

Small Group

Pharmacy Plans for Creditable Coverage 2021



Humana has verified that the benefit plans listed on these pages either PASS or DO NOT PASS (FAILED) the gross actuarial value test for creditable coverage. This is indicated by a “YES” or “NO” under the Creditable Coverage column below. However, as the employer, you are responsible for assessing that the plan(s) you’ve selected and implemented actually provides creditable coverage.

RX3 (No Specialty Tier)			
Pharmacy Plans	Rx Deductible	Maximum Out-of-Pocket	Creditable Coverage
RX3 10/25/50	0	NO MOOP	YES
RX3 10/40/60	0	NO MOOP	YES
RX3 15/30/50	0	NO MOOP	YES
RX3 20/40/65	0	NO MOOP	YES

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Pharmacy Plans For Creditable Coverage 2021**



RX3 + Specialty			
Pharmacy Plans	Rx Only Deductible	Maximum Out-of-Pocket	Creditable Coverage
RX3S 10/40/60/25%	0	2000	YES
RX3S 10/40/60/25%	0	4000	YES
RX3S 10/40/60/25%	0	5000	YES
RX3S 10/40/60/25%	0	6500	YES

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Pharmacy Plans For Creditable Coverage 2021**



RX4				
Pharmacy Plans	Rx Only Deductible	Tier 4 Maximum Out-of-Pocket	All Tier Maximum Out-of-Pocket	Creditable Coverage
RX4 10/20/40/25%	0	2500	NO MOOP	YES
RX4 10/20/40/25%	0		NO MOOP	YES
RX4 10/25/45/25%	0	2500	NO MOOP	YES
RX4 10/25/45/25%	0		NO MOOP	YES
RX4 10/25/50/25%	0	2500	NO MOOP	YES
RX4 10/30/50/25%	0	2500	NO MOOP	YES
RX4 10/30/50/25%	0	3500	NO MOOP	YES
RX4 10/30/50/25%	0		2000	YES
RX4 10/30/50/25%	0		4000	YES
RX4 10/30/50/25%	0		NO MOOP	YES
RX4 10/35/55/25%	0	2500	NO MOOP	YES
RX4 10/35/55/25%	0	3500	NO MOOP	YES
RX4 10/35/55/25%	0	5000	NO MOOP	YES
RX4 10/35/55/25%	0		2000	YES
RX4 10/35/55/25%	0		3000	YES
RX4 10/35/55/25%	0		3500	YES
RX4 10/35/55/25%	0		4000	YES
RX4 10/35/55/25%	0		5000	YES
RX4 10/35/55/25%	0		5500	YES
RX4 10/35/55/25%	0		6000	YES
RX4 10/35/55/25%	0		6500	YES
RX4 10/35/55/25%	0		7000	YES
RX4 10/35/55/25%	0		NO MOOP	YES
RX4 10/35/55/25%	250	3500	NO MOOP	YES
RX4 10/35/55/25%	250		NO MOOP	NO

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Pharmacy Plans For Creditable Coverage 2021**



RX4				
Pharmacy Plans	Rx Only	Tier 4	All Tier	Creditable Coverage
	Deductible	Maximum Out-of-Pocket	Maximum Out-of-Pocket	
RX4 10/35/55/25% max 100	0		3500	YES
RX4 10/35/55/25% max 100	0		5000	YES
RX4 10/35/55/25% max 100	0		5500	YES
RX4 10/35/55/275	0		3500	YES
RX4 10/35/55/30%	0		5000	YES
RX4 10/35/55/30%	0		5500	YES
RX4 10/35/55/500	0		6000	YES
RX4 10/35/65/25%	250	3500	NO MOOP	YES
RX4 10/40/65/25%	0	2500	NO MOOP	YES
RX4 10/40/65/25%	0	3500	NO MOOP	YES
RX4 10/40/65/25%	0		NO MOOP	YES
RX4 10/40/70/25%	0	3500	NO MOOP	YES
RX4 10/40/70/25%	0	5000	NO MOOP	YES
RX4 10/40/70/25%	0		4000	YES
RX4 10/40/70/25%	0		5000	YES
RX4 10/40/70/25%	0		6500	YES
RX4 10/40/70/25%	0		7350	YES
RX4 10/40/70/25%	0		7900	YES
RX4 10/40/70/25%	250		6500	YES
RX4 10/40/75/25%	0		3000	YES
RX4 10/40/75/25%	0		3500	YES
RX4 10/40/75/25%	0		4500	YES
RX4 10/40/75/25%	0		5000	YES
RX4 10/40/75/25%	0		5500	YES
RX4 10/40/75/25%	0		6000	YES

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Pharmacy Plans For Creditable Coverage 2021**



RX4				
Pharmacy Plans	Rx Only	Tier 4	All Tier	Creditable Coverage
	Deductible	Maximum Out-of-Pocket	Maximum Out-of-Pocket	
RX4 10/40/75/25%	0		6500	YES
RX4 10/40/75/25%	0		7350	YES
RX4 10/40/75/25%	0		8150	YES
RX4 10/40/75/25%	500		7900	YES
RX4 10/40/75/25% max 100	0		3000	YES
RX4 10/40/75/25% max 100	0		5000	YES
RX4 10/40/75/25% max 100	0		6000	YES
RX4 10/40/75/25% max 100	0		6500	YES
RX4 10/40/75/250	0		3000	YES
RX4 10/40/75/30%	0		5000	YES
RX4 10/40/75/30%	0		6000	YES
RX4 10/40/75/30%	0		6500	YES
RX4 10/40/75/500	0		6000	YES
RX4 10/40/75/500	0		6500	YES
RX4 10/45/70/25%	0	2500	NO MOOP	YES
RX4 10/45/70/25%	0	3500	NO MOOP	YES
RX4 10/45/70/25%	250	3500	NO MOOP	YES
RX4 10/45/75/25%	0	3500	NO MOOP	YES
RX4 10/45/75/25%	500	3500	NO MOOP	YES
RX4 10/45/90/25%	0	5000	NO MOOP	YES
RX4 10/45/90/25%	0		5000	YES
RX4 10/45/90/25%	0		5500	YES
RX4 10/45/90/25%	0		6000	YES
RX4 10/45/90/25%	0		6500	YES
RX4 10/45/90/25%	0		7000	YES

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RX4				
Pharmacy Plans	Rx Only	Tier 4	All Tier	Creditable Coverage
	Deductible	Maximum Out-of-Pocket	Maximum Out-of-Pocket	
RX4 10/45/90/25%	0		7900	YES
RX4 10/45/90/25%	0		8150	YES
RX4 10/45/90/25%	0		8550	YES
RX4 10/45/90/25%	100		7900	YES
RX4 10/45/90/25%	100		8150	YES
RX4 10/45/90/25%	100		8550	YES
RX4 10/45/90/25%	250		6500	YES
RX4 10/45/90/25%	250		7900	YES
RX4 10/45/90/25%	250		8150	YES
RX4 10/45/90/25%	250		8550	YES
RX4 10/45/90/25%	350		8150	YES
RX4 10/45/90/25%	350		8550	YES
RX4 10/45/90/25%	500		7000	YES
RX4 10/45/90/25%	500		7900	YES
RX4 10/45/90/25%	500		8150	YES
RX4 10/45/90/25%	500		8550	YES
RX4 10/45/90/25%	600		8150	NO
RX4 10/45/90/25%	600		8550	NO
RX4 10/45/90/25% max 100	0		5000	YES
RX4 10/45/90/25% max 100	0		6500	YES
RX4 10/45/90/25% max 100	250		8150	YES
RX4 10/45/90/25% max 100	500		8150	YES
RX4 10/45/90/30%	0		5000	YES
RX4 10/45/90/30%	0		6000	YES
RX4 10/45/90/30%	0		8150	YES

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RX4				
Pharmacy Plans	Rx Only	Tier 4	All Tier	Creditable Coverage
	Deductible	Maximum Out-of-Pocket	Maximum Out-of-Pocket	
RX4 10/45/90/30%	250		8150	YES
RX4 10/45/90/30%	250		8550	YES
RX4 10/45/90/30%	500		8150	YES
RX4 10/45/90/30%	500		8550	YES
RX4 10/45/90/500	0		6500	YES
RX4 10/50/100/25%	0		4000	YES
RX4 10/50/100/25%	0		5500	YES
RX4 10/50/100/25%	0		7150	YES
RX4 10/50/100/25%	0		7350	YES
RX4 10/50/100/25%	0		7900	YES
RX4 10/50/100/25%	0		8150	YES
RX4 10/50/100/25%	0		8550	YES
RX4 10/50/100/25%	250		7900	YES
RX4 10/50/100/25%	250		8150	YES
RX4 10/50/100/25%	500		8150	YES
RX4 10/50/100/25%	500		8550	NO
RX4 10/50/100/500	0		7900	YES
RX4 10/55/100/25% max 100	0		5000	YES
RX4 10/55/100/25% max 100	250		8550	YES

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RX5			
Pharmacy Plans	Rx Only Deductible	Maximum Out-of-Pocket	Creditable Coverage
RX5 5/15/75/100/100	0	5000	YES
RX5 5/15/75/100/100	0	5500	YES
RX5 5/15/75/100/100	0	6000	YES
RX5 5/15/75/100/100	0	6500	YES
RX5 5/15/75/100/100	0	8150	YES
RX5 5/15/75/100/100	0	8550	YES
RX5 5/15/75/150/1200	0	4500	YES
RX5 5/15/75/150/1200	0	5000	YES
RX5 5/15/75/150/1200	0	5500	YES
RX5 5/15/75/150/1200	0	6000	YES
RX5 5/15/75/150/1200	0	6500	YES
RX5 5/15/75/150/1200	0	7000	YES
RX5 5/15/75/150/1200	0	7500	YES
RX5 5/15/75/150/1200	0	8550	YES
RX5 5/15/75/150/500	0	2000	YES
RX5 5/15/75/150/500	0	3000	YES
RX5 5/15/75/150/500	0	3500	YES
RX5 5/15/75/150/500	0	4000	YES
RX5 5/15/75/150/500	0	4500	YES
RX5 5/15/75/150/500	0	5000	YES
RX5 5/15/75/150/500	0	5500	YES
RX5 5/15/75/150/500	0	6000	YES
RX5 5/15/75/150/500	0	6500	YES
RX5 5/15/75/150/500	0	7000	YES
RX5 5/15/75/150/500	0	7350	YES
RX5 5/15/75/150/500	0	7500	YES

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RX5			
Pharmacy Plans	Rx Only Deductible	Maximum Out-of-Pocket	Creditable Coverage
RX5 5/15/75/150/500	0	7850	YES
RX5 5/15/75/150/500	0	8150	YES
RX5 5/15/75/150/500	0	8550	YES
RX5 5/20/50/100/100	0	5000	YES
RX5 5/20/50/100/100	0	5500	YES
RX5 5/20/50/100/100	0	6000	YES
RX5 5/20/50/100/100	0	6500	YES
RX5 5/20/50/100/100	0	7350	YES
RX5 5/20/50/100/100	0	7900	YES
RX5 5/20/50/100/500	0	4000	YES
RX5 5/20/50/100/500	0	4500	YES
RX5 5/20/50/100/500	0	5000	YES
RX5 5/20/50/100/500	0	5500	YES
RX5 5/20/50/100/500	0	6000	YES
RX5 5/20/50/100/500	0	6500	YES
RX5 5/20/50/100/500	0	7000	YES
RX5 5/20/50/100/500	0	7350	YES
RX5 5/20/50/100/500	0	7900	YES
RX5 5/25/70/150/500	0	7900	YES

**Small Group
Pharmacy Plans For Creditable Coverage 2021**



RxImpact Allowance				
	Group A&C	Group B&D	Annual	Creditable
Allowance	Max Rx	Max Rx	Out-of-Pocket	Coverage
	Out-of-Pocket	Out-of-Pocket	Maximum	
RXIA 30 / 20 / 10 / 0	100	NONE	NO MOOP	NO
RXIA 30 / 20 / 10 / 0	NONE	NONE	NO MOOP	NO

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Pharmacy Plans For Creditable Coverage 2021**



In-Network				
Plan Design	Coinsurance	Deductible*	Maximum Out-of-Pocket	Creditable Coverage
Aggregate HDHP	100.0%	1500	1500	YES
Aggregate HDHP	100.0%	2000	2000	YES
Aggregate HDHP	100.0%	2250	2250	YES
Aggregate HDHP	100.0%	2500	2500	YES
Aggregate HDHP	100.0%	3000	3000	YES
Aggregate HDHP	100.0%	3050	3050	YES
Aggregate HDHP	100.0%	3400	3400	YES
Aggregate HDHP	100.0%	3500	3500	YES
Aggregate HDHP	100.0%	3950	3950	YES
Aggregate HDHP	100.0%	4000	4000	YES
Aggregate HDHP	100.0%	5000	5000	YES
Aggregate HDHP	90.0%	1500	3000	YES
Aggregate HDHP	90.0%	1500	3400	YES
Aggregate HDHP	90.0%	1750	3000	YES
Aggregate HDHP	90.0%	2000	2500	YES
Aggregate HDHP	90.0%	2000	3400	YES
Aggregate HDHP	90.0%	2000	3425	YES
Aggregate HDHP	90.0%	2000	5000	YES
Aggregate HDHP	90.0%	2500	3000	YES
Aggregate HDHP	90.0%	2500	3400	YES
Aggregate HDHP	90.0%	2500	3675	YES
Aggregate HDHP	90.0%	2500	4000	YES
Aggregate HDHP	90.0%	2500	5000	YES
Aggregate HDHP	90.0%	3000	4000	YES
Aggregate HDHP	90.0%	3000	5000	YES

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In-Network				
Plan Design	Coinsurance	Deductible*	Maximum Out-of-Pocket	Creditable Coverage
Aggregate HDHP	90.0%	4000	5000	YES
Aggregate HDHP	80.0%	1400	3500	YES
Aggregate HDHP	80.0%	1500	2000	YES
Aggregate HDHP	80.0%	1500	2700	YES
Aggregate HDHP	80.0%	1500	3000	YES
Aggregate HDHP	80.0%	1500	4000	YES
Aggregate HDHP	80.0%	1500	4075	YES
Aggregate HDHP	80.0%	1500	5000	YES
Aggregate HDHP	80.0%	2000	2500	YES
Aggregate HDHP	80.0%	2000	3000	YES
Aggregate HDHP	80.0%	2000	3400	YES
Aggregate HDHP	80.0%	2000	3675	YES
Aggregate HDHP	80.0%	2000	3950	YES
Aggregate HDHP	80.0%	2000	4000	YES
Aggregate HDHP	80.0%	2000	5000	YES
Aggregate HDHP	80.0%	2250	3250	YES
Aggregate HDHP	80.0%	2500	3000	YES
Aggregate HDHP	80.0%	2500	3400	YES
Aggregate HDHP	80.0%	2500	3425	YES
Aggregate HDHP	80.0%	2500	5000	YES
Aggregate HDHP	80.0%	2500	5950	YES
Aggregate HDHP	80.0%	3000	5000	YES
Aggregate HDHP	80.0%	3000	5950	YES
Aggregate HDHP	80.0%	3500	5000	YES
Aggregate HDHP	80.0%	3750	5950	YES

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In-Network

Plan Design	Coinsurance	Deductible*	Maximum Out-of-Pocket	Creditable Coverage
Aggregate HDHP	80.0%	4000	5000	YES
Aggregate HDHP	80.0%	4000	5950	YES
Aggregate HDHP	80.0%	5000	5950	NO
Aggregate HDHP	75.0%	3000	3950	YES
Aggregate HDHP	70.0%	2500	5000	YES

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Pharmacy Plans For Creditable Coverage 2021**



In-Network

Plan Design	Coinsurance	Deductible*	Maximum Out-of-Pocket	Creditable Coverage
Embedded HDHP	100.0%	2700	2700	YES
Embedded HDHP	100.0%	2800	2800	YES
Embedded HDHP	100.0%	3000	3000	YES
Embedded HDHP	100.0%	3000	6000	YES
Embedded HDHP	100.0%	3500	3500	YES
Embedded HDHP	100.0%	4000	4000	YES
Embedded HDHP	100.0%	4500	4500	YES
Embedded HDHP	100.0%	5000	5000	YES
Embedded HDHP	100.0%	6000	6000	YES
Embedded HDHP	100.0%	6250	6250	YES
Embedded HDHP	100.0%	6350	6350	YES
Embedded HDHP	100.0%	6500	6500	YES
Embedded HDHP	100.0%	6550	6550	YES
Embedded HDHP	100.0%	6750	6750	YES
Embedded HDHP	100.0%	7900	7900	NO
Embedded HDHP	100.0%	8150	8150	NO
Embedded HDHP	90.0%	2500	5000	YES
Embedded HDHP	90.0%	2800	4000	YES
Embedded HDHP	90.0%	2800	5000	YES
Embedded HDHP	90.0%	2800	6350	YES
Embedded HDHP	90.0%	2800	6650	YES
Embedded HDHP	90.0%	3000	4000	YES
Embedded HDHP	90.0%	3000	5000	YES
Embedded HDHP	90.0%	3000	5950	YES
Embedded HDHP	90.0%	3000	6350	YES

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Pharmacy Plans For Creditable Coverage 2021**



In-Network

Plan Design	Coinsurance	Deductible*	Maximum Out-of-Pocket	Creditable Coverage
Embedded HDHP	90.0%	3500	5000	YES
Embedded HDHP	90.0%	4000	4000	YES
Embedded HDHP	90.0%	4000	5000	YES
Embedded HDHP	90.0%	4000	6000	YES
Embedded HDHP	90.0%	4000	6350	YES
Embedded HDHP	90.0%	5000	6350	YES
Embedded HDHP	90.0%	5000	6550	YES
Embedded HDHP	80.0%	2800	4000	YES
Embedded HDHP	80.0%	2800	5000	YES
Embedded HDHP	80.0%	2800	6350	YES
Embedded HDHP	80.0%	2900	5000	YES
Embedded HDHP	80.0%	3000	4000	YES
Embedded HDHP	80.0%	3000	5000	YES
Embedded HDHP	80.0%	3000	5950	YES
Embedded HDHP	80.0%	3000	6000	YES
Embedded HDHP	80.0%	3000	6350	YES
Embedded HDHP	80.0%	3000	6750	YES
Embedded HDHP	80.0%	3500	5000	YES
Embedded HDHP	80.0%	3500	6550	YES
Embedded HDHP	80.0%	3500	6750	YES
Embedded HDHP	80.0%	4000	5000	YES
Embedded HDHP	80.0%	4000	5950	YES
Embedded HDHP	80.0%	4000	6000	YES
Embedded HDHP	80.0%	4000	6350	YES
Embedded HDHP	80.0%	4000	6750	YES

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Pharmacy Plans For Creditable Coverage 2021**



In-Network

Plan Design	Coinsurance	Deductible*	Maximum Out-of-Pocket	Creditable Coverage
Embedded HDHP	80.0%	5000	6000	YES
Embedded HDHP	80.0%	5000	6350	YES
Embedded HDHP	80.0%	5000	6750	YES
Embedded HDHP	80.0%	5000	6900	YES
Embedded HDHP	80.0%	5500	6550	YES
Embedded HDHP	80.0%	5500	6750	NO
Embedded HDHP	80.0%	5500	8150	NO
Embedded HDHP	80.0%	6000	6600	NO
Embedded HDHP	80.0%	6000	6650	NO
Embedded HDHP	80.0%	6000	6900	NO
Embedded HDHP	80.0%	6000	8150	NO
Embedded HDHP	80.0%	7000	8150	NO
Embedded HDHP	70.0%	3000	6000	YES
Embedded HDHP	70.0%	4000	5000	YES
Embedded HDHP	70.0%	4500	6000	YES
Embedded HDHP	70.0%	4500	6350	YES
Embedded HDHP	70.0%	5500	6550	NO
Embedded HDHP	70.0%	5500	6750	NO
Embedded HDHP	70.0%	5500	7900	NO
Embedded HDHP	60.0%	3000	6750	YES
Embedded HDHP	60.0%	4000	6750	YES
Embedded HDHP	60.0%	5000	6550	NO
Embedded HDHP	60.0%	5000	6750	NO
Embedded HDHP	60.0%	6000	8150	NO
Embedded HDHP	60.0%	7000	8150	NO

**Small Group
Pharmacy Plans For Creditable Coverage 2021**



In-Network

Plan Design	Coinsurance	Deductible*	Maximum Out-of-Pocket	Creditable Coverage
Embedded HDHP	50.0%	3000	5000	YES
Embedded HDHP	50.0%	3000	6550	YES
Embedded HDHP	50.0%	3000	6750	YES
Embedded HDHP	50.0%	3500	6750	YES
Embedded HDHP	50.0%	4000	6500	NO
Embedded HDHP	50.0%	4000	6750	NO
Embedded HDHP	50.0%	4500	6750	NO
Embedded HDHP	50.0%	5000	6000	NO
Embedded HDHP	50.0%	5000	6550	NO
Embedded HDHP	50.0%	5000	6750	NO
Embedded HDHP	50.0%	5500	6400	NO
Embedded HDHP	50.0%	5500	6650	NO
Embedded HDHP	50.0%	5500	8150	NO
Embedded HDHP	50.0%	6000	8150	NO
Embedded HDHP	50.0%	7000	8150	NO

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Pharmacy Plans For Creditable Coverage 2021**



In-Network					
Plan Design	Coinsurance	RX4	Deductible*	Maximum Out-of-Pocket	Creditable Coverage
Aggregate HDHP	100.0%	RX4 10/30/50/25%	2500	5950	YES
Aggregate HDHP	100.0%	RX4 10/40/70/25%	2500	5000	YES
Aggregate HDHP	100.0%	RX4 10/40/70/25%	3000	5000	YES
Aggregate HDHP	100.0%	RX4 10/40/70/25%	4000	5000	YES

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In-Network						
Plan Design	Coinsurance	RX4	Deductible*	Maximum Out-of-Pocket	Creditable Coverage	
Embedded HDHP	100.0%	RX4 10/35/55/25%	3000	5950	YES	
Embedded HDHP	100.0%	RX4 10/35/55/25%	4000	5950	YES	
Embedded HDHP	100.0%	RX4 10/40/70/25%	3000	5000	YES	
Embedded HDHP	100.0%	RX4 10/40/70/25%	3000	5950	YES	
Embedded HDHP	100.0%	RX4 10/40/70/25%	4000	5000	YES	
Embedded HDHP	100.0%	RX4 10/40/70/25%	4000	5950	YES	
Embedded HDHP	100.0%	RX4 10/45/70/25%	4000	5950	YES	

**Small Group
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In-Network						
Plan Design	Coinsurance	RX	Deductible*	Maximum Out-of-Pocket	Creditable Coverage	
On Hand	100.0%	5/5/dc/dc/dc	2000	2000	YES	
On Hand	100.0%	5/5/dc/dc/dc	5000	5000	YES	
On Hand	100.0%	5/5/dc/dc/dc	7500	7500	NO	
On Hand	100.0%	5/5/dc/dc/dc	7900	7900	NO	
On Hand	100.0%	5/5/dc/dc/dc	8550	8550	NO	

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Humana

Humana Plans are offered by the Humana Family of Insurance and Health Plan Companies.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance) for more information on the company providing your benefits.

Our health benefit plans have Limitations and Exclusions.