

# Humana Connect (HMO) - Georgia

	Connect Basic 6350/6350		Connect Bronze 6300/6300		Connect Bronze 4850/6350		Connect Silver 4600/6300**		Connect Gold 2500/3500		Connect Platinum 1000/1500	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		Yes		No		No		No		No	
On the Marketplace**	Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)	
Off the Marketplace	Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)	
<b>In network</b>												
Medical Deductible	\$6,350	\$12,700	\$6,300	\$12,600	\$4,850	\$9,700	\$4,600	\$9,200	\$2,500	\$5,000	\$1,000	\$2,000
Coinsurance*	100%		100%		80%		80%		80%		80%	
Rx Deductible	Combined with Medical Deductible		Combined with Medical Deductible		\$1,500	\$3,000	\$1,500	\$3,000	\$500	\$1,000	\$500	\$1,000
Maximum Out-of-Pocket	\$6,350	\$12,700	\$6,300	\$12,600	\$6,350	\$12,700	\$6,300	\$12,600	\$3,500	\$7,000	\$1,500	\$3,000
PCP/Specialists/Urgent Care	\$35 PCP (3), then deductible/coinsurance		100% after deductible		\$50/\$75/\$100 (3), then deductible/coinsurance		\$25/\$35/\$50		\$25/\$35/\$50		\$25/\$35/\$50	
Labs and X-Rays	100% after deductible		100% after deductible		\$300 at 100%, then deductible/coinsurance		\$500 at 100%, then deductible/coinsurance		\$500 at 100%, then deductible/coinsurance		\$500 at 100%, then deductible/ coinsurance	
Inpatient and Outpatient Hospital Services, ER, Ambulance	100% after deductible		100% after deductible		80% after deductible		80% after deductible		80% after deductible		80% after deductible	
Rx Tier 1/2 (not subject to deductible)	100% after deductible		100% after deductible		\$15/\$35		\$10/\$20		\$5/\$10		\$5/\$10	
Rx Tier 3/4/5 (after deductible)	100% after deductible		100% after deductible		\$75/50%/50%		\$50/50%/50%		\$20/35%/35%		\$20/35%/35%	
Rx Formulary	HDHP Plus		HDHP Plus		Rx5 Plus		Rx5 Plus		Rx5 Plus		Rx5 Plus	
Children's Vision Care (and Children's Dental Care for Plans Off Marketplace)	100% after deductible		100% after deductible		50% after deductible		50% after deductible		50% after deductible		50% after deductible	

\* Coinsurance may vary by benefit category (see Benefit Summary). \*\* Silver cost share reduction plans available on Health Insurance Marketplace.

Offered by Humana Health Plan, Inc. referred to herein as Humana. Applications are subject to approval. Limitations and exclusions apply.



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# Humana National Preferred (PPO) - Georgia

	National Preferred Basic 6350/6350		National Preferred Bronze 6300/6300		National Preferred Bronze 4850/6350		National Preferred Silver 3650/3650	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		Yes		No		Yes	
On the Marketplace**	Not Available		Not Available		Not Available		Not Available	
Off the Marketplace	Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)	
Coinsurance (IN/OON)*	100%/75%		100%/75%		80%/60%		100%/75%	
<b>In network</b>								
Medical Deductible	\$6,350	\$12,700	\$6,300	\$12,600	\$4,850	\$9,700	\$3,650	\$7,300
Rx Deductible	Combined with Medical Deductible		Combined with Medical Deductible		\$1,500	\$3,000	Combined with Medical Deductible	
Maximum Out-of-Pocket	\$6,350	\$12,700	\$6,300	\$12,600	\$6,350	\$12,700	\$3,650	\$7,300
PCP/Specialists/Urgent Care	\$35 PCP (3), then deductible/coinsurance		100% after deductible		\$50/\$75/\$100 (3), then deductible/coinsurance		100% after deductible	
Lab and X-Rays	100% after deductible		100% after deductible		\$300 at 100%, then deductible/coinsurance		100% after deductible	
Inpatient and Outpatient Hospital Services, ER, Ambulance	100% after deductible		100% after deductible		80% after deductible		100% after deductible	
Rx Tier 1/2 (not subject to deductible)	100% after deductible		100% after deductible		\$15/\$35		100% after deductible	
Rx Tier 3/4/5 (after deductible)	100% after deductible		100% after deductible		\$75/50%/50%		100% after deductible	
Rx Formulary	HDHP Plus		HDHP Plus		Rx5 Plus		HDHP Plus	
Children's Vision Care (and Children's Dental Care for Plans Off Marketplace)	100% after deductible		100% after deductible		50% after deductible		100% after deductible	

\* Coinsurance may vary by benefit category (see Benefit Summary). \*\* Silver cost share reduction plans available on Health Insurance Marketplace. Insured by Humana Health Plan, Inc. referred to herein as Humana. Applications are subject to approval. Limitations and exclusions apply.

National Preferred (PPO) plans continued on next page.



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# Humana National Preferred (PPO) - Georgia

	National Preferred Silver 4250/6250**		National Preferred Gold 2500/3500		National Preferred Platinum 1000/1500	
	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		No		No	
On the Marketplace**	Not Available		Not Available		Not Available	
Off the Marketplace	Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)	
Coinsurance (IN/OON)*	80%/60%		80%/60%		80%/60%	
<b>In network</b>						
Medical Deductible	\$4,250	\$8,500	\$2,500	\$5,000	\$1,000	\$2,000
Rx Deductible	\$1,500	\$3,000	\$500	\$1,000	\$500	\$1,000
Maximum Out-of-Pocket	\$6,250	\$12,500	\$3,500	\$7,000	\$1,500	\$3,000
PCP/Specialists/Urgent Care	\$35/\$60/\$100		\$25/\$35/\$50		\$25/\$35/\$50	
Lab and X-Rays	\$500 at 100%, then deductible/coinsurance		\$500 at 100%, then deductible/coinsurance		\$500 at 100%, then deductible/coinsurance	
Inpatient and Outpatient Hospital Services, ER, Ambulance	80% after deductible		80% after deductible		80% after deductible	
Rx Tier 1/2 (not subject to deductible)	\$10/\$20		\$5/\$10		\$5/\$10	
Rx Tier 3/4/5 (after deductible)	\$50/50%/50%		\$20/35%/35%		\$20/\$35/35%	
Rx Formulary	Rx5 Plus		Rx5 Plus		Rx5 Plus	
Children's Vision Care (and Children's Dental Care for Plans Off Marketplace)	50% after deductible		50% after deductible		50% after deductible	

\* Coinsurance may vary by benefit category (see Benefit Summary). \*\* Silver cost share reduction plans available on Health Insurance Marketplace. Insured by Humana Health Plan, Inc. referred to herein as Humana. Applications are subject to approval. Limitations and exclusions apply.

Previous page contains additional National Preferred (PPO) plans.



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# Humana National Preferred (POS) - Georgia

	National Preferred Basic 6350/6350		National Preferred Bronze 6300/6300		National Preferred Bronze 4850/6350		National Preferred Silver 3650/3650	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		Yes		No		Yes	
On the Marketplace**	Available (Benefit Summary)		Available (Benefit Summary)		Not Available		Not Available	
Off the Marketplace	Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)	
Coinsurance (IN/OON)*	100%/75%		100%/75%		80%/60%		100%/75%	
<b>In network</b>								
Medical Deductible	\$6,350	\$12,700	\$6,300	\$12,600	\$4,850	\$9,700	\$3,650	\$7,300
Rx Deductible	Combined with Medical Deductible		Combined with Medical Deductible		\$1,500	\$3,000	Combined with Medical Deductible	
Maximum Out-of-Pocket	\$6,350	\$12,700	\$6,300	\$12,600	\$6,350	\$12,700	\$3,650	\$7,300
PCP/Specialists/Urgent Care	\$35 PCP (3), then deductible/coinsurance		100% after deductible		\$50/\$75/\$100 (3), then deductible/coinsurance		100% after deductible	
Lab and X-Rays	100% after deductible		100% after deductible		\$300 at 100%, then deductible/coinsurance		100% after deductible	
Inpatient and Outpatient Hospital Services, ER, Ambulance	100% after deductible		100% after deductible		80% after deductible		100% after deductible	
Rx Tier 1/2 (not subject to deductible)	100% after deductible		100% after deductible		\$15/\$35		100% after deductible	
Rx Tier 3/4/5 (after deductible)	100% after deductible		100% after deductible		\$75/50%/50%		100% after deductible	
Rx Formulary	HDHP Plus		HDHP Plus		Rx5 Plus		HDHP Plus	
Children's Vision Care (and Children's Dental Care for Plans Off Marketplace)	100% after deductible		100% after deductible		50% after deductible		100% after deductible	

\* Coinsurance may vary by benefit category (see Benefit Summary). \*\* Silver cost share reduction plans available on Health Insurance Marketplace. Insured by Humana Health Plan, Inc. referred to herein as Humana. Applications are subject to approval. Limitations and exclusions apply.

National Preferred (POS) plans continued on next page.



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# Humana National Preferred (POS) - Georgia

	National Preferred Silver 4250/6250**		National Preferred Gold 2500/3500		National Preferred Platinum 1000/1500	
	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		No		No	
On the Marketplace**	Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)	
Off the Marketplace	Available (Benefit Summary)		Available (Benefit Summary)		Available (Benefit Summary)	
Coinsurance (IN/OON)*	80%/60%		80%/60%		80%/60%	
<b>In network</b>						
Medical Deductible	\$4,250	\$8,500	\$2,500	\$5,000	\$1,000	\$2,000
Rx Deductible	\$1,500	\$3,000	\$500	\$1,000	\$500	\$1,000
Maximum Out-of-Pocket	\$6,250	\$12,500	\$3,500	\$7,000	\$1,500	\$3,000
PCP/Specialists/Urgent Care	\$35/\$60/\$100		\$25/\$35/\$50		\$25/\$35/\$50	
Lab and X-Rays	\$500 at 100%, then deductible/coinsurance		\$500 at 100%, then deductible/coinsurance		\$500 at 100%, then deductible/coinsurance	
Inpatient and Outpatient Hospital Services, ER, Ambulance	80% after deductible		80% after deductible		80% after deductible	
Rx Tier 1/2 (not subject to deductible)	\$10/\$20		\$5/\$10		\$5/\$10	
Rx Tier 3/4/5 (after deductible)	\$50/50%/50%		\$20/35%/35%		\$20/\$35/35%	
Rx Formulary	Rx5 Plus		Rx5 Plus		Rx5 Plus	
Children's Vision Care (and Children's Dental Care for Plans Off Marketplace)	50% after deductible		50% after deductible		50% after deductible	

\* Coinsurance may vary by benefit category (see Benefit Summary). \*\* Silver cost share reduction plans available on Health Insurance Marketplace. Insured by Humana Health Plan, Inc. referred to herein as Humana. Applications are subject to approval. Limitations and exclusions apply.

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