



SHOP FOR INSURANCE

RESOURCES

MY EHEALTH

JEFFERSON, / Male / 10/02/1970 / Non-smoker (edit)

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Insurance Plan Benefit Details and Comparison

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3 plans selected for comparison

Finished comparing?

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<p>Humana Enhanced HSA/5000</p> <p>\$124.53 Per month</p> <p> BEST SELLER</p> <p>Apply Details</p>	<p>CoventryOne. HDHP \$5000/0% (HSA Compatible)</p> <p>\$147.48 \$132.73 Per month</p> <p>Apply Details</p>	<p>Louisiana Blue Saver HSA 5500</p> <p>\$190.24 Per month</p> <p>Apply Details</p>
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Feedback

Customer Ratings	Not Yet Rated	Not Yet Rated	Not Yet Rated
Plan Type	PPO	POS	PPO
Cost Calculator* (based on medical scenarios)	Minor Event (e.g. broken leg) Total Savings: \$0 Mid-size Event (e.g. appendectomy) Total Savings: \$11,000 Major Event (e.g. heart surgery) Total Savings: \$95,000	Minor Event (e.g. broken leg) Total Savings: \$0 Mid-size Event (e.g. appendectomy) Total Savings: \$11,000 Major Event (e.g. heart surgery) Total Savings: \$95,000	Minor Event (e.g. broken leg) Total Savings: \$0 Mid-size Event (e.g. appendectomy) Total Savings: \$10,500 Major Event (e.g. heart surgery) Total Savings: \$94,500
Office Visit for Primary Doctor	0% after deductible Find Doctors	No Charge after deductible Find Doctors	No Charge after deductible Find Doctors
Office Visit for Specialist	0% after deductible	No Charge after deductible	No Charge after deductible

Coinsurance	0% after deductible	None	None
Annual Deductible	Individual: \$5,000	Individual: \$5,000	Individual: \$5,500
Annual out-of-pocket Limit	Individual: \$5,000 Includes deductible	Individual: \$5,500 Includes deductible coinsurance and Rx copays	Individual: \$5,500 Includes deductible
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Health Savings Account (HSA) Eligible	Yes (See HSA Administrators)	Yes (See HSA Administrators)	Yes (See HSA Administrators)
Out-of-Network Coverage	Yes (Details in plan brochure below)	Yes (Details in plan brochure below)	Yes (Details in plan brochure below)
Out-of-Country Coverage	Emergency Care Only. Paid as out-of-network, and member must submit an itemized bill with services rendered and a diagnosis in order to be reimbursed.	Emergency Care Only.	Yes. Paid as in-network benefits if through a WorldWide BlueCard Provider (View Details)
Rate Guarantee	N/A	11+ months View Details	N/A
Optional Benefits	Yes	No	No
Physicians			
Primary Care Physician (PCP) Required	No	No	No
Specialist Referrals Required	No	No	No
Preventive Care Coverage			
Periodic Health Exam	No Charge (No Deductible)	No Charge	No charge
Periodic OB-GYN Exam	No Charge (No Deductible)	No Charge	No charge
Well Baby Care	No Charge (No Deductible)	No Charge	No Charge

Prescription Drug Coverage

Generic Prescription Drugs	0% after deductible	\$20 Copay after Deductible	No Charge after deductible
Brand Prescription Drugs	0% after deductible	\$40 Copay after Deductible	20% Coinsurance after deductible
Non-formulary Prescription Drugs	0% after deductible	\$80 Copay, after Deductible, \$100 Self Administered Injectables Copay	Not Covered
Mail Order for Prescription Drugs	Generic: 0% after deductible Brand: 0% after deductible Non-Formulary: 0% after deductible Days Supply: 90	Generic: \$40 Copay after deductible Brand: \$80 Copay after deductible Non-Formulary: \$160 Copay after deductible, \$200 Self Administered Injectables Copay Days Supply: 90	Generic: No Charge after deductible Brand: 20% Coinsurance after deductible Non-Formulary: Not Covered Days Supply: 90
Separate Prescription Drugs Deductible	Medical Plan Deductible Applies	Medical Plan Deductible Applies	Medical Deductible Applies

Hospital Services Coverage

Emergency Room	0% after deductible	No Charge after deductible (waived if admitted to the hospital)	No Charge after deductible
Outpatient Lab/X-Ray	0% after deductible	No Charge after deductible	No Charge after deductible
Outpatient Surgery	0% after deductible	No Charge after deductible	No Charge after deductible
Hospitalization	0% after deductible	No Charge after deductible	No Charge after deductible

Maternity Coverage

Pre & Postnatal Office Visit	Not Covered	Not Covered except for complications	Optional Benefits
Labor & Delivery Hospital Stay	Not Covered	Not Covered except for complications	Optional Benefits

Additional Coverage

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Chiropractic Coverage	0% Coinsurance after deductible for 40 Visits per Calendar Year; Combined with Physical, Occupational, Speech, Cognitive, Audiology, Cardiac, and Respiratory Therapy)	No Charge after deductible	20% Coinsurance after deductible, annual limits apply
Mental Health Coverage	0% Coinsurance after separate mental health deductible which is equal to the plan single/family deductible. No waiting period	Not Covered	Not Covered
Substance Abuse Coverage	0% Coinsurance after separate mental health deductible which is equal to the plan single/family deductible. No waiting period	Not Covered	Not Covered
Out-of-Network Coverage			
Out-of-Network Authorization Required	Yes	Yes	No
Out-of-Network Deductible	\$10,000 Individual/\$20,000 Family	10000/20000	Not Applicable
Out-of-Network Coinsurance	30% after deductible	20%	20% Coinsurance after deductible
Out-of-Network Out-of-Pocket Limit	\$7,500 Individual /\$15,000 Family	20000/22000	Not Applicable
Additional Information			
A.M. Best Rating	A- as of 01/11/2013	A as of 06/13/2013	NR-5pd as of 04/26/2010
Electronic Signature for Application Available	Yes	Yes	Yes
Will insurance company obtain and pay for medical records?	Yes	Yes	No
	View Plan Brochure Summary of Benefits & Coverage (Not available)	View Plan Brochure Summary of Benefits & Coverage (Not available)	View Plan Brochure Summary of Benefits & Coverage

	Exclusions & Limitations	Exclusions & Limitations	
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Licensed Agent Support

Chat with us anytime, 24/7

Rate, benefit, eligibility, and plan recommendation inquiries must be made over the phone. For all other inquiries, please start a live chat.

[Start a Chat, 24/7 support](#)

IMPORTANT NOTICES AND DISCLAIMERS

- **THE BENEFITS MATRIX IS A SUMMARY FOR INFORMATIONAL PURPOSES ONLY. REVIEW THE EVIDENCE OF COVERAGE AND INSURANCE POLICY (PLAN CONTRACT) FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS, LIMITATIONS, AND EXCLUSIONS. ONLY THE TERMS AND CONDITIONS OF COVERAGE BENEFITS LISTED IN THE POLICY ARE BINDING.**
- The benefits listed may be contingent on your use of physicians, hospitals, and services within the specific insurance company's provider network.
- The Copayment, Deductible, and Coinsurance amounts are your share of the costs for covered benefits. These amounts are subject to change.
- Each insurance carrier may have unique Notices, Disclaimers, and Fees. Please check below for information regarding the plans and carriers you selected.
- The quotes or rates shown above are estimates only. Your premium is subject to change based on the optional benefits you selected, if any, and other relevant factors, such as changes in rates that take effect before your coverage start date. The insurance company always determines your actual premium. Insurance companies reserve the right to change the terms of a policy upon proper notification.
- ***This is not a true cost calculator.** The actual costs of treatment you receive could vary greatly from the examples provided. Estimates for the examples listed can be seen at healthcarebluebook.com or healthcarefees.com. **Insurance expenses do not include premium payments.** Insurance expenses also assume you use in-network services and may not include items not associated with your deductible such as doctor visits, prescription drugs or hospital copays. This is not a guarantee of costs. Always check your policy details for specific information regarding your coverage.
- The Summary of Benefits & Coverage form pertains to the coverage provided by a particular health insurance plan. If you select certain optional benefits while applying for this health insurance plan, a modified Summary of Benefits & Coverage may be available that reflects the optional benefits that you selected. A paper copy of this Summary of Benefits & Coverage is available upon request by calling our toll free number. Click [here](#) to view the Uniform Glossary of Coverage and Medical Terms.

CARRIER SPECIFIC NOTICES, DISCLAIMERS, AND FEES

- *HumanaOne* - Insured by Humana Insurance Company, Humana Health Plan, Inc., Humana Health Insurance Company of Florida, Inc., Humana Employers Health Plan of Georgia, Inc. and Humana Insurance Company, Humana Health Benefit Plan of Louisiana, Inc., HumanaDental Insurance Company, or The Dental Concern, Inc.
- *HumanaOne* - For Arizona residents: Insured by Humana Insurance Company or HumanaDental Insurance Company. For Texas residents: Insured by Humana Insurance Company or HumanaDental Insurance Company or DentiCare Inc. For Mississippi residents: Insured by Humana Insurance Company or HumanaDental Insurance Company or CompBenefits Insurance Company.
- *HumanaOne* - Applicants who have not had major medical coverage within 63 days of applying are required to choose an effective date 30 days to 45 days after the date of application (does not apply to Short Term plans).
- *HumanaOne* - For applicants in AL, AZ, FL, GA, IL, KY, LA, MI, MS, TN, TX, UT and WI: If you haven't had major medical coverage within the last 63 days, you'll have two start dates: 1. Coverage for accidents and routine care will start the day you request (subject to approval) 2. Coverage for sickness related services will begin on the 15th day after your approved effective date.

- *HumanaOne* - For applicants in CO: If you've had major medical coverage in the last 90 days, your start date can be as early as the day you apply. If you haven't had coverage in the last 90 days, you'll have two start dates: 1. Subject to approval, your plan starts on the day you request, with coverage for preventive care and injuries caused by an accident 2. Unless Humana agrees to an earlier date, your start date for sickness begins on the 15th day after the approved effective date of your plan.
- *HumanaOne* - Humana values your privacy. Your e-mail address will not be sold to any third party sources. Humana and our agents will use this e-mail address to communicate with you about your HumanaOne quote and to keep you informed of plan changes in your area. You may opt-out at any time. Please review Humana's Privacy Policy.

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