

HumanaOne

Individual Health Insurance

Individual Health Plan

Summary of Benefits

Florida



FLORIDA

Plan pays for services at **PARTICIPATING** providers

Plan pays for services at **NONPARTICIPATING** providers

		Plan pays for services at PARTICIPATING providers	Plan pays for services at NONPARTICIPATING providers
Preventive Care	<ul style="list-style-type: none"> Routine annual physical exam (1), (2) Routine immunizations (<i>age 16 to 18</i>) (1), (2) Routine Pap smears and PSA (1), (2), (3) 	80%	50% after deductible
	<ul style="list-style-type: none"> Routine mammogram (3) 	100%	100%
	<ul style="list-style-type: none"> Routine lab, pathology and X-ray (1), (2) 	80% after deductible	50% after deductible
	<ul style="list-style-type: none"> Child health supervision services (<i>birth to age 16, maximum of 18 visits per covered child</i>) 	80%	60%
Physician Services	<ul style="list-style-type: none"> Office visits (<i>includes diagnostic lab and X-ray</i>) Allergy testing, injections and serum Inpatient services Outpatient services (<i>includes surgery</i>) (4) 	80% after deductible	60% after deductible
Hospital Services	<ul style="list-style-type: none"> Inpatient care Outpatient surgery – facility (4) Outpatient nonsurgical 	80% after deductible	60% after deductible
	<ul style="list-style-type: none"> Emergency room (<i>including physician visits</i>) 	80% after \$75 copayment per visit and deductible (<i>copayment waived if admitted</i>)	60% after \$75 copayment per visit and deductible (<i>copayment waived if admitted</i>)
Prescription Drugs (5)	<ul style="list-style-type: none"> Prescription drug deductible (9) 	\$500 prescription drug deductible per individual	\$500 prescription drug deductible per individual
	<ul style="list-style-type: none"> Benefit for each prescription or refill (<i>up to 30-day supply</i>) <ul style="list-style-type: none"> – Level One 	100% after: \$10 copayment after prescription drug deductible	70% after: \$10 copayment after prescription drug deductible
	<ul style="list-style-type: none"> – Level Two 	\$30 copayment after prescription drug deductible	\$30 copayment after prescription drug deductible
	<ul style="list-style-type: none"> – Level Three 	\$50 copayment after prescription drug deductible	\$50 copayment after prescription drug deductible
	<ul style="list-style-type: none"> – Level Four 	25% copayment after deductible up to \$2,500 maximum out-of-pocket per calendar year	25% copayment after deductible up to \$2,500 maximum out-of-pocket per calendar year
	<ul style="list-style-type: none"> Mail order (<i>90-day supply</i>) 	100% after three times the retail copayment	100% after three times the retail copayment
Other Medical Services	<ul style="list-style-type: none"> Skilled nursing facility (<i>up to 30 days per calendar year</i>) (6) Home health care (<i>up to 60 visits per calendar year</i>) (6) Durable medical equipment (6) Hospice (6), (7) Physical medicine, chiropractic services (<i>up to combined maximum of 20 visits per calendar year</i>) Complications of pregnancy and sick baby services (<i>includes transportation to and from nearest facility able to treat newborn's condition</i>) Dental procedures and anesthesia Outpatient self-management training and education for diabetes Diagnosis and treatment of osteoporosis Cleft lip and palate, including speech therapy, audiology and nutrition services (<i>covered children under age 18</i>) Enteral formulas for inherited diseases of amino and organic acids to age 25 (<i>up to \$2500 per calendar year per covered person</i>) 	80% after deductible	60% after deductible
	<ul style="list-style-type: none"> Ambulance (<i>up to \$15,000 maximum per calendar year</i>) 	80% after deductible	80% after deductible

FLORIDA

		Plan pays for services at PARTICIPATING providers		Plan pays for services at NONPARTICIPATING providers	
Other Medical Services (cont.)	<ul style="list-style-type: none"> Transplant services (organ) (6) 	80% after deductible (when services are performed at a National Transplant Network provider)		60% after deductible (subject to separate out-of-pocket maximum of \$35,000 per calendar year)	
Mental Health (includes mental disorders, alcohol and chemical dependence) (1)	Outpatient mental health maximum reduces inpatient mental health maximum <ul style="list-style-type: none"> Inpatient (up to \$2,500 maximum per calendar year) Outpatient therapy (up to \$500 maximum per calendar year) 	50% after deductible		50% after deductible	
Annual Deductible (8), (9)	<ul style="list-style-type: none"> Annual amount (does not apply to maximum out-of-pocket expense) 	Single Deductible	Family Deductible (10)	Single Deductible	Family Deductible (10)
		\$ 500	\$ 1,500	\$1,000	\$ 3,000
		1,000	3,000	2,000	6,000
		2,500	5,000	5,000	10,000
		5,000	10,000	10,000	20,000
	<ul style="list-style-type: none"> Deductible carryover 	Covered expenses incurred during the last three months of the calendar year that are applied to the deductible will also be credited to the next calendar year deductible.			
Maximum Out-of-Pocket Expense Limit (8), (9)	<ul style="list-style-type: none"> Individual (must be satisfied by each covered person) 	\$2,000		\$8,000	
Lifetime Maximum Benefit		\$5,000,000 per covered person			
Optional Benefits (11)	<ul style="list-style-type: none"> Prescription drug no deductible Maternity including routine newborn care and post-hospital follow-up care (1), (9) Office visit copayment option (includes office diagnostic tests, lab and X-rays, paid at 100% up to \$100 per calendar year) (9), (12) 	Under this option, no deductible is required to be met before plan benefits are payable.			
		60% after \$500 maternity deductible		40% after \$1,000 maternity deductible	
		100% after \$25 copayment for primary care physician and \$40 copayment for specialist. Limited to four combined visits (primary care physician and specialist) per calendar year. After four visits, plan pays 80% after deductible		60% after deductible	

To be covered, services must be medically necessary, and may be subject to pre-existing condition limitations.

Please see your policy for more information on medical necessity and other specific plan benefits.

- Benefits payable after 90-day waiting period for preventive care and 12 months waiting period for mental health and maternity.
- Up to a combined maximum of \$300 of covered expenses per person per calendar year subject to applicable coinsurance.
- Age and/or frequency limits apply.
- Outpatient benefits payable after 90-day waiting period for nonemergency removal of tonsils and/or adenoids, and 180-day waiting period for nonemergency surgical treatment for bunions, varicose veins, hemorrhoids or hernia (does not include strangulated or incarcerated hernia).
- If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.
- Prior authorization required in order to be eligible for these benefits.
- Bereavement limited to 15 visits per family per lifetime; Medical Social Services limited to \$100 per family per lifetime.
- When you obtain care from nonparticipating providers:
 - 50 percent of your payment toward the deductible is credited to the deductible for participating providers.
 - 50 percent of your out-of-pocket costs are credited to the out-of-pocket maximum for participating providers.
 Once you meet your deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.
- Copayments do not apply toward deductibles or out-of-pocket maximum. The medical out-of-pocket maximum does not apply to transplant services from nonparticipating providers, prescription drugs, mental health services or maternity if the optional maternity benefit is selected.
- Two or three family members must meet their individual deductibles, depending on the deductible amount selected.
- These benefits are optional and can be added to your plan for an additional cost.
- This benefit does not cover MRI, CAT, EEG, EKG, ECG, cardiac catheterization or pulmonary function studies. Primary care physicians include family practitioner, general practitioner, pediatrician or internist; specialist contains any other participating physician. Please contact Customer Service for details.

Payments - Plan benefits are paid based on the maximum allowable fee, as defined in your policy. Participating providers agree to accept the maximum allowable fee, as listed in negotiated payment schedules, as payment in full.

For services rendered by nonparticipating providers, the member is responsible for amounts exceeding the maximum allowable fee, as defined in your policy.

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

Disease Management

Humana's member-focused programs span a health continuum, from preventive care and education to supportive case management for individuals with certain diseases or chronic conditions. Our goal is to facilitate access to care and decision-making for all members, empowering them with knowledge and the appropriate tools to meet their needs regardless of health status.

HumanaBeginnings®

HumanaBeginnings is a prenatal education and case management program designed to encourage healthy practices during pregnancy, and as a result, reduce the incidence of infants born prematurely or at a low birth weight. Registered nurses assess pregnant members and provide education and follow-up evaluations for all eligible participants.

Personal Nurse®

Personal Nurse provides guidance to resources and tools to help members manage their condition and understand their health care options. The service is available to members who we believe may benefit most from additional support.

Additional Member Services

Humana.com

Humana's award-winning Web site, www.humana.com, makes insurance information more convenient and accessible. Humana.com offers access to the information you need, 24 hours a day, seven days a week. It offers valuable features like:

- **Physician Finder Plus.** Select Humana/ChoiceCare Network and check to see if your physician or hospital is included. You can perform a search by name, specialty or location, and even obtain directions to the doctor's office.
- **Prescription Drug Services and Information.** Enter a drug name and search for drug alternatives that could save you money and identify possible dangerous drug interactions.
- **Pharmacy Locator.** Find in-network pharmacies anywhere in the U.S.
- **Health and Wellness Center.** Take advantage of our online assessments, interactive tools and member newsletter. This center is also the place to learn about Humana's health management programs.

Prescription Drug Coverage

Humana's pharmacy benefit includes both generic and brand-name drugs. It even includes coverage for many of the more progressive, high-technology drugs.

Humana Inc. is one of the nation's largest publicly traded health benefits companies, with approximately 6.4 million medical members located primarily in 18 states and Puerto Rico. Humana offers coordinated health insurance coverage and related services through traditional and Internet-based plans to individuals, employer groups and government-sponsored plans.

This document and accompanying materials contain a general summary of benefits, exclusions and limitations. Please refer to the policy for actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern.



Limitations and Exclusions

This is an outline of the limitations and exclusions for the HumanaOne Individual Health Plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions.

Unless stated otherwise, no services will be provided for the following situations.

1. Services not medically necessary for diagnosis and treatment of a bodily injury or sickness;
2. Any service which is experimental, investigational, or for research purposes, unless otherwise indicated in the policy;
3. Services of ineligible providers;
4. Services not authorized or prescribed by a health care practitioner;
5. Services for which no charge is made;
6. Services while confined in a hospital or other facility owned or operated by the United States government;
7. Services provided by a person who ordinarily resides in the covered person's home or who is a family member;
8. Services that are performed in association with a service that is not covered under this policy;
9. Charges in excess of the maximum allowable fee for the service;
10. Pre-existing conditions to the extent specified in the policy;
11. Expenses incurred before the effective date or after the date the coverage terminates;
12. Any expense incurred exceeding any policy benefit maximum;
13. Cosmetic surgery except for breast reconstruction following a medically necessary mastectomy, or for congenital defects for a covered dependent;
14. Custodial care and maintenance care;
15. Any drug, medicine or device which does not have the U.S. Food and Drug Administration formal market approval through a New Drug Application, Premarket Approval or 510K;
16. Contraceptives, other than oral, including implant systems and devices regardless of the purpose for which prescribed;
17. Medications, drugs or hormones to stimulate growth;
18. a. Prescription drugs received before the effective date and after the termination date.
b. Legend drugs not recommended or deemed necessary by a health care practitioner; drugs prescribed for a non-covered sickness or bodily injury.
c. Drugs prescribed for intended use other than for indications approved by the FDA or recognized off-label indications through peer-reviewed medical literature; experimental or investigational use drugs.
d. Over the counter drugs (except insulin) or drugs available in prescription strength without a prescription.
e. Drugs used in treatment of nail fungus
f. Prescription refills exceeding the number specified by the health care practitioner or dispensed more than one year from the date of the original order;
19. Vitamins, dietaries and any other nonprescription supplements;
20. Infertility services;
21. Treatment of normal pregnancy and well-baby expenses;
22. Elective medical or surgical abortion, reversal of elective sterilization or any services associated with gender reassignment or sexual dysfunction;
23. Vision therapy; all types of refractive keratoplasties; any other procedures, treatments or devices for refractive correction, eyeglasses and contact lenses;
24. Routine physical, hearing and eye examinations for occupation, employment, school, travel, purchase of insurance or premarital tests;
25. Dental/orthodontic services or supplies;
26. Any loss contributed to, or caused by, war or any act of war, whether declared or not;
27. Treatment of mental disorders, chemical or alcohol dependence unless otherwise indicated in the policy;
28. Private duty nursing;
29. Loss due to commission or attempt to commit a civil or criminal battery or felony;
30. Services rendered by a standby physician or assistant surgeon, unless medically necessary;
31. Environmental medicine;
32. Treatment of obesity, unless qualified as morbid obesity;
33. Smoking cessation programs, medications, aids or devices;
34. Educational or vocation therapy, services and schools;
35. Foot care services unless otherwise indicated in the policy;
36. Communications and travel time;
37. Lodging accommodations or transportation;
38. Charges for services that are primarily and customarily used for nonmedical purpose or used for environmental control or enhancement (whether or not prescribed by a physician);
39. Light treatments for Seasonal Affective Disorder (S.A.D.);
40. Charges for health clubs or health spas, aerobic and strength conditioning;
41. Hearing aids, hair prosthesis, hair transplants or implants and wigs;
42. Alternative medicine;
43. Marital counseling;
44. Transplant services, except as specified in this policy;
45. Treatment for any jaw joint problem, unless diagnostic and/or surgical procedures are medically necessary to treat conditions caused by congenital or developmental deformity, disease or injury, including but not limited to, temporomandibular joint disorder, craniomaxillary disorder, craniomandibular disorder, head and neck neuromuscular disorder or other conditions of the joint linking the jaw bone and skull;
46. Services for an injury or illness for which benefits are paid by workers' compensation or similar benefits;
47. Genetic testing, counseling or services;
48. Counseling or behavioral modification services;
49. Treatment as a result of attempted suicide or intentionally self-inflicted injury, whether sane or insane;
50. Charges for which there is an automobile or liability insurance providing medical payments; or
51. Organ transplants not approved based on established criteria or investigational, experimental or for research purposes.

