

HumanaHDHP 10 ChoicePOS



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:

- › A variety of plans to choose from: medical, dental, vision, life, disability, and workplace voluntary benefits
- › A personal welcome call shortly after you choose Humana
- › A custom report, Humana Health Plan Guide, shows you how your employees are using their medical benefits
- › A quarterly newsletter, *HealthMatters*, gives you tips on how to control costs and provides updates on new products and services
- › Wellness, clinical, and employee assistance programs included with your medical plan
- › Access to more than 540,000 providers and almost 4,000 hospitals nationwide
- › Online tools to help employees estimate costs for common procedures and prescription drugs
- › Resources for Spanish-speaking employees
- › Friendly, personal service

HUMANA®

HumanaHDHP 10 ChoicePOS plans

HSA qualified plans

		100/70 copay plan	100/70 coinsurance plan	100/70 coinsurance plan	90/60 coinsurance plan	90/60 coinsurance plan	80/50 coinsurance plan	80/50 coinsurance plan	
		Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers
Optional Health Savings Account (HSA)									
Office visit and urgent care copay		• \$35 primary care/\$75 specialist/ \$100 urgent care	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Embedded deductible and out-of-pocket maximum options • per calendar year • deductibles and copays apply to out-of-pocket maximum	Individual deductible	\$2,500/\$3,000/\$4,000	\$7,500/\$9,000/\$12,000	\$2,500/\$3,000/\$4,000	\$7,500/\$9,000/\$12,000	\$2,500/\$3,000/\$4,000	\$7,500/\$9,000/\$12,000	\$2,500/\$3,000/\$4,000	\$7,500/\$9,000/\$12,000
	Family deductible	\$5,000/\$6,000/\$8,000	\$15,000/\$18,000/\$24,000	\$5,000/\$6,000/\$8,000	\$15,000/\$18,000/\$24,000	\$5,000/\$6,000/\$8,000	\$15,000/\$18,000/\$24,000	\$5,000/\$6,000/\$8,000	\$15,000/\$18,000/\$24,000
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.	Individual out-of-pocket maximum	\$5,950	\$17,850	\$2,500/\$3,000/\$4,000	\$15,000	\$5,950	\$17,850	\$5,950	\$17,850
	Family out-of-pocket maximum	\$11,900	\$35,700	\$5,000/\$6,000/\$8,000	\$30,000	\$11,900	\$35,700	\$11,900	\$35,700
Preventive care									
<ul style="list-style-type: none"> preventive office visits preventive lab and X-ray Pap smear and mammogram prostate screening child immunizations to age 18 flu and pneumonia immunizations endoscopic services (including, but not limited to colonoscopy) 	100%	70% after deductible	100%	70% after deductible	100%	60% after deductible	100%	50% after deductible	
Physician services									
<ul style="list-style-type: none"> office visits 	100% after deductible and office visit copay	70% after deductible	100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	
<ul style="list-style-type: none"> diagnostic lab and X-ray (performed in office and billed by physician) allergy testing 	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	
<ul style="list-style-type: none"> injections (including allergy) 	100% after deductible and \$5 copay	70% after deductible	100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	
<ul style="list-style-type: none"> inpatient and outpatient services surgery 	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	
<ul style="list-style-type: none"> emergency room visits 	100% after deductible	100% after participating deductible	100% after deductible	100% after participating deductible	90% after deductible	90% after participating deductible	80% after deductible	80% after participating deductible	
Facility services									
<ul style="list-style-type: none"> inpatient and outpatient services outpatient diagnostic lab and X-ray outpatient surgery 	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	
<ul style="list-style-type: none"> emergency services 	100% after deductible and \$250 copay (copay waived if admitted)	100% after participating deductible and \$250 copay (copay waived if admitted)	100% after deductible	100% after participating deductible	90% after deductible	90% after participating deductible	80% after deductible	80% after participating deductible	
Prescription drugs									
<ul style="list-style-type: none"> retail or mail order benefit per prescription or refill 	See pharmacy	See pharmacy	100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	
Other medical services									
<ul style="list-style-type: none"> retail clinic 	100% after deductible and primary care copay	70% after deductible	100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	
<ul style="list-style-type: none"> urgent care 	100% after deductible and urgent care copay	70% after deductible	100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	
<ul style="list-style-type: none"> spinal manipulations, adjustments, and modalities (combined limit to 20 visits per calendar year) 	100% after deductible and specialist copay	70% after deductible	100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	
<ul style="list-style-type: none"> physical, occupational, cognitive, speech and audiology therapy (combined limit to 80 visits per calendar year) advanced imaging (PET, MRI, MRA, CAT, SPECT) hospice home health care (limited to 100 visits per calendar year) skilled nursing facility (limited to 60 days per calendar year) 	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	
<ul style="list-style-type: none"> ambulance 	100% after deductible	100% after participating deductible	100% after deductible	100% after participating deductible	90% after deductible	90% after participating deductible	80% after deductible	80% after participating deductible	
<ul style="list-style-type: none"> maternity 	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	
<ul style="list-style-type: none"> transplant services 	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	
Mental health and chemical dependency²									
<ul style="list-style-type: none"> inpatient services (combined mental health and chemical dependency limit to 10 days per calendar year) 	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	
<ul style="list-style-type: none"> outpatient and office therapy sessions (combined mental health, chemical and alcohol dependency limit to 15 visits per calendar year) 	100% after deductible and specialist copay	70% after deductible	100% after deductible	70% after deductible	90% after deductible	60% after deductible	80% after deductible	50% after deductible	
Alcohol dependency									
<ul style="list-style-type: none"> inpatient services 	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	

¹ 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.

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 roll over from year to year
- › Funds earn interest and grow tax-free
- › Employees own the accounts, so they stay with them regardless of employment
- › HumanaAccess VisaSM card gives employees an easy way to use HSA funds*
- › Funds can be used to pay for qualified health care expenses, such as medical, dental, vision, and prescription drugs

* Available only to groups using UMB Bank

Pharmacy

Detailed drug lists are available at **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. Rx services are combined with the medical deductible and out-of-pocket maximum.

Retail (30-day supply)	Level 1	Level 2	Level 3	Level 4	Mail order (up to 90-day supply)
	\$10	\$45	\$70	25%	2.5 times the retail copayment

NOTE: Deductible needs to be met before benefits apply. If a nonparticipating pharmacy is used, the claim is covered at 70 percent after combined non-participating deductible and applicable copayment.

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Insured by Humana Insurance Company

Health Savings Accounts are not insured benefits.

Health Savings Accounts are a service administered 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 or through your sales representative. Premiums and benefits vary based on the plan selected.