Aaron Services

Health Insurance Comparison

In-Network Benefits Plan Comparison

	OPTION 1	OPTION 2
Benefit Description	Humana GA NPOS 19 Copay	Humana GA NPOS 19 Copay OPT 5 LFP
	OPT 2 LFP	
	IN-NETWORK	IN-NETWORK
Assessed Deducatible (circulationsity)	\$1,500/\$3,000	\$3,000/\$6,000
Annual Deductible (single/family) Coinsurance		\$3,000/\$6,000 Plan pays 100%
	Plan pays 100%	Plan pays 100%
Out-of-Pocket Maximum (single/family) (includes	\$3,000/\$6,000	ec 500/e12 000
leductible) Maximum Benefit	\$3,000/\$6,000 Unlimited	\$6,500/\$13,000 Unlimited
Office Visits: Preventive Care	Unimited	Unimited
Primary Care Physician Office Visit	Plan pays 100%	Plan pays 100%
Specialist Physician Office Visit	Plan pays 100%	Plan pays 100%
Well Child Care	Plan pays 100%	Plan pays 100%
Office Visits: Illness or Injury	Fian pays 10076	Fian pays 10076
Primary Care Physician (PCP) office visit	\$20 Copay	\$35 Copay
Specialty Care Physician office visit	\$50 Copay	\$33 Copay \$90 Copay
Emergency Room Services	\$50 Copay	\$90 Copay
Emergency Room Services		
Life-threatening illness, serious accidental injury	\$600 Copay; waived if admitted	\$800 Copay; waived if admitted
Urgent Care	\$100 Copay; waived it admitted	\$100 Copay; waived if admitted
Hospital Services - Inpatient	\$100 Сорау	\$100 Сорау
Tospilai Services - Inpalieni		
Facility/ Hospital Charges	Plan pays 100% after deductible	Plan pays 100% after deductible
Physician Fees for Surgical and Medical Services	Plan pays 100% after deductible	Plan pays 100% after deductible
Outpatient Services	1 lan pays 10070 after deductible	Tian pays 10070 arter deductible
Surgery facility/Hospital charges	Plan pays 100% after deductible	Plan pays 100% after deductible
Surgery memoy/mosphur emarges	Tian pays 10070 and academore	Tian pays 100% and academore
Diagnostic Lab services	Plan pays 100%	Plan pays 100%
Diagnostic X-Ray	Plan pays 100%	Plan pays 100%
Major Diagnostics (CT, PET, MRI, MRA, and	Timi pays 10070	1 km pays 10070
nuclear medicine)	\$600 Copay	\$800 Copay
Physician Fees for Surgical and Medical Services	Plan pays 100% after deductible	Plan pays 100% after deductible
Prescription Drugs	1 lan pays 100% after deductible	Tian pays 100% and deductible
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Tier 1/Generic Drugs	\$10 Copay	\$10 Copay
Tier 2/Preferred Brand Drugs	\$35 Copay	\$40 Copay
Tier 3/Non-Preferred Drugs	\$55 Copay	\$75 Copay
Tier 4/Specialty Drugs	Member pays 25%	Member pays 25%
Tier 5	Member pays 35%	Member pays 35%
Employee Tier	Est. Rates	Est. Rates
Employee Only	\$262.43	\$225.18
Employee & Spouse	\$787.28	\$675.54
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Employee & Child(ren)	\$708.55	\$607.98