



HUMANA SIMPLICITY

PPO, NPOS, and HMO 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.

If you use IN-NETWORK providers

Copay amounts:

Option	Metallic tier	Coinsurance		Deductible ¹	Maximum out-of-pocket		Copay amounts:				
		In	Out		Individual	Family	Primary care/ Specialist	Telemedicine/Retail clinic/ Urgent care/ER	Advanced imaging	Inpatient ² / Outpatient services	Pharmacy
1	Gold	100%	50%	\$0	\$4,500	\$9,000	\$40/\$75	\$20/\$40/\$100/\$350	\$350	\$750/\$750	\$10/\$35/\$55/25%
2	Gold	100%	50%	\$0	\$6,000	\$12,000	\$40/\$75	\$20/\$40/\$100/\$400	\$400	\$1,000/\$1,000	\$10/\$35/\$55/25%
3	Gold	100%	50%	\$0	\$6,000	\$12,000	\$40/\$80	\$20/\$40/\$100/\$400	\$400	\$1,250/\$1,250	\$10/\$40/\$75/25%
4	Gold	100%	50%	\$0	\$6,000	\$12,000	\$40/\$80	\$20/\$40/\$100/\$425	\$425	\$1,500/\$1,500	\$10/\$40/\$75/25%
5	Gold	100%	50%	\$0	\$6,000	\$12,000	\$40/\$80	\$20/\$40/\$100/\$450	\$450	\$1,750/\$1,750	\$10/\$40/\$75/25%
6	Gold	100%	50%	\$0	\$7,350	\$14,700	\$40/\$80	\$20/\$40/\$100/\$500	\$500	\$2,000/\$2,000	\$10/\$45/\$90/25%

(1) \$5,000 individual / \$10,000 family out-of-network deductible

(2) Copay per day for first three days



TRADITIONAL PLANS: COPAY

PPO, NPOS, and HMO 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.

If you use IN-NETWORK providers

Copay amounts:

Option	Metallic tier	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Telemedicine/ Retail clinic / Urgent care / ER	Pharmacy	Other services
		In	Out	Individual	Family	Individual	Family				
1 ¹	Platinum	100%	70%	\$1,000	\$2,000	\$3,500	\$7,000	\$20/\$40	\$20/\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
2	Gold	100%	70%	\$1,500	\$3,000	\$5,000	\$10,000	\$35/\$65	\$20/\$40/\$100/\$500	\$10/\$40/\$75/25%	Coinsurance after deductible
3	Gold	100%	70%	\$2,000	\$4,000	\$5,500	\$11,000	\$35/\$65	\$20/\$40/\$100/\$500	\$10/\$40/\$75/25%	Coinsurance after deductible
4	Gold	100%	70%	\$2,500	\$5,000	\$6,000	\$12,000	\$35/\$65	\$20/\$40/\$100/\$450	\$10/\$40/\$75/25%	Coinsurance after deductible
5	Gold	100%	70%	\$3,000	\$6,000	\$5,000	\$10,000	\$35/\$65	\$20/\$40/\$100/\$400	\$10/\$40/\$75/25%	Coinsurance after deductible
6	Gold	100%	70%	\$4,500	\$9,000	\$5,500	\$11,000	\$30/\$65	\$20/\$40/\$100/\$450	\$10/\$35/\$55/25%	Coinsurance after deductible
7 ¹	Silver	100%	70%	\$6,500	\$13,000	\$7,350	\$14,700	\$45/\$90	\$20/\$40/\$100/\$600	\$10/\$45/\$90/25%	Coinsurance after deductible
8	Gold	80%	50%	\$1,000	\$2,000	\$4,500	\$9,000	\$30/\$60	\$20/\$40/\$100/\$450	\$10/\$40/\$75/25%	Coinsurance after deductible
9 ¹	Gold	80%	50%	\$1,500	\$3,000	\$4,500	\$9,000	\$30/\$60	\$20/\$40/\$100/\$400	\$10/\$40/\$75/25%	Coinsurance after deductible
10	Gold	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$30/\$60	\$20/\$40/\$100/\$400	\$10/\$35/\$55/25%	Coinsurance after deductible
11 ¹	Gold	80%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$30/\$60	\$20/\$40/\$100/\$500	\$10/\$40/\$75/25%	Coinsurance after deductible
12	Gold	80%	50%	\$2,500	\$5,000	\$5,500	\$11,000	\$35/\$70	\$20/\$40/\$100/\$550	\$10/\$40/\$75/25%	Coinsurance after deductible
13 ¹	Silver	80%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$45/\$90	\$20/\$40/\$100/\$450	\$10/\$45/\$90/25% ²	Coinsurance after deductible
14 ¹	Silver	80%	50%	\$5,000	\$10,000	\$7,350	\$14,700	\$45/\$90	\$20/\$40/\$100/\$550	\$10/\$45/\$90/25%	Coinsurance after deductible
15 ¹	Gold	70%	50%	\$2,000	\$4,000	\$6,000	\$12,000	\$30/\$60	\$20/\$40/\$100/\$500	\$10/\$40/\$75/25%	Coinsurance after deductible
16	Silver	70%	50%	\$3,500	\$7,000	\$7,350	\$14,700	\$45/\$90	\$20/\$40/\$100/\$550	\$10/\$50/\$100/25%	Coinsurance after deductible
17	Silver	50%	50%	\$2,000	\$4,000	\$7,350	\$14,700	\$45/\$90	\$20/\$40/\$100/\$500	\$10/\$50/\$100/25%	Coinsurance after deductible
18 ¹	Silver	50%	50%	\$3,000	\$6,000	\$7,350	\$14,700	\$40/\$80	\$20/\$40/\$100/\$500	\$10/\$40/\$75/25%	Coinsurance after deductible
19	Silver	50%	50%	\$4,000	\$8,000	\$7,350	\$14,700	\$45/\$90	\$20/\$40/\$100/\$500	\$10/\$45/\$90/25%	Coinsurance after deductible
20 ¹	Silver	50%	50%	\$5,000	\$10,000	\$7,350	\$14,700	\$35/\$70	\$20/\$40/\$100/\$550	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible

(1) HMO Select network available with these options

(2) \$250 individual / \$500 family pharmacy deductible – applies to levels 2, 3, and 4 only

Note: Refer to page 5 for IL Coordinated Care HMO plan options



TRADITIONAL PLANS: CANOPY

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.

Plan features to understand:

- Members pay only a copay for primary care office exam, specialist office exam, telemedicine, retail clinic, urgent care, and pharmacy services
- All other services pay deductible/coinsurance including any lab or x-ray done in conjunction with an office visit

If you use IN-NETWORK providers

Copay amounts:

Option	Metallic tier	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Telemedicine/ Retail clinic / Urgent care	Pharmacy	Other services including emergency room
		In	Out	Individual	Family	Individual	Family				
1	Silver	100%	70%	\$6,500	\$13,000	\$7,350	\$14,700	\$20/\$80	\$20/\$20/\$100	\$10/\$40/\$75/25% ¹	Coinsurance after deductible
2	Silver	100%	70%	\$6,500	\$13,000	\$7,350	\$14,700	\$20/\$80	\$20/\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
3	Silver	80%	50%	\$6,000	\$12,000	\$7,350	\$14,700	\$20/\$80	\$20/\$20/\$100	\$10/\$40/\$75/25%	Coinsurance after deductible
4	Silver	80%	50%	\$6,000	\$12,000	\$7,350	\$14,700	\$20/\$80	\$20/\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible

(1) \$250 individual / \$500 family pharmacy deductible – applies to levels 2, 3, and 4 only



HDHP PLANS

PPO, NPOS, and HMO 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

Option	Metallic tier	Coinsurance		Deductible		Maximum out-of-pocket				Pharmacy	Other services
		In	Out	Individual	Family	In-network		Out-of-network			
				Individual	Family	Individual	Family	Individual	Family		
1	Silver	100%	70%	\$3,675	\$7,350	\$3,675	\$7,350	\$15,000	\$30,000	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

Option	Metallic tier	Coinsurance		Deductible		Maximum out-of-pocket				Pharmacy	Other services
		In	Out	Individual	Family	In-network		Out-of-network			
				Individual	Family	Individual	Family	Individual	Family		
1	Gold	100%	70%	\$2,700	\$5,400	\$2,700	\$5,400	\$9,000	\$18,000	Coinsurance after deductible	Coinsurance after deductible
2	Silver	100%	70%	\$4,000	\$8,000	\$4,000	\$8,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
3	Bronze	100%	70%	\$6,500	\$13,000	\$6,500	\$13,000	\$20,000	\$40,000	Coinsurance after deductible	Coinsurance after deductible
4	Silver	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
5	Bronze	80%	50%	\$5,500	\$11,000	\$6,550	\$13,100	\$19,650	\$39,300	Coinsurance after deductible	Coinsurance after deductible
6	Bronze	70%	50%	\$5,500	\$11,000	\$6,550	\$13,100	\$19,650	\$39,300	Coinsurance after deductible	Coinsurance after deductible

Note: Refer to page 5 for IL Coordinated Care HMO plan options



ILLINOIS COORDINATED CARE NETWORK HMO PLANS

- When selecting the CCN Network, a group must include all 7 networks listed below for each plan option.
- Families will have to select one of the available Providers Systems through which they will receive care for the plan year.
- Preventive medical services are covered 100 percent.
- Plans include embedded pediatric dental and vision benefits.

Quote & Enroll all 7 Plans/Networks

The CCN Network includes the following provider systems:

Network Name	Provider System	County Location of Participating Providers	Example
Advocate CCN HMO	Advocate Health Care	Cook, DuPage, Kane, Lake Will	Simplicity Opt 105 – Advocate
Loyola CCN HMO	Loyola University Health Systems	Cook	Simplicity Opt 102 – Loyola
NorthShore CCN HMO	NorthShore University Health Systems	Cook, Kane	Simplicity Opt 106 – NorthShore
Northwest Community CCN HMO	Northwest Community Health Systems	Cook	Simplicity Opt 104 – Northwest
Presence CCN HMO	Presence Health System	Cook, Kane, Kankakee, Will	Simplicity Opt 101 – Presence
Sinai Health CCN HMO	Sinai Health System	Cook	Simplicity Opt 107 – Sinai
Swedish Covenant CCN HMO	Swedish Covenant Hospital	Cook	Simplicity Opt 103 – Swedish

HUMANA HMO SIMPLICITY PLANS

If you use IN-NETWORK providers

Copay amounts:

Option	Metallic tier	Coinsurance In	Deductible ¹		Maximum out-of-pocket		Primary care/ Specialist	Telemedicine/Retail clinic/ Urgent care/ER	Advanced imaging	Inpatient ² / Outpatient services	Pharmacy
			Individual	Family	Individual	Family					
101-107	Gold	100%	\$0		\$4,500	\$9,000	\$40/\$75	\$20/\$40/\$100/\$350	\$350	\$750/\$750	\$10/\$35/\$55/25%
108-114	Gold	100%	\$0		\$6,000	\$12,000	\$40/\$75	\$20/\$40/\$100/\$400	\$400	\$1,000/\$1,000	\$10/\$35/\$55/25%
115-121	Gold	100%	\$0		\$6,000	\$12,000	\$40/\$80	\$20/\$40/\$100/\$400	\$400	\$1,250/\$1,250	\$10/\$40/\$75/25%
122-128	Gold	100%	\$0		\$6,000	\$12,000	\$40/\$80	\$20/\$40/\$100/\$450	\$450	\$1,750/\$1,750	\$10/\$40/\$75/25%
129-135	Gold	100%	\$0		\$7,350	\$14,700	\$40/\$80	\$20/\$40/\$100/\$500	\$500	\$2,000/\$2,000	\$10/\$45/\$90/25%

HUMANA HMO Copay PLANS

If you use IN-NETWORK providers

Copay amounts:

Option	Metallic tier	Coinsurance In	Deductible		Maximum out-of-pocket		Primary care/ Specialist	Telemedicine/Retail clinic/ Urgent care/ER	Inpatient/ Outpatient services	Pharmacy	Other Services
			Individual	Family	Individual	Family					
143-149	Gold	100%	\$1,500	\$3,000	\$5,000	\$10,000	\$35/\$65	\$20/\$40/\$100/\$500	\$750/\$750	\$10/\$35/\$55/25%	Coinurance after deductible

HUMANA HMO EHDHP PLANS

If you use IN-NETWORK providers

Copay amounts:

Option	Metallic tier	Coinsurance In	Deductible		Maximum out-of-pocket		Pharmacy	Other Services
			Individual	Family	Individual	Family		
136-142	Gold	100%	\$6,500	\$13,000	\$6,500	\$13,000	Coinurance after deductible	Coinurance after deductible

(1) \$5,000 individual / \$10,000 family out-of-network deductible

(2) Copay per day for first three days



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. (Available for all plan options).

PPO Plans:

- **Humana ChoiceCare Network® (CHC)** is one of the largest, most cost-effective physician and hospital network in the nation. Members can visit any participating network provider at any time.
- **ChoicePOS Network** enables Humana to offer flexible benefits while accessing the best provider discounts available. Members can visit any participating network provider at any time and do not need to choose a primary care physician.

NPOS Plans:

- **Humana National POS – Open Access Network** offers the advantages of an HMO with the flexibility of a PPO plan. Members can visit any participating network provider at any time and any location, and do not need to choose a primary care physician.

HMO Plans:

- **HMO Select** is a local HMO 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.
- **Illinois Coordinated Care Network** 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 within the provider system they chose and have the freedom to visit specialists without referral from their primary care physician within that system as needed. 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 25,000 independent pharmacies, along with Humana's mail delivery and specialty pharmacies.