

Chicago Federation of Musicians 2019 Health Care Summaries and Rates

Benefits	80/50 CPOS OPT 46	80 HMO OPT 35	50 HMO OPT 66
Individual Deductible	\$2,500 / \$7,500	\$750	\$4,000
Maximum Family Deductible	\$5,000 / \$15,000	\$1,500	\$8,000
Coinsurance	80% / 50%	80%	50%
Individual Out-of-Pocket Max	\$5,000 / \$15,000	\$2,000	\$5,000
Family Out-of-Pocket Max	\$10,000 / \$30,000	\$4,000	\$10,000
Network Preventive Check Up Office Visit	100%	100%	100%
Network Office Visit	100% after \$30 Copay	100% after \$25 Copay	100% after \$35 Copay
Network Specialist Office Visit	100% after \$55 Copay	100% after \$50 Copay	100% after \$60 Copay
Network Urgent Care	100% after \$100 Copay	100% after \$100 Copay	100% after \$100 Copay
Emergency Room (Out of Network Subject to Balance Billing)	100% after \$350 Copay	100% after \$350 Copay	100% after \$350 Copay
RX Copay	\$10 / \$40 / \$70 / 25% / 35%	\$10 / \$35 / \$55 / 25% / 35%	\$10 / \$45 / \$90 / 25% / 35%
Member Only	\$1,015.00	\$817.00	\$695.00
Member + Spouse	\$2,257.00	\$1,807.00	\$1,528.00
Member + Child	\$1,914.00	\$1,540.00	\$1,320.00
Family	\$3,157.00	\$2,548.00	\$2,153.00

Network Benefit costs based off of Contracted Costs between Humana and Network Providers. Out of Network Benefit costs based off of Reference Costs determined by Humana (generally much less charitable than Contracted Costs). Out of Network ER based off of Contracted Costs. All Out of Network Providers, including ER, can Balance Bill over and above the Reference/Contracted Costs, which the patient will have full responsibility to address.

HMO only provides Out of Network Benefits for true Emergency ER Visits.

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