## Humana National POS 16

For groups 101+

Effective dates starting 4/1/21

## Georgia Canopy Plan

Coinsurance options: 100/70, 80/60, 60/60	If you use in-network providers		If you use out-of-network providers		
<ul> <li>Annual deductible</li> <li>The annual deductible is based upon a calendar or plan year</li> <li>In-network and out-of-network deductibles accumulate separately</li> </ul>	Individual \$1,000 \$2,000 \$3,000 \$3,500 \$4,000 \$5,000 \$6,500	Family \$2,000 \$4,000 \$6,000 \$7,000 \$8,000 \$10,000 \$13,000	Individual \$3,000 \$6,000 \$9,000 \$10,500 \$12,000 \$15,000 \$19,500	Family \$6,000 \$12,000 \$18,000 \$21,000 \$24,000 \$30,000 \$39,000	
<ul> <li>Maximum out-of-pocket limit</li> <li>The maximum out-of-pocket limit is calculated on a calendar or plan year</li> <li>Includes medical and pharmacy deductibles, copays and/or coinsurance</li> </ul>	Individual         Family         Individual         Family           \$5,000*         \$10,000         \$15,000         \$30,000           \$6,500*         \$13,000         \$19,500         \$39,000           \$7,900*         \$15,800         \$23,700         \$47,400           \$8,550*         \$17,100         \$25,650         \$51,300				
<ul><li>Physician services</li><li>Office visits</li></ul>	deductibles 100% after \$20 primary care/\$50 specialist \$20 primary care/\$70 specialist		70% after ded	70% after deductible	
Retail clinic visits	100% after \$20 copay		70% after deductible		
Urgent care visits	100% after \$100 copay		70% after deductible		
<ul><li>Facility services</li><li>Inpatient services</li><li>Outpatient and ambulatory surgery</li></ul>	Coinsurance after deductible		Coinsurance a	Coinsurance after deductible	
Urgent care	100%		70% after deductible		
Emergency room	Coinsurance after deductible		Coinsurance after in-network deductible		

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**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.

**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 <a href="https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure">https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure</a> or through your sales representative.

Offered by Humana Employers Health Plan of Georgia, Inc. and insured by Humana Insurance Company

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



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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.



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