

# HumanaOne

## Individual Health Insurance

Individual Health Plan  
College Graduate Health Plan  
Pre-Employment Health Plan

Summary of Benefits

### Georgia

Humana  
*One*



**HUMANA**<sup>®</sup>

Guidance when you need it most

## GEORGIA

### Plan pays for services at **PARTICIPATING** providers

### Plan pays for services at **NONPARTICIPATING** providers

		Plan pays for services at <b>PARTICIPATING</b> providers	Plan pays for services at <b>NONPARTICIPATING</b> providers
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>Child wellness services (<i>birth through age five</i>) (3)</li> </ul>	<b>80%</b>	<b>60%</b>
	<ul style="list-style-type: none"> <li>Routine Mammograms (3)</li> <li>Routine Pap smears and PSA (3)</li> <li>Colorectal cancer screening exams and lab tests (3)</li> <li>Annual CA-125 Testing and Transvaginal ultrasound (3)</li> <li>Chlamydia screening test (3)</li> </ul>	<b>80%</b>	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Routine annual physical exam (1), (2)</li> <li>Routine immunizations (<i>six to age 18</i>) (1), (2)</li> </ul>	<b>80%</b>	Not covered
	<ul style="list-style-type: none"> <li>Routine lab, pathology and X-ray (1), (2)</li> </ul>	<b>80%</b> after deductible	Not covered
<b>Physician Services</b>	<ul style="list-style-type: none"> <li>Office visits (<i>includes diagnostic lab and X-ray</i>)</li> <li>Allergy testing, injections and serum</li> <li>Inpatient services</li> <li>Outpatient services (<i>includes surgery</i>)</li> </ul>	<b>80%</b> after deductible	<b>60%</b> after deductible
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient surgery – facility</li> <li>Outpatient nonsurgical</li> </ul>	<b>80%</b> after deductible	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Emergency room (<i>including physician visits</i>)</li> </ul>	<b>80%</b> after \$75 copayment per visit and deductible ( <i>copayment waived if admitted</i> )	<b>60%</b> after \$75 copayment per visit and deductible ( <i>copayment waived if admitted</i> )
<b>Prescription Drugs</b> (4)	<ul style="list-style-type: none"> <li>Prescription drug deductible (8)</li> </ul>	\$500 prescription drug deductible per individual	\$500 prescription drug deductible per individual
	<ul style="list-style-type: none"> <li>Benefit for each prescription or refill (<i>up to 30-day supply</i>)                             <ul style="list-style-type: none"> <li>– Level One</li> </ul> </li> </ul>	<b>100%</b> after: \$10 copayment after prescription drug deductible	<b>100%</b> after: \$10 copayment after prescription drug deductible
	<ul style="list-style-type: none"> <li>– Level Two</li> </ul>	\$30 copayment after prescription drug deductible	\$30 copayment after prescription drug deductible
	<ul style="list-style-type: none"> <li>– Level Three</li> </ul>	\$50 copayment after prescription drug deductible	\$50 copayment after prescription drug deductible
	<ul style="list-style-type: none"> <li>– Level Four</li> </ul>	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"> <li>Mail order (<i>90-day supply</i>)</li> </ul>	<b>100%</b> after three times the retail copayment	<b>100%</b> after three times the retail copayment	
<b>Other Medical Services</b>	<ul style="list-style-type: none"> <li>Skilled nursing facility (<i>up to 30 days per calendar year</i>) (5)</li> <li>Home health care (<i>up to 60 visits per calendar year</i>) (5)</li> <li>Durable medical equipment (5)</li> <li>Hospice (5), (6)</li> <li>Physical medicine, chiropractic services (<i>up to combined maximum of 20 visits per calendar year</i>)</li> <li>Complications of pregnancy and sick baby services</li> <li>Dental procedures and anesthesia (<i>children under age seven or developmentally disabled or a covered person who has extensive facial or dental trauma or a compromising medical condition</i>)</li> <li>Equipment, supplies, and outpatient self-management training and education and medical nutritional training for diabetes</li> <li>Bone density testing for the treatment of osteoporosis</li> </ul>	<b>80%</b> after deductible	<b>60%</b> after deductible

## GEORGIA

### Plan pays for services at PARTICIPATING providers

### Plan pays for services at NONPARTICIPATING providers

<b>Other Medical Services</b> <i>(continued)</i>	<ul style="list-style-type: none"> <li>Temporomandibular Joint Dysfunction (TMJ) services (<i>surgical and non-surgical treatment</i>)</li> <li>Autism (<i>treatment of neurological disorder</i>)</li> <li>Cancer clinical trials (<i>Georgia residents diagnosed with cancer and accepted into a Phase I, Phase II, Phase III or Phase IV qualified clinical trial</i>)</li> <li>Cancer coverage for dependent children (<i>children under age 18 diagnosed with cancer enrolled in an approved clinical trial program</i>)</li> </ul>	<b>80%</b> after deductible	<b>60%</b> after deductible																				
	<ul style="list-style-type: none"> <li>Ambulance (<i>up to \$15,000 maximum per calendar year</i>)</li> </ul>	<b>80%</b> after deductible	<b>80%</b> after deductible																				
	<ul style="list-style-type: none"> <li>Transplant services (<i>organ</i>) (<i>12 month waiting period for heart transplants</i>) (5)</li> </ul>	<b>80%</b> after deductible ( <i>when services are performed at a National Transplant Network provider</i> )	<b>60%</b> after deductible ( <i>subject to separate out-of-pocket maximum of \$35,000 per calendar year</i> )																				
<b>Mental Health</b> <i>(includes Mental Disorders, Alcohol and Chemical Dependence)</i> (1)	<ul style="list-style-type: none"> <li>Outpatient mental health maximum reduces inpatient mental health maximum</li> <li>Inpatient (<i>up to \$2,500 maximum per calendar year</i>)</li> <li>Outpatient therapy (<i>up to \$500 maximum per calendar year</i>)</li> </ul>	<b>50%</b> after deductible	<b>50%</b> after deductible																				
<b>Annual Deductible</b> (7), (8)	<ul style="list-style-type: none"> <li>Annual amount (<i>does not apply to maximum out-of-pocket expense</i>)</li> </ul>	<table border="1"> <thead> <tr> <th>Single Deductible</th> <th>Family Deductible (9)</th> </tr> </thead> <tbody> <tr> <td>\$ 500</td> <td>\$ 1,500</td> </tr> <tr> <td>1,000</td> <td>3,000</td> </tr> <tr> <td>2,500</td> <td>5,000</td> </tr> <tr> <td>5,000</td> <td>10,000</td> </tr> </tbody> </table>	Single Deductible	Family Deductible (9)	\$ 500	\$ 1,500	1,000	3,000	2,500	5,000	5,000	10,000	<table border="1"> <thead> <tr> <th>Single Deductible</th> <th>Family Deductible (9)</th> </tr> </thead> <tbody> <tr> <td>\$1,000</td> <td>\$ 3,000</td> </tr> <tr> <td>2,000</td> <td>6,000</td> </tr> <tr> <td>5,000</td> <td>10,000</td> </tr> <tr> <td>10,000</td> <td>20,000</td> </tr> </tbody> </table>	Single Deductible	Family Deductible (9)	\$1,000	\$ 3,000	2,000	6,000	5,000	10,000	10,000	20,000
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	<ul style="list-style-type: none"> <li>Deductible carryover</li> </ul>	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.																					
<b>Maximum Out-of-Pocket Expense Limit</b> (7), (8)	<ul style="list-style-type: none"> <li>Individual (<i>must be satisfied by each covered person</i>)</li> </ul>	\$2,000	\$8,000																				
<b>Lifetime Maximum Benefit</b>	\$5,000,000 per covered person																						
<b>Optional Benefits</b>	<ul style="list-style-type: none"> <li>Prescription drug no deductible (10) Under this option, no deductible is required to be met before plan benefits are payable.</li> </ul>																						
	<ul style="list-style-type: none"> <li>Maternity including routine newborn care (<i>includes two post discharge follow up visits</i>) (1), (8), (10)</li> </ul>	<b>60%</b> after \$500 maternity deductible	<b>40%</b> after \$1,000 maternity deductible																				
	<ul style="list-style-type: none"> <li>Office visit copayment option (<i>includes office diagnostic tests, lab and X-rays, paid at 100% up to \$100 per calendar year</i>) (8), (10), (11)</li> </ul>	<b>100%</b> after \$25 copayment for primary care physician and \$40 copayment for specialist. Limited to four combined visits ( <i>primary care physician and specialist</i> ) per calendar year. After four visits, plan pays <b>80%</b> after deductible	<b>60%</b> after deductible																				
<i>(this benefit is available with the College Graduate and Pre-Employment plans)</i>	<ul style="list-style-type: none"> <li>Mental Disorders (<i>includes coverage for Chemical and Alcohol Dependence and replaces base Mental Health benefits if chosen</i>) (12)</li> </ul>	<b>80%</b> after deductible	<b>60%</b> after deductible																				
	<i>Day and visit maximums are for Mental Health, Chemical and Alcohol combined.</i>																						
	<ul style="list-style-type: none"> <li>Inpatient (<i>up to 30 days per calendar year per covered person</i>)</li> <li>Outpatient therapy (<i>up to 48 visits per calendar year per covered person</i>)</li> </ul>																						

**To be covered, services must be medically necessary. Please see your policy for more information on medical necessity and other specific plan benefits.**

(1) Benefits payable after 90-day waiting period for preventive care and 12 months waiting period for mental health and maternity.

(2) Up to a combined maximum of \$240 per person per calendar year.

(3) Age and/or frequency limits apply.

(4) If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.

## (Continued)

- (5) Prior authorization required in order to be eligible for these benefits.
- (6) Bereavement limited to 15 visits per family per lifetime; Medical Social Services limited to \$100 per family per lifetime.
- (7) 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.
- (8) 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 unless the optional mental disorders rider is selected or maternity if the optional maternity benefit is selected.
- (9) Two or three family members must meet their individual deductibles, depending on the deductible amount selected.
- (10) These benefits are optional and can be added to your plan for an additional cost except for the college graduate and pre-employment health plans.
- (11) 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.
- (12) This benefit is optional and can be added to your plan for an additional cost.

**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](http://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. Termination of the policy will not prejudice an existing claim which commenced prior to the termination date;
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. Medications, drugs or hormones to stimulate growth;
17.
  - 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, except as indicated in the policy.
  - 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;
18. Vitamins, dietaries and any other nonprescription supplements;
19. Infertility services, except for diagnosis;
20. Treatment of normal pregnancy and well-baby expenses;
21. Elective medical or surgical abortion, reversal of elective sterilization or any services associated with gender reassignment or sexual dysfunction;
22. Vision therapy; all types of refractive keratoplasties; any other procedures, treatments or devices for refractive correction, eyeglasses and contact lenses;
23. Routine physical, hearing and eye examinations for occupation, employment, school, travel, purchase of insurance or premarital tests;
24. Dental/orthodontic services or supplies;
25. Any loss contributed to, or caused by, war or any act of war, whether declared or not;
26. Treatment of mental disorders, chemical or alcohol dependence unless otherwise indicated in the policy;
27. Private duty nursing;
28. Loss due to commission or attempt to commit a civil or criminal battery or felony;
29. Services rendered by a standby physician or assistant surgeon, unless medically necessary;
30. Environmental medicine;
31. Treatment of obesity, unless qualified as morbid obesity;
32. Smoking cessation programs, medications, aids or devices;
33. Educational or vocation therapy, services and schools;
34. Foot care services unless otherwise indicated in the policy;
35. Communications and travel time;
36. Lodging accommodations or transportation;
37. 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);
38. Light treatments for Seasonal Affective Disorder (S.A.D.);
39. Charges for health clubs or health spas, aerobic and strength conditioning;
40. Hearing aids, hair prosthesis, hair transplants or implants and wigs;
41. Alternative medicine;
42. Marital counseling;
43. Transplant services, except as specified in the policy;
44. Treatment for any jaw joint problem, 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, unless otherwise indicated in the policy;
45. Sickness or Bodily injury arising out of or sustained in the course of any occupation, employment or activity for compensation, profit or gain, whether or not benefits are available under Workers' Compensation. This exclusion does not apply to a covered person qualifying as a sole proprietor, officer or partner under state law, and such benefits are not covered under any Workers' Compensation plan, provided the covered person is not covered under a Workers' Compensation plan;
46. Genetic testing, counseling or services;
47. Counseling or behavioral modification services;
48. Treatment as a result of attempted suicide or intentionally self-inflicted injury, whether sane or insane; or
49. Organ transplants which are investigational, experimental or for research purposes.

