

Employer Reference Guide
For groups with 100+ employees

Humana Medical



What's inside

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- Administration
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- Other information

For more information

If you have a question and can't find the answer in this guide, please contact your Humana representative.

Humana®

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Humana Medical Plans

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Look for these boxes throughout your handbook for tips or more information on a key topic.

Information in this guide is accurate as of November 2012, unless otherwise noted, and is subject to change. All coverage, benefit, and eligibility determinations are made based on the terms, conditions, and provisions of the plan document, not this guide. For administrator use only – not for distribution to the public.

Overview

Humana medical plan basics

Humana medical plan options

The purpose of this reference guide isn't to describe each of our plans in detail, but it may be helpful to see how the plans you offer fit into the "big picture" of Humana's offerings.

The medical plans we offer fall into three general categories:

- Traditional – HMO, PPO, POS
- Transitional – Consumer-driven products: CoverageFirst®, Personal Care Account plan, High-Deductible Health Plans
- SmartSuite® – SmartSuite Program

Did you know Humana has many wellness solutions available? Contact your agent or Humana representative today for more information

Humana's networks

Network overview

With Humana's large and diverse networks, your employees have access to medical care near their workplace, close to home, and even across the country. Here are just a few of Humana's network offerings:

- Humana/ChoiceCare® Network is our nationwide PPO network, with more than 594,000 unique providers and approximately 3,800 hospitals
- National POS – Open Access offers improved discounts and a broad national network of providers that overlaps 95 percent with the national Humana/ChoiceCare Network
- Humana PreferredSM is a series of PPO and POS plan offerings (available in select markets) that generally provide greater cost savings when compared to our plans with larger networks
- HMO networks, also available in select markets, offer the deepest discounts and may require primary care provider (PCP) selection as well as referrals.

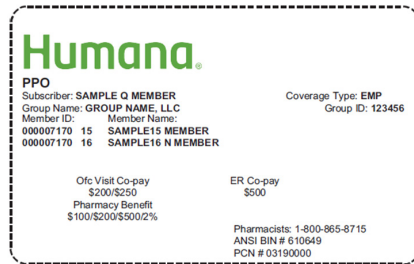
Humana's networks are comprised of a range of provider types, including but not limited to:

- Primary care doctors such as general practitioners and those who practice in internal medicine, pediatrics, and family practice
- Specialties such as allergy, dermatology, obstetrics and gynecology, cardiology, colorectal surgery, gastroenterology, general surgery, ear nose and throat, endocrinology, hematology/oncology, infectious disease, nephrology, neurology and neurological surgery, orthopedics, ophthalmology, pulmonology, radiation oncology, vascular care and surgery, and urology
- Hospitals, outpatient centers, and urgent care centers
- Ancillary providers, including laboratories, home health agencies, and durable medical equipment companies

While many providers say they “accept” Humana insurance, members should make sure the provider is actually “in-network” for their particular Humana plan.

How to identify your plan's network

Humana displays the network name clearly on each member's ID card. Here's where to find the network on two of our commonly distributed ID card types:



Standard ID card:

The network name appears on the **back** of the card.



HumanaAccess® Visa® Debit card:

The network names appear on the front of the card and the logo and network name are listed on the back of the card.

How to find an in-network provider

Physician Finder Plus – Humana's online "provider look-up" tool – is the easiest way to find doctors, hospitals, and other healthcare providers in Humana's networks. With this tool, members can:

- Find the most recently updated list of in-network providers quickly
- Get provider phone numbers, addresses, and maps
- Customize their search by specialty, physician gender, languages spoken, and other criteria, as well as distance from home or work

Encourage members to use the provider search feature on MyHumana rather than the unsecure section of our site. MyHumana auto-selects the correct network, so the search results are specific to the member's plan.

Members who don't have access to the Internet can call the Customer Service number on their ID card for assistance finding an in-network provider.

Members can find our provider search tool on the unsecure members' section of **Humana.com** and on *MyHumana* – each member's secure website. The tool requires just a few steps:

1. **Coverage** – Enter a member ID number on the left side of the page or select the type of coverage and network name. Members who access Physician Finder Plus through *MyHumana* skip this step.
2. **Location** – Agree to our Terms of Use and then choose whether to search for providers near a certain ZIP code or within a particular county.
3. **Provider type** – Click on the type of provider – the options vary depending on whether the member is looking for a doctor, hospital, urgent care center, or other healthcare provider. Click on “Advanced Search” to pinpoint by gender, certifications, languages spoken, and more.

Once members get their search results, they can click a name to see contact information, a map, and directions. They can also create a PDF of the search results and print the results in an easy-to-read format.

National Transplant Network

Humana members have access to a broad array of transplant services through Humana's National Transplant Network (NTN). With a comprehensive choice of facilities, the NTN allows transplant patients and their doctors to choose the most appropriate facility for their unique situation. Humana's NTN accepts only those facilities that meet and maintain established guidelines, including transplant volume and survival rates.

For more information about Humana's National Transplant Network and Centers of Excellence, select “Resources & Support” and FAQ under the “Customer Support section of **Humana.com**. To find network providers, members can call 1-866-421-5663.

Contact information

Contact information for employers

- **Billing and enrollment changes** – new employees, employee information, terminations
 - Website: Log in to the secured section of Humana.com
 - Phone: 1-800-872-7207
 - Fax: 1-866-584-9140
 - Regular mail:
Humana Enrollment
P.O. Box 14330
Lexington, KY 40512-4209
 - Overnight packages:
Humana Enrollment
2432 Fortune Circle Drive, Suite 120
Lexington, KY 40509-4269
- **Open enrollment hot line**
 - Phone: 1-888-393-6765
(not available to all groups, check with your Humana representative)
- **Web enrollment support**
 - Phone: 1-888-666-5733
- **Employer plan changes** – contact information, deductible, coinsurance
 - Website: Log in to the secure section of Humana.com
 - Phone: 1-800-872-7207

To gain access to the secure employers' section of our website, go to the "Employers" section of **Humana.com**, click "Register Today," and follow the instructions. For more details about registering for and using the Employer Self-Service Center, refer to the "Online Administration Resources" tab of this guide.

- **Premiums**
 - Phone: 1-800-872-7207
 - Mail: Please contact Billing and Enrollment Customer Service to determine the appropriate mailing address for your group's payment
- **Customer Service/claims**
 - Website: Log in to the secure section of Humana.com
 - Phone: Please refer to your contact sheet for your specific toll-free Customer Service number

If you need to contact us about a member, please have the member's ID number or Social Security number handy. You can find the ID number on the member's Humana ID card. For privacy reasons, other authentication may be required.

Contact information for members

- **Open enrollment hot line**
 - Phone: 1-888-393-6765 (not available to all groups)
- **Benefits and claims**
 - Website: Log in to *MyHumana* on **Humana.com**
 - Phone: Call the Customer Service number on the ID card
 - TTY Users: 711
Representatives available Monday through Friday, 8 a.m. to 6 p.m., in the member's time zone. Automated assistance available anytime
 - Mail (claims):
Humana
P.O. Box 14601
Lexington, KY 40512-4601
 - Mail (other): Refer to the Plan Benefit Document or call Customer Service to get your plan-specific correspondence address

To register for *MyHumana*, employees simply go to **Humana.com**, click the "Register for *MyHumana*" button, and follow the easy instructions. They'll need the member ID number on their Humana ID card.

- **MyHumana questions**
 - Phone: 1-877-845-3480

Contact information for members' doctors

- **Eligibility and claims**
 - Website: Log in to the secure providers' section of Humana.com
 - Phone: Use the number on the member's Humana ID card
 - Mail:
Humana
P.O. Box 14601
Lexington, KY 40512-4601

Humana is committed to streamlining administration for providers and investing in resources that increase claims payment timeliness and accuracy. Providers who register on our website can view member eligibility information, submit claims and preauthorization requests online, and gain access to other useful tools.

Administration

Online resources

Humana.com unsecured employers' section

To make plan administration easier, we've placed a lot of information you may need in the unsecured section of our site – which means you don't have to log in to access it. Here's just a sample of what you can find on **Humana.com**:

"Employer Resources" section:

- **Enrollment and change forms** – Get the forms you need in an instant; you can also print forms in the secure Employer Self-Service Center
- **Health programs**, such as, HumanaBeginnings (for expectant mothers) and Personal Health Coaching
- **Plan summary tools** – View and print summaries of Humana's off-the-shelf plan designs
- **Transplant services** – Find out how Humana helps members make informed decisions about transplant care
- **Bariatric Management Services** – Learn about the bariatric management team, preferred provider network, and contact information
- **Prescription tools** – Download Humana's Drug List, as well as other lists and forms
- **Focus newsletter** – The latest news about health benefits trends
- **Employer podcasts and webinars**

"Products and Services" section:

- **Plan information** – Read about Humana's medical plans, pharmacy plans, and spending accounts

"Customer Support for Employers" section:

- **Sales office locations** and contact information
- **Enrollment FAQ** – Find answers to employees' most common enrollment questions

Employer self-service center overview

The secure employers' section of Humana.com – called the “Employer Self-Service Center” – makes administering your Humana plan easier. After you register on our website, you'll have access to a range of resources, from online billing to wellness information. Here's an overview of how the site is organized.

Main areas of the site:

- **Billing & Enrollment** – Add or delete an employee, view your bill, make a payment, and update group information.
- **Reports** – View financial reports and information on how your employees used their benefits.
- **Tools & Education** – Access tools, find a provider, and explore wellness programs.
- **Contact Us** – Find phone numbers, mailing addresses, and other contact information.

Other links and resources:

- **Manage Account** – Manage profiles, accounts, and security access.
- **Secure Messages** – Read your messages and send new messages to Humana.

For more details about registering for and using the Employer Self-Service Center, refer to the “Online Administration Resources” tab of this guide. You also can browse the Employer Web Guide, a tutorial on our website. Just go to the “Employers” section of **Humana.com**, select the “Employer Resources” page, and click the “Employer Self-Service Center” link.

Enrollment

Enrollment overview

Since each customer has different needs, Humana offers a variety of enrollment methods – all designed to make administration easy and to ensure your employees have a positive enrollment experience. Our enrollment methods include:

- **Electronic Data Interchange (EDI)** – Create a single eligibility file and submit all the enrollment data at one time
- **Enrollment Center** – You or your employees complete enrollment using a secure Internet site
- **Enrollment Spreadsheet** – Use a standard Humana spreadsheet to collect enrollment information into a single source
- **Paper Enrollment** – Submit enrollment forms, affidavits, change forms, and supporting documentation for processing

More details about each method follow.

Electronic Data Interchange (EDI)

If you use EDI, Humana associates work closely with your team to implement an electronic feed for enrollment and maintenance. Here's how it works:

- Complete the Electronic Transmission (ET) IT Survey form. This form allows us to build the electronic “bridge” between you and Humana. If you need additional guidance, you can contact us using the e-mail address on the form.
- Discuss file format with your Humana contact. Humana assigns an associate to help you determine a format for your eligibility file and test the file. We set up the first meeting and establish the schedule for ongoing tasks.
- Build your eligibility file using the agreed-upon format you discussed with your Humana contact. If you have any problems, that person works with you to resolve the issue quickly.
- Test your file with assistance from your Humana contact. We also help you set up and test a maintenance file.

If you use a Third-Party Administrator (TPA), Humana works with your TPA to determine the best format for your eligibility file. We also coordinate with your TPA to test all the files.

Some helpful tips if you process enrollments through EDI:

- Make sure you or your TPA can transmit an eligibility file with Electronic Transmission using encryption
- Use the *HIPAA 834 layout or one of Humana's proprietary layouts if possible; custom layouts may take longer to implement
- Decide how you'll collect "Prior Carrier" information and include it in your file
- Decide how you'll collect "Other Insurance Coverage" information and include it in your file
- If you offer an HMO, decide whether primary care physician selection will be included and how you'll include it in your file

We want you and your employees to have a successful enrollment experience. One way for this to happen is to follow the schedule you and Humana agree to. These target dates allow time for testing. Testing is an essential part of the process and the best way to resolve problems before – not during – your enrollment.

Enrollment spreadsheet

If you choose to use an enrollment spreadsheet for enrollment and maintenance, Humana associates work with your team to create your spreadsheet and submit the information. Here's how it works:

- Talk with your Humana contact – the person we assign to help you create and test the spreadsheet. We set up the first meeting and establish the schedule for ongoing tasks.
- Once you receive the spreadsheet from Humana, read all the directions and complete the spreadsheet.
- Submit the spreadsheet to Humana using the secure e-mail feature we set up for you.
- If we discover any discrepancies on the spreadsheet, a Humana associate contacts you to resolve the issue.

Online Enrollment Center

With Humana's Online Enrollment Center, employees can enroll themselves on a secure Internet site or the benefits administrator (BA) can enroll employees.

Here's what to do if employees enroll themselves:

- Submit a list of the employees eligible for benefits. We use this data to set up employees' access to the secure Internet site.
- Determine which benefits you'll offer and complete the necessary paperwork.
- Prepare employees for enrollment using materials Humana provides.
- Review your Enrollment Center with Humana.
- Encourage your employees to log in to the Enrollment Center and select their benefits.

Here's what to do if the BA is using the Enrollment Center:

- Register for Enrollment Center access. Your Humana account advisor can help you.
- Collect enrollment information from your employees and enter the data into the Enrollment Center.
- Use the reporting functionality to monitor your enrollment.

Paper enrollment

If you want to use paper forms, here are some ways to make your enrollment go smoothly:

- Always use the most current version of the application. In the "Employers" section of Humana.com, go to the "Employer Resources" section and select "Printable Enrollment and Change Forms" under "Helpful Resources."
- Quick Links." Answer some questions about your plan, and we'll provide printable versions of all the forms you'll need.
- Review the applications for errors and omissions. Each piece of information on the form is critical to enrollment, so missing information can cause delays. The more complete the application, the better your enrollment and subsequent service will be. Also double-check frequently missed fields such as date of birth, hire date, and address.
- Review the applications for legibility. Be sure you can read the applicant's writing.
- Use dark ink. Humana scans the applications, and the technology we use reads dark ink better than light ink.
- Avoid using a highlighter or writing in the margins.

Using a different maintenance method

Most customers use the same method for eligibility maintenance that they used for initial enrollment. However, Humana can support you if you decide to change after enrollment. Here are things to keep in mind:

- Make sure you have the technical capability to support the method you want to use. Can you support EDI? Have you registered on our website?
- If you want to use paper for maintenance, use the latest standard Change Form instead of the Enrollment Application. To find the right form, go to the “Employers” section of Humana.com and select “Enrollment Change Forms” from the “Helpful Employer Quick Links” area of the “Employer Resources” section.
- If you send an EDI maintenance file, the file will override any changes submitted by phone or Internet or mail. Employees submit enrollment changes through their employer.

Dependent Coverage

The federal healthcare reform law allows adult children to remain on their parents’ plan until they reach age 26. However, due to some state laws, parents can opt to carry their dependents beyond age 26.

Upon renewal, existing Humana groups will have a special 30-day enrollment period to allow dependents under age 26 to enroll in their parent’s coverage, if dependent coverage is available.

Student/dependent status can vary by plan. For example, some customers allow full-time students who live outside of the plan’s service area to receive in-network benefits. Others allow coverage up to age 24 for full dependents, even if the dependent isn’t a student. For more details about student/dependent coverage, employees should refer to their Plan Benefit Document.

Renewal

Humana will be happy to make group coverage changes for you on your group's anniversary date. Let us know by the 15th of the month before your anniversary date what changes you'd like to make.

Billing and premium payment

Premium Invoice Timing

Humana generates premium invoices beginning around the 13th day of the month before the month of coverage. Premium payments are due on the first day of the applicable coverage month. For example, Humana produces the invoice for the month of May around April 13th, and the premium is due on or before May 1st.

Payments or enrollment changes processed after the invoice has generated will appear on the subsequent month's invoice.

Online billing (eBilling)

We encourage you to use our online billing tool, known as eBilling, to make payments and submit enrollment changes. By registering online, you will have access to the complete detail of your bill. Additional benefits of eBilling include:

- Receiving your statement online
- Real-time payment transaction and balance information
- Downloading invoice for reconciliation
- Online payment option
- Postage and time savings

To sign up for eBilling go to the secure employer's section of [Humana.com](https://www.humana.com).

Sending payment by check

- To ensure a timely processing of your check, include the remittance slip at the bottom of the invoice along with your payment.
- Pay the amount indicated in the "Please Pay the Total Amount Due" field.
- Write your group number on the check.

Benefits & Claims

Using Humana medical benefits

Identification cards

We mail member ID cards to employees' home addresses within 10 working days after enrollment is completed in our system. Members can order replacement ID cards in the secure members' section of our website or by calling Customer Care.

Plan Benefit Document

Employees can find the official document that spells out details about their plan – called a “Certificate of Coverage” for fully insured plans – on *MyHumana*. Here's how to find the medical plan document:

1. Log in to *MyHumana*
2. Go to the “Plans & Coverage” section
3. Click the “Details” button for the medical plan
4. Click the “Download PDF” link under “Coverage Details”

Effective 1/1/12, every group HMO contract and group health insurance marketed, issued or delivered to a California resident, regardless of the situs of the contract or master group policyholder, must provide equal coverage to domestic partners as provided to spouses. Insurers are still required to inform employers (and guaranteed associations) of the availability of this coverage. Prior legislation only required CA situated groups to provide this coverage.

Provider selection

Members' provider choices depend on the type of plan they selected:

- PPO and POS plans generally don't require referrals for any service
- Open Access HMO plans generally don't require referrals, but members only have coverage with in-network providers
- HMO plans usually require referrals for most services – depending on the market – and members may only have coverage with in-network providers

Even if members have out-of-network benefits, we encourage them to use in-network providers whenever possible to optimize their plan benefits and reduce their costs. Members who use an out-of-network provider:

- May pay a much larger share of the total cost, since coinsurance percentages are usually different.
- May pay toward a separate, often higher deductible. Even if the member has met the deductible for in-network providers, he or she will still need to pay toward the separate deductible for out-of-network providers.
- May be billed by an out-of-network provider for the amount not covered by the insurance plan. Out-of-network providers can "balance bill" a member because they aren't bound by usual, customary, and reasonable payment amounts applicable to in-network providers.

We're always updating our network list, so the provider search tool on [Humana.com](https://www.humana.com) and *MyHumana* is the best source for current information about in-network providers. Employees who don't have Web access can call Customer Care for help finding an in-network provider.

Preauthorization and pre-certification

In some cases, a member or healthcare provider needs to call Humana for preauthorization before a medical service or procedure. This process is designed to help us evaluate whether the member's plan covers the requested service.

For more information about your plans' preauthorization requirements, go to the Member Guidelines section of our website at www.humana.com/individual-and-family-support/guidelines/

In addition, some plans require pre-certification for a hospital admission. When pre-certification is necessary, the member or provider should contact Humana's preauthorization department before admission – or if that isn't possible, within two or three business days. Some plans allow retroactive authorizations; other plans apply a penalty for no authorization or late authorization. For details, members should review the pre-certification section of their Plan Benefit Document.

Mental health coverage

Humana's major medical plans generally provide coverage for treatment of substance abuse and mental illness. Benefits may vary in comparison to coverage for other medical conditions. For details, members should review their Plan Benefit Document.

Claims submission

Claims submission

In-network providers file claims with Humana directly, so members don't have to do anything. If the provider won't submit the claim, the member should send an itemized bill, including the diagnosis, to:

Humana
P.O. Box 14601
Lexington, KY 40512-4601

Members should know

- Members should indicate any payments they've already made.
- Members should include a copy of their ID card or provide member ID
- Member should keep a copy of submission
- Members can find a copy of the claims form in the Members section of **Humana.com** under "Tools & Resources/Member Forms"

For more information about how their claims are processed, members can call the Customer Service number on their ID card. Representatives are available at that number Monday through Friday, 8 a.m. – 6 p.m., in the member's time zone. After hours, members can get answers to many claims questions by calling the same number and using the automated information line.

Coordination of Benefits (COB)

If a member has coverage through more than one plan – for instance, your company’s plan and a spouse’s plan – the COB provision applies to claims payment. Assuming both plans have a COB provision, your plan would be primary for the member and the spouse’s plan would be secondary. For dependents who have dual coverage, the plan of the parent whose birthday is earlier in the year is primary and the other spouse’s plan is secondary.

To find out if the COB provision applies, Humana asks about other coverage during enrollment. Also, if an employee’s plan covers more than one person, the employee may receive an automated call that asks whether anyone on the plan has other coverage. If the employee answers yes, we’ll follow up to get more information.

Explanation of Benefits (EOB) or Claim Receipt

Humana provides an EOB every time members have a claim for medical services. Some members get a Claim Receipt – similar to an EOB. These statements provide several pieces of information, including:

- **Charge** – The amount the provider charged for the service
- **Excluded amount** – The amount not allowed by the member’s plan for the service
- **Provider discount** – The amount the provider has agreed to discount the charge because the provider is in Humana’s network.
- **Deductible/copayment/coinsurance** – Amounts the member has already paid or is responsible for
- **Amount paid by Humana** – The total amount Humana paid the provider for the service
- **Estimate member responsibility** – The amount the member may owe the provider

Grievances and appeals

If Humana denies a member's claim – either partially or fully – the member can file an appeal. Generally, the member must submit the appeal no more than 60 days after receiving notice about claim denial – but this isn't always the case, since fully insured plans follow state mandates. The appeal can include any supporting documentation or other evidence to support overturning the denial. Mail the appeal request to:

Humana
Attn: Grievances and Appeals
P.O. Box 14601
Lexington, KY 40512-4601

Humana also has a process for expedited appeals in cases where a delay could harm the member's health. For more information about grievances and appeals, members should refer to their Plan Benefit Document or call the Customer Service number on their ID card.

Other Information

Member education and resources

Member resources overview

Many people say taking care of their health is time-consuming, expensive, and confusing. That's why Humana has invested in a package of resources that help members make informed decisions about all aspects of their care, from preventing illness to treating problems and more.

For instance:

- Personal Nurse® RNs and Customer Care specialists can help members understand the healthcare system
- Items like the Getting Started Guide help members know how their benefits work
- The nurses at HumanaFirst® Nurse Advice Line can help members decide what to do when they need care

These resources are available by phone, on the Web, and through written materials. Much of the information comes from well-known, third-party sources. More details about our Web-based resources follow. For more information about health support programs like Personal Nurse, see the "Health Resources and Wellness" section of this guide.

Humana.com – unsecure members' section

Many of the online resources members and prospective members use most are available in the unsecure section of Humana.com in the "Insurance Through Employer" area.

Quick links in the "Helpful Member Resources" section include:

- Provider search – Find in-network doctors, hospitals, pharmacies, dentists, and other providers
- Compare doctors and hospitals
- View ID card – Generate a printable version of a member's ID card using a Social Security number, date of birth, and ZIP code

“Products and Services” section:

- **Plan information** – Read about Humana’s medical plans and spending accounts
- **Spending accounts** – Find information and resources for Humana’s Health Savings Account (HSA), Personal Care Account (PCA), and Flexible Spending Account (FSA)

“Pharmacy” section:

- **Mail-order Rx** – Get information about RightSourceRx, Humana’s prescription home-delivery service
- **Rx tools** – Locate a pharmacy, consult a pharmacist about medication, or search covered drugs
- **Medication information** – Read about over-the-counter medications, brand vs. generic, or drug interactions

“Enrollment Center” section:

- **Group Health Enrollment Center** – Log in to compare plans, enroll, and update coverage
- **Enrollment FAQs** – Answers to employees’ most common enrollment questions

Humana.com – MyHumana secure website

Current members can access even more information about claims and benefits, wellness, and more on their secure website. MyHumana registration is free and takes just a few minutes. Members get immediate access to features such as these:

“Coverage, Claim, and Spending” section:

- **Plans Summary** – A snapshot of plans the member has enrolled in
- **Plan Details** – In-depth information about the member’s plan, including what the plan covers, benefit levels, and limits
- **Year-to-Date Summary** – An at-a-glance view of financial information related to the member's benefits, including what the member has spent, amounts applied to deductibles, and spending account balances
- **PlanningTools** – Toolstohelpmembersestimatehealthcareexpenses-whetherfora certain condition, a specific procedure, or the whole plan year
- **Savings Center** – Information about discounts on vision care, alternative medicine, over-the-counterdrugs, weight-loss support programs, and more

“Tools & Resources” section:

- **Doctors & Hospitals** – Look up in-network providers, create a custom "Compare Hospitals" report, get cost estimates, for common procedures and more

“Get Healthy” section:

- **Condition Centers** – Links to assessments, articles, and other resources to help members find out more about preventing, treating, or managing a variety of conditions

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For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company or EmpheSys Insurance Company.

FSA, PCA, and HSA spending accounts are not insured benefits; they are a service administered by Humana Insurance Company.

