



Does your insurance plan look like this?

MEDICAL	Plan 1	Plan 2
Network	National	National
Deductible	\$0 participating / \$6000 non participating	\$500 participating / \$1500 non participating
Coinsurance	100% participating / 50% non-participating	100% participating / 70% non-participating
Primary Care Physician Copay	\$25	\$20
Specialist Copay	\$65	\$20
ER Copay	\$375	\$250
Prescription Drugs	Rx4 \$10/\$40/\$70/25%	Rx4 \$10/\$25/\$50/25%

Dental	
Preventative	100%
Basic	80%
Major	50%
Deductible	\$50
Annual Max	\$1,000
Child Ortho	50% to \$1000

Vision	
Exam	\$10 copay
Lenses	\$15 copay
Frames	\$130 allowance, 20% discount on balance over \$130
Contact Lenses	\$130 allowance, 15% discount on balance over \$130
Frequency	Exams : every 12 months Lenses: every 12 months Frames: every 24 months

INCLUDES -

- A variety of plans with competitive pricing to fit your budget
- Preventive services covered at 100% when in-network providers are used.
- National point-of-service network with over 620,000 providers and over 3900 hospitals nationwide
- Well Being Programs
- Biometric screenings
- Health Coaching
- Employee Assistance Program (EAP)
- Lifestyle Discount Program
- Clinical Programs
- Online web portal and award winning customer service.



Call your insurance agent to see if you qualify for the ABC Association Benefit Solution. Or email us at



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