

**Compassionate Home Health Hospice
2022 Medical Plan Options**

Medical	Plan 1	Plan 2	Plan 3
Carrier:	Humana	Humana	Humana
PPO/HMO:	PPO	PPO	PPO
Network:	NPOS	NPOS	NPOS
Plan Name:	EHDHP Opt 4 H.S.A	Canopy Opt 5	Copay Opt 11
Plan Highlights:			
Office Visit Copay/Specialist	Deductible	\$20/\$80	\$30/\$75
Preventive Care	\$0	\$0	\$0
Outpatient Surgery Copay	Deductible	Deductible	Deductible & Coinsurance
Inpatient Hospital Copay	Deductible	Deductible	Deductible & Coinsurance
Emer. Room Copay	Deductible	Deductible	\$600
Urgent Care Copay	Deductible	\$100	\$100
Dr on Demand	\$56	\$0	\$0
Dispatch Health	TBD	\$100	\$100
Prescriptions	Deductible	\$5/\$20/\$50/\$100/\$450 (GAP doesn't cover)	\$10/\$35/\$55/25%/35% (GAP doesn't cover)
Lab & X-Ray	Deductible	Deductible	Minor- \$0/ Major- \$600 Copay
Deductible Individual	\$6,250	\$5000 (\$4000 GAP)	\$2,000
Deductible Family	\$12,500	\$10000 (\$8000 GAP)	\$4,000
GAP Plan Included	No	Yes	Yes
Coinsurance	0%	50% (0% GAP)	20%
Out of Network Benefits?	Yes	Yes	Yes
Max Out-of-Pocket / Indiv.	\$6,250	\$7900 (\$4000 GAP)	\$4500 (\$3500 GAP)
Max Out-of-Pocket / Family	\$12,500	\$15800 (\$8000 GAP)	\$8000 (\$7000 GAP)
	Cost per Paycheck		
Employee	\$26.81	\$73.28	\$127.82
Employee + Spouse	\$321.67	\$416.66	\$549.10
Employee + Child(ren)	\$253.62	\$339.51	\$452.06
Employee + Family	\$503.11	\$633.95	\$810.04

Dental	Humana
Employee	\$16.57
Employee + Spouse	\$33.13
Employee + Child(ren)	\$45.37
Employee + Family	\$62.56
	Benefits
Preventive	100%
Basic	80% (Endo & Perio)
Major	50%
Annual Max	\$1,500
Waiting Period	None
Ortho Max	\$1000 (Child Only)
Deductible	\$50/\$150

*Please remember to utilize G0365. Discounts off premium are 7% and 15%.

Vision	Humana
Employee	\$4.31
Employee + Spouse	\$8.62
Employee + Child(ren)	\$8.19
Employee + Family	\$12.87
	Benefits
Exam Copay	\$10
Material Copay	\$25
Frequency	12 month/12 month/24 month
Lense Allowance	\$160
Frame Allowance	\$160

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