

Des Moines Pediatric and Adolescent Clinic  
January 1, 2021 Benefit New Hire Guide



**Medical Benefits - UnitedHealthcare for 01/01/2021**

<b>Plan Name/ Network</b>	UnitedHealthcare Choice Plus: UHC CEXC/651
<b>Office Visit including Chiropractic</b>	\$25 copay PCP type / \$70 copay specialist <19 \$0 copay PCP type Virtual Visits \$0 Copay
<b>Emergency Room Visits</b>	\$400 Copay
<b>Mental Health/Substance Abuse</b>	Covered as any other illness
<b>Rx Benefits</b> Retail: 30 day supply Mail Order: 90 day supply	Tier 1 / Tier 2 / Tier 3 / Tier 4 / Specialty \$15 / \$40 / \$85 / \$250 / \$ up to 50% \$37.50 / \$100 / \$212.50 / \$625 / NA
<b>Deductible</b>	\$2,000 Single / \$4,000 Family
<b>Coinsurance</b>	80% / 20%
<b>Out-of-Pocket</b>	\$6,950 Single / \$13,900 Family
<b>Outpatient Hospital</b>	Deductible + 20%
<b>Inpatient Hospital</b>	Deductible + 20%
<b>Adult Routine Exam</b>	Covered - 100%
<b>Lifetime Maximum</b>	Unlimited
<b>Annual Vision Exam</b>	Adult: 1 Routine exam \$20 Copay Pediatric: Exam \$10 Copay Glasses/Contacts - see benefit schedule

**Dental Benefits: Delta Dental of Iowa**

<b>Plan Name/ Network</b>	<b>Plan B Plus HC / Delta Dental Premier with Pediatric</b>			
<b>Age</b>	21 & Older		Under Age 21	
<b>Network</b>	Premier	Non-Par	Premier	Non-Par
<b>Calendar Year Benefit</b>	\$2,000			
<b>Maximum Out of Pocket</b>	N/A		\$350/child, maximum \$700	
<b>Deductible</b>	\$25/person	\$50/person	\$25/person	\$225/person
<b>Coinsurance</b>	Percentage paid by member			
Preventive	0%	20%	0%	50%
Basic	20%	40%	50%	70%
Major	50%	60%	50%	70%
Implants	60%	70%	60%	70%
<b>Orthodontia</b>	Not Covered		50%	
<b>Ortho Lifetime Benefit</b>	Not Covered		\$1500 * <b>to age 19</b>	
<b>Vision Discount Program</b>	Included		NA	

**Life Insurance Benefits: The Principal**

<b>Basic Life and AD&amp;D</b>	
<b>Benefit</b>	\$15,000
<b>Age Reduction</b>	35% at age 65, additional 15% at age 70
<b>Enrollment and Payment</b>	Employer paid, enrolled at new hire enrollment period
<b>Voluntary Life</b>	
<b>Benefit</b>	Employee: Increments of \$10,000 to \$300,000 Spouse: Increments of \$5,000 to \$100,000 (<employee) Child: Increments of \$5,000 to \$25,000 (<employee)
<b>Enrollment and Payment</b>	Employee paid, requires proof of good health

# Des Moines Pediatrics



Print Employee Name: \_\_\_\_\_

Employee Sign & Date: \_\_\_\_\_

### **2021 Required Enrollment Worksheet**

All eligible employees are required to complete this worksheet and required carrier forms. These need submitted to Nancy.

### **Medical Benefits - UnitedHealthcare for 01/01/2021**

Enrollee Name, Age, Relationship and cost from premium chart


I wish to waive medical insurance:      Waive \_\_\_\_\_

*Please complete the enrollment chart above by filling in the name, age, and relationship of each enrollee. Your premiums are age rated per person. You will find these rates on the attached chart.*

*\* If you are waiving medical coverage, simply initial beside the waiver option above.*

*\*If you are newly enrolling or changing who is covered on your medical plan, please complete a coordinating UHC form.*

### **Dental Benefits: Delta Dental of Iowa**

Enrollee Name, Age, Relationship and cost from premium chart


I wish to waive dental insurance:      Waive \_\_\_\_\_

*Please complete the enrollment chart above by filling in the name, age, and relationship of each enrollee. Your premiums are age rated per person. You will find these rates on the attached chart.*

*\* If you are waiving dental coverage, simply initial beside the waiver option above.*

*\*If you are newly enrolling or changing who is covered on your dental plan, please complete a coordinating Delta Dental form.*

### Age Rated Premium Chart: 2021 Health Insurance Rates - UnitedHealthcare

Age	Full Monthly Premium	Employee Cost per Month	Employee Dep Cost per Month
Under 14	\$272.19	\$95.27	\$155.15
15	\$296.39	\$103.74	\$168.94
16	\$305.64	\$106.97	\$174.21
17	\$314.89	\$110.21	\$179.49
18	\$324.85	\$113.70	\$185.16
19	\$334.82	\$117.19	\$190.85
20	\$345.14	\$120.80	\$196.73
21	\$355.81	\$124.53	\$202.81
22	\$355.81	\$124.53	\$202.81
23	\$355.81	\$124.53	\$202.81
24	\$355.81	\$124.53	\$202.81
25	\$357.23	\$125.03	\$203.62
26	\$364.35	\$127.52	\$207.68
27	\$372.89	\$130.51	\$212.55
28	\$386.77	\$135.37	\$220.46
29	\$398.15	\$139.35	\$226.95
30	\$403.84	\$141.34	\$230.19
31	\$412.38	\$144.33	\$235.06
32	\$420.92	\$147.32	\$239.92
33	\$426.26	\$149.19	\$242.97
34	\$431.95	\$151.18	\$246.21
35	\$434.80	\$152.18	\$247.84
36	\$437.65	\$153.18	\$249.46
37	\$440.49	\$154.17	\$251.08
38	\$443.34	\$155.17	\$252.70
39	\$449.03	\$157.16	\$255.95
40	\$454.73	\$159.16	\$259.20
41	\$463.26	\$162.14	\$264.06
42	\$471.45	\$165.01	\$268.73
43	\$482.83	\$168.99	\$275.21
44	\$497.07	\$173.97	\$283.33
45	\$513.79	\$179.83	\$292.86
46	\$533.72	\$186.80	\$304.22
47	\$556.13	\$194.65	\$316.99
48	\$581.75	\$203.61	\$331.60
49	\$607.01	\$212.45	\$346.00
50	\$635.48	\$222.42	\$362.22
51	\$663.59	\$232.26	\$378.25
52	\$694.54	\$243.09	\$395.89
53	\$725.85	\$254.05	\$413.73
54	\$759.65	\$265.88	\$433.00
55	\$793.46	\$277.71	\$452.27
56	\$830.10	\$290.54	\$473.16
57	\$867.11	\$303.49	\$494.25
58	\$906.60	\$317.31	\$516.76
59	\$926.17	\$324.16	\$527.92
60	\$965.67	\$337.98	\$550.43
61	\$999.83	\$349.94	\$569.90
62	\$1,022.24	\$357.78	\$582.68
63	\$1,050.35	\$367.62	\$598.70
64 and over	\$1,067.43	\$373.60	\$608.44

### Age Rated Premium Chart: 2021 Dental Insurance Rates - Delta

Age	Full Monthly Premium	Employee Cost per Month	Employee Dep Cost per Month
21 and older	\$38.60	\$13.51	\$19.30
21 and under	\$32.18	\$11.26	\$16.09