

Humana National POS

HUMANA
Guidance when you need it most

Ohio 100/70 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 do not apply copayments do apply 	<ul style="list-style-type: none"> family 		
Preventive care	<ul style="list-style-type: none"> preventive office visits 	100% after office visit copayment	70% 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%	70% after deductible
	<ul style="list-style-type: none"> endoscopic services (including, but not limited to colonoscopy) 	100% after deductible	70% after deductible
Physician services	<ul style="list-style-type: none"> office visits 	100% after office visit copayment	70% after deductible
	<ul style="list-style-type: none"> diagnostic lab and X-ray allergy testing 	100%	70% after deductible
	<ul style="list-style-type: none"> allergy injections and serums 	100% after \$5 copayment per visit	70% after deductible
	<ul style="list-style-type: none"> inpatient and outpatient services surgery 	100% after deductible	70% 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 	100% after deductible	70% 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) 	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> urgent care facility spinal manipulations, adjustments and modalities (combined limit up to 20 visits per calendar year) 	100% after specialist copayment per visit	70% after deductible
	<ul style="list-style-type: none"> durable medical equipment (limited to \$2,500 of covered services per calendar year) 	100% after deductible	70% after participating deductible
	<ul style="list-style-type: none"> ambulance 	100% after deductible	100% 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	Covered expenses are limited to a maximum benefit of \$35,000 per transplant
Lifetime maximum benefit		Unlimited	
Mental health, chemical and alcohol dependency	<ul style="list-style-type: none"> inpatient services (combined limit up to 10 days per calendar year)¹ 	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> outpatient & office therapy sessions (combined limit up to 15 visits per calendar year)¹ 	100% after specialist office visit copayment	70% after deductible

¹ After limit is reached an additional benefit of \$550 per calendar year for alcohol dependency is available

Ohio

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Network

☐ **National POS—Open Access network**

Humana National POS—Open Access network is one of our largest and is growing daily. The network combines the best of Humana's fee-for-service provider contracts, providing improved discounts while maintaining broad network provider scope.

Pharmacy

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



Offered by Humana Health Plan of Ohio, Inc or
Insured by Humana Insurance Company

This is not a complete disclosure of plan qualifications and limitations. Your group may have specific limitations and exclusions not included on this list. Please check your Certificate of Coverage for this complete listing. The Certificate of Coverage is the document upon which benefit payment will be determined. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.