



Medical Plan Summary	Humana Smpty NPOS16 Opt4	Humana NPOS Opt 12
<p><b>Plan Type</b></p> <p><b>Deductible</b> - Individual / Family</p> <p>In-Network</p> <p>Out-of-Network</p> <p><b>Coinsurance</b> - Plan pays after deductible</p> <p>In-Network</p> <p>Out-of-Network</p> <p><b>Max Out-of-Pocket</b> - Individual / Family</p> <p>In-Network</p> <p>Out-of-Network</p> <p>Includes/Excludes</p> <p><b>Office Visit</b></p> <p>Primary Care Physician</p> <p>Specialist Office Visit</p> <p>Urgent Care</p> <p>Emergency Room</p> <p><b>Hospital Stay / Surgery</b></p> <p>Inpatient Hospital Facility Fee</p> <p>Outpatient Surgery</p> <p><b>Diagnostics</b></p> <p>Imaging (CT/Pet Scans, MRI)</p> <p>Diagnostic test (x-ray, blood work)</p> <p><b>Prescription Drug Card</b></p> <p>RX Deductible - Individual / Family</p> <p>Generic / Brand / Non-Preferred / Specialty</p> <p>Mail Order</p>	<p><b>NPOS</b></p> <p>\$0 / \$0</p> <p>\$5,000 / \$10,000</p> <p>100%</p> <p>-</p> <p>\$6,850 / \$13,700</p> <p>\$20,550 / \$41,100</p> <p>Includes deductible</p> <p>\$55 Copay</p> <p>\$100 Copay</p> <p>\$125 Copay</p> <p>\$750 Copay</p> <p>\$2,250 copay (3x max)</p> <p>\$2,250 copay per visit</p> <p>\$750 Copay</p> <p>No Charge in Office</p> <p>N/A</p> <p>\$10 / \$45 / \$90 / 25%</p> <p>2.5x</p>	<p><b>NPOS</b></p> <p>\$2,000 / \$4,000</p> <p>\$6,000 / \$12,000</p> <p>80%</p> <p>60%</p> <p>\$6,500 / \$13,000</p> <p>\$19,500 / \$39,000</p> <p>Includes deductible</p> <p>\$40 Copay</p> <p>\$75 Copay</p> <p>\$100 Copay</p> <p>\$500 Copay</p> <p>Subject to Deductible + 20%</p> <p>Subject to Deductible + 20%</p> <p>No Charge in Office</p> <p>N/A</p> <p>\$10 / \$45 / \$75 / 25%</p> <p>2.5x</p>
<p><b>Premium Comparison</b></p> <p>Employee Only</p> <p>Employee + Spouse</p> <p>Employee + Child(ren)</p> <p>Family</p>	<p><b>Bi-Weekly Payroll Rates</b></p> <p>\$54.72</p> <p>\$109.45</p> <p>\$101.23</p> <p>\$258.38</p>	<p><b>Bi-Weekly Payroll Rates</b></p> <p>\$81.28</p> <p>\$187.44</p> <p>\$173.38</p> <p>\$371.06</p>