



OPEN ENROLLMENT 2015 Summary of Benefits

# Your Health Benefits

Harrison County Government

**Humana.**

[Humana.com](http://Humana.com)

Relationships are built on trust. Respect for an individual's privacy goes a long way toward building trust. Humana values our relationship with you, and we take your personal privacy seriously. Humana's Notice of Privacy Practices outlines how Humana may use or disclose your personal and health information. It also tells how we protect this information. The notice provides an explanation of your rights concerning your information, including how you can access this information and how to limit access to your information. In addition, it provides instructions on how to file a privacy complaint with Humana or to exercise any of your rights regarding your information.

If you'd like a copy of Humana's Notice of Privacy Practices, you can request a copy by:

- Visiting **Humana.com** and clicking the Privacy Practices link at the bottom of the home page
- E-mailing us at [privacyoffice@humana.com](mailto:privacyoffice@humana.com)
- Sending a written request to:  
Humana Privacy Office  
P.O. Box 1438  
Louisville, KY 40202

# Humana National POS

Harrison County Government

Indiana

## The Purpose of This Benefit Summary

A benefit summary provides a brief overview of basic health plan features. For exact terms and conditions of your health plan benefits, please refer to your Benefit Plan Document, also known as your Summary Plan Description.

<b>80/60 COPAYMENT PLAN</b>	<b>IF YOU USE IN-NETWORK PROVIDERS</b>		<b>IF YOU USE OUT-OF-NETWORK PROVIDERS</b>	
<b>Annual Deductible</b> (The annual deductible is based upon a calendar year. Deductible and out-of-pocket limits for in-network and out-of-network providers calculate separately.)	Individual \$250	Family (1) \$750	Individual \$500	Family (1) \$1,500
<b>Maximum Out-of-Pocket Expense Limit</b> (The Maximum Out-of-Pocket Expense Limit is calculated on a calendar year basis, and does not include copayments or deductibles.)	Individual \$750	Family \$1,250	Individual \$1,500	Family \$2,500
<b>Preventive Care</b>				
<ul style="list-style-type: none"><li>Preventive office visits (up to age 18)</li><li>Preventive immunizations (up to age 18)</li><li>Preventive office visit (18 years and above)</li><li>Preventive mammography</li><li>Preventive Pap smears</li><li>Preventive outpatient laboratory tests</li><li>Preventive endoscopy</li><li>Preventive prostate screenings</li><li>Preventive flu/pneumonia immunization</li></ul>	100%		60% after deductible	
<b>Physician Services (2)</b>				
<ul style="list-style-type: none"><li>Office visits (excludes diagnostic lab and X-ray)</li><li>Allergy testing (covered as part of office visit)</li><li>Diagnostic tests, lab and X-rays (when performed in an office or clinic)</li><li>Allergy serum</li><li>Physician visit to emergency room (4)</li></ul>	100% after \$25 primary care physician/ \$25 specialist copayment per visit		60% after deductible	60% after deductible
	100%			100%

<b>80/50 COPAYMENT PLAN</b>	<b>IF YOU USE IN-NETWORK PROVIDERS</b>	<b>IF YOU USE OUT-OF-NETWORK PROVIDERS</b>
<b>Physician Services (2) (continued)</b>		
<ul style="list-style-type: none"> <li>Inpatient/outpatient services</li> <li>Physician surgery</li> <li>Allergy injections</li> </ul>	<ul style="list-style-type: none"> <li>80% after deductible</li> <li>100% after \$5 copayment</li> </ul>	<ul style="list-style-type: none"> <li>60% after deductible</li> <li>60% after deductible</li> </ul>
<b>Facility Services</b>		
<ul style="list-style-type: none"> <li>Inpatient care (semiprivate room and board, nursing care, ICU)</li> <li>Outpatient surgery</li> <li>Outpatient nonsurgical care</li> <li>Emergency room visit (copayment is waived if admitted) (4)</li> </ul>	<ul style="list-style-type: none"> <li>80% after deductible</li> <li>100% after \$200 copayment</li> </ul>	<ul style="list-style-type: none"> <li>60% after deductible</li> <li>100% after \$200 copayment</li> </ul>
<b>Other Medical Services (2)</b>		
<ul style="list-style-type: none"> <li>Skilled nursing facility(90 Days)</li> <li>Home health care (90 Days)</li> <li>Durable medical equipment</li> <li>Physical, occupational, cognitive, speech and audiology therapy, spinal manipulations, adjustments, and modalities (up to 30 visits per calendar year) Out-of-network is limited to 10 of the 30 visits.</li> <li>Advanced imaging (PET, MRI, MRA, CAT, SPECT)</li> <li>Advanced imaging in emergency room (PET, MRI, MRA, CAT, SPECT) (4)</li> <li>Ambulance (4)</li> <li>Urgent care</li> <li>Retail clinics</li> <li>Maternity</li> </ul>	<ul style="list-style-type: none"> <li>80% after deductible</li> <li>Same as specialist office visit</li> <li>80% after deductible</li> <li>100% after \$75 copayment</li> <li>Same as primary care office visit</li> <li>Same as any other condition</li> </ul>	<ul style="list-style-type: none"> <li>60% after deductible</li> <li>60% after deductible</li> <li>80% after in-network deductible</li> <li>60% after deductible</li> <li>60% after deductible</li> <li>Same as any other condition</li> </ul>
<b>Mental Health</b>		
<ul style="list-style-type: none"> <li>Inpatient services</li> <li>Outpatient services</li> </ul>	<ul style="list-style-type: none"> <li>80% after deductible</li> <li>Same as specialist office visit</li> </ul>	<ul style="list-style-type: none"> <li>60% after deductible</li> <li>60% after deductible</li> </ul>
<b>Alcohol and Chemical Dependency</b>		
<ul style="list-style-type: none"> <li>Inpatient services</li> <li>Outpatient services</li> </ul>	<ul style="list-style-type: none"> <li>80% after deductible</li> <li>Same as specialist office visit</li> </ul>	<ul style="list-style-type: none"> <li>60% after deductible</li> <li>60% after deductible</li> </ul>

### **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](https://www.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**

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.

### **Provider Disclaimer**

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.

Primary care physicians are defined as family practitioner, general practitioner, pediatrician or internist.

To be covered, services 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.

### **Additional Coverage Information**

The amount of benefit provided depends upon the plan selected. Premiums will vary according to the selection made. For general questions about the plan, contact your benefits administrator

- (1) You are not required to meet individual deductibles once the family deductible has been met.
- (2) The following are generally defined as primary care physicians under your plan: general practitioner, family practitioner, pediatrician or internist.
- (3) Visit and day limits are combined for participating and nonparticipating providers.
- (4) Ambulance transportation and/or services received in an emergency room are not covered unless required because of emergency care, as defined in your Summary Plan Description.

Administered by Humana Health Plan, Inc.



[Humana.com](https://www.humana.com)



# HumanaPOS Rx3

Level One - \$10, Level Two - \$20, Level Three - \$30

## How the Rx3 structure works

When you present your membership card at a participating pharmacy, you will be required to make a copayment for your prescriptions based on the type of medication you purchase:

- **Level One:** Lowest copayment for low-cost generic drugs.
- **Level Two:** Higher copayment for higher-cost brand-name drugs.\*
- **Level Three:** Highest copayment for higher-cost drugs, both generic and brand-names. These drugs may have generic or brand-name alternatives in Levels One or Two.\*

\* If you request a brand-name drug when a generic equivalent is available, you pay the applicable generic copayment, plus the cost difference between the brand-name and generic drugs. If your doctor indicates that a generic drug cannot be substituted by writing “Dispense as Written” on your prescription, you can only receive that specific drug, even if a generic equivalent is available. As a result, you will be charged the applicable brand-name copayment. In this case, you will not be responsible for the cost difference between the brand and generic. If you discover at the pharmacy that your doctor gave you a “Dispense as Written” prescription, you can ask the pharmacist to contact your doctor for approval of a generic equivalent.

Prescription drug products, or classes of certain prescription drug products, are generally reviewed on an ongoing basis by a Humana Pharmacy and Therapeutics committee, which is composed of physicians and pharmacists. Drugs are reviewed for safety, effectiveness and cost-effectiveness prior to assignment or a change in assignment to one of the levels. Coverage of a prescription drug or placement of the drug within a level are subject to change throughout the year. If drugs are moved to categories with higher member cost, advance notice is provided based on past usage. Always discuss prescription drugs with your doctor to determine appropriateness or clinical effectiveness.

Some drugs in all levels may be subject to dispensing limitations, based on age, gender, duration or quantity. Additionally, some drugs may need prior authorization in order to be covered. In these cases, your physician should contact Humana Clinical Pharmacy Review at 1-800-555-CLIN (2546).

Members can visit Humana’s Website, [Humana.com](https://www.humana.com), to obtain information about their prescription drug and corresponding benefits and for possible lower cost alternatives, or they can call Humana’s Customer Service with questions or to request a partial Humana Rx3 Drug List by mail.

---

## Coverage at participating pharmacies

When you present your membership card at a participating pharmacy, you are required to make a copayment for each prescription based on the current assigned level of the drug.

Drugs assigned to:	Copayment per prescription or refill
<b>Level One:</b>	<b>\$10</b>
<b>Level Two:</b>	<b>\$20</b>
<b>Level Three:</b>	<b>\$30</b>

- Your copayments for covered prescription drugs are made on a per prescription or refill basis and will not change if Humana receives any retrospective volume discounts or prescription drug rebates.
- If the dispensing pharmacy's charge is less than the corresponding copayment, you will only be responsible for the lower amount.

There are no claim forms to file if you use a participating pharmacy and present your ID card with each prescription.

---

## Nonparticipating pharmacy coverage\*

You may also purchase prescribed medications from a nonparticipating pharmacy. You will be required to pay for your prescriptions according to the following rule:

- You pay 100 percent of the actual charges
  - You file a claim form with Humana (address is on the back of ID card)
  - Claim is paid at 70 percent of the actual charges, after they are first reduced by the sum of the applicable copayment and any required difference between the amount paid by Humana to the dispensing pharmacy for the brand-name drug and the amount Humana would have paid the dispensing pharmacy for a generic medication
- Your copayments for covered prescription drugs are made on a per prescription or refill basis and will not change if Humana receives any retrospective volume discounts or prescription drug rebates.

\* In Georgia, the nonparticipating benefits are paid the same as the participating benefits, per state regulation

---

## Coverage specifics

Your coverage includes the following:

- A 30-day supply or the amount prescribed, whichever is less, for each prescription or refill
- Contraceptives
- For Arizona, coverage also includes FDA approved contraceptive devices
- Certain self-administered injectable drugs approved by Humana will be paid at the applicable copayment
- Certain drugs, medicines or medications that under federal or state law may be dispensed only by prescription from a physician.

Some drugs may be subject to prior authorization requirements for coverage under the plan. Additionally, some drugs may have dispensing limitations, which limit coverage based on duration, age, gender or dosage criteria. To determine whether a drug prescribed for you may be affected by these coverage limitations, please contact Customer Service or visit our Website.

For a complete listing of participating pharmacies, please refer to your participating provider directory, or visit our Website at **Humana.com**.

---

## Mail-order and 90-day Retail

For your convenience, you can receive a maximum 90-day supply per prescription or refill (maximum 30-day supply for self-administered injectable and specialty drugs\*) for certain maintenance drugs. In these cases, multiple copayments will usually apply. The same requirements apply whether purchasing medications through a participating mail-order pharmacy or purchasing in person at a retail pharmacy. Some retail pharmacies may not dispense on 90-day basis. Members can call Customer Service or visit our Website for more information, including mail-order forms.

---

## Definition of terms

- Brand-name medication (drug): a medication that is manufactured and distributed by only one pharmaceutical manufacturer or as defined by the national pricing standard used by Humana.
- Default rate: the rate or amount equal to the Medicare reimbursement rate for the prescription or refill.
- Copayment: the amount to be paid by the member toward the cost of each separate prescription or refill of a covered drug when dispensed by a pharmacy.
- Generic medication (drug): a medication that is manufactured, distributed, and available from several pharmaceutical manufacturers and identified by the chemical name or as defined by the national pricing standard used by Humana.
- Participating pharmacy: a pharmacy that has signed a direct agreement with us or has been designated by us to provide covered pharmacy services, covered specialty pharmacy services; or covered mail order pharmacy services, as defined by us, to covered persons, including covered prescriptions or refills delivered through the mail.
- Nonparticipating pharmacy: a pharmacy that has not been designated by us to provide services to covered persons.

---

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](https://www.humana.com/members/enrollment-center/pre-enrollment-disclosures) or through your sales representative.

---

Humana Plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Emphesys Insurance Company or insured by Humana Insurance Company. Administered by Humana Insurance Company.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or broker.





# HUMANA HEALTH PLAN, INC./HUMANA INSURANCE

## COMPANY: IN LG NPOS 11

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Date: Beginning on or after 01/01/2015

Coverage For: Individual + Family | Plan Type: NPOS



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.humana.com](http://www.humana.com) or by calling 1-866-4ASSIST (427-7478).

Important Questions	Answers	Why this Matters:
<b>What is the overall <u>deductible</u>?</b>	Network: <b>\$250 Individual / \$750 Family</b>  Non-Network: <b>\$500 Individual / \$1,500 Family</b>  Doesn't apply to prescription drugs and preventive services. Co-insurance and co-payments don't count toward the deductible	You must pay all the costs up to the <b><u>deductible</u></b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b><u>deductible</u></b> starts over (usually, but not always, January 1st). See the chart starting on page 3 for how much you pay for covered services after you meet the <b><u>deductible</u></b> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <b><u>deductibles</u></b> for specific services, but see the chart starting on page 3 for other costs for services this plan covers.
<b>Is there an <u>out-of-pocket limit</u> on my expenses</b>	Yes. For Network providers <b>\$750 Individual / \$1,250 Family</b>  For Non-Network providers <b>\$1,500 Individual / \$2,500 Family</b>	The <b><u>out-of-pocket limit</u></b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Premiums, Balance-billed charges, Health care this plan doesn't cover, Penalties, Non-network transplant, Co-Payments, Deductibles, prescription drugs, specialty drugs	Even though you pay these expenses, they don't count toward the <b><u>out-of-pocket limit</u></b> .

**Questions:** Call 1-866-4ASSIST (427-7478) or visit us at [www.humana.com](http://www.humana.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-866-4ASSIST (427-7478) to request a copy.

<b>Is there an overall annual limit on what the plan pays?</b>	No.	The chart starting on page 3 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
<b>Does this plan use a network of providers?</b>	Yes. See <a href="http://www.humana.com">www.humana.com</a> or call 1-866-4ASSIST (427-7478) for a list of Network providers.	If you use a network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your network doctor or hospital may use a non-network <b>provider</b> for some services. Plans use the term network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 3 for how this plan pays different kinds of <b>providers</b> .
<b>Do I need a referral to see a specialist?</b>	No.	You can see the <b>specialist</b> you choose without permission from this plan.
<b>Are there services this plan doesn't cover?</b>	Yes.	Some of the services this plan doesn't cover are listed on page 7. See your policy or plan document for additional information about <b>excluded services</b> .



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the **allowed amount**. If a non-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a non-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
<b>If you visit a health care <u>provider's</u> office or clinic</b>	Primary care visit to treat an injury or illness	\$25 copay/visit	40% coinsurance	<del>_____none_____</del>
	Specialist visit	\$25 copay/visit	40% coinsurance	<del>_____none_____</del>
	Other practitioner office visit	Chiropractor: \$25 copay/visit	Chiropractor: 40% coinsurance	Chiropractor: 12 combined In Network and Out of Network provider Chiro visits per calendar year.
	Preventive care / screening / immunization	No Charge	40% coinsurance	limited coverage for preventive care
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	No Charge	40% coinsurance	Cost share may vary based on where service is performed
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	Preauthorization may be required, penalty may apply Cost share may vary based on where service is performed

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u><a href="#">prescription drug coverage</a></u> is available at <a href="http://www.humana.com">www.humana.com</a>.</p>	Level 1 - Low-cost generic drugs	\$10 copay (Retail) \$10 copay (Mail Order)	30% coinsurance after Network copay (Retail) 30% coinsurance after Network copay (Mail Order)	Preauthorization may be required, penalties may apply. 30 day supply (Retail) 90 day supply (Mail Order)
	Level 2 - Brand name drugs	\$20 copay (Retail) \$50 copay (Mail Order)	See Level 1 for Non-Network benefit	See Level 1 for Limitations and Exceptions
	Level 3 - Highest cost drugs	\$30 copay (Retail) \$90 copay (Mail Order)	See Level 1 for Non-Network benefit	See Level 1 for Limitations and Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Preauthorization may be required, penalty may apply
	Physician/surgeon fees	20% coinsurance	40% coinsurance	—————none—————
If you need immediate medical attention	Emergency room services	\$200 copay/visit	\$200 copay/visit	Copayment waived if admitted
	Emergency medical transportation	20% coinsurance	20% coinsurance	—————none—————
	Urgent care	\$75 copay/visit	40% coinsurance	—————none—————

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	Preauthorization may be required, penalty may apply
	Physician/surgeon fee	20% coinsurance	40% coinsurance	—————none—————
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$25 copay/visit	40% coinsurance	—————none—————
	Mental/Behavioral health inpatient services	20% coinsurance	40% coinsurance	Preauthorization may be required, penalty may apply
	Substance use disorder outpatient services	\$25 copay/visit	40% coinsurance	—————none—————
	Substance use disorder inpatient services	20% coinsurance	40% coinsurance	Preauthorization may be required, penalty may apply
<b>If you are pregnant</b>	Prenatal and postnatal care	20% coinsurance	40% coinsurance	—————none—————
	Delivery and all inpatient services	20% coinsurance	40% coinsurance	—————none—————

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
<b>If you need help recovering or have other special health needs</b>	Home health care	20% coinsurance	40% coinsurance	Preauthorization may be required, penalty may apply 90 visits
	Rehabilitation services All Therapy Services have a separate limit – Physical Therapy Occupational Therapy Speech Therapy Cognitive Therapy Chiropractic Services	\$25 copay/visit	40% coinsurance	Preauthorization may be required, penalty may apply 20 combined In-Network and Out-of-Network provider PT visits per calendar year. 20 combined In Network and Out of Network provider OT visits per calendar year. 20 combined In Network and Out of Network provider ST visits per calendar year. 20 combined In Network and Out of Network provider CT visits per calendar year. 12 combined In Network and Out of Network provider Chiro visits per calendar year. When rendered in the Home, Home Health limits apply.
	Habilitation services All Therapy Services have a separate limit – Physical Therapy Occupational Therapy Speech Therapy Cognitive Therapy Chiropractic Services	\$25 copay/visit	40% coinsurance	Preauthorization may be required, penalty may apply 20 combined In-Network and Out-of-Network provider PT visits per calendar year. 20 combined In Network and Out of Network provider OT visits per calendar year. 20 combined In Network and Out of Network provider ST visits per calendar year. 20 combined In Network and Out of Network provider CT visits per calendar year. 12 combined In Network and Out of Network provider Chiro visits per calendar year. When rendered in the Home, Home Health limits apply.
	Skilled nursing care	20% coinsurance	40% coinsurance	Preauthorization 90 days be required, penalty may apply 90 days
	Durable medical equipment	20% coinsurance	40% coinsurance	Preauthorization may be required, penalty may apply
	Hospice service	20% coinsurance	40% coinsurance	Preauthorization may be required, penalty may apply
	<b>If your child needs dental or eye care</b>	Eye exam	Not Covered	Not Covered
Glasses		Not Covered	Not Covered	—————none—————
Dental check-up		Not Covered	Not Covered	—————none—————

**Excluded Services & Other Covered Services:**

**Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)**

- Bariatric surgery for morbid obesity
- Child dental check-up
- Child eye exam
- Child glasses
- Cosmetic surgery, unless for a congenital anomaly, injury, infection, disease
- Dental care (Adult), unless for dental injury of a sound natural tooth
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

**Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)**

- Acupuncture, if prescribed by a physician for rehabilitation purposes
- Chiropractic care - spinal manipulations are covered

## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-866-4ASSIST (427-7478). You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Humana, Inc.: [www.humana.com](http://www.humana.com) or 1-866-4ASSIST (427-7478)

Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

Department of Insurance, 311 West Washington Street, Suite 300, Indianapolis, IN 46204-2787, Phone: 317-232-2427

Additionally, a consumer assistance program can help you file your appeal. Contact the Department of Insurance, Consumer Services Division, 311 West Washington Street, Suite 300, Indianapolis, IN 46204-2787, Phone: 317-232-2395 or 800-622-4461, Fax: 317-234-2103

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* —————

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays** \$6,290.00
- **Patient pays** \$1,250.00

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$250.00
Copays	\$0.00
Coinsurance	\$1,000.00
Limits or exclusions	\$0.00
<b>Total</b>	<b>\$1,250.00</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays** \$4,131.94
- **Patient pays** \$1,268.06

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$0.00
Copays	\$1,250.00
Coinsurance	\$0.00
Limits or exclusions	\$18.06
<b>Total</b>	<b>\$1,268.06</b>

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from network **providers**. If the patient had received care from non-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 1-866-4ASSIST (427-7478) or visit us at [www.humana.com](http://www.humana.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-866-4ASSIST (427-7478) to request a copy.

## RightSource®



### A mail-order pharmacy that offers convenience, cost savings and personal service.

Prescription services are the most often used – and the fastest growing – of all healthcare costs. With RightSource, our wholly-owned, mail-order pharmacy, we give your employees a fast, easy way to refill their maintenance medications.

#### Convenience

RightSource makes it easy for your employees to get the medications and medical supplies they need.

- Employees can get a 90-day supply four times a year, saving them 12 trips to a retail pharmacy
- RightSource accepts orders directly from healthcare providers or your employees can start an order online at **RightSourceRx.com** and RightSource will do the rest
- Members can also use the website or automated phone service to order refills quickly

*“The savings are great, courtesy a plus, and speed of delivery couldn’t be faster.”*

– RightSource customer, Kansas

#### Cost savings

Prescriptions are mailed directly to the member and standard shipping is free. Depending on your pharmacy plan design, many members can save by getting up to a 90-day supply for less than the cost at a local retail pharmacy.

#### Personal service

We are focused on each member’s individual needs. Members can speak directly with a pharmacist or technician 24/7 to get answers to any questions they may have about their prescriptions. To make it easy for members to stay on track with medications, RightSource sends refill reminders by phone, email or text.



## Accurate and Safe

Most pharmacies have only one pharmacist check filled prescriptions. RightSource is committed to quality and safety. Two pharmacists review every new prescription for accuracy and possible drug-to-drug interactions. Containers are foil-sealed for added safety.

Mail-order pharmacies, like RightSource, maintain a 99.99% accuracy rate, compared to 98.3% at retail locations.<sup>1</sup>

For more information contact your Humana representative or agent today.

<sup>1</sup> Source: Center for Pharmacy Operations and Designs, Harrison School of Pharmacy, Auburn University.

Humana Plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc. Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority. For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Emphesys Insurance Company or insured or administered by Humana Insurance Company. Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or broker.





With HumanaVitality,  
take the first step  
toward a new,  
healthier you today.

## Turn your next workout into a night out.

When you make a healthy decision, feeling good is usually your only reward. Until now. With HumanaVitality<sup>SM</sup>, healthy decisions are rewarded with things like concert tickets, hotel stays, trips, and more.

With HumanaVitality, achieving your health goals is easy because you can:

- Tailor it to fit your unique lifestyle and health status
- Receive customized health goals, personalized tips, and support
- Track your results and progress
- Earn Vitality Points<sup>TM</sup> – redeemable for fitness equipment, movie tickets, gift cards, and more

So starting today, make a change. Eat an apple instead of a pretzel, take your bike to the store instead of the car, and get that health checkup you've been meaning to. Starting today, you can take the first step toward living a healthier life – and get rewarded in the process.

Get started today. Complete your Health Assessment at [HumanaVitality.com](https://www.humanavitality.com) and find out your Vitality Age.<sup>TM</sup>

**Humana Vitality**<sup>SM</sup>

Like us on Facebook.

Follow us on Twitter.



Humana Plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Emphesys Insurance Company or insured or administered by Humana Insurance Company.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.



## Your silver lining may be closer than you think

Now that you're signed up for HumanaVitality, you may wonder what to do next. The key to success is to take care of some important details right away – like completing your Health Assessment.

Your Health Assessment will take just a few minutes and you'll get 1,000 Vitality Points<sup>™</sup> for completion. Just log on at [HumanaVitality.com](http://HumanaVitality.com) and follow the easy steps. All you have to do is answer questions about your health and lifestyle. We keep all information private.

## Achieving Silver Status

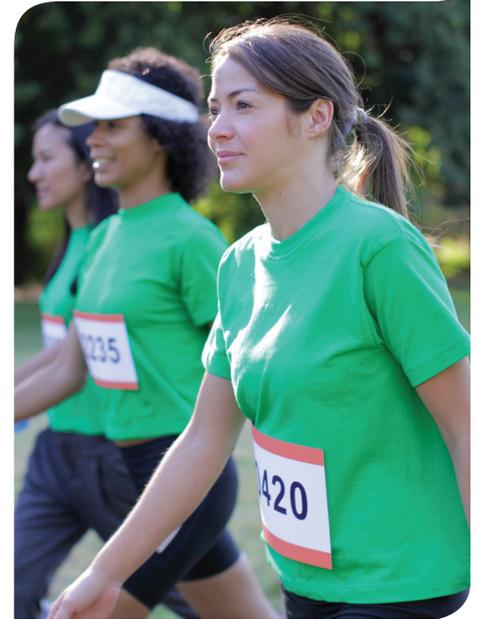
Completing your Health Assessment gives you a great start toward reaching Silver Status. Log in to your HumanaVitality profile page and explore other ways to earn points.

You can choose from categories like Healthy Living, Fitness, Prevention, and Education. Build points to raise your status level and get bigger discounts.

## How to get there

On the back of this sheet, you'll find a suggested path to Silver Vitality Status.<sup>SM</sup> While you can choose any qualified activity, we've provided some of the most popular to help you improve your status.

**And remember, the more Vitality Points you earn, the higher your Vitality Status, giving you more Vitality Bucks<sup>®</sup> to spend at the HumanaVitality Mall as well as opportunities for discounts on your purchases.**



### Questions?

If you can't find what you're looking for, call the number on the back of your member ID card.

Like us on Facebook



Follow us on Twitter



## Vitality Status<sup>SM</sup>

The more you do to stay healthy, the more Vitality Points you can earn, and when you have other members of your household enrolled in HumanaVitality, their healthy activities can count toward Vitality Points too. The more Vitality Points you earn, the higher your Vitality Status, giving you more Vitality Bucks<sup>®</sup> to spend at the HumanaVitality Mall as well as opportunities for discounts up to 40 percent on your purchases.

Below is a breakdown of the number of Vitality Points needed to reach each Vitality Status.

Vitality Status	Number of Vitality Points required for one adult	For each additional adult age 18+ the following number of additional Vitality Points are required*
Blue	Starting Vitality Status	
Bronze	Any adult member Health Assessment completion	
Silver	5,000	3,000
Gold	8,000	4,000
Platinum	10,000	5,000

\*Applies to additional dependents on your plan, such as your spouse and/or children who are age 18+

A suggested path to Silver Status. While you can choose any qualified activity, we've provided some of the most popular to help you improve your status.

### Individual

Activity During Year	Points Earned
Health Assessment (HA)	500
Bonus - HA completed within the first 90 days	250
First Step HA*	500
Vitality Check <sup>®</sup> completion	2,000
Vitality Check <sup>®</sup> in-range results	
BMI (Body Mass Index)	800
Blood pressure	400
Blood glucose level	400
Cholesterol level	400
<b>Silver Points level (5,000 points)</b>	<b>5,250</b>

\* 500-point limit for First Step HA over the life of membership



### Family

(two adults, one child. Assumes both adults complete Health Assessment)

Activity During Year	Points Earned
Health Assessment (x2)	1,000
Bonus - HA completed within the first 90 days (x2)	500
First Step HA* (x2)	1,000
Vitality Check <sup>®</sup> completion (x1)	2,000
Vitality Check <sup>®</sup> in-range results (x1)	
BMI (Body Mass Index)	800
Blood pressure	400
Blood glucose level	400
Cholesterol level	400
Complete 5K run/walk	250
Two workouts per week for 12 weeks (15pts*24)	360
Bonus - 15 pts for 1st workout of week	180
Kids Health Assessment	200
Kids preventive care visit	200
Kids flu shot	100
Kids Sports league	100
CPR certification	125
<b>Silver Points level (8,000 points)</b>	<b>8,015</b>



HumanaVitality.com



<b>Calendar-year deductible</b> (excludes orthodontia services)	<b>Individual</b> \$25	<b>Family</b> \$75
<b>Annual maximum</b> (excludes orthodontia services)	\$1,000	
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Oral examinations</li> <li>• X-rays</li> <li>• Cleanings</li> <li>• Topical fluoride treatment (through age 14, one per calendar year)</li> <li>• Sealants (through age 14)</li> </ul>	100% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Space maintainers (through age 14)</li> <li>• Emergency care for pain relief</li> <li>• Basic oral surgery services - basic extractions of erupted tooth or root</li> <li>• Fillings (amalgam, composite for anterior teeth)</li> <li>• Appliances for children (through age 14)</li> <li>• Prefabricated stainless steel crowns</li> <li>• Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots</li> </ul>	80% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Inlays and onlays</li> <li>• Bridgework</li> <li>• Dentures</li> <li>• Denture relines and rebases</li> <li>• Denture repair and adjustments</li> <li>• Implant</li> <li>• Periodontics</li> <li>• Endodontics (root canal)</li> </ul>	50% after deductible	
<b>Orthodontia</b>	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

## Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

### Feel good about choosing a HumanaDental plan

#### Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.\* Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

\* [www.perio.org](http://www.perio.org)

#### Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

#### Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?\*

\* American Academy of Cosmetic Dentistry

### Use your HumanaDental benefits

#### Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. You save an average of 30 percent when you visit a dentist in HumanaDental's Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

#### Know what your plan covers

The other side of this page provides a summary of HumanaDental benefits. Your plan certificate describes in detail your HumanaDental benefits. You can find it on MyHumana, your personal page at **Humana.com** or call 1-800-233-4013.

#### See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

#### Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

**HUMANA.**  
*Specialty Benefits*

Insured or administered by HumanaDental Insurance Company

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

# HumanaVision

## Vision Care Plan

Harrison County Government

	See a participating provider	See a nonparticipating provider
<b>Exam with dilation</b> as necessary	100% after \$15 copay	\$35 allowance
<b>Lenses</b>		
• Single	100% after \$20 copay	\$25 allowance
• Bifocal	100% after \$20 copay	\$40 allowance
• Trifocal	100% after \$20 copay	\$60 allowance
<b>Frames</b>	\$50 wholesale allowance	\$40 retail allowance
<b>Contact lenses<sup>1</sup></b>		
• Elective (conventional and disposable) <sup>2</sup>	\$150 allowance	\$150 allowance
• Medically necessary (limit one pair) <sup>3</sup>	100%	\$210 allowance
<b>Frequency</b> (based on date of service)		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 12 months	Once every 12 months
<b>Additional plan discounts</b>		
<ul style="list-style-type: none"> <li>• Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.</li> <li>• Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the network provider who sold the initial pair of eyeglasses.</li> <li>• After copay, standard polycarbonate available at no charge for dependents less than 19 years old.</li> </ul>		
<p><sup>1</sup> If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).</p> <p><sup>2</sup> The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.</p> <p><sup>3</sup> Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.</p>		

## Vision Care Plan

### HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by network providers. The network locations listed below offer the following prices (per eye):

	Conventional / Traditional		Custom	
<b>TLC</b> 888-358-3937 (designated locations only)	<b>\$895</b>		<b>\$1,295</b>	<b>\$1,895*</b>
<b>LasikPlus</b> 866-757-8082	<b>\$695*</b> LasikPlus free enhancements for 1 year	<b>\$1,395*</b> LasikPlus free enhancements for life	<b>\$1,895*</b> LasikPlus free enhancements for life	
<b>QualSight LASIK</b> 855-456-2020	<b>\$895</b> QualSight free enhancements for 1 year	<b>\$1,295</b> with QualSight Lifetime Assurance Plan	<b>\$1,320</b>	<b>\$1,995*</b> with QualSight Lifetime Assurance Plan

\*with IntraLase™

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

### How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member pays	Savings
\$125	\$50	\$50	\$0	\$125
\$187.50	\$75	\$50	\$50 (\$75-\$50=\$25x2=\$50)	\$137.50

\* Retail costs may differ and are based on 2½ times the wholesale cost. Actual savings may vary.

### Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, ophthalmologists, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical. In addition you'll enjoy:

- The same benefits at all participating providers, no matter where they're located
- Wholesale pricing on frames, avoiding high retail markups
- Simple access to plan information, provider search, Customer Care and other automated services at **HumanaVisionCare.com**

### How it Works

1. After signing up for your vision plan, you will receive an ID card in the mail
2. Prior to scheduling your appointment, select a network provider through the Customer Care Center, automated information line, or **HumanaVisionCare.com**
3. Schedule an appointment, providing your name, the patient's name and employer
4. Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at this time



LENSCRAFTERS®

PEARLE VISION®

JCPenney Optical



# Humana Accident 2012

Group product base

Indiana

Harrison County Government

This policy offers the flexibility to vary your coverage by selecting one of four benefit levels. There are no annual maximums. Benefits start all over with each accident, and are paid in addition to any other coverage in place. Payroll deduction for your premiums makes it easy, too.

---

<b>Product base</b>	Group
<b>Coverage type</b>	Accident Insurance that provides expense reimbursement for actual charges up to policy maximum. Covers off-the-job coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the insured, spouse, and children.

---

## Benefit amount

Level One

- **Accident medical expense:** Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. Emergency room visits are limited to three per calendar year. \$ 500
  - **Ground ambulance:** Pays actual expenses up to the amount selected if injury requires ground ambulance transportation. \$ 75
  - **Air ambulance:** Pays actual expenses up to the amount selected if injury requires air ambulance transportation. \$ 150  
Limit one trip per accident.
  - **Hospital indemnity:** Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, that starts within 30 days after the accident. The benefit is limited to 30 days per accident. \$ 75
- 

This quote requires Underwriting approval based on the SIC code entered. Benefits and rates may be subject to change.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 8016

Underwritten by Kanawha Insurance Company, a Humana company.



# Humana Accident 2012

Group product base

Indiana

Harrison County Government

## Benefit amount

- **Accidental death, dismemberment and loss of sight (AD&D):** (Employee amounts listed below. Spouse is 50% and dependent child(ren) is 25% of the employee amounts.)

Loss of life	\$ 25,000
Any combination of two or more hands, feet, or eyes	\$ 25,000
Loss of single hand, foot or eye	\$ 12,500
Multiple fingers and/or toes	\$ 2,500
Single finger or toe	\$ 1,250

- **Common carrier accidental death, dismemberment and loss of sight** \$ 50,000

- **Fracture and dislocation benefit:** Pays a percentage of the benefit selected based upon the fracture or dislocation. \$ 750

### Fractures

• Hip bone (pelvis) or femur	100%
• Vertebra	75%
• Skull (depressed or ping-pong fracture)	65%
• Leg (tibia or fibula)	50%
• Bones of the foot, ankle, kneecap, hand, wrist or forearm (radius or ulna)	40%
• Lower jaw, shoulder blade, collar bone	35%
• Upper arm, upper jaw, skull (simple, non-depressed fracture)	25%
• Facial bones	20%
• Finger, toe, rib, coccyx	6%

### Dislocations

• Hip	100%
• Knee (does not include dislocation of the patella)	50%
• Foot (does not include dislocation of the toes), ankle or shoulder	35%
• Hand (does not include dislocation of fingers), lower jaw, wrist or elbow	20%
• Finger, toe	6%

- **First hospitalization benefit:** Once per year for an accident; must be admitted for at least 24 hours. \$ 250

This quote requires Underwriting approval based on the SIC code entered. Benefits and rates may be subject to change.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 8016

Underwritten by Kanawha Insurance Company, a Humana company.



# Humana Accident 2012 rates

Indiana

Harrison County Government

## Humana Accident 2012 rates

Displaying semi-monthly payroll deductions based on monthly premium calculation.

Benefit:	Level One Benefit			
	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
AGE				
18-70	\$5.83	\$8.63	\$12.50	\$15.47

The proposed rates are for an effective date no later than January 1, 2014.

This brochure is presented as a matter of general information for illustrative sales purposes only. This quote requires Underwriting approval based on the SIC code entered. Benefits and rates may be subject to change.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 8016  
Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Accident 2012

Group product base

Indiana

Harrison County Government

This policy offers the flexibility to vary your coverage by selecting one of four benefit levels. There are no annual maximums. Benefits start all over with each accident, and are paid in addition to any other coverage in place. Payroll deduction for your premiums makes it easy, too.

---

<b>Product base</b>	Group
<b>Coverage type</b>	Accident Insurance that provides expense reimbursement for actual charges up to policy maximum. Covers off-the-job coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the insured, spouse, and children.

---

## Benefit amount

Level Three

- **Accident medical expense:** Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. Emergency room visits are limited to three per calendar year. \$ 2,000
  - **Ground ambulance:** Pays actual expenses up to the amount selected if injury requires ground ambulance transportation. \$ 300
  - **Air ambulance:** Pays actual expenses up to the amount selected if injury requires air ambulance transportation. \$ 600  
Limit one trip per accident.
  - **Hospital indemnity:** Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, that starts within 30 days after the accident. The benefit is limited to 30 days per accident. \$ 300
- 

This quote requires Underwriting approval based on the SIC code entered. Benefits and rates may be subject to change.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 8016

Underwritten by Kanawha Insurance Company, a Humana company.



# Humana Accident 2012

Group product base

Indiana

Harrison County Government

## Benefit amount

- **Accidental death, dismemberment and loss of sight (AD&D):** (Employee amounts listed below. Spouse is 50% and dependent child(ren) is 25% of the employee amounts.)

Loss of life	\$ 75,000
Any combination of two or more hands, feet, or eyes	\$ 75,000
Loss of single hand, foot or eye	\$ 37,500
Multiple fingers and/or toes	\$ 7,500
Single finger or toe	\$ 3,750

- **Common carrier accidental death, dismemberment and loss of sight** \$ 150,000
- **Fracture and dislocation benefit:** Pays a percentage of the benefit selected based upon the fracture or dislocation. \$ 3,000

### Fractures

- Hip bone (pelvis) or femur 100%
- Vertebra 75%
- Skull (depressed or ping-pong fracture) 65%
- Leg (tibia or fibula) 50%
- Bones of the foot, ankle, kneecap, hand, wrist or forearm (radius or ulna) 40%
- Lower jaw, shoulder blade, collar bone 35%
- Upper arm, upper jaw, skull (simple, non-depressed fracture) 25%
- Facial bones 20%
- Finger, toe, rib, coccyx 6%

### Dislocations

- Hip 100%
- Knee (does not include dislocation of the patella) 50%
- Foot (does not include dislocation of the toes), ankle or shoulder 35%
- Hand (does not include dislocation of fingers), lower jaw, wrist or elbow 20%
- Finger, toe 6%

- **First hospitalization benefit:** Once per year for an accident; must be admitted for at least 24 hours. \$ 1,000

This quote requires Underwriting approval based on the SIC code entered. Benefits and rates may be subject to change.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 8016

Underwritten by Kanawha Insurance Company, a Humana company.



# Humana Accident 2012 rates

Indiana

Harrison County Government

## Humana Accident 2012 rates

Displaying semi-monthly payroll deductions based on monthly premium calculation.

Benefit:	Level Three Benefit			
	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
AGE				
18-70	\$14.43	\$21.23	\$25.37	\$35.55

The proposed rates are for an effective date no later than January 1, 2014.

This brochure is presented as a matter of general information for illustrative sales purposes only. This quote requires Underwriting approval based on the SIC code entered. Benefits and rates may be subject to change.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)



Policy: 8016  
Underwritten by Kanawha Insurance Company, a Humana company.

# Humana Accident 2012

Group product base

Indiana

Harrison County Government

**Total disability premium waiver:** If the insured becomes disabled before age 60 and as the result of injuries suffered in an accident, premiums will be waived after six months of total and continuous disability. Limit of 12 months per disability.

<b>Portability</b>	Yes. Policyholders can port coverage if they leave their employer regardless if master contract is active.
<b>Eligibility</b>	Employee issue ages 18-70.  Employee Actively at Work Full-time, benefit eligible employees working at least 20 hours per week.  Spouse issue ages 18-70; Ineligible if employee is denied.  Child issue ages 0-25; Ineligible if employee is denied.
<b>Termination age</b>	Age 70 unless actively at work, then on last day of active employment.

This quote requires Underwriting approval based on the SIC code entered. Benefits and rates may be subject to change.

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 8016

Underwritten by Kanawha Insurance Company, a Humana company.





# Humana Critical Illness and Cancer

Indiana

Harrison County Government

Consider coverage that helps protect you, your family, and your assets in the event of a critical illness. It offers specialized benefits to supplement other health insurance when you and your family may be most vulnerable: during the working years. Benefit payments can assist in covering a variety of expenses associated with a critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, rehabilitation, and other expenses.

---

## Coverage type

Voluntary Critical Illness insurance is a group policy form that includes coverage for heart/stroke, cancer, and other critical illnesses.

---

## Benefit amount

Benefit amounts are available at various levels. You can choose:

- \$5,000 to \$50,000 for employees

You can also add coverage for your dependents:

- Spouse: \$2,500 to \$25,000. Spouse coverage benefit is equal to exactly half of the employee's coverage
- Child: \$2,500 to \$5,000 for each eligible child

---

## Coverage for vascular conditions

Percent of benefit amount paid at initial diagnosis:

- Heart attack 100%
- Transplant as a result of heart failure 100%
- Stroke 100%
- Coronary artery bypass surgery as a result of coronary artery disease 25%

---

## Coverage for cancer conditions

30 day waiting period

Percent of benefit amount paid at initial diagnosis:

- First diagnosis of internal cancer or malignant melanoma 100%
- Carcinoma in situ 25%

This quote requires Underwriting approval based on the SIC code entered. Benefits and rates may be subject to change.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [Disclosure.Humana.com](https://www.humana.com/disclosure). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 8011

Underwritten by Kanawha Insurance Company, a Humana company.



# Humana Critical Illness and Cancer

Indiana

Harrison County Government

---

## Coverage for other critical illnesses

Percent of benefit amount paid at initial diagnosis:

- Transplant, other than heart 100%
- End-stage renal failure 100%
- Loss of sight, speech, or hearing 100%
- Coma 100%
- Severe burns 100%
- Permanent paralysis due to an accident 100%
- Occupational HIV 100%

---

## Additional included benefits

**Waiver of premium for disability:** This waives an employee's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. For employees ages 18-55.

- Health screening:** Benefit pays per calendar year for covered health screenings. There are 18 covered tests including mammograms, colonoscopies, and stress tests. There is a 90-day waiting period.
  - Indemnity based and payable once per calendar year per insured
  - Employer selects this optional benefit and the benefit amount; Employee may decline the benefit if he/she chooses
  - Coverage is same for all insureds on the certificate
- \$150

---

## Portability

Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70. Participants may continue coverage by paying premiums on a direct billing method.

- All ported certificates will be subject to any rate increases on the Employer's Master Policy.

This quote requires Underwriting approval based on the SIC code entered. Benefits and rates may be subject to change.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at **Disclosure.Humana.com**. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 8011

Underwritten by Kanawha Insurance Company, a Humana company.



# Humana Critical Illness and Cancer rates

## Indiana

## Harrison County Government

### Employee rates

Displaying semi-monthly payroll deductions based on monthly premium calculation including \$150 Health Screening Benefit.

Age	Employee NTU		Employee TU	
	\$10,000	\$20,000	\$10,000	\$20,000
18-29	\$4.66	\$6.76	\$5.62	\$8.67
30-39	\$6.47	\$10.37	\$9.06	\$15.56
40-49	\$9.11	\$15.66	\$14.06	\$25.57
50-55	\$13.31	\$24.06	\$21.71	\$40.87
56-59	\$13.31	\$24.06	\$21.71	\$40.87
60-64	\$16.67	\$30.77	\$27.96	\$53.36
65-69	\$18.37	\$34.17	\$29.96	\$57.36

### Spouse rates

Monthly premiums with semi-monthly deductions including \$150 Health Screening Benefit.

Age	Spouse NTU		Spouse TU	
	\$5,000	\$10,000	\$5,000	\$10,000
18-29	\$2.65	\$3.80	\$3.18	\$4.85
30-39	\$3.63	\$5.75	\$5.08	\$8.65
40-49	\$5.10	\$8.70	\$7.83	\$14.15
50-55	\$7.40	\$13.30	\$12.03	\$22.55
56-59	\$7.40	\$13.30	\$12.03	\$22.55
60-64	\$9.25	\$17.00	\$15.48	\$29.45
65-69	\$10.20	\$18.90	\$16.58	\$31.65

NTU: Non-tobacco user; TU; Tobacco user

### Children rates

Displaying semi-monthly payroll deductions based on monthly premium calculation including \$150 Health Screening Benefit.

Age	Children
<b>BENEFIT:</b>	<b>\$5,000</b>
0-24	\$1.90

This brochure is presented as a matter of general information for illustrative sales purposes only. This quote requires Underwriting approval based on the SIC code entered. Benefits and rates may be subject to change.



1-800-327-9728 | [HumanaVoluntaryBenefits.com](http://HumanaVoluntaryBenefits.com)





# Discover more

Humana offers a number of personalized services that may help you in your well-being journey

## **HumanaFirst® Nurse Advice Line**

For immediate health concerns or questions, you can call a registered nurse through the HumanaFirst Nurse Advice Line at 1-800-622-9529. For general health information, you can also visit the Condition Centers or Health Centers in the Health & Wellness/ HumanaVitality® section of MyHumana or the Learning Center section of **Humana.com**.

## **HumanaBeginnings®**

When you're pregnant and need support and education through your baby's birth and first weeks of life, call 1-888-847-9960.

## **Personal Nurse®**

Registered nurses can contact you if you have an acute or chronic health condition. They can also offer ongoing personal support and help you find the resources you need.

## **Maximize Your Benefit®**

This service alerts you by phone, mail, or e-mail about less expensive medicine alternatives you can discuss with your doctor.

## **Preventive care reminders**

In some cases, Humana can send you a confidential reminder when you or a covered family member is due for a health screening or service.

## **Disease management**

This specialized group of programs and services can help if you're dealing with a chronic illness or condition.

## **Case management**

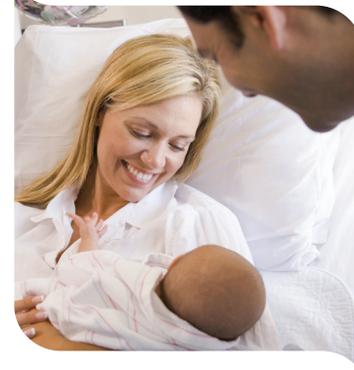
Nurses are available to provide assistance if you are facing a crisis or major medical procedure.

## **Transplant management**

If you're awaiting an organ transplant, a team of professionals may help you cope during what can be a frightening and confusing time.

## **Health coaching**

Certified health coaches are available to speak with you on a wide variety of topics – such as weight management or smoking cessation – to provide motivation, help you develop a plan for change, and support your efforts to live a healthier life.



**Humana**®

[Humana.com](https://www.humana.com)



# We're here to help



## Easy access to online resources

The EAP website is a free resource that features hundreds of free articles, podcasts, and financial calculators. You can also listen to webinars, take quizzes, download legal forms and sign up for newsletters. Use the log-in information on the wallet card below to get started.

## EAP/work-life services

Life's personal and family-related issues shouldn't make it hard to get through the day. It can make a big difference just knowing that you have someone who will listen, understand and suggest next steps. We can help with issues such as:

- My budget is out of control and I don't know what to do
- I worry too much
- My kids are always in trouble at school
- I need help with a legal matter
- I've been depressed for months and don't know where to turn
- My mother can't live alone anymore, I'm looking for some help
- My stress levels are way too high
- I need to find after-school care for my child
- My family problems are affecting my work

This is a confidential service so don't hesitate to call us for any type of issue, large or small. When you call you'll talk with a friendly, compassionate professional who will:

- Genuinely care about your situation
- Help you clarify your concerns
- Offer confidential guidance and support
- If necessary, connect you with experts who can provide additional assistance
- Refer you to a local EAP counselor for up to three in-person sessions to talk about your concerns

Your EAP/work-life program offers support so you don't have to feel alone in facing the challenges of life that can come from everyday life situations.

EAP/work-life services are convenient, confidential and provided at no cost to you and members of your household. We're here 24 hours a day, seven days a week, call anytime.

## 1-866-440-6556

### EAP/work-life

1-866-440-6556  
[Humana.com/eap](https://www.humana.com/eap)

#### For information:

1. Go to: [Humana.com/eap](https://www.humana.com/eap)
2. Enter user name: eap3 (not case sensitive)
3. Enter password: eap3 (not case sensitive)

Or call us for assistance with personal, work-related, or emotional concerns. Anytime, 24 hours a day, seven days a week.

EAP/work-life services are provided for all eligible employees and household members.  
**Strict Confidentiality** - Personal information about you and your household members is confidential. EAP/work-life confidentiality complies with state and federal requirements.



# MyHumana

Register now at [Humana.com](https://www.humana.com)



## Find your personalized health and benefits information in one place – MyHumana

As a Humana member, you have a secure website on [Humana.com](https://www.humana.com) called MyHumana. With MyHumana, you have fast, easy access to your personalized benefits information, planning tools, and wellness resources.



### Some of what you can do on MyHumana:

- Claims – Check if a claim has been paid along with your estimated cost, if any
- Coverage details – Review deductibles, coverage levels, and limits
- Provider search – Use Physician Finder Plus to find in-network providers near you
- Humana’s MyChoice Tools<sup>SM</sup> – Choose providers wisely and estimate costs
- Drug Pricing – Look up coverage, estimated prices, and possible alternatives
- Rx Calculator – Plan for out-of-pocket drug costs
- Health and Condition Centers – Access health information specific to your conditions and life stage
- Year-to-Date Summary – See an at-a-glance view of your financial information – including balances in your Health Savings Account, Flexible Spending Account, or Personal Care Account and amounts applied to deductibles
- Manage access – Give other adults on your policy permission to access your health information
- Update your communications preferences – Select which communications you want to receive from Humana and how you want to receive them – via paper or e-mail

### Registering is easy

- Have your Humana ID card ready
- Go to [Humana.com](https://www.humana.com)
- Select “Register” at the top of the page or in the log-in box on the left
- Choose “Member all other plan types”
- Fill in some basic information – like your member ID number, date of birth, ZIP code, and e-mail address, and click “next”
- Create a User ID, password, and security prompt and click “next” to finish

Now, how easy was that? You’re all set – jump in and start exploring!

You don’t have to wait for health and benefits guidance – you can get it right away with MyHumana.

Please note, all features may not be available to all members.

# Humana<sup>®</sup>

[Humana.com](https://www.humana.com)