PREMIER
PEDIATRIC THERAPY

2021 HEALTH BENEFITS

Updated April 2021

Major Medical Summary and Pricing

Plan Options	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped. Dental In/Out	Non-Preferred RX	Preferred RX	Employee Only	Employee & Spouse	Employee & Child	Employee & Family
G664ADT Blue Advantage Gold HMOSM 817	$2000/NA	$30/$60	80%/NA	$6000/NA	$300/80%	$150/NA	$100/NA	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$549.90	$1099.80	$1099.80	$1649.70
S641ADT Blue Advantage Silver HMOSM 804	$4000/NA	$40/$80	70%/NA	$8550/NA	$500/70%	$300/NA	$250/NA	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$482.77	$965.54	$965.54	$1448.31
G652CHC Blue Choice Gold PPOSM 820	$1500/$3000	$40/$80	80%/60%	$5000/Unlimited	$500/80%	80%/60%	80%/60%	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$841.32	$1682.64	$1682.64	$2523.96
S666CHC Blue Choice Silver PPOSM 844	$4000/$8000	$40/$80	70%/50%	$8550/Unlimited	$500/70%	$300/$350	$250/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$725.41	$1450.82	$1450.82	$2176.23
G656CHC Blue Choice Gold PPOSM 830	$4000/$8000	100%/$100%	100%/100%	$4000/$8000	NA/100%	100%/$100%	100%/100%	100%/100%	100%	100%	$759.27	$1518.54	$1518.54	$2277.81

PPO (Preferred Provider Organization) - You can go to any physician in or out of network. You will pay the copay/coins related to the type of physician office you visitband depending upon that physician being in or out of network. You can see a specialist at will, without the consent of your primary physician.
**Check to see if your physician is in network.

HMO (Health Maintenance Organization) - There is no coverage for out-of-network physicians. To see a specialist, you must first receive a referral from you primary physician.
**Check to see if your physician accepts HMO insurance. Check to see if your physician is in-network.

Employer Contribution - Monthly Maximum of $241.39

Dental Summary and Monthly Pricing

Plan Options	Ded In/Out	Annual Benefit Max	Out-of-Network Reimbursement	In-Network	Out-of-Network	Orthodontia Lifetime Max	Employee Only	Employee & Spouse	Employee & Child	Employee & Family
DTXHR12	$50/$50	$1,500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1,500	$47.22	$94.44	$115.69	$186.52

Disclosure - The figures included on this summary are for the convenience of the employees of Premier Pediatric Therapy, please consult each individual “Summary of Benefits and Coverage” before selecting the plan that is right for you.