

Chicago Federation of Musicians - Humana Medical Coverage 2021

Plan Name	HMO 1	HMO 2	HMO 3	NPOS
	HMO Opt 35	HMO Opt 79	100 HMO Simplicity Option 12	High Deductible NPOS Opt 22 80/50
Description	HMO with a lower deductible	HMO with a higher deductible	HMO copay plan with \$0 deductible	Larger doctor network, specialist appointments without a referral
Individual Deductible	\$750	\$6,000	\$0	\$5,000 / \$15,000
Family Deductible	\$1,500	\$12,000	\$0	\$15,000 / \$30,000
Coinsurance	80%	50%	100%	80% / 50%
Individual Out-of-Pocket Max	\$2,000	\$7,900	\$6,500	\$6,750 / \$20,250
Family Out-of-Pocket Max	\$4,000	\$15,800	\$13,000	\$13,500 / \$40,500
Network Preventive Check Up	100%	100%	100%	100%
Network Office Visit	100% after \$25 copay	\$40 copay	\$30 Copay	20% / 50% Coinsurance
Network Specialist Office Visit	100% after \$50 copay	\$65 copay	\$75 Copay	20% / 50% Coinsurance
Imaging (CT/PET scans, MRI's)	Coinsurance applies	Coinsurance applies	\$500 Copay per test	Coinsurance applies
In-Patient / Out-Patient Surgery	Coinsurance applies	Coinsurance applies	\$1,000 Copay per visit	Coinsurance applies
Network Urgent Care	100% after \$100 copay	100% after \$100 copay	\$125 Copay	20% / 50% Coinsurance
Emergency Room	100% after \$350 copay	100% after \$350 copay	\$500 Copay	20% / 50% Coinsurance
RX Copay	\$10 / \$35 / \$55 / 25%	\$10 / \$45 / \$90 / 25%	\$10 / \$40 / \$70	20% / 50% Coinsurance
Monthly Cost				
Member	\$888	\$670	\$799	\$1,057
Member & Spouse	\$2,011	\$1,495	\$1,758	\$2,383
Member & Child(ren)	\$1,730	\$1,291	\$1,519	\$2,051
Family	\$2,852	\$2,107	\$2,478	\$3,377

This is a high level Summary of Benefits and does not contain information on all services.
Request Benefit Summaries for additional details.