NPOS 1
Clermont County

HUMANA
Guidance when you need it most

OHIO 2010 Major Plan Benefits		Plan pays for services provided by **PARTICIPATING** providers	Plan pays for services provided by **NONPARTICIPATING** providers
Preventive Care	• Immunizations • Mammogram and Pap smear	**100%**	**70%** after deductible
	• Adult routine physical exam *(one per plan year)* • Well-child care • Well-woman exam	**100%** after $15 copayment to primary care physician or $30 copayment to specialist	**70%** after deductible
Physician Services	• Office visits in conjunction with a sickness or injury	**100%** after $15 copayment to primary care physician or $30 copayment to specialist	**70%** after deductible
	• Diagnostic tests, lab and X-rays *(when done in office by physician)* • Allergy tests/serum • Office surgery • Physician visits to emergency room (1) • Allergy injections	**100%**	**70%** after deductible
	• Inpatient services • Outpatient services	**90%** after deductible	**70%** after deductible
	• Office therapy/chiropractic adjustment *(up to 12 visits per calendar year)*	**100%** after $30 specialist copayment	**70%** after deductible
Hospital Services	• Inpatient care *(semiprivate room and ancillary services)* • Outpatient surgery • Outpatient nonsurgical care	**90%** after deductible	**70%** after deductible
	• Emergency room	**100%** after $150 copayment *(waived if admitted)* (1)	**100%** after $150 copayment *(waived if admitted)* (1)
Prescription Drugs	• Retail pharmacy (Rx4) *(30-day supply)*	**100%** after: Level One – $10 copayment Level Two – $30 copayment Level Three – $50 copayment Level Four – 25%	**70%** after applicable copayment
	• Mail order (Rx4) *(90-day supply)*	**100%** after: Level One – $20 copayment Level Two – $60 copayment Level Three – $100 copayment Level Four – 25%	Not covered
Other Medical Services	• Skilled nursing facility *(up to 120 days per plan year)* (2) • Home health care *(up to 30 visits per plan year)* (2) • Durable medical equipment (2)	**90%** after deductible	**70%** after deductible
	• Hospice services (2)	**100%**	**70%** after deductible
	• Physical and occupational therapy *(up to 60 visits per calendar year)* • Speech therapy *(up to 20 visits per calendar year)*	**100%** after $15 copayment	**70%** after deductible
	• Urgent care facility	**100%** after $35 copayment	**70%** after deductible
Deductible	• Individual	$250	$500
	• Family	$500	$1,000
Maximum Out-Of-Pocket Expense Limit *(excludes deductible)*	• Individual	$1,000	$2,000
	• Family	$2,000	$4,000
Lifetime Maximum Benefit	• Per member benefit paid by plan	$2,000,000	

OHIO 2010 Major Plan Benefits		Plan pays for services provided by **PARTICIPATING** providers	Plan pays for services provided by **NONPARTICIPATING** providers
Behavioral Health *(mental health and substance abuse services)*	• Inpatient-covered services (2)	**90%** after deductible	**70%** after deductible
	• Outpatient and office therapy-covered services	**100%** after a $30 copayment per visit	**70%** after deductible

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 health care 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/** or call Customer Service.

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

Payments - Plan pays benefits based on maximum allowable fees as defined in your Certificate. Participating providers agree to accept maximum allowable fees, as listed in negotiated payment schedules, as payment in full.

For services rendered by nonparticipating physicians, the member is responsible for charges exceeding a fee schedule selected by your employer and defined in your Certificate. For services from other nonparticipating providers, the member is responsible for amounts which exceed maximum allowable fees, as defined in your Certificate.

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 Certificate for more information on medical necessity and other specific plan benefits.

(1) Ambulance transportation and/or services received in an emergency room are not covered unless required because of emergency care, as defined in your Certificate.
(2) Failure to preauthorize may result in denial of payment.

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. Limitations and exclusions to coverage apply even if a health care practitioner has performed or prescribed a medically appropriate procedure, treatment or supply. This does not prevent your health care practitioner from providing or performing any procedure, treatment or supply. This guide is available at Humana.com/members/ enrollment center/pre-enrollment disclosures or through your sales representative.

For general questions about the plan, contact your Human Resources office.

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This is a brief plan description. It is not the plan document and does not include all of the benefits, limitations and exclusions of the plan. More complete terms of the plan are contained in the Summary Plan Description.

Administered by Humana Insurance Company