

Des Moines Pediatric and Adolescent Clinic
January 1, 2021 Benefit Open Enrollment Guide



Medical Benefits - UnitedHealthcare for 01/01/2021

Plan Name/ Network	UnitedHealthcare Choice Plus: UHC CEXC/651
Office Visit including Chiropractic	2020: \$20 copay PCP type / \$60 copay specialist <19 \$0 copay PCP type 2021: \$25 copay PCP type / \$70 copay specialist <19 \$0 copay PCP type Virtual Visits \$0 Copay
Emergency Room Visits	2020: \$250 Copay 2021: \$400 Copay
Mental Health/Substance Abuse	Covered as any other illness
Rx Benefits 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
Deductible	2020: \$2,500 Single / \$5,000 Family 2021: \$2,000 Single / \$4,000 Family
Coinsurance	80% / 20%
Out-of-Pocket	2020: \$5,000 Single / \$10,000 Family 2021: \$6,950 Single / \$13,900 Family
Outpatient Hospital	Deductible + 20%
Inpatient Hospital	Deductible + 20%
Adult Routine Exam	Covered - 100%
Lifetime Maximum	Unlimited
Annual Vision Exam	Adult: 1 Routine exam \$20 Copay Pediatric: Exam \$10 Copay Glasses/Contacts - see benefit schedule

Dental Benefits: Delta Dental of Iowa - NO CHANGE

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

Life Insurance Benefits: The Principal

Basic Life and AD&D	
Benefit	\$15,000
Age Reduction	35% at age 65, additional 15% at age 70
Enrollment and Payment	Employer paid, enrolled at new hire enrollment period
Voluntary Life	
Benefit	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)
Enrollment and Payment	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 no later than Friday, December 11th.

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