

## Illinois 100/70 plan

		Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers
<b>Up-front benefit allowance</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
<b>Office visit and urgent care copay</b>		\$35 primary care/\$75 specialist/ \$100 urgent care	Not applicable
<b>Deductible</b> • per calendar year • copays do not apply	<b>Individual</b>	\$2,500	\$7,500
	<b>Family</b>	\$5,000	\$15,000
<b>Out-of-pocket maximum</b> • per calendar year • deductibles and copays do not apply	<b>Individual</b>	\$0	\$15,000
	<b>Family</b>	\$0	\$30,000
<b>Preventive care</b> – preventive services do not reduce the \$500 up-front benefit allowance • 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)		100%	70% after deductible
<b>Physician services</b> • office visits • diagnostic lab and X-ray (performed in office and billed by physician) • allergy testing • injections (including allergy) • inpatient services • outpatient services • surgery • emergency room visits		100% after office visit copay 100% 100% after \$5 copay 100% after deductible 100%	70% after deductible 70% after deductible 70% after deductible 70% after deductible 100%
<b>Facility services</b> • inpatient services • outpatient services • outpatient diagnostic lab and X-ray • outpatient surgery • emergency services (copay waived if admitted)		100% after deductible 100% after \$250 copay	70% after deductible 100% after \$250 copay
<b>Other medical services</b> • retail clinic • urgent care • spinal manipulations, adjustments, and modalities (combined limit to 20 visits per calendar year) • physical, occupational, cognitive, speech and audiology therapy (combined limit to 80 visits per calendar year) • advanced imaging (PET, MRI, MRA, CAT, SPECT) • hospice • home health care (limited to 100 visits per calendar year) • skilled nursing facility (limited to 60 days per calendar year) • ambulance • maternity • transplant services		100% after primary care copay 100% after urgent care copay 100% after specialist copay 100% after deductible 100% after deductible 100% after deductible 100% 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 70% after deductible 70% after deductible 70% after deductible 100% 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

## Illinois Humana CoverageFirst 10 PPO 100/70 plan

	Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers
<b>Mental health and chemical dependency<sup>1</sup></b>		
• inpatient services (combined mental health and chemical dependency limit to 10 days per calendar year)	% after deductible	% after deductible
• outpatient and office therapy sessions (combined mental health, chemical and alcohol dependency limit to 15 visits per calendar year)	100% after specialist copay	70% after deductible
<b>Alcohol dependency</b>		
• inpatient services	Same as any other illness	Same as any other illness

<sup>1</sup> For groups with 51 or more employees, no limits apply to inpatient and outpatient services; benefit is covered the same as any other illness.

## Network

### Humana/ChoiceCare Network

Humana's ChoiceCare Network is one of the largest, most cost-effective physician and hospital networks in the nation, and it's growing daily. This PPO network gives employees coast-to-coast access to favorably priced health care. Plus, Humana maintains strong provider relationships with local PPO networks for added coverage.

## Pharmacy

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)	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4*</b>	Mail order (up to 90-day supply)
	\$10	\$45	\$70	25%	2.5 times the retail copayment

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): \$2,500 per member per calendar year.

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*Guidance* when you need it most

Insured by Humana Insurance Company

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.

# Benefit summary changes for non-grandfathered plans due to *federal health care reform*

The Patient Protection and Affordable Care Act, also known as federal healthcare reform, became law on March 23, 2010. Because of this law, health plans sold or renewed with an effective date on or after Sept. 23, 2010 must meet certain guidelines. We're in the process of updating Humana benefit summaries to meet those guidelines. In the meantime, here's an overview of federal healthcare reform updates to your benefit summary.

## **Preventive services**

The plan covers in-network preventive care services at 100 percent – you will not pay a copayment, coinsurance, or deductible.

## **Lifetime maximum benefits**

The plan has an unlimited lifetime maximum.

## **Annual dollar limits**

There are no annual dollar limits on covered essential health benefits, which include the following:

- **Ambulatory patient services**
- **Emergency services**
- **Hospitalization**
- **Maternity and newborn care**
- **Mental and substance use disorder, including behavioral health treatment**
- **Prescription drugs**
- **Rehabilitative and habilitative services and devices**
- **Laboratory services**
- **Preventive and wellness services and chronic disease management**
- **Pediatric services, including oral and vision care**

## **Pre-existing conditions**

The pre-existing condition limitation will no longer apply to a covered person who is under the age of 19, but continues to apply to those age 19 and older.

## **Emergency Care**

The plan covers services for an emergency medical condition provided in a hospital's emergency facility at the in-network benefit level.



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# Cambios al resumen de beneficios para planes de salud no exentos

## debido a la *reforma federal al sistema de salud*

La Ley de Protección al Paciente y Cuidado de Salud de Bajo Precio, conocida también como Reforma Federal al Sistema de Salud, entró en vigencia el 23 de marzo de 2010. Según la ley, los planes de salud vendidos o renovados con vigencia el 23 de septiembre de 2010 o después, deben acatar ciertas normas. Mientras actualizamos los resúmenes de beneficios de Humana para cumplir dichas normas, le ofrecemos un boceto de las actualizaciones de la reforma federal al sistema de salud a su resumen de beneficios.

### **Servicios preventivos**

El plan cubre los servicios de atención preventiva dentro de la red en un 100% – usted no pagará copagos, coaseguros ni deducibles.

### **Beneficios máximos de por vida**

El plan no tiene límites de por vida para los beneficios.

### **Límites monetarios anuales**

No hay límites monetarios anuales a los beneficios esenciales de salud cubiertos, los que incluyen:

- **Servicios para pacientes ambulatorios**
- **Servicios de emergencia**
- **Hospitalizaciones**
- **Maternidad y cuidado del recién nacido**
- **Trastornos mentales y adicciones, incluido el tratamiento de la salud del comportamiento**
- **Medicamentos recetados**
- **Servicios y dispositivos de habilitación o rehabilitación**
- **Servicios de laboratorios**
- **Servicios preventivos, de bienestar y de control de enfermedades crónicas**
- **Servicios pediátricos, incluida la atención dental y de la vista**

### **Afecciones médicas preexistentes**

La limitación por afección preexistente ya no se aplicará a una persona cubierta menor de 19 años, pero sigue vigente para personas de 19 años de edad o mayores.

### **Atención médica de emergencia**

El plan cubre los servicios recibidos por una afección de emergencia en un centro médico de emergencias de un hospital, con un nivel de beneficios dentro de la red.



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