

**Compassionate Home Health Hospice  
2024 Medical Plan Options**

Medical	Plan 1	Plan 2	Plan 3
Carrier:	Allstate	Allstate	Allstate
PPO/HMO:	PPO	PPO	PPO
Network:	Cigna Local Plus	Cigna Local Plus	Cigna Local Plus
Plan Name:	H.S.A 6250	\$5000 Deductible	\$2000 Deductible
<b>Plan Highlights:</b>			
Office Visit Copay/Specialist	Deductible	\$40/\$60	\$35/\$50
Preventive Care	\$0	\$0	\$0
Outpatient Surgery Copay	Deductible	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospital Copay	Deductible	Deductible & Coinsurance	Deductible & Coinsurance
Emer. Room Copay	Deductible	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Copay	Deductible	\$75	\$75
Virtual Care	Walmart Health/MeMD	Walmart Health/MeMD	Walmart Health/MeMD
Virtual Care Copay	\$38	\$0	\$0
Prescriptions	Deductible	\$20/\$50/\$75/20%	\$20/\$50/\$75/20%
Lab & X-Ray	Deductible	Deductible & Coinsurance	Deductible & Coinsurance
<b>Deductible Individual</b>	<b>\$6,250</b>	<b>\$5,000</b>	<b>\$2,000</b>
<b>Deductible Family</b>	<b>\$12,500</b>	<b>\$10,000</b>	<b>\$4,000</b>
<b>Coinsurance</b>	<b>0%</b>	<b>30%</b>	<b>30%</b>
Out of Network Benefits?	No	No	No
<b>Max Out-of-Pocket / Indiv.</b>	<b>\$6,250</b>	<b>\$7,900</b>	<b>\$4,500</b>
<b>Max Out-of-Pocket / Family</b>	<b>\$12,500</b>	<b>\$15,800</b>	<b>\$9,000</b>
	<b>Cost per Paycheck</b>		
<b>Employee</b>	<b>\$19.29</b>	<b>\$75.22</b>	<b>\$172.36</b>
<b>Employee + Spouse</b>	<b>\$326.27</b>	<b>\$460.51</b>	<b>\$693.65</b>
<b>Employee + Child(ren)</b>	<b>\$216.64</b>	<b>\$322.90</b>	<b>\$507.48</b>
<b>Employee + Family</b>	<b>\$501.69</b>	<b>\$680.67</b>	<b>\$991.53</b>

Dental	Mutual of Omaha
<b>Employee</b>	<b>\$16.57</b>
<b>Employee + Spouse</b>	<b>\$33.13</b>
<b>Employee + Child(ren)</b>	<b>\$45.37</b>
<b>Employee + Family</b>	<b>\$62.56</b>
	<b>Benefits</b>
Preventive	100%
Basic	80%
Major	50%
Annual Max	\$1,500
Waiting Period	None
Ortho Max	\$1000 (Child Only)
Deductible	\$50/\$150

Vision	Mutual of Omaha
<b>Employee</b>	<b>\$2.68</b>
<b>Employee + Spouse</b>	<b>\$6.16</b>
<b>Employee + Child(ren)</b>	<b>\$6.82</b>
<b>Employee + Family</b>	<b>\$10.41</b>
	<b>Benefits</b>
Exam Copay	\$10
Material Copay	\$25
Frequency	12 month/12 month/24 month
Lense Allowance	\$160
Frame Allowance	\$160

**Enroll at:**  
**[www.compassionate.ease.com](http://www.compassionate.ease.com)**

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