

**Level Funded Premium
Pharmacy Plans For Creditable Coverage 2021**



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.

RX4			
Pharmacy Plans	Rx Only Deductible	Maximum Out-of-Pocket	Creditable Coverage
RX4 10/30/50/25%	0	3700	YES
RX4 10/30/50/25%	0	4000	YES
RX4 10/30/50/25%	0	6500	YES
RX4 10/30/55/25%	0	3500	YES
RX4 10/35/55/25%	0	3000	YES
RX4 10/35/55/25%	0	4000	YES
RX4 10/35/55/25%	0	4500	YES
RX4 10/35/55/25%	0	5500	YES
RX4 10/35/55/25%	0	6350	YES
RX4 10/35/65/25%	0	6000	YES
RX4 10/35/70/25%	250	7150	YES
RX4 10/35/75/25%	0	7150	YES
RX4 10/40/70/25%	0	4000	YES
RX4 10/40/70/25%	0	5500	YES
RX4 10/40/70/25%	0	6000	YES
RX4 10/40/70/25%	0	6500	YES
RX4 10/40/70/25%	0	7900	YES
RX4 10/40/70/25%	0	8200	YES
RX4 10/40/75/25%	0	4000	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

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RX4			
Pharmacy Plans	Rx Only Deductible	Maximum Out-of-Pocket	Creditable Coverage
RX4 10/40/75/25%	0	6500	YES
RX4 10/40/75/25%	0	7350	YES
RX4 10/40/75/25%	0	7900	YES
RX4 10/40/75/25%	250	7350	YES
RX4 10/40/90/25%	0	5500	YES
RX4 10/40/90/25%	0	6350	YES
RX4 10/40/90/25%	100	6350	YES
RX4 10/45/75/25%	0	5500	YES
RX4 10/45/75/25%	0	6000	YES
RX4 10/45/75/25%	0	6350	YES
RX4 10/45/75/25%	0	7150	YES
RX4 10/45/75/25%	0	7900	YES
RX4 10/45/75/25%	100	6350	YES
RX4 10/45/75/25%	400	6000	YES
RX4 10/45/90/25%	0	5500	YES
RX4 10/45/90/25%	0	6000	YES
RX4 10/45/90/25%	0	6350	YES
RX4 10/45/90/25%	0	6500	YES
RX4 10/45/90/25%	0	7150	YES
RX4 10/45/90/25%	100	7150	YES
RX4 10/45/90/25%	250	7150	YES
RX4 10/50/100/25%	0	7150	YES
RX4 10/50/100/25%	0	7900	YES

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RX4			
Pharmacy Plans	Rx Only Deductible	Maximum Out-of-Pocket	Creditable Coverage
RX4 25/50/100/25%	1000	7150	NO

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RX5			
Pharmacy Plans	Rx Only Deductible	Maximum Out-of-Pocket	Creditable Coverage
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	7150	YES
RX5 5/20/50/100/500	0	7350	YES
RX5 5/20/50/100/500	0	7900	YES
RX5 5/20/50/100/500	0	8200	YES
RX5 10/20/50/50%/50%	0	6500	YES
RX5 15/35/75/135/500	0	7900	YES
RX5 15/35/75/135/500	500	7150	NO

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In-Network				
Plan Design	Coinsurance	Deductible*	Maximum Out-of-Pocket	Creditable Coverage
Embedded HDHP	100.0%	3000	3000	YES
Embedded HDHP	100.0%	4000	4000	YES
Embedded HDHP	100.0%	5000	5000	YES
Embedded HDHP	100.0%	6250	6250	YES
Embedded HDHP	100.0%	6500	6500	YES
Embedded HDHP	90.0%	3500	5000	YES
Embedded HDHP	80.0%	2800	5000	YES
Embedded HDHP	80.0%	2900	5000	YES
Embedded HDHP	80.0%	3000	5000	YES
Embedded HDHP	80.0%	3500	6550	YES
Embedded HDHP	80.0%	5500	6550	YES
Embedded HDHP	70.0%	5500	6550	NO
Embedded HDHP	50.0%	3000	6550	YES
Embedded HDHP	50.0%	5000	6550	NO

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In-Network				
Plan Design	Coinsurance	Deductible*	Maximum Out-of-Pocket	Creditable Coverage
Aggregate HDHP	100.0%	2500	2500	YES
Aggregate HDHP	90.0%	1500	3400	YES

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In-Network						
Plan Design	Coinsurance	RX	Deductible*	Maximum Out-of-Pocket	Creditable Coverage	
On Hand	100.0%	5/5/dc/dc/dc	2000	2000	YES	
On Hand	100.0%	5/5/dc/dc/dc	5000	5000	YES	
On Hand	100.0%	5/5/dc/dc/dc	7900	7900	NO	

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Humana

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.