

Create a customized plan summary

Step 1: Choose the benefit options selected by the employer from the menu below.
To make this a valid plan summary, the options selected must match the Humana quote.

Step 2: View and print your plan summary by scrolling to the pages that follow.

Step 3: Saving your plan summary. You must have the full version of Adobe Acrobat (not Acrobat Reader) in order to save your plan summary to your PC.

Build your plan:

Enter customer name:

Select your office visit copayment:

Pick your deductible:

Select your pharmacy benefit:

Michigan 100/70 plan

		Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers
Up-front benefit allowance	Member benefit applies to medical services received from participating providers only. Does not apply to member copayments, preventive care, pharmacy benefits, inpatient mental disorders and chemical/alcohol dependency or outpatient mental disorders and chemical/alcohol dependency.	\$500 per calendar year per member	Not applicable
Office visit copayment			
Deductible	<ul style="list-style-type: none"> individual family 		
<ul style="list-style-type: none"> per calendar year copayments do not apply 			
Out-of-pocket maximum	<ul style="list-style-type: none"> individual family 	Not applicable	\$4,000
<ul style="list-style-type: none"> per calendar year deductibles and copayments do not apply 		Not applicable	\$8,000
Preventive care	<ul style="list-style-type: none"> preventive office visits preventive lab and X-ray Pap smear and mammogram prostate screening child immunizations to age 18 flu and pneumonia immunizations endoscopic services (including, but not limited to colonoscopy) 	<ul style="list-style-type: none"> 100% after office visit copayment 100% 100% after deductible 	<ul style="list-style-type: none"> 70% after deductible 70% after deductible 70% after deductible
<ul style="list-style-type: none"> preventive services do not reduce the \$500 up-front benefit allowance 			
Physician services	<ul style="list-style-type: none"> office visits diagnostic lab and X-ray allergy testing inpatient and outpatient services surgery injections and serums (including allergy) emergency room visits 	<ul style="list-style-type: none"> 100% after office visit copayment and deductible 100% after deductible 100% after \$5 copayment per visit and deductible 100% after deductible 	<ul style="list-style-type: none"> 70% after deductible 70% after deductible 70% after deductible 100% after participating deductible
Facility services	<ul style="list-style-type: none"> inpatient services outpatient surgery outpatient services outpatient advanced imaging (PET, MRI, MRA, CAT, SPECT)—hospital, freestanding facility and clinic emergency services (copayment waived if admitted) 	<ul style="list-style-type: none"> 100% after \$250 copayment per confinement and deductible 100% after \$50 copayment per visit and deductible 100% after deductible 100% after \$150 copayment per visit and deductible 	<ul style="list-style-type: none"> 70% after \$250 copayment per confinement and deductible 70% after \$50 copayment per visit and deductible 70% after deductible 100% after \$150 copayment per visit and participating deductible
Other medical services	<ul style="list-style-type: none"> skilled nursing facility (up to 60 days per calendar year) hospice home health care (up to 100 visits per calendar year) physical, occupational, cognitive, speech and audiology therapy (combined limit up to 25 visits per calendar year) durable medical equipment (limited to \$2,500 of covered services per calendar year) urgent care spinal manipulations, adjustments and modalities (combined limit up to 20 visits per calendar year) ambulance maternity 	<ul style="list-style-type: none"> 100% after deductible 100% after specialist copayment per visit and deductible 100% after deductible Same as any other illness 	<ul style="list-style-type: none"> 70% after deductible 70% after deductible 100% after participating deductible Same as any other illness

Michigan HumanaCoverageFirst 08 100/70 plan

		Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers
Other medical services (continued)	<ul style="list-style-type: none"> transplant services 	Same as any other illness when services are received from a Humana Transplant Network provider	Same as any other illness. Covered expenses are limited to a maximum allowance of \$35,000 per transplant
Lifetime maximum benefit			\$5,000,000
Mental health, chemical and alcohol dependency	<ul style="list-style-type: none"> inpatient services (up to 10 days per calendar year) mental health outpatient and office therapy sessions (up to 15 visits per calendar year) chemical and alcohol dependency outpatient and office therapy sessions (subject to US Consumer Price Index) 	100% after \$250 copayment per confinement and deductible 100% after specialist office visit copayment and deductible	70% after \$250 copayment per confinement and deductible 70% after deductible

Network

PPOM/ChoiceCare Network® (PPOM/CHC)

Humana's ChoiceCare Network is one of the largest, most cost-effective physician and hospital networks in the nation, including 455,000 providers and 3,750 hospitals across all 50 states.

Pharmacy

Detailed drug lists are available at www.humana.com for each pharmacy plan and level.



Insured by Humana Insurance Company

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 or through your employer. Premiums and benefits vary based on the plan selected.