

## Louisiana 70/50 Copay plan

## Example

		Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers
<b>Office visit and urgent care copay</b>		\$50 primary care/\$75 specialist/ \$100 urgent care	Not applicable
<b>Deductible</b>	<b>Individual</b>	\$2,000	\$6,000
<ul style="list-style-type: none"> <li>per calendar year</li> <li>copays do not apply</li> </ul>	<b>Family</b>	\$4,000	\$12,000
<b>Out-of-pocket maximum</b>	<b>Individual</b>	\$7,500	\$22,500
<ul style="list-style-type: none"> <li>per calendar year</li> <li>deductibles and copays do not apply</li> </ul>	<b>Family</b>	\$15,000	\$45,000
<b>Preventive care</b>			
<ul style="list-style-type: none"> <li>preventive office visits</li> <li>preventive lab and X-ray</li> <li>child immunizations age 6 to 18</li> <li>flu and pneumonia immunizations</li> <li>endoscopic services (including, but not limited to colonoscopy)</li> </ul>		100%	50% after deductible
<ul style="list-style-type: none"> <li>Pap smear and mammogram</li> <li>prostate screening</li> <li>child immunizations to age 6</li> </ul>		100%	50%
<b>Physician services</b>			
<ul style="list-style-type: none"> <li>office visits</li> </ul>		100% after office visit copay	50% after deductible
<ul style="list-style-type: none"> <li>diagnostic lab and X-ray (performed in office and billed by physician)</li> <li>allergy testing</li> </ul>		100%	50% after deductible
<ul style="list-style-type: none"> <li>injections (including allergy)</li> </ul>		100% after \$5 copay	50% after deductible
<ul style="list-style-type: none"> <li>inpatient services</li> <li>outpatient services</li> <li>surgery</li> </ul>		70% after deductible	50% after deductible
<ul style="list-style-type: none"> <li>emergency room visits</li> </ul>		100%	100%
<b>Facility services</b>			
<ul style="list-style-type: none"> <li>inpatient services</li> <li>outpatient services</li> <li>outpatient diagnostic lab and X-ray</li> <li>outpatient surgery</li> </ul>		70% after deductible	50% after deductible
<ul style="list-style-type: none"> <li>emergency services (copay waived if admitted)</li> </ul>		100% after \$300 copay	100% after \$300 copay
<b>Other medical services</b>			
<ul style="list-style-type: none"> <li>retail clinic</li> <li>urgent care</li> </ul>		100% after primary care copay 100% after urgent care copay	50% after deductible 50% after deductible
<ul style="list-style-type: none"> <li>spinal manipulations, adjustments, modalities, physical, occupational, cognitive, speech and audiology therapy (combined limit to 30 visits per calendar year)<sup>1</sup></li> </ul>		100% after specialist copay	50% after deductible
<ul style="list-style-type: none"> <li>advanced imaging (PET, MRI, MRA, CAT, SPECT)</li> <li>hospice</li> <li>home health care (limited to 100 visits per calendar year)</li> <li>skilled nursing facility (limited to 60 days per calendar year)</li> </ul>		70% after deductible	50% after deductible
<ul style="list-style-type: none"> <li>ambulance</li> </ul>		70% after deductible	70% after participating deductible
<ul style="list-style-type: none"> <li>maternity</li> </ul>		Same as any other illness	Same as any other illness
<ul style="list-style-type: none"> <li>transplant services</li> </ul>		Same as any other illness when services are received from a Humana Transplant Network provider	Same as any other illness. Benefits payable will not exceed the non-network benefit limit of \$35,000 per covered organ transplant

## Louisiana HumanaPPO 10 Copay 70/50 plan

	Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers
<b>Mental health, chemical, and alcohol dependency<sup>2</sup></b>		
• inpatient services (combined limit to 10 days per calendar year)	70% after deductible	50% after deductible
• outpatient and office therapy sessions (combined limit to 15 visits per calendar year)	100% after specialist copay	50% after deductible

<sup>1</sup> Nonparticipating limited to 10 of the 30 visits.

<sup>2</sup> For groups with 51 or more employees, no limits apply to inpatient and outpatient services; benefit is covered the same as any other illness.

## Network

### Humana/ChoiceCare Network

Humana's ChoiceCare Network is one of the largest, most cost-effective physician and hospital networks in the nation, and it's growing daily. This PPO network gives employees coast-to-coast access to favorably priced health care. Plus, Humana maintains strong provider relationships with local PPO networks for added coverage.

**NOTICE: HEALTH CARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTH CARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF THE FEES FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR CO-PAYMENTS, COINSURANCE, DEDUCTIBLES AND NON-COVERED SERVICES.**

**SPECIFIC INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK FACILITY-BASED PHYSICIANS CAN BE FOUND AT THE WEBSITE ADDRESS OF YOUR HEALTH PLAN OR BY CALLING THE CUSTOMER SERVICE TELEPHONE NUMBER OF YOUR HEALTH PLAN.**

## Pharmacy

Detailed drug lists are available at [Humana.com](http://Humana.com) for each pharmacy plan and level.

**Rx4 with deductible:** Prescription drugs are assigned to one of four levels with corresponding copayment amounts or a discount. Some levels also include a deductible.

Retail (30-day supply)	Deductible <sup>†</sup>	Level 1	Level 2	Level 3	Level 4*
	\$250	\$10	\$35	\$55	25%
Mail order (up to 90-day supply)		1.5 times the retail copayment	2.5 times the retail copayment	3 times the retail copayment	3 times the retail copayment

NOTE: If a nonparticipating pharmacy is used, the claim is covered at 70 percent after applicable deductible and copayment.

<sup>†</sup> Deductible applies to level 2, 3, and 4 only.

\* Copayment maximum (applies to level 4 drugs only): \$3,500 per member per calendar year

# HUMANA<sup>®</sup>

Insured by Humana Health Benefit Plan of Louisiana, Inc.

This plan imposes a pre-existing condition exclusion. This is not a complete disclosure of plan qualifications and limitations. 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. This guide is available at [www.disclosure.humana.com](http://www.disclosure.humana.com) or through your sales representative. Premiums and benefits vary based on the plan selected.



Good news! Beginning July 1, HumanaVitality is available with new and renewing Humana medical plans.

Please share the information below with your employees so they can learn more about HumanaVitality and how to get started.

# What if we made getting healthy fun and rewarding?

We just did.

You want to be healthier. You want to live longer. And you want better quality out of that life. HumanaVitality<sup>SM</sup> is here to help you do that. It's a groundbreaking program you can voluntarily use to really take charge of your health.

When you register, you begin changing your life, working with HumanaVitality to understand your health today and find out what your risks are for tomorrow — all in a safe, secure, and confidential manner. You get advice on what to eat and what kind of exercise makes sense for you. And the best part is, you are rewarded not only in health and happiness, but in perks you choose.

With HumanaVitality, once you know where you stand, you set goals. We help you form good habits, like picking up fruits and vegetables at the market instead of chips. Or taking a walk instead of sitting on your couch.

Healthy choices are recorded and earn you Vitality Points<sup>TM</sup>. And those points earn you rewards, like name-brand products, travel, and resort stays. It's just that simple. No matter what stage of life or health you're in, HumanaVitality is for you.

HumanaVitality: A fun, rewarding wellness program that puts YOU front and center.

## Getting started is easy.

Beginning July 1, you can start exploring all the benefits of HumanaVitality by logging in to your secure member page at **Humana.com**.

If you are not registered, go to **Humana.com**, choose "Register" in the log-in box, and follow the instructions.

**HUMANA** Vitality<sup>TM</sup>

Program details are subject to change.

Humana Plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, EmpheSys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by EmpheSys Insurance Company or insured or administered by Humana Insurance Company.

GCHH1VSHH 4/11