

Humana One[®]



Individual Health Insurance

Summary of Benefits
for
Florida

Humana
one[®]

Easy to Choose

When it comes to individual health insurance, the HumanaOne Individual Health Plan is an easy choice. We've simplified our plan to include more of the benefits you'd expect from group insurance – but tailored for individuals and families. With HumanaOne health plans, not only do you get **five million dollars worth of lifetime coverage, preventive care, prescription drug and emergency room care benefits, but also online tools and resources** and an **extensive network of providers**. Plus, HumanaOne health plans are insured by subsidiaries of Humana Inc., one of the nation's largest publicly traded health benefits companies, with over 7 million members nationwide.

With the HumanaOne Individual Health Plan, you have a choice of annual deductible options and additional benefits such as:

- **Zero deductible prescription drug option** – no deductible is required to be met before plan benefits are payable
- **Maternity benefit option** – provides benefits for maternity and routine newborn care
- **Office visit copayment option** – office visit benefits are payable at 100 percent after a \$25 copayment for primary care physician visits and \$40 copayment for a specialist visit (limited to four total visits per calendar year).
- **\$20,000 term life insurance option** – extra financial security for you and for your spouse.
- **Dental benefit option** – insurance benefits for keeping your smile healthy and looking good.

Easy to Use

HumanaOne health plans provide access to doctors, pharmacies and hospitals so, no matter where you work or travel throughout the continental U.S., you're covered. What's more, HumanaOne health plans give you the freedom to see the doctor of your choice. You receive the most from your plan when visiting a doctor, hospital or pharmacist in the network, but you're still covered if you choose an out-of-network provider.

You can view Humana's network providers in your area by visiting **www.humana.com**, clicking on 'Find a Physician'. Humana has two networks in Florida. The network available to you is always determined by your ZIP code.

Available networks:

- Humana/ChoiceCare Network PPO
- Humana/Open Access Plus EPO



Prescription drug benefits

When your doctor prescribes a drug that's covered by your HumanaOne health plan, you'll find the drug in one of four levels. And no matter which level contains your drug, your prescription drug costs are covered to some degree (see the following Summary of Benefits for specific benefit information). The levels are:

Level One – low-cost generic and brand-name drugs.

Level Two – higher-cost generic and brand-name drugs.

Level Three – higher-cost, mostly brand-name alternatives to drugs on Level One and Two.

Level Four – self-administered, injectable medications and high-technology drugs.

For your convenience, you may also receive a maximum 90-day supply per prescription or refill through the mail (maximum 30-day supply for self administered injectable drugs) by purchasing medications through a participating mail-order pharmacy.

www.humana.com

HumanaOne health plan members have 24-hour access to valuable tools and resources on www.humana.com. All registered members have a personal page called *MyHumana*, where you can:

- Locate a doctor, hospital or pharmacy by using *Physician Finder Plus*.
- Learn how to reduce prescription drug costs through *MyPrescriptions*.
- Check benefits and claims status with *MyPlan Benefits*.
- Use the condition center to aid in monitoring and managing your health.

Special discount programs

With HumanaOne you can take advantage of several discount programs that can save you hundreds of dollars a year! Some of the discounts include:

- **Vision care and products** -- up to 45 percent off eyewear and reduced rates for services, including LASIK, with over 18,000 eyecare professionals, including private practice optometrists, ophthalmologists, opticians, and the #1 optical retailer, LensCrafters®.
- **Medication savings** -- discounts and e-coupons on brand-name, OTC medications for heartburn, allergies, cholesterol as well as health-related products and services, including nutritional supplements, fitness clubs and help with weight loss and smoking cessation.
- **Alternative medical services** -- up to 30 percent discount on acupuncture and massage therapy services provided by participating providers.

The discount programs are not insurance and are not part of the medical plan; therefore, there is no need for referrals or pre-certifications.

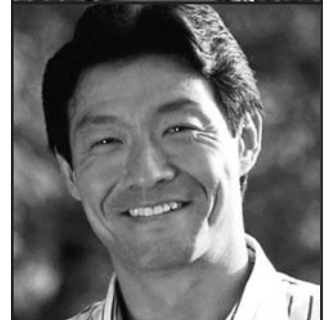
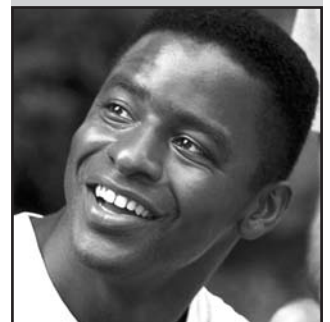
Easy to Apply

With HumanaOne, you don't have to wait weeks for coverage you need now! With just a phone call, you can begin the application process. You may even qualify for same day approval.

One more reason
HumanaOne
health plans are
a great choice!

Initial 12-month rate guarantee

Put your mind at ease with our initial 12-month rate guarantee. Not only do our plans eliminate rate increases based merely on claims, they also provide lock-in premium amounts that stay the same through the first year (provided your benefit choice and location remain the same).



FLORIDA Plan 49, Option 001

Plan pays for services at **PARTICIPATING** providers

Plan pays for services at **NONPARTICIPATING** providers

Prescription Drugs (8) <i>(continued)</i>	<ul style="list-style-type: none"> • Mail order <i>(90-day supply)</i> 	100% after three times the retail copayment	70% 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> (9) • Home health care <i>(up to 60 visits per calendar year)</i> (9) • Durable medical equipment (9) • Hospice (9) (10) • Complications of pregnancy and sick baby services 	80% after deductible	60% after deductible
	<ul style="list-style-type: none"> • Transplant services <i>(organ)</i> (9) 	80% after deductible <i>(when services are performed at a National Transplant Network provider)</i>	60% after deductible <i>(subject to separate out-of-pocket maximum of \$35,000 per calendar year)</i>
Mental Health <i>(includes mental disorders, alcohol and chemical dependence; waiting period applies)</i> (4)	Outpatient mental health maximum reduces inpatient mental health maximum <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
Optional Benefits (11)	<ul style="list-style-type: none"> • Prescription drug, no deductible 	Under this option, no deductible is required to be met before plan benefits are payable.	
	<ul style="list-style-type: none"> • Maternity including routine newborn care and post-hospital follow-up <i>(waiting period applies)</i> (2), (4) 	60% after \$500 maternity deductible	40% after \$1,000 maternity deductible
	<ul style="list-style-type: none"> • Office visit copayment option <i>(includes diagnostic tests, lab and X-rays, paid at 100% up to \$100 per calendar year. Does not apply to preventive/routine care)</i> (2), (12) 	100% 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 80% after deductible	60% after deductible

You can choose any dentist, but you can save up to 30 percent on out-of-pocket costs when you visit one of the more than 70,000 dentist locations in the PPO network. You can find a dentist by visiting www.humana.com.

Optional Dental benefits (13)

Preventive services plan pays **100%** no deductible

- Oral examinations
- Routine cleanings
- X-rays
- Sealants
- Topical fluoride treatment

Basic services plan pays **50%** after deductible

- Emergency exams and palliative care for pain relief
- Thumb sucking and harmful habit appliances
- Space maintainers
- Amalgam, composite fillings
- Oral surgery
- Extractions (routine)
- Non-cast stainless steel crowns
- Partial or complete denture repairs/adjustments

Major services plan pays **50%** after deductible

- Endodontics (root canals)
- Periodontics
- Crowns
- Inlays and onlays
- Partial or complete dentures
- Denture relines/rebases
- Removable or fixed bridgework

Orthodontia discount

Members can receive up to 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount.

Annual Deductible

- **\$50** individual
- **\$150** family

Annual maximum benefit

- **\$1,000**

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

- (1) 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.
- (2) 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 health

- services or maternity, if the optional maternity benefit is selected.
- (3) Two or three family members must meet their individual deductible, depending on the deductible amount selected.
 - (4) Benefit payable after 90-day waiting period for preventive care and 12 month waiting period for mental health and maternity.
 - (5) \$300 of covered expenses per person per calendar year, subject to applicable coinsurance.
 - (6) Age and/or frequency limits apply.
 - (7) 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).
 - (8) If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.

- (9) Prior authorization required in order to be eligible for these benefits.
- (10) Counseling for the hospice patient and immediate family is limited to 15 visits per family per lifetime, Medical Social Services limited to \$100 per family per lifetime.
- (11) These benefits are optional and can be added to your plan for an additional cost.
- (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) This is not a complete disclosure of plan qualifications and limitations. Waiting periods apply: six months on basic services, 12 months on major services. Please review the specific Dental Limitations and Exclusions before applying for coverage.

For information on plans available to HIPAA eligible individuals, please call (800) 833-6916.

Payments - Participating providers agree to accept amounts negotiated with Humana as payment in full. The member is responsible for any required deductible, coinsurance, or other copayments. Plan benefits paid to nonparticipating providers are based on maximum allowable fees, as defined in your policy.

Nonparticipating providers may balance bill you for charges in excess of the maximum allowable fee.

You will be responsible for charges in excess of the maximum allowable fee in addition to any applicable deductible, coinsurance, or copayment. Additionally, any amount you pay the provider in excess of the maximum allowable fee will not apply to your out-of-pocket limit or deductible.

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 judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.



A variety of plan types

From individual health coverage to term life insurance, HumanaOne offers a variety of plan types to fit your needs.

HumanaOne Dental – Your dental health is a reflection of your overall health.

HumanaOne's dental option offers a long list of benefits to promote good dental health for you and your family. You can choose any dentist, but you can save up to 30 percent on out-of-pocket costs when you visit one of the more than 70,000 dentist locations in the PPO Network. When you look good, you feel good.

HumanaOne Term Life Insurance – Simple, convenient, affordable financial protection for your loved ones with the following advantages:

- Premiums are level for 10, 15 or 20 years and guaranteed to age 95.
- Renewable to age 95.
- Easy and convenient application process that can be completed within your health application, or by itself. In most cases, a medical exam is not required for coverage through \$150,000.
- Flexible coverage amounts from \$25,000 to beyond \$1 million.

In addition to these important features, HumanaOne Term Life Insurance also gives you the ability to select several different optional riders. Depending on your circumstances, these riders can make this coverage even more valuable to you and your family:

- **Premium Waiver** pays your policy premium if you are totally disabled. It is available for individuals ages 18-55, and coverage ends on the policy renewal date on or after the insured's 60th birthday. If the insured is totally disabled at this time, then coverage ends when the insured is no longer totally disabled.
- **Accidental Death** provides an additional benefit equal to the amount of the base policy. Available for those ages 18-55, and coverage ends on the policy renewal date on or after the insured's 65th birthday.
- **Children's Term Coverage** provides \$5,000 of coverage for each child, and one premium covers all children in the family. Available for purchase by those ages 18-55. Coverage for a child ends on the child's 19th birthday. Coverage for all children ends on the policy renewal date on or after the insured's 65th birthday.



Medical 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.

PRE-EXISTING CONDITIONS

A pre-existing condition is a sickness or injury which was diagnosed or treated, or which produced signs or symptoms that would cause an ordinary prudent person to seek medical advice, care or treatment, during the 24-month period before the covered person's effective date of coverage. Routine follow-up care to determine the reoccurrence of breast cancer does not constitute medical advice, care or treatment. Benefits for pre-existing conditions are not payable until the covered person's coverage has been in force for 12 consecutive months with us. We will waive the pre-existing conditions limitation for those conditions disclosed on the application, provided benefits relating to those conditions are not excluded. Conditions specifically excluded by rider are never covered.

OTHER EXPENSES NOT COVERED

Unless stated otherwise no benefits are payable for expenses arising from:

1. Services not medically necessary or which are experimental, investigational or for research purposes.
2. Services not authorized or prescribed by a health care practitioner or for which no charge is made.
3. Services while confined in a hospital or other facility owned or operated by the United States government, provided by a person who ordinarily resides in the covered person's home or who is a family member, or that are performed in association with a service that is not covered under the policy.
4. Charges in excess of the maximum allowable fee or which exceed any policy benefit maximum.
5. Expenses incurred before the effective date or after the date coverage terminated.
6. Cosmetic procedures and any related complications except as stated in the policy.
7. Custodial or maintenance care.
8. Any drug, medicine or device which is not FDA approved.
9. Contraceptives other than oral, including implant systems and devices regardless of the purpose for which prescribed.
10. Medications, drugs or hormones to stimulate growth.
11. Legend drugs not recommended or deemed necessary by a health care practitioner or drugs prescribed for a noncovered injury or sickness.
12. 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.
13. Over the counter drugs (except insulin) or drugs available in prescription strength without a prescription.
14. Drugs used in treatment of nail fungus.
15. Prescription refills exceeding the number specified by the health care practitioner or dispensed more than one year from the date of the original order.
16. Vitamins, dietary products and any other nonprescription supplements.
17. Infertility services.
18. Pregnancy and well-baby expenses.
19. Elective medical or surgical procedures; sterilization, including tubal ligation and vasectomy; reversal of sterilization; abortion; gender change or sexual dysfunction.
20. Vision therapy; all types of refractive keratoplasties or any other procedures, treatments or devices for refractive correction; eyeglasses; contact lenses; hearing aids; dental exams.
21. Hearing and eye exams; routine physical examinations for occupation, employment, school, travel, purchase of insurance or premarital tests.
22. Services received in an emergency room unless required because of emergency care.
23. Dental services (except for dental injury), appliances or supplies, unless you purchase the dental option.
24. War or any act of war, whether declared or not; commission or attempt to commit a civil or criminal battery or felony.
25. Standby physician or assistant surgeon, unless medically necessary; private duty nursing; communication or travel time; lodging or transportation, except as stated in the policy.
26. Obesity except for morbid obesity.
27. Nicotine habit or addiction; educational or vocation therapy, services and schools; light treatment for Seasonal Affective Disorder (S.A.D.); alternative medicine; marital counseling; genetic testing, counseling or services; sleep therapy or services rendered in a premenstrual syndrome clinic or holistic medicine clinic.
28. Foot care services.
29. Charges for nonmedical purposes or used for environmental control or enhancement (whether or not prescribed by a health care practitioner).
30. Health clubs or health spas, aerobic and strength conditioning, work hardening programs and related material and products for these programs; personal computers and related or similar equipment; communication devices other than due to surgical removal of the larynx or permanent lack of function of the larynx.
31. Hair prosthesis, hair transplants or implants and wigs.
32. Temporomandibular joint disorder, craniomaxillary disorder, craniomandibular disorders, and any treatment for jaw, joint or head and neck neuromuscular disorder unless diagnostic and/or surgical procedures are medically necessary to treat conditions caused by congenital or developmental deformity, disease or injury.
33. Services or supplies received in connection with a sickness or bodily injury arising out of, or sustained in the course of, any occupation, employment or activity for compensation, profit or gain, for which benefits are paid under Workers' Compensation. This exclusion does not apply to services or supplies received by a covered person qualifying as a sole proprietor, officer or partner under the laws of that state, and such benefits are not paid under any Workers' Compensation plan, provided he or she will not receive benefits under a Workers' Compensation plan.
34. Inpatient services when in an observation status or when the stay is due to behavioral, social maladjustment, lack of discipline or other antisocial actions not a result of a mental disorder.
35. Attempted suicide or intentionally self-inflicted injury, whether sane or insane.
36. Charges covered by other medical payments insurance.
37. Organ transplants not approved based on established criteria or investigational, experimental or for research purposes, except as stated in the policy.
38. Charges incurred for a hospital stay beginning on a Friday or Saturday unless due to emergency care or surgery is performed on the day admitted.

Dental Limitations and Exclusions

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

Unless stated otherwise, no benefits are payable for expenses arising from:

1. The course of any occupation or employment for compensation, profit or gain, for which benefits are paid under any Workers' Compensation or Occupational Disease Act or Law; or where such coverage was available, but the covered person has lawfully chosen not to receive benefits, regardless of whether such coverage was actually applied for.
2. Services and supplies for which no charge is made, or for which the covered person would not be required to pay in the absence of insurance.
3. Services furnished by or payable under any plan or law through any Government or any political subdivision.
4. Services furnished by any hospital or institution owned or operated by the United States Government.
5. War or any act of war, whether declared or not; or any act of international armed conflict or any conflict involving armed forces of any international authority.
6. Completion of forms or failure to keep an appointment with a dentist.
7. Cosmetic dentistry, except as stated in the policy.
8. Any service related to altering vertical dimension; restoration or maintenance of occlusion; splinting teeth; replacing tooth structures lost as a result of abrasion, attrition or erosion; or bite registration or bite analysis.
9. Bone grafts, regeneration, augmentation or preservative procedures in edentulous sites.
10. Implants, including any crowns or prosthetic device attached to it; precision or semi-precision attachments; overdentures and any endodontic treatment associated with it; or other customized attachments.
11. Infection control.
12. Fees for treatment by other than a dentist, except as stated in the policy.
13. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
14. Prescription drugs or pre-medications, whether dispensed or prescribed.
15. Any service not listed as a covered expense.
16. Any service not considered a dental necessity, does not offer a favorable prognosis, does not have uniform professional endorsement, or is experimental or investigational in nature.
17. Expenses incurred prior to the effective date or after the date coverage is terminated, except for any extension of benefits.
18. Services provided by a person who ordinarily resides in the covered person's home or who is a family member.
19. Charges in excess of the reimbursement limit for the service or supply.
20. Treatment as a result of an intentionally self-inflicted injury or bodily illness, while sane or insane.
21. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments, or tissue preparation associated with impression or placement of a restoration, charged as a separate service.
22. Repair and replacement of orthodontic appliances.

HumanaOne: Notes

HumanaOne: Notes

This document 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.

HUMANA[®]
Guidance when you need it most