

# Humana One<sup>®</sup>



# Individual Health Insurance

Summary of Benefits  
for  
Colorado



## Easy to Choose

When it comes to individual health insurance, the HumanaOne Individual Health Plan is an easy choice. We've simplified our plan to include more of the benefits you'd expect from group insurance – but tailored for individuals and families. With HumanaOne health plans, not only do you get **five million dollars worth of lifetime coverage, preventive care, prescription drug and emergency room care benefits, but also online tools and resources** and an **extensive network of providers**. Plus, HumanaOne health plans are insured by subsidiaries of Humana Inc., one of the nation's largest publicly traded health benefits companies, with over 6.6 million members nationwide.

With the HumanaOne Individual Health Plan, you have a choice of annual deductible options and additional benefits such as:

- **Zero deductible prescription drug option** – no deductible is required to be met before plan benefits are payable
- **Maternity benefit option** – provides benefits for maternity and routine newborn care
- **Office visit copayment option** – office visit benefits are payable at 100 percent after a \$25 copayment for primary care physician visits and \$40 copayment for a specialist visit (limited to four total visits per calendar year).
- **\$20,000 term life insurance option** - extra financial security for you and for your spouse.

*(Not all options are available in all states; waiting periods may apply for some benefits.)*

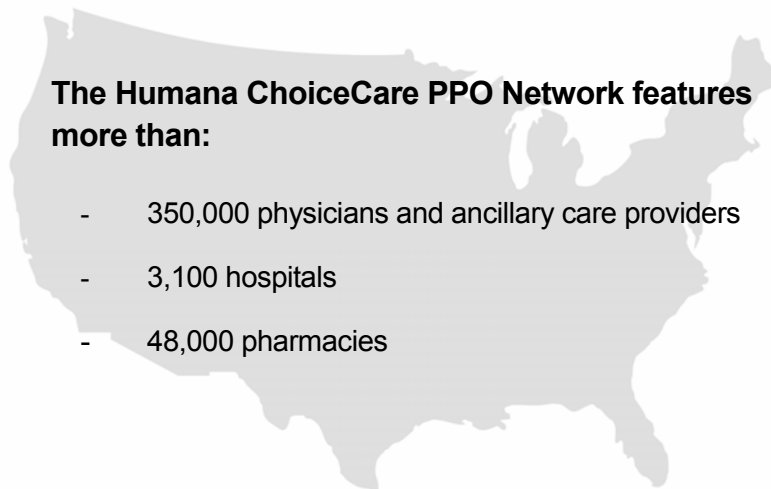
## Easy to Use

### Nationwide network of providers

HumanaOne health plans provide access to doctors, pharmacies and hospitals nationwide through the Humana/ChoiceCare PPO Network. So, no matter where you work or travel throughout the continental U.S., you're covered. What's more, HumanaOne health plans give you the freedom to see the doctor of your choice. You receive the most from your plan when visiting a doctor, hospital or pharmacist in the network, but you're still covered if you choose an out-of-network provider.

### The Humana ChoiceCare PPO Network features more than:

- 350,000 physicians and ancillary care providers
- 3,100 hospitals
- 48,000 pharmacies



## Prescription drug benefits

When your doctor prescribes a drug that's covered by your HumanaOne health plan, you'll find the drug in one of four levels. And no matter which level contains your drug, your prescription drug costs are covered to some degree (see the following Summary of Benefits for specific benefit information). The levels are:

Level One – low-cost generic and brand-name drugs.

Level Two – higher-cost generic and brand-name drugs.

Level Three – higher-cost, mostly brand-name alternatives to drugs on Level One and Two.

Level Four – self-administered, injectable medications and high-technology drugs.

For your convenience, you may also receive a maximum 90-day supply per prescription or refill through the mail (maximum 30-day supply for self-administered injectable drugs) by purchasing medications through a participating mail-order pharmacy.

## www.humana.com

HumanaOne health plan members have 24-hour access to valuable tools and resources on [www.humana.com](http://www.humana.com). All registered members have a personal page called *MyHumana*, where you can:

- Locate a doctor, hospital or pharmacy by using Physician Finder *Plus*.
- Learn how to reduce prescription drug costs through *MyPrescriptions*.
- Check benefits and claims status with *MyPlan Benefits*.
- Use the condition center to aid in monitoring and managing your health.

## HumanaHealth® Programs and Services

HumanaOne health plans offer special educational programs and supportive resources to members with certain medical situations and/or chronic conditions:

- **HumanaBeginnings®** combines education and informative mailings to help expectant mothers learn about their pregnancy, follow their baby's development, and practice healthy habits along the way.
- **Personal Nurse®** provides guidance to resources and tools to help members manage their condition and understand their health care options. The service is available to members we believe may benefit most from additional support.
- **HumanaFirst®** is a free, 24-hour nurse assistance line members can use to speak with a registered nurse.

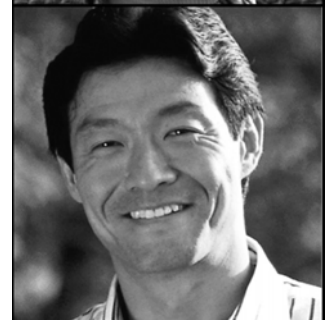
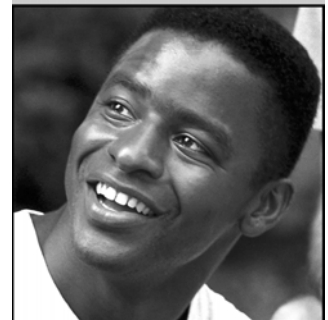
## Easy to Apply

With HumanaOne, you don't have to wait weeks for coverage you need now! With just a phone call, you can begin the application process. You may even qualify for same day approval.

One more reason HumanaOne health plans are a great choice!

### Initial 12-month rate guarantee

Put your mind at ease with our initial 12-month rate guarantee. Not only do our plans eliminate rate increases based merely on claims, they also provide lock-in premium amounts that stay the same through the first year (provided your benefit choice and location remain the same).



## COLORADO Plan 49, Option 001

Plan pays for services from  
**PARTICIPATING** providers (14)

Plan pays for services from  
**NONPARTICIPATING** providers (15)

Annual Deductible (1), (2)	<ul style="list-style-type: none"> <li>Annual amount (does not apply to maximum out-of-pocket expense)</li> </ul>	<b>Single Deductible</b> \$500 \$1,000 \$2,500 \$5,000	<b>Family Deductible (3)</b> \$1,500 \$3,000 \$5,000 \$10,000	<b>Single Deductible</b> \$1,000 \$2,000 \$5,000 \$10,000	<b>Family Deductible (3)</b> \$3,000 \$6,000 \$10,000 \$20,000
	<ul style="list-style-type: none"> <li>Deductible carryover</li> </ul>	Covered expenses incurred in the last three months of the calendar year and applied to the deductible will also be credited to the next calendar year deductible.			
<b>Maximum Out-of-Pocket Expense Limit (1), (2)</b>	<ul style="list-style-type: none"> <li>Individual (must be satisfied by each covered person)</li> </ul>	\$2,000		\$8,000	
<b>Lifetime Maximum Benefit</b>		\$5,000,000 per covered person			
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>Well-child care (including Immunizations) (birth to age 13)</li> <li>Routine annual PSA and digital rectal exam (5)</li> <li>Routine annual Mammograms (5)</li> <li>Routine annual physical exam (age 13 and older) (4)</li> <li>Routine immunizations (age 13 to age 18) (4)</li> <li>Routine Pap smear (4), (5)</li> <li>Routine lab, pathology and X-ray (4)</li> </ul>	<b>80%</b>		<b>60%</b>	
		<b>80%</b>		Not covered	
		<b>80% after deductible</b>		Not covered	
<b>Physician Services</b>	<ul style="list-style-type: none"> <li>Office visits (includes diagnostic lab and X-ray)</li> <li>Allergy testing, injections and serum</li> <li>Inpatient services</li> <li>Outpatient services (includes surgery)</li> </ul>	<b>80% after deductible</b>		<b>60% after deductible</b>	
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient surgery – facility</li> <li>Outpatient nonsurgical</li> <li>Newborn hospital stay (11)</li> <li>Emergency room (including physician visits)</li> </ul>	<b>80% after deductible</b>		<b>60% after deductible</b>	
		<b>80% after \$75 copayment per visit and deductible (copayment waived if admitted)</b>		<b>60% after \$75 copayment per visit and deductible (copayment waived if admitted)</b>	
<b>Prescription Drugs (6)</b>	<ul style="list-style-type: none"> <li>Prescription drug deductible (Covered prescription drugs are assigned to one of four different levels with corresponding copayment amounts.) (2)</li> <li>Benefit for each prescription or refill (up to 30-day supply)                             <ul style="list-style-type: none"> <li>Level One - lowest copayment for lowest cost generic and brand-name drugs</li> <li>Level Two - higher copayment for higher cost generic and brand-name drugs</li> <li>Level Three - higher copayment than Level Two for higher cost, mostly brand-name drugs that may have generic or therapeutic equivalents in Levels One or Two</li> <li>Level Four - highest copayment for high-technology drugs (certain brand-name drugs, biotechnology drugs and self-administered injectable medications)</li> </ul> </li> <li>Mail order (90-day supply)</li> </ul>	\$500 prescription drug deductible per individual  <b>100% after:</b> \$10 copayment after prescription drug deductible \$30 copayment after prescription drug deductible \$50 copayment after prescription drug deductible 25% copayment after prescription drug deductible up to \$2,500 maximum out-of-pocket per calendar year  <b>100% after three times the retail copayment</b>		\$500 prescription drug deductible per individual  <b>70% after:</b> \$10 copayment after prescription drug deductible \$30 copayment after prescription drug deductible \$50 copayment after prescription drug deductible 25% copayment after prescription drug deductible up to \$2,500 maximum out-of-pocket per calendar year  <b>70% after three times the retail copayment</b>	
<b>Other Medical Services</b>	<ul style="list-style-type: none"> <li>Skilled nursing facility (up to 30 days per calendar year) (7)</li> <li>Home health care (up to 60 visits per calendar year) (7)</li> <li>Durable medical equipment (7)</li> </ul>	<b>80% after deductible</b>		<b>60% after deductible</b>	

**This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern.**

**COLORADO Plan 49, Option 001**

**Plan pays for services from PARTICIPATING providers (14)**

**Plan pays for services from NONPARTICIPATING providers (15)**

<p><b>Other Medical Services</b> <i>(cont'd)</i></p>	<ul style="list-style-type: none"> <li>Hospice (7), (8)</li> <li>Physical and speech therapy, chiropractic services (up to combined maximum of 20 visits per calendar year) (12)</li> <li>Outpatient hospital and anesthesia for dental (limited to a dependent child)</li> <li>Cleft lip and palate (care and treatment) (13)</li> <li>Autism</li> <li>Ambulance (up to \$15,000 maximum per calendar year)</li> <li>Transplant services (organ) (7)</li> </ul>	<p><b>80%</b> after deductible</p> <p><b>80%</b> after deductible</p> <p><b>80%</b> after deductible (when services are performed at a National Transplant Network provider)</p>	<p><b>60%</b> after deductible</p> <p><b>80%</b> after deductible</p> <p><b>60%</b> after deductible (subject to separate out-of-pocket maximum of \$35,000 per calendar year)</p>
<p><b>Mental Health</b> (includes mental disorders, alcohol and chemical dependence)</p>	<p>Outpatient mental health maximum reduces inpatient mental health maximum</p> <ul style="list-style-type: none"> <li>Inpatient (up to \$2,500 maximum per calendar year)</li> <li>Outpatient therapy (up to \$500 maximum per calendar year)</li> </ul>	<p><b>50%</b> after deductible</p>	<p><b>50%</b> after deductible</p>
<p><b>Optional Benefits</b> <i>(not available for College Graduate and Pre-Employment Health Plans) (9)</i></p>	<ul style="list-style-type: none"> <li>Prescription drug, no deductible</li> <li>Maternity including routine newborn care (2)</li> <li>Office visit copayment option (includes office diagnostic tests, lab and X-rays, paid at 100% up to \$100 per calendar year. Does not apply to preventive/routine care) (2), (10)</li> </ul>	<p>Under this option, no deductible is required to be met before plan benefits are payable.</p> <p><b>60%</b> after \$500 maternity deductible</p> <p><b>100%</b> after \$25 copayment for primary care physician and \$40 copayment for specialist limited to four combined visits (primary care physician and specialist) per calendar year. After four visits, plan pays <b>80%</b> after deductible</p>	<p><b>40%</b> after \$1,000 maternity deductible</p> <p><b>60%</b> after deductible</p>

To be covered, services must be medically necessary and may be subject to pre-existing condition limitations. Please see your policy for more information on medical necessity and other specific plan benefits.

- When you obtain care from nonparticipating providers:
  - 50 percent of your payment toward the deductible is credited to the deductible for participating providers.
  - 50 percent of your out-of-pocket costs are credited to the out-of-pocket maximum for participating providers.
 Once you meet your deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.
- Copayments do not apply to the deductible or out-of-pocket maximum. The medical out-of-pocket maximum does not apply to transplant services from nonparticipating providers, prescription drugs, mental health services or maternity, if the optional maternity benefit is selected.
- Two or three family members must meet their individual deductible, depending on the deductible amount selected.
- \$300 of covered expenses per person per calendar year, subject to applicable coinsurance.
- Age and/or frequency limits apply.

- If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.
- Prior authorization required in order to be eligible for these benefits.
- Bereavement limited to \$1,150 per family for the 12-month period following death. Nursing, social/counseling services, and certified nurses aid or delegated nursing services limited to \$9,100 per member per benefit period.
- These benefits are optional and can be added to your plan for an additional cost except for the college graduate and pre-employment health plans.
- This benefit does not cover MRI, CAT, EEG, EKG, ECG, cardiac catheterization or pulmonary function studies. Primary care physicians include family practitioner, general practitioner, pediatrician or internist; specialist contains any other participating physician. Please contact Customer Service for details.
- This benefit covers well-baby charges for a hospital stay of 48 hours following a vaginal delivery and 96 hours following a Cesarean section. If delivery occurs after 8:00 p.m., coverage will continue until 8:00 a.m. the following morning.
- The benefit maximum for covered dependent children to age 5 who have a congenital

- defect or birth abnormality will be 20 visits per year each for physical, occupational and speech therapy.
- This benefit covers a newborn dependent born with cleft lip and/or palate not subject to any age limit.
  - The Preferred Provider Organization (PPO) Network has an inadequate number of providers in the following counties in Colorado: Custer, Dolores, Hinsdale, Jackson, Mineral, San Juan, San Miguel.**
  - Nonparticipating providers may balance bill you for the difference between the amount paid by us and the nonparticipating providers billed charges if:**
    - You are required to travel no more than a reasonable distance beyond the plan's service area in order to receive services from a participating provider;**
    - The covered person knowingly seeks services from a nonparticipating provider; and**
    - The nonparticipating provider is reimbursed for an amount less than the billed charge.**
- To receive our reimbursement rate for specific covered services rendered by a nonparticipating provider, please contact our Claims Department at 1-800-833-6917.

Colorado law requires carriers to make available a Colorado Health Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder

who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is

interested in coverage under or who is covered by a health benefit plan of the carrier.

A copy of the Colorado Network Access plan can be provided upon request.

**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.

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.

**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.**

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

**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.**

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.



## A variety of plan types

From individual health coverage to term life insurance, HumanaOne offers a variety of plan types to fit your needs.

**HumanaOne College Graduate Health Plan** – provides short-term coverage with all the benefits of the major medical plan and at rates less than the standard monthly premium. This plan provides coverage from 30 days up to 185 days, and is guaranteed renewable without re-underwriting if coverage is needed beyond the term. It is for individuals between 18-25:

- Who will graduate within 30 days, or
- Who have graduated within the past 90 days, or
- Who are leaving a graduate program and have lost coverage under their parent's policy.

**HumanaOne Pre-employment Health Plan** – like the college graduate plan, it provides short-term coverage from 30 to 185 days with all the benefits of the major medical plan at rates less than the standard monthly premium. The plan is guaranteed renewable if coverage is needed beyond the term and is for individuals 18 and older:

- Who are employed and in a waiting period for employer-sponsored benefits within the next 185 days.
- Who have a job offer in hand from an employer who will provide benefits within 185 days.

**HumanaOne Term Life Insurance** – Simple, convenient, affordable financial protection for your loved ones with the following advantages:

- Flexible coverage amounts from \$25,000 to beyond \$1 million.
- Renewable to age 95.
- Easy and convenient application process that can be done in conjunction with a health application, or by itself. In most cases, a medical exam is not required for coverage through \$150,000.
- Premiums are level for 10, 15 or 20 years and guaranteed to age 95.

In addition to these important features, HumanaOne Term Life Insurance also gives you the ability to select several different optional riders. Depending on your circumstances, these riders can make this coverage even more valuable to you and your family:

- **Premium Waiver** pays your policy premium if you are totally disabled. It is available for individuals ages 18-55, and coverage ends on the policy renewal date on or after the insured's 60th birthday. If the insured is totally disabled at this time, then coverage ends when the insured is no longer totally disabled.
- **Accidental Death** provides an additional benefit equal to the amount of the base policy. Available for those ages 18-55, and coverage ends on the policy renewal date on or after the insured's 65th birthday.
- **Children's Term Coverage** provides \$5,000 of coverage for each child, and one premium covers all children in the family. Available for purchase by those ages 18-55. Coverage for a child ends on the child's 19th birthday. Coverage for all children ends on the policy renewal date on or after the insured's 65th birthday.

# Limitations and Exclusions

**This is an outline of the limitations and exclusions for the HumanaOne Individual Health Plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions.**

## PRE-EXISTING CONDITIONS

A pre-existing condition is a sickness or injury which was diagnosed or treated during the 12-month period before the covered person's effective date of coverage. Benefits for pre-existing conditions are not payable until the covered person's coverage has been in force for 12 consecutive months with us. We will waive the pre-existing conditions limitation for those conditions disclosed on the application provided benefits relating to those conditions are not excluded. Conditions specifically excluded by rider are never covered.

## OTHER EXPENSES NOT COVERED

Unless stated otherwise no benefits are payable for expenses arising from:

1. Services not medically necessary or which are experimental, investigational or for research purposes.
2. Services not authorized or prescribed by a health care practitioner or for which no charge is made.
3. Services while confined in a hospital or other facility owned or operated by the United States government; provided by a person who ordinarily resides in the covered person's home or who is a family member; or that are performed in association with a service that is not covered under the policy.
4. Charges in excess of the maximum allowable fee or which exceed any policy benefit maximum.
5. Expenses incurred before the effective date or after the date coverage terminated.
6. Cosmetic procedures and any related complications except as stated in the policy.
7. Custodial or maintenance care.
8. Any drug, medicine or device which is not FDA approved.
9. Contraceptives other than oral, including implant systems and devices regardless of the purpose for which prescribed.
10. Medications, drugs or hormones to stimulate growth.
11. Legend drugs not recommended or deemed necessary by a health care practitioner or drugs prescribed for a noncovered injury or sickness.
12. Drugs prescribed for intended use other than for indications approved by the FDA or recognized off-label indications through peer-reviewed medical literature, experimental or investigational use drugs.
13. Over the counter drugs (except insulin) or drugs available in prescription strength without a prescription.
14. Drugs used in treatment of nail fungus.
15. Prescription refills exceeding the number specified by the health care practitioner or dispensed more than one year from the date of the original order.
16. Vitamins, dietary products and any other nonprescription supplements.
17. Infertility services.
18. Pregnancy and well-baby expenses.
19. Elective medical or surgical procedures; tubal ligation; vasectomy; reversal of sterilization; abortion; gender change or sexual dysfunction.
20. Vision therapy; all types of refractive keratoplasties or any other procedures, treatments or devices for refractive correction; eyeglasses; contact lenses; hearing aids; dental exams.
21. Hearing and eye exams; routine physical examinations for occupation, employment, school, travel, purchase of insurance or premarital tests.
22. Dental services (except for dental injury), appliances or supplies.
23. War or any act of war, whether declared or not; commission or attempt to commit a civil or criminal battery or felony.
24. Standby physician or assistant surgeon, unless medically necessary; private duty nursing; communication or travel time; lodging or transportation, except as stated in the policy.
25. Obesity except for morbid obesity.
26. Nicotine habit or addiction; educational or vocation therapy, services and schools; light treatment for Seasonal Affective Disorder (S.A.D.); alternative medicine; marital counseling; genetic testing, counseling or services; sleep therapy or services rendered in a premenstrual syndrome clinic or holistic medicine clinic.
27. Foot care services.
28. Charges for nonmedical purposes or used for environmental control or enhancement (whether or not prescribed by a health care practitioner).
29. Health clubs or health spas, aerobic and strength conditioning, work hardening programs and related material and products for these programs; personal computers and related or similar equipment; communication devices other than due to surgical removal of the larynx or permanent lack of function of the larynx.
30. Hair prosthesis, hair transplants or implants and wigs.
31. Temporomandibular joint disorder, craniomaxillary disorder, craniomandibular disorders, and any treatment for jaw, joint or head and neck neuromuscular disorder.
32. Injury or sickness arising out of or in the course of any occupation, employment or activity for compensation, profit or gain, whether or not benefits are available under Workers' Compensation. This exclusion does not apply to a covered person qualifying as a sole proprietor, officer or partner under state law, and such benefits are not covered under any Workers' Compensation plan, provided the covered person is not covered under a Workers' Compensation plan.
33. Inpatient services when in an observation status or when the stay is due to behavioral, social maladjustment, lack of discipline or other antisocial actions not a result of a mental disorder.
34. Attempted suicide or intentionally self-inflicted injury while sane.
35. Charges covered by other medical payments insurance.
36. Organ transplants not approved based on established criteria or investigational, experimental or for research purposes.
37. Charges incurred for a hospital stay beginning on a Friday or Saturday unless due to emergency care or surgery is performed on the day admitted.

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the terms and conditions of the policy will govern.

