



SIMPLICITY

PPO and HMO PLANS – With Simplicity, there is no in-network deductible to plan care around, and no coinsurance percentages to calculate. For healthcare services, members pay only a copayment when in-network providers are used, so they know exactly what they'll pay before they see a doctor, making it easier to prepare for any health need. In-network preventive services, such as annual exams and flu shots, are covered at 100%. Virtual Visits through Doctor On Demand (DOD) have a \$0 copay and can be used for non-emergency care. All other virtual visits (with other providers) will be equal to the cost associated with the same in-person/face-to-face site of care

If you use IN-NETWORK providers

Copayment amounts:

Option	Coinsurance		Deductible	Out-of-pocket ²		Primary Care/ Specialist	Retail Clinic/ Urgent Care/ER	Advanced Imaging	Ambulatory Surgical Center/Outpatient /Inpatient Services ¹	Pharmacy Drug List: Benefit
	In	Out		Individual	Family					
1	100%	50%	\$0	\$6,000	\$12,000	\$40/\$100	\$20/\$100/\$500	\$500	\$750/\$750/\$750	Rx5: \$5/\$20/\$50/\$100/\$500
2	100%	50%	\$0	\$6,000	\$12,000	\$40/\$100	\$20/\$100/\$500	\$500	\$1,250/\$1,250/\$1,250	Rx5: \$5/\$20/\$50/\$100/\$500
3	100%	50%	\$0	\$6,000	\$12,000	\$40/\$100	\$20/\$100/\$525	\$525	\$1,500/\$1,500/\$1,500	Rx5: \$5/\$20/\$50/\$100/\$500
4	100%	50%	\$0	\$6,000	\$12,000	\$40/\$100	\$20/\$100/\$550	\$550	\$1,750/\$1,750/\$1,750	Rx5: \$5/\$20/\$50/\$100/\$500
5	100%	50%	\$0	\$7,150	\$14,300	\$55/\$100	\$20/\$100/\$950	\$950	\$2,350/\$2,350/\$2,350	Rx5: \$5/\$20/\$50/\$100/\$500
6	100%	50%	\$0	\$6,000	\$12,000	\$40/\$100	\$20/\$100/\$500	\$500	\$750/\$750/\$750	Rx4: \$10/\$40/\$70/25%
7	100%	50%	\$0	\$6,000	\$12,000	\$40/\$100	\$20/\$100/\$500	\$500	\$1,250/\$1,250/\$1,250	Rx4: \$10/\$40/\$70/25%
8	100%	50%	\$0	\$6,000	\$12,000	\$40/\$75	\$20/\$100/\$400	\$400	\$1,700/\$1,700/\$1,700	Rx4: \$10/\$40/\$75/25%
9	100%	50%	\$0	\$7,150	\$14,300	\$55/\$85	\$20/\$100/\$425	\$425	\$2,300/\$2,300/\$2,300	Rx4: \$10/\$45/\$90/25%
10	100%	50%	\$0	\$6,000	\$12,000	\$40/\$75	\$20/\$100/\$350	\$350	\$700/\$700/\$700	Rx4: \$10/\$40/\$70/25%
11	100%	50%	\$0	\$3,000	\$6,000	\$10/\$45	\$20/\$100/\$350	\$350	\$700/\$700/\$700	Rx5: \$5/\$20/\$50/\$100/\$500
12	100%	50%	\$0	\$4,000	\$8,000	\$40/\$75	\$20/\$100/\$400	\$400	\$750/\$750/\$750	Rx5: \$5/\$20/\$50/\$100/\$500
13	100%	50%	\$0	\$5,000	\$10,000	\$40/\$75	\$20/\$100/\$450	\$450	\$800/\$800/\$800	Rx5: \$5/\$20/\$50/\$100/\$500
14	100%	50%	\$0	\$8,550	\$17,100	\$55/\$100	\$20/\$100/\$950	\$950	\$2,500/\$2,500/\$2,500	Rx5: \$5/\$20/\$50/\$100/\$500

(1) Copay per day for first three days

(2) Out-of-network limit is four times the in-network amount



COPAY

PPO and HMO PLANS – These traditional plan designs offer members predictable costs with copayments for most types of healthcare services, giving members the security of coverage and financial protection. In-network preventive services, such as annual exams and flu shots, are covered at 100%. Virtual Visits through Doctor On Demand have a \$0 copay and can be used for non-emergency care. All other virtual visits (with other providers) will be equal to the cost associated with the same in-person/face-to-face site of care. For other covered services, members pay until the deductible is met, then pay coinsurance. All out-of-pocket costs, including prescription drugs, count toward the out-of-pocket limit that helps protect members' total annual spending.

If you use IN-NETWORK providers

Copayment amounts:

Option	Coinsurance		Deductible		Out-of-pocket ²		Primary Care/ Specialist	Retail Clinic/ Urgent Care/ER	Advanced Imaging	Pharmacy Drug List: Benefit	Other Covered Services
	In	Out	Individual	Family	Individual	Family					
1 ¹	100%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$20/\$50	\$20/\$100/\$500	\$500	Rx4: \$10/\$35/\$55/25%	Ded/Coins
2 ¹	100%	50%	\$1,500	\$3,000	\$3,000	\$6,000	\$20/\$50	\$20/\$100/\$600	\$600	Rx4: \$10/\$35/\$55/25%	Ded/Coins
3	100%	50%	\$2,000	\$4,000	\$4,000	\$8,000	\$35/\$90	\$20/\$100/\$600	\$600	Rx4: \$10/\$40/\$75/25%	Ded/Coins
4	100%	50%	\$2,500	\$5,000	\$6,500	\$13,000	\$35/\$90	\$20/\$100/\$750	\$750	Rx4: \$10/\$40/\$75/25%	Ded/Coins
5	100%	50%	\$3,000	\$6,000	\$6,500	\$13,000	\$35/\$90	\$20/\$100/\$800	\$800	Rx4: \$10/\$40/\$75/25%	Ded/Coins
6	100%	50%	\$4,500	\$9,000	\$5,500	\$11,000	\$30/\$75	\$20/\$100/\$800	\$800	Rx4: \$10/\$35/\$55/25%	Ded/Coins
7	100%	50%	\$7,000	\$14,000	\$7,900	\$15,800	\$45/\$100	\$20/\$100/\$1,000	\$1,000	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
8	80%	50%	\$500	\$1,000	\$4,000	\$8,000	\$35/\$90	\$20/\$100/\$500	\$500	Rx4: \$10/\$30/\$50/25%	Ded/Coins
9	80%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$35/\$90	\$20/\$100/\$500	\$500	Rx4: \$10/\$30/\$50/25%	Ded/Coins
10 ¹	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$30/\$75	\$20/\$100/\$600	\$600	Rx4: \$10/\$40/\$75/25%	Ded/Coins
11	80%	50%	\$2,000	\$4,000	\$4,500	\$9,000	\$30/\$75	\$20/\$100/\$600	\$600	Rx4: \$10/\$35/\$55/25%	Ded/Coins
12	80%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$30/\$75	\$20/\$100/\$600	\$600	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
13 ¹	80%	50%	\$2,000	\$4,000	\$7,150	\$14,300	\$40/\$100	\$20/\$100/\$600	\$600	Rx4: \$10/\$45/\$75/25%	Ded/Coins
14 ¹	80%	50%	\$3,000	\$6,000	\$5,500	\$11,000	\$35/\$90	\$20/\$100/\$800	\$800	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
15 ¹	80%	50%	\$4,500	\$9,000	\$7,900	\$15,800	\$45/\$100	\$20/\$100/\$800	\$800	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
16 ¹	80%	50%	\$5,500	\$11,000	\$7,900	\$15,800	\$45/\$100	\$20/\$100/\$900	\$900	Rx4: \$10/\$50/\$100/25%	Ded/Coins
17	70%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$30/\$75	\$20/\$100/\$500	\$500	Rx4: \$10/\$40/\$70/25%	Ded/Coins
18 ¹	70%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40/\$100	\$20/\$100/\$600	\$600	Rx4: \$10/\$45/\$75/25%	Ded/Coins
19	50%	50%	\$1,000	\$2,000	\$6,000	\$12,000	\$40/\$100	\$20/\$100/\$500	\$500	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
20 ¹	50%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40/\$100	\$20/\$100/\$600	\$600	Rx4: \$10/\$40/\$90/25%	Ded/Coins
21 ¹	50%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$25/\$65	\$20/\$100/\$600	\$600	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
22 ¹	50%	50%	\$3,000	\$6,000	\$7,900	\$15,800	\$45/\$100	\$20/\$100/\$800	\$800	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
23 ¹	50%	50%	\$4,500	\$9,000	\$7,900	\$15,800	\$45/\$100	\$20/\$100/\$800	\$800	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
24 ¹	50%	50%	\$5,000	\$10,000	\$7,900	\$15,800	\$45/\$100	\$20/\$100/\$900	\$900	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
25 ¹	100%	50%	\$2,000	\$4,000	\$4,000	\$8,000	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$40/\$75/25%	Ded/Coins

If you use IN-NETWORK providers

Copayment amounts:

Option	Coinsurance		Deductible		Out-of-pocket ²		Primary Care/ Specialist	Retail Clinic/ Urgent Care/ER	Advanced Imaging	Pharmacy Drug List: Benefit	Other Covered Services
	In	Out	Individual	Family	Individual	Family					
26 ¹	100%	50%	\$2,500	\$5,000	\$6,500	\$13,000	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$40/\$75/25%	Ded/Coins
27 ¹	100%	50%	\$3,000	\$6,000	\$6,500	\$13,000	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$40/\$75/25%	Ded/Coins
28	100%	50%	\$4,500	\$9,000	\$5,500	\$11,000	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$35/\$55/25%	Ded/Coins
29 ¹	80%	50%	\$2,000	\$4,000	\$4,500	\$9,000	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$35/\$55/25%	Ded/Coins
30 ¹	80%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$40/\$75/25%	Ded/Coins
31 ¹	80%	50%	\$2,000	\$4,000	\$7,150	\$14,300	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$45/\$75/25%	Ded/Coins
32	80%	50%	\$3,000	\$6,000	\$5,500	\$11,000	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$45/\$75/25%	Ded/Coins
33	80%	50%	\$4,500	\$9,000	\$7,900	\$15,800	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$45/\$75/25%	Ded/Coins
34	80%	50%	\$5,500	\$11,000	\$7,900	\$15,800	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$50/\$100/25%	Ded/Coins
35 ¹	100%	50%	\$3,500	\$7,000	\$6,500	\$13,000	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$40/\$70/25%	Ded/Coins
36	80%	50%	\$3,500	\$7,000	\$6,500	\$13,000	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$40/\$70/25%	Ded/Coins
37	80%	50%	\$2,500	\$5,000	\$6,500	\$13,000	\$25/\$55	\$20/\$100/\$400	\$400	Rx4: \$10/\$40/\$70/25%	Ded/Coins
38 ¹	50%	50%	\$6,500	\$13,000	\$7,900	\$15,800	\$50/\$110	\$20/\$100/\$1,000	\$1,000	Rx5: \$15/\$35/\$75/\$135/\$500	Ded/Coins
43 ¹	100%	50%	\$5,500	\$11,000	\$8,550	\$17,100	\$35/\$70	\$20/\$100/\$900	\$900	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
44 ¹	70%	50%	\$6,000	\$12,000	\$8,550	\$17,100	\$40/\$75	\$20/\$100/\$750	\$750	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins

- (1) HMO High value network available with these options
- (2) Out-of-network limit is four times the in-network amount



CANOPY

For groups 5-100
Effective dates starting 9/1/21

PPO and HMO PLANS – Canopy offers copayments for the healthcare services members use most, like a primary care office exam, specialist office exam, retail clinic, urgent care, and pharmacy services. Virtual Visits through Doctor On Demand have a \$0 copay and can be used for non-emergency care. All other virtual visits (with other providers) will be equal to the cost associated with the same in-person/face-to-face site of care. For all other in-network services, including any lab work or x-rays done in conjunction with an office visit, or more serious health issues, members pay until the deductible is met, then pay coinsurance. All in-network preventive services, such as annual exams and flu shots, are covered at 100% with no copayment. All out-of-pocket costs, including prescription drugs, count toward the out-of-pocket limit that helps protect members' total annual spending.

If you use IN-NETWORK providers

Copayment amounts:

Option	Coinsurance		Deductible		Out-of-pocket ¹		Primary Care/ Specialist	Retail Clinic/ Urgent Care	Pharmacy Drug List: Benefit	Other Covered Services Including Emergency Room
	In	Out	Individual	Family	Individual	Family				
1	100%	50%	\$7,000	\$14,000	\$7,900	\$15,800	\$30/\$80	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
2	80%	50%	\$3,500	\$7,000	\$5,500	\$11,000	\$20/\$60	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
3	80%	50%	\$6,000	\$12,000	\$7,350	\$14,700	\$20/\$80	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
4	50%	50%	\$2,500	\$5,000	\$7,900	\$15,800	\$35/\$90	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
5	50%	50%	\$5,000	\$10,000	\$7,900	\$15,800	\$20/\$80	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
6	100%	50%	\$7,000	\$14,000	\$7,900	\$15,800	\$30/\$80	\$20/\$100	Rx4: \$10/\$40/\$75/25%	Ded/Coins
7	80%	50%	\$3,500	\$7,000	\$5,500	\$11,000	\$20/\$60	\$20/\$100	Rx4: \$10/\$40/\$75/25%	Ded/Coins
16	100%	50%	\$6,500	\$13,000	\$7,550	\$15,100	\$20/\$20	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
17	80%	50%	\$3,000	\$6,000	\$7,550	\$15,100	\$30/\$30	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
18	50%	50%	\$5,000	\$10,000	\$7,550	\$15,100	\$40/\$40	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
19	100%	50%	\$2,000	\$4,000	\$7,350	\$14,700	\$20/\$20	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
20	100%	50%	\$3,000	\$6,000	\$7,350	\$14,700	\$20/\$20	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
21	100%	50%	\$4,000	\$8,000	\$7,350	\$14,700	\$20/\$20	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
22	100%	50%	\$5,000	\$10,000	\$7,900	\$15,800	\$20/\$20	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
23	80%	50%	\$2,000	\$4,000	\$7,250	\$14,500	\$30/\$30	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
24	80%	50%	\$4,000	\$8,000	\$7,350	\$14,700	\$30/\$30	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
25	80%	50%	\$5,000	\$10,000	\$7,900	\$15,800	\$30/\$30	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
26	80%	50%	\$7,000	\$14,000	\$7,900	\$15,800	\$30/\$30	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
27	50%	50%	\$2,000	\$4,000	\$7,350	\$14,700	\$40/\$40	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
28	50%	50%	\$3,000	\$6,000	\$7,350	\$14,700	\$40/\$40	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
29	50%	50%	\$4,000	\$8,000	\$7,900	\$15,800	\$40/\$40	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
30	50%	50%	\$6,000	\$12,000	\$7,900	\$15,800	\$40/\$40	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
31	50%	50%	\$7,000	\$14,000	\$7,900	\$15,800	\$40/\$40	\$20/\$100	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins

If you use IN-NETWORK providers

Copayment amounts:

Option	Coinsurance		Deductible		Out-of-pocket ¹		Primary Care/ Specialist	Retail Clinic/ Urgent Care	Pharmacy Drug List: Benefit	Other Covered Services Including Emergency Room
	In	Out	Individual	Family	Individual	Family				
32	100%	50%	\$6,500	\$13,000	\$7,550	\$15,100	\$20/\$20	\$20/\$100	Rx5 Blended: \$5/\$5/Tiers 3-5 Ded & Coins	Ded/Coins
33	80%	50%	\$3,000	\$6,000	\$7,550	\$15,100	\$30/\$30	\$20/\$100	Rx5 Blended: \$5/\$5/Tiers 3-5 Ded & Coins	Ded/Coins
34	50%	50%	\$5,000	\$10,000	\$7,550	\$15,100	\$40/\$40	\$20/\$100	Rx5 Blended: \$5/\$5/Tiers 3-5 Ded & Coins	Ded/Coins

(3) Out-of-network limit is four times the in-network amount



EFFICIENCY (COINSURANCE)

PPO and HMO Plans – Efficiency coinsurance plans typically offer the lowest average premiums in exchange for members taking on more cost responsibility. All in-network preventive services, such as annual exams and flu shots, are covered at 100% with no copayment. Virtual Visits through Doctor On Demand have a \$0 copay and can be used for non-emergency care. All other virtual visits (with other providers) will be equal to the cost associated with the same in-person/face-to-face site of care. For all other in-network covered services, members pay until the deductible is met, then pay coinsurance. All out-of-pocket costs count toward the individual and family deductible, as well as the out-of-pocket limit that helps protect members' total annual spending.

If you use IN-NETWORK providers

Copayment amounts:

Option	Coinsurance		Deductible		Out-of-pocket ¹		Pharmacy Drug List: Benefit	Other Covered Services
	In	Out	Individual	Family	Individual	Family		
1	100%	50%	\$7,900	\$15,800	\$7,900	\$15,800	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
2	80%	50%	\$5,500	\$11,000	\$7,900	\$15,800	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
3	80%	50%	\$6,000	\$12,000	\$7,900	\$15,800	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
4	50%	50%	\$5,500	\$11,000	\$7,900	\$15,800	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins
5	50%	50%	\$6,500	\$13,000	\$7,900	\$15,800	Rx5: \$5/\$20/\$50/\$100/\$500	Ded/Coins

(1) Out-of-network limit is four times the in-network amount



HDHP

PPO, NPOS, and HMO PLANS – HDHPs offer members lower monthly premiums in exchange for taking on more of the share of healthcare costs, which they can pay using spending accounts. In-network preventive services, such as annual exams and flu shots, are covered at 100% with no copayment. For all other in-network covered services, members pay until the deductible is met, then pay coinsurance or copay depending upon plan option. HDHPs are the only plans eligible for use with Health Savings Accounts (HSA), which are funded by pre-tax dollars to help give members more of their paycheck to put toward out-of-pocket costs, and can help members save for high-cost events like surgeries. Most out-of-pocket costs, including prescription drugs, count toward the individual and family deductible, as well as the out-of-pocket limit that helps limit members' total annual spending.

AGGREGATE – All 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.

If you use IN-NETWORK providers

Option	Coinsurance		Deductible		Out-of-pocket ¹		Pharmacy Drug List: Benefit	Other Covered Services
	In	Out	Individual	Family	Individual	Family		
1	100%	50%	\$2,500	\$5,000	\$2,500	\$5,000	HDHP EHB: Ded/Coins	Ded/Coins

(1) Out-of-network limit is four times the in-network amount

EMBEDDED – All covered benefits apply to the individual and family deductible and maximum out-of-pocket. When any family member reaches the individual deductible amount, that family member will begin receiving coinsurance benefits – even if the family deductible has not been met.

If you use IN-NETWORK providers

Option	Coinsurance		Deductible		Out-of-pocket ¹		Pharmacy Drug List: Benefit	Other Covered Services
	In	Out	Individual	Family	Individual	Family		
1	100%	50%	\$3,000	\$6,000	\$3,000	\$6,000	HDHP EHB: Ded/Coins	Ded/Coins
2	100%	50%	\$4,000	\$8,000	\$4,000	\$8,000	HDHP EHB: Ded/Coins	Ded/Coins
3	100%	50%	\$5,000	\$10,000	\$5,000	\$10,000	HDHP EHB: Ded/Coins	Ded/Coins
4	100%	50%	\$6,250	\$12,500	\$6,250	\$12,500	HDHP EHB: Ded/Coins	Ded/Coins
5	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	HDHP EHB: Ded/Coins	Ded/Coins
6	80%	50%	\$3,500	\$7,000	\$6,550	\$13,100	HDHP EHB: Ded/Coins	Ded/Coins
7	80%	50%	\$5,500	\$11,000	\$6,550	\$13,100	HDHP EHB: Ded/Coins	Ded/Coins
8	70%	50%	\$5,500	\$11,000	\$6,550	\$13,100	HDHP EHB: Ded/Coins	Ded/Coins
9	50%	50%	\$3,000	\$6,000	\$6,550	\$13,100	HDHP EHB: Ded/Coins	Ded/Coins
10	50%	50%	\$5,000	\$10,000	\$6,550	\$13,100	HDHP EHB: Ded/Coins	Ded/Coins
11	100%	50%	\$7,000	\$14,000	\$7,000	\$14,000	HDHP EHB: Ded/Coins	Ded/Coins

If you use IN-NETWORK providers

Copayment amounts apply after the deductible is met:

Option	Coinsurance		Deductible		Out-of-pocket ¹		Primary Care/ Specialist	Retail Clinic/ Urgent Care/ER	Ambulatory Surgical Center/ Outpatient /Inpatient Services	Pharmacy Drug List: Benefit	Other Covered Services
	In	Out	Individual	Family	Individual	Family					
12	100%	0%	\$6,500	\$13,000	\$7,000	\$14,000	\$10/\$45	\$20/\$100/\$350	\$500/\$500/\$500	HDHP EHB: Ded/Coins	Ded/Coins
13	100%	0%	\$3,000	\$6,000	\$6,000	\$12,000	\$10/\$45	\$20/\$100/\$350	\$700/\$700/\$700	HDHP EHB: Ded/Coins	Ded/Coins

(1) Out-of-network limit is four times the in-network amount



CHOOSE YOUR MEDICAL NETWORK

You can offer your employees a national network of providers or save with a Focused Provider Network that typically includes one or two local and well-known healthcare systems.

PPO Plans:

- **Ochsner Total Care PPO Network** offers the flexibility of a PPO plan built around the focused network made up of the Ochsner Health System. Staying within a limited set of local physicians lowers the cost of health benefits. Members can visit any participating network provider at any time

HMO Plans:

- **Ochsner HMO** is a focused network close to home. Staying within a limited set of local physicians and other healthcare providers lowers the cost of health benefits. Members must choose a primary care physician and there are no out-of-network, non-emergency benefits.

Pharmacy:

- **National Pharmacy Network:** With more than 64,000 pharmacies across the country, the network includes all national chains, major regional chains, and more than 22,000 independent pharmacies, along with Humana's mail delivery and specialty pharmacies.
- **Select Rx Pharmacy Network:** This narrow network of more than 17,000 pharmacies encompasses CVS (including Target locations) and Walmart brand stores (Walmart, Walmart Neighborhood Market, and Sam's Club), along with Humana's mail delivery and specialty pharmacies.

The below grid shows key product attributes between Fully Insured and Level Funded Premium products. Not all mandated services with coverage on both products are shown and may vary in type of coverage available. (State mandates may vary based on network. Unless otherwise specified, this information is based on visits with participating providers)

Service	Level Funded Premium Product	Community Rated Fully Insured Product
MEDICAL		
EHB Pediatric Dental and Vision	Excluded: Does not include EHB Pediatric dental and Vision benefits	Included: EHB Pediatric dental and Vision benefits
ABA Therapy (For Autism & Down Syndrome Treatment)	Covered under Behavioral Health Services	Covered under Behavioral Health Services
Accidental Injury	Mandate does not apply	Mandate: Covers injuries at 100% up to \$350 (After \$350 reverts back to base plan reimbursement)
Autism (No age, \$ or Visit limit)	Covered under Behavioral Health Services	Covered under Behavioral Health Services
Cochlear Implants	Not covered	Not covered
Dental Anesthesia	Coverage included in conjunction with covered medically necessary Oral Surgery services. See plan certificate for specific benefits. Submit pre-auth to determine whether service codes are covered	Mandate: Must cover in a hospital if mental or physical condition requires it; does not apply to treatment of TMJ For anesthesia with a procedure covered under medical, e.g. Oral surgery, please refer to the anesthesia benefit under Physician Services
Diabetes Equipment	Coverage included	Coverage included
Diabetes Treatment/Self-Management Training (Includes : Nutritional Counseling)	Coverage included	Coverage included
Durable Medical Equipment (Includes : Crutches, walkers)	Coverage included	Coverage included
Habilitative/Rehabilitative Therapies, Spinal Manipulations and Adjustments (Network and Non-Network Cross Reduce)	PCP Office Visit Copay Spinal Manipulations and Adjustments: 20 visit limit Habilitative Services: Visit limit is a combined Physical, Occupational, Speech, Audiology Therapy Combined 40 visit limit Rehabilitative Services: Visit limit is a combined Physical, Occupational, Speech, Audiology, Cognitive Therapy Combined 40 visit limit	PCP Office Visit Copay Spinal Manipulations and Adjustments: Unlimited visits Habilitative Services: Physical, Occupational, Speech, Audiology Therapy Unlimited visits Rehabilitative Services: Occupational, Speech, Audiology, Cognitive Therapy Unlimited visits
Hearing Aids	Not covered	Mandate: Coverage for non disposable aid Includes : Related exams and fittings
Home Health Care	Limited to 100 visits per calendar year	Coverage included

Service	Level Funded Premium Product	Community Rated Fully Insured Product
MEDICAL		
(Network and Non-Network Cross Reduce)	(Ancillary services do not track toward limits)	Unlimited visits
Phenylketonuria (PKU) Metabolic disorders	Coverage under Rx Benefits	Mandate: Coverage included under Medical Services Low protein food products (for treatment of inherited metabolic disorders)
Preventive Nutritional Counseling	Coverage included Limited to HCR requirements	Mandate: Coverage included
Private Duty Nursing	Not covered	Coverage included Unlimited visits
Skilled Nursing Facility (Network and Non-Network Cross Reduce)	Limited to 60 day limit per calendar year (Ancillary services do not track toward limits)	Coverage included Unlimited visits
TMJ	Not covered	Not covered
Virtual Visits	Designated Virtual Care Provider: \$0 Copay Primary Care Physician: PCP Copay Specialist: SPEC Copay IP Phys/OPH: Deductible/Coinsurance HDHP and Coinsurance Plans: Deductible/Coinsurance	Designated Virtual Care Provider: \$0 Copay Primary Care Physician: PCP Copay Specialist: SPEC Copay IP Phys/OPH: Deductible/Coinsurance HDHP and Coinsurance Plans: Deductible/Coinsurance
Vision Exam	Preventive Vision <u>Screening</u> Covered Vision Exam Not Covered	Preventive Vision <u>Screening</u> Covered Vision Exam Not Covered
Prior Carrier Credit	Available	Available
4 th Quarter Carry Over Credit	Not Available	Not Available
24-Hour Coverage	Included: Provides coverage for owners, officers, and partners not covered under workers' compensation.	Included: Provides coverage for owners, officers, and partners Not covered under workers' compensation.
PHARMACY		
Rx4 Flyer (Copay, Simplicity, Canopy plans)	Rx4	
Rx5 and Rx5 Blended Flyer	Rx5 & Rx5 Blended	
HDHP/eHDHP Flyer	HDHP EHB	

Surplus	The claims fund surplus reimbursement will be in the form of a credit on the fixed cost in the 2 nd year.
Stop Loss	For 5-100) eligible employees: Specific = \$20,000 Aggregate = 120%
Cobra Continuation	COBRA is a federal requirement and is only available for LFP groups with 20+ lives. Groups with fewer than 20 lives are encouraged to check with their State DOI or the Department of Labor website for more information.
State Continuation	State continuation is not available with Level Funded Premium plans. For groups transitioning to Level Funded Premium, who have a member on a continuation plan, the member will lose their current coverage upon termination of that plan. Groups can visit their State Department of Labor website for alternative options for these members.
Dependent Age	Level Funded Premium follows the federal dependent age mandate of 26 and does not follow state dependent age mandate requirements.
REPORTING TOOLS	
Monthly Member Count	Shows group members by Coverage Type
Plan Pulse	Shows monthly utilization report based on incurred claims showing YOY and Peer comparisons. Includes summaries for demographics; utilization; large claimant; cost share; Go365; clinical program and conditions; pharmacy utilization; medical/pharmacy claims lag.
Monthly Financial	Shows total medical, pharmacy and exception claims; less specific stop loss and total payments toward stop loss; aggregate stop loss threshold, surplus, deficit; terminal reserve; settlement calculation; subscriber count by coverage tier.
FILING REQUIREMENTS	
IRS 1094/1095-B	Groups with 5-50 eligible employees are required by the IRS to complete the 1094/1095-B filing requirements. Unless the employer opts out, Humana will automatically file 1094-B forms with the IRS and distribute 1095-B forms to group members at no cost to the employer or member. Opt-Out Form
IRS 1094/1095-C	50-99 Groups: Visit the IRS Website for instructions on how to file 1094-C and 1095-C forms. Humana provides reporting tools employers can use to complete the required forms.
PCORI	ACA Patient-Centered Outcomes Research Institute: A new non-profit entity to support federally-sponsored research into the clinical effectiveness, risks, and benefits of medical treatments, services, drugs and medical devices. PCORI is funded in part by fees from certain health insurers and sponsors of self-insured health plans and only applies to medical coverage only. Sponsors of self-insured health plans will be subject to the fee and are required to pay it on an annual basis. The employer will be required to use IRS Form 720 and file and pay annually according to the schedule outlined on the PCORI website . For LFP Groups, Humana DOES NOT include the fee in the monthly administrative fee and the employer is responsible for calculating and paying the fee.
NY Surcharge	Under the New York Health Care Reform Act (NYHCRA), self-funded groups for health care services in New York are required to pay surcharges on select fee-for- service and capitated medical claims and monthly assessments on plan members residing in, or visiting, New York. The employer will need to fill out DOH-4399 and 4264, register through the NYHCRA Website and designate Humana as their TPA. Humana will then prepare the employer's monthly and/or annual filing and pay the surcharges and assessments on the employer's behalf.
APCD	All-Payer Claims Database are large-scale databases that collect eligibility, medical, pharmacy, sometimes dental claims, and provider files from payers. On March 1, 2016, the Supreme Court ruled that states cannot require self-funded employee health plans regulated by the Employee Retirement Income Security Act (ERISA) to submit data to APCDs. However, carriers may be required to provide opt-in forms to Employers who want to participate. Employers with members in CO, NH and UT have the option to participate by submitting an Opt-In form to the State's corresponding APCD Website. Employers in FL have the option to opt-out of having their data sent to the FL APCD vendor HCCI. Employers in FL must send an email to compliancereporting@humana.com stating they do not want their data shared. Colorado site: Opt-In Form ; New Hampshire site: Opt-In Form ; Utah site: Opt-In Form

- **Specific Stop Loss** – Offers protection at the member level from unexpected large claims. The Specific Stop loss, also called the individual stop loss, is a set threshold amount for each member which limits the employer's exposure for an individual member's claims and this provides protection for the employer in the event of a member's catastrophic large claim, limiting the overall annual cost for the group.
- **Aggregate Stop Loss** - Offers protection at the group level by limiting the employer's risk for the sum of the group's total eligible medical claims. Humana funds claims exceeding the agreed upon aggregate attachment level. The Aggregate Stop loss is the employer's protection in the event the group's total claims exceed the aggregate attachment level during the contract period. It sets a threshold amount for all members combined which limits the overall annual cost for the group. This amount is initially determined at sold case based on the group's actual enrollment. When total claims reach the threshold amount, Humana will pay all claims above this amount.
- **Claims Fund** – The claims fund is the employer's money placed in an account to be used to pay the group's claims. Level Funded Premium renewal is required for the employer to get 100% of the funds remaining in the claims fund after the contract year and settlement period.
- **Terminal Reserves** – The terminal reserve is money taken out of the claims fund at settlement time to pay for claims incurred during the experience period and paid after settlement time (months 16 – 30).

This material provided is a general summary for informational purposes only and does not address all your organization's specific issues related to healthcare reform. It is not intended or written to be used, and it cannot be used, as legal advice or a legal opinion. It should not be relied upon in lieu of consultation with your own legal advisors.

This document is for reference only and is intended to provide a brief overview of plan benefits. For complete information and terms of coverage, please refer to plan documents.

Provider Disclaimer:

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 you.

Level Funded Premium plans administered by Humana Insurance Company or Humana Health Plan, Inc.

Stop Loss insured by Humana Insurance Company or Humana Health Plan, Inc.

Limitations and Exclusions:

Level Funded Premium plans have limitations and exclusions and may have waiting periods and terms under which the coverage may be continued in force or discontinued. For costs and complete details of coverage, call or write your Humana insurance agent or broker.

