



**HUMANA SIMPLICITY**

**PPO, NPOS, and HMO PLANS** – For in-network healthcare services, there is no deductible. In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only a copay when in-network providers are used. All copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers						Copay amounts:				
Option	Coinsurance		Deductible <sup>1</sup>	Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Advanced imaging	Inpatient <sup>2</sup> / Outpatient services	Pharmacy
	In	Out		Individual	Family					
11	100%	50%	\$0	\$5,000	\$10,000	\$25/\$55	\$25/\$100/\$350	\$350	\$500/\$500	\$10/\$35/\$55/25%
12	100%	50%	\$0	\$6,500	\$13,000	\$30/\$75	\$30/\$125/\$500	\$500	\$1,000/\$1,000	\$10/\$40/\$70/25%
13	100%	50%	\$0	\$6,500	\$13,000	\$30/\$100	\$30/\$125/\$600	\$600	\$1,500/\$1,500	\$10/\$40/\$70/25%
14	100%	50%	\$0	\$6,500	\$13,000	\$40/\$100	\$40/\$125/\$600	\$600	\$2,000/\$2,000	\$10/\$45/\$90/25%
15	100%	50%	\$0	\$7,900	\$15,800	\$40/\$80	\$40/\$125/\$600	\$600	\$2,000/\$2,000	\$10/\$45/\$90/25%

(1) \$5,000 individual / \$10,000 family out-of-network deductible

(2) Copay per day for first three days



**TRADITIONAL PLANS: COPAY**

**PPO, NPOS, and HMO COPAY PLANS** – In-network preventive services, such as an annual exams, are covered at 100%. For other covered services, members pay only copay or deductible / coinsurance when in-network providers are used. Deductible, coinsurance and/or copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers							Copay amounts:				
Option	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Pharmacy	Other services	
	In	Out	Individual	Family	Individual	Family					
11	100%	70%	\$250	\$500	\$2,000	\$4,000	\$20/\$35	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible	
12	100%	70%	\$500	\$1,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible	
13	100%	70%	\$750	\$1,500	\$2,000	\$4,000	\$25/\$50	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible	
14	100%	70%	\$1,000	\$2,000	\$4,000	\$8,000	\$25/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible	
15	100%	70%	\$1,000	\$2,000	\$6,500	\$13,000	\$30/\$55	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible	
16	100%	70%	\$1,500	\$3,000	\$3,000	\$6,000	\$20/\$35	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible	
17	100%	70%	\$1,500	\$3,000	\$4,000	\$8,000	\$30/\$45	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible	
18	100%	70%	\$1,500	\$3,000	\$5,000	\$10,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible	
19	100%	70%	\$2,000	\$4,000	\$3,000	\$6,000	\$20/\$35	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible	
20	100%	70%	\$2,000	\$4,000	\$4,000	\$8,000	\$30/\$45	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible	
21	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$40/\$55	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible	
22	100%	70%	\$2,500	\$5,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible	
23	100%	70%	\$2,500	\$5,000	\$5,000	\$10,000	\$30/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible	
24	100%	70%	\$2,500	\$5,000	\$6,500	\$13,000	\$35/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible	
25	100%	70%	\$3,000	\$6,000	\$4,000	\$8,000	\$20/\$35	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible	
26	100%	70%	\$3,000	\$6,000	\$6,500	\$13,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible	
27	100%	70%	\$4,000	\$8,000	\$5,000	\$10,000	\$30/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible	
28	100%	70%	\$4,000	\$8,000	\$6,500	\$13,000	\$40/\$55	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible	
29	100%	70%	\$5,000	\$10,000	\$6,500	\$13,000	\$35/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible	
30	100%	70%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible	
31	90%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$25/\$50	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible	
32	90%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible	
33	80%	50%	\$250	\$500	\$2,000	\$4,000	\$20/\$35	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible	
34*	80%	50%	\$500	\$1,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible	
35*	80%	50%	\$750	\$1,500	\$2,000	\$4,000	\$25/\$50	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible	

(\*) HMO Select only available with these options



**TRADITIONAL PLANS: COPAY**

**PPO, NPOS, and HMO COPAY PLANS** – In-network preventive services, such as an annual exams, are covered at 100%. For other covered services, members pay only copay or deductible / coinsurance when in-network providers are used. Deductible, coinsurance and/or copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers							Copay amounts:			
Option	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Pharmacy	Other services
	In	Out	Individual	Family	Individual	Family				
36*	80%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$25/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
37	80%	50%	\$1,000	\$2,000	\$6,500	\$13,000	\$30/\$55	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
38	80%	50%	\$1,500	\$3,000	\$3,000	\$6,000	\$20/\$35	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
39	80%	50%	\$1,500	\$3,000	\$4,000	\$8,000	\$30/\$45	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
40*	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
41	80%	50%	\$2,000	\$4,000	\$3,000	\$6,000	\$20/\$35	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
42	80%	50%	\$2,000	\$4,000	\$4,000	\$8,000	\$30/\$45	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
43*	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$40/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
44	80%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
45	80%	50%	\$2,500	\$5,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
46*	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$30/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
47	80%	50%	\$2,500	\$5,000	\$6,500	\$13,000	\$35/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
48	80%	50%	\$3,000	\$6,000	\$4,000	\$8,000	\$20/\$35	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
49	80%	50%	\$3,000	\$6,000	\$6,500	\$13,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
50	80%	50%	\$4,000	\$8,000	\$5,000	\$10,000	\$30/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
51	80%	50%	\$4,000	\$8,000	\$6,500	\$13,000	\$40/\$55	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
52	80%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$35/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
53	80%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
54	70%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$20/\$35	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
55	70%	50%	\$2,000	\$4,000	\$4,000	\$8,000	\$25/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
56	70%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$30/\$45	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
57	70%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$30/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
58*	70%	50%	\$4,000	\$8,000	\$6,500	\$13,000	\$35/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
59	70%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$55	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
60	50%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$25/\$40	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
61	50%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible

(\*) HMOSelect only available with these options

(1) \$250 individual / \$500 family pharmacy deductible – applies to levels 2, 3, and 4 only



## TRADITIONAL PLANS: COPAY

**PPO, NPOS, and HMO COPAY PLANS** – In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only copay or deductible / coinsurance when in-network providers are used. Deductible, coinsurance and/or copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers							Copay amounts:			
Option	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Pharmacy	Other services
	In	Out	Individual	Family	Individual	Family				
62*	50%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$30/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
63	50%	50%	\$2,500	\$5,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible
64	50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$35/\$50	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
65	50%	50%	\$3,000	\$6,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible
66*	50%	50%	\$4,000	\$8,000	\$5,000	\$10,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
67	50%	50%	\$4,000	\$8,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible
68	50%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$55	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
69	50%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible
75*	100%	70%	\$6,000	\$12,000	\$7,900	\$15,800	\$40/\$65	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
76*	80%	50%	\$2,000	\$4,000	\$7,900	\$15,800	\$40/\$65	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
77*	80%	50%	\$6,000	\$12,000	\$7,900	\$15,800	\$40/\$65	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
78*	50%	50%	\$2,000	\$4,000	\$7,900	\$15,800	\$40/\$65	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
79*	50%	50%	\$6,000	\$12,000	\$7,900	\$15,800	\$40/\$65	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible

(\*) HMOSelect only available with these options

(1) \$250 individual / \$500 family pharmacy deductible – applies to levels 2, 3, and 4 only



## TRADITIONAL PLANS: COINSURANCE

**PPO, NPOS, and HMO COINSURANCE PLANS**—In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay a coinsurance after the deductible is met, when in-network providers are used. Deductible, coinsurance and/or copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers

Copay amounts:

Option	Coinsurance		Deductible		Maximum out-of-pocket		Pharmacy	Other services
	In	Out	Individual	Family	Individual	Family		
11*	90%	60%	\$5,000	\$10,000	\$6,500	\$13,000	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible

(\*) HMO Select is not available with this option

(1) \$250 individual / \$500 family pharmacy deductible – applies to levels 2, 3, and 4 only



**TRADITIONAL PLANS: CANOPY**

**NPOS and HMO CANOPY PLANS** – In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only copay or deductible / coinsurance when in-network providers are used. Deductible, coinsurance and/or copays, including prescription drugs, count toward the maximum out-of-pocket.

**Plan features to understand:**

- Members pay only a copay for primary care office exam, specialist office exam, retail clinic, urgent care, and pharmacy services
- All other services pay deductible / coinsurance including any lab or x-ray done in conjunction with an office visit

**If you use IN-NETWORK providers**

**Copay amounts:**

Option	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care	Pharmacy	Other services
	In	Out	Individual	Family	Individual	Family				
43*	100%	70%	\$3,000	\$6,000	\$5,000	\$10,000	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
44*	100%	70%	\$6,500	\$13,000	\$7,900	\$15,800	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
45	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
46	80%	50%	\$1,000	\$2,000	\$7,900	\$15,800	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
47	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
48	80%	50%	\$2,000	\$4,000	\$7,900	\$15,800	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
49	80%	50%	\$3,000	\$6,000	\$7,900	\$15,800	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
50	80%	50%	\$4,000	\$8,000	\$7,900	\$15,800	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
51	80%	50%	\$6,500	\$13,000	\$7,900	\$15,800	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
52*	50%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
53	50%	50%	\$2,000	\$4,000	\$7,900	\$15,800	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
54	50%	50%	\$4,000	\$8,000	\$7,900	\$15,800	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
55	50%	50%	\$5,000	\$10,000	\$7,900	\$15,800	\$20/\$70	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible

(\*) HMOSelect only available with these options



**HDHP PLANS**

**PPO, NPOS, and HMO PLANS** – HDHP, or High Deductible Health Plans, feature budget-friendly premiums and pay coinsurance benefits after the deductible is met for all covered services. Plan includes coverage for preventive services, such as annual exams, at 100% when in-network providers are used. HDHPs are also compatible with health savings accounts (HSAs).

**AGGREGATE** – All covered benefits apply to the family deductible and family maximum out-of-pocket. The plan pays a coinsurance percentage after the entire family deductible is met.

**If you use IN-NETWORK providers**

Option	Coinsurance		Deductible		Maximum out-of-pocket				Pharmacy	Other services
	In	Out	Individual	Family	In-network		Out-of-network			
					Individual	Family	Individual	Family		
11*	100%	70%	\$2,000	\$4,000	\$2,000	\$4,000	\$8,500	\$17,000	Coinsurance after deductible	Coinsurance after deductible
12*	100%	70%	\$3,400	\$6,800	\$3,400	\$6,800	\$12,700	\$25,400	Coinsurance after deductible	Coinsurance after deductible

(\*) HMO Select is not available with these options

**EMBEDDED** – All covered benefits apply to the individual and family deductible and maximum out-of-pocket. When any family member reaches the individual deductible amount, that family member will begin receiving coinsurance benefits – even if the family deductible has not been met.

**If you use IN-NETWORK providers**

Option	Coinsurance		Deductible		Maximum out-of-pocket				Pharmacy	Other services
	In	Out	Individual	Family	In-network		Out-of-network			
					Individual	Family	Individual	Family		
13*	100%	70%	\$3,000	\$6,000	\$3,000	\$6,000	\$11,500	\$23,000	Coinsurance after deductible	Coinsurance after deductible
14*	100%	70%	\$4,000	\$8,000	\$4,000	\$8,000	\$14,500	\$29,000	Coinsurance after deductible	Coinsurance after deductible
15*	100%	70%	\$6,350	\$12,700	\$6,350	\$12,700	\$21,550	\$43,100	Coinsurance after deductible	Coinsurance after deductible
16*	90%	60%	\$3,000	\$6,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible	Coinsurance after deductible
17*	90%	60%	\$5,000	\$10,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible	Coinsurance after deductible
18*	80%	50%	\$4,000	\$8,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible	Coinsurance after deductible
19*	80%	50%	\$5,000	\$10,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible	Coinsurance after deductible
20*	70%	50%	\$4,500	\$9,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible	Coinsurance after deductible
21*	80%	50%	\$3,000	\$6,000	\$6,750	\$13,500	\$20,250	\$40,500	Coinsurance after deductible	Coinsurance after deductible
22*	80%	50%	\$5,000	\$10,000	\$6,750	\$13,500	\$20,250	\$40,500	Coinsurance after deductible	Coinsurance after deductible
23*	50%	50%	\$3,000	\$6,000	\$6,750	\$13,500	\$20,250	\$40,500	Coinsurance after deductible	Coinsurance after deductible
24*	50%	50%	\$4,000	\$8,000	\$6,750	\$13,500	\$20,250	\$40,500	Coinsurance after deductible	Coinsurance after deductible

(\*) HMO Select is not available with these options



## IL COORDINATED CARE NETWORK PLANS

The CCN Network includes the following provider systems: When selecting the CCN Network, a group must include all 7 networks listed below for each plan option.			EXAMPLE: (Quote & Enroll all 7 Networks/Plans)
Network Name	Provider System	County Location of Participating Providers	
Advocate CCN HMO	Advocate Health Care	Cook, DuPage, Kane, Lake, Will	Simplicity Opt 1 - Advocate
Loyola CCN HMO	Loyola University Health Systems	Cook	Simplicity Opt 1 - Loyola
NorthShore CCN HMO	NorthShore University Health Systems	Cook, Kane	Simplicity Opt 1 - Northshore
Northwest Community CCN HMO	Northwest Community Health Systems	Cook	Simplicity Opt 1 - Northwest
Presence CCN HMO	Presence Health System	Cook, Kane, Kankakee, Will	Simplicity Opt 1 - Presence
Sinai Health CCN HMO	Sinai Health System	Cook	Simplicity Opt 1 - Sinai
Swedish Covenant CCN HMO	Swedish Covenant Hospital	Cook	Simplicity Opt 1 - Swedish

### HUMANA HMO SIMPLICITY PLANS

Option	Coinsurance	Deductible	Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Advanced imaging	Inpatient <sup>1</sup> / Outpatient services	Pharmacy
			Individual	Family					
			150-156	100%					
157-163	100%	\$0	\$6,500	\$13,000	\$30/\$75	\$30/\$125/\$500	\$500	\$1,000/\$1,000	\$10/\$40/\$70/25%*
164,166,168,170,172,174,176	100%	\$0	\$6,500	\$13,000	\$30/\$100	\$30/\$125/\$600	\$600	\$1,500/\$1,500	\$10/\$40/\$70/25%*
178-184	100%	\$0	\$6,500	\$13,000	\$40/\$100	\$40/\$125/\$600	\$600	\$2,000/\$2,000	\$10/\$45/\$90/25%*

(1) Copay per day for first three days  
(\* ) Select Rx not available with these options

### HUMANA HMO COPAY PLANS

Option	Coinsurance	Deductible	Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Pharmacy	Other services
			Individual	Family				
			192-198	80%				
199-205	80%	\$1,000	\$4,000	\$8,000	\$25/\$50	\$40/\$100/\$350	\$10/\$40/\$60	Coinsurance after deductible*
206-212	80%	\$1,500	\$5,000	\$10,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible*
213-219	80%	\$3,000	\$4,000	\$8,000	\$20/\$35	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible*
220-226	50%	\$2,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible*
228-233	50%	\$4,000	\$5,000	\$10,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible*

(1) \$250 individual / \$500 family pharmacy deductible – applies to levels 2, 3, and 4 only  
(\* ) Select Rx not available with these options





**IL COORDINATED CARE NETWORK PLANS**

**HUMANA HMO EMBEDDED HDHP PLANS**—All covered benefits apply to the individual and family deductible and maximum out-of-pocket. When any family member reaches the individual deductible amount, that family member will begin receiving coinsurance benefits – even if the family deductible has not been met.

Option	Coinsurance	Deductible	Maximum out-of-pocket		Pharmacy	Other services
			Individual	Family		
165,167,169,171,173,175,177	100%	\$3,000	\$3,000	\$6,000	Coinsurance after deductible	Coinsurance after deductible*
185-191	80%	\$5,000	\$6,350	\$12,700	Coinsurance after deductible	Coinsurance after deductible*

(\*) Select Rx not available with these options

## DEFINITIONS OF TERMS

- **Copay** – A flat-dollar amount a member pays when visiting a health care provider or filling a prescription.
- **Coinsurance** – The percentage of covered health care costs the plan pays while covered under this plan.
- **Deductible** – Based on a calendar year. In-network and out-of-network amounts accumulate separately, when applicable. Out-of-network deductible is three times the in-network amount except for Humana Simplicity™ where the amount is fixed. Family deductible is two times the individual amount.
- **Health Savings Account (HSA)** – An account that allows individuals to pay for current health expenses and save for future qualified medical expenses on a tax-free basis. HSAs must be linked to a high-deductible health plan and amounts contributed to an HSA belong to individuals and are completely portable.
- **Maximum out-of-pocket** – Based on a calendar year. In-network and out-of-network limits accumulate separately, when applicable. In-network limit includes any copays, deductibles and/or coinsurance (out-of-network excludes pharmacy). Out-of-network limit is three times the in-network amount except for HDHPs where the amount is fixed. Family out-of-pocket is two times the individual amount.

## CHOOSE YOUR MEDICAL NETWORK

You can offer your employees a national network of providers or save with a Focused Provider Network that typically includes one or two local and well-known healthcare systems.

### PPO Plans:

- **Humana ChoiceCare Network® (CHC)** is one of the largest, most cost-effective physician and hospital networks in the nation. Members can visit any participating network provider at any time.
- **ChoicePOS Network** enables Humana to offer flexible benefits while accessing the best provider discounts available. Members can visit any participating network provider at any time.

### NPOS Plans:

- **Humana National POS – Open Access Network** offers the advantages of an HMO with the flexibility of a PPO plan. Members can visit any participating network provider at any time and any location, and do not need to choose a primary care physician.

### HMO Plans:

- **HMO Premier Network** is the largest HMO network available to our members. HMO members have the ability to see any participating provider and do not need to select a primary care physician. There are no out-of-network, non-emergency benefits.
- **HMO Select** is a local HMO network close to home. Staying within a limited set of local physicians and other healthcare providers lowers the cost of health benefits. Members must choose a primary care physician and there are no out-of-network, non-emergency benefits.
- **Illinois Coordinated Care Network** is a focused network close to home. Staying within a limited set of local physicians and other healthcare providers lowers the cost of health benefits. Members must choose a primary care physician within the provider system they chose and have the freedom to visit specialists without referral from their primary care physician within that provider system as needed. There are no out-of-network, non-emergency benefits.

### Pharmacy:

- **National Pharmacy Network:** With more than 65,000 pharmacies across the country, the network includes all national chains, major regional chains, and more than 22,000 independent pharmacies, along with Humana's mail delivery and specialty pharmacies.
- **Select Rx Pharmacy Network:** This narrow network of approximately 17,000 pharmacies encompasses CVS (including Target locations) and Walmart brand stores (Walmart, Walmart Neighborhood Market, and Sam's Club), along with Humana's mail delivery and specialty pharmacies.

## The fine print

This material provided is a general summary for informational purposes only and does not address all your organization's specific issues related to healthcare reform. It is not intended or written to be used, and it cannot be used, as legal advice or a legal opinion. It should not be relied upon in lieu of consultation with your own legal advisors.

### **Provider disclaimer:**

Primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

Wellness programs are not insurance products.

Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company

### **Limitations and Exclusions:**

Our health benefit plans have limitations and exclusions and terms under which the coverage may be continued in force or discontinued. For costs and complete details of coverage, call or write your Humana insurance agent or broker.

Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at <https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure> or through your sales representative.



Policy numbers: CHMO 2004-P 16 L, CC2003-P 16 L, CC2003-P 16 POS S, CHMO 2004-P 16 POS S