Small Group
Pharmacy Plans For Creditable Coverage 2020

Humana

Humana has verified that the benefit plans listed on these pages either PASS or DO NOT PASS (FAILED) the gross actuarial value test for creditable coverage. This is indicated by a "YES" or "NO" under the Creditable Coverage column below. However, as the employer, you are responsible for assessing that the plan(s) you've selected and implemented actually provides creditable coverage.

RX3 (No Specialty Tier)			
Pharmacy Plans	**Rx Only Deductible**	**Maximum Out-of-Pocket**	**Creditable Coverage**
RX3 10/25/50	0	NO MOOP	YES
RX3 10/40/60	0	NO MOOP	YES
RX3 10/50/100	0	NO MOOP	YES
RX3 15/30/50	0	NO MOOP	YES
RX3 20/40/65	0	NO MOOP	YES

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RX3 + Specialty			
Pharmacy Plans	Rx Only Deductible	Maximum Out-of-Pocket	Creditable Coverage
RX3S 10/40/60/25%	0	2000	YES
RX3S 10/40/60/25%	0	4000	YES
RX3S 10/40/60/25%	0	5000	YES
RX3S 10/40/60/25%	0	6500	YES
RX3S 10/40/75/25%	0	5000	YES
RX3S 10/40/75/25%	0	6000	YES
RX3S 10/40/75/25%	0	7350	YES
RX3S 10/50/100/25%	0	5500	YES
RX3S 10/50/100/25%	0	6500	YES
RX3S 10/50/100/25%	0	7350	YES

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RX4				
Pharmacy Plans	Rx Only Deductible	Tier 4 Maximum Out-of-Pocket	All Tier Maximum Out-of-Pocket	Creditable Coverage
RX4 5/20/40/25%	0	2500	NO MOOP	YES
RX4 10/20/40/25%	0	2500	NO MOOP	YES
RX4 10/20/40/25%	0		NO MOOP	YES
RX4 10/25/45/25%	0	2500	NO MOOP	YES
RX4 10/25/45/25%	0		NO MOOP	YES
RX4 10/25/50/25%	0	2500	NO MOOP	YES
RX4 10/30/50/25%	0	2500	NO MOOP	YES
RX4 10/30/50/25%	0	3500	NO MOOP	YES
RX4 10/30/50/25%	0		2000	YES
RX4 10/30/50/25%	0		4000	YES
RX4 10/30/50/25%	0		NO MOOP	YES
RX4 10/35/55/25%	0	2500	NO MOOP	YES
RX4 10/35/55/25%	0	3500	NO MOOP	YES
RX4 10/35/55/25%	0	5000	NO MOOP	YES
RX4 10/35/55/25%	0		2000	YES
RX4 10/35/55/25%	0		2500	YES
RX4 10/35/55/25%	0		3000	YES
RX4 10/35/55/25%	0		3500	YES
RX4 10/35/55/25%	0		4000	YES
RX4 10/35/55/25%	0		4500	YES
RX4 10/35/55/25%	0		5000	YES
RX4 10/35/55/25%	0		5500	YES
RX4 10/35/55/25%	0		6000	YES
RX4 10/35/55/25%	0		6500	YES

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RX4				
Pharmacy Plans	Rx Only Deductible	Tier 4 Maximum Out-of-Pocket	All Tier Maximum Out-of-Pocket	Creditable Coverage
RX4 10/35/55/25%	0		7000	YES
RX4 10/35/55/25%	0		7500	YES
RX4 10/35/55/25%	0		NO MOOP	YES
RX4 10/35/55/25%	250	3500	NO MOOP	YES
RX4 10/35/55/25%	250		NO MOOP	NO
RX4 10/35/55/25% max 100	0		3500	YES
RX4 10/35/55/25% max 100	0		5000	YES
RX4 10/35/55/25% max 100	0		5500	YES
RX4 10/35/55/25% max 100	0		6000	YES
RX4 10/35/55/25% max 100	0		7500	YES
RX4 10/35/55/275	0		3500	YES
RX4 10/35/55/30%	0		5000	YES
RX4 10/35/55/30%	0		5500	YES
RX4 10/35/55/375	0		4500	YES
RX4 10/35/55/500	0		6000	YES
RX4 10/35/65/25%	250	3500	NO MOOP	YES
RX4 10/40/65/25%	0	2500	NO MOOP	YES
RX4 10/40/65/25%	0	3500	NO MOOP	YES
RX4 10/40/65/25%	0		NO MOOP	NO
RX4 10/40/70/25%	0	3500	NO MOOP	YES
RX4 10/40/70/25%	0	5000	NO MOOP	YES
RX4 10/40/70/25%	0		4000	YES
RX4 10/40/70/25%	0		4500	YES
RX4 10/40/70/25%	0		5000	YES

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RX4				
Pharmacy Plans	Rx Only Deductible	Tier 4 Maximum Out-of-Pocket	All Tier Maximum Out-of-Pocket	Creditable Coverage
RX4 10/40/70/25%	0		6000	YES
RX4 10/40/70/25%	0		6500	YES
RX4 10/40/70/25%	0		7350	YES
RX4 10/40/70/25%	250		6500	YES
RX4 10/40/75/25%	0		3000	YES
RX4 10/40/75/25%	0		4000	YES
RX4 10/40/75/25%	0		4500	YES
RX4 10/40/75/25%	0		5000	YES
RX4 10/40/75/25%	0		5500	YES
RX4 10/40/75/25%	0		6000	YES
RX4 10/40/75/25%	0		6500	YES
RX4 10/40/75/25%	0		7350	YES
RX4 10/40/75/25%	0		7500	YES
RX4 10/40/75/25%	0		8150	YES
RX4 10/40/75/25%	250		7350	YES
RX4 10/40/75/25%	500		7900	NO
RX4 10/40/75/25% max 100	0		3000	YES
RX4 10/40/75/25% max 100	0		5000	YES
RX4 10/40/75/25% max 100	0		5500	YES
RX4 10/40/75/25% max 100	0		6000	YES
RX4 10/40/75/25% max 100	0		6500	YES
RX4 10/40/75/250	0		3000	YES
RX4 10/40/75/30%	0		5000	YES
RX4 10/40/75/30%	0		6000	YES

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RX4				
Pharmacy Plans	Rx Only Deductible	Tier 4 Maximum Out-of-Pocket	All Tier Maximum Out-of-Pocket	Creditable Coverage
RX4 10/40/75/30%	0		6500	YES
RX4 10/40/75/500	0		6000	YES
RX4 10/40/75/500	0		6500	YES
RX4 10/40/75/575	0		7350	YES
RX4 10/40/90/25%	0		5500	YES
RX4 10/45/70/25%	0	2500	NO MOOP	YES
RX4 10/45/70/25%	0	3500	NO MOOP	YES
RX4 10/45/70/25%	250	3500	NO MOOP	YES
RX4 10/45/75/25%	0	3500	NO MOOP	YES
RX4 10/45/75/25%	500	3500	NO MOOP	NO
RX4 10/45/90/25%	0	5000	NO MOOP	YES
RX4 10/45/90/25%	0		5000	YES
RX4 10/45/90/25%	0		5500	YES
RX4 10/45/90/25%	0		6000	YES
RX4 10/45/90/25%	0		6500	YES
RX4 10/45/90/25%	0		7000	YES
RX4 10/45/90/25%	0		7350	YES
RX4 10/45/90/25%	0		7900	YES
RX4 10/45/90/25%	0		8150	YES
RX4 10/45/90/25%	100		7900	YES
RX4 10/45/90/25%	100		8150	YES
RX4 10/45/90/25%	250		6500	YES
RX4 10/45/90/25%	250		7000	YES
RX4 10/45/90/25%	250		7350	YES

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RX4				
Pharmacy Plans	Rx Only Deductible	Tier 4 Maximum Out-of-Pocket	All Tier Maximum Out-of-Pocket	Creditable Coverage
RX4 10/45/90/25%	250		7900	YES
RX4 10/45/90/25%	250		8150	YES
RX4 10/45/90/25%	350		8150	NO
RX4 10/45/90/25%	500		7000	NO
RX4 10/45/90/25%	500		7900	NO
RX4 10/45/90/25%	500		8150	NO
RX4 10/45/90/25%	600		8150	NO
RX4 10/45/90/25% max 100	0		5000	YES
RX4 10/45/90/25% max 100	100		7900	YES
RX4 10/45/90/25% max 100	250		7900	YES
RX4 10/45/90/25% max 100	250		8150	YES
RX4 10/45/90/25% max 100	500		7900	YES
RX4 10/45/90/25% max 100	500		8150	YES
RX4 10/45/90/30%	0		5000	YES
RX4 10/45/90/30%	250		8150	YES
RX4 10/45/90/30%	500		8150	NO
RX4 10/45/90/500	0		7350	YES
RX4 10/45/90/575	0		7000	YES
RX4 10/50/100/25%	0		4000	YES
RX4 10/50/100/25%	0		5500	YES
RX4 10/50/100/25%	0		7150	YES
RX4 10/50/100/25%	0		7350	YES
RX4 10/50/100/25%	0		7900	YES
RX4 10/50/100/25%	0		8150	YES

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RX4				
Pharmacy Plans	Rx Only Deductible	Tier 4 Maximum Out-of-Pocket	All Tier Maximum Out-of-Pocket	Creditable Coverage
RX4 10/50/100/25%	250		7900	NO
RX4 10/50/100/25%	250		8150	NO
RX4 10/50/100/25%	500		8150	NO
RX4 10/50/100/25% max 100	0		7900	YES
RX4 10/50/100/500	0		7900	YES
RX4 15/50/100/25%	0		7350	YES

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RX5			
Pharmacy Plans	Rx Only Deductible	Maximum Out-of-Pocket	Creditable Coverage
RX5 5/15/75/100/100	0	5000	YES
RX5 5/15/75/100/100	0	5500	YES
RX5 5/15/75/100/100	0	6000	YES
RX5 5/15/75/100/100	0	6500	YES
RX5 5/15/75/100/100	0	8150	YES
RX5 5/15/75/150/500	0	2000	YES
RX5 5/15/75/150/500	0	3000	YES
RX5 5/15/75/150/500	0	3500	YES
RX5 5/15/75/150/500	0	4000	YES
RX5 5/15/75/150/500	0	4500	YES
RX5 5/15/75/150/500	0	5000	YES
RX5 5/15/75/150/500	0	5500	YES
RX5 5/15/75/150/500	0	6000	YES
RX5 5/15/75/150/500	0	6500	YES
RX5 5/15/75/150/500	0	7000	YES
RX5 5/15/75/150/500	0	7350	YES
RX5 5/15/75/150/500	0	7500	YES
RX5 5/15/75/150/500	0	7850	YES
RX5 5/15/75/150/500	0	8150	YES
RX5 5/20/50/100/100	0	5500	YES
RX5 5/20/50/100/100	0	6000	YES
RX5 5/20/50/100/100	0	6500	YES
RX5 5/20/50/100/100	0	7350	YES
RX5 5/20/50/100/100	0	7900	YES
RX5 5/20/50/100/500	0	4000	YES

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RX5			
Pharmacy Plans	Rx Only Deductible	Maximum Out-of-Pocket	Creditable Coverage
RX5 5/20/50/100/500	0	4500	YES
RX5 5/20/50/100/500	0	5000	YES
RX5 5/20/50/100/500	0	5500	YES
RX5 5/20/50/100/500	0	6000	YES
RX5 5/20/50/100/500	0	6500	YES
RX5 5/20/50/100/500	0	7000	YES
RX5 5/20/50/100/500	0	7350	YES
RX5 5/20/50/100/500	0	7900	YES
RX5 5/25/70/150/500	0	7900	YES

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RxImpact Allowance				
Allowance	**Group A&C Max Rx Out-of-Pocket**	**Group B&D Max Rx Out-of-Pocket**	**Annual Out-of-Pocket Maximum**	**Creditable Coverage**
RXIA 30 / 20 / 10 / 0	100	NONE	2500	YES
RXIA 30 / 20 / 10 / 0	100	NONE	NO MOOP	NO
RXIA 30 / 20 / 10 / 0	NONE	NONE	NO MOOP	NO

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In-Network				
Plan Design	Coinsurance	Deductible*	Maximum Out-of-Pocket	Creditable Coverage
Aggregate HDHP	100.0%	1500	1500	YES
Aggregate HDHP	100.0%	2000	2000	YES
Aggregate HDHP	100.0%	2500	2500	YES
Aggregate HDHP	100.0%	3000	3000	YES
Aggregate HDHP	100.0%	3400	3400	YES
Aggregate HDHP	100.0%	3500	3500	YES
Aggregate HDHP	100.0%	3675	3675	YES
Aggregate HDHP	100.0%	3950	3950	YES
Aggregate HDHP	100.0%	4000	4000	YES
Aggregate HDHP	100.0%	5000	5000	YES
Aggregate HDHP	90.0%	2000	5000	YES
Aggregate HDHP	90.0%	2500	4000	YES
Aggregate HDHP	90.0%	2500	5000	YES
Aggregate HDHP	90.0%	3000	4000	YES
Aggregate HDHP	90.0%	3000	5000	YES
Aggregate HDHP	90.0%	4000	5000	YES
Aggregate HDHP	80.0%	1500	4000	YES
Aggregate HDHP	80.0%	1500	5000	YES
Aggregate HDHP	80.0%	2000	4000	YES
Aggregate HDHP	80.0%	2000	5000	YES
Aggregate HDHP	80.0%	2500	4000	YES
Aggregate HDHP	80.0%	2500	5000	YES
Aggregate HDHP	80.0%	2500	5950	YES
Aggregate HDHP	80.0%	3000	4000	YES
Aggregate HDHP	80.0%	3000	5000	YES

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In-Network				
Plan Design	**Coinsurance**	**Deductible***	**Maximum Out-of-Pocket**	**Creditable Coverage**
Aggregate HDHP	80.0%	3000	5950	YES
Aggregate HDHP	80.0%	3500	5000	YES
Aggregate HDHP	80.0%	3750	5950	YES
Aggregate HDHP	80.0%	4000	5000	YES
Aggregate HDHP	80.0%	4000	5950	YES
Aggregate HDHP	80.0%	5000	5950	YES
Aggregate HDHP	70.0%	2500	5000	YES

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In-Network				
Plan Design	Coinsurance	Deductible*	Maximum Out-of-Pocket	Creditable Coverage
Embedded HDHP	100.0%	2700	2700	YES
Embedded HDHP	100.0%	2800	2800	YES
Embedded HDHP	100.0%	3000	3000	YES
Embedded HDHP	100.0%	3500	3500	YES
Embedded HDHP	100.0%	4000	4000	YES
Embedded HDHP	100.0%	5000	5000	YES
Embedded HDHP	100.0%	6350	6350	YES
Embedded HDHP	100.0%	6500	6500	YES
Embedded HDHP	100.0%	7900	7900	NO
Embedded HDHP	90.0%	3000	4000	YES
Embedded HDHP	90.0%	3000	5000	YES
Embedded HDHP	90.0%	3000	5950	YES
Embedded HDHP	90.0%	3000	6350	YES
Embedded HDHP	90.0%	4000	5000	YES
Embedded HDHP	90.0%	5000	6350	YES
Embedded HDHP	80.0%	3000	4000	YES
Embedded HDHP	80.0%	3000	5000	YES
Embedded HDHP	80.0%	3000	5950	YES
Embedded HDHP	80.0%	3500	5000	YES
Embedded HDHP	80.0%	3500	6550	YES
Embedded HDHP	80.0%	4000	5000	YES
Embedded HDHP	80.0%	4000	5950	YES
Embedded HDHP	80.0%	4000	6350	YES
Embedded HDHP	80.0%	5000	6350	YES

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In-Network				
Plan Design	**Coinsurance**	**Deductible***	**Maximum Out-of-Pocket**	**Creditable Coverage**
Embedded HDHP	80.0%	5500	6550	YES
Embedded HDHP	70.0%	4000	5000	YES
Embedded HDHP	70.0%	4500	6350	YES
Embedded HDHP	70.0%	5500	6550	YES
Embedded HDHP	70.0%	5500	7900	NO
Embedded HDHP	60.0%	5000	6550	NO
Embedded HDHP	50.0%	3000	6550	YES
Embedded HDHP	50.0%	4000	6550	YES
Embedded HDHP	50.0%	5000	6550	NO
Embedded HDHP	50.0%	5500	6650	NO

*Integrated deductible subject to both medical and pharmacy costs.

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In-Network					
Plan Design	**Coinsurance**	**RX4**	**Deductible***	**Maximum Out-of-Pocket**	**Creditable Coverage**
Aggregate HDHP	100.0%	RX4 10/30/50/25%	2500	5950	YES
Aggregate HDHP	100.0%	RX4 10/35/55/25%	2500	5950	YES
Aggregate HDHP	100.0%	RX4 10/40/70/25%	2500	5000	YES
Aggregate HDHP	100.0%	RX4 10/40/70/25%	3000	5000	YES
Aggregate HDHP	100.0%	RX4 10/40/70/25%	3125	5950	YES
Aggregate HDHP	100.0%	RX4 10/40/70/25%	4000	5000	YES
Aggregate HDHP	100.0%	RX4 10/40/70/25%	5000	5950	NO

*Integrated deductible subject to both medical and pharmacy costs.

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In-Network					
Plan Design	**Coinsurance**	**RX4**	**Deductible***	**Maximum Out-of-Pocket**	**Creditable Coverage**
Embedded HDHP	100.0%	RX4 10/30/50/25%	5000	6350	YES
Embedded HDHP	100.0%	RX4 10/35/55/25%	3000	5950	YES
Embedded HDHP	100.0%	RX4 10/35/55/25%	4000	5950	YES
Embedded HDHP	100.0%	RX4 10/40/70/25%	3000	5000	YES
Embedded HDHP	100.0%	RX4 10/40/70/25%	3000	5950	YES
Embedded HDHP	100.0%	RX4 10/40/70/25%	4000	5000	YES
Embedded HDHP	100.0%	RX4 10/40/70/25%	4000	5950	YES
Embedded HDHP	100.0%	RX4 10/45/70/25%	4000	5950	YES

*Integrated deductible subject to both medical and pharmacy costs.

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Humana Plans are offered by the Humana Family of Insurance and Health Plan Companies.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance) for more information on the company providing your benefits.

Our health benefit plans have Limitations and Exclusions.