

HumanaHDHP 16 PPO Coinsurance

For groups 101+

Effective dates starting 1/1/16

HDHP Plan

High Deductible Health Plan – HSA compatible

Aggregate annual deductible and maximum out-of-pocket

- 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
- The annual deductible and maximum out-of-pocket is based upon a calendar or plan year
- The maximum out-of-pocket limit includes medical and pharmacy deductibles, copays and/or coinsurance

Benefit options with Rx4 Copay

Option	Coinsurance		Annual deductible				Maximum out-of-pocket limit			
	In	Out	In-network		Out-of-network		In-network		Out-of-network	
			Individual	Family	Individual	Family	Individual	Family	Individual	Family
1	100%	70%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,000	\$6,000	\$9,000	\$18,000
2	100%	70%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,400	\$6,800	\$10,200	\$20,400
3	100%	70%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,000	\$6,000	\$9,000	\$18,000
4	100%	70%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,400	\$6,800	\$10,200	\$20,400
5	100%	70%	\$2,500	\$5,000	\$7,500	\$15,000	\$3,400	\$6,800	\$10,200	\$20,400
6	90%	60%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,000	\$6,000	\$9,000	\$18,000
7	90%	60%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,400	\$6,800	\$10,200	\$20,400
8	90%	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,000	\$6,000	\$9,000	\$18,000
9	90%	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,400	\$6,800	\$10,200	\$20,400
10	90%	60%	\$2,500	\$5,000	\$7,500	\$15,000	\$3,400	\$6,800	\$10,200	\$20,400
11	80%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,000	\$6,000	\$9,000	\$18,000
12	80%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,400	\$6,800	\$10,200	\$20,400
13	80%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,000	\$6,000	\$9,000	\$18,000
14	80%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,400	\$6,800	\$10,200	\$20,400
15	80%	50%	\$2,500	\$5,000	\$7,500	\$15,000	\$3,400	\$6,800	\$10,200	\$20,400

Benefit options with Rx Deductible/Coinsurance

Option	Coinsurance		Annual deductible				Maximum out-of-pocket limit			
			In-network		Out-of-network		In-network		Out-of-network	
	In	Out	Individual	Family	Individual	Family	Individual	Family	Individual	Family
16	100%	70%	\$1,500	\$3,000	\$4,500	\$9,000	\$1,500	\$3,000	\$7,000	\$14,000
17	100%	70%	\$2,000	\$4,000	\$6,000	\$12,000	\$2,000	\$4,000	\$8,500	\$17,000
18	100%	70%	\$2,500	\$5,000	\$7,500	\$15,000	\$2,500	\$5,000	\$10,000	\$20,000
19	100%	70%	\$3,000	\$6,000	\$9,000	\$18,000	\$3,000	\$6,000	\$11,500	\$23,000
20	100%	70%	\$3,400	\$6,800	\$10,200	\$20,400	\$3,400	\$6,800	\$12,700	\$25,400
21	90%	60%	\$1,500	\$3,000	\$4,500	\$9,000	\$2,500	\$5,000	\$7,500	\$15,000
22	90%	60%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,000	\$6,000	\$9,000	\$18,000
23	90%	60%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,400	\$6,800	\$10,200	\$20,400
24	90%	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,000	\$6,000	\$9,000	\$18,000
25	90%	60%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,400	\$6,800	\$10,200	\$20,400
26	90%	60%	\$2,500	\$5,000	\$7,500	\$15,000	\$3,400	\$6,800	\$10,200	\$20,400
27	80%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$2,500	\$5,000	\$7,500	\$15,000
28	80%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,000	\$6,000	\$9,000	\$18,000
29	80%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$3,400	\$6,800	\$10,200	\$20,400
30	80%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,000	\$6,000	\$9,000	\$18,000
31	80%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,400	\$6,800	\$10,200	\$20,400
32	80%	50%	\$2,500	\$5,000	\$7,500	\$15,000	\$3,400	\$6,800	\$10,200	\$20,400

If you use in-network providers

If you use out-of-network providers

Physician services

- Office visits
- Retail clinic visits
- Urgent care visits

Coinsurance after deductible

Coinsurance after deductible

Facility services

- Inpatient services
- Outpatient and ambulatory surgery
- Urgent care

Coinsurance after deductible

Coinsurance after deductible

- Emergency room

Coinsurance after deductible

Coinsurance after
in-network deductible



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