

Humana HDHP - Health Savings Account Compatible Northside Hospital, Inc.

Administered by Humana Insurance Company



2021 Yellow Plan

TIER 1

Plan pays for services at
Northside hospitals

TIER 2

Plan pays for services
at **Humana NPOS Open
Access** participating
facilities and providers

TIER 3

Plan pays for services at
nonparticipating facilities
and providers

Preventive care

Annual routine Paptest Routine lab test associated with routine physical exam (nolimit)	Covered 100%	Covered 100%	60% after deductible
Routine immunizations Routine child care (up to age 18) Annual routine adult physical exam (18 years and above)	Not available	Covered 100%	60% after deductible
Annual routine mammogram	Covered 100%	Covered 100%	Not covered
Contraceptive methods (not including vasectomies)	Covered 100%	Covered 100%	60% after deductible
Breastfeeding counseling, support and supplies	Covered 100%	Covered 100%	Not covered

Physician services

Office visits (including diagnostic lab, X-ray and allergy testing; excludes outpatient surgery) Maternity care Allergy serum Allergy injections Outpatient Inpatient	Not available	80% after deductible	60% after deductible
Emergency room physician visits	Not available	80% after deductible	80% after deductible



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2021 Yellow Plan	TIER 1 Plan pays for services at Northside hospitals	TIER 2 Plan pays for services at Humana NPOS Open Access participating facilities and providers	TIER 3 Plan pays for services at nonparticipating facilities and providers
Facility services			
Inpatient care (2) Outpatient surgery – facility (2) Outpatient nonsurgical care Outpatient hospital diagnostic lab and radiology Outpatient facility MRI, PET, CAT, SPECT scans (2)	90% after deductible	80% after deductible	60% after deductible
Emergency room visit	90% after deductible	90% after deductible	90% after deductible
Other medical services			
Skilled nursing facility (up to 120 days per calendar year)(2) Home healthcare (up to 100 visits per calendar year)(2) Chiropractic (up to 10 visits per calendar year)	Not available	80% after deductible	60% after deductible
Durable medical equipment	90% after deductible	80% after deductible	60% after deductible
Physical, speech and hearing therapy Urgent care 3D Diagnostic mammogram	90% after deductible	80% after deductible	60% after deductible
Ambulance ⁽¹⁾	Not available	80% after deductible	80% after deductible
Diagnostic lab services at stand-alone laboratories	Not available	80% after deductible	60% after deductible
Hearing aids (up to \$3,000 every 24 months for adults and children)	90% after deductible (up to \$3,000)	80% after deductible	60% after deductible
Annual deductible			
Single (per calendar year)	\$1,500	\$2,400	\$3,600
Family (per calendar year)	\$3,000	\$4,800	\$7,200
Maximum out-of-pocket expense limit (includes copayments)			
Single	\$2,500	\$4,800	\$7,200
Family	\$5,000	\$8,150	\$14,400
Lifetime maximum benefit		Unlimited	
Behavioral health (mental health and substance abuse services)			
Inpatient services ⁽²⁾ Outpatient and office therapy sessions	Not available	80% after deductible	60% after deductible

⁽¹⁾ Services for an emergency medical condition provided by a nonparticipating provider will be covered at the participating provider level

⁽²⁾ Prior authorization required in order to receive these benefits

2021 Yellow Plan

Prescription drugs

- Women's contraceptive preventive medication: covered 100% (no deductible required) when filled at Northside pharmacies.
- Preventive medications covered under the Affordable Care Act: copays apply (no deductible required). See chart below.
- All other prescriptions filled at Northside pharmacies: 90% covered after deductible is satisfied.

Preventive medications	1-30 day-supply	31-60 day-supply	61-90 day-supply
Tier 1	\$20 copay	\$40 copay	\$50 copay
Tier 2	\$40 copay	\$80 copay	\$100 copay
Tier 3	\$80 copay	\$160 copay	\$200 copay
Tier 4 and Specialty medications (3)	75% covered up to \$150 maximum out-of-pocket per prescription	N/A	N/A

- Prescriptions filled at a Humana Pharmacy® network provider: Covered 90% after deductible is satisfied.
- Preventive medications covered under the Affordable Care Act filled at a Humana Pharmacy® network provider: copays apply; (no deductible is required). See chart below.

Preventive medications	1–30 day-supply	
Tier 1	\$25 copay	
Tier 2	\$50 copay	
Tier 3	\$100 copay	
Tier 4 and Specialty medications (3)	75% covered up to \$175 maximum out-of-pocket per prescription	

(3) Specialty medications must be filled through Humana Specialty Pharmacy® or Northside pharmacies.

Prior authorization

Humana sometimes requires preauthorization for some services and procedures your physician or other provider may recommend for you. Humana does this solely to determine whether the service or procedure qualifies for payment under your benefit plan. You and your healthcare provider decide whether you should have such services or procedures. Humana's preauthorization determination relates solely to payment by Humana. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at [Humana.com/members/tools](https://www.humana.com/members/tools) or call Customer Care.

Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits. Your healthcare practitioner should call Customer Service to obtain preauthorization.

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 Summary Plan Description.

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.

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.

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

The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

For general questions about the plan, contact your benefits administrator.

