

Employee



Preventive care covered.
100%



Know what you pay.
That's it.



No fine print.
True story.

THE SIMPLICITY PLAN

The health plan with **no surprises** Seriously, not even one.

No surprises. Know your costs.
It's that simple.

PREVENTIVE CARE

100% covered in network.

- Annual physicals
- Well-child visits
- Lab/blood work
- Flu and allergy shots
- X-rays, mammograms

ADDITIONAL CARE

You only pay a simple, straightforward copay in network. Here are some examples:

- Sick visits **\$40**
- Specialist visits **\$80**
- Urgent care **\$100**
- Emergency room **\$400**
- Advanced imaging **\$400**
MRI, CAT scan, PET scan, etc.
- Inpatient hospital **\$1,250/day**
First 3 days, then covered in full
- Outpatient surgery **\$1,250**

NEED MORE DETAIL? HERE YOU GO:

NO DEDUCTIBLES IN NETWORK

Yep, as long as you use in-network doctors and facilities, you have no deductible. Zero. Zilch.

PAY NOTHING AFTER THE OUT-OF-POCKET MAX

How's that possible? Easy. During the plan year, once your in-network copays add up to the maximum out-of-pocket dollar amount, you pay nothing for in-network healthcare services for the rest of the plan year.

Humana
#StartWithHealthy

Still skeptical? Need to see more?
Check out the real-world examples on the back.

Two real-world examples:

HAVING A BABY

(two-day hospital stay)

Employee

Service	Average cost	You pay
Hospital charges (mother)	\$6,300	\$3,000
Routine obstetric care (doctor)	\$1,000	\$0
Hospital charges (baby)	\$1,000	\$0
Anesthesia	\$1,000	\$0
Lab tests	\$4,000	\$0
Radiology	\$200	\$0
Vaccines	\$40	\$0
Total	\$13,540	\$3,000



EMERGENCY ROOM VISIT

Service	Average cost	You pay
Ambulance	\$1,100	\$425
Emergency room	\$1,900	\$425
Emergency room (doctor)	\$300	\$0
X-ray	\$500	\$0
Advanced imaging (CAT scan)	\$2,400	\$425
Lab tests	\$400	\$0
Total	\$6,600	\$1,275



These examples are for illustrative purposes only. Services based on average costs and copays (what you pay) if you use in-network providers. You can find a complete list of services and what you'll pay by signing in to MyHumana on [Humana.com](https://www.humana.com) and viewing your Summary of Benefits and Coverage. Humana group medical plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License #00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. — A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Humana Insurance of Puerto Rico, Inc. License #00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc. For Arizona residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company. Administered by Humana Insurance Company. Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information about your benefits.

Agent/ Employer

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PREVENTIVE CARE

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- Well-child visits
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- X-rays, mammograms

ADDITIONAL CARE

Members only pay a simple, straightforward copay in network. Here are some examples:

Sick visits	\$40
Specialist visits	\$80
Urgent care	\$100
Emergency room	\$400
Advanced imaging <small>MRI, CAT scan, PET scan, etc.</small>	\$400
Inpatient hospital <small>First 3 days, then covered in full</small>	\$1,250/day
Outpatient surgery	\$1,250

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The plan in action

HOW DOES IT COMPARE?

Agent/
Employer

Service	Simplicity Plan	Humana PPO 80/50
Deductible (Individual in-network)	\$0	\$2,000
Coinsurance	100/50	80/50
Out of pocket maximum (Individual in-network)	\$6,000	\$6,500
Preventive care	\$0 copay	\$0 copay
Doctor's office visit (Primary office visit for services like: cough, sore throat, earache, etc.)	\$45	\$40
Advanced imaging (MRI claim with negotiated charge of \$2,500)	\$425 copay	Deductible Coinsurance
Outpatient surgery facility (Negotiated charge of \$4,500)	\$1,250 copay	Deductible Coinsurance
Diagnostic X-ray	\$0 copay	Deductible Coinsurance



*Varies by plan selection. Please refer to your Benefit Plan Document (Certificate of Coverage or Summary Plan Description) for more information on the company providing your benefits. Our health benefit plans have limitations and exclusions. This is not a complete disclosure of plan qualifications and limitations. Premiums and benefits vary based on the plan selected.

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INDUSTRY MATCHES

This plan is most successful at companies with <100 employees in industries like:

- Retail
- Social services
- Construction
- Membership organizations
- Health/business services
- Real estate
- Eating and drinking places
- Wholesale trade

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ADDITIONAL CARE

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Emergency room	\$400
Outpatient surgery	\$1,250/procedure

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