

Benefit summary changes for non-grandfathered plans due to *federal health care reform*

The Patient Protection and Affordable Care Act, also known as federal healthcare reform, became law on March 23, 2010. Because of this law, health plans sold or renewed with an effective date on or after Sept. 23, 2010 must meet certain guidelines. We're in the process of updating Humana benefit summaries to meet those guidelines. In the meantime, here's an overview of federal healthcare reform updates to your benefit summary.

Preventive services

The plan covers in-network preventive care services at 100 percent – you will not pay a copayment, coinsurance, or deductible.

Lifetime maximum benefits

The plan has an unlimited lifetime maximum.

Annual dollar limits

There are no annual dollar limits on covered essential health benefits, which include the following:

- **Ambulatory patient services**
- **Emergency services**
- **Hospitalization**
- **Maternity and newborn care**
- **Mental and substance use disorder, including behavioral health treatment**
- **Prescription drugs**
- **Rehabilitative and habilitative services and devices**
- **Laboratory services**
- **Preventive and wellness services and chronic disease management**
- **Pediatric services, including oral and vision care**

Pre-existing conditions

The pre-existing condition limitation will no longer apply to a covered person who is under the age of 19, but continues to apply to those age 19 and older.

Emergency Care

The plan covers services for an emergency medical condition provided in a hospital's emergency facility at the in-network benefit level.



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