

For groups 10-100 (excludes State mandates, pediatric dental and vision EHB)
Effective dates starting 11/1/17

Humana's Level Funded Premium plans help your employees get and stay well so your business can thrive. You and your business receive:



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
- **Using Lower Cost Providers:** Members receive an incentive check for shopping and using lower costs providers for services that vary in cost but not quality; such as, Advanced Imaging, Mammograms, and Colonoscopies
- **Telemedicine:** Members have access to a convenient and cost effective way to see a board-certified doctor in minutes, with video chat from their mobile devices or computers. The physicians can diagnose and prescribe medication for a wide range of acute and episodic concerns, saving them, and you, time and money



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

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

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

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.

- **Humana ChoicePOS Network** is a local network of physicians and hospitals in the state of Illinois. ChoicePOS is a PPO network, so members can seek care from any contracted provider in this network without the need for a referral or primary care physician selection.

NPOS Plans:

- **Humana National POS – Open Access Network** offers the advantages of an HMO with the flexibility of a PPO plan. 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 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.



Pharmacy network

- **National Pharmacy Network:** With over 64,000 pharmacies across the country, the network includes all national chains, major regional chains, and more than 25,000 independent 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.



Humana Simplicity

PPO, NPOS and HMO SIMPLICITY 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	Coinsurance		Deductible ¹	Maximum out-of-pocket		Primary care / Specialist	Telemedicine / Retail clinic / Urgent care / ER	Advanced imaging	Inpatient ² / Outpatient services	Pharmacy
	In	Out		Individual	Family					
1*	100%	50%	\$0	\$6,000	\$12,000	\$40/\$75	\$0/\$40/\$100/\$350	\$350	\$750/\$750	\$10/\$40/\$70/25%
2*	100%	50%	\$0	\$6,000	\$12,000	\$40/\$75	\$0/\$40/\$100/\$400	\$400	\$1,000/\$1,000	\$10/\$40/\$70/25%
3*	100%	50%	\$0	\$6,000	\$12,000	\$40/\$80	\$0/\$40/\$100/\$400	\$400	\$1,250/\$1,250	\$10/\$40/\$70/25%
4*	100%	50%	\$0	\$6,000	\$12,000	\$45/\$85	\$0/\$45/\$125/\$425	\$425	\$1,500/\$1,500	\$10/\$40/\$70/25%
5*	100%	50%	\$0	\$6,000	\$12,000	\$45/\$90	\$0/\$45/\$125/\$425	\$425	\$1,750/\$1,750	\$10/\$35/\$65/25%
6*	100%	50%	\$0	\$7,150	\$14,300	\$55/\$110	\$0/\$55/\$125/\$850	\$850	\$2,350/\$2,350	\$10/\$50/\$100/25%

(*) HMO Select available with these options

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

(2) Copay per day for first three days



Humana Canopy

PPO, NPOS and HMO CANOPY 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	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Telemedicine / Retail clinic / Urgent care	Pharmacy	Other covered services
	In	Out	Individual	Family	Individual	Family				
1*	100%	70%	\$6,500	\$13,000	\$7,350	\$14,700	\$20/\$80	\$0/\$20/\$100	\$10/\$40/\$75/25%	Coinsurance after deductible
2*	100%	70%	\$6,500	\$13,000	\$7,350	\$14,700	\$20/\$80	\$0/\$20/\$100	\$5/\$20/\$50/\$100/\$500 ¹	Coinsurance after deductible
3*	100%	50%	\$6,000	\$12,000	\$7,350	\$14,700	\$20/\$80	\$0/\$20/\$100	\$10/\$40/\$75/25%	Coinsurance after deductible
4*	100%	50%	\$6,000	\$12,000	\$7,350	\$14,700	\$20/\$80	\$0/\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible

(*) HMO Select available with these options

Pharmacy deductible – applies to levels 3, 4, and 5 only: (1) \$250 individual / \$500 family



Humana Traditional Copay

PPO, NPOS and HMO COPAY HDHP 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	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Telemedicine / Retail clinic / Urgent care / ER	Pharmacy	Other covered services
	In	Out	Individual	Family	Individual	Family				
1*	100%	70%	\$1,000	\$2,000	\$4,000	\$8,000	\$25/\$40	\$0/\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
2	100%	70%	\$2,000	\$4,000	\$3,500	\$7,000	\$30/\$55	\$0/\$40/\$100/\$350	\$10/\$30/\$55/25%	Coinsurance after deductible
3	100%	70%	\$2,000	\$4,000	\$7,150	\$14,300	\$45/\$80	\$0/\$40/\$100/\$550	\$10/\$45/\$90/25% ²	Coinsurance after deductible
4	100%	70%	\$2,500	\$5,000	\$6,500	\$13,000	\$35/\$70	\$0/\$40/\$100/\$500	\$10/\$45/\$90/25%	Coinsurance after deductible
5	100%	70%	\$3,000	\$6,000	\$5,500	\$11,000	\$35/\$65	\$0/\$40/\$100/\$450	\$10/\$40/\$90/25%	Coinsurance after deductible
6	100%	70%	\$4,500	\$9,000	\$5,500	\$11,000	\$30/\$65	\$0/\$40/\$100/\$450	\$10/\$35/\$55/25%	Coinsurance after deductible
7	90%	60%	\$2,500	\$5,000	\$6,350	\$12,700	\$35/\$70	\$0/\$40/\$100/\$450	\$10/\$45/\$90/25%	Coinsurance after deductible
8	80%	50%	\$500	\$1,000	\$4,000	\$8,000	\$35/\$60	\$0/\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
9	80%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$25/\$40	\$0/\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
10	80%	50%	\$1,500	\$3,000	\$4,000	\$8,000	\$35/\$60	\$0/\$40/\$100/\$400	\$10/\$35/\$55/25%	Coinsurance after deductible
11*	80%	50%	\$1,500	\$3,000	\$7,150	\$14,300	\$40/\$80	\$0/\$40/\$100/\$550	\$10/\$45/\$90/25% ¹	Coinsurance after deductible
12	80%	50%	\$2,000	\$4,000	\$3,700	\$7,400	\$30/\$65	\$0/\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
13*	80%	50%	\$2,000	\$4,000	\$7,150	\$14,300	\$40/\$75	\$0/\$40/\$100/\$500	\$10/\$45/\$75/25%	Coinsurance after deductible
14	80%	50%	\$2,000	\$4,000	\$7,150	\$14,300	\$30/\$75	\$0/\$40/\$100/\$500	\$10/\$35/\$70/25% ²	Coinsurance after deductible
15	80%	50%	\$2,500	\$5,000	\$5,500	\$11,000	\$45/\$85	\$0/\$40/\$100/\$550	\$10/\$45/\$90/25%	Coinsurance after deductible
16*	80%	50%	\$3,000	\$6,000	\$5,500	\$11,000	\$40/\$80	\$0/\$40/\$100/\$500	\$10/\$40/\$75/25%	Coinsurance after deductible
17*	80%	50%	\$4,000	\$8,000	\$6,500	\$13,000	\$35/\$70	\$0/\$40/\$100/\$500	\$10/\$40/\$70/25%	Coinsurance after deductible
18*	80%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$75	\$0/\$40/\$100/\$550	\$10/\$40/\$75/25%	Coinsurance after deductible
19	70%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$30/\$60	\$0/\$40/\$100/\$400	\$10/\$40/\$70/25%	Coinsurance after deductible
20*	70%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40/\$80	\$0/\$40/\$100/\$500	\$10/\$45/\$75/25% ¹	Coinsurance after deductible
21*	70%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$35/\$60	\$0/\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
22	50%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40/\$70	\$0/\$40/\$100/\$500	\$10/\$40/\$90/25% ¹	Coinsurance after deductible
23*	50%	50%	\$3,000	\$6,000	\$7,150	\$14,300	\$35/\$70	\$0/\$40/\$100/\$500	\$10/\$35/\$75/25%	Coinsurance after deductible
24	50%	50%	\$5,000	\$10,000	\$6,000	\$12,000	\$35/\$75	\$0/\$40/\$100/\$550	\$10/\$45/\$75/25% ³	Coinsurance after deductible
25*	50%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$80	\$0/\$40/\$100/\$550	\$10/\$20/\$50/50%/50%	Coinsurance after deductible
26*	50%	50%	\$6,500	\$13,000	\$7,150	\$14,300	\$50/\$110	\$0/\$40/\$100/\$1,000	\$25/\$50/\$100/25% ⁴	Coinsurance after deductible
27*	50%	50%	\$6,500	\$13,000	\$7,150	\$14,300	\$50/\$110	\$0/\$40/\$100/\$1,000	\$15/\$35/\$75/\$135/\$500 ⁵	Coinsurance after deductible
28*	100%	70%	\$1,500	\$3,000	\$3,000	\$6,000	\$20/\$35	\$0/\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
29*	50%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$25/\$40	\$0/\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible

(*) HMO Select available with these options

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

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



Humana HDHP

PPO and NPOS HDHP 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	Coinsurance		Deductible		Maximum out-of-pocket				Pharmacy	Other covered services
	In	Out	Individual	Family	In-network		Out-of-network			
					Individual	Family	Individual	Family		
1	100%	70%	\$2,500	\$5,000	\$2,500	\$5,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
2	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	Coinsurance		Deductible		Maximum out-of-pocket				Pharmacy	Other covered services
	In	Out	Individual	Family	In-network		Out-of-network			
					Individual	Family	Individual	Family		
3	100%	70%	\$6,500	\$13,000	\$6,500	\$13,000	\$20,000	\$40,000	Coinsurance after deductible	Coinsurance after deductible
4	90%	60%	\$3,500	\$7,000	\$5,000	\$10,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
5	80%	50%	\$2,900	\$5,800	\$5,000	\$10,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
6	80%	50%	\$5,500	\$11,000	\$6,550	\$13,100	\$19,650	\$39,300	Coinsurance after deductible	Coinsurance after deductible
7	70%	50%	\$5,500	\$11,000	\$6,550	\$13,100	\$19,650	\$39,300	Coinsurance after deductible	Coinsurance after deductible
8	100%	70%	\$3,000	\$6,000	\$3,000	\$6,000	\$9,000	\$18,000	Coinsurance after deductible	Coinsurance after deductible
9	100%	70%	\$4,000	\$8,000	\$4,000	\$8,000	\$12,000	\$24,000	Coinsurance after deductible	Coinsurance after deductible
10	100%	70%	\$5,000	\$10,000	\$5,000	\$10,000	\$15,000	\$30,000	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

The below grid shows key product attributes between Fully Insured and Level Funded Premium products. Not all mandated services with coverage on both products are shown and may vary in type of coverage available. (State mandates may vary based on network. Unless otherwise specified, this information is based on visits with participating providers)

Service		2016 LFP Product	2018 Fully Insured Product	2017 LFP Product (Effective 11/1/2017)
Pediatric Dental and Vision		Excluded	Included	Excluded
Home Health Care		Unlimited visits	Unlimited visits	Limit: 100 per calendar year
Skilled Nursing Facility		Unlimited visits	Unlimited visits	Limit: 60 per calendar year
Private Duty Nursing		Same as any other illness Unlimited visits	Same as any other illness Unlimited visits	Not Covered
Habilitative/Rehabilitative Therapies, Spinal Manipulations and Adjustments	<p>Same as PCP/Specialist Copay Spinal manipulations/adjustments 20 visit limit</p> <p>Combined Physical, occupational, speech, cognitive, audiology Unlimited visits</p>	<p>PCP Office Visit Copay Spinal Manipulations and Adjustments 25 visit limit</p> <p><u>Habilitative Services:</u> Physical, Occupational, Speech, Audiology Therapy Unlimited visits</p> <p><u>Rehabilitative Services:</u> Physical, Occupational, Speech, Audiology, Cognitive Therapy Unlimited visits</p> <p>Physical Therapy includes Preventive physical therapy for insureds diagnosed with multiple sclerosis</p>	<p>Specialist Office Visit Copay Spinal Manipulations and Adjustments 20 visit limit</p> <p><u>Habilitative Services:</u> visit limit is a combined Physical, Occupational, Speech, Audiology Therapy Combined 40 visit limit</p> <p><u>Rehabilitative Services:</u> visit limit is a combined Physical, Occupational, Speech, Audiology, Cognitive Therapy Combined 40 visit limit</p>	
Preventive Mammogram	<p>Includes Digital mammography, a comprehensive ultrasound screening of entire breast(s) when mammogram has shown heterogeneous or dense breast tissue, a screening MRI, and Breast Tomosynthesis (3D Mammography) Requires coverage for a baseline mammogram for women ages 35 up to age 40 and an annual mammogram for women age 40 or older</p>	<p>Includes Digital mammography, a comprehensive ultrasound screening of entire breast(s) when mammogram has shown heterogeneous or dense breast tissue, a screening MRI, and Breast Tomosynthesis (3D Mammography) Requires coverage for a baseline mammogram for women ages 35 up to age 40 and an annual mammogram for women age 40 or older</p>	<p>USPSTF A and B recommendations which are mammography every 1-2 years for women 40 and older.</p>	

Service	2016 LFP Product	2018 Fully Insured Product	2017 LFP Product (Effective 11/1/2017)
Hearing Aids	Coverage included: up to Age 18 Bone anchored hearing aids - excluded	Coverage included: Includes bone anchored hearing aids, Osseointegrated auditory implants and examinations for the prescription or fitting of hearing aids	Not Covered
Telemedicine	Same as any other illness	\$20 Copay (HDHP: Deductible/Coinsurance)	\$0 Copay (HDHP: Deductible/Coinsurance)
Infertility & In-Vitro Fertilization diagnosis and treatment	Includes : GIFT & ZIF 6 oocyte retrievals per lifetime Benefits are provided for certain services related to diagnosis, treatment and correction of any underlying causes of infertility for all members	Includes : GIFT & ZIF 6 oocyte retrievals per lifetime Benefits are provided for certain services related to diagnosis, treatment and correction of any underlying causes of infertility for all members	In-Vitro Fertilization not covered Infertility benefits are provided for certain services related to diagnosis, treatment and correction of any underlying causes of infertility for all members except dependent children
Phenylketonuria (PKU) Metabolic disorders	Coverage included under Medical Services	Coverage included under Medical Services	Coverage under Rx Benefits
Durable Medical Equipment	Coverage included	Coverage included	Coverage included
Diabetes Treatment/Self-Management Training/Equipment	Coverage included	Coverage included	Coverage included
24-Hour Coverage	Optional	Not Available	Provides coverage for owners, officers, and partners not covered under workers' compensation.
Autism	Covered under Medical Services	Covered under Behavioral Health Services	Covered under Behavioral Health Services
ABA Therapy	Covered under Behavioral Health Services	Covered under Behavioral Health Services	Covered under Behavioral Health Services
Carry Over Credit	Optional	Not Available	Not Available
TMJ	Coverage included	Coverage included	Not Covered
Naprapathic Services	Excluded	Coverage included: Includes massage therapy	Excluded

State Mandate/Benefit	2016 LFP Product	2018 Fully Insured Product	2017 LFP Product
Bariatric Surgery	Same as any other illness	Same as any other illness	Excluded
Pharmacy: Oral Chemo Cap	\$50 oral chemo in-network copay cap per 30-day supply (within and after deductible where applicable).	\$50 oral chemo in-network copay cap per 30-day supply (within and after deductible where applicable).	Rx Chemo Cap does not apply
Formulary: Rx5 (Copay/Canopy)	Not Available	Rx5 Plus (closed)	Rx5 Plus (closed)
Formulary: Rx5 (Copay/Canopy)	Rx4 EHB (closed)	Rx4 EHB (closed)	Rx4 (closed)
Formulary: HDHP/eHDHP	HDHP EHB (open)	HDHP EHB (open)	HDHP EHB (closed)



Definition 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.

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.

Wellness programs are not insurance products.

Offered by Humana Health Plan, Inc. and/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.

