

Woodmont Golf Country Club
Health Insurance Comparison
In-Network Benefits Plan Comparison

Benefit Description		Current-United Healthcare		Humana		
		UHC \$800 Deductible with Copays IN-NETWORK		Humana Simplicity NPOS 16 OPT 2 Gold IN-NETWORK		
Annual Deductible (single/family)		\$800/\$1,600		\$0/\$0		
Coinsurance		80%		None		
Out-of-Pocket Maximum (single/family) (includes Maximum Benefit)		\$2,400/\$4,800 Unlimited		\$6,000/\$12,000 Unlimited		
Office Visits: Preventive Care						
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						
Primary Care Physician (PCP) office visit		\$40 Copay deductible waived		\$40 Copay		
Specialty Care Physician office visit		\$80 Copay deductible waived		\$80 Copay		
Emergency Room Services						
Life-threatening illness, serious accidental injury		Plan pays 80% after the deductible		\$400 Copay		
Urgent Care		Plan pays 80% after the deductible		\$100 Copay		
Hospital Services - Inpatient						
Facility/ Hospital Charges		Plan pays 80% after the deductible		\$1,250 Copay (Max 3 days)		
Physician Fees for Surgical and Medical Services		Plan pays 80% after the deductible		Plan pays 100%		
Outpatient Services						
Surgery facility/ hospital charges		Plan pays 80% after the deductible		\$1,250 Copay (per occ)		
Diagnostic Lab services		Plan pays 80% after the deductible		Plan pays 100%		
Diagnostic X-Ray		Plan pays 80% after the deductible		Plan pays 100%		
Major Diagnostics, Lab and X-Ray (CT, PET, MRI, MRA, and nuclear medicine)		Plan pays 80% after the deductible		\$400 Copay		
Physician Fees for Surgical and Medical Services		Plan pays 80% after the deductible		Plan pays 100%		
Prescription Drugs						
Tier 1		\$10 Copay deductible waived		\$10 Copay		
Tier 2		Plan pays 70% (Min \$25, Max \$50)		\$30 Copay		
Tier 3		Plan pay 55% (Min \$40, Max \$80)		\$55 Copay		
Tier 4		Not covered		Member pays 25%		
Employee Tier	Number of Employees	UHC Rates	Employee Share	Humana Rates	Employee Share	Wellness/Employee Share
Employee Only	1	\$547.31	\$249.73	\$488.99	\$238.99	\$190.09
Employee + Spouse	0	\$1,143.89	\$582.44	\$977.97	\$727.97	\$630.17
Employee + Child(ren)	0	\$1,018.00	\$507.59	\$904.63	\$654.63	\$564.17
Family	0	\$1,620.04	\$769.36	\$1,393.61	\$1,143.61	\$1,004.25
Monthly Total	1					