HumanaOne

Individual Health Plan

Summary of Benefits

Health insurance that works
for you and your family.

Texas

HUMANA®
Guidance when you need it most

Humana one

HumanaOne

TEXAS Plan 49 Option 001		Plan pays for services at ***PARTICIPATING*** providers	Plan pays for services at ***NONPARTICIPATING*** providers
Preventive Care	• Routine immunizations *(birth to age 6)*	**100%**	**100%**
	• Routine immunizations *(age 6 to age 18)* • Annual routine mammogram • Annual routine Pap smear • Routine lab, pathology and X-ray • Annual routine physical exam • Colorectal detection screening • PSA	**80%** after deductible	**60%** after deductible
Physician Services	• Office visits *(includes diagnostic lab and X-ray)* • Allergy testing, serum and injections • Inpatient services • Outpatient services *(includes surgery)* (1)	**80%** after deductible	**60%** after deductible
Hospital Services	• Inpatient care • Outpatient surgery - facility (1) • Outpatient nonsurgical	**80%** after deductible	**60%** after deductible
	• Emergency room *(including physician visits)*	**80%** after $75 copayment per visit and deductible *(copayment waived if admitted)*	**60%** after $75 copayment visit and deductible *(copayment waived if admitted)*
Prescription Drugs	• Prescription drug deductible	$500 prescription drug deductible per individual	$500 prescription drug deductible per individual
	• Benefit for each prescription or refill *(up to 30-day supply)* – Level One	**100%** after: $10 copayment after prescription drug deductible	**70%** after: $10 copayment after prescription drug deductible
	– Level Two	$30 copayment after prescription drug deductible	$30 copayment after prescription drug deductible
	– Level Three	$50 copayment after prescription drug deductible	$50 copayment after prescription drug deductible
	– Level Four	**25%** copayment after deductible up to $2,500 maximum out-of-pocket per calendar year	**25%** copayment after deductible up to $2,500 maximum out-of-pocket per calendar year
	• Mail order *(90-day supply)*	**100%** after three times the retail copayment	**100%** after three times the retail copayment
Other Medical Services	• Skilled nursing facility *(up to 30 days per calendar year)* (2) • Home health care *(up to 60 visits per calendar year)* (2) • Durable medical equipment (2) • Physical and speech therapy, chiropractic services *(up to combined maximum of 20 visits per calendar year)* • Hospice (2), (3)	**80%** after deductible	**60%** after deductible
	• Ambulance *(up to $15,000 maximum per calendar year)*	**80%** after deductible	**80%** after deductible

TEXAS Plan 49 Option 001		Plan pays for services at ***PARTICIPATING*** providers		Plan pays for services at ***NONPARTICIPATING*** providers	
Other Medical Services *(continued)*	• Transplant services *(organ)* (2)	**80%** after deductible *(when services are performed at a National Transplant Network provider)*		**60%** after deductible *(subject to separate out-of-pocket maximum of $35,000 per calendar year)*	
	• Private duty nurse	Not covered		Not covered	
Mental Health (6) *(includes mental disorders, alcohol & chemical dependence)*	Outpatient mental health maximum reduces inpatient mental health maximum • Inpatient *(up to $2,500 maximum per calendar year)* • Outpatient therapy *(up to $500 maximum per calendar year)*	**75%** after deductible		**50%** after deductible	
Maximum Out-of-Pocket Expense Limit (4), (5)	• Individual *(must be satisfied by each covered person)*	$2,000		$8,000	
Annual Deductible (4), (5)	• Annual amount *(does not apply to maximum out-of-pocket expense)*	**Single Deductible**	**Family Deductible** (7)	**Single Deductible**	**Family Deductible** (7)
		$ 500	$ 1,000	$1,000	$ 2,000
		1,000	2,000	2,000	4,000
		2,500	5,000	5,000	10,000
		5,000	10,000	10,000	20,000
Lifetime Maximum		$5,000,000			
Optional Benefits (8)	• Prescription coverage no deductible	Under this option, no deductible is required to be met before plan benefits are payable.			
	• Office visit copayment option *(includes office diagnostic tests, lab and X-rays, up to $100 per calendar year)* (9), (10)	**100%** after $25 copayment for Level One provider and $40 copayment for Level Two provider. After four visits are met, plan pays **80%** after deductible.		**70%** after deductible for first four visits; **60%** after deductible thereafter	

To be covered, services must be medically necessary or specified as covered. Please see your policy for more information on medical necessity and other specific plan benefits.

(1) Outpatient benefits payable after 90-day waiting period for nonemergency removal of tonsils and/or adenoids, and 180-day waiting period for nonemergency surgical treatment for bunions, varicose veins, hemorrhoids or hernia (does not include strangulated or incarcerated hernia).
(2) 50 percent reduction in benefit if prior authorization is not obtained.
(3) Bereavement limited to 15 visits per family per lifetime; Medical Social Services limited to $100 per family per lifetime.
(4) 50 percent of nonparticipating deductible is applied to participating deductible. 50 percent of nonparticipating maximum out-of-pocket expense limit is applied to participating out-of-pocket maximum. Participating deductible out-of-pocket does not apply to nonparticipating. Once deductible and out-of-pocket expense limits are met, benefits are paid at 100 percent.
(5) Copayments do not apply toward deductibles or out-of-pocket maximums.
(6) Benefits payable after 30-day waiting period.
(7) At least two family members must meet their individual deductibles.
(8) These benefits are optional and can be added to your plan for an additional cost.
(9) This benefit does not cover MRI, CAT, EEG, EKG, ECG, cardiac catheterization or pulmonary function studies.
(10) Level One participating physicians include family practitioner, general practitioner, pediatrician or internist and Level Two contains any other participating physician. Please contact Customer Service for details.

Humana*One*

Payments - Plan benefits are paid based on reasonable amounts, as defined in your policy. Participating providers agree to accept reasonable amounts, as listed in negotiated payment schedules, as payment in full.

For services rendered by nonparticipating providers, the member is responsible for charges exceeding the maximum allowable fee as explained in your policy.

Participating 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 judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

Disease Management

Humana's member-focused programs span a health continuum, from preventive care and education to supportive case management for individuals with certain diseases or chronic conditions. Our goal is to facilitate access to care and decision-making for all members, empowering them with knowledge and the appropriate tools to meet their needs regardless of health status.

Humana*Beginnings*®

Humana*Beginnings* is a prenatal education and case management program designed to encourage healthy practices during pregnancy, and as a result, reduce the incidence of infants born prematurely or at a low birth weight. Registered nurses assess pregnant members and provide education and follow-up evaluations for all eligible participants.

Personal Nurse®

Our Personal Nurse service provides members with a specially trained nurse and provides information and tools that can help members understand their health care options, take control of their health needs, and get the most from their plan benefits.

Additional Member Services

Humana.com

Humana's award-winning Web site, **www.humana.com**, makes insurance information more convenient and accessible. Humana.com offers access to the information you need, 24 hours a day, seven days a week. It offers valuable features like:

- **Physician Finder *Plus*.** Select Humana/ChoiceCare Network and check to see if your physician or hospital is included. You can perform a search by name, specialty or location, and even obtain directions to the doctor's office.
- **Prescription Drug Services and Information.** Enter a drug name and search for drug alternatives that could save you money and identify possible dangerous drug interactions.
- **Pharmacy Locator.** Find in-network pharmacies anywhere in the U.S.
- **Health and Wellness Center.** Take advantage of our online assessments, interactive tools and member newsletter. This center is also the place to learn about Humana's health management programs.

Prescription Drug Coverage

Humana's pharmacy benefit includes both generic and brand-name drugs. It even includes coverage for many of the more progressive, high-technology drugs.

Humana is one of the nation's largest publicly traded health benefits companies, with approximately 6.4 million medical members located primarily in 18 states and Puerto Rico. Humana offers coordinated health insurance coverage and related services through traditional and Internet-based plans to individuals, employer groups and government-sponsored plans.

This document and accompanying materials contain a general summary of benefits, exclusions and limitations. Please refer to the policy for actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern.

HUMANA®
Guidance when you need it most

Policy number: GN-70129 et al
TX-46001-HH 02/03

Insured by Humana Insurance Company

Limitations and Exclusions

This is an outline of the limitations and exclusions for the HumanaOne Individual Health Plan. It is designed for convenient reference and may vary by state. Consult the policy for a complete list of limitations and exclusions.

Unless stated otherwise, no services will be provided for the following situations.

1. Services not medically necessary for diagnosis and treatment of a bodily injury or sickness;
2. Any service which is experimental, investigational, or for research purposes, unless otherwise indicated in the policy;
3. Services of ineligible providers;
4. Services not authorized or prescribed by a health care practitioner;
5. Services for which no charge is made;
6. Services while confined in a hospital or other facility owned or operated by the United States government;
7. Services provided by a person who ordinarily resides in the covered person's home or who is a family member;
8. Services that are performed in association with a service that is not covered under this policy;
9. Charges in excess of the maximum allowable fee for the service;
10. Pre-existing conditions to the extent specified in the policy;
11. Expenses incurred before the effective date or after the date the coverage terminates;
12. Any expense incurred exceeding any policy benefit maximum;
13. Cosmetic surgery except for breast reconstruction following a medically necessary mastectomy, or for congenital defects for a covered dependent;
14. Custodial care and maintenance care;
15. Any drug, medicine or device which does not have the U.S. Food and Drug Administration formal market approval through a New Drug Application, Premarket Approval or 510K;
16. Contraceptives, other than oral, including implant systems and devices regardless of the purpose for which prescribed;
17. Medications, drugs or hormones to stimulate growth;
18. a. Prescription drugs received before the effective date and after the termination date.
    b. Legend drugs not recommended or deemed necessary by a health care practitioner; drugs prescribed for a non-covered sickness or bodily injury.
    c. Drugs prescribed for intended use other than for indications approved by the FDA or recognized off-label indications through peer-reviewed medical literature; experimental or investigational use drugs.
    d. Over the counter drugs (except insulin) or drugs available in prescription strength without a prescription.
    e. Drugs used in treatment of nail fungus
    f. Prescription refills exceeding the number specified by the health care practitioner or dispensed more than one year from the date of the original order;
19. Vitamins, dietaries and any other nonprescription supplements;
20. Infertility services;
21. Treatment of normal pregnancy and well-baby expenses;
22. Elective medical or surgical abortion, reversal of elective sterilization or any services associated with gender reassignment or sexual dysfunction;
23. Vision therapy; all types of refractive keratoplasties; any other procedures, treatments or devices for refractive correction, eyeglasses and contact lenses;
24. Routine physical, hearing and eye examinations for occupation, employment, school, travel, purchase of insurance or premarital tests;
25. Dental/orthodontic services or supplies;
26. Any loss contributed to, or caused by, war or any act of war, whether declared or not;
27. Treatment of mental disorders, chemical or alcohol dependence unless otherwise indicated in the policy;
28. Private duty nursing;
29. Loss due to commission or attempt to commit a civil or criminal battery or felony;
30. Services rendered by a standby physician or assistant surgeon, unless medically necessary;
31. Environmental medicine;
32. Treatment of obesity, unless qualified as morbid obesity;
33. Smoking cessation programs, medications, aids or devices;
34. Educational or vocation therapy, services and schools;
35. Foot care services unless otherwise indicated in the policy;
36. Communications and travel time;
37. Lodging accommodations or transportation;
38. Charges for services that are primarily and customarily used for nonmedical purpose or used for environmental control or enhancement (whether or not prescribed by a physician);
39. Light treatments for Seasonal Affective Disorder (S.A.D.);
40. Charges for health clubs or health spas, aerobic and strength conditioning;
41. Hearing aids, hair prosthesis, hair transplants or implants and wigs;
42. Alternative medicine;
43. Marital counseling;
44. Transplant services, except as specified in this policy;
45. Treatment for any jaw joint problem, including but not limited to, temporomandibular joint disorder, craniomaxillary disorder, craniomandibular disorder, head and neck neuromuscular disorder or other conditions of the joint linking the jaw bone and skull;
46. Services for an injury or illness covered by workers' compensation or similar benefits;
47. Genetic testing, counseling or services;
48. Counseling or behavioral modification services;
49. Treatment as a result of attempted suicide or intentionally self-inflicted injury, whether sane or insane;
50. Charges for which there is an automobile or liability insurance providing medical payments; or
51. Organ transplants not approved based on established criteria or investigational, experimental or for research purposes.

HUMANA®

Policy number: GN-70129 et al
GN-46003-HH

Insured by Humana Insurance Company

9/02