

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:

Choose your out-of-pocket maximum:

Select your pharmacy benefit:

Michigan 90/60 Copay plan

Plan pays for services from
PARTICIPATING providers

Plan pays for services from
NONPARTICIPATING providers

Office visit copayment			
Deductible	<ul style="list-style-type: none"> individual 		
<ul style="list-style-type: none"> per calendar year copayments do not apply 	<ul style="list-style-type: none"> family 		
Out-of-pocket maximum	<ul style="list-style-type: none"> individual 		
<ul style="list-style-type: none"> per calendar year deductibles and copayments do not apply 	<ul style="list-style-type: none"> family 		
Preventive care	<ul style="list-style-type: none"> preventive office visits 	100% after office visit copayment	60% after deductible
	<ul style="list-style-type: none"> preventive lab and X-ray Pap smear and mammogram prostate screening child immunizations to age 18 flu and pneumonia immunizations 	100%	60% after deductible
	<ul style="list-style-type: none"> endoscopic services (including, but not limited to colonoscopy) 	90% after deductible	60% after deductible
Physician services	<ul style="list-style-type: none"> office visits 	100% after office visit copayment	60% after deductible
	<ul style="list-style-type: none"> diagnostic lab and X-ray allergy testing 	100%	60% after deductible
	<ul style="list-style-type: none"> injections and serums (including allergy) 	100% after \$5 copayment per visit	60% after deductible
	<ul style="list-style-type: none"> inpatient and outpatient services surgery 	90% after deductible	60% after deductible
	<ul style="list-style-type: none"> emergency room visits 	100%	100%
Facility services	<ul style="list-style-type: none"> inpatient and outpatient services outpatient advanced imaging (PET, MRI, MRA, CAT, SPECT) —hospital, freestanding facility and clinic 	90% after deductible	60% after deductible
	<ul style="list-style-type: none"> emergency services (copayment waived if admitted) 	100% after \$150 copayment	100% after \$150 copayment
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) 	90% after deductible	60% after deductible
	<ul style="list-style-type: none"> urgent care spinal manipulations, adjustments and modalities (combined limit up to 20 visits per calendar year) 	100% after specialist copayment per visit	60% after deductible
	<ul style="list-style-type: none"> ambulance 	90% after deductible	90% after participating deductible
	<ul style="list-style-type: none"> maternity 	Same as any other illness	Same as any other illness
	<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) 	90% after deductible	60% after deductible
	<ul style="list-style-type: none"> 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 specialist office visit copayment	60% 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.