Crawford Orthodontic Care

2018-2019 Benefits Overview			
	Carrier	**Website**	**Contact #**
Medical	BCBS	www.bcbsga.com	1-800-331-1476
Dental	Guardian	www.guardiananytime.com	800-541-7846
Vision	Guardian	www.guardiananytime.com	877-814-8970

BCBS Medical			
BCBSHP Silver POS 2500/80		**BCBSHP Gold POS 1500/100**	
Physician/Specialist	$50 / $75 after dedutible	Physician/Specialist	$30 / $60
Individual Deductible	$2,500	Individual Deductible	$1,500
Family Deductible	$7,500	Family Deductible	$4,500
Ind. Out/Pocket Max	$6,800	Ind. Out/Pocket Max	$5,000
Coinsurance In	80% After Deductible	Coinsurance In	100% After Deductible
Inpatient Hospital	80% After Deductible	Inpatient Hospital	100% After Deductible
Rx Deductible	**Plan Ded. Tier 3-4**	Rx Deductible	N/A
Rx	Med Ded T3-4 PN: 5/20/50/90	Rx	5/20/40/80/25%
Urgent Care Copay	$100 Copay	Urgent Care Copay	$100 Copay
ER Copay	$500 Copay Per Admin. After Ded	ER Copay	$250

Guardian Dental			Guardian Vision	
Plan	**Base**	**Buy-up**	Doctor Network	VSP Network
Dedutible	$50	$50	Exams	$10 Copay
Annual Max	$1,000	$1,000	Perscription Glases	$25 Copay
Preventive	100%	100%	Lenses (one pair evey 12 months)	Single vision, lined bifocal, lined trifocal and lenticular lenses
Basic	80%	80%		
Major	0%	50%	Frames (One set every 24 mos)	$150 Allowance then 20% of remaning balance
Endodontics	0%	50%		
Periodontics	0%	50%	Elective Contacts	$150 Allowance
Simple Oral Surgery	0%	50%		
*COST:	See Below	See Below	Necessary Contacts	$25 Copay

Employee Cost Per Pay Period					
	BCBSHP Silver POS 2500/80	**BCBSHP Gold POS 1500/100**	***Dental (Base/Buy-up)**		**Guardian Vision**
Employee only	☐ $135.90	☐ $167.92	☐ $5.05	☐ $15.28	☐ $1.63
Employee+spouse	☐ $407.70	☐ $503.75	☐ $15.46	☐ $36.21	☐ $3.24
Employee+child/ren	☐ $366.93	☐ $453.37	☐ $26.12	☐ $44.14	☐ $3.95
Employee+family	☐ $638.73	☐ $789.21	☐ $39.77	☐ $69.52	☐ $7.20
I wish to waive:	☐ Waive	☐ Waive	☐ Waive		☐ Waive

Print Name: _____ Signature: _____ Date: _____

This document is intended to highlight or summarize certain aspects of Crawford Ortho's benefit program. This plan information is not intended to be ACA compliant. Please refer to the insurance carrier to obtain an ACA compliant summary.