

# HumanaOne

## Individual Health Insurance

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

Summary of Benefits

## Michigan

Humana  
*One*



## MICHIGAN

		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>Routine annual physical exam (1), (2)</li> <li>Routine immunizations (to age 18) (1), (2)</li> <li>Routine Pap smears and PSA (1), (2), (3)</li> </ul>	<b>80%</b>	Not covered
	<ul style="list-style-type: none"> <li>Routine mammograms (3)</li> </ul>	<b>80%</b>	<b>60%</b> after deductible
	<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 (includes diagnostic lab and X-ray)</li> <li>Allergy testing, injections and serum</li> <li>Inpatient services</li> <li>Outpatient services (includes surgery) (4)</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 (4)</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 (including physician visits)</li> </ul>	<b>80%</b> after \$75 copayment per visit and deductible (copayment waived if admitted)	<b>60%</b> after \$75 copayment per visit and deductible (copayment waived if admitted)
<b>Prescription Drugs</b> (5)	<ul style="list-style-type: none"> <li>Prescription drug deductible (9)</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 (up to 30-day supply)                             <ul style="list-style-type: none"> <li>– Level One</li> </ul> </li> </ul>	<b>100%</b> after: \$10 copayment after prescription drug deductible	<b>70%</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 (90-day supply)</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 (up to 30 days per calendar year) (6)</li> <li>Home health care (up to 60 visits per calendar year) (6)</li> <li>Durable medical equipment (6)</li> <li>Hospice (6), (7)</li> <li>Physical medicine, chiropractic services (up to combined maximum of 20 visits per calendar year)</li> <li>Complications of pregnancy and sick baby services</li> <li>Breast cancer services</li> <li>Equipment, supplies and outpatient self-management training for diabetes</li> </ul>	<b>80%</b> after deductible	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Ambulance (up to \$15,000 maximum per calendar year)</li> </ul>	<b>80%</b> after deductible	<b>80%</b> after deductible
	<ul style="list-style-type: none"> <li>Transplant services (organ) (6)</li> </ul>	<b>80%</b> after deductible (when services are performed at a National Transplant Network provider)	<b>60%</b> after deductible (subject to separate out-of-pocket maximum of \$35,000 per calendar year)
	<ul style="list-style-type: none"> <li>Outpatient therapy maximum reduces inpatient mental health maximum</li> <li>Inpatient (up to \$2,500 maximum per calendar year)</li> <li>Outpatient therapy (up to \$500 maximum per calendar year)</li> </ul>	<b>50%</b> after deductible	<b>50%</b> after deductible
<b>Mental Health</b> (includes mental disorders, and inpatient alcohol and chemical dependence) (1)			

## MICHIGAN

		Plan pays for services at <b>PARTICIPATING</b> providers	Plan pays for services at <b>NONPARTICIPATING</b> providers
<b>Mental Health</b> <i>(outpatient alcohol and chemical dependence)</i>	• Outpatient alcohol and chemical dependence <i>(calendar year maximum adjusted annually based on CPI index) (not subject to waiting period) (13)</i>	<b>80%</b> after deductible	<b>60%</b> after deductible
<b>Annual Deductible</b> (8), (9)	• Annual amount <i>(does not apply to maximum out-of-pocket expense)</i>	<b>Single Deductible</b>	<b>Family Deductible (10)</b>
		\$ 500	\$ 1,500
		1,000	3,000
		2,500	5,000
		5,000	10,000
	• 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.	
<b>Maximum Out-of-Pocket Expense Limit</b> (8), (9)	• Individual <i>(must be satisfied by each covered person)</i>	\$2,000	\$8,000
<b>Lifetime Maximum</b>		\$5,000,000 per covered person	
<b>Optional Benefits</b> <i>(Not available for HumanaOne College Graduate and Pre-Employment Health Plans) (11)</i>	• Prescription drug, no deductible	Under this option, no deductible is required to be met before plan benefits are payable.	
	• Maternity <i>(including routine newborn care) (1), (9)</i>	<b>60%</b> after \$500 maternity deductible	<b>40%</b> after \$1,000 maternity deductible
	• Office visit copayment option <i>(includes office diagnostic tests, lab and X-rays, paid at 100% up to \$100 per calendar year) (9), (12)</i>	<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) per calendar year. After four visits, plan pays 80% after deductible.</i>	<b>60%</b> 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.**

- (1) Benefits payable after 90-day waiting period for preventive care and 12-month 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) 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).
- (5) If a nonparticipating pharmacy is used, you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.
- (6) Prior authorization required in order to be eligible for these benefits.
- (7) Bereavement limited to 15 visits per family per lifetime; Medical Social Services limited to \$100 per family per lifetime.
- (8) 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.
- (9) Copayments do not apply to the deductible or out-of-pocket maximum. The medical out-of-pocket maximum does not apply to transplant services from nonparticipating providers, prescription drugs, mental disorder services, inpatient alcohol and chemical dependence services or maternity, if the optional maternity benefit is selected.
- (10) Two or three family members must meet their individual deductible, depending on the deductible amount selected.
- (11) 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.
- (12) 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.
- (13) Contact Customer Service for current maximum benefit amount

*This document together with accompanying materials contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the 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.*

**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 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.

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