

COPAY PLANS

NPOS PLANS – In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only copay or deductible / coinsurance when in-network providers are used. Deductible, coinsurance and/or copays, including prescription drugs, count toward the maximum out-of-pocket.¹

If you use IN-NETWORK providers				Copay Amounts:			
Chamber Option	Coinsurance	Deductible	Out-of-pocket limit ^{3,4}	Primary care / Specialist	Retail clinic / Urgent care / ER	Pharmacy	Other services
COPAY 100/500	100%	\$500	\$6,500	\$20/\$20	\$40/\$100/\$250	Rx4 \$10/\$25/\$50/25%	Coinsurance after deductible
COPAY 100/2500	100%	\$2,500	\$5,000	\$20/\$35	\$40/\$100/\$250	Rx4 \$10/\$30/\$50/25%	Coinsurance after deductible
COPAY 100/3000	100%	\$3,000	\$6,500	\$25/\$50	\$40/\$100/\$250	Rx4 \$10/\$35/\$55/25%	Coinsurance after deductible
COPAY 100/4000	100%	\$4,000	\$6,500	\$30/\$55	\$40/\$100/\$250	Rx4 \$10/\$35/\$55/25%	Coinsurance after deductible
COPAY 90/1000	90%	\$1,000	\$5,000	\$25/\$50	\$40/\$100/\$250	Rx4 \$10/\$35/\$55/25%	Coinsurance after deductible
COPAY 80/2000	80%	\$2,000	\$5,000	\$30/\$55	\$40/\$100/\$250	Rx4 \$10/\$35/\$55/25%	Coinsurance after deductible
COPAY 80/ 1000	80%	\$1,000	\$6,500	\$30/\$55	\$40/\$100/\$350	Rx4 \$10/\$40/\$70/25%	Coinsurance after deductible
COPAY 80/1500	80%	\$1,500	\$7,900	\$30/\$55	\$40/\$100/\$350	Rx4 \$10/\$40/\$70/25%	Coinsurance after deductible
COPAY 80/750	80%	\$750	\$4,000	\$25/\$50	\$40/\$100/\$250	Rx4 \$10/\$35/\$55/25%	Coinsurance after deductible
COPAY 80/1000	80%	\$1,000	\$5,000	\$25/\$40	\$40/\$100/\$250	Rx4 \$10/\$30/\$50/25%	Coinsurance after deductible
COPAY 80/1500	80%	\$1,500	\$5,000	\$25/\$50	\$40/\$100/\$250	Rx4 \$10/\$35/\$55/25%	Coinsurance after deductible
COPAY 80/2500	80%	\$2,500	\$5,000	\$25/\$50	\$40/\$100/\$250	Rx4 \$10/\$35/\$55/25%	Coinsurance after deductible
COPAY 70/2000	70%	\$2,000	\$7,900	\$40/\$65	\$40/\$100/\$350	Rx4 \$10/\$40/\$70/25%	Coinsurance after deductible
COPAY 70/2500	70%	\$2,500	\$6,500	\$40/\$55	\$40/\$100/\$250	Rx4 \$10/\$35/\$55/25%	Coinsurance after deductible
COPAY 70/3000	70%	\$3,000	\$6,500	\$30/\$55	\$40/\$100/\$250	Rx4 \$10/\$35/\$55/25%	Coinsurance after deductible
COPAY 70/4000	70%	\$4,000	\$7,900	\$40/\$65	\$40/\$100/\$350	Rx4 \$10/\$40/\$70/25%	Coinsurance after deductible
COPAY 70/6000	70%	\$6,000	\$7900	\$40/\$65	\$40/\$100/\$350	Rx4 \$10/\$40/\$70/25%	Coinsurance after deductible
COPAY 50/2000	50%	\$2,000	\$6,500	\$25/\$40	\$40/\$100/\$250	Rx4 \$10/\$35/\$55/25%	Coinsurance after deductible
COPAY 50/5000	50%	\$5,000	\$6,500	\$40/\$65	\$40/\$100/\$250	Rx4 \$10/\$40/\$70/25%	Coinsurance after deductible

SIMPLICITY PLANS

NPOS PLANS – For in-network healthcare services, there is no deductible. In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only a copay when in-network providers are used. All copays, including prescription drugs, count toward the maximum out-of-pocket.¹

If you use IN-NETWORK providers				Copay amounts:				
Chamber Option	Coinsurance	Deductible	Out-of-pocket limit ^{3,4}	Primary care / Specialist	Retail clinic / Urgent care / ER	Advanced Imaging	Inpatient/ Outpatient services	Pharmacy
SIMPLICITY OPT 4	100%	\$0	\$6,000	\$25/\$65	\$25/\$100/\$375	\$375	\$700/\$700	Rx4 \$10/\$35/\$55/25%

HDHP PLANS

NPOS PLANS – HDHP, or High Deductible Health Plans, feature budget-friendly premiums and pay coinsurance benefits after the deductible is met for all covered services. Plan includes coverage for preventive services, such as annual exams, at 100% when in-network providers are used. HDHPs are also compatible with health savings accounts (HSAs).

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

Chamber Option	Coinsurance	Deductible	Out-of-pocket limit ^{3,4}	Pharmacy ²	Other services
HDHP 100/3000 OPT 19	100%	\$3,000	\$3,000	Coinsurance after deductible	Coinsurance after deductible
HDHP 80/2500 OPT 32	80%	\$2,500	\$3,400	Coinsurance after deductible	Coinsurance after deductible

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

Chamber Option	Coinsurance	Deductible	Out-of-pocket limit ^{3,4}	Pharmacy ²	Other services
HDHP 100/3000 OPT 21	100%	\$3,000	\$3,000	Coinsurance after deductible	Coinsurance after deductible
HDHP 100/5000 OPT 23	100%	\$5,000	\$5,000	Coinsurance after deductible	Coinsurance after deductible
HDHP 100/6350 OPT 24	100%	\$6,350	\$6,350	Coinsurance after deductible	Coinsurance after deductible
HDHP 80/3000 OPT 39	80%	\$3,000	\$6,350	Coinsurance after deductible	Coinsurance after deductible
HDHP 70/4500 OPT 43	70%	\$4,500	\$6,350	Coinsurance after deductible	Coinsurance after deductible

COINSURANCE PLAN

NPOS PLANS – In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only coinsurance after the deductible is met when in-network providers are used. Deductible and coinsurance count toward the maximum out-of-pocket. ¹

Option	Coinsurance	Deductible	Out-of-pocket limit ^{3,4}	Pharmacy	Other services
COINSURANCE 80/2000	80%	\$2,000	\$6,500	Rx4 10/30/50/25%	Coinsurance after deductible

INDEMNITY PLAN

Option	Coinsurance	Deductible	Out-of-pocket limit ^{3,4}	Pharmacy	Other services
INDEMNITY 1000/5000	80%	\$1,000	\$5,000	Rx4 10/35/55/25%	Coinsurance after deductible

On Hand™

NPOS PLANS – On Hand™ plans are a revolutionary new way to access primary care. Members get unlimited virtual primary and urgent care through Doctor On Demand for \$0 copayment, and pay only \$5 for common generic prescriptions and labs at participating providers. Plus, Doctor On Demand will provide referrals to specialists and coordinate the member’s care.

On Hand members also have access to Humana’s network of in-person providers and specialists. All 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 that members don’t receive from Doctor On Demand, the member will pay Humana’s negotiated rate until they reach their maximum out-of-pocket limit. Virtual visits with providers other than Doctor On Demand will be equal to the cost associated with the same in-person/face-to-face site of care. All out-of-pocket costs count toward the individual and family deductible, as well as the maximum out-of-pocket limit which helps protect members’ total annual spending. This plan features the Rx5 Standard pharmacy formulary with \$5 copays for tiers 1-2 (1600+ medications). Pharmacy tiers 3-5 are subject to the maximum out-of-pocket limit. ¹

Chamber Option	Doctor on Demand® virtual care			If you use IN-NETWORK providers						
	Primary care	Urgent care	Tier 1 & 2 pharmacy	Most common Labs ⁷	Coinsurance after deductible		Deductible		Out-of-pocket limit ^{3,4}	
					In	Out	Individual	Family	Individual	Family
On Hand	\$0	\$0	\$5	\$5	100%	50%	\$7,900	\$15,800	\$7,900	\$15,800

(1) In and out of network deductibles and out-of-pocket limits are separate and do not cross reduce.

(2) Medical and pharmacy benefits accumulate to the same deductible.

(3) Deductibles, copayments, and coinsurance for services from participating providers apply to the plan maximum out-of-pocket limit; on HDHP plans, deductibles, and coinsurance for services from participating medical and pharmacy providers apply to the plan maximum out-of-pocket limit. Cost share from non-participating providers applies to the non-participating plan maximum out of pocket limit.

(4) Services from non-participating providers do not adhere to the annual federal limits regarding cost share.

(5) Chambers must qualify as a large group (and follow all requirements and processes that apply to large groups); however, participating employers within an Association may consist of 2+ members.

(6) Ohio members of Northern Kentucky situated groups in the counties of Boone, Bracken, Campbell, Grant, Gallatin, Kenton, Mason, Owen, Pendleton, and Robertson are eligible for the KY Association plans.

(7) \$5 copayment for the common diagnostic screenings and tests only apply to free-standing facilities that are in-network providers

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.

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.

Wellness programs are not insurance products.

Offered by Humana Health Plan, Inc. or insured by Humana Health Plan, Inc. or Humana Insurance Company of Kentucky

Limitations and Exclusions:

Our health benefit plans have limitations and exclusions 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.

Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at <https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure> or through your sales representative.

