Individual Health Plan

Summary of Benefits

Health insurance that works for you and your family.

Texas

HumanaOne
### Preventive Care
- Routine immunizations (birth to age 6)
- Routine immunizations (age 6 to age 18) (1), (2)
- Annual routine mammogram (3)
- Annual routine Pap smear (1), (2), (3)
- Annual routine physical exam (1), (2)
- Colorectal detection screening
- PSA (3)
- Routine lab, pathology and X-ray (1), (2)

<table>
<thead>
<tr>
<th>Participating Providers</th>
<th>Nonparticipating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>80% after deductible</td>
<td>60% after deductible</td>
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</table>

### Physician Services
- Office visits (includes diagnostic lab and X-ray)
- Allergy testing, serum and injections
- Inpatient services and outpatient services (includes surgery) (4)

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### Hospital Services
- Inpatient care
- Outpatient surgery - facility (4)
- Outpatient nonsurgical
- Emergency room (including physician visits)

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### Prescription Drugs (5)
- Prescription drug deductible (9)
- Benefit for each prescription or refill (up to 30-day supply)
  - Level One
  - Level Two
  - Level Three
  - Level Four
- Mail order (90-day supply)

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<tr>
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<tr>
<td>$500 prescription drug deductible per individual</td>
<td>$500 prescription drug deductible per individual</td>
</tr>
<tr>
<td>100% after:</td>
<td>70% after:</td>
</tr>
<tr>
<td>$10 copayment after prescription drug deductible</td>
<td>$10 copayment after prescription drug deductible</td>
</tr>
<tr>
<td>$30 copayment after prescription drug deductible</td>
<td>$30 copayment after prescription drug deductible</td>
</tr>
<tr>
<td>$50 copayment after prescription drug deductible</td>
<td>$50 copayment after prescription drug deductible</td>
</tr>
<tr>
<td>25% copayment after deductible up to $2,500 maximum out-of-pocket per calendar year</td>
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</tr>
<tr>
<td>100% after three times the retail copayment</td>
<td>70% after three times the retail copayment</td>
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### Other Medical Services
- Skilled nursing facility (up to 30 days per calendar year) (6)
- Home health care (up to 60 visits per calendar year) (6)
- Durable medical equipment (6)
- Physical and speech therapy, chiropractic services (up to combined maximum of 20 visits per calendar year)
- Hospice (6), (7)
- Ambulance (up to $15,000 maximum per calendar year)

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Other Medical Services (continued)

Mental Health (includes mental disorders, alcohol and chemical dependence) (10)

Maximum Out-of-Pocket Expense Limit (8), (9)

Annual Deductible (8), (9)

Lifetime Maximum

Optional Benefits (12)

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.
(2) Up to a combined maximum of $240 per person per calendar year.
(3) Age and/or frequency limits apply.
(4) 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).
(5) If a nonparticipating pharmacy is used, you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.
(6) 50 percent reduction in benefit if prior authorization is not obtained.
(7) Bereavement limited to 15 visits per family per lifetime; Medical Social Services limited to $100 per family per lifetime.
(8) 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.
(9) 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 or mental health services.
(10) Benefits payable after 30-day waiting period.
(11) At least two family members must meet their individual deductibles.
(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. Level One providers include family practitioner, general practitioner, pediatrician or internist and Level Two providers contains any other participating physician. Please contact Customer Service for details.
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.

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, 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 Inc. 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.