



Resources

Included in this booklet are the resources and information that will show you all the ways that Humana is there for you in every aspect of your life.

MyHumana

Register now at **Humana.com**



Find your personalized health and benefits information in one place – MyHumana

As a Humana member, you have a secure website on **Humana.com** called MyHumana. With MyHumana, you have fast, easy access to your personalized benefits information, planning tools and wellness resources.



Some of what you can do on MyHumana:

- Claims – Check if a claim has been paid along with your estimated cost, if any
- ID cards – View, print and email up-to-date medical and dental Humana member ID cards
- Coverage details – Review deductibles, coverage levels and limits
- Provider search – Use “Find a doctor” to find in-network providers near you
- Humana’s cost comparison tool – compare providers and services, choose wisely and estimate costs
- Drug pricing – Look up coverage, estimated prices and possible alternatives
- Rx calculator – Plan for out-of-pocket drug costs
- Health and condition centers – Access health information specific to your conditions and life stage
- Year-to-date summary – See an at-a-glance view of your financial information – including balances in your health savings account, flexible spending account or personal care account and amounts applied to deductibles
- Manage access – Give other adults on your policy permission to access your health information
- Update your communications preferences – Select which communications you want to receive from Humana and how you want to receive them – via paper or email

Registering is easy

- Have your Humana member ID or Social Security number available
- Go to **Humana.com**
- Select “Register” at the top of the page
- Choose “Member all other plan types”
- Fill in some basic information – like your Humana member ID number or Social Security number, date of birth, ZIP code, and email and click “next”
- Create a username, password and security prompt and click “next” to finish

Now, how easy was that? You’re all set – jump in and start exploring!

You don’t have to wait for health and benefits guidance – you can get it right away with MyHumana. Please note, all features may not be available to all members.

Humana®

Humana.com

MyHumana Mobile app

"Now we go where you go"

Access your health information anytime, anywhere

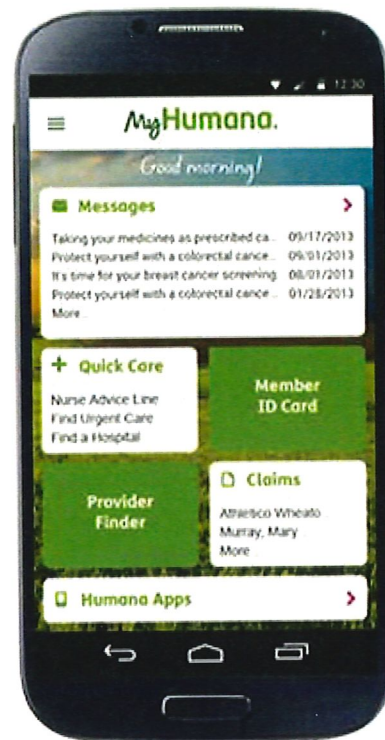
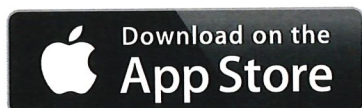
Whether you prefer downloading a mobile application, using your mobile device or receiving text messages, you have the ability to manage your healthcare needs virtually anywhere, anytime.

Use the MyHumana Mobile app and website to:

- View medical, dental, vision and pharmacy claims
- View and fax medical, dental and pharmacy ID cards
- View your plans and coverage details
- View your HumanaVitality® Dashboard†
- Receive medication reminders
- Research drug prices
- Locate providers in your network
- Refill your Humana Pharmacy™ prescriptions

Download the Mobile App:

Download the MyHumana Mobile app from your app store. Search "MyHumana" in the Google Play or App Store.



From your mobile device's browser:

You can visit MyHumana from your mobile device's browser. To get started, go to **Humana.com** and sign in.

Text message alerts*

On the MyHumana Mobile app:

1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on the "Menu" icon
3. Select "Text Alerts"
4. Register and verify your mobile #
5. Select the alerts you want to receive

On Humana.com:

1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on "Account settings & preferences"
3. Select "Edit your preferences"
4. Select "Mobile" from the tab
5. Register and verify your mobile #
6. Select the alerts you want to receive

†Available to HumanaVitality members only.

*Message and data rates may apply.

Humana®

Humana.com

Finding your doctor is easy with Humana's Physician Finder

Whether you're shopping for health insurance or you're already a Humana member, our online Physician Finder helps you quickly see if your doctor, pharmacy, hospital or other specialist is in your network.

1. Go to: Humana.com/PhysicianFinder

Shopping for health insurance?

Select your coverage type, enter your ZIP code, then select a network.

Just Looking

Member ID

The physician list varies by network. To help us narrow the search, choose a coverage type, and enter your home ZIP code. This will give you a list of networks to select for your search.

Already a member?

Simply enter your member ID. From there you can find all of the providers in your network.

Just Looking

Member ID

The physician list varies by network. To help us narrow the search, choose a coverage type, and enter your home ZIP code. This will give you a list of networks to select for your search.

2. Select **all** for a general search. Or be more specific by choosing **physician name**, **specialty** or **condition**. You can also see a list of participating hospitals by typing in the word **hospital**.

* Search ?

All ▼

hospital

Enter name, symptom, condition or [specialty](#)

→ Search

Find out:

- Doctor's specialty
- If doctor is accepting new patients
- Languages spoken
- Maps/directions that can be texted or emailed to you

Find a doctor that fits your needs at Humana.com/PhysicianFinder

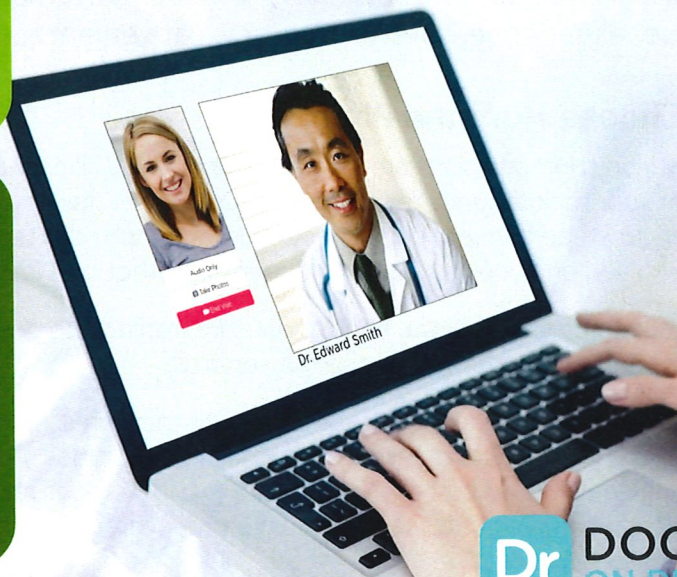
Humana®

Humana Individual plans are Insured by Humana Insurance Company, Humana Health Plan, Inc., Humana Health Insurance Company of Florida, Inc., Humana Health Benefit Plan of Louisiana, Inc., or offered by Humana Employers Health Plan of Georgia, Inc., Humana Medical Plan, Inc., Humana Health Plan, Inc., Humana Health Plan of Texas, Inc., Humana Medical Plan of Michigan, Inc., Humana Health Plan of Ohio, Inc., or Humana Medical Plan of Utah, Inc. For Arizona residents: Insured by Humana Insurance Company or offered by Humana Health Plan, Inc. For Texas residents: Insured by Humana Insurance Company or offered by Humana Health Plan of Texas, Inc. These companies are Qualified Health Plan Issuers in the Health Insurance Marketplace, kynect, or Connect for Health Colorado. Applications are subject to eligibility requirements. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or broker.





Feeling under the weather?

See a doctor from the comfort of home

If you or a covered family member is not feeling well and doesn't require emergency care, telemedicine, delivered by Doctor On Demand, lets you video visit with a U.S. board-certified physician in minutes using a smartphone, tablet, or computer.



With Doctor On Demand, you can:

-  Video visit with a physician from one of Doctor On Demand's U.S. board-certified doctors
-  Immediately video visit with a doctor 24 hours a day, 7 days a week from any location
-  Your primary care physician can access your telemedicine visit at your request
-  If medically necessary, a Doctor On Demand can send a prescription to a preferred pharmacy

**Video visit with
a doctor for
\$40 or less**

Based on your Humana medical plan, your copayment or retail clinic benefit cost may actually be less than \$40.

Humana®

Humana Pharmacy™ mail delivery



More and more Humana members are finding Humana Pharmacy to be their choice for value, experience, safety, accuracy, convenience, and service.

Why Choose Humana Pharmacy:

Savings. Many Humana plans provide cost savings if you fill a 90-day supply of your maintenance medicines through a mail delivery pharmacy, instead of a retail pharmacy. Plus, our pharmacy team works with you and your doctor to find medicines that cost less.

Experienced pharmacy team. Pharmacists are available to answer questions about your medicines and our services.

Safe and accurate. Two pharmacists check your new prescriptions to make sure they're safe to take with your other medicines. The dispensing equipment and heat-sealed bottles with tamper-resistant foil help ensure quality and safety. And your order comes in plain packaging for additional security.

Timely reminders. To help make sure you have the medicines and supplies you need when you need them, we can remind you when it's time to refill your medicines. Just set your preferences when you sign up at **HumanaPharmacy.com**.

Time-saving mail delivery. No driving to the pharmacy and waiting in line. You may be able to order just four times a year and have more time to do the things you enjoy.

Visit HumanaPharmacy.com

After you become a Humana member, you can sign in with your **MyHumana** identification number or register to get started. You can also sign up by calling **1-800-833-1315 (TTY: 711)** Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Make Humana Pharmacy your one source

Maintenance medicines.

Medicines you take all the time for conditions like high cholesterol, high blood pressure, and asthma.

Specialty medicines. Specialized therapies to treat chronic or complex illnesses like rheumatoid arthritis and cancer.



Your health is important to us. Humana Pharmacy can deliver the value and service you expect from your pharmacy.

Humana®

Flexible ordering options

Online

HumanaPharmacy.com. Start a new prescription, order refills, check on your order, and get information about how to get started.

Doctor

Let your healthcare provider know you would like to use our pharmacy and he/she can send prescriptions through e-Prescribe. Healthcare providers can also fill out the fax form and fax the prescription to **1-800-379-7617**.

Phone

For maintenance medications, you can call **1-800-833-1315 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m. Eastern time.

For specialty medications, you can call Humana Pharmacy Specialty directly at **1-800-833-1642 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., and Saturday, 8 a.m. – 6 p.m. Eastern time.

Mail

Mail your paper prescriptions with an order form to:
Humana Pharmacy
P.O. Box 745099
Cincinnati, OH 45274-5099

The Life of a Prescription



1. Humana Pharmacy gets your prescription order. Your healthcare provider can send us your new prescriptions by fax, phone, or electronically. Or you can send new prescriptions by mail with an order form. Order forms can be downloaded at **HumanaPharmacy.com**.



2. Our pharmacy checks your Humana pharmacy benefits coverage, puts in your order, and creates a unique shipment number.



3. A pharmacist checks your prescription order for accuracy and possible drug interactions.



4. Approved orders go through the payment process. If your health benefits don't cover the medicine, we will check the claim and fix the problem. If we cannot fill your prescription, we'll return it to you and tell you why.



5. An automated system fills your medicine and a pharmacist makes sure it matches the label before it's sealed.



6. Humana Pharmacy mails the order to you with important information about your medicine.

You should get your new prescription by mail in 7 – 10 days after Humana Pharmacy has all the necessary information. Your refill should arrive within five days. It may take longer if we have to call you or your healthcare provider with questions about the order.

Humana®



READY. SET. Go365.



It's simple to get started with Go365™. Here's how to get rewarded for your healthy behaviors.

1. Register now

Download the Go365 App or visit Go365.com to access your secure, password-protected Go365 account and program.

2. Take the next step

Three easy ways to start earning Points and get to Bronze Status:

- Complete at least one section of your Health Assessment
- Log a verified workout
- Get your biometric screening

3. Enjoy the rewards

Keep earning Points by completing healthy activities. The more Points you earn, the more Bucks you will have to spend in the Go365 Mall. Reward yourself with brands including:

amazon.com

 **TARGET**

[Spafinder](http://Spafinder.com)
Wellness 365™

 **fitbit.**



Join the Go365 support community
community.go365.com



Register or sign in at Go365.com
or on the App

Go365 is not an insurance product. Not available with all Humana health plans.

Adult children can only move a family into Bronze Status by completing a verified workout.

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The Go365 App

Put the power in your pocket



Download the Go365 App today to your smartphone. Use it to help you stay on track in reaching your health and well-being goals.

The App has it all

Look what you can do:



Challenge yourself and other Go365 members to private or community Challenges*



Submit proof of eligible Activities for Points



Connect compatible devices



Personalize experiences with photos



Complete or update your Health Assessment in quick, two-minute sections



Explore ways to increase your Points total



Complete Activities that focus on areas such as weight, food and sleep tracking for Points**



Check on your Go365 Age and Status



Sign up for HealthyFood¹



Enroll and interact with a health coach²



See your Points history



Spend your Bucks in the Go365 Mall

Look how the Go365 App can make your life easier. Sign in today.



Download the Go365 App

*Members earn 50 Points for joining a Challenge and 50 more for joining a Challenge team, up to a maximum of 100 combined Points per month no matter how many Challenges and Challenge teams a member may join.

**Depending on the activity, Activities can be worth two Points a day or may have a weekly or monthly cap. Refer to the App for Points limits.

¹HealthyFood is not available to all Go365 members. Sign in to your Go365.com account to determine your eligibility.

²Not all Go365 programs include working with a personal health coach.

GETTING TO **SILVER STATUS**

You're off to a great start. Now it's time to earn Points so you can move up to Silver Status. Earn Points in Go365™ by completing activities online or using the Go365 App.

Here are all the ways you can earn Points in Go365:

- **Activities** - Things you can do every day to get healthier
- **Recommended Activities** - Created just for you based on your Health Assessment responses
- **Go365 Kids** - Points for activities that are good for kids' health
- **Challenges** - Compete against friends and co-workers

While you can choose any qualified activity, here are popular activities you may complete to reach Silver Status in the first 12 weeks of your Go365 program year.

Individual (5,000 Points)

Activity	Point Value
Health Assessment (all sections)	500
Bonus - Health Assessment 90-day completion (all sections)	250
Bonus - First step Health Assessment (once per lifetime) (all sections)	500
Biometric screening completion	2,000
In healthy range biometric screening results:	
Blood pressure	400
Blood glucose	400
Dental exam	200
Flu shot	200

Daily fitness Points (over 12 weeks):

Two fitness facility workouts per week (10 Points x 24 workouts)	240
Complete an organized 5K walk or run	250
Calculators (x1)	75

Total Points 5,015



Bonus Bucks! Earn 500 Bonus Bucks when you reach Silver Status. Earn 1,000 Double Bonus Bucks when you reach Silver Status for the first time or if your prior year highest Status was Silver.



Go365 is not an insurance product. Not available with all Humana health plans.

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GETTING TO **SILVER STATUS**

Give the whole family a boost! Get to Silver Status together by earning Points through activities, Challenges and even Go365 Kids.

Family; 2 adults + child (8,000 Points)

5,000 Points for primary Go365 member + 3,000 Points for additional adult family member

Activity	Point Value
Health Assessment (2 adults; 500 Points x 2)	1,000
Bonus - Health Assessment 90-day bonus (2 adults; 250 Points x 2)	500
Bonus - First step Health Assessment (2 adults; 500 Points x 2)	1,000
Biometric screening completion (2 adults; 2,000 Points x 2)	4,000
In healthy range biometric screening results (1 adult):	
BMI	800
Calculators (1 adult; 75 Points x 4)	300
Blood donation (1 adult; 50 Points x 2)	100
Sports league participation (1 adult)	350
Monthly Go365.com visit (1 adult; 10 Points x 12 months)	120
Daily fitness Points (1 adult; over 12 weeks):	
8,000 steps per day achieved 5 days per week (8 Points x 60 days)	480
First lifetime verified workout (1 adult)	500
First verified workout of the new program year (1 adult)	750
Kids sports league (100 Points x 2)	200
Kids preventive care visit	200
Kids dental exam	100
Total Points	8,400

Adult children are not eligible to earn Points or Bucks for Health Assessment, biometric screening completion or for having in healthy range results.



Bonus Bucks! Earn 500 Bonus Bucks when you reach Silver Status. Earn 1,000 Double Bonus Bucks when you reach Silver Status for the first time or if your prior year highest Status was Silver.

We'll award your adult family members, too! Each adult family member will receive 250 Bonus Bucks for reaching Silver Status. Adult family members will earn 500 Double Bonus Bucks when you reach Silver Status for the first time or if your prior year highest Status was Silver. That's a lot of buying power!

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We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Communication center to send us a secure message and we will work with you (and, if you wish, with your health care practitioner) to develop another way to qualify for the reward.

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Go365

Recommended Activities



Get healthier and maximize your Points with Go365™ Recommended Activities

Go365 can help you take steps to better health — starting today — with Recommended Activities. Recommended Activities are designed just for you, based on information you shared about your health when you completed your Health Assessment, along with your biometric screening results. Because they're tailored specifically to your health needs, they can have the greatest impact on your health.

Your personalized Go365 Recommended Activities may include:



Reach or stay at a healthy weight by eating a more nutritious diet



Lower your blood pressure



Exercise regularly



Make healthier lifestyle choices, such as quitting smoking

Make the most of your Recommended Activities:

You're challenged to complete your Recommended Activities in a certain timeframe. When you do, you'll earn extra Points. You'll also earn Points for completing everyday activities along the way that help you reach your goal. It's that easy. For example, you may receive a Recommended Activity to lose 10 pounds. Completing everyday activities like tracking your daily steps, taking

an online course on healthy eating or checking in at your fitness facility can help you reach your goal—and earn you more Points. As you achieve your goals and improve your health, you'll receive new Recommended Activities. Remember, completing Recommended Activities can have big impact on your overall health and award you a lot of Points and Bucks.

Sign in to your Go365 account at **Go365.com** to see all of the activities you can do to earn Points.



Join the Go365 support community
community.go365.com



Register or sign in at **Go365.com**
or on the Go365 App

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.grouppcertificate.humana.com or by calling 1-866-4AASSIST (427-7478). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-866-4AASSIST (427-7478) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: \$1,000 Individual / \$2,000 family; Non-Network: \$3,000 Individual / \$6,000 family Doesn't apply to <u>prescription drugs</u> and network <u>preventive services</u> . Coinsurance and copayments don't count toward the <u>deductible</u>	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Network Providers: Yes. Preventive, Certain Office Visits, Emergency Room Care, <u>Urgent Care</u> , <u>Prescription Drugs</u> and Certain Therapies. Non-Network Providers: Yes. Emergency Room Care and <u>Prescription Drugs</u> .	This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a copayment or coinsurance may apply. For example, this plan covers certain <u>preventive services</u> without cost-sharing and before you meet your deductible. See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	For network providers \$6,500 individual / \$13,000 family; For non-network providers \$19,500 individual / \$39,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.

What is not included in the <u>out-of-pocket limit</u>?	Premiums, <u>Balance-billing</u> charges, Health care this plan doesn't cover, Penalties, Non-network transplant, non-network <u>prescription drugs</u> , non-network <u>specialty drugs</u>	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See www.humana.com/directories or call 1-866-4AASSIST (427-7478) for a list of <u>network providers</u>	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	\$25 copay/office visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	None
	<u>Specialist</u> visit	\$50 copay/visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> / <u>immunization</u>	No charge	50% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have a test If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.humana.com/2017-Rx3		Diagnostic test (X-ray, blood work) No charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Diagnostic Test: Cost share may vary based on where service is performed Imaging: Cost share may vary based on where service is performed Preauthorization may be required - if not obtained, penalty will be 50%
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Level 1 - Low-cost generic drugs	\$15 <u>copay</u> (Retail); <u>deductible</u> does not apply \$30 <u>copay</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>network copay</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>network copay</u> (Mail Order); <u>deductible</u> does not apply	30 day supply Preauthorization may be required - if not obtained, penalty will be 100% for certain <u>prescription drugs</u> (Retail) 90 day supply Preauthorization may be required - if not obtained, penalty will be 100% for certain <u>prescription drugs</u> (Mail Order) Non-network cost sharing does not count toward the <u>out-of-pocket limit</u> .
	Level 2 - Brand name drugs	\$30 <u>copay</u> (Retail); <u>deductible</u> does not apply \$60 <u>copay</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>network copay</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>network copay</u> (Mail Order); <u>deductible</u> does not apply	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Level 3 - Highest cost drugs	\$50 <u>copay</u> (Retail); <u>deductible</u> does not apply \$100 <u>copay</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>network copay</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>network copay</u> (Mail Order); <u>deductible</u> does not apply	25% <u>coinsurance</u> when filled via a preferred network specialty pharmacy Preauthorization may be required - if not obtained, penalty will be 100% for certain <u>prescription drugs</u>
	<u>Specialty Drugs</u>	35% <u>coinsurance</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u> ; <u>deductible</u> does not apply	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Preauthorization may be required - if not obtained, penalty will be 50%
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	\$350 <u>copay/visit</u> ; <u>deductible</u> does not apply	\$350 <u>copay/visit</u> ; <u>deductible</u> does not apply	<u>Emergency room care</u> : <u>Copayment</u> waived if admitted
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	
	<u>Urgent care</u>	\$75 <u>copay/visit</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u>	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Preauthorization may be required - if not obtained, penalty will be 50%
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 <u>copay/visit</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Inpatient services: Preauthorization may be required - if not obtained, penalty will be 50%
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you are pregnant	Office visits	No charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Office visits: <u>Cost sharing</u> does not apply for <u>preventive services</u> . Childbirth/delivery professional services: Depending on the type of services, a <u>coinsurance</u> or <u>deductible</u> may apply.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Childbirth/delivery facility services: Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound) Preauthorization may be required - if not obtained, penalty will be 50%
	Childbirth/delivery facility services.	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Home health care	20% <u>coinsurance</u>	50% <u>coinsurance</u>	100 visit limit per year <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
If you need help recovering or have other special health needs	<u>Rehabilitation services</u>	\$25 copay/visit; <u>deductible</u> does not apply to Manipulations, Occupational Therapy, Speech Therapy, Audiology Therapy, Cognitive Therapy, and Physical Therapy	50% <u>coinsurance</u> ; <u>deductible</u> does not apply to Cognitive Therapy	Therapies: Preauthorization may be required - if not obtained, penalty will be 50% Manipulations, Physical, Occupational, Speech, and Audiology Therapy: 60 Physical Therapy, Occupational Therapy, Speech Therapy, Cognitive Therapy, Audiology Therapy visit limit per year includes manipulations & adjustments For non-network, 10 Physical Therapy, Occupational Therapy, Cognitive Therapy, Speech Therapy, Audiology Therapy visits per year includes manipulations & adjustments

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	<u>Habilitation services</u>	\$25 copay/visit; deductible does not apply to Manipulations, Occupational Therapy, Speech Therapy, Audiology Therapy, Cognitive Therapy, and Physical Therapy	Habilitation, Physical, Occupational, Speech, and Audiology Therapy: 50% coinsurance; deductible does not apply to Cognitive Therapy	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	60 day limit per year Preauthorization may be required - if not obtained, penalty will be 50%
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Preauthorization may be required - if not obtained, penalty will be 50% for durable medical equipment \$750 and over Excludes vehicle and home modifications, exercise and bathroom equipment
	<u>Hospice services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>If your child needs dental or eye care</u>			
	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of other excluded services.)

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Acupuncture • Bariatric Surgery • Child Dental Check-Up • Child Eye Exam • Child Glasses | <ul style="list-style-type: none"> • Cosmetic Surgery • Dental Care (Adult) • Infertility Treatment • Long Term Care • Non-Emergency Care, when traveling outside the U.S. | <ul style="list-style-type: none"> • Private Duty Nursing • Routine eye care (Adult) • Routine Foot Care • Weight Loss Programs |
|--|---|---|

Other Covered Services (limitations may apply to these services. This isn't a complete list. Please see your plan document.)

Limitations may apply to these services as permitted by applicable law. These limitations are listed in your plan document.

- Chiropractic Care
- Hearing Aids

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <http://www.dol.gov/ebsa/healthreform> or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or <http://www.cciio.cms.gov>. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Humana, Inc.: www.humana.com or 1-866-4AASSIST (427-7478).
- Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

_____ To see examples of how this plan might cover costs for a sample medical situation, see the next page. _____



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's overall deductible</u>	\$1,000
■ <u>Specialist copayment</u>	\$50
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$30
Coinsurance	\$2,100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$3,130

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's overall deductible</u>	\$1,000
■ <u>Specialist copayment</u>	\$50
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$700
Copayments	\$1,700
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,420

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's overall deductible</u>	\$1,000
■ <u>Specialist copayment</u>	\$50
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$700
Copayments	\$900
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$40
The total Mia would pay is	\$1,640

The plan would be responsible for the other costs of these EXAMPLE covered services.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-866-427-7478 or, if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances

P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, call 1-866-427-7478 or, if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-427-7478 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-427-7478 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-427-7478 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-427-7478 (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-427-7478 (TTY: 711) 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-427-7478 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если Вы говорите на русском языке, то Вам доступны бесплатные услуги перевода. Звоните 1-866-427-7478 (телефакс: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-427-7478 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-427-7478 (ATS: 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-427-7478 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-427-7478 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-427-7478 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-427-7478 (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-427-7478 (TTY: 711) まで、お電話にてご連絡ください。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-427-7478 (TTY: 711) تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yánít'ígo Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hó'ó, kojí' hó'dííliníh 1-866-427-7478 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-427-7478 (رقم هاتف الصم والبكم: 711).