

Compassionate Home Health Hospice
2020 Medical Plan Options

	Option 1	Option 2	Option 3
Medical	Humana	Humana	Humana
Carrier:	Humana	Humana	Humana
PPO/HMO:	PPO	PPO	PPO
Network:	NPOS	NPOS	NPOS
Plan Name:	EHDHP Opt 7 H.S.A	Copay Opt 17	Copay Opt 2
Plan Highlights:			
Office Visit Copay/Specialist	Deductible & Coinsurance	\$35/\$70	\$30/\$55
Preventive Care	\$0	\$0	\$0
Outpatient Surgery Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible
Inpatient Hospital Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible
Emer. Room Copay	Deductible & Coinsurance	\$500	\$350
Urgent Care Copay	Deductible & Coinsurance	\$100	\$100
Prescriptions	Deductible & Coinsurance	\$10/\$40/\$70/25%	\$10/\$30/\$55/25%
Lab & X-Ray	Deductible & Coinsurance	Deductible & Coinsurance	Deductible
Deductible Individual	\$5,500	\$4,000	\$2,000
Deductible Family	\$11,000	\$8,000	\$4,000
Coinsurance	30%	20%	0%
Out of Network Benefits?	Yes	Yes	Yes
Max Out-of-Pocket / Indiv.	\$6,550	\$6,500	\$3,500
Max Out-of-Pocket / Family	\$13,100	\$13,000	\$7,000
		Cost per Paycheck	
Employee	\$44.59	\$86.12	\$130.39
Employee + Spouse	\$297.54	\$393.08	\$494.90
Employee + Child(ren)	\$239.17	\$322.24	\$410.78
Employee + Family	\$453.22	\$581.98	\$719.21

	Humana
Dental	
Employee	\$15.04
Employee + Spouse	\$30.08
Employee + Child(ren)	\$41.48
Employee + Family	\$57.15
Benefits	
Preventive	100%
Basic	80% (Endo & Perio)
Major	50%
Annual Max	\$1,500
Waiting Period	None
Ortho Max	\$1000 (Child Only)
Deductible	\$50/\$150

	Humana
Vision	
Employee	\$4.07
Employee + Spouse	\$7.73
Employee + Child(ren)	\$8.13
Employee + Family	\$12.14
Benefits	
Exam Copay	\$10
Material Copay	\$25
Frequency	12/12/24%
Lens Allowance	\$125
Frame Allowance	\$130

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