

2015 Individual Medical Products Illinois

Effective as of 11/1/2014

Humana HMO Plans - Illinois

Effective as of 11/1/2014

	Basic 6600		Bronze 6300		Bronze 4850		Silver 4600**	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		Yes		No		No	
On the Marketplace** - Chicago HMOx - Rockford-Peoria HMOx - Springfield IL HMOx	Benefit Summary Benefit Summary Benefit Summary		Benefit Summary Benefit Summary Benefit Summary		Benefit Summary Benefit Summary Benefit Summary		Benefit Summary Benefit Summary Benefit Summary	
Off the Marketplace - Chicago HMOx - Rockford-Peoria HMOx - Springfield IL HMOx	Benefit Summary Benefit Summary Benefit Summary		Benefit Summary Benefit Summary Benefit Summary		Benefit Summary Benefit Summary Benefit Summary		Benefit Summary Benefit Summary Benefit Summary	
In network								
Medical Coinsurance*	100%		100%		80%		80%	
Medical Deductible	\$6,600	\$13,200	\$6,300	\$12,600	\$4,850	\$9,700	\$4,600	\$9,200
Rx Deductible	Combined with Medical Deductible		Combined with Medical Deductible		\$1,500	\$3,000	\$1,500	\$3,000
Maximum Out-of-Pocket (MOOP)	\$6,600	\$13,200	\$6,300	\$12,600	\$6,350	\$12,700	\$6,300	\$12,600
Family Plan Deductible/MOOP Accumulation	Aggregate deductible/MOOP + individual protection		Aggregate deductible/MOOP		Aggregate deductible/MOOP + individual protection		Aggregate deductible/MOOP + individual protection	
PCP/Specialists/Urgent Care	\$35 PCP (3), then deductible/coinsurance		100% after deductible		\$50/\$75/\$100 (3) then deductible/coinsurance		\$25/\$35/\$50	
Lab and X-Rays	100% after deductible		100% after deductible		\$300 at 100%, then deductible/coinsurance		\$500 at 100%, then deductible/coinsurance	
Inpatient and Outpatient Hospital Services, ER, Ambulance	100% after deductible		100% after deductible		80% after Deductible		80% after Deductible	
Rx Tier 1/2 (not subject to deductible)	100% after deductible		100% after deductible		\$15/\$35		\$10/\$20	
Rx Tier 3/4/5 (after deductible)	100% after deductible		100% after deductible		\$75/50%/50%		\$50/50%/50%	
Rx Formulary	HDHP Plus		HDHP Plus		Rx5 Plus		Rx5 Plus	
Children's Vision Care (and Children's Dental Care for Plans Off Marketplace)	100% after deductible		100% after deductible		50% after Deductible		50% after Deductible	

* Coinsurance may vary by benefit category (see Benefit Summary) ** Silver cost share reduction plans are sold on Health Insurance Marketplace



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Humana Dental
Smart Choice Plan is
available on the Health
Insurance Marketplace

Humana HMO Plans - Illinois

Effective as of 11/1/2014

	Gold 2500		Platinum 1000	
	Individual	Family	Individual	Family
HSA Eligible	No		No	
On the Marketplace** - Chicago HMOx - Rockford-Peoria HMOx - Springfield IL HMOx	Benefit Summary Benefit Summary Benefit Summary		Benefit Summary Benefit Summary Benefit Summary	
Off the Marketplace - Chicago HMOx - Rockford-Peoria HMOx - Springfield IL HMOx	Benefit Summary Benefit Summary Benefit Summary		Benefit Summary Benefit Summary Benefit Summary	
In network				
Medical Coinsurance*	80%		80%	
Medical Deductible	\$2,500	\$5,000	\$1,000	\$2,000
Rx Deductible	\$500	\$1,000	\$500	\$1,000
Maximum Out-of-Pocket (MOOP)	\$3,500	\$7,000	\$1,500	\$3,000
Family Plan Deductible/MOOP Accumulation	Aggregate deductible/MOOP + individual protection		Aggregate deductible/MOOP + individual protection	
PCP/Specialists/Urgent Care	\$25/\$35/\$50		\$25/\$35/\$50	
Lab and X-Rays	\$500 at 100%, then deductible/coinsurance		\$500 at 100%, then deductible/coinsurance	
Inpatient and Outpatient Hospital Services, ER, Ambulance	80% after Deductible		80% after Deductible	
Rx Tier 1/2 (not subject to deductible)	\$5/\$10		\$5/\$10	
Rx Tier 3/4/5 (after deductible)	\$20/32%/32%		\$20/32%/32%	
Rx Formulary	Rx5 Plus		Rx5 Plus	
Children's Vision Care (and Children's Dental Care for Plans Off Marketplace)	50% after Deductible		50% after Deductible	

* Coinsurance may vary by benefit category (see Benefit Summary) ** Silver cost share reduction plans are sold on Health Insurance Marketplace



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Humana HMO Plans - Illinois

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Humana HMO Plans

- HMO plans use a local medical network of hospitals, doctors and specialists
- Rx network: Select Rx (includes: CVS, Walmart, Sam's Club and RightSourceRx.com)
- Member will choose a Primary Care Physician (PCP) and referrals are required for specialists or hospitalization
- There is no out-of-network coverage (with the exception of accidental emergency room coverage)

Network Summary

Chicago HMOx

- In Berwyn, Oak Park and Palos Heights, the network is built on MacNeal Hospital, Polas Community Hospital, West Suburban Hospital Medical Center
- In Chicago, the network is built around Mercy Hospital and Medical Center, South Shore Hospital, Swedish Covenant Hospital, University of Illinois Medical Center at Chicago and Weiss Memorial Hospital
- In East Chicago, Gary, Munster, Hobart, Merrillville and Munster (IN), the network is built on Community Hospital, Methodist Hospital (Northlake and Southlake Campuses), St. Catherine Hospital and St. Mary Medical Center
- In Evanston, Glenbrook, Highland Park and Skokie, the network includes Evanston Hospital, Glenbrook Hospital, Highland Park Hospital, and Skokie Hospital
- In Maywood and Melrose Park, the network includes Loyola University Hospital, Gottlieb Memorial Hospital, and Westlake Hospital
- In Waukegan, McHenry and Woodstock, the network includes Centegra Hospital - McHenry & Woodstock, and Vista Medical Center East
- Physician network is made up of employed/affiliated providers of the healthcare systems above

Rockford-Peoria HMOx

- Built around OSF St. Anthony Medical Center, OSF St. Francis Medical Center, OSF St. Joseph Medical Center, Rockford Memorial Hospital and Proctor Hospital
- Physician network is made up of OSF affiliated medical centers, Rockford Memorial Hospital and Proctor Hospital employed/affiliated providers

Springfield HMOx

- Built around St. John's Hospital
- Physician network is made up of St. John's employed/affiliated providers along with Springfield Clinic

Humana HMO Plans - Illinois

Effective as of 11/1/2014

		Basic 6600	Bronze 6300	Bronze 4850	Silver 4600	Gold 2500	Platinum 1000
Network	Rating Area	Premium* On/Off	Premium** On/Off	Premium** On/Off	Premium** On/Off	Premium** On/Off	Premium** On/Off
Chicago HMOx	Cook	\$204/\$209	\$246/\$251	\$276/\$282	\$298/\$305	\$359/\$367	\$430/\$441
	McHenry - Lake	\$206/\$211	\$247/\$253	\$278/\$284	\$300/\$307	\$361/\$370	\$433/\$444
Rockford-Peoria HMOx	Peoria	\$220/\$226	\$265/\$271	\$297/\$304	\$321/\$329	\$387/\$396	\$464/\$475
	Rockford	\$231/\$236	\$277/\$284	\$311/\$319	\$337/\$345	\$405/\$415	\$486/\$498
Springfield HMOx	Springfield	\$218/\$223	\$262/\$268	\$294/\$301	\$318/\$326	\$383/\$392	\$459/\$470

Note: Premiums are 2015 rates for HMO plans sold on and off the Health Insurance Marketplace

* For Basic plan, single rate for age 42, non-smoker with hardship exemptions

** Single rate for age 42, non-smoker; all premiums are before any potential subsidy

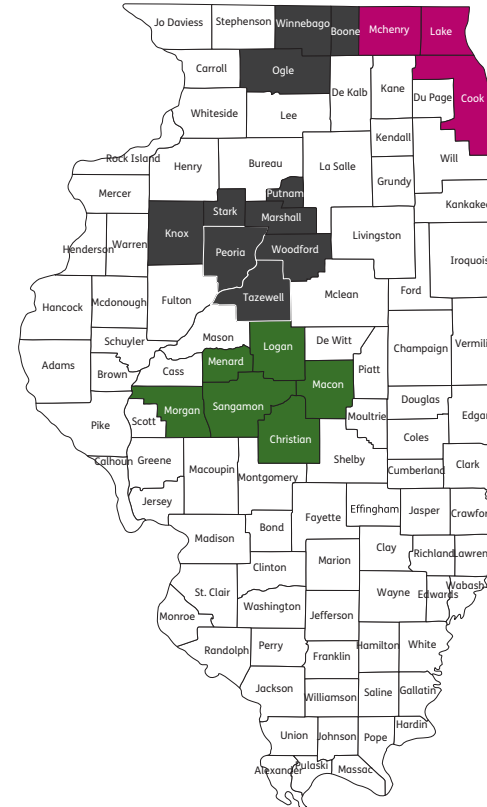
Humana HMO Plans - Illinois

Effective as of 11/1/2014

Humana offers HMO Plans on and off the Health Insurance Marketplace in the counties highlighted and listed below.

Humana HMO Networks

- Chicago HMOx
- Rockford-Peoria HMOx
- Springfield HMOx



NETWORK	COUNTIES
Chicago HMOx	Cook, Lake, McHenry
Rockford-Peoria HMOx	Boone, Knox, Marshall, Ogle, Peoria, Putnam, Stark, Tazewell, Winnebago, Woodford
Springfield HMOx	Christian, Logan, Macon, Menard, Morgan, Sangamon



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Humana ChoicePOS Plans - Illinois

Effective as of 11/1/2014

	Basic 6600		Bronze 6300		Bronze 4850		Silver 4250	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		Yes		No		No	
On the Marketplace - ChoicePOS	Benefit Summary		Benefit Summary		Benefit Summary		Benefit Summary	
Off the Marketplace - ChoicePOS	Benefit Summary		Benefit Summary		Benefit Summary		Benefit Summary	
Medical Coinsurance (IN/OON)*	100%/75%		100%/75%		80%/60%		80%/60%	
In network								
Medical Deductible	\$6,600	\$13,200	\$6,300	\$12,600	\$4,850	\$9,700	\$4,250	\$8,500
Rx Deductible	Combined with Medical Deductible		Combined with Medical Deductible		\$1,500	\$3,000	\$1,500	\$3,000
Maximum Out-of-Pocket (MOOP)	\$6,600	\$13,200	\$6,300	\$12,600	\$6,350	\$12,700	\$6,250	\$12,500
Family Plan Deductible/MOOP Accumulation	Aggregate deductible/MOOP + individual protection		Aggregate deductible/MOOP		Aggregate deductible/MOOP + individual protection		Aggregate deductible/MOOP + individual protection	
PCP/Specialists/Urgent Care	\$35 PCP (3), then deductible/coinsurance		100% after deductible		\$50/\$75/\$100 (3), then deductible/coinsurance		\$35/\$60/\$100	
Lab and X-Rays	100% after deductible		100% after deductible		\$300 at 100%, then deductible/coinsurance		\$500 at 100%, then deductible/coinsurance	
Inpatient and Outpatient Hospital Services, ER, Ambulance	100% after deductible		100% after deductible		80% after deductible		80% after deductible	
Rx Tier 1/2 (not subject to deductible) ⁵	100% after deductible		100% after deductible		\$15/\$35		\$10/\$20	
Rx Tier 3/4/5 (after deductible)	100% after deductible		100% after deductible		\$75/50%/50%		\$50/50%/50%	
Rx Formulary	HDHP Plus		HDHP Plus		Rx5 Plus		Rx5 Plus	
Children's Vision Care (and Children's Dental Care for Plans Off Marketplace)	100% after Deductible		100% after Deductible		50% after Deductible		50% after Deductible	

* Coinsurance may vary by benefit category (see Benefit Summary)

Choice POS plans continued on next page



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Humana ChoicePOS Plans - Illinois

Effective as of 11/1/2014

	Silver 3650		Gold 2500	
	Individual	Family	Individual	Family
HSA Eligible	Yes**		No	
On the Marketplace - ChoicePOS	Benefit Summary		Benefit Summary	
Off the Marketplace - ChoicePOS	Benefit Summary		Benefit Summary	
Medical Coinsurance (IN/OON)*	100%/75%		80%/60%	
In network				
Medical Deductible	\$3,650	\$7,300	\$2,500	\$5,000
Rx Deductible	Combined with Medical Deductible		\$500	\$1,000
Maximum Out-of-Pocket (MOOP)	\$3,650	\$7,300	\$3,500	\$7,000
Family Plan Deductible/MOOP Accumulation	Aggregate deductible/MOOP		Aggregate deductible/MOOP + individual protection	
PCP/Specialists/Urgent Care	100% after deductible		\$25/\$35/\$50	
Lab and X-Rays	100% after deductible		\$500 at 100%, then deductible/coinsurance	
Inpatient and Outpatient Hospital Services, ER, Ambulance	100% after deductible		80% after deductible	
Rx Tier 1/2 (not subject to deductible) ⁵	100% after deductible		\$5/\$10	
Rx Tier 3/4/5 (after deductible)	100% after deductible		\$20/32%/32%	
Rx Formulary	HDHP Plus		Rx5 Plus	
Children's Vision Care (and Children's Dental Care for Plans Off Marketplace)	100% after Deductible		50% after Deductible	

* Coinsurance may vary by benefit category (see Benefit Summary) ** Some Silver cost share reduction plans are not HSA eligible

Previous page contains additional Choice POS plans



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Humana ChoicePOS Plans - Illinois

Effective as of 11/1/2014

Humana ChoicePOS Plans

- ChoicePOS plans use our national medical network of hospitals, doctors and specialists
- Rx network: National Rx
- Includes out-of-network coverage but members may save more money by staying in network

Humana ChoicePOS plans are available throughout the state. The Humana ChoicePOS network is Humana's largest nationwide network. Check "Physician Finder" for a list of doctors, specialists and hospitals in this network. Here's a snapshot of the network in Illinois:

- Practitioners: more than 32,712
- Hospitals: more than 156
- Urgent care clinics: more than 92
- Pharmacies: more than 2,352

Humana ChoicePOS Plans - Illinois

Effective as of 11/1/2014

		Basic 6600	Bronze 6300	Bronze 4850	Silver 4250	Silver 3650	Gold 2500
Network	Rating Area	Premium* On/Off	Premium** On/Off	Premium** On/Off	Premium** On/Off	Premium** On/Off	Premium** On/Off
ChoicePOS	Bloomington	\$255/\$261	\$312/\$320	\$351/\$359	\$377/\$386	\$370/\$379	\$453/\$464
	Champaign	\$ - /\$295	\$ - /\$360	\$ - /\$405	\$ - /\$435	\$ - /\$427	\$ - /\$523
	Cook	\$269/\$276	\$329/\$337	\$370/\$379	\$397/\$407	\$390/\$399	\$478/\$489
	Davenport-Moline	\$ - /\$278	\$ - /\$340	\$ - /\$382	\$ - /\$410	\$ - /\$403	\$ - /\$493
	McHenry - Lake	\$271/\$277	\$331/\$339	\$372/\$381	\$400/\$410	\$392/\$402	\$481/\$493
	Peoria	\$240/\$246	\$293/\$300	\$329/\$337	\$354/\$362	\$347/\$355	\$425/\$435
	Rockford	\$ - /\$270	\$ - /\$330	\$ - /\$371	\$ - /\$399	\$ - /\$391	\$ - /\$480
	St. Louis Inner	\$ - /\$277	\$ - /\$339	\$ - /\$380	\$ - /\$408	\$ - /\$400	\$ - /\$491
	St. Louis Outer	\$ - /\$277	\$ - /\$339	\$ - /\$381	\$ - /\$410	\$ - /\$402	\$ - /\$493
	Southern Illinois	\$ - /\$284	\$ - /\$347	\$ - /\$390	\$ - /\$419	\$ - /\$411	\$ - /\$504
	Springfield	\$ - /\$314	\$ - /\$384	\$ - /\$431	\$ - /\$463	\$ - /\$455	\$ - /\$557
	South Chicago	\$ - /\$271	\$ - /\$331	\$ - /\$372	\$ - /\$400	\$ - /\$392	\$ - /\$481
	West Chicago	\$ - /\$272	\$ - /\$333	\$ - /\$374	\$ - /\$402	\$ - /\$394	\$ - /\$483

Note: Premiums are 2015 rates for Choice POS plans sold on and off the Health Insurance Marketplace

* For Basic plan, single rate for age 42, non-smoker with hardship exemptions ** Single rate for age 42, non-smoker; all premiums are before any potential subsidy



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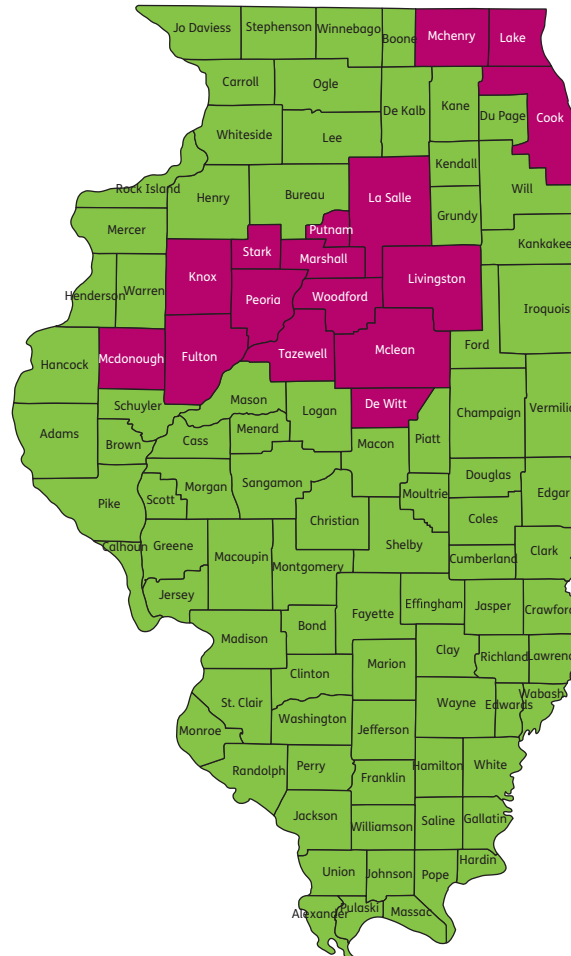
Humana ChoicePOS Plans - Illinois

Effective as of 11/1/2014

Humana offers ChoicePOS plans on and off the Health Insurance Marketplace statewide.

Humana ChoicePOS Network

- Sold off the Health Insurance Marketplace
- Sold on and off the Health Insurance Marketplace



NETWORK	COUNTIES
Humana ChoicePOS sold on and off the Marketplace	Cook, DeWitt, Fulton, Knox, Lake, LaSalle, Livingston, Marshall, Mcdonough, McHenry, McLean, Peoria, Putnam, Stark, Tazewell, Woodford



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Humana Dental Plans - Illinois

Effective as of 11/1/2014

	DHMO	PPO
	HumanaOne® Dental Value C550	HumanaOne® Dental Preventive Plus
On the Marketplace	Not Available	Not Available
Off the Marketplace	Benefit Summary	Benefit Summary
Deductible	\$0	Plan Year: Individual \$50; Family: \$150
Annual Maximum Per Individual on Plan*	No annual maximum	\$1,000
Max Out-of-Pocket** (Humana® Dental Smart Choice Pediatric only)	Not Available	Not Available
Network Coverage	In network	In- and out-of-network
Preventative Services (covers items, such as oral exams, cleanings, and x-rays)	\$10-\$15 office copayment (in network)	100% no deductible (in network); 70% of in network fee schedule after deductible (out-of-network)
Basic Services (covers items, such as fillings, nonsurgical extractions, and oral surgery)	Benefits available. Refer to plan summary for details.	50% after deductible (in network); 30% of in network fee schedule after deductible (out-of-network)
Major Services (covers items, such as root canals, dentures, and bridgework)	Benefits available. Refer to plan summary for details.	Average savings of 28% (in network)
Medically Necessary (covers orthodontic treatment as a result of congenital or developmental malformation which are related to or developed as a result of cleft palette with or without cleft lip)	Not Available	Not Available
Monthly Premium	\$14†	\$23†

*This is the maximum amount that the plan will pay during the plan year **Out-of-pocket maximum for a policy with one covered child is \$350. The out-of-pocket maximum for a policy with two or more covered children is \$350 per individual child or \$700 combined for all children.

† Single rate for age 42

Humana Dental Plans continued on next page



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Humana Dental Smart Choice plan is available on the Health Insurance Marketplace

Humana Dental Plans - Illinois

Effective as of 11/1/2014

	PPO	
	Humana® Dental Smart Choice	
	Adult Individual/Family	Pediatric
On the Marketplace	<u>Benefit Summary</u>	<u>Benefit Summary</u>
Off the Marketplace	Not Available	Not Available
Deductible	Individual: \$50 - \$150 Family: \$50-\$150 per member	\$50 - \$150 per member
Annual Maximum Per Individual On Plan*	\$1,000 for adults No annual maximum for children	No annual maximum
Max Out-of-Pocket** (Humana® Dental Smart Choice Pediatric only)	\$350 for 1 child/\$700 2+ children	\$350 for 1 child/\$700 2+ children
Network Coverage	In- and out-of-network	In- and out-of-network
Preventative Services (covers items, such as oral exams, cleanings, and x-rays)	100% no deductible (in network); 70%-100% after deductible (out-of-network)	90% - 100% after deductible (in network); 70%-100% after deductible (out-of-network)
Basic Services (covers items, such as fillings, nonsurgical extractions, and oral surgery)	50% - 80% after deductible (in- and out-of-network) 6 month waiting period	40%-80% after deductible (in network); 30%-80% after deductible (out-of-network); No waiting period
Major Services (covers items, such as root canals, dentures, and bridgework)	Children up to age 19 only: 40% - 60% after deductible (in- and out-of-network); No waiting period	40% - 60% after deductible (in- and out-of-network); No waiting period
Medically Necessary (covers orthodontic treatment as a result of congenital or developmental malformation which are related to or developed as a result of cleft palette with or without cleft lip)	Children only: 50% after deductible (in- and out-of-network)	50% after deductible (in- and out-of-network)
Monthly Premium	\$23 [†]	\$35 ^{††}

*This is the maximum amount that the plan will pay during the plan year **Out-of-pocket maximum for a policy with one covered child is \$350. The out-of-pocket maximum for a policy with two or more covered children is \$350 per individual child or \$700 combined for all children.

[†] Single rate for age 42 in Region 1 ^{††} Single rate for ages 0-20 in Region 1

Previous page contains additional Humana Dental Plans



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Humana Dental Smart Choice plan is available on the Health Insurance Marketplace

Humana Vision Plans - Illinois

Effective as of 11/1/2014

	HumanaOne Vision Care Plan	
	In-network Provider	Out-of-network Provider
On the Marketplace	Not Available	
Off the Marketplace	Benefit Summary	
Exam with Dilation as Necessary	100% after \$10 copay	\$35 allowance
Frames	\$40 wholesale allowance	\$40 retail allowance
Lenses		
Single Vision	100% after \$25 copay	\$25 allowance
Bifocal	100% after \$25 copay	\$40 allowance
Trifocal	100% after \$25 copay	\$60 allowance
Contact Lenses¹		
Conventional ²	\$115 allowance	\$90 allowance
Disposable ²	\$115 allowance	\$90 allowance
Medically Necessary (limit one pair) ³	100%	\$210 allowance
Frequency[†]		
	Option 1	Option 2
Examination	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months
Monthly Premium	\$16*	

¹ If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames)

² The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members may be eligible to receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.

* Single rate example

[†] Frequencies are based on date of service



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