

## Wisconsin 80/50 Copay plan

		Plan pays for services from <b>IN-NETWORK</b> providers	Plan pays for services from <b>OUT-OF-NETWORK</b> providers
<b>Office visit copay options</b>		<ul style="list-style-type: none"> <li>• \$30 primary care/\$55 specialist</li> <li>• \$40 primary care/\$75 specialist</li> </ul>	Not applicable
<b>Deductible options</b> <ul style="list-style-type: none"> <li>• per calendar year</li> <li>• copays do not apply</li> </ul>	<b>Individual</b>	\$500/\$1,000/\$1,500/\$2,000/ \$2,500/\$3,000/\$5,000	\$1,500/\$3,000/\$4,500/\$6,000/ \$7,500/\$9,000/\$15,000
	<b>Family</b>	\$1,000/\$2,000/\$3,000/\$4,000/ \$5,000/\$6,000/\$10,000	\$3,000/\$6,000/\$9,000/\$12,000/ \$15,000/\$18,000/\$30,000
<b>Out-of-pocket maximum</b> <ul style="list-style-type: none"> <li>• per calendar year</li> <li>• deductibles and copays do not apply</li> </ul>	<b>Individual</b>	\$3,000	\$9,000
	<b>Family</b>	\$6,000	\$18,000
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• Preventive office visits (up to age 18)</li> <li>• Preventive office visits (18 years and older)</li> <li>• Preventive laboratory and radiology</li> <li>• Preventive Pap smear</li> <li>• Preventive mammography</li> <li>• Preventive prostate screening</li> <li>• Preventive immunizations</li> <li>• Preventive flu/pneumonia immunizations</li> <li>• Preventive endoscopy</li> </ul>		100%	70% after deductible
<b>Physician services</b> <ul style="list-style-type: none"> <li>• Office visits</li> <li>• Diagnostic laboratory and radiology (performed in office and billed by physician)</li> <li>• Allergy testing</li> <li>• Injections (including allergy)</li> <li>• Inpatient/outpatient services</li> <li>• Surgery</li> <li>• Emergency room visits</li> </ul>		100% after office visit copay 100% 100% after \$5 copay 80% after deductible 100%	70% after deductible 70% after deductible 70% after deductible 50% after deductible 100%
<b>Facility services</b> <ul style="list-style-type: none"> <li>• Inpatient services</li> <li>• Outpatient surgery and services</li> <li>• Outpatient diagnostic laboratory and radiology</li> <li>• Emergency room visit (copay waived if admitted)</li> </ul>		80% after deductible 100% after \$250 copay	50% after deductible 100% after \$250 copay
<b>Other medical services</b> <ul style="list-style-type: none"> <li>• Convenient care clinic</li> <li>• Urgent care</li> <li>• Spinal manipulations, adjustments, and modalities</li> <li>• Physical, occupational, cognitive, speech and audiology therapy (combined limit to 30 visits per calendar year)<sup>1</sup></li> <li>• Skilled nursing facility (limited to 60 days per confinement)</li> <li>• Home health care (limited to 100 visits per calendar year)</li> <li>• Advanced imaging (PET, MRI, MRA, CAT, SPECT)</li> <li>• Advanced imaging in emergency room (PET, MRI, MRA, CAT, SPECT)</li> <li>• Ambulance</li> <li>• Maternity</li> <li>• Transplant services</li> </ul>		100% after primary care copay 100% after \$75 urgent care copay 100% after specialist copay 80% after deductible 80% after deductible Same as any other illness Same as any other illness when services are received from a Humana Transplant Network provider	70% after deductible 70% after deductible 70% after deductible 50% after deductible 80% after participating deductible Same as any other illness Same as any other illness. Benefits payable will not exceed the non-network benefit limit of \$35,000 per covered organ transplant
<b>Mental health, chemical, and alcohol dependency</b> <ul style="list-style-type: none"> <li>• Inpatient services</li> <li>• Outpatient and office therapy sessions</li> </ul>		80% after deductible 100% after specialist copay	50% after deductible 70% after deductible
<b>Optional \$500 Benefit Allowance Rider</b> Member benefit applies to medical services received from participating providers only. Does not apply to member copays, preventive care or pharmacy benefits.		\$500 per calendar year per member	Not applicable

<sup>1</sup> Nonparticipating limited to 10 of the 30 visits.

# Wisconsin Humana National POS 11 Copay 80/50 plan

**Emergency care** means services for acute symptoms of sufficient severity, including severe pain, that would lead a prudent layperson, possessing an average knowledge of health and medicine, to reasonably expect the absence of immediate medical attention to result in: placing your health, or if you are pregnant, the health of you or your unborn child, in serious jeopardy, serious impairment to bodily functions, serious dysfunction of any bodily organ or part, or a significant change for the worse without immediate medical or surgical treatment.

## Providers

### National POS—Open Access

Humana National POS—Open Access is one of our largest provider offerings and is growing daily. It combines the best of Humana’s fee-for-service provider contracts, providing improved discounts while maintaining broad provider scope. It offers nationwide reciprocity and flexibility in plan design. Humana National POS—Open Access enables members to seek care from any provider without a referral.

## Pharmacy options

Detailed drug lists are available at **Humana.com** for each pharmacy plan and level.

**Rx4:** Prescription drugs are assigned to one of four levels with corresponding copayment amounts or a discount.

Retail (30-day supply)	Level 1	Level 2	Level 3	Level 4*	Mail order (up to 90-day supply)
➤ Option 1	\$10	\$40	\$70	25%	2.5 times the retail copayment
➤ Option 2	\$10	\$45	\$75	25%	

NOTE: If a nonparticipating pharmacy is used, the claim is covered at 70 percent after applicable copayment.

\* Copayment maximum (applies to level 4 drugs only): \$3,500 per member per calendar year

**Rx4 with deductible:** Prescription drugs are assigned to one of four levels with corresponding copayment amounts or a discount. Some levels also include a deductible.

Retail (30-day supply)	Deductible†	Level 1	Level 2	Level 3	Level 4*	Mail order (up to 90-day supply)
	\$250	\$10	\$35	\$55	25%	2.5 times the retail copayment after deductible

NOTE: If a nonparticipating pharmacy is used, the claim is covered at 70 percent after applicable deductible and copayment.

† Deductible applies to level 2, 3, and 4 only.

\* Copayment maximum (applies to level 4 drugs only): \$3,500 per member per calendar year.

## LIMITED COVERAGE NOTICE

### PREFERRED PROVIDER PLAN NOTICE TO ENROLLEES

#### NOTICE: LIMITED BENEFITS WILL BE PAID WHEN NONPARTICIPATING PROVIDERS ARE USED.

You should be aware that when you elect to utilize the services of a nonparticipating provider for a covered service, benefit payment to such non-participating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy’s fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined by the policy. YOU RISK PAYING MORE THAN THE COINSURANCE, DEDUCTIBLE AND COPAYMENT AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION. Nonparticipating providers may bill enrollees for any amount up to the billed charge after the plan has paid its portion of the bill. Participating providers have agreed to accept discounted payment for covered services with no additional billing to the enrollee other than copayment, coinsurance and deductible amounts. You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling 1-866-427-7478 on your identification card or visiting **Humana.com**.



Insured by Humana Insurance Company  
Offered by Humana Wisconsin Health Organization Insurance Corporation

This plan imposes a pre-existing condition exclusion. This is not a complete disclosure of plan qualifications and limitations. 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. This guide is available at [www.disclosure.humana.com](http://www.disclosure.humana.com) or through your sales representative. Premiums and benefits vary based on the plan selected.