

# Humana medical plans

For groups 51-100

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



[Humana.com](https://www.humana.com)

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.

#### 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:

- **HumanaHMO Premier Network** is the largest HMO network available to our members. HMO members have the ability to see any participating provider and do not need to select a primary care physician. There are no out-of-network, non-emergency benefits.
- **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.



### Choose your 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.
- **Select Rx Pharmacy Network:** This narrow network of approximately 15,000 pharmacies encompasses CVS (including Target locations) and Walmart brand stores (Walmart, Walmart Neighborhood Market and Sam's Club), 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, NPOS, 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	Coinsurance		Deductible <sup>1</sup>	Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Advanced imaging	Inpatient <sup>2</sup> / Outpatient services	Pharmacy
	In	Out		Individual	Family					
11	100%	50%	\$0	\$5,000	\$10,000	\$25/\$55	\$25/\$100/\$350	\$350	\$500/\$500	\$10/\$35/\$55/25%
12	100%	50%	\$0	\$6,500	\$13,000	\$30/\$75	\$30/\$125/\$500	\$500	\$1,000/\$1,000	\$10/\$40/\$70/25%
13	100%	50%	\$0	\$6,500	\$13,000	\$30/\$100	\$30/\$125/\$600	\$600	\$1,500/\$1,500	\$10/\$40/\$70/25%
14	100%	50%	\$0	\$6,500	\$13,000	\$40/\$100	\$40/\$125/\$600	\$600	\$2,000/\$2,000	\$10/\$45/\$90/25%

(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, NPOS, 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	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Pharmacy	Other services
	In	Out	Individual	Family	Individual	Family				
11	100%	70%	\$250	\$500	\$2,000	\$4,000	\$20/\$35	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
12	100%	70%	\$500	\$1,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
13	100%	70%	\$750	\$1,500	\$2,000	\$4,000	\$25/\$50	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
14	100%	70%	\$1,000	\$2,000	\$4,000	\$8,000	\$25/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
15	100%	70%	\$1,000	\$2,000	\$6,500	\$13,000	\$30/\$55	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
16	100%	70%	\$1,500	\$3,000	\$3,000	\$6,000	\$20/\$35	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
17	100%	70%	\$1,500	\$3,000	\$4,000	\$8,000	\$30/\$45	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
18	100%	70%	\$1,500	\$3,000	\$5,000	\$10,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
19	100%	70%	\$2,000	\$4,000	\$3,000	\$6,000	\$20/\$35	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
20	100%	70%	\$2,000	\$4,000	\$4,000	\$8,000	\$30/\$45	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
21	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$40/\$55	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
22	100%	70%	\$2,500	\$5,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
23	100%	70%	\$2,500	\$5,000	\$5,000	\$10,000	\$30/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
24	100%	70%	\$2,500	\$5,000	\$6,500	\$13,000	\$35/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
25	100%	70%	\$3,000	\$6,000	\$4,000	\$8,000	\$20/\$35	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
26	100%	70%	\$3,000	\$6,000	\$6,500	\$13,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
27	100%	70%	\$4,000	\$8,000	\$5,000	\$10,000	\$30/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
28	100%	70%	\$4,000	\$8,000	\$6,500	\$13,000	\$40/\$55	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
29	100%	70%	\$5,000	\$10,000	\$6,500	\$13,000	\$35/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
30	100%	70%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
31	90%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$25/\$50	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
32	90%	60%	\$3,000	\$6,000	\$5,000	\$10,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
33	80%	50%	\$250	\$500	\$2,000	\$4,000	\$20/\$35	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
34*	80%	50%	\$500	\$1,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
35*	80%	50%	\$750	\$1,500	\$2,000	\$4,000	\$25/\$50	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
36*	80%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$25/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
37	80%	50%	\$1,000	\$2,000	\$6,500	\$13,000	\$30/\$55	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
38	80%	50%	\$1,500	\$3,000	\$3,000	\$6,000	\$20/\$35	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
39	80%	50%	\$1,500	\$3,000	\$4,000	\$8,000	\$30/\$45	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
40*	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
41	80%	50%	\$2,000	\$4,000	\$3,000	\$6,000	\$20/\$35	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible

(\*) HMO Select only available with these options

## Traditional plans (cont.)

**PPO, NPOS, 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.

Option	If you use IN-NETWORK providers						Copay amounts:			
	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Pharmacy	Other services
	In	Out	Individual	Family	Individual	Family				
42	80%	50%	\$2,000	\$4,000	\$4,000	\$8,000	\$30/\$45	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
43*	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$40/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
44	80%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
45	80%	50%	\$2,500	\$5,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
46*	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$30/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
47	80%	50%	\$2,500	\$5,000	\$6,500	\$13,000	\$35/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
48	80%	50%	\$3,000	\$6,000	\$4,000	\$8,000	\$20/\$35	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
49	80%	50%	\$3,000	\$6,000	\$6,500	\$13,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
50	80%	50%	\$4,000	\$8,000	\$5,000	\$10,000	\$30/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
51	80%	50%	\$4,000	\$8,000	\$6,500	\$13,000	\$40/\$55	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
52	80%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$35/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
53	80%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
54	70%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$20/\$35	\$40/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
55	70%	50%	\$2,000	\$4,000	\$4,000	\$8,000	\$25/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
56	70%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$30/\$45	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
57	70%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$30/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
58*	70%	50%	\$4,000	\$8,000	\$6,500	\$13,000	\$35/\$50	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
59	70%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$55	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
60	50%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$25/\$40	\$40/\$100/\$350	\$10/\$40/\$60/25%	Coinsurance after deductible
61	50%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible
62*	50%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$30/\$55	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
63	50%	50%	\$2,500	\$5,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible
64	50%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$35/\$50	\$40/\$100/\$350	\$10/\$40/\$70/25%	Coinsurance after deductible
65	50%	50%	\$3,000	\$6,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible
66*	50%	50%	\$4,000	\$8,000	\$5,000	\$10,000	\$35/\$60	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
67	50%	50%	\$4,000	\$8,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible
68	50%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$55	\$40/\$100/\$350	\$10/\$45/\$90/25%	Coinsurance after deductible
69	50%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$40/\$65	\$40/\$100/\$350	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible

(\*) HMOSelect only available with these options

(1) \$250 individual / \$500 family pharmacy deductible – applies to levels 2, 3, and 4 only

## Traditional plans (cont.)

**PPO, NPOS and HMO 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	Coinsurance		Deductible		Maximum out-of-pocket		Pharmacy	Other services
	In	Out	Individual	Family	Individual	Family		
11*	90%	60%	\$5,000	\$10,000	\$6,500	\$13,000	\$10/\$40/\$70/25% <sup>1</sup>	Coinsurance after deductible

(\*) HMO Select is not available with this option

(1) \$250 individual / \$500 family pharmacy deductible – applies to levels 2, 3, and 4 only

## HDHP plans

**PPO, NPOS and HMO 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 services
	In	Out	Individual	Family	In-network		Out-of-network			
					Individual	Family	Individual	Family		
11*	100%	70%	\$2,000	\$4,000	\$2,000	\$4,000	\$8,500	\$17,000	Coinsurance after deductible	Coinsurance after deductible
12*	100%	70%	\$3,400	\$6,800	\$3,400	\$6,800	\$12,700	\$25,400	Coinsurance after deductible	Coinsurance after deductible

(\*) HMO Select is not available with these options

**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 services
	In	Out	Individual	Family	In-network		Out-of-network			
					Individual	Family	Individual	Family		
13*	100%	70%	\$3,000	\$6,000	\$3,000	\$6,000	\$11,500	\$23,000	Coinsurance after deductible	Coinsurance after deductible
14*	100%	70%	\$4,000	\$8,000	\$4,000	\$8,000	\$14,500	\$29,000	Coinsurance after deductible	Coinsurance after deductible
15*	100%	70%	\$6,350	\$12,700	\$6,350	\$12,700	\$21,550	\$43,100	Coinsurance after deductible	Coinsurance after deductible
16*	90%	60%	\$3,000	\$6,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible	Coinsurance after deductible
17*	90%	60%	\$5,000	\$10,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible	Coinsurance after deductible
18*	80%	50%	\$4,000	\$8,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible	Coinsurance after deductible
19*	80%	50%	\$5,000	\$10,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible	Coinsurance after deductible
20*	70%	50%	\$4,500	\$9,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible	Coinsurance after deductible

(\*) HMO Select is not available with these options

### 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

## 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.



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. 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 16 L, CC2003-P 16 L, CC2003-P 16 POS S, CHMO 2004-P 16 POS S