

2017 Individual Medical Products Texas

Current as of 1/1/2017

Humana HMO Plans - Texas

Current as of 1/1/2017

	Basic 7150		Bronze 6550		Bronze 6150	
	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		Yes		No	
On the Marketplace** - Corpus Christi HMOx - San Antonio HMOx - Waco HMOx	Summary of Benefits Summary of Benefits Summary of Benefits		Summary of Benefits Summary of Benefits Summary of Benefits		Summary of Benefits Summary of Benefits Summary of Benefits	
In network						
Member medical coinsurance after deductible*	No charge		No charge		20%	
Medical Deductible	\$7,150	\$14,300	\$6,550	\$13,100	\$6,150	\$12,300
Rx Deductible	Combined with Medical Deductible		Combined with Medical Deductible		\$1,000	\$2,000
Maximum Out-of-Pocket	\$7,150	\$14,300	\$6,550	\$13,100	\$7,150	\$14,300
PCP/Retail Clinic/Specialist/Urgent Care	\$15 PCP (3) then no charge after deductible		no charge after deductible		\$20/\$30/\$40/\$40 (Limit 3 combined; then 20% after deductible)	
Labs & X-Rays	no charge after deductible		no charge after deductible		20% after deductible	
Emergency Room	no charge after deductible		no charge after deductible		\$600 ER copay + Deductible	
Inpatient and outpatient Hospital Services, Ambulance	no charge after deductible		no charge after deductible		20% after deductible	
Rx Tier 1/2 (not subject to deductible)	no charge after deductible		no charge after deductible		\$15/\$35	
Rx Tier 3/4/5 (after deductible)	no charge after deductible		no charge after deductible		\$75/50%/50%	
Rx Formulary	2017 HDHP Complete TX		2017 HDHP Complete TX		2017 Rx5 Complete TX	
Children’s Vision Care*	no charge after deductible		no charge after deductible		50% after deductible	

* Coinsurance may vary by benefit category (see Summary of Benefits)

HMO plans continued on next page

Family plans have individual protection; they have individual & family deductibles and maximum out of pocket amounts.



FOR AGENT USE ONLY Confidential. Sample for Humana or Humana Agent/Agency use only. This material is not for distribution, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group or the general public.

Humana Dental
Smart Choice Plan is
available on the Health
Insurance Marketplace

Humana HMO Plans - Texas

Current as of 1/1/2017

	Silver 3550**	
	Individual	Family
HSA Eligible	No	
On the Marketplace** - Corpus Christi HMOx - San Antonio HMOx - Waco HMOx	Summary of Benefits Summary of Benefits Summary of Benefits	
In network		
Member medical coinsurance after deductible*	20%	
Medical Deductible	\$3,550	\$7,100
Rx Deductible	\$500	\$1,000
Maximum Out-of-Pocket	\$7,150	\$14,300
PCP/Retail Clinic/Specialist/Urgent Care	\$20/\$30/\$40 /\$40	
Labs & X-Rays	20% after deductible	
Inpatient and outpatient Hospital Services, Ambulance	\$600 ER copay + Deductible	
Rx Tier 1/2 (not subject to deductible)	20% after deductible	
Rx Tier 3/4/5 (after deductible)	\$10/\$20	
Rx Tier 3/4/5 (after deductible)	\$50/50%/50%	
Rx Formulary	2017 Rx5 Complete TX	
Children’s Vision Care	50% after deductible	

* Coinsurance may vary by benefit category (see Summary of Benefits)

** Silver cost share reduction plans sold on Health Insurance Marketplace

Family plans have individual protection; they have individual & family deductibles and maximum out of pocket amounts.



FOR AGENT USE ONLY Confidential. Sample for Humana or Humana Agent/Agency use only. This material is not for distribution, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group or the general public.

Previous page contains additional HMO plans

Humana HMO Cost Share Reduction (CSR) Plans - Texas

Current as of 1/1/2017

	Silver 3550 Base Plan		Silver 3000 (CSR) 200-250% of FPL	
	Individual	Family	Individual	Family
HSA Eligible	No		No	
On the Marketplace** - Corpus Christi HMOx - San Antonio HMOx - Waco HMOx	Summary of Benefits Summary of Benefits Summary of Benefits		Summary of Benefits Summary of Benefits Summary of Benefits	
In network				
Member medical coinsurance after deductible*	20%		20%	
Medical Deductible	\$3,550	\$7,100	\$3,000	\$6,000
Rx Deductible	\$500	\$1,000	\$500	\$1,000
Maximum Out-of-Pocket	\$7,150	\$14,300	\$5,700	\$11,400
PCP/Retail Clinic/Specialist/Urgent Care	\$20/\$30/\$40 /\$40		\$10/\$25/ \$30/ \$30	
Labs & X-Rays	20% after deductible		20% after deductible	
Emergency Room	\$600 ER copay + Deductible		\$450 ER copay + Deductible	
Inpatient and outpatient Hospital Services, Ambulance	20% after deductible		20% after deductible	
Rx Tier 1/2 (not subject to deductible)	\$10/\$20		\$5/\$15	
Rx Tier 3/4/5 (after deductible)	\$50/50%/50%		\$45/50%/50%	
Rx Formulary	2017 Rx5 Complete TX		2017 Rx5 Complete TX	
Children’s Vision Care	50% after deductible		50% after deductible	

* Coinsurance may vary by benefit category (see Summary of Benefits)

HMO plans continued on next page

Family plans have individual protection; they have individual & family deductibles and maximum out of pocket amounts.



TXHHQ8DEN 1016

FOR AGENT USE ONLY Confidential. Sample for Humana or Humana Agent/Agency use only. This material is not for distribution, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group or the general public.

Humana Dental
Smart Choice Plan is
available on the Health
Insurance Marketplace

Humana HMO Cost Share Reduction (CSR) Plans - Texas

Current as of 1/1/2017

	Silver 900 (CSR) 150-200% FPL		Silver 250 (CSR) 100 - 150% FPL	
	Individual	Family	Individual	Family
HSA Eligible	No		No	
On the Marketplace** - Corpus Christi HMOx - San Antonio HMOx - Waco HMOx	Summary of Benefits Summary of Benefits Summary of Benefits		Summary of Benefits Summary of Benefits Summary of Benefits	
In network				
Member medical coinsurance after deductible*	20%		20%	
Medical Deductible	\$900	\$1,800	\$250	\$500
Rx Deductible	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket	\$2,050	\$4,100	\$850	\$1,700
PCP/Retail Clinic/Specialist/Urgent Care	\$0/\$20/\$25/\$25		\$0/\$10/\$15/\$15	
Labs & X-Rays	20% after deductible		20% after deductible	
Emergency Room	\$450 ER copay + Deductible		\$350 ER copay + Deductible	
Inpatient and outpatient Hospital Services, Ambulance	20% after deductible		20% after deductible	
Rx Tier 1/2 (not subject to deductible)	\$5/\$10		\$4/\$8	
Rx Tier 3/4/5 (after deductible)	\$35/50%/50%		\$25/50%/50%	
Rx Formulary	2017 Rx5 Complete TX		2017 Rx5 Complete TX	
Children’s Vision Care	50% after deductible		50% after deductible	

* Coinsurance may vary by benefit category (see Summary of Benefits)

Previous page contains additional HMO plans

Family plans have individual protection; they have individual & family deductibles and maximum out of pocket amounts.



FOR AGENT USE ONLY Confidential. Sample for Humana or Humana Agent/Agency use only. This material is not for distribution, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group or the general public.

Humana Dental
Smart Choice Plan is
available on the Health
Insurance Marketplace

Humana HMO Plans - Texas

Current as of 1/1/2017

Humana HMO Plans

- HMO plans use a local medical network of hospitals, doctors and specialists
- Rx network: Select Rx (includes CVS Pharmacy®, H-E-B, Walmart, Sam's Club, and HumanaPharmacy.com)
- Member will choose a Primary Care Physician (PCP) and referrals are required for specialists or hospitalization
- There is no out-of-network coverage (with the exception of accidental emergency room coverage)

Network Summary*

Corpus Christi HMOx

- Built around HCA facilities and Driscoll Childrens Hospital
- Physician network is made up of physicians employed/affiliated to either or both hospitals

San Antonio HMOx

- Built around Methodist (HCA), Southwest General, and University Hospital in Bexar County
- Physician network is made up of employed/affiliated healthcare providers associated with the hospital providers above as well as additional providers

Waco HMOx

- Built around Providence Health Center, a member of Ascension Health
- Physician network is made up of Providence Health Alliance-employed/affiliated providers plus other independently contracted provider groups.

*Networks are subject to change. Please check "Physician Finder" at Humana.com for a list of doctors, specialists and hospitals in these networks.



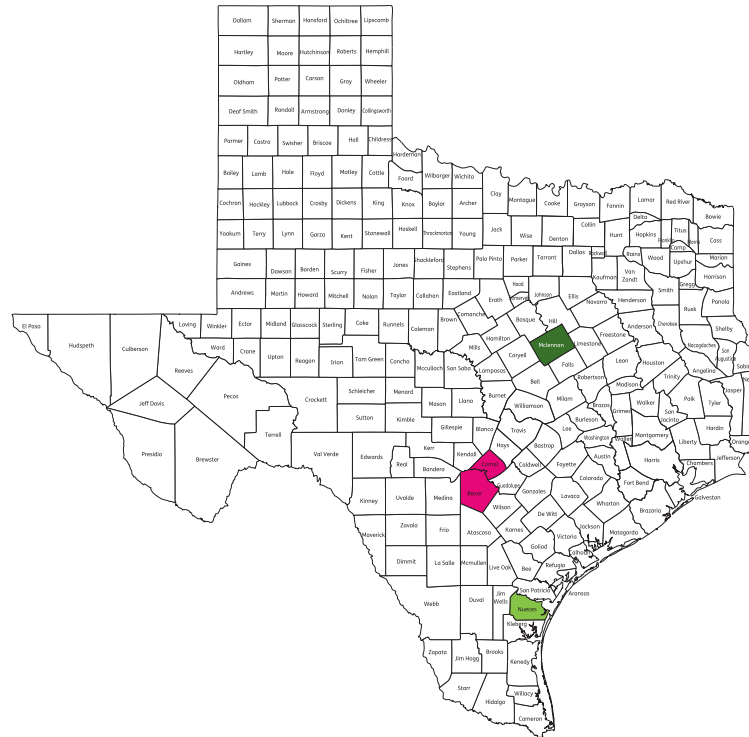
Humana HMO Plans - Texas

Current as of 1/1/2017

Humana offers HMO plans on the Health Insurance Marketplace in the counties highlighted and listed below.

Humana HMO Networks

- Corpus Christi HMOx
- San Antonio HMOx
- Waco HMOx



NETWORK	COUNTIES
Corpus Christi HMOx	Nueces
San Antonio HMOx	Bexar, Comal
Waco HMOx	McLennan

Humana HMO Premier Plans - Texas

Current as of 1/1/2017

	Basic 7150		Bronze 6550		Bronze 6150		Silver 3550**	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		Yes		No		No	
On the Marketplace** - HMO Premier	Summary of Benefits		Summary of Benefits		Summary of Benefits		Summary of Benefits	
In network								
Member medical coinsurance after deductible*	No charge		No charge		20%		20%	
Medical Deductible	\$7,150	\$14,300	\$6,550	\$13,100	\$6,150	\$12,300	\$3,550	\$7,100
Rx Deductible	Combined with Medical Deductible		Combined with Medical Deductible		\$1,000	\$2,000	\$500	
Maximum Out-of-Pocket	\$7,150	\$14,300	\$6,550	\$13,100	\$7,150	\$14,300	\$7,150	\$14,300
PCP/Retail Clinic/Specialist/Urgent Care	\$15 PCP (3) then no charge after deductible		no charge after deductible		\$20/\$30/\$40/\$40 (Limit 3 combined; then 20% after deductible)		\$20/\$30/\$40 /\$40	
Labs & X-Rays	no charge after deductible		no charge after deductible		20% after deductible		20% after deductible	
Emergency Room	no charge after deductible		no charge after deductible		\$600 ER copay + Deductible		\$600 ER copay + Deductible	
Inpatient and outpatient Hospital Services, Ambulance	no charge after deductible		no charge after deductible		20% after deductible		20% after deductible	
Rx Tier 1/2 (not subject to deductible)	no charge after deductible		no charge after deductible		\$15/\$35		\$10/\$20	
Rx Tier 3/4/5 (after deductible)	no charge after deductible		no charge after deductible		\$75/50%/50%		\$50/50%/50%	
Rx Formulary	2017 HDHP Complete TX		2017 HDHP Complete TX		2017 Rx5 Complete TX		2017 Rx5 Complete TX	
Children’s Vision Care	no charge after deductible		no charge after deductible		50% after deductible		50% after deductible	

* Coinsurance may vary by benefit category (see Summary of Benefits)

** Silver cost share reduction plans are sold on the Health Insurance Marketplace

HMO Premier continued on next page

Family plans have individual protection; they have individual & family deductibles and maximum out of pocket amounts.



FOR AGENT USE ONLY Confidential. Sample for Humana or Humana Agent/Agency use only. This material is not for distribution, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group or the general public.

Humana Dental
Smart Choice Plan is
available on the Health
Insurance Marketplace

Humana HMO Premier Plans - Texas

Current as of 1/1/2017

	Gold 0***	
	Individual	Family
HSA Eligible	No	
On the Marketplace** - HMO Premier	Summary of Benefits	
In network		
Member medical coinsurance after deductible*	40%	
Medical Deductible	\$0	\$0
Rx Deductible	\$0	\$0
Maximum Out-of-Pocket	\$5,000	\$10,000
PCP/Retail Clinic/Specialist/Urgent Care	\$20/\$30/\$40/\$40	
Labs & X-Rays	40% after deductible	
Emergency Room	\$235 ER copay + Deductible	
Inpatient and outpatient Hospital Services, Ambulance	40% after deductible	
Rx Tier 1/2 (not subject to deductible)	\$4/\$10	
Rx Tier 3/4/5 (after deductible)	\$50/35%/35%	
Rx Formulary	2017 Rx5 Complete TX	
Children’s Vision Care	50% after deductible	

* Coinsurance may vary by benefit category (see Summary of Benefits)

***Gold plans available in Refugio County

Family plans have individual protection; they have individual & family deductibles and maximum out of pocket amounts.

HMO premier continued on next page



TXHHQ8DEN 1016

FOR AGENT USE ONLY Confidential. Sample for Humana or Humana Agent/Agency use only. This material is not for distribution, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group or the general public.

**Humana Dental
Smart Choice Plan is
available on the Health
Insurance Marketplace**

Humana HMO Premier Cost Share Reduction (CSR) Plans - Texas

Current as of 1/1/2017

	Silver 3550 Base Plan		Silver 3000 (CSR) 200-250% of FPL		Silver 900 (CSR) 150-200% FPL		Silver 250 (CSR) 100 - 150% FPL	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		No		No		No	
On the Marketplace - HMO Premierx	Summary of Benefits		Summary of Benefits		Summary of Benefits		Summary of Benefits	
In network								
Member medical coinsurance after deductible*	20%		20%		20%		20%	
Medical Deductible	\$3,550	\$7,100	\$3,000	\$6,000	\$900	\$1,800	\$250	\$500
Rx Deductible	\$1,000	\$2,000	\$500	\$1,000	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket	\$7,150	\$14,300	\$5,700	\$11,400	\$2,050	\$4,100	\$850	\$1,700
PCP/Retail Clinic/Specialist/Urgent Care	\$20/\$30/\$40/\$40 (Limit 3 combined; then 20% after deductible)		\$10/\$25/\$30/\$30		\$0/\$20/\$25/\$25		\$0/\$10/\$15/\$15	
Labs & X-Rays	20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Emergency Room	\$600 ER copay + Deductible		\$450 ER copay + Deductible		\$450 ER copay + Deductible		\$350 ER copay + Deductible	
Inpatient and outpatient Hospital Services, Ambulance	20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Rx Tier 1/2 (not subject to deductible)	\$15/\$35		\$5/\$15		\$5/\$10		\$4/\$8	
Rx Tier 3/4/5 (after deductible)	\$75/50%/50%		\$45/50%/50%		\$35/50%/50%		\$25/50%/50%	
Rx Formulary	2017 Rx5 Complete TX		2017 Rx5 Complete TX		2017 Rx5 Complete TX		2017 Rx5 Complete TX	
Children’s Vision Care	50% after deductible		50% after deductible		50% after deductible		50% after deductible	

* Coinsurance may vary by benefit category (see Summary of Benefits)

Previous page contains additional HMO Premier plans

Family plans have individual protection; they have individual & family deductibles and maximum out of pocket amounts.



FOR AGENT USE ONLY Confidential. Sample for Humana or Humana Agent/Agency use only. This material is not for distribution, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group or the general public.

Humana Dental
Smart Choice Plan is
available on the Health
Insurance Marketplace

Humana HMO Premier Plan - Texas

Current as of 1/1/2017

Humana HMO Premier Plan

- HMO Premier plans use an open access HMO network of hospitals, doctors and specialists
- Rx network: Select Rx (includes CVS Pharmacy®, H-E-B, Walmart, Sam's Club and HumanaPharmacy.com)
- There is no out-of-network coverage (with the exception of accidental emergency room coverage)

Network Summary*

HMO Premier

- *Corpus Christi:* Care Regional Medical Center, Christus Spohn Health System, Corpus Christi Medical Center, Corpus Christi Medical Center - Bay Area, Corpus Christi Medical Center - Doctors Regional, Corpus Christi Medical Center - Northwest Regional, South Texas Surgical Hospital, and Driscoll Children's Hospital
- Corpus Christi physician network is made up of providers employed/affiliated with the above health care systems

*Networks are subject to change. Please check "Physician Finder" at Humana.com for a list of doctors, specialists and hospitals in these networks.



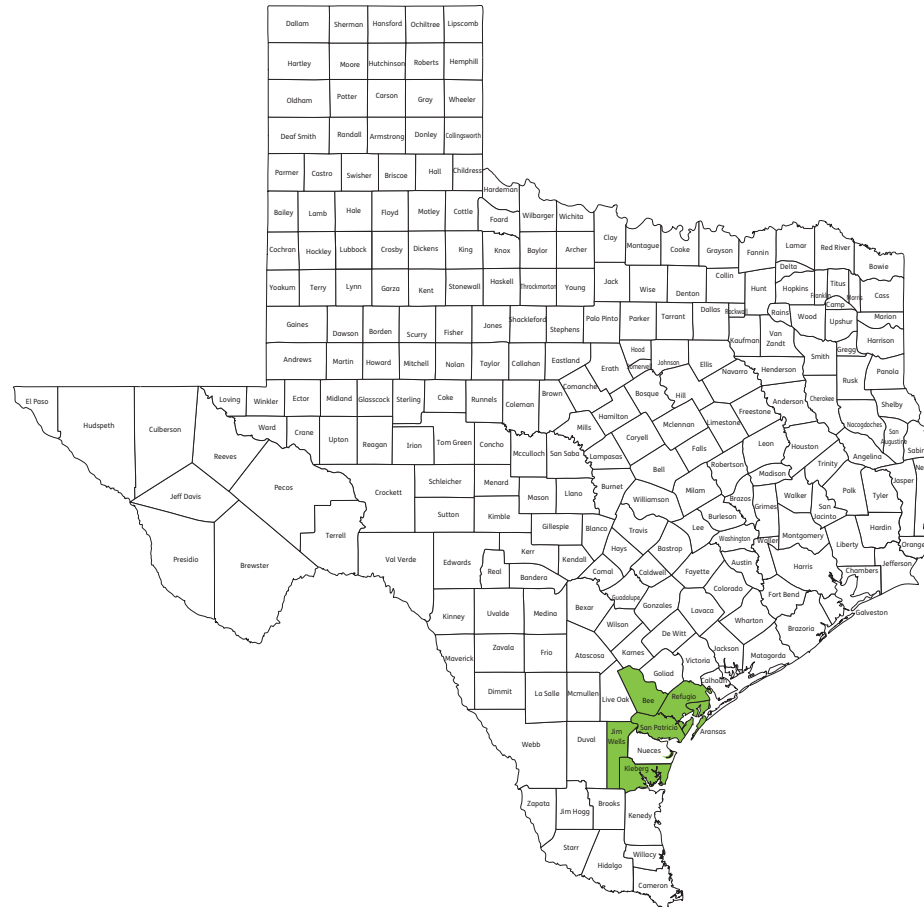
Humana HMO Premier Plan - Texas

Current as of 1/1/2017

Humana offers HMO Premier plans on the Health Insurance Marketplace in the counties highlighted and listed below.

Humana HMO Premier Networks

■ HMO Premier



NETWORK	COUNTIES
HMO Premier	Aransas, Bee, Jim Wells, Kleberg, Refugio, San Patricio

2017 Individual Dental and Vision Plans Texas

Current as of 1/1/2017

Humana Dental Plans - Texas

Current as of 1/1/2017

	DHMO - Plan Coverage	PPO - Plan Coverage
	HumanaOne® Dental Value HI215	HumanaOne® Dental Preventive Plus
On the Marketplace	Not Available	Not Available
Off the Marketplace	Benefit Summary	Benefit Summary
Deductible	\$0	Plan Year: Individual \$50; Family: \$150
Annual Maximum Benefit Per Individual on Plan*	No annual maximum	\$1,000
Max Out-of-Pocket** (Humana® Dental Smart Choice Pediatric only)	Not Available	Not Available
Network Coverage	In network	In- and out-of-network
Preventative Services (covers items, such as oral exams, cleanings, and X-Rays)	\$10-\$15 office copayment (in network)	100% no deductible (in network); 100% of in network fee schedule after deductible (out-of-network)
Basic Services (covers items, such as fillings, nonsurgical extractions, and oral surgery)	Benefits available. Refer to plan summary for details.	50% after deductible (in network); 50% of in network fee schedule after deductible (out-of-network) (six-month waiting period applies)
Major Services (covers items, such as root canals, dentures, and bridgework)	Benefits available. Refer to plan summary for details.	You may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.
Orthodontia services	Members may receive a discount by visiting certain in-network orthodontists. Contact your participating provider to determine if any discounts are available.	Adult and child orthodontia You may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.

*This is the maximum amount that the plan will pay during the plan year

Humana Dental Plans continued on next page

**Out-of-pocket maximum for a policy with one covered child is \$350. The out-of-pocket maximum for a policy with two or more covered children is \$350 per individual child or \$700 combined for all children.



FOR AGENT USE ONLY Confidential. Sample for Humana or Humana Agent/Agency use only. This material is not for distribution, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group or the general public.

Humana Dental
Smart Choice plan is
available on the Health
Insurance Marketplace

Humana Dental Plans - Texas

Current as of 1/1/2017

	PPO - Plan Coverage		
	HumanaOne® Dental Loyalty Plus SM	Humana® Dental Smart Choice	
		Adult Individual/Family	Pediatric
On the Marketplace	Not Available	Benefit Summary	Benefit Summary
Off the Marketplace	Benefit Summary	Not Available	Not Available
Deductible	One-time Individual: \$150 Individual + One: \$300 Family: \$450	Individual: \$80	Individual \$80
Annual Maximum Benefit Per Individual On Plan*	First year: \$1,000; Second year: \$1,250; Subsequent years: \$1,500	\$1,000 for adults No annual maximum for children	No annual maximum
Max Out-of-Pocket** (Humana® Dental Smart Choice Pediatric only)	Not Available	\$350 for 1 child/\$700 2+ children	\$350 for 1 child/\$700 2+ children
Network Coverage	In- and out-of-network	In- and out-of-network	In- and out-of-network
Preventative Services (covers items, such as oral exams, cleanings, and X-Rays)	100% no deductible (in- and out-of-network)	100% no deductible (in network); 100% no deductible (out-of-network)	100% after deductible (in network); 100% after deductible (out-of-network)
Basic Services (covers items, such as fillings, nonsurgical extractions, and oral surgery)	First year: 40% after deductible; Second year: 55% after deductible; Subsequent years: 70% after deductible (in- and out-of-network)	50% after deductible (in- and out-of-network) 6 month waiting period	50% after deductible (in and out-of-network); No waiting period
Major Services (covers items, such as root canals, dentures, and bridgework)	First year: 20% after deductible; Second year: 30% after deductible; Subsequent years: 50% after deductible (in- and out-of-network)	Children up to age 20 only: 50% after deductible (in- and out-of-network); No waiting period	50% after deductible (in- and out-of-network); No waiting period
Medically Necessary (covers orthodontic treatment as a result of congenital or developmental malformation which are related to or developed as a result of cleft palate with or without cleft lip)	Orthodontia services Adult and child orthodontia Member may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.	Children only: 50% after deductible (in- and out-of-network)	50% after deductible (in- and out-of-network)

*This is the maximum amount that the plan will pay during the plan year **Out-of-pocket maximum for a policy with one covered child is \$350.

The out-of-pocket maximum for a policy with two or more covered children is \$350 per individual child or \$700 combined for all children.

‡ Pediatric benefits are available until age 20.

Previous page contains additional Humana Dental Plans



FOR AGENT USE ONLY Confidential. Sample for Humana or Humana Agent/Agency use only. This material is not for distribution, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group or the general public.

Humana Dental
Smart Choice plan is
available on the Health
Insurance Marketplace

Humana Vision Plans - Texas

Current as of 1/1/2017

	Humana Vision - Plan Coverage	
	In-network Provider	Out-of-network Provider
On the Marketplace	Not Available	
Off the Marketplace	Benefit Summary	
Exam with Dilation as Necessary	100% after \$15 copay	\$30 allowance
Frames	\$150 retail allowance	\$150 retail allowance
Lenses		
Single Vision	100% after \$25 copay	\$25 allowance
Bifocal	100% after \$25 copay	\$40 allowance
Trifocal	100% after \$25 copay	\$55 allowance
Contact Lenses¹		
Conventional ²	\$150 allowance	\$92 allowance
Disposable ²	\$150 allowance	\$92 allowance
Medically Necessary (limit one pair) ³	100%	\$200 allowance
Frequency[†]		
	Option 1	Option 2
Examination	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months

¹ If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames)

² The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members may be eligible to receive a 15 percent discount on in-network professional services.

[†] Frequencies are based on date of service



FOR AGENT USE ONLY Confidential. Sample for Humana or Humana Agent/Agency use only. This material is not for distribution, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group or the general public.