

Humana Level Funded Premium plans

For groups 10-100 (excludes state mandates, state specific Essential Health Benefits and pediatric dental and vision)

Effective dates starting 1/1/17

Humana's Level Funded Premium plans help your employees get and stay well so your business can thrive. You and your business receive:



Wellness incentives

- **Wellness Engagement Incentive credits** – save up to 15% with Wellness Engagement Incentive credits on your monthly medical premium invoice when enough employees reach key status levels
- **Rewards** – Go365™ awards your employees with wellness Points they can cash in for merchandise



Support

- **Start right** – choose the plans that work best for your unique business goals
- **Personalized approach** – integrated products and solutions inspire your employees to achieve their goals and evolve as their wellness needs change
- **Ongoing education** – access tools and resources to help you manage your benefit plans and programs



Outcome focus

- **Proven programs** – behavioral-driven programs address the physical, emotional, and financial well-being of your employees
- **Expert guidance** – we help you get started and ensure you and your employees have the right resources every step of the way
- **Quantifiable results** – when employees engage in wellness, you can save with lower claims costs and increased productivity over time

You want choosing benefits to be easier.
We're here to help in three simple steps.

1

Decide how much choice and flexibility you want for your employees:

- **Defined Benefit:** You select the plans and fund a portion of the premium (generally a percentage).
- **Defined Contribution:** You set a fixed monthly contribution for benefits (generally a dollar amount) to offer employees a greater amount of flexibility and choice of plans.

2

Select a plan type by considering how your employees want to pay for coverage:

- The type of plan you choose will determine how your employees pay for their health services and help them understand their potential out-of-pocket expenses.
- In-network services are covered in full, by a copay, or deductible / coinsurance. Remember, in-network preventive services are always covered at 100%.
- Plan types include: Humana Simplicity, Traditional, and HDHP.

3

Select from additional options to keep costs manageable:



Choose your medical network – You can offer your employees a national network of providers or save with a Focused Provider Network that typically includes one or two local and well-known healthcare systems. (Available for all plan options).

PPO Plans:

- **Humana ChoiceCare Network® (CHC)** is one of the largest, most cost-effective physician and hospital network in the nation. Members can visit any participating network provider at any time.

NPOS Plans:

- **Humana National POS – Open Access Network** offers the advantages of an HMO with the flexibility of a PPO plan. Members can visit any participating network provider at any time and do not need to choose a primary care physician.

HMO Plans:

- **HumanaHMO Premier Network** is the largest HMO network available to our members. HMO members have the ability to see any participating provider and do not need to select a primary care physician. There are no out-of-network, non-emergency benefits. (Available in FL, GA, LA, TX)
- **HMOx** is a focused network close to home. Staying within a limited set of local physicians and other healthcare providers lowers the cost of health benefits. Members must choose a primary care physician and there are no out-of-network, non-emergency benefits. (Available in AZ, CO, FL, GA, KY, OH, TX for select plan options. LA – Ochsner HMO)



Pharmacy network

- **National Pharmacy Network:** With over 64,000 pharmacies across the country, the network includes all national chains, major regional chains, and more than 25,000 independent pharmacies.
- **Select Rx Pharmacy Network:** This narrow network of approximately 15,000 pharmacies encompasses CVS (including Target locations) and Walmart brand stores (Walmart, Walmart Neighborhood Market and Sam's Club), along with Humana's mail delivery and specialty pharmacies.



Engage with Go365

With Go365, you and your employees can get incentives based on how involved your employees are with this fun, interactive wellness and rewards program.

MARKET SPECIFIC NETWORKS

HMO Plans:

- **(FL, IL) HMO Select** is a local HMO network close to home. Staying within a limited set of local physicians and other healthcare providers lowers the cost of health benefits. Members must choose a primary care physician and there are no out-of-network, non-emergency benefits.
- **(LA) Ochsner HMO** is a focused network close to home. Staying within a limited set of local physicians and other healthcare providers lowers the cost of health benefits. Members must choose a primary care physician and there are no out-of-network, non-emergency benefits.
- **(WI) Wisconsin Value Network** is a focused network close to home. All your care starts with your primary care physician (PCP), someone who knows you and your unique health needs. Your PCP coordinates all your care, guiding you through the healthcare system and referring you to a network specialist when you need to see one. You'll also save money by staying within the Wisconsin Value Network. Members must choose a PCP and there are no out-of-network, non-emergency benefits.

HMO Plans: (only available with Humana Simplicity™)

- **(NV) HealthCare Partners HMO Network** is a focused network close to home. Staying within a limited set of local physicians and other healthcare providers lowers the cost of health benefits. Members must choose a primary care physician and there are no out-of-network, non-emergency benefits.

PPO Plans:

- **(IL, MS, TN) ChoicePOS Network** enables Humana to offer flexible benefits while accessing the best provider discounts available. Members can visit any participating network provider at any time and do not need to choose a primary care physician.
- **(WI) Humana Preferred Network** is a high performance network that represents a partnership based on accountability at all levels to produce true health care value. This network is comprised of a comprehensive selection of health care providers representing all specialties located throughout southeast Wisconsin.
- **(MO) Kansas City PPOx Network** offers the flexibility of a PPO plan built around Saint Luke's Health System and Children's Mercy Hospital. Physician network is made up of doctors employed/affiliated with Saint Luke's Health System as well as many other independent health care providers. Members can visit any participating network provider at any time and do not need to choose a primary care physician.

TEXAS NPOS NETWORK

NPOS Plans: The plan is offered by Humana Health Plan of Texas, Inc. – A Health Maintenance Organization and insured by Humana Insurance Company. Covered benefits for participating provider claims are the sole financial responsibility of either entity based upon our contract with the provider. Covered benefits for nonparticipating provider claims are insured by and the sole financial responsibility of Humana Insurance Company. Premiums and benefits vary based on the plan selected.

- **Humana National POS – Open Access Network** offers the advantages of an HMO with the flexibility of a PPO plan. Members can visit any participating network provider at any time and do not need to choose a primary care physician.

TEXAS PHARMACY SELECT RX NETWORK

- **Select Rx Pharmacy Network:** This narrow network of approximately 15,000 pharmacies encompasses CVS (including Target locations), HEB and Walmart brand stores (Walmart, Walmart Neighborhood Market and Sam's Club), along with Humana's mail delivery and specialty pharmacies.

AL, FL, GA, NC, SC, TN PHARMACY SELECT RX NETWORK

- **Select Rx Pharmacy Network:** This narrow network of approximately 15,000 pharmacies encompasses CVS (including Target locations), Publix and Walmart brand stores (Walmart, Walmart Neighborhood Market and Sam's Club), along with Humana's mail delivery and specialty pharmacies.

Medical plan types:

Humana Simplicity

PPO, NPOS, and HMO PLANS – For in-network healthcare services, there is no deductible. In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only a copay when in-network providers are used. All copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers					Copay amounts:					
Option	Coinsurance		Deductible ¹	Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Advanced imaging	Inpatient ² / Outpatient services	Pharmacy
	In	Out		Individual	Family					
1*	100%	50%	\$0	\$6,000	\$12,000	\$40/\$75	\$40/\$100/\$350	\$350	\$750/\$750	\$10/\$40/\$70/25%
2*	100%	50%	\$0	\$6,000	\$12,000	\$40/\$75	\$40/\$100/\$400	\$400	\$1,000/\$1,000	\$10/\$40/\$70/25%
3*	100%	50%	\$0	\$6,000	\$12,000	\$40/\$80	\$40/\$100/\$400	\$400	\$1,250/\$1,250	\$10/\$40/\$70/25%
4*	100%	50%	\$0	\$6,000	\$12,000	\$45/\$85	\$45/\$125/\$425	\$425	\$1,500/\$1,500	\$10/\$40/\$70/25%
5*	100%	50%	\$0	\$6,000	\$12,000	\$45/\$90	\$45/\$125/\$425	\$425	\$1,750/\$1,750	\$10/\$35/\$65/25%
6*	100%	50%	\$0	\$7,150	\$14,300	\$55/\$110	\$55/\$125/\$850	\$850	\$2,350/\$2,350	\$10/\$50/\$100/25%

(*) HMOx available with these options

(1) \$5,000 individual / \$10,000 family out-of-network deductible

(2) Copay per day for first three days

All of Humana's medical plans include health and wellness programs that integrate into employees' everyday lives:

- Go365 by Humana
- Health coaching
- Employee Assistance Program (EAP)
- Clinical programs
- Gaps-in-care alerts
- Weight Watchers
- Lifestyle discount program

Traditional plans

PPO, NPOS, and HMO COPAY PLANS – In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only copay or deductible / coinsurance when in-network providers are used. Deductible, coinsurance and/or copays, including prescription drugs, count toward the maximum out-of-pocket.

Option	If you use IN-NETWORK providers		Copay amounts:				Primary care / Specialist	Retail clinic / Urgent care / ER	Pharmacy	Other services
	Coinsurance		Deductible		Maximum out-of-pocket					
	In	Out	Individual	Family	Individual	Family				
1*	100%	70%	\$1,000	\$2,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
2	100%	70%	\$2,000	\$4,000	\$3,500	\$7,000	\$30/\$55	\$40/\$100/\$350	\$10/\$30/\$55/25%	Coinsurance after deductible
3	100%	70%	\$2,000	\$4,000	\$7,150	\$14,300	\$45/\$80	\$40/\$100/\$550	\$10/\$45/\$90/25% ²	Coinsurance after deductible
4	100%	70%	\$2,500	\$5,000	\$6,500	\$13,000	\$35/\$70	\$40/\$100/\$500	\$10/\$45/\$90/25%	Coinsurance after deductible
5	100%	70%	\$3,000	\$6,000	\$5,500	\$11,000	\$35/\$65	\$40/\$100/\$450	\$10/\$40/\$90/25%	Coinsurance after deductible
6	100%	70%	\$4,500	\$9,000	\$5,500	\$11,000	\$30/\$65	\$40/\$100/\$450	\$10/\$35/\$55/25%	Coinsurance after deductible
7	90%	60%	\$2,500	\$5,000	\$6,350	\$12,700	\$35/\$70	\$40/\$100/\$450	\$10/\$45/\$90/25%	Coinsurance after deductible
8	80%	50%	\$500	\$1,000	\$4,000	\$8,000	\$35/\$60	\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
9	80%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
10	80%	50%	\$1,500	\$3,000	\$4,000	\$8,000	\$35/\$60	\$40/\$100/\$400	\$10/\$35/\$55/25%	Coinsurance after deductible
11*	80%	50%	\$1,500	\$3,000	\$7,150	\$14,300	\$40/\$80	\$40/\$100/\$550	\$10/\$45/\$90/25% ¹	Coinsurance after deductible
12	80%	50%	\$2,000	\$4,000	\$3,700	\$7,400	\$30/\$65	\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
13*	80%	50%	\$2,000	\$4,000	\$7,150	\$14,300	\$40/\$75	\$40/\$100/\$500	\$10/\$45/\$75/25%	Coinsurance after deductible
14	80%	50%	\$2,000	\$4,000	\$7,150	\$14,300	\$30/\$75	\$40/\$100/\$500	\$10/\$35/\$70/25% ²	Coinsurance after deductible
15	80%	50%	\$2,500	\$5,000	\$5,500	\$11,000	\$45/\$85	\$40/\$100/\$550	\$10/\$45/\$90/25%	Coinsurance after deductible
16*	80%	50%	\$3,000	\$6,000	\$5,500	\$11,000	\$40/\$80	\$40/\$100/\$500	\$10/\$40/\$75/25%	Coinsurance after deductible
17*	80%	50%	\$4,000	\$8,000	\$6,500	\$13,000	\$35/\$70	\$40/\$100/\$500	\$10/\$40/\$70/25%	Coinsurance after deductible
18*	80%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$75	\$40/\$100/\$550	\$10/\$40/\$75/25%	Coinsurance after deductible
19	70%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$30/\$60	\$40/\$100/\$400	\$10/\$40/\$70/25%	Coinsurance after deductible
20*	70%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40/\$80	\$40/\$100/\$500	\$10/\$45/\$75/25% ¹	Coinsurance after deductible
21*	70%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$35/\$60	\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
22	50%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40/\$70	\$40/\$100/\$500	\$10/\$40/\$90/25% ¹	Coinsurance after deductible
23*	50%	50%	\$3,000	\$6,000	\$7,150	\$14,300	\$35/\$70	\$40/\$100/\$500	\$10/\$35/\$75/25%	Coinsurance after deductible
24	50%	50%	\$5,000	\$10,000	\$6,000	\$12,000	\$35/\$75	\$40/\$100/\$550	\$10/\$45/\$75/25% ³	Coinsurance after deductible
25*	50%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$80	\$40/\$100/\$550	\$10/\$20/\$50/50%/50%	Coinsurance after deductible
26*	50%	50%	\$6,500	\$13,000	\$7,150	\$14,300	\$50/\$110	\$40/\$100/\$1,000	\$25/\$50/\$100/25% ⁴	Coinsurance after deductible
27*	50%	50%	\$6,500	\$13,000	\$7,150	\$14,300	\$50/\$110	\$40/\$100/\$1,000	\$15/\$35/\$75/\$135/\$500 ⁵	Coinsurance after deductible

(*) HMOx available with these options

Pharmacy deductible – applies to levels 2, 3, and 4 only: (1) \$100 / \$200 family (2) \$250 individual / \$500 family (3) \$400 individual / \$800 family (4) \$1,000 individual / \$2,000 family

Pharmacy deductible – applies to levels 3, 4, and 5 only: (5) \$500 individual / \$1,000 family

HDHP plans

PPO and NPOS PLANS – HDHP, or High Deductible Health Plans, feature budget-friendly premiums and pay coinsurance benefits after the deductible is met for all covered services. Plan includes coverage for preventive services, such as annual exams, at 100% when in-network providers are used. HDHPs are also compatible with health savings accounts (HSAs).

AGGREGATE – All covered benefits apply to the family deductible and family maximum out-of-pocket. The plan pays a coinsurance percentage after the entire family deductible is met.

If you use IN-NETWORK providers

Option	Coinsurance		Deductible		Maximum out-of-pocket				Pharmacy	Other services
	In	Out	Individual	Family	In-network		Out-of-network			
					Individual	Family	Individual	Family		
1	100%	70%	\$2,500	\$5,000	\$2,500	\$5,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
2	90%	60%	\$1,500	\$3,000	\$3,400	\$6,800	\$10,200	\$20,400	Coinsurance after deductible	Coinsurance after deductible

EMBEDDED – All covered benefits apply to the individual and family deductible and maximum out-of-pocket. When any family member reaches the individual deductible amount, that family member will begin receiving coinsurance benefits – even if the family deductible has not been met.

If you use IN-NETWORK providers

Option	Coinsurance		Deductible		Maximum out-of-pocket				Pharmacy	Other services
	In	Out	Individual	Family	In-network		Out-of-network			
					Individual	Family	Individual	Family		
3	100%	70%	\$6,500	\$13,000	\$6,500	\$13,000	\$20,000	\$40,000	Coinsurance after deductible	Coinsurance after deductible
4	90%	60%	\$3,500	\$7,000	\$5,000	\$10,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
5	80%	50%	\$2,900	\$5,800	\$5,000	\$10,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
6	80%	50%	\$5,500	\$11,000	\$6,550	\$13,100	\$19,650	\$39,300	Coinsurance after deductible	Coinsurance after deductible
7	70%	50%	\$5,500	\$11,000	\$6,550	\$13,100	\$19,650	\$39,300	Coinsurance after deductible	Coinsurance after deductible

Humana's medical plans include **Telemedicine**

- Convenient access to non-emergency medical care
- Video visit with U.S. board-certified physicians – at home or on-the-go

Definitions of terms

- **Copay** – A flat-dollar amount a member pays when visiting a health care provider or filling a prescription.
- **Coinsurance** – The percentage of covered health care costs the plan pays while covered under this plan.
- **Deductible** – Based on a calendar year. In-network and out-of-network amounts accumulate separately, when applicable. Out-of-network deductible is three times the in-network amount except for Humana Simplicity™ where the amount is fixed. Family deductible is two times the individual amount.
- **Health Savings Account (HSA)** – An account that allows individuals to pay for current health expenses and save for future qualified medical expenses on a tax-free basis. HSAs must be linked to a high-deductible health plan and amounts contributed to an HSA belong to individuals and are completely portable.
- **Maximum out-of-pocket** – Based on a calendar year. In-network and out-of-network limits accumulate separately, when applicable. In-network limit includes any copays, deductibles and/or coinsurance (out-of-network excludes pharmacy). Out-of-network limit is three times the in-network amount except for HDHPs where the amount is fixed. Family out-of-pocket is two times the individual amount.

This material provided is a general summary for informational purposes only and does not address all your organization's specific issues related to healthcare reform. It is not intended or written to be used, and it cannot be used, as legal advice or a legal opinion. It should not be relied upon in lieu of consultation with your own legal advisors.

Provider disclaimer:

Primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

Wellness programs are not insurance products.

Offered by Humana Health Plan, Inc. and/or insured by Humana Insurance Company.

Limitations and Exclusions:

Our health benefit plans have limitations and exclusions and may have waiting periods and terms under which the coverage may be continued in force or discontinued. For costs and complete details of coverage, call or write your Humana insurance agent or broker.

Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at <https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure> or through your sales representative.

