

Humana medical plans

For groups 1-50 (includes pediatric dental and vision)
Effective dates starting 1/1/17

Illinois

Humana's benefit plans help your employees get and stay well so your business can flourish. You and your business receive:



Wellness incentives

- **Wellness Engagement Incentive credits** – save up to 15% with Wellness Engagement Incentive credits on your monthly medical premium invoice when enough employees reach key status levels
- **Rewards** – Go365™ awards your employees with wellness Points they can cash in for merchandise



Support

- **Start right** – choose the plans that work best for your unique business goals
- **Personalized approach** – integrated products and solutions inspire your employees to achieve their goals and evolve as their wellness needs change
- **Ongoing education** – access tools and resources to help you manage your benefit plans and programs



Outcome focus

- **Proven programs** – behavioral-driven programs address the physical, emotional, and financial well-being of your employees
- **Expert guidance** – we help you get started and ensure you and your employees have the right resources every step of the way
- **Quantifiable results** – when employees engage in wellness, you can save with lower claims costs and increased productivity over time

You want choosing benefits to be easier.
We're here to help in three simple steps.

1

Decide how much choice and flexibility you want for your employees:

- **Defined Benefit:** You select the plans and fund a portion of the premium (generally a percentage).
- **Defined Contribution:** You set a fixed monthly contribution for benefits (generally a dollar amount) to offer employees a greater amount of flexibility and choice of plans.

2

Select a plan type by considering how your employees want to pay for coverage:

- The type of plan you choose will determine how your employees pay for their health services and help them understand their potential out-of-pocket expenses.
- In-network services are covered in full, by a copay, or deductible / coinsurance. Remember, in-network preventive services are always covered at 100%.
- Plan types include: Humana Simplicity, Traditional, and HDHP.

3

Select from additional options to keep costs manageable:



Choose your medical network—You can offer your employees a national network of providers or save with a Focused Provider Network that typically includes one or two local and well-known healthcare systems.

PPO Plans:

- **Humana ChoiceCare Network® (CHC)** is one of the largest, most cost-effective physician and hospital network in the nation. Members can visit any participating network provider at any time.
- **ChoicePOS Network** enables Humana to offer flexible benefits while accessing the best provider discounts available. Members can visit any participating network provider at any time and do not need to choose a primary care physician.

HMO Plans:

- **HMO Select** is a local HMO network close to home. Staying within a limited set of local physicians and other healthcare providers lowers the cost of health benefits. Members must choose a primary care physician and there are no out-of-network, non-emergency benefits.
- **IL Coordinated Care HMO** is a focused network close to home. Staying within a limited set of local physicians and other healthcare providers lowers the cost of health benefits. Members must choose a primary care physician and there are no out-of-network, non-emergency benefits (Refer to Page 7).



Pharmacy network

- **National Pharmacy Network:** With more than 64,000 pharmacies across the country, the network includes all national chains, major regional chains, and more than 25,000 independent pharmacies, along with Humana's mail delivery and specialty pharmacies.



Engage with Go365

With Go365, you and your employees can get incentives based on how involved your employees are with this fun, interactive wellness and rewards program.

Medical plan types:

Humana Simplicity

PPO and HMO PLANS – For in-network healthcare services, there is no deductible. In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only a copay when in-network providers are used. All copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers					Copay amounts:						
Option	Metallic tier	Coinsurance		Deductible ¹	Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Advanced imaging	Inpatient ² / Outpatient services	Pharmacy
		In	Out		Individual	Family					
1	Gold	100%	50%	\$0	\$6,000	\$12,000	\$40/\$75	\$40/\$100/\$350	\$350	\$750/\$750	\$10/\$40/\$70/25%
2	Gold	100%	50%	\$0	\$6,000	\$12,000	\$40/\$75	\$40/\$100/\$400	\$400	\$1,000/\$1,000	\$10/\$40/\$70/25%
3	Gold	100%	50%	\$0	\$6,000	\$12,000	\$40/\$80	\$40/\$100/\$400	\$400	\$1,250/\$1,250	\$10/\$40/\$70/25%
4	Gold	100%	50%	\$0	\$6,000	\$12,000	\$45/\$85	\$45/\$125/\$425	\$425	\$1,500/\$1,500	\$10/\$40/\$70/25%
5	Gold	100%	50%	\$0	\$6,000	\$12,000	\$45/\$90	\$45/\$125/\$425	\$425	\$1,750/\$1,750	\$10/\$35/\$65/25%
6	Silver	100%	50%	\$0	\$7,150	\$14,300	\$55/\$110	\$55/\$125/\$850	\$850	\$2,350/\$2,350	\$10/\$50/\$100/25%

(1) \$5,000 individual / \$10,000 family out-of-network deductible

(2) Copay per day for first three days

All of Humana's medical plans include health and wellness programs that integrate into employees' everyday lives:

- Go365
- Health coaching
- Employee Assistance Program (EAP)
- Clinical programs
- Gaps-in-care alerts
- Weight Watchers
- Lifestyle discount program

Traditional plans

PPO and HMO COPAY PLANS – In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only copay or deductible / coinsurance when in-network providers are used. Deductible, coinsurance and/or copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers								Copay amounts:			
Option	Metallic tier	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Pharmacy	Other services
		In	Out	Individual	Family	Individual	Family				
1 ¹	Gold	100%	70%	\$1,000	\$2,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$400	\$10/\$40/\$60	Coinsurance after deductible
2	Gold	100%	70%	\$2,000	\$4,000	\$3,500	\$7,000	\$30/\$55	\$40/\$100/\$350	\$10/\$30/\$55/25%	Coinsurance after deductible
3	Silver	100%	70%	\$2,000	\$4,000	\$7,150	\$14,300	\$45/\$80	\$40/\$100/\$550	\$10/\$45/\$90/25% ³	Coinsurance after deductible
4	Silver	100%	70%	\$2,500	\$5,000	\$6,500	\$13,000	\$35/\$70	\$40/\$100/\$500	\$10/\$45/\$90/25%	Coinsurance after deductible
5	Silver	100%	70%	\$3,000	\$6,000	\$5,500	\$11,000	\$35/\$65	\$40/\$100/\$450	\$10/\$40/\$90/25%	Coinsurance after deductible
6	Silver	100%	70%	\$4,500	\$9,000	\$5,500	\$11,000	\$30/\$65	\$40/\$100/\$450	\$10/\$40/\$60	Coinsurance after deductible
7	Silver	90%	60%	\$2,500	\$5,000	\$6,350	\$12,700	\$35/\$70	\$40/\$100/\$450	\$10/\$45/\$90/25%	Coinsurance after deductible
8	Gold	80%	50%	\$500	\$1,000	\$4,000	\$8,000	\$35/\$60	\$40/\$100/\$400	\$10/\$40/\$60	Coinsurance after deductible
9	Gold	80%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$400	\$10/\$40/\$60	Coinsurance after deductible
10	Gold	80%	50%	\$1,500	\$3,000	\$4,000	\$8,000	\$35/\$60	\$40/\$100/\$400	\$10/\$40/\$60	Coinsurance after deductible
11 ¹	Silver	80%	50%	\$1,500	\$3,000	\$7,150	\$14,300	\$40/\$80	\$40/\$100/\$550	\$10/\$45/\$90/25% ²	Coinsurance after deductible
12	Gold	80%	50%	\$2,000	\$4,000	\$3,700	\$7,400	\$30/\$65	\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
13 ¹	Silver	80%	50%	\$2,000	\$4,000	\$7,150	\$14,300	\$40/\$75	\$40/\$100/\$500	\$10/\$45/\$75/25%	Coinsurance after deductible
14	Silver	80%	50%	\$2,000	\$4,000	\$7,150	\$14,300	\$30/\$75	\$40/\$100/\$500	\$10/\$35/\$70/25% ³	Coinsurance after deductible
15	Silver	80%	50%	\$2,500	\$5,000	\$5,500	\$11,000	\$45/\$85	\$40/\$100/\$550	\$10/\$45/\$90/25%	Coinsurance after deductible
16 ¹	Silver	80%	50%	\$3,000	\$6,000	\$5,500	\$11,000	\$40/\$80	\$40/\$100/\$500	\$10/\$40/\$75/25%	Coinsurance after deductible
17 ¹	Silver	80%	50%	\$4,000	\$8,000	\$6,500	\$13,000	\$35/\$70	\$40/\$100/\$500	\$10/\$40/\$60	Coinsurance after deductible
18 ¹	Silver	80%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$75	\$40/\$100/\$550	\$10/\$40/\$60	Coinsurance after deductible
19	Gold	70%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$30/\$60	\$40/\$100/\$400	\$10/\$40/\$60	Coinsurance after deductible
20 ¹	Silver	70%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40/\$80	\$40/\$100/\$500	\$10/\$45/\$75/25% ²	Coinsurance after deductible
21 ¹	Silver	70%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$35/\$60	\$40/\$100/\$400	\$10/\$40/\$60	Coinsurance after deductible
22	Silver	50%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40/\$70	\$40/\$100/\$500	\$10/\$40/\$90/25% ²	Coinsurance after deductible
23 ¹	Silver	50%	50%	\$3,000	\$6,000	\$7,150	\$14,300	\$35/\$70	\$40/\$100/\$500	\$10/\$40/\$60	Coinsurance after deductible
24	Silver	50%	50%	\$5,000	\$10,000	\$6,000	\$12,000	\$35/\$75	\$40/\$100/\$550	\$10/\$45/\$75/25% ⁴	Coinsurance after deductible
25 ¹	Silver	50%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$80	\$40/\$100/\$550	\$10/\$20/\$50/50%/50%	Coinsurance after deductible
26 ¹	Bronze	50%	50%	\$6,500	\$13,000	\$7,150	\$14,300	\$50/\$110	\$40/\$100/\$1,000	\$25/\$50/\$100/25% ⁵	Coinsurance after deductible
27 ¹	Bronze	50%	50%	\$6,500	\$13,000	\$7,150	\$14,300	\$50/\$110	\$40/\$100/\$1,000	\$15/\$35/\$75/\$135/\$500 ⁶	Coinsurance after deductible

(1) HMO Select available with these options (option 28 is only available with HMO Select and no other plan(s))

Pharmacy deductible – applies to levels 2, 3, and 4 only: (2) \$100 individual / \$200 family (3) \$250 individual / \$500 family (4) \$400 individual / \$800 family (5) \$1,000 individual / \$2,000 family

Pharmacy deductible – applies to levels 3, 4, and 5 only: (6) \$500 individual / \$1,000 family

Traditional plans (cont.)

PPO COINSURANCE PLANS – In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay a coinsurance after the deductible is met, when in-network providers are used. Deductible, coinsurance and/or copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers

Copay amounts:

Option	Metallic tier	Coinsurance		Deductible		Maximum out-of-pocket		Pharmacy	Other services
		In	Out	Individual	Family	Individual	Family		
1	Silver	100%	70%	\$3,000	\$6,000	\$6,000	\$12,000	\$15/\$40/\$60	Coinsurance after deductible
2	Bronze	100%	70%	\$6,500	\$13,000	\$7,150	\$14,300	\$15/\$40/\$60	Coinsurance after deductible
3	Silver	90%	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$15/\$45/\$75	Coinsurance after deductible

HDHP plans

PPO PLANS – HDHP, or High Deductible Health Plans, feature budget-friendly premiums and pay coinsurance benefits after the deductible is met for all covered services. Plan includes coverage for preventive services, such as annual exams, at 100% when in-network providers are used. HDHPs are also compatible with health savings accounts (HSAs).

AGGREGATE – All covered benefits apply to the family deductible and family maximum out-of-pocket. The plan pays a coinsurance percentage after the entire family deductible is met.

If you use IN-NETWORK providers

Option	Metallic tier	Coinsurance		Deductible		Maximum out-of-pocket				Pharmacy	Other services
		In	Out	Individual	Family	In-network		Out-of-network			
						Individual	Family	Individual	Family		
1	Gold	100%	70%	\$2,500	\$5,000	\$2,500	\$5,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
2	Gold	90%	60%	\$1,500	\$3,000	\$3,400	\$6,800	\$10,200	\$20,400	Coinsurance after deductible	Coinsurance after deductible

EMBEDDED – All covered benefits apply to the individual and family deductible and maximum out-of-pocket. When any family member reaches the individual deductible amount, that family member will begin receiving coinsurance benefits – even if the family deductible has not been met.

If you use IN-NETWORK providers

Option	Metallic tier	Coinsurance		Deductible		Maximum out-of-pocket				Pharmacy	Other services
		In	Out	Individual	Family	In-network		Out-of-network			
						Individual	Family	Individual	Family		
3	Bronze	100%	70%	\$6,500	\$13,000	\$6,500	\$13,000	\$20,000	\$40,000	Coinsurance after deductible	Coinsurance after deductible
4	Silver	90%	60%	\$3,500	\$7,000	\$5,000	\$10,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
5	Silver	80%	50%	\$2,900	\$5,800	\$5,000	\$10,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
6	Bronze	80%	50%	\$5,500	\$11,000	\$6,550	\$13,100	\$19,650	\$39,300	Coinsurance after deductible	Coinsurance after deductible
7	Bronze	70%	50%	\$5,500	\$11,000	\$6,550	\$13,100	\$19,650	\$39,300	Coinsurance after deductible	Coinsurance after deductible

Humana's medical plans include **Telemedicine**

- Convenient access to non-emergency medical care
- Video visit with U.S. board-certified physicians – at home or on-the-go

IL Coordinated Care Network HMO Plans

HUMANA HMO SIMPLICITY PLANS

Option	Metallic tier	Coinsurance	Deductible	Maximum out-of-pocket		Copay amounts:				
				Individual	Family	Primary care / Specialist	Retail clinic / Urgent care / ER	Advanced imaging	Inpatient ¹ / Outpatient services	Pharmacy
101-107	Gold	100%	\$0	\$6,000	\$12,000	\$40/\$75	\$40/\$100/\$350	\$350	\$750/\$750	\$10/\$40/\$70/25%
108-114	Gold	100%	\$0	\$6,000	\$12,000	\$40/\$75	\$40/\$100/\$400	\$400	\$1,000/\$1,000	\$10/\$40/\$70/25%
115-121	Gold	100%	\$0	\$6,000	\$12,000	\$40/\$80	\$40/\$100/\$400	\$400	\$1,250/\$1,250	\$10/\$40/\$70/25%
122-128	Gold	100%	\$0	\$6,000	\$12,000	\$45/\$85	\$45/\$125/\$425	\$425	\$1,500/\$1,500	\$10/\$40/\$70/25%
129-135	Silver	100%	\$0	\$7,150	\$14,300	\$55/\$110	\$55/\$125/\$850	\$850	\$2,350/\$2,350	\$10/\$50/\$100/25%

(1) Copay per day for first three days

HUMANA HMO COPAY PLANS

Option	Metallic tier	Coinsurance	Deductible	Maximum out-of-pocket		Copay amounts:			
				Individual	Family	Primary care / Specialist	Retail clinic / Urgent care / ER	Pharmacy	Other services
143-149	Gold	70%	\$0	\$4,500	\$9,000	\$40/\$65	\$40/\$100/\$450	\$15/\$45/\$75	Coinsurance after deductible

HUMANA HMO EMBEDDED HDHP PLANS – All covered benefits apply to the individual and family deductible and maximum out-of-pocket. When any family member reaches the individual deductible amount, that family member will begin receiving coinsurance benefits – even if the family deductible has not been met.

Option	Metallic tier	Coinsurance	Deductible	Maximum out-of-pocket		Pharmacy	Other services
				Individual	Family		
136-142	Bronze	80%	\$5,500	\$6,550	\$13,100	Coinsurance after deductible	Coinsurance after deductible

Definitions of terms

- **Copay** – A flat-dollar amount a member pays when visiting a health care provider or filling a prescription.
- **Coinsurance** – The percentage of covered health care costs the plan pays while covered under this plan.
- **Deductible** – Based on a calendar year. In-network and out-of-network amounts accumulate separately, when applicable. Out-of-network deductible is three times the in-network amount except for Humana Simplicity™ where the amount is fixed. Family deductible is two times the individual amount.
- **Health Savings Account (HSA)** – An account that allows individuals to pay for current health expenses and save for future qualified medical expenses on a tax-free basis. HSAs must be linked to a high-deductible health plan and amounts contributed to an HSA belong to individuals and are completely portable.
- **Maximum out-of-pocket** – Based on a calendar year. In-network and out-of-network limits accumulate separately, when applicable. In-network limit includes any copays, deductibles and/or coinsurance (out-of-network excludes pharmacy). Out-of-network limit is three times the in-network amount except for HDHPs where the amount is fixed. Family out-of-pocket is two times the individual amount.
- **Metallic tier** – Plans offered to small businesses will be offered in a tiered format named after metals: bronze, silver, gold, and platinum. Bronze plans generally offer leaner benefits and platinum the richest. However, not all plan attributes are considered when determining metallic tier. Therefore, a plan's metallic tier shouldn't be your only guide when considering affordable plan options.

This material provided is a general summary for informational purposes only and does not address all your organization's specific issues related to healthcare reform. It is not intended or written to be used, and it cannot be used, as legal advice or a legal opinion. It should not be relied upon in lieu of consultation with your own legal advisors.

Provider disclaimer:

Primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

This policy does not provide any dental benefits to individuals age nineteen (19) or older. This policy is being offered so the purchaser will have pediatric dental coverage as required by the Affordable Care Act. If you want adult dental benefits, you will need to buy a plan that has adult dental benefits. This plan will not pay for any adult dental care, so you will have to pay the full price of any care you receive.

Wellness programs are not insurance products.

Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company

Limitations and Exclusions:

Our health benefit plans have limitations and exclusions and may have waiting periods and terms under which the coverage may be continued in force or discontinued. For costs and complete details of coverage, call or write your Humana insurance agent or broker.

Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at <https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure> or through your sales representative.



Policy numbers: CHMO 2004-P 17S, CHMO 2004-P 17 POSS, CC2003-P 17S, CC2003-P 17 POSS