

# Humana ChoicePOS 08 Copay Value



## Illinois

Humana, in partnership with your agent, will help you find the best plans to fit your needs and budget, help your employees protect their personal and financial health, and help you control your healthcare costs.

### Here are some reasons to choose Humana:

- › You have access to a large portfolio of products: medical, dental, vision, disability, life and the workplace voluntary benefits of disability, life, accident, critical illness, cancer, and supplemental health
- › You'll receive a personal welcome call, giving you the opportunity to ask any questions you have
- › You'll work with an industry leader in wellness programs for employees, helping them safeguard their personal health as well as their financial health
- › You'll receive Humana Health Plan Guide twice a year so you know how your employees are using their benefits to help you with your benefits planning, and *HealthMatters*, a quarterly employer newsletter with ideas for controlling your healthcare costs and updates on Humana's services

**HUMANA**<sup>®</sup>  
*Guidance* when you need it most

# Humana ChoicePOS 08 Copay Value plans

		100/70 copay plan		90/60 copay plan		80/50 copay plan		70/50 copay plan	
		Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers	Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers	Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers	Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers
<b>Office visit copay options</b>		<ul style="list-style-type: none"> <li>\$25 primary care/\$50 specialist</li> <li>\$35 primary care/\$50 specialist</li> </ul>	Not applicable	<ul style="list-style-type: none"> <li>\$25 primary care/\$50 specialist</li> <li>\$35 primary care/\$50 specialist</li> </ul>	Not applicable	<ul style="list-style-type: none"> <li>\$25 primary care/\$50 specialist</li> <li>\$35 primary care/\$50 specialist</li> </ul>	Not applicable	<ul style="list-style-type: none"> <li>\$25 primary care/\$50 specialist</li> <li>\$35 primary care/\$50 specialist</li> </ul>	Not applicable
<b>Deductible options</b> <ul style="list-style-type: none"> <li>per calendar year</li> <li>copays do not apply</li> </ul>	<b>Individual</b>	\$1,500/\$2,000/\$3,000/ \$4,000/\$5,000	\$4,500/\$6,000/\$9,000/ \$12,000/\$15,000	\$1,000/\$1,500/\$2,000/ \$3,000/\$4,000/\$5,000	\$3,000/\$4,500/\$6,000/ \$9,000/\$12,000/\$15,000	\$1,000/\$1,500/\$2,000/ \$3,000/\$4,000/\$5,000	\$3,000/\$4,500/\$6,000/ \$9,000/\$12,000/\$15,000	\$1,000/\$1,500/\$2,000/ \$3,000/\$4,000/\$5,000	\$3,000/\$4,500/\$6,000/ \$9,000/\$12,000/\$15,000
	<b>Family</b>	\$4,500/\$6,000/\$9,000/ \$12,000/\$15,000	\$13,500/\$18,000/\$27,000/ \$36,000/\$45,000	\$3,000/\$4,500/\$6,000/ \$9,000/\$12,000/\$15,000	\$9,000/\$13,500/\$18,000/ \$27,000/\$36,000/\$45,000	\$3,000/\$4,500/\$6,000/ \$9,000/\$12,000/\$15,000	\$9,000/\$13,500/\$18,000/ \$27,000/\$36,000/\$45,000	\$3,000/\$4,500/\$6,000/ \$9,000/\$12,000/\$15,000	\$9,000/\$13,500/\$18,000/ \$27,000/\$36,000/\$45,000
<b>Out-of-pocket maximum options</b> <ul style="list-style-type: none"> <li>per calendar year</li> <li>deductibles and copays do not apply</li> </ul>	<b>Individual</b>	Not applicable	\$6,000/\$9,000/\$12,000	\$2,000/\$3,000/\$4,000	\$6,000/\$9,000/\$12,000	\$2,000/\$3,000/\$4,000	\$6,000/\$9,000/\$12,000	\$2,000/\$3,000/\$4,000	\$6,000/\$9,000/\$12,000
	<b>Family</b>	Not applicable	\$12,000/\$18,000/\$24,000	\$4,000/\$6,000/\$8,000	\$12,000/\$18,000/\$24,000	\$4,000/\$6,000/\$8,000	\$12,000/\$18,000/\$24,000	\$4,000/\$6,000/\$8,000	\$12,000/\$18,000/\$24,000
<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> <li>endoscopic services (including, but not limited to colonoscopy)</li> </ul>		100%	70% after deductible	100%	60% after deductible	100%	50% after deductible	100%	50% 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>injections (including allergy)</li> <li>inpatient services</li> <li>outpatient services</li> <li>surgery</li> <li>emergency room visits</li> </ul>		100% after office visit copay	70% after deductible	100% after office visit copay	60% after deductible	100% after office visit copay	50% after deductible	100% after office visit copay	50% after deductible
		100%	70% after deductible	100%	60% after deductible	100%	50% after deductible	100%	50% after deductible
		100% after \$5 copay	70% after deductible	100% after \$5 copay	60% after deductible	100% after \$5 copay	50% after deductible	100% after \$5 copay	50% after deductible
		100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	70% after deductible	50% after deductible
		100%	100%	90%	90%	80%	80%	70%	70%
<b>Facility services</b> <ul style="list-style-type: none"> <li>inpatient services</li> <li>outpatient services</li> <li>outpatient diagnostic lab and X-ray</li> <li>outpatient surgery</li> <li>emergency services (copay waived if admitted)</li> </ul>		100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	70% after deductible	50% after deductible
		100% after \$150 copay	100% after \$150 copay	90% after \$150 copay	90% after \$150 copay	80% after \$150 copay	80% after \$150 copay	70% after \$150 copay	70% after \$150 copay
<b>Other medical services</b> <ul style="list-style-type: none"> <li>advanced imaging (PET, MRI, MRA, CAT, SPECT)—hospital</li> <li>hospice</li> <li>home health care (limited to 60 visits per calendar year)</li> <li>physical, occupational, cognitive, speech and audiology therapy (combined limit to 40 visits per calendar year)</li> <li>skilled nursing facility (limited to 60 days per calendar year)</li> <li>durable medical equipment</li> <li>urgent care</li> <li>spinal manipulations, adjustments and modalities (combined limit to 10 visits per calendar year)</li> <li>ambulance</li> <li>maternity</li> <li>transplant services</li> </ul>		100% after \$400 copay	70% after deductible	90% after \$400 copay	60% after deductible	80% after \$500 copay	50% after deductible	70% after \$500 copay	50% after deductible
		100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	70% after deductible	50% after deductible
		100% after deductible	50% after participating deductible	50% after deductible	50% after participating deductible	50% after deductible	50% after participating deductible	50% after deductible	50% after participating deductible
		100% after \$75 copay	70% after deductible	100% after \$75 copay	60% after deductible	100% after \$75 copay	50% after deductible	100% after \$75 copay	50% after deductible
		100% after specialist copay	70% after deductible	100% after specialist copay	60% after deductible	100% after specialist copay	50% after deductible	100% after specialist copay	50% after deductible
		100% after deductible	100% after participating deductible	90% after deductible	90% after participating deductible	80% after deductible	80% after participating deductible	70% after deductible	70% after participating deductible
		Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness
		Same as any other illness when services are received from a Humana Transplant Network provider	Same as any other illness. Benefits payable will not exceed the non-network benefit limit of \$35,000 per covered organ transplant	Same as any other illness when services are received from a Humana Transplant Network provider	Same as any other illness. Benefits payable will not exceed the non-network benefit limit of \$35,000 per covered organ transplant	Same as any other illness when services are received from a Humana Transplant Network provider	Same as any other illness. Benefits payable will not exceed the non-network benefit limit of \$35,000 per covered organ transplant	Same as any other illness when services are received from a Humana Transplant Network provider	Same as any other illness. Benefits payable will not exceed the non-network benefit limit of \$35,000 per covered organ transplant
<b>Lifetime maximum benefit</b>		Unlimited		Unlimited		Unlimited		Unlimited	
<b>Mental health and chemical dependency<sup>1</sup></b> <ul style="list-style-type: none"> <li>inpatient services (combined mental health and chemical dependency limit to 10 days per calendar year)</li> <li>outpatient and office therapy sessions (combined mental health, chemical and alcohol dependency limit to 15 visits per calendar year)</li> </ul>		100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	70% after deductible	50% after deductible
		100% after specialist copay	70% after deductible	100% after specialist copay	60% after deductible	100% after specialist copay	50% after deductible	100% after specialist copay	50% after deductible
<b>Alcohol dependency</b> <ul style="list-style-type: none"> <li>inpatient services</li> </ul>		Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness

<sup>1</sup> For groups with 51 or more employees, no limits apply to inpatient and outpatient services; benefit is covered the same as any other illness.

# 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® Network. The ChoiceCare Network is one of the nation's largest, most cost-effective physician and hospital networks with more than 544,000 providers and 4,000 hospitals – and it's growing daily. This network gives employees coast-to-coast access to favorably priced healthcare.

NOTE: Other network options may be available in your county. Call your Humana sales representative for more information.

## Pharmacy options

Detailed drug lists are available at [Humana.com](http://Humana.com) for each pharmacy plan and level.

**Rx4:** Prescription drugs are assigned to one of four levels with corresponding copayment amounts or a discount.

Retail (30-day supply)	Level 1	Level 2	Level 3	Level 4*	Mail order (up to 90-day supply)
› Option 1	\$10	\$30	\$50	25%	2.5 times the retail copayment
› Option 2	\$10	\$35	\$55	25%	

NOTE: If a nonparticipating pharmacy is used, the claim is covered at 70 percent after applicable copayment.

\* Copayment maximum (applies to level 4 drugs only): \$2,500 per member per calendar year

**Rx3:** Prescription drugs are assigned to one of three levels with corresponding copayment amounts.

Retail (30-day supply)	Level 1	Level 2	Level 3	Mail order (up to 90-day supply)
	\$15	\$30	\$50	2.5 times the retail copayment

NOTE: If a nonparticipating pharmacy is used, the claim is covered at 70 percent after applicable copayment.

**RxImpact:** RxImpact groups drugs according to their ability to prevent a serious medical episode.

Humana pays an allowance for each group of drugs. The employee pays the remaining balance, if any.

Retail (30-day supply)	Example	Prescription drug allowance	Mail order (up to 90-day supply)
› Group A*	asthma, infections, juvenile diabetes, contraceptives, antidepressants	\$30 allowance	Up to 3 times applicable allowance amount
› Group B*	cancer, heart disease, multiple sclerosis	\$20 allowance	
› Group C*	antihistamines, anti-inflammatory, antacids	\$10 allowance	
› Group D	cosmetic, obesity	\$0 allowance**	

\* Copayment maximum: \$100 per monthly prescription and \$2,500 annual out-of-pocket maximum for drug groups A, B, and C only

\*\* Employees can purchase drugs at Humana's negotiated price which is below the average wholesale price.



Insured by Humana Insurance Company

This plan imposes a pre-existing condition exclusion. 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 sales representative. Premiums and benefits vary based on the plan selected.