

## Illinois 100/70 Plan

		Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers
<b>Optional Health Savings Account (HSA)</b>			
<b>› Aggregate options<sup>1</sup></b> <ul style="list-style-type: none"> <li>per calendar year</li> <li>deductibles apply to out-of-pocket maximum</li> </ul>	<ul style="list-style-type: none"> <li>individual deductible</li> </ul>	\$1,500/\$2,000/\$2,500/\$3,000/ \$3,500/\$4,000/\$5,000	Three times the individual participating deductible
	<ul style="list-style-type: none"> <li>family deductible</li> </ul>	\$3,000/\$4,000/\$5,000/\$6,000/ \$7,000/\$8,000/\$10,000	Three times the family participating deductible
	<ul style="list-style-type: none"> <li>individual out-of-pocket maximum</li> </ul>	\$1,500/\$2,000/\$2,500/\$3,000/ \$3,500/\$4,000/\$5,000	\$15,000
	<ul style="list-style-type: none"> <li>family out-of-pocket maximum</li> </ul>	\$3,000/\$4,000/\$5,000/\$6,000/ \$7,000/\$8,000/\$10,000	\$30,000
<b>› Embedded options<sup>2</sup></b> <ul style="list-style-type: none"> <li>per calendar year</li> <li>deductibles apply to out-of-pocket maximum</li> </ul>	<ul style="list-style-type: none"> <li>individual deductible</li> </ul>	\$2,500/\$3,000/\$3,500/ \$4,000/\$5,000	Three times the individual participating deductible
	<ul style="list-style-type: none"> <li>family deductible</li> </ul>	\$5,000/\$6,000/\$7,000/ \$8,000/\$10,000	Three times the family participating deductible
	<ul style="list-style-type: none"> <li>individual out-of-pocket maximum</li> </ul>	\$2,500/\$3,000/\$3,500/ \$4,000/\$5,000	\$15,000
	<ul style="list-style-type: none"> <li>family out-of-pocket maximum</li> </ul>	\$5,000/\$6,000/\$7,000/ \$8,000/\$10,000	\$30,000
<b>Preventive care</b>	<ul style="list-style-type: none"> <li>preventive office visits</li> <li>preventive lab and X-ray</li> <li>Pap smear and mammogram</li> <li>prostate screening</li> <li>child immunizations to age 18</li> <li>flu and pneumonia immunizations</li> </ul>	100%	70% after deductible
	<ul style="list-style-type: none"> <li>endoscopic services (including, but not limited to colonoscopy)</li> </ul>	100% after deductible	70% after deductible
<b>Physician services</b>	<ul style="list-style-type: none"> <li>office visits</li> <li>diagnostic lab and X-ray</li> <li>allergy testing</li> <li>allergy injections and serums</li> <li>inpatient and outpatient services</li> <li>surgery</li> </ul>	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> <li>emergency room visits</li> </ul>	100% after deductible	100% after participating deductible
<b>Facility services</b>	<ul style="list-style-type: none"> <li>inpatient and outpatient services</li> <li>outpatient advanced imaging (PET, MRI, MRA, CAT, SPECT) —hospital, freestanding facility and clinic</li> </ul>	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> <li>emergency services</li> </ul>	100% after deductible	100% after participating deductible
<b>Prescription drugs</b>	<ul style="list-style-type: none"> <li>retail or mail order benefit per prescription or refill</li> </ul>	100% after deductible	70% after deductible
<b>Other medical services</b>	<ul style="list-style-type: none"> <li>skilled nursing facility (up to 60 days per calendar year)</li> <li>hospice</li> <li>home health care (up to 100 visits per calendar year)</li> <li>physical, occupational, cognitive, speech and audiology therapy (combined limit up to 80 visits per calendar year)</li> <li>urgent care</li> <li>spinal manipulations, adjustments and modalities (up to 20 visits per calendar year)</li> </ul>	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> <li>durable medical equipment (limited to \$2,500 of covered services per calendar year)</li> </ul>	100% after deductible	70% after deductible

<sup>1</sup> When plans have Aggregate deductibles and out-of-pockets, all medical and pharmacy benefits of the family members covered under the plan accumulate to a collective family deductible and a family out-of-pocket maximum. The entire family deductible must be satisfied before coinsurance benefits are payable for a member on the plan.

<sup>2</sup> When plans have Embedded deductibles and out-of-pockets, all members medical and pharmacy benefits accumulate to the single and family deductible. However, any individual family member will receive coinsurance benefits once they have satisfied the single deductible, if the family deductible has not previously been satisfied. The remaining family members will receive coinsurance benefits once the family deductible has been met.

## HumanaHDHP 08 ChoicePOS Illinois 100/70 Plan

		Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers
<b>Other medical services (continued)</b>	<ul style="list-style-type: none"> <li>• ambulance</li> <li>• maternity</li> <li>• transplant services</li> </ul>	100% after deductible  Same as any other illness  Same as any other illness when services are received from a Humana Transplant Network provider	100% after participating deductible  Same as any other illness  Same as any other illness. Covered expenses are limited to a maximum allowance of \$35,000 per transplant
<b>Lifetime maximum benefit</b>			\$5,000,000
<b>Mental health and chemical dependency</b>	<ul style="list-style-type: none"> <li>• inpatient services (up to 10 days per calendar year)</li> <li>• outpatient and office therapy sessions (up to 15 visits per calendar year)</li> </ul>	100% after deductible	70% after deductible
<b>Alcohol dependency services</b>	<ul style="list-style-type: none"> <li>• inpatient services</li> <li>• outpatient and office therapy sessions (combined limit up to 15 visits per calendar year)</li> </ul>	Same as any other illness  Same as any other illness	Same as any other illness  Same as any other illness

## Health Savings Account option

The Health Savings Account (HSA) is a tax-exempt bank account. Employees use the account to pay deductibles, coinsurance, and qualified health care expenses, as well as save for post-retirement expenses. If employees don't use the money in their account, it's theirs to keep!

Our banking partner, UMB Bank, makes it easy to set up HSA accounts for you and your employees. However, you can use UMB Bank or the bank of your choice.

- › Funds contributed are pretax dollars (this applies to federal tax and most state taxes)
- › Funds earn interest and grow tax-free
- › Employees own the accounts, so they stay with them regardless of employment
- › HumanaAccess Visa<sup>SM</sup> card gives employees an easy way to use HSA funds\*
- › Funds roll over from year to year
- › Funds can be used to pay for qualified health care expenses, such as medical, dental, vision, prescription drugs, and over-the-counter medications

\* Available only to groups using UMB Bank

## Network

### Humana ChoicePOS network

Humana's ChoicePOS Network is a local network of physicians and hospitals in the Chicago metropolitan area, and also includes access to Humana's ChoiceCare<sup>®</sup> Network. The ChoiceCare Network is one of the largest, most cost-effective physician and hospital networks in the nation, including 530,000 providers and 4,000 hospitals across all 50 states.

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*Guidance* when you need it most

Insured by Humana Insurance Company  
Health Savings Accounts are not insured benefits.  
Health Savings Accounts are a service administered by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate your coverage. This guide is available at [www.disclosure.humana.com](http://www.disclosure.humana.com) or through your employer. Premiums and benefits vary based on the plan selected.