

**Compassionate Home Health
2018/2019 Medical Plan Options**

| | | | |
|---|--------------------------|------------------------|--------------------|
| Carrier: PPO/HMO: Network Plan Name: Plan Highlights: Office Visit Copay/Specialist Preventative Care Outpatient Surgery Copay Inpatient Hospital Copay Emer. Room Copay Urgent Care Copay Prescriptions Lab & X-Ray Deductible Individual Deductible Family Coinsurance Out of Network Benefits? Max Out-of-Pocket / Indiv. Max Out-of-Pocket / Family | Humana | Humana | Humana |
| | PPO | PPO | PPO |
| | NPOS | NPOS | NPOS |
| | EHDHP 17 H.S.A | Copay Opt 17 | Copay Opt 2 |
| | | | |
| | Ded & Coins | \$35/\$70 | \$30/\$55 |
| | \$0 | \$0 | \$0 |
| | Deductible | Deductible | Deductible |
| | Deductible | Deductible | Deductible |
| | Deductible | \$450 \$500 | \$350 |
| | Deductible | \$100 | \$100 |
| | Deductible | \$10/\$40/\$70/25% | \$10/\$30/\$55/25% |
| | Deductible | Deductible | Deductible |
| | \$5,500 | \$4,000 | \$2,000 |
| | \$11,000 | \$8,000 | \$4,000 |
| | 30% | 20% | 0% |
| Yes | Yes | Yes | |
| \$6,550 | \$6,500 | \$3,500 | |
| \$13,100 | \$13,000 | \$7,000 | |
| | Cost Per Paycheck | | |
| Employee | \$29.36 | \$72.61 | \$120.10 |
| Employee + Children | \$208.71 | \$295.21 | \$390.19 |
| Employee + Spouse | \$262.52 | \$361.99 | \$471.22 |
| Employee + Family | \$406.00 | \$540.08 | \$687.30 |
| Plan Election | | | |

| | | |
|---------------------|-----------------|----------------------|
| Dental | Humana | |
| | | |
| Employee | | \$14.44 |
| Employee + Children | | \$42.69 |
| Employee + Spouse | | \$28.89 |
| Employee + Family | | \$58.51 |
| | Benefits | |
| Preventive | | 100% |
| Basic | | 80% (Perio and Endo) |
| Major | | 50% |
| Annual Max | | \$1,500 |
| Waiting Period | | None |
| Ortho Max | | \$1000 (Child Only) |
| Deductible | | \$50/\$150 |

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|---------------------|-----------------|--------------------|
| Vision | Humana | |
| | | |
| Employee | | \$4.07 |
| Employee + Children | | \$7.73 |
| Employee + Spouse | | \$8.13 |
| Employee + Family | | \$12.14 |
| | Benefits | |
| Exam Copay | | \$10 |
| Material Copay | | \$25 |
| Frequency | | 12/12/24 mo |
| Lense Allowance | | 100% or \$125 |
| Frame Allowance | | \$130 |
| | | Name (sign) |