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This is a general overview of HumanaOne plans and highlights only some in-network covered expenses which vary state by state and/or plan. Waiting periods, limitations, and exclusions may apply. Services provided by out-of-network providers are paid at a lower level or may not be covered. To see more details on the plan that interests you, click the Summary of Benefits link or select the plan name within the comparison table.

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Plan Name	Illness/Injury Office Visits	In-network Coinsurance	Prescription Drugs	Coinsurance Out-of-Pocket Maximum	Plan Maximums*	Annual Deductible
Enhanced Copay 80% from \$511.60/month Summary of Benefits Remove	\$35 copay for primary care physician and \$60 copay for specialist or urgent care visits	Plan pays 80% after deductible	Included after meeting a separate \$500 deductible and paying applicable copayments	\$2,500 Individual \$5,000 Family	Unlimited	<input checked="" type="radio"/> \$1,000 you pay \$720.45/month <input type="radio"/> \$2,500 you pay \$511.60/month Select Plan
Copay 80% Plan from \$380.16/month Summary of Benefits Remove	Up to 6 visits per year: \$35 copay for primary care physician and \$60 copay for specialist or urgent care visits After 6 visits, plan pays 80% after deductible	Plan pays 80% after deductible	Included after meeting a separate \$700 deductible and paying applicable copayments	\$3,500 Individual \$7,000 Family	Unlimited	<input checked="" type="radio"/> \$3,500 you pay \$431.34/month <input type="radio"/> \$5,000 you pay \$380.16/month Select Plan
Copay 70% Plan from \$276.76/month Summary of Benefits Remove	Up to 3 visits per year: \$35 copay for primary care physician and \$60 copay for specialist or urgent care visits After 3 visits, plan pays 70% after deductible	Plan pays 70% after deductible	Included after meeting a separate \$1,000 deductible and paying applicable copayments	\$5,000 Individual \$10,000 Family	Unlimited	<input checked="" type="radio"/> \$5,000 you pay \$276.76/month Select Plan
Value 100% Plan from \$246.46/month Summary of Benefits	Plan pays 100% after deductible	Plan pays 100% after deductible	Included after meeting a separate \$1,000 deductible and paying	\$0	Unlimited	<input checked="" type="radio"/> \$5,000 you pay \$311.57/month <input type="radio"/> \$7,500 you pay \$246.46/month Select Plan

<u>Plan Name</u>	<u>Illness/Injury Office Visits</u>	<u>In-network Coinsurance</u>	<u>Prescription Drugs</u>	<u>Coinsurance Out-of-Pocket Maximum</u>	<u>Plan Maximums*</u>	<u>Annual Deductible</u>
Remove			applicable copayments			
Enhanced HSA 100% Plan from \$276.28/month Summary of Benefits Remove	Plan pays 100% after deductible	Plan pays 100% after deductible	Included after medical deductible is met	\$0	Unlimited	<input checked="" type="radio"/> \$3,000 you pay \$601.92/month <input type="radio"/> \$5,000 you pay \$436.74/month <input type="radio"/> \$7,000 you pay \$374.54/month <input type="radio"/> \$10,000 you pay \$294.25/month <input type="radio"/> \$11,900 you pay \$276.28/month Select Plan
HSA 100% Plan from \$255.47/month Summary of Benefits Remove	Plan pays 100% after deductible	Plan pays 100% after deductible	Not included in plan	\$0	Unlimited	<input checked="" type="radio"/> \$3,000 you pay \$589.58/month <input type="radio"/> \$5,000 you pay \$432.70/month <input type="radio"/> \$7,000 you pay \$349.39/month <input type="radio"/> \$10,000 you pay \$279.20/month <input type="radio"/> \$11,900 you pay \$255.47/month Select Plan

[View All Plans Available In Arizona](#)

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This quote is an estimate that reflects a preferred rate for applicants 18 and older who are in good health overall. You will receive a final rate when your application and our underwriting process is complete. Each family member is underwritten individually and premiums could change based upon your application and personal health history.

If you choose to pay by a method other than automatic bank draft, an additional \$10 fee will apply per payment.

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