saib xyuas pab uas tsim nyog los npaj kom muaj cov ntaub ntawv uas siv tau dawb. Hu rau 1-800-952-3455 (TTY: 711) rau Medica, hu rau 1-877-317-2410 (TTY: 711) rau Dean Health Plan/Prevea360 Health Plan, los sis tham rau koj tus kws kuaj mob.

German/Deutsch: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-952-3455 (TTY: 711) für Medica bzw. 1-877-317-2410 (TTY: 711) für Dean Health Plan/Prevea360 Health Plan oder sprechen Sie mit Ihrem Gesundheitsdienstleister.

Cushitic-Oromo: XIYEEFFANNOO: Ingiliffaa dubbattu taanaan, tajaajilli deggersa afaan bilisaa ni jira. Tajaajilli deggersa bu’ura dhiheessii odeeffannoo kaffaltii tokko malee ni jira. Lakkoofsa bilbilaa 1-800-952-3455 (TTY: 711) Tajaajila Fayyaaf, lakkoofsa Medica 1-877-317-2410 (TTY: 711), Dean Health Plan/Prevea360 Health Plan, ykn dhiheessaa keessan dubbisaa.

Arabic/العربية: كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تنبيه: (الهاتف النصي: 711) للتواصل مع 1-800-952-3455 اتصل على الرقم المعلومات بتنسيقات يمكن الوصول إليها مجانًا. Dean Health Plan/Prevea360 Health Plan، اتصل على الرقم 1-877-317-2410 (الهاتف النصي: 711) بشأن خطة الرعاية الصحية

Korean/한국어: 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. Medica 의 경우 1-800-952-3455(TTY: 711)번으로, Dean Health Plan/Prevea360 Health Plan 의 경우 1-877-317-2410(TTY: 711)번으로 전화하시거나, 서비스 제공업체에 문의하십시오.

Russian/Русский: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-952-3455 (TTY: 711) относительно Medica, позвоните по телефону 1-877-317-2410 (TTY: 711) относительно Dean Health Plan/Prevea360 Health Plan или обратитесь к своему поставщику услуг.

Laos/ ລາວ: ຂ້ອນເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ນອກຈາກນີ້ ຈະມີເຄື່ອງຊ່ວຍເສີມ ແລະ ບໍລິການແບບທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທຫາເບີ 1-800-952-3455 (TTY: 711) ສໍາລັບ Medica, ໂທ 1-877-317-2410 (TTY: 711) ສໍາລັບ Dean Health Plan/Prevea360 Health Plan ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

French/ Français: ATTENTION : si vous parlez français, des services d’assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-952-3455 (TTY : 711) pour Medica, appelez le 1-877-317-2410 (TTY : 711) pour le régime de santé Dean Health Plan/Prevea360, ou parlez à votre prestataire de santé.

Serbo-Croatian: PAŽNJA: Ako govorite srpski, dostupne su vam besplatne usluge tumača. Odgovarajuća dodatna pomagala i usluge za pružanje informacija u pristupačnim formatima su takođe dostupne besplatno. Za Medica zdravstveno osiguranje pozovite 1-800-952-3455 (TTY: 711), za Dean/Prevea360 zdravstveno osiguranje pozovite 1-877-317-2410 (TTY: 711) ili razgovarajte sa svojim pružaocem usluga.

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-952-3455 (TTY: 711) para sa Medica, tumawag sa 1-877-317-2410 (TTY: 711) para sa Dean Health Plan/Prevea360 Health Plan, o makipag-usap sa iyong tagapagbigay ng serbisyo.

Karen/ထာနုလီဖဲအံး: ဟံသုဉ်ဟံသး– နမုၢ်ကတိၤကညိက့ၢ်န့ၢ် တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ်ဘျုးလၢ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး ပှၤနီၢ်ခိက့ၢ်ဂီၤတဆူၣ်တကျါၤအဂီၢ် ပီးလီၤဒီးတၢ်တိၤစၢၤမၤစၢၤလၢအကြၢးအဘျုး လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၢ်အိၤသ့တဖၣ် လၢတလၢ်ဘျုးလၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး 1-800-952-3455 (TTY: 711) လၢ Medica အဂီၢ်, ကိး 1-877-317-2410 (TTY: 711) လၢ Dean Health Plan/Prevea360 Health Plan အဂီၢ်, မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပှၤလၢဟ့ၣ်နၤတၢ်ကွၢ်ထွဲတက့ၢ်.

Amharic/ አማርኛ:- ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። ሚረጃን በተደራሽ ቅርጾች ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። ለMedica በ1-800-952-3455 (TTY: 711) ይደውሉ፣ ለDean የጤና እቅድ/Prevea360 የጤና እቅድ በ1-877-317-2410 (TTY: 711) ይደውሉ ወይም ለእርስዎን አቅራቢ የሆነውን ያነጋግሩ።

Discrimination is Against the Law

Dean Health Plan complies with applicable Federal civil rights laws and does not discriminate against any person on the basis of race, color, national origin, age, disability, or sex. Dean Health Plan does not exclude people or treat them less favorably because of their race, color, national origin, age, disability, or sex.

Dean Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact **Dean Health Plan’s Civil Rights Coordinator** (see contact information below).

If you believe Dean 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 Dean Health Plan’s Civil Rights Coordinator, Mail Route CP250, P.O. Box 9310, Minneapolis, MN 55443-9310, (952) 992-3422 (phone/fax) (TTY: 711), civilrightscordinator@deancare.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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 Ave., S.W.
Room 509F, HHH Building,
Washington, D.C. 20201
1 (800) 368-1019, 1 (800) 537-7697 (TDD).

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

This notice is available at Dean Health Plan’s website: **Deancare.com**.



Questions? Connect with us.

Call us toll-free at
1 (877) 510-7438 (TTY: 711).

Oct. 1 - Mar. 31, Monday - Sunday,
8 a.m. to 8 p.m. CT

Apr. 1 - Sept. 30, Monday - Friday,
8 a.m. to 8 p.m. CT

DeanCare.com/Medicare2026

Dean Health Plan

1277 Deming Way
Madison, WI 53717

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Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Dean Health Plan is an HMO/HMO-POS with a Medicare contract. Enrollment in Dean Health Plan depends on contract renewal. This information is not a complete description of benefits.

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