

HumanaOne

Individual Health Plan

Summary of Benefits

Finally, health insurance that works
for you and your family.

Ohio

Humana
One



HumanaOne Individual Health Plan

OHIO Plan 49 Option 001		Plan Pays for Services at Participating Providers	Plan Pays for Services at Nonparticipating Providers
Preventive Care	<ul style="list-style-type: none"> • Child health supervision services (2) <i>(birth to age one, up to \$500 per calendar year)</i> 	100%	60% to coinsurance limit after deductible
	<ul style="list-style-type: none"> • Child health supervision services (2) <i>(ages 1 to 8, up to \$150 per calendar year)</i> 	100%	
	<ul style="list-style-type: none"> • Child health supervision services (1,2) <i>(ages 9 and up, to a combined maximum of \$300 per calendar year)</i> 	100%	
	<ul style="list-style-type: none"> • Routine physical exam, immunizations <i>(to age 18), and PSA (1,2) (to a combined maximum of \$300)</i> 	100%	60% to coinsurance limit after deductible
	<ul style="list-style-type: none"> • Routine lab, pathology, and X-ray (1) • Routine pap smears 	80% to coinsurance limit after deductible	60% to coinsurance limit after deductible
	<ul style="list-style-type: none"> • Mammogram <i>(limited to \$85 per screening)</i> 	80% after deductible	60% after deductible
Physician Services	<ul style="list-style-type: none"> • Office visits including diagnostic tests, lab, and X-rays • Allergy testing, injections, and serum • Physician visits to emergency room • Inpatient and outpatient services (3) 	80% to coinsurance limit after deductible	60% to coinsurance limit after deductible
Hospital Services	<ul style="list-style-type: none"> • Inpatient care • Outpatient surgery (3) • Diagnostic tests, lab, and X-rays <i>(non-surgical)</i> 	80% to coinsurance limit after deductible	60% to coinsurance limit after deductible
	<ul style="list-style-type: none"> • Emergency room 	\$75 copayment per occurrence <i>(copayment waived if admitted)</i> , then 80% to coinsurance limit after deductible.	\$75 copayment per occurrence <i>(copayment waived if admitted)</i> , then 60% to coinsurance limit after deductible.
Other Medical Services	<ul style="list-style-type: none"> • Home health care (4) <i>(up to 60 visits per calendar year)</i> • Skilled nursing facility (4) <i>(up to 30 days per calendar year)</i> • Durable medical equipment (4) • Hospice (4, 5) • Physical and speech therapy, chiropractic services <i>(up to combined maximum of 20 visits per calendar year)</i> 	80% to coinsurance limit after deductible	60% to coinsurance limit after deductible
	<ul style="list-style-type: none"> • Ambulance <i>(up to \$15,000 maximum per calendar year)</i> 		80% to coinsurance limit after deductible
	<ul style="list-style-type: none"> • Transplant services <i>(organ)</i> (4) 	80% to coinsurance limit after deductible <i>(when services are at a National Transplant Network provider)</i>	60% after deductible subject to separate out-of-pocket maximum of \$35,000 per calendar year
Mental Health (1) <i>(mental disorders, alcohol & chemical dependence)</i>	<p>Outpatient mental health maximum reduces inpatient mental health maximum</p> <ul style="list-style-type: none"> • Inpatient <i>(up to \$2,500 maximum per calendar year)</i> • Outpatient therapy <i>(up to \$500 maximum per calendar year)</i> 	50% after deductible	50% after deductible

HumanaOne Individual Health Plan

OHIO Plan 49 Option 001		Plan Pays for Services at Participating Providers		Plan Pays for Services at Nonparticipating Providers	
Out-of-Pocket (6) <i>(per calendar year)</i>	• Coinsurance limit (7) Participating / Nonparticipating	Single Deductible	Family Deductible	Single Deductible	Family Deductible
	\$2,000 / \$8,000	\$ 500 1,000 2,500 5,000	\$ 1,500 3,000 5,000 10,000	\$ 1,000 2,000 5,000 10,000	\$ 3,000 6,000 10,000 20,000
Lifetime Maximum	\$5,000,000				
Prescription Drugs	<ul style="list-style-type: none"> • Retail Card <i>(30-day supply)</i> (8) If a non-participating pharmacy is used, the claim will be covered at 70% after this charge has been reduced by the applicable copayment. • Mail order <i>(90 day supply)</i> • Copayment maximum <i>(applies to Level 4 drugs only)</i> • Deductible <i>(does not apply to medical deductible or out-of-pocket)</i> 	Level 1 Level 2 Level 3 Level 4	\$10 \$30 \$50 25%	<i>(generics and many of the most commonly prescribed drugs)</i> <i>(higher-cost generic and brand-name drugs)</i> <i>(primarily consists of higher cost brand-name drugs)</i> <i>(high-tech drugs that are often newly approved)</i>	
		3 times the retail copayment		\$2,500 per member per calendar year	
		\$500			
Optional Prescription Drug Benefit (9)	• Deductible <i>(this benefit is optional and can be added to your plan for an additional cost)</i>	\$0			
Optional Benefits (9)	• Maternity <i>(benefits payable after 270 day waiting period)</i>	60% after \$500 separate deductible		40% after \$1,000 separate deductible	
	• Office visit copayment <i>(limited to 4 combined general practitioner and specialist visits per year)</i>	\$25 copayment for general practitioner and \$40 copayment for specialist, then 100%. Office diagnostic tests, lab, and X-rays, \$100 limitation per calendar year paid at 100%.		60% to coinsurance limit after deductible	

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 12-month waiting period.
- (2) Per year maximums are combined for participating and nonparticipating providers.
- (3) Outpatient benefits payable after 90-day waiting period for non-emergency removal of tonsils and/or adenoids, and 180-day waiting period for non-emergency surgical treatment for bunions, varicose veins, hemorrhoids, or hernia (does not include strangulated or incarcerated hernia).
- (4) Prior authorization required in order to be eligible for these benefits.
- (5) Bereavement limited to 15 visits per family per lifetime; Medical Social Services limited to \$100 per family per lifetime.
- (6) Out-of-network deductible and out-of-pocket reduces in-network deductible and out-of-pocket limits by 50%; however, the in-network deductible and out-of-pocket does not reduce the total out-of-network deductible and out-of-pocket. Once the deductible and out-of-pocket limits are met, benefits are paid at 100%.
- (7) Copayments do not apply to deductible or out-of-pocket.
- (8) If a non-participating pharmacy is used you must pay 100% of the actual charges and file a claim with Humana for reimbursement.
- (9) These benefits are optional and can be added to your plan for an additional cost

HumanaOne Individual Health Plan

Humana Inc., headquartered in Louisville, KY., 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.

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 pairs seriously ill members with a specially trained nurse and encourages a one-on-one relationship. The Personal Nurse helps eligible members understand their health plan benefits, identify appropriate health care resources, and follow their physician's plan of care.

Value-Added 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.** Check if your doctor or hospital is in the network. 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 name-brand drugs. It even includes coverage for many of the more progressive, high-technology drugs.

This is not a complete disclosure of plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided to you. Please review this information before applying for coverage.



©2002 Humana Inc.

Insured by Humana Insurance Company