

# Humana National POS 10 Copay



## Louisiana

Humana, in partnership with your agent, will help you find the best plans to fit your needs and budget, help your employees protect their personal and financial health, and help you control your healthcare costs.

### Here are some reasons to choose Humana:

- › A variety of plans to choose from: medical, dental, vision, life, disability, and workplace voluntary benefits
- › A personal welcome call shortly after you choose Humana
- › A custom report, Humana Health Plan Guide, shows you how your employees are using their medical benefits
- › A quarterly newsletter, *HealthMatters*, gives you tips on how to control costs and provides updates on new products and services
- › Wellness, clinical, and employee assistance programs included with your medical plan
- › Access to more than 540,000 providers and almost 4,000 hospitals nationwide
- › Online tools to help employees estimate costs for common procedures and prescription drugs
- › Resources for Spanish-speaking employees
- › Friendly, personal service

**HUMANA**®

# Humana National POS 10 Copay plans

	100/70 copay plan		80/50 copay plan		70/50 copay plan		
		Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers
<b>Office visit and urgent care copay options</b>		<ul style="list-style-type: none"> <li>\$20 primary care/\$45 specialist/\$55 urgent care</li> <li>\$30 primary care/\$55 specialist/\$55 urgent care</li> </ul>	Not applicable	<ul style="list-style-type: none"> <li>\$30 primary care/\$55 specialist/\$75 urgent care</li> <li>\$40 primary care/\$75 specialist/\$75 urgent care</li> </ul>	Not applicable	<ul style="list-style-type: none"> <li>\$50 primary care/\$75 specialist/\$100 urgent care</li> </ul>	Not applicable
<b>Deductible options</b> <ul style="list-style-type: none"> <li>per calendar year</li> <li>copays do not apply</li> </ul>	Individual	\$500/\$1,000/\$1,500/\$2,000/\$3,000/\$5,000	\$1,500/\$3,000/\$4,500/\$6,000/\$9,000/\$15,000	\$500/\$1,000/\$1,500/\$2,000/\$3,000/\$5,000	\$1,500/\$3,000/\$4,500/\$6,000/\$9,000/\$15,000	\$2,000/\$3,000/\$5,000	\$6,000/\$9,000/\$15,000
	Family	\$1,000/\$2,000/\$3,000/\$4,000/\$6,000/\$10,000	\$3,000/\$6,000/\$9,000/\$12,000/\$18,000/\$30,000	\$1,000/\$2,000/\$3,000/\$4,000/\$6,000/\$10,000	\$3,000/\$6,000/\$9,000/\$12,000/\$18,000/\$30,000	\$4,000/\$6,000/\$10,000	\$12,000/\$18,000/\$30,000
<b>Out-of-pocket maximum</b> <ul style="list-style-type: none"> <li>per calendar year</li> <li>deductibles and copays do not apply</li> </ul>	Individual	Not applicable	\$9,000	\$2,000/\$3,000	\$6,000/\$9,000	\$7,500	\$22,500
	Family	Not applicable	\$18,000	\$4,000/\$6,000	\$12,000/\$18,000	\$15,000	\$45,000
<b>Preventive care</b> <ul style="list-style-type: none"> <li>preventive office visits</li> <li>preventive lab and X-ray</li> <li>child immunizations age 6 to 18</li> <li>flu and pneumonia immunizations</li> <li>endoscopic services (including, but not limited to colonoscopy)</li> <li>Pap smear and mammogram</li> <li>prostate screening</li> <li>child immunizations to age 6</li> </ul>		100%	70% after deductible	100%	50% after deductible	100%	50% after deductible
		100%	70%	100%	50%	100%	50%
<b>Physician services</b> <ul style="list-style-type: none"> <li>office visits</li> <li>diagnostic lab and X-ray (performed in office and billed by physician)</li> <li>allergy testing</li> <li>injections (including allergy)</li> <li>inpatient services</li> <li>outpatient services</li> <li>surgery</li> <li>emergency room visits</li> </ul>		100% after office visit copay	70% after deductible	100% after office visit copay	50% after deductible	100% after office visit copay	50% after deductible
		100%	70% after deductible	100%	50% after deductible	100%	50% after deductible
		100% after \$5 copay	70% after deductible	100% after \$5 copay	50% after deductible	100% after \$5 copay	50% after deductible
		100% after deductible	70% after deductible	80% after deductible	50% after deductible	70% after deductible	50% after deductible
		100%	100%	100%	100%	100%	100%
<b>Facility services</b> <ul style="list-style-type: none"> <li>inpatient services</li> <li>outpatient services</li> <li>outpatient diagnostic lab and X-ray</li> <li>outpatient surgery</li> <li>emergency services (copay waived if admitted)</li> </ul>		100% after deductible	70% after deductible	80% after deductible	50% after deductible	70% after deductible	50% after deductible
		100% after \$200 copay	100% after \$200 copay	100% after \$250 copay	100% after \$250 copay	100% after \$300 copay	100% after \$300 copay
<b>Other medical services</b> <ul style="list-style-type: none"> <li>retail clinic</li> <li>urgent care</li> <li>spinal manipulations, adjustments, modalities, physical, occupational, cognitive, speech and audiology therapy (combined limit to 30 visits per calendar year)<sup>1</sup></li> <li>advanced imaging (PET, MRI, MRA, CAT, SPECT)</li> <li>hospice</li> <li>home health care (limited to 100 visits per calendar year)</li> <li>skilled nursing facility (limited to 60 days per calendar year)</li> <li>ambulance</li> <li>maternity</li> <li>transplant services</li> </ul>		100% after primary care copay	70% after deductible	100% after primary care copay	50% after deductible	100% after primary care copay	50% after deductible
		100% after urgent care copay	70% after deductible	100% after urgent care copay	50% after deductible	100% after urgent care copay	50% after deductible
		100% after specialist copay	70% after deductible	100% after specialist copay	50% after deductible	100% after specialist copay	50% after deductible
		100% after deductible	70% after deductible	80% after deductible	50% after deductible	70% after deductible	50% after deductible
		100% after deductible	100% after participating deductible	80% after deductible	80% after participating deductible	70% after deductible	70% after participating deductible
		Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness	Same as any other illness
		Same as any other illness when services are received from a Humana Transplant Network provider	Same as any other illness. Benefits payable will not exceed the non-network benefit limit of \$35,000 per covered organ transplant	Same as any other illness when services are received from a Humana Transplant Network provider	Same as any other illness. Benefits payable will not exceed the non-network benefit limit of \$35,000 per covered organ transplant	Same as any other illness when services are received from a Humana Transplant Network provider	Same as any other illness. Benefits payable will not exceed the non-network benefit limit of \$35,000 per covered organ transplant
<b>Mental health, chemical, and alcohol dependency<sup>2</sup></b> <ul style="list-style-type: none"> <li>inpatient services (combined limit to 10 days per calendar year)</li> <li>outpatient and office therapy sessions (combined limit to 15 visits per calendar year)</li> </ul>		100% after deductible	70% after deductible	80% after deductible	50% after deductible	70% after deductible	50% after deductible
		100% after specialist copay	70% after deductible	100% after specialist copay	50% after deductible	100% after specialist copay	50% after deductible

<sup>1</sup> Nonparticipating limited to 10 of the 30 visits.

<sup>2</sup> For groups with 51 or more employees, no limits apply to inpatient and outpatient services; benefit is covered the same as any other illness.

## Network

### Humana/ChoiceCare Network® (CHC)

Humana's ChoiceCare Network is one of the largest, most cost-effective physician and hospital networks in the nation, and it's growing daily. As of February 1, 2010, our ChoiceCare Network includes 583,000 providers and 3,900 hospitals across all 50 states. This PPO network gives employees coast-to-coast access to favorably priced health care. Plus, Humana maintains strong provider relationships with local PPO networks for added coverage.

**NOTICE: HEALTH CARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTH CARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF THE FEES FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR CO-PAYMENTS, COINSURANCE, DEDUCTIBLES AND NON-COVERED SERVICES.**

**SPECIFIC INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK FACILITY-BASED PHYSICIANS CAN BE FOUND AT THE WEBSITE ADDRESS OF YOUR HEALTH PLAN OR BY CALLING THE CUSTOMER SERVICE TELEPHONE NUMBER OF YOUR HEALTH PLAN.**

## Pharmacy options

Detailed drug lists are available at [Humana.com](http://Humana.com) for each pharmacy plan and level.

**Rx4 (available with 100/70 & 80/50 plan only):** Prescription drugs are assigned to one of four levels with corresponding copayment amounts or a discount.

Retail (30-day supply)	Level 1	Level 2	Level 3	Level 4*
> Option 1	\$10	\$30	\$50	25%
> Option 2	\$10	\$40	\$70	25%
<b>Mail order</b> (up to 90-day supply)	1.5 times the retail copayment	2.5 times the retail copayment	3 times the retail copayment	3 times the retail copayment

NOTE: If a nonparticipating pharmacy is used, the claim is covered at 70 percent after applicable copayment.

\* Copayment maximum (applies to level 4 drugs only): \$3,500 per member per calendar year

**Rx4 with deductible (available with 80/50 & 70/50 plan only):** Prescription drugs are assigned to one of four levels with corresponding copayment amounts or a discount. Some levels also include a deductible.

Retail (30-day supply)	Deductible†	Level 1	Level 2	Level 3	Level 4*
	\$250	\$10	\$35	\$55	25%
<b>Mail order</b> (up to 90-day supply)		1.5 times the retail copayment	2.5 times the retail copayment after deductible	3 times the retail copayment after deductible	3 times the retail copayment after deductible

NOTE: If a nonparticipating pharmacy is used, the claim is covered at 70 percent after applicable deductible and copayment.

† Deductible applies to level 2, 3, and 4 only.

\* Copayment maximum (applies to level 4 drugs only): \$3,500 per member per calendar year

# HUMANA®

Offered by Humana Health Benefit Plan of Louisiana, Inc.

This plan imposes a pre-existing condition exclusion. This is not a complete disclosure of plan qualifications and limitations. Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate your coverage. This guide is available at [www.disclosure.humana.com](http://www.disclosure.humana.com) or through your sales representative. Premiums and benefits vary based on the plan selected.