

THE MORTGAGE FIRM 2018 Open Enrollment	HUMANA					
	Open Access HMO 16 Copay	Open Access HMO 16 H.S.A.	National Point of Service 16 H.S.A.	National Point of Service 16 Copay	Dental PPO	Vision
	<u>In Network Only</u>	<u>Embedded In Network Only</u>	<u>Embedded In/Out of Network</u>	<u>In/Out of Network</u>	<u>In/Out of Network</u>	<u>In/Out of Network</u>
Deductible:					\$50 / \$100 X 3 per family	Exam - \$15 Copay/\$35 Allowance
Individual	\$5,000	\$3,000	\$3,000 / \$9,000	\$3,000 / \$9,000		
Family	\$10,000	\$6,000	\$6,000 / \$18,000	\$6,000 / \$18,000		
Coinsurance	50%	80%	80% / 50%	80% / 50%	Waived on Preventative Preventative - 100%/100%	Lenses Single - \$20 Copay/\$25 Allowance Bifocal - \$20 Copay/\$40 Allowance Trifocal - \$20 Copay/\$60 Allowance
Coinsurance Maximum:					Basic Services - 90%/80% Major Services - 60%/50%	Frames In Network - \$45 Wholesale Allowance Out of Network - \$45 Retail Allowance
Individual	\$1,500	\$3,350	\$3,350 / \$10,050	\$3,500 / \$10,500		
Family	\$3,000	\$6,700	\$6,700 / \$20,100	\$7,000 / \$21,000		
Out of Pocket Maximum:					Annual Maximum Unlimited	
Individual	\$6,500	\$6,350	\$6,350 / \$19,050	\$6,500 / \$19,500		
Family	\$13,000	\$12,700	\$12,700 / \$38,100	\$13,000 / \$39,000		
Non-Specialist Copay	\$40	Deductible & Coinsurance	Deductible & Coinsurance	\$40		Contact Lenses Medically Necessary -100%/\$210 Allowance
Specialist Copay	\$65	Deductible & Coinsurance	Deductible & Coinsurance	\$65	Waiting Period - NONE	Elective - \$150 allowance In or Out of Network Frequency
Pharmacy	\$10/\$40/\$70/25% - \$250 Deductible on Brand	Deductible then \$10/\$40/\$70/25%	Deductible then \$10/\$40/\$70/25%	Deductible then \$10/\$40/\$70/25%	Endo and Perio in Basic	
E.R.	\$350	Deductible & Coinsurance	Deductible & Coinsurance	\$350		Exam - Every 12 Months
Urgent Care	\$100	Deductible & Coinsurance	Deductible & Coinsurance	\$100		Lenses or Contact Lenses - Every 12 Months
Advanced Imaging Services	\$300	Deductible & Coinsurance	Deductible & Coinsurance	\$300		Frames - Once Every 24 Months
<u>Bi-Monthly Payroll Deductions</u>						
Employee Only	_____ \$129.60	_____ \$112.16	_____ \$125.91	_____ \$161.42	_____ \$14.07	_____ \$2.96
Employee & Spouse	_____ \$467.15	_____ \$425.65	_____ \$458.36	_____ \$542.88	_____ \$28.13	_____ \$5.91
Employee & Children	_____ \$335.07	_____ \$302.98	_____ \$328.27	_____ \$393.61	_____ \$35.87	_____ \$5.61
Full Family	_____ \$648.16	_____ \$593.75	_____ \$636.64	_____ \$747.43	_____ \$49.93	_____ \$8.82

