

# Humana Simplicity HMO 16

For groups 101+

Effective dates starting 5/1/21

## Florida Humana Simplicity

### If you use in-network providers

#### Annual deductible

- Annual deductibles do not apply

#### Individual

N/A

#### Family

N/A

#### Maximum out-of-pocket limit

- The maximum out-of-pocket limit is calculated on a calendar or plan year
- Includes medical and pharmacy deductibles, copays and/or coinsurance

#### Individual

**Option 1:** \$3,500  
**Option 2:** \$4,000  
**Option 3:** \$5,000  
**Option 4:** \$6,000  
**Option 5:** \$6,500  
**Option 6:** \$6,500  
**Option 7:** \$7,900

#### Family

\$7,000  
\$8,000  
\$10,000  
\$12,000  
\$13,000  
\$13,000  
\$15,800

#### Physician services

- Office visits

**Option 1:** \$20 primary care / \$35 specialist  
**Option 2:** \$25 primary care / \$40 specialist  
**Option 3:** \$25 primary care / \$55 specialist  
**Option 4:** \$25 primary care / \$65 specialist  
**Option 5:** \$30 primary care / \$75 specialist  
**Option 6:** \$30 primary care / \$100 specialist  
**Option 7:** \$40 primary care / \$80 specialist

- Retail clinic visits

100% after primary care copay

- Urgent care visits

**Option 1:** 100% after \$75 copay  
**Option 2:** 100% after \$75 copay  
**Option 3:** 100% after \$100 copay  
**Option 4:** 100% after \$100 copay  
**Option 5:** 100% after \$125 copay  
**Option 6:** 100% after \$125 copay  
**Option 7:** 100% after \$125 copay

- Advanced imaging

**Option 1:** 100% after \$150 copay  
**Option 2:** 100% after \$250 copay  
**Option 3:** 100% after \$350 copay  
**Option 4:** 100% after \$375 copay  
**Option 5:** 100% after \$500 copay  
**Option 6:** 100% after \$600 copay  
**Option 7:** 100% after \$600 copay

## Facility services

- Inpatient services

**Option 1:** 100% after \$250 copay for one day per admission

**Option 2:** 100% after \$500 copay for one day per admission

**Option 3:** 100% after \$500 copay per day for first three days per admission

**Option 4:** 100% after \$700 copay per day for first three days per admission

**Option 5:** 100% after \$1,000 copay per day for first three days per admission

**Option 6:** 100% after \$1,500 copay per day for first three days per admission

**Option 7:** 100% after \$2,000 copay per day for first three days per admission

- Outpatient and ambulatory surgery

**Option 1:** 100% after \$250 copay per visit

**Option 2:** 100% after \$500 copay per visit

**Option 3:** 100% after \$500 copay per visit

**Option 4:** 100% after \$700 copay per visit

**Option 5:** 100% after \$1,000 copay per visit

**Option 6:** 100% after \$1,500 copay per visit

**Option 7:** 100% after \$2,000 copay per visit

- Urgent care

100%

- Emergency room (copay waived if admitted)

**Option 1:** 100% after \$150 copay per visit

**Option 2:** 100% after \$250 copay per visit

**Option 3:** 100% after \$350 copay per visit

**Option 4:** 100% after \$375 copay per visit

**Option 5:** 100% after \$500 copay per visit

**Option 6:** 100% after \$600 copay per visit

**Option 7:** 100% after \$600 copay per visit

- Advanced imaging

**Option 1:** 100% after \$150 copay

**Option 2:** 100% after \$250 copay

**Option 3:** 100% after \$350 copay

**Option 4:** 100% after \$375 copay

**Option 5:** 100% after \$500 copay

**Option 6:** 100% after \$600 copay

**Option 7:** 100% after \$600 copay

**Preauthorization:** Humana requires preauthorization for some services and procedures. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at Humana.com or call Customer Service. Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits.

**Access to Care:** Only emergency services, or urgent services received while out of the service area are covered when provided by nonparticipating providers or facilities. Please refer to the certificate of coverage for service area definition.

**Providers:** 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 covered persons.

**Additional Coverage Information:** Please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate coverage. This guide is available at <https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure> or through your sales representative.

Humana medical plans are offered by Humana Medical Plan, Inc.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

