HumanaHMO 16

Florida 100% Copay Plan Option 1

		In-network
Office visit copay		\$25 primary care
		\$40 specialist
Deductible		Individual: \$1,000
		Family: \$2,000
Out-of-pocket maximum	Based on a calendar year.	Individual: \$4,000
	Limit includes copays, deductibles and coinsurance	Family: \$8,000
Preventive care	Office visit	100%
	Laboratory and radiology	
	• Pap smear	
	Mammogram	
	Prostate screening	
	• Immunizations	
	• Endoscopy	
Other services	Physician services	
	- Office visit	100% after office visit copay
	- Retail clinic	100% after \$40 copay
	- Urgent care	100% after \$100 copay
	- Emergency	100%
	- Diagnostic laboratory and radiology (performed in an office)	100%
	- Inpatient, outpatient, and surgical	100% after deductible
	Facility services	
	- Inpatient	100% after deductible
	- Outpatient (surgical and non-surgical)	100% after deductible
	- Diagnostic laboratory and radiology	100% after deductible
	- Emergency room (copay waived if admitted)	100% after \$400 copay
	Advanced imaging	100% after \$300 copay
	 Spinal manipulations and adjustments (visit limits may apply per calendar year) 	100% after \$40 copay



PRESCRIPTION DRUGS

Rx4: Most prescription drugs are assigned to one of four levels with corresponding amounts or coinsurance. A detailed Rx4 EHB drug list is available at **Humana.com/druglist.**

National Pharmacy Network

• Retail: 30-day supply Level 1: \$10 copay

Level 2: \$30 copay after \$0 individual/\$0 family

deductible

Level 3: \$50 copay after \$0 individual/\$0 family

deductible

Level 4: 25% coinsurance after \$0 individual/\$0 family

deductible

Mail order (up to 90-day supply)
 2.5 times the retail copayment

• Specialty drugs (up to 30-day supply)

35% or 25% by using a preferred specialty pharmacy

like Humana Specialty Pharmacy

Provider disclaimer:

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Limitations and Exclusions:

Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at http://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure or through your sales representative.

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Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, contact your employer.



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