

**TEXAS**

**High Deductible Health Plan (HDHP)  
100/70 Plan – HSA compatible**

		<b>PARTICIPATING</b> providers	<b>NONPARTICIPATING</b> providers
<b>Preventive Care</b>	• Routine immunizations ( <i>to age six</i> )	Covered at <b>100%</b>	Covered at <b>100%</b>
	• Routine immunizations ( <i>age six to age 18</i> )	Covered at <b>100%</b>	Deductible then <b>70%</b>
	• Routine Pap smear • Routine mammogram • Routine lab test and X-ray • Routine exams ( <i>18 years and above</i> ) • Routine child exams ( <i>to age 18</i> )		
	• Preventive endoscopy ( <i>includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy</i> )	Deductible then <b>100%</b>	Deductible then <b>70%</b>
<b>Physician Services</b>	• Office visits • Diagnostic tests, lab and X-rays • Allergy testing and injections • Inpatient services • Outpatient services ( <i>includes surgery</i> ) • Office surgery	Deductible then <b>100%</b>	Deductible then <b>70%</b>
	• Emergency room physician visits (1)	Deductible then <b>100%</b>	Participating deductible then <b>100%</b>
<b>Facility Services</b>	• Inpatient care ( <i>semiprivate room, ancillary services, nursing care, and ICU</i> ) • Outpatient surgery • Outpatient nonsurgical care	Deductible then <b>100%</b>	Deductible then <b>70%</b>
	• Hospital emergency services ( <i>facility charge only</i> ) (1)	Deductible then <b>100%</b>	Participating deductible then <b>100%</b>
<b>Prescription Drugs</b> ( <i>includes oral contraceptives</i> )	• Benefit per prescription or refill (3)	Deductible then <b>100%</b>	Deductible then <b>70%</b>
<b>Other Medical Services</b>	• Skilled nursing facility ( <i>up to 60 days per calendar year</i> ) (6) • Hospice ( <i>inpatient and outpatient</i> ) • Home health care ( <i>up to 100 visits per calendar year</i> ) (6) • Physical, occupational therapy ( <i>combined limit for all therapy services up to 45 visits per calendar year</i> ) (6) • Urgent care facility • Chiropractic services ( <i>up to 20 visits per calendar year</i> ) (6) • Cognitive, speech and hearing therapy	Deductible then <b>100%</b>	Deductible then <b>70%</b>
	• Durable medical equipment ( <i>same as any other illness</i> )	Deductible then <b>100%</b>	Participating deductible then <b>50%</b>
	• Ambulance (1)	Deductible then <b>100%</b>	Participating deductible then <b>100%</b>

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		<b>PARTICIPATING</b> providers	<b>NONPARTICIPATING</b> providers
<b>Other Medical Services</b> (cont.)	<ul style="list-style-type: none"> <li>• Transplant services</li> </ul>	Deductible then <b>100%</b> (when services are received from a Humana Transplant Network provider)	Deductible then <b>70%</b>
<b>Embedded Deductible and Out-of-Pocket Maximum Options</b> (per calendar year; deductibles apply to out-of-pocket maximum) (2)	• Individual deductible	\$2,300	Two times individual participating deductible
	• Family deductible	Two times individual participating deductible	Two times family participating deductible
	• Individual out-of-pocket maximum (4)	\$2,300	\$11,000
	• Family out-of-pocket maximum (4)	Two times individual participating out-of-pocket maximum	Two times individual nonparticipating out-of-pocket maximum
<b>Lifetime Maximum Benefit</b>		\$5,000,000 (participating and nonparticipating combined)	
<b>Mental Disorders</b> (5)	<ul style="list-style-type: none"> <li>• Inpatient services</li> <li>• Outpatient therapy and office therapy sessions</li> </ul>	Deductible then <b>100%</b> (refer to available limits)  Benefits limited to a maximum of 30 days inpatient and 20 visits outpatient per calendar year	Deductible then <b>70%</b> (refer to available limits)  Benefits limited to a maximum of 30 days inpatient and 20 visits outpatient per calendar year
<b>Serious Mental Illness</b>	<ul style="list-style-type: none"> <li>• Inpatient services (up to 45 days per calendar year)</li> <li>• Outpatient therapy and office therapy sessions (up to 60 visits per calendar year)</li> </ul>	Covered the same as any other illness	Covered the same as any other illness
<b>Chemical and Alcohol Dependence</b> (lifetime maximum of three separate series of treatments for each insured person)	<ul style="list-style-type: none"> <li>• Inpatient services</li> <li>• Outpatient therapy and office therapy sessions</li> </ul>	Covered the same as any other illness	Covered the same as any other illness

\* Humana's HDHP minimum deductible plan is designed with the deductible equal to the lowest IRS allowed account. The IRS releases adjusted minimums annually. Humana's minimum deductible plan will be adjusted to the new amounts on January 1 of each year, and groups must change at renewal to the new amounts. If a group fails to change, the plan will no longer be HSA qualified.

**Prior authorization** - Humana sometimes requires preauthorization for some services and procedures your physician or other provider may recommend for you. Humana does this solely to determine whether the service or procedure qualifies for payment under your benefit plan. You and your health care provider decide whether you should have such services or procedures. Humana's preauthorization determination relates solely to payment by Humana. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at [Humana.com/members/tools/](http://Humana.com/members/tools/) or call Customer Service.

Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits. Your health care practitioner should call Customer Service to obtain preauthorization.

**Payments** - Participating providers agree to accept amounts negotiated with Humana as payment in full. The member is responsible for any required deductible, coinsurance, or other copayments. Plan benefits paid to nonparticipating providers are based on maximum allowable fees, as defined in your Certificate of Insurance.

Nonparticipating providers may balance bill you for charges in excess of the maximum allowable fee. You will be responsible for charges in excess of the maximum allowable fee in addition to

any applicable deductible, coinsurance, or copayment. Additionally, any amount you pay the provider in excess of the maximum allowable fee will not apply to your out-of-pocket limit or deductible.

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

**To be covered, expenses must be medically necessary and specified as covered. Please see your Certificate for more information on medical necessity and other specific plan benefits.**

- (1) Ambulance transportation and/or services received in an emergency room are not covered unless required because of emergency care, as defined in your Certificate.
- (2) Deductible and out-of-pocket limits for participating and nonparticipating benefits calculate separately.
- (3) Coverage is limited to drugs included in the Humana Drug List. Coverage

- for some drugs may be subject to dispensing limitations. Additionally, some drugs may need prior authorization in order to be covered.
- (4) For other than single coverage, the family out-of-pocket maximum applies. The single out-of-pocket maximum applies to single coverage policies only.
  - (5) Limits are a combined total for mental health and substance abuse, which includes participating and nonparticipating benefits.
  - (6) Day/visit limits are combined for participating and nonparticipating providers.

**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. Limitations and exclusions to coverage apply even if a health care practitioner has performed or prescribed a medically appropriate procedure, treatment or supply. This does not prevent your health care practitioner from providing or performing any procedure, treatment or supply. This guide is available at [Humana.com/members/enrollment-center/pre-enrollment-disclosures](http://Humana.com/members/enrollment-center/pre-enrollment-disclosures) or through your sales representative.**

*The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.*

*For general questions about the plan, contact your benefits administrator.*

## PRE-EXISTING CONDITION EXCLUSION

**If the plan imposes a pre-existing condition exclusion, and you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a 6-month period. Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6-month period ends on the day before the waiting period**

**begins. The pre-existing condition exclusion does not apply to pregnancy; genetic information in the absence of a diagnosis of the condition related to the information; or to a child who is enrolled in the plan within 31 days after birth, adoption, or placement for adoption.**

**This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage". Most prior health coverage**

**is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18 month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.**

**HUMANA**  
*Guidance* when you need it most