

Humana Simplicity HMO 16 IL Coordinated Care Network

For groups 101+

Effective dates starting 1/1/17

Humana Simplicity options 1 - 6

- When selecting the CCN Network, a group must include all 7 networks listed below for each plan option.
- Families will have to select one of the available Providers Systems through which they will receive care for the plan year.

Quote & Enroll all 7 Plans/Networks

The CCN Network includes the following provider systems:

Network Name	Provider System	County Location of Participating Providers	Example
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 (Progress Health) CCN HMO	Sinai Health System (Progress Health)	Cook	Simplicity Opt 1 – Sinai (Progress)
Swedish Covenant CCN HMO	Swedish Covenant Hospital	Cook	Simplicity Opt 1 - Swedish

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

Family
\$7,000
\$8,000
\$10,000
\$12,000
\$13,000
\$13,000

If you use in-network providers

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

100% after primary care copay

- Retail clinic visits
- 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

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

Facility services

- 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

- Urgent care
- Emergency room (copay waived if admitted)

100%

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

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](https://www.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 Health 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.

