

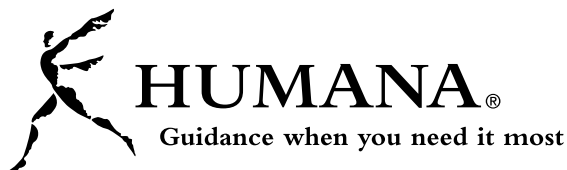
# HumanaOne

## Individual Health Insurance

Individual Health Plan  
College Graduate Health Plan  
Pre-Employment Health Plan

Summary of Benefits

### Colorado



## COLORADO

		Plan pays for services at <b>PARTICIPATING</b> providers (16)	Plan pays for services at <b>NONPARTICIPATING</b> providers (17)
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>Well-child care (including immunizations) (birth to age 13)</li> <li>Colorectal detection screening</li> <li>Annual routine mammogram</li> <li>PSA</li> </ul>	<b>80%</b>	<b>60%</b>
	<ul style="list-style-type: none"> <li>Routine immunizations (age 13 to age 18) (1), (2)</li> <li>Annual routine Pap smear (1), (2)</li> <li>Annual routine physical exam (age 13 and older) (1), (2)</li> </ul>	<b>80%</b>	Not covered
	<ul style="list-style-type: none"> <li>Routine lab, pathology and X-ray (1), (2)</li> </ul>	<b>80%</b> after deductible	Not covered
<b>Physician Services</b>	<ul style="list-style-type: none"> <li>Office visits (includes diagnostic lab and X-ray)</li> <li>Allergy testing, serum and injections</li> <li>Inpatient services</li> <li>Outpatient services (includes surgery) (3)</li> </ul>	<b>80%</b> after deductible	<b>60%</b> after deductible
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient surgery - facility (3)</li> <li>Outpatient nonsurgical</li> <li>Newborn hospital stay (4)</li> </ul>	<b>80%</b> after deductible	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Emergency room (including physician visits)</li> </ul>	<b>80%</b> after \$75 copayment per visit and deductible (copayment waived if admitted)	<b>60%</b> after \$75 copayment visit and deductible (copayment waived if admitted)
<b>Prescription Drugs</b> (15)	<ul style="list-style-type: none"> <li>Prescription drug deductible (10)</li> </ul>	\$500 prescription drug deductible per individual	\$500 prescription drug deductible per individual
	<ul style="list-style-type: none"> <li>Benefit for each prescription or refill (up to 30-day supply)                             <ul style="list-style-type: none"> <li>– Level One</li> </ul> </li> </ul>	<b>100%</b> after: \$10 copayment after prescription drug deductible	<b>70%</b> after: \$10 copayment after prescription drug deductible
	<ul style="list-style-type: none"> <li>– Level Two</li> </ul>	\$30 copayment after prescription drug deductible	\$30 copayment after prescription drug deductible
	<ul style="list-style-type: none"> <li>– Level Three</li> </ul>	\$50 copayment after prescription drug deductible	\$50 copayment after prescription drug deductible
	<ul style="list-style-type: none"> <li>– Level Four</li> </ul>	<b>25%</b> copayment after prescription drug deductible up to \$2,500 maximum out-of-pocket per calendar year	<b>25%</b> copayment after prescription deductible drug up to \$2,500 maximum out-of-pocket per calendar year
	<ul style="list-style-type: none"> <li>Mail order (90-day supply)</li> </ul>	<b>100%</b> after three times the retail copayment	<b>70%</b> after three times the retail copayment
<b>Other Medical Services</b>	<ul style="list-style-type: none"> <li>Skilled nursing facility (up to 30 days per calendar year) (5)</li> <li>Home health care (up to 60 visits per calendar year) (5)</li> <li>Durable medical equipment (5)</li> <li>Physical and speech therapy, chiropractic services (up to combined maximum of 20 visits per calendar year) (6)</li> <li>Outpatient hospital and anesthesia for dental (limited to a dependent child)</li> <li>Cleft lip and palate (care and treatment) (7)</li> <li>Hospice (5), (8)</li> <li>Autism</li> </ul>	<b>80%</b> after deductible	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Ambulance (up to \$15,000 maximum per calendar year)</li> </ul>	<b>80%</b> after deductible	<b>80%</b> after deductible
	<ul style="list-style-type: none"> <li>Transplant services (organ) (5)</li> </ul>	<b>80%</b> after deductible (when services are at a National Transplant Network provider)	<b>60%</b> after deductible subject to separate out-of-pocket maximum of \$35,000 per calendar year

## COLORADO

		Plan pays for services at <b>PARTICIPATING</b> providers (16)		Plan pays for services at <b>NONPARTICIPATING</b> providers (17)	
<b>Mental Health</b> ( <i>mental disorders, alcohol and chemical dependence</i> ) (1)	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)	50% after deductible		50% after deductible	
<b>Maximum Out-of-Pocket Expense</b> (9), (10)	• Individual (must be satisfied by each covered person)	\$2,000		\$8,000	
<b>Annual Deductible</b> (9), (10)	• Annual amount (does not apply to maximum out-of-pocket expense)	<b>Single Deductible</b>	<b>Family Deductible</b> (11)	<b>Single Deductible</b>	<b>Family Deductible</b> (11)
		\$ 500 1,000 2,500 5,000	\$ 1,500 3,000 5,000 10,000	1,000 2,000 5,000 10,000	\$ 3,000 6,000 10,000 20,000
<b>Lifetime Maximum</b>		\$5,000,000			
<b>Optional Benefits</b> (Not available for HumanaOne College Graduate and Pre-Employment Health Plans) (12)	• Prescription coverage \$0 deductible • Maternity (1), (10) • Office visit copayment option (includes office diagnostic tests, lab and X-rays, paid at 100% up to \$100 per calendar year) (13), (14)	Under this option, no deductible is required to be met before plan benefits are payable.		60% after \$1,000 separate deductible	
		100% after \$25 copayment for primary care physician and \$40 copayment for specialist. After four visits are met, plan pays 80% after deductible.		40% after \$1,000 separate deductible	
				60% after deductible	

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

- (1) Benefits payable after 90-day waiting period for preventive care and 12-month waiting period for mental health and maternity.
- (2) Up to a combined maximum of \$240 per person per calendar year.
- (3) 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).
- (4) This benefit covers well-baby charges for a hospital stay of 48 hours following a vaginal delivery and 96 hours following a Cesarean section. If delivery occurs after 8:00 p.m., coverage will continue until 8:00 a.m. the following morning.
- (5) Prior authorization required in order to be eligible for these benefits.
- (6) The benefit maximum for covered dependent children to age 5 who have a congenital defect or birth abnormality will be 20 visits per year each for physical, occupational and speech therapy.
- (7) This benefit covers a newborn dependent born with cleft lip and/or palate not subject to any age limit.
- (8) Bereavement limited to \$1,150 per family for the 12 month period following death. Nursing, social/counseling services, and certified nurses aid or delegated nursing services limited to \$9,100 per member per benefit period.
- (9) When you obtain care from nonparticipating providers:
  - 50 percent of your payment toward the deductible is credited to the deductible for participating providers.
  - 50 percent of your out-of-pocket costs are credited to the out-of-pocket maximum for participating providers.
 Once you meet your deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services. Participating provider covered expenses are not credited to the nonparticipating provider deductible or out-of-pocket maximum.
- (10) Copayments do not apply toward deductibles or out-of-pocket maximums. The out-of-pocket maximum does not apply to transplant services from nonparticipating providers, prescription drugs, mental health services or maternity services if optional maternity benefit is selected.
- (11) Two or three family members must meet their individual deductibles, depending on the deductible amount selected.
- (12) These benefits are optional and can be added to your plan for an additional cost.
- (13) This benefit does not cover MRI, CAT, EEG, EKG, ECG, cardiac catheterization or pulmonary function studies.
- (14) Primary care physicians include family practitioner, general practitioner, pediatrician or internist and specialist contains any other participating physician. Please contact Customer Service for details.
- (15) If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.
- (16) **The Preferred Provider Organization (PPO) Network has an inadequate number of providers in the following counties in Colorado: Custer, Dolores, Hinsdale, Jackson, Mineral, San Juan, San Miguel.**
- (17) **Nonparticipating providers may balance bill you for the difference between the amount paid by us and the nonparticipating providers billed charges if:**
  - a. You are required to travel no more than a reasonable distance beyond the plan's service area in order to receive services from a participating provider;
  - b. The covered person knowingly seeks services from a nonparticipating provider; and
  - c. The nonparticipating provider is reimbursed for an amount less than the billed charge.
 To receive our reimbursement rate for specific covered services rendered by a nonparticipating provider, please contact our Claims Department at 1-800-833-6917.

Colorado law requires carriers to make available a Colorado Health Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

A copy of the Colorado Network Access plan can be provided upon request.

**Payments** - Plan benefits are paid based on the maximum allowable fee, as defined in your policy. Participating physicians agree to accept the maximum allowable fee, 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 defined in your policy. For services from other nonparticipating providers, the member may be responsible for charges which exceed participating provider schedules or certain other reimbursement schedules.

**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.

### HumanaBeginnings®

HumanaBeginnings 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](http://www.humana.com), makes insurance information more convenient and accessible. Humana.com offers access to the information you need, 24 hours a day, 7 days a week. It offers valuable features like:

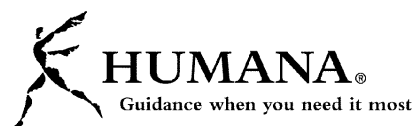
- **Physician Finder Plus.** Select Humana/ChoiceCare Network and check to see if your physician or hospital is included. You can perform a search by name, specialty or location, and even obtain directions to the doctor's office.
- **Prescription Drug Services and Information.** Enter a drug name and 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.*



# 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 unless otherwise indicated in the policy;
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 unless otherwise indicated in the policy;
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, while 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.

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