



Premier Senior Health Plan



Medical Rates Effective January 1, 2021 through December 31, 2021

\$10 Office Visit Co-pay & \$50 ER Co-Pay			
Deductible	Age	No Co-Pay	& \$50 ER Co-Pay
Plan F \$0.00 Deductible	65-69	\$206.00	\$198.00
	70-74	\$263.00	\$252.00
	75-79	\$299.00	\$287.00
	80-84	\$346.00	\$331.00
	85+	\$375.00	\$361.00

\$10 Office Visit Co-pay & \$50 ER Co-Pay			
Deductible	Age	No Co-Pay	& \$50 ER Co-Pay
*\$1,000 Plan Deductible	65-69	\$117.00	\$112.00
	70-74	\$163.00	\$155.00
	75-79	\$195.00	\$185.00
	80-84	\$235.00	\$227.00
	85+	\$256.00	\$247.00

\$10 Office Visit Co-pay & \$50 ER Co-Pay			
Deductible	Age	No Co-Pay	& \$50 ER Co-Pay
*\$100 Plan Deductible	65-69	\$199.00	\$185.00
	70-74	\$254.00	\$241.00
	75-79	\$289.00	\$276.00
	80-84	\$335.00	\$320.00
	85+	\$365.00	\$348.00

\$10 Office Visit Co-pay & \$50 ER Co-Pay			
Deductible	Age	No Co-Pay	& \$50 ER Co-Pay
*\$1,500 Plan Deductible	65-69	\$98.00	\$95.00
	70-74	\$137.00	\$132.00
	75-79	\$167.00	\$163.00
	80-84	\$204.00	\$199.00
	85+	\$221.00	\$215.00

\$10 Office Visit Co-pay & \$50 ER Co-Pay			
Deductible	Age	No Co-Pay	& \$50 ER Co-Pay
*\$500 Plan Deductible	65-69	\$160.00	\$152.00
	70-74	\$211.00	\$202.00
	75-79	\$247.00	\$236.00
	80-84	\$290.00	\$278.00
	85+	\$315.00	\$304.00

For More Information Contact us at: (888) 344-2522

or email: info@hismi.com



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*PSP Plan Deductible only applies to approved Medicare Part B out-of-pocket expenses. PSP pays 100% of Part A Deductible and Co-payments (please see benefit grid)

Important note: PSP is available in all States. Some restrictions apply to Florida and New York.