Humana National POS

HUMANA
Guidance when you need it most

Texas
100/70 Copay plan

		Plan pays for services from **PARTICIPATING** providers	Plan pays for services from **NONPARTICIPATING** providers
Office visit copayment		$30 primary care/$50 specialist	Not applicable
Deductible • per calendar year • copayments do not apply	• individual	$2,000	$6,000
	• family	$4,000	$12,000
Out-of-pocket maximum • per calendar year • deductibles and copayments do not apply	• individual	Not applicable	$4,000
	• family	Not applicable	$8,000
Preventive care	• preventive office visits	100% after office visit copayment	70% after deductible
	• preventive lab and X-ray • Pap smear and mammogram • prostate screening • child immunizations to age 18 • flu and pneumonia immunizations	100%	70% after deductible
	• endoscopic services (including, but not limited to colonoscopy)	100% after deductible	70% after deductible
Physician services	• office visits	100% after office visit copayment	70% after deductible
	• diagnostic lab and X-ray • allergy testing	100%	70% after deductible
	• injections (including allergy and serums)	100% after $5 copayment per visit	70% after deductible
	• inpatient and outpatient services • surgery	100% after deductible	70% after deductible
	• emergency room visits	100%	100%
Facility services	• inpatient and outpatient services • outpatient advanced imaging (PET, MRI, MRA, CAT, SPECT) —hospital, freestanding facility and clinic	100% after deductible	70% after deductible
	• emergency services (copayment waived if admitted)	100% after $150 copayment	100% after $150 copayment
Other medical services	• skilled nursing facility (up to 60 days per calendar year) • hospice • home health care • physical, occupational, cognitive, speech and audiology therapy (combined limit up to 25 visits per calendar year)	100% after deductible	70% after deductible
	• 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
	• durable medical equipment (limited to $2,500 of covered services per calendar year)	100% after deductible	70% after participating deductible
	• ambulance	100% after deductible	100% after participating deductible
	• maternity	Same as any other illness	Same as any other illness
	• 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		$5,000,000	
Basic mental health,[1] chemical and alcohol dependency	• inpatient services (up to 15 days per calendar year)	100% after deductible	70% after deductible
	• outpatient & office therapy (up to 20 visits per calendar year)	100% after specialist office visit copayment	70% after deductible

[1] Serious mental illness payable the same as any other illness up to 45 inpatient days and 60 outpatient visits per calendar year.
—Included for groups of 51 or more employees
—Available option for groups of 2-50 employees

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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.

Pharmacy

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

Rx4	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Retail (30-day supply):	$10	$35	$55	25%
Mail order (up to 90-day supply):	2.5 times the retail copayment			
Copayment maximum (Level 4 drugs only):	$2,500 per member per calendar year			

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

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Insured by Humana Insurance Company
Offered by Humana Health Plan, Inc.

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.