

Medical Plan Summary	Humana HSA/HDHP HMO Opt 5	Humana Smpty NPOS16 Opt4	Humana NPOS Opt 12	Humana GA 100 Opt 2
<b>Plan Type</b>	<b>HMO HSA</b>	<b>NPOS</b>	<b>NPOS</b>	<b>HMO</b>
<b>Deductible - Individual / Family</b>				
In-Network	\$5,000 / \$10,000	\$0 / \$0	\$2,000 / \$4,000	\$2,000 / \$4,000
Out-of-Network	-	\$5,000 / \$10,000	\$6,000 / \$12,000	-
<b>Coinsurance - Plan pays after deductible</b>				
In-Network	70%	100%	80%	100%
Out-of-Network	-	-	60%	-
<b>Max Out-of-Pocket - Individual / Family</b>				
In-Network	\$6,350 / \$12,700	\$6,850 / \$13,700	\$6,500 / \$13,000	\$6,500 / \$13,000
Out-of-Network	-	\$20,550 / \$41,100	\$19,500 / \$39,000	-
Includes/Excludes	Includes deductible	Includes deductible	Includes deductible	Includes deductible
<b>Office Visit</b>				
Primary Care Physician		\$55 Copay	\$40 Copay	\$40 Copay
Specialist Office Visit	Subject to Deductible + 30%	\$100 Copay	\$75 Copay	\$70 Copay
Urgent Care		\$125 Copay	\$100 Copay	\$100 Copay
Emergency Room		\$750 Copay	\$500 Copay	\$500 Copay
<b>Hospital Stay / Surgery</b>				
Inpatient Hospital Facility Fee	Subject to Deductible + 30%	\$2,250 copay (3x max)	Subject to Deductible + 20%	Subject to Deductible
Outpatient Surgery		\$2,250 copay per visit		
<b>Diagnostics</b>				
Imaging (CT/Pet Scans, MRI)	Subject to Deductible + 30%	\$750 Copay	Subject to Deductible + 20%	Subject to Deductible
Diagnostic test (x-ray, blood work)		No Charge in Office	No Charge in Office	
<b>Prescription Drug Card</b>				
RX Deductible - Individual / Family	Subject to Deductible + 30%	N/A	N/A	\$100 Per person (Not Tier 1)
Generic / Brand / Non-Preferred / Specialty		\$10 / \$45 / \$90 / 25%	\$10 / \$45 / \$75 / 25%	\$10 / \$45 / \$90 / 25%
Mail Order	2.5x	2.5x	2.5x	2.5x
<b>Premium Comparison</b>	<b>Bi-Weekly Payroll Rates</b>	<b>Bi-Weekly Payroll Rates</b>	<b>Bi-Weekly Payroll Rates</b>	<b>Bi-Weekly Payroll Rates</b>
Employee Only	\$54.32	\$54.72	\$81.28	\$89.91
Employee + Spouse	\$108.64	\$109.45	\$187.44	\$204.71
Employee + Child(ren)	\$100.49	\$101.23	\$173.38	\$189.36
Family	\$193.01	\$258.38	\$371.06	\$395.67