

**Saince Inc.**  
**Health Insurance Comparison**  
**In-Network Benefits Plan Comparison**

<i>Benefit Description</i>	2021-2022 Humana GA EHDHP 16 NPOS OPT 22 <b>IN-NETWORK</b>	2021-2022 Humana GA Simplicity NPOS 16 OPT 14 <b>IN-NETWORK</b>	2021-2022 Humana GA NPOS 16 Copay OPT 28 <b>IN-NETWORK</b>	2021-2022 Humana GA NPOS 16 Copay OPT 21 <b>IN-NETWORK</b>
<i>Annual Deductible (single/family)</i>	\$5,000/\$10,000	\$0/\$0	\$4,000/\$8,000	\$2,000/\$4,000
<i>Coinsurance</i>	Plan pays 80%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<i>Out-of-Pocket Maximum (single/family)</i> <i>(includes deductible)</i>	\$6,750/\$13,500	\$6,500/\$13,000	\$6,500/\$13,000	\$5,000/\$10,000
<i>Maximum Benefit</i>	Unlimited	Unlimited	Unlimited	Unlimited
<i>Office Visits: Preventive Care</i>				
Primary Care Physician Office Visit	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Specialist Physician Office Visit	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Well Child Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<i>Office Visits: Illness or Injury</i>				
Primary Care Physician (PCP) office visit	Plan pays 80% after deductible	\$40 Copay	\$40 Copay	\$40 Copay
Specialty Care Physician office visit	Plan pays 80% after deductible	\$100 Copay	\$55 Copay	\$55 Copay
<i>Emergency Room Services</i>				
Life-threatening illness, serious accidental injury	Plan pays 80% after deductible	\$600 Copay; waived if admitted	\$350 Copay; waived if admitted	\$350 Copay; waived if admitted
Urgent Care	Plan pays 80% after deductible	\$125 Copay	\$100 Copay	\$100 Copay
<i>Hospital Services - Inpatient</i>				
Facility/ Hospital Charges	Plan pays 80% after deductible	\$2,000 Copay (3 days max)	Plan pays 100% after deductible	Plan pays 100% after deductible
Physician Fees for Surgical and Medical Services	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100% after deductible	Plan pays 100% after deductible
<i>Outpatient Services</i>				
Surgery facility/ hospital charges	Plan pays 80% after deductible	\$2,000 Copay (per occ)	Plan pays 100% after deductible	Plan pays 100% after deductible
Diagnostic Lab services	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%	Plan pays 100%
Diagnostic X-Ray	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%	Plan pays 100%
Major Diagnostics (CT, PET, MRI, MRA, and nuclear medicine)	Plan pays 80% after deductible	\$600 Copay	Plan pays 100% after deductible	Plan pays 100% after deductible
Physician Fees for Surgical and Medical Services	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100% after deductible	Plan pays 100% after deductible
<i>Prescription Drugs</i>				
Tier 1	Plan pays 80% after deductible	\$10 Copay	\$10 Copay	\$10 Copay
Tier 2	Plan pays 80% after deductible	\$45 Copay	\$45 Copay	\$45 Copay
Tier 3	Plan pays 80% after deductible	\$90 Copay	\$90 Copay	\$90 Copay
Tier 4	Plan pays 80% after deductible	Member pays 25%	Member pays 25%	Member pays 25%
<b>Employee Tier</b>	<b>Rates</b>	<b>Rates</b>	<b>Rates</b>	<b>Rates</b>
Employee Only	\$152.18	\$271.78	\$299.29	\$368.04
Employee + Spouse	\$456.53	\$695.74	\$750.76	\$888.25
Employee + Child(ren)	\$410.88	\$632.15	\$683.04	\$810.22
Family	\$715.23	\$1,056.11	\$1,134.51	\$1,330.44