

St. John the Baptist Office of Fire Services February 2014 Humana Benefit Options

Benefits & Services		Humana NPOS 14 Copay Opt 14 Gold - \$1000, 70/50, \$4000 OOP Rx 10/30/50/25%
Office Visits		In-Network
Physician Visit		\$20 Copay
Specialist Visit		\$45 Copay
Urgent Care		\$100 Copay
Deductible/Coinsurance		
Single		\$1,000
Family		\$2,000
Coinsurance		70/30
Out-of-Pocket Maximum		
		(Includes Ded, Coins & Copays)
Individual		\$4,000
Family		\$8,000
Preventative and Wellness Services		
PPACA Preventative Services		Covered at 100%
Preventative/Wellness Office Visits		Covered at 100%
Inpatient Services		
Hospital Admission		Deductible then 30% Coinsurance
Physician Services		Deductible then 30% Coinsurance
Outpatient Services		
Outpatient Facility		Deductible then 30% Coinsurance
Outpatient Physician Services		Deductible then 30% Coinsurance
Physical, Speech, and Occupational Therapy		\$45 Copay
X-ray and Lab		No Charge
CT, PET Scans, MRI, Nuc Med		Deductible then 30% Coinsurance
Essential Health Benefits		
Ambulance (when medically necessary)		Deductible then 30% Coinsurance
Emergency Room Coverage		\$250 Copay
Prosthetics & Orthotics		Deductible then 30% Coinsurance
Skilled Nursing Facility		Deductible then 30% Coinsurance (Preauthorization may be required)
Home Health Care Services		Deductible then 30% Coinsurance (Preauthorization may be required)
Organ & Tissue Transplant		Deductible then 20% Coinsurance
Mental and Nervous and Substance Abuse		Inpatient - Deductible then 30% Coins. Outpatient/Office Visit - \$20 Copay
Maternity		Deductible then 30% Coinsurance
Pediatric Dental (Diagnostic & Preventative)		Deductible then 50% Coinsurance
Pediatric Vision (Routine Eye Exam & Glasses)		Deductible then 50% Coinsurance
Prescription Drug Plan		\$0 Rx Deductible
		Level 1 - \$10 / Level 2 - \$30 Level 3 - \$50 / Level 4 - 25%
Lifetime Maximums		
In-Network & Out-of-Network		Unlimited

