



Humana's Level Funded Premium plans help your employees get and stay well so your business can thrive. You and your business receive:



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
- **Virtual Visits:** Members have access to a convenient and cost effective way to see a board-certified doctor, with video chat from their mobile devices or computers. The physicians can diagnose and prescribe medication for a wide range of acute and episodic concerns, helping to save them, and you, time and money



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

Humana's Level Funded Premium medical plans include health and wellness programs that integrate into employee's everyday lives:

- Go365 by Humana
- Health coaching
- Employee Assistance Program (EAP)
- Clinical Programs
- Gaps-in-care alerts



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

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, Canopy, Traditional Copay, Coinsurance 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.



Pharmacy network:

National Pharmacy Network: With more than 65,000 pharmacies across the country, the network includes all national chains, major regional chains, and more than 22,000 independent pharmacies, 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.



HUMANA SIMPLICITY

PPO, NPOS, and HMO PLANS – With Simplicity, there is no in-network deductible to plan care around, and no coinsurance percentages to calculate. For healthcare services, members pay only a copayment when in-network providers are used, so they know exactly what they'll pay before they see a doctor, making it easier to prepare for any health need. In-network preventive services, such as annual exams and flu shots, are covered at 100%. All copayments, including prescription drugs, count toward the out-of-pocket limit that helps protect members' total annual spending.

If you use IN-NETWORK providers

Copay amounts:

Option	Coinsurance		Deductible ¹	Maximum out-of-pocket		Primary care/ Specialist	Virtual visits through Doctor On Demand ^{®2}	Retail clinic/ Urgent care/ER	Advanced imaging	Inpatient ³ / Outpatient services	Pharmacy
	In	Out		Individual	Family						
1	100%	50%	\$0	\$6,000	\$12,000	\$40/\$100	\$0	\$20/\$100/\$500	\$500	\$750/\$750	\$5/\$20/\$50/\$100/\$500
2	100%	50%	\$0	\$6,000	\$12,000	\$40/\$100	\$0	\$20/\$100/\$500	\$500	\$1,250/\$1,250	\$5/\$20/\$50/\$100/\$500
3	100%	50%	\$0	\$6,000	\$12,000	\$40/\$100	\$0	\$20/\$100/\$525	\$525	\$1,500/\$1,500	\$5/\$20/\$50/\$100/\$500
4	100%	50%	\$0	\$6,000	\$12,000	\$40/\$100	\$0	\$20/\$100/\$550	\$550	\$1,750/\$1,750	\$5/\$20/\$50/\$100/\$500
5	100%	50%	\$0	\$7,150	\$14,300	\$55/\$100	\$0	\$20/\$100/\$950	\$950	\$2,350/\$2,350	\$5/\$20/\$50/\$100/\$500
6	100%	50%	\$0	\$6,000	\$12,000	\$40/\$100	\$0	\$20/\$100/\$500	\$500	\$750/\$750	\$10/\$40/\$70/25%
7	100%	50%	\$0	\$6,000	\$12,000	\$40/\$100	\$0	\$20/\$100/\$500	\$500	\$1,250/\$1,250	\$10/\$40/\$70/25%
8 ⁴	100%	50%	\$0	\$6,000	\$12,000	\$40/\$75	\$0	\$20/\$100/\$400	\$400	\$1,700/\$1,700	\$10/\$40/\$75/25%
9 ⁴	100%	50%	\$0	\$7,150	\$14,300	\$55/\$85	\$0	\$20/\$100/\$425	\$425	\$2,300/\$2,300	\$10/\$45/\$90/25%
10 ⁴	100%	50%	\$0	\$6,000	\$12,000	\$40/\$75	\$0	\$20/\$100/\$350	\$350	\$700/\$700	\$10/\$40/\$70/25%

(1) \$6,000 individual / \$12,000 family out-of-network deductible

(2) Virtual Visits through Doctor On Demand can be used for non-emergent general illness. All other virtual visits (with other providers) will be equal to the cost associated with the same in-person/face-to-face site of care.

(3) Copay per day for first three days

(4) Available for quoting beginning 2/1/2020 (3/1/2020 effective)



TRADITIONAL PLANS: COPAY (page 1 of 2)

PPO, NPOS, and HMO PLANS – These traditional plan designs offer members predictable costs with copayments for most types of healthcare services, giving members the security of coverage and financial protection. In-network preventive services, such as annual exams and flu shots, are covered at 100%. For other covered services, members pay until the deductible is met, then pay coinsurance. All out-of-pocket costs, including prescription drugs, count toward the out-of-pocket limit that helps protect members' total annual spending.

If you use IN-NETWORK providers

Copay amounts:

Option	Coinsurance		Deductible		Maximum out-of-pocket ³		Primary care / Specialist	Virtual visits through Doctor On Demand ^{®2}	Retail clinic/ Urgent care/ER	Pharmacy	Other services
	In	Out	Individual	Family	Individual	Family					
1 ¹	100%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$20/\$50	\$0	\$20/\$100/\$500	\$10/\$35/\$55/25%	Coinsurance after deductible
2 ¹	100%	50%	\$1,500	\$3,000	\$3,000	\$6,000	\$20/\$50	\$0	\$20/\$100/\$600	\$10/\$35/\$55/25%	Coinsurance after deductible
3	100%	50%	\$2,000	\$4,000	\$4,000	\$8,000	\$35/\$90	\$0	\$20/\$100/\$600	\$10/\$40/\$75/25%	Coinsurance after deductible
4	100%	50%	\$2,500	\$5,000	\$6,500	\$13,000	\$35/\$90	\$0	\$20/\$100/\$750	\$10/\$40/\$75/25%	Coinsurance after deductible
5	100%	50%	\$3,000	\$6,000	\$6,500	\$13,000	\$35/\$90	\$0	\$20/\$100/\$800	\$10/\$40/\$75/25%	Coinsurance after deductible
6	100%	50%	\$4,500	\$9,000	\$5,500	\$11,000	\$30/\$75	\$0	\$20/\$100/\$800	\$10/\$35/\$55/25%	Coinsurance after deductible
7	100%	50%	\$7,000	\$14,000	\$7,900	\$15,800	\$45/\$100	\$0	\$20/\$100/\$1,000	\$5/\$20/\$50/100/\$500	Coinsurance after deductible
8	80%	50%	\$500	\$1,000	\$4,000	\$8,000	\$35/\$90	\$0	\$20/\$100/\$500	\$10/\$30/\$50/25%	Coinsurance after deductible
9	80%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$35/\$90	\$0	\$20/\$100/\$500	\$10/\$30/\$50/25%	Coinsurance after deductible
10 ¹	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$30/\$75	\$0	\$20/\$100/\$600	\$10/\$40/\$75/25%	Coinsurance after deductible
11	80%	50%	\$2,000	\$4,000	\$4,500	\$9,000	\$30/\$75	\$0	\$20/\$100/\$600	\$10/\$35/\$55/25%	Coinsurance after deductible
12	80%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$30/\$75	\$0	\$20/\$100/\$600	\$5/\$20/\$50/100/\$500	Coinsurance after deductible
13 ¹	80%	50%	\$2,000	\$4,000	\$7,150	\$14,300	\$40/\$100	\$0	\$20/\$100/\$600	\$10/\$45/\$75/25%	Coinsurance after deductible
14 ¹	80%	50%	\$3,000	\$6,000	\$5,500	\$11,000	\$35/\$90	\$0	\$20/\$100/\$800	\$5/\$20/\$50/100/\$500	Coinsurance after deductible
15 ¹	80%	50%	\$4,500	\$9,000	\$7,900	\$15,800	\$45/\$100	\$0	\$20/\$100/\$800	\$5/\$20/\$50/100/\$500	Coinsurance after deductible
16 ¹	80%	50%	\$5,500	\$11,000	\$7,900	\$15,800	\$45/\$100	\$0	\$20/\$100/\$900	\$10/\$50/\$100/25%	Coinsurance after deductible
17	70%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$30/\$75	\$0	\$20/\$100/\$500	\$10/\$40/\$70/25%	Coinsurance after deductible
18 ¹	70%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40/\$100	\$0	\$20/\$100/\$600	\$10/\$45/\$75/25%	Coinsurance after deductible
19	50%	50%	\$1,000	\$2,000	\$6,000	\$12,000	\$40/\$100	\$0	\$20/\$100/\$500	\$5/\$20/\$50/100/\$500	Coinsurance after deductible

(1) HMO Select network available with these options

(2) Virtual Visits through Doctor On Demand can be used for non-emergent general illness. All other virtual visits (with other providers) will be equal to the cost associated with the same in-person/face-to-face site of care.

(3) Out-of-network limit is four times the in-network amount

(4) Available for quoting beginning 2/1/2020 (3/1/2020 effective)



TRADITIONAL PLANS: COPAY (page 2 of 2)

PPO, NPOS, and HMO PLANS – These traditional plan designs offer members predictable costs with copayments for most types of healthcare services, giving members the security of coverage and financial protection. In-network preventive services, such as annual exams and flu shots, are covered at 100%. For other covered services, members pay until the deductible is met, then pay coinsurance. All out-of-pocket costs, including prescription drugs, count toward the out-of-pocket limit that helps protect members' total annual spending.

If you use IN-NETWORK providers

Copay amounts:

Option	Coinsurance		Deductible		Maximum out-of-pocket ³		Primary care / Specialist	Virtual visits through Doctor On Demand ^{®2}	Retail clinic/ Urgent care/ER	Pharmacy	Other services
	In	Out	Individual	Family	Individual	Family					
20 ¹	50%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40/\$100	\$0	\$20/\$100/\$600	\$10/\$40/\$90/25%	Coinsurance after deductible
21 ¹	50%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$25/\$65	\$0	\$20/\$100/\$600	\$5/\$20/\$50/100/\$500	Coinsurance after deductible
22 ¹	50%	50%	\$3,000	\$6,000	\$7,900	\$15,800	\$45/\$100	\$0	\$20/\$100/\$800	\$5/\$20/\$50/100/\$500	Coinsurance after deductible
23 ¹	50%	50%	\$4,500	\$9,000	\$7,900	\$15,800	\$45/\$100	\$0	\$20/\$100/\$800	\$5/\$20/\$50/100/\$500	Coinsurance after deductible
24 ¹	50%	50%	\$5,000	\$10,000	\$7,900	\$15,800	\$45/\$100	\$0	\$20/\$100/\$900	\$5/\$20/\$50/100/\$500	Coinsurance after deductible
25 ^{1,4}	100%	50%	\$2,000	\$4,000	\$4,000	\$8,000	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$40/\$75/25%	Coinsurance after deductible
26 ^{1,4}	100%	50%	\$2,500	\$5,000	\$6,500	\$13,000	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$40/\$75/25%	Coinsurance after deductible
27 ^{1,4}	100%	50%	\$3,000	\$6,000	\$6,500	\$13,000	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$40/\$75/25%	Coinsurance after deductible
28 ⁴	100%	50%	\$4,500	\$9,000	\$5,500	\$11,000	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$35/\$55/25%	Coinsurance after deductible
29 ^{1,4}	80%	50%	\$2,000	\$4,000	\$4,500	\$9,000	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$35/\$55/25%	Coinsurance after deductible
30 ^{1,4}	80%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$40/\$75/25%	Coinsurance after deductible
31 ^{1,4}	80%	50%	\$2,000	\$4,000	\$7,150	\$14,300	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$45/\$75/25%	Coinsurance after deductible
32 ⁴	80%	50%	\$3,000	\$6,000	\$5,500	\$11,000	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$45/\$75/25%	Coinsurance after deductible
33 ⁴	80%	50%	\$4,500	\$9,000	\$7,900	\$15,800	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$45/\$75/25%	Coinsurance after deductible
34 ⁴	80%	50%	\$5,500	\$11,000	\$7,900	\$15,800	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$50/\$100/25%	Coinsurance after deductible
35 ^{1,4}	100%	50%	\$3,500	\$7,000	\$6,500	\$13,000	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$40/\$70/25%	Coinsurance after deductible
36 ⁴	80%	50%	\$3,500	\$7,000	\$6,500	\$13,000	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$40/\$70/25%	Coinsurance after deductible
37 ⁴	80%	50%	\$2,500	\$5,000	\$6,500	\$13,000	\$25/\$55	\$0	\$20/\$100/\$400	\$10/\$40/\$70/25%	Coinsurance after deductible
38 ^{1,4}	50%	50%	\$6,500	\$13,000	\$7,900	\$15,800	\$50/\$110	\$0	\$20/\$100/\$1,000	\$15/\$20/\$50/\$135/\$500	Coinsurance after deductible

(1) HMO Select network available with these options

(2) Virtual Visits through Doctor On Demand can be used for non-emergent general illness. All other virtual visits (with other providers) will be equal to the cost associated with the same in-person/face-to-face site of care.

(3) Out-of-network limit is four times the in-network amount

(4) Available for quoting beginning 2/1/2020 (3/1/2020 effective)



TRADITIONAL PLANS: CANOPY

PPO, NPOS, and HMO PLANS – Canopy offers copayments for the healthcare services members use most, like a primary care office exam, specialist office exam, retail clinic, urgent care, and pharmacy services. For all other in-network services, including any lab work or x-rays done in conjunction with an office visit, or more serious health issues, members pay until the deductible is met, then pay coinsurance. All in-network preventive services, such as annual exams and flu shots, are covered at 100% with no copayment. All out-of-pocket costs, including prescription drugs, count toward the out-of-pocket limit that helps protect members' total annual spending.

Plan features to understand:

- Members pay only a copay for primary care office exam, specialist office exam, retail clinic, urgent care, and pharmacy services
- All other services pay deductible / coinsurance including any lab or x-ray done in conjunction with an office visit

If you use IN-NETWORK providers

Copay amounts:

Option	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Virtual visits through Doctor On Demand ^①	Retail clinic/ Urgent care	Pharmacy	Other services including emergency room
	In	Out	Individual	Family	Individual	Family					
1	100%	50%	\$7,000	\$14,000	\$7,900	\$15,800	\$30/\$80	\$0	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
2	80%	50%	\$3,500	\$7,000	\$5,500	\$11,000	\$20/\$60	\$0	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
3	80%	50%	\$6,000	\$12,000	\$7,350	\$14,700	\$20/\$80	\$0	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
4	50%	50%	\$2,500	\$5,000	\$7,900	\$15,800	\$35/\$90	\$0	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
5	50%	50%	\$5,000	\$10,000	\$7,900	\$15,800	\$20/\$80	\$0	\$20/\$100	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
6	100%	50%	\$7,000	\$14,000	\$7,900	\$15,800	\$30/\$80	\$0	\$20/\$100	\$10/\$40/\$75/25%	Coinsurance after deductible
7	80%	50%	\$3,500	\$7,000	\$5,500	\$11,000	\$20/\$60	\$0	\$20/\$100	\$10/\$40/\$75/25%	Coinsurance after deductible

(1) Virtual Visits through Doctor On Demand can be used for non-emergent general illness. All other virtual visits (with other providers) will be equal to the cost associated with the same in-person/face-to-face site of care.



TRADITIONAL PLANS: EFFICIENCY (COINSURANCE)

PPO, NPOS, and HMO Plans – Efficiency coinsurance plans typically offer the lowest average premiums in exchange for members taking on more cost responsibility. All in-network preventive services, such as annual exams and flu shots, are covered at 100% with no copayment. For all other in-network covered services, members pay until the deductible is met, then pay coinsurance. All out-of-pocket costs count toward the individual and family deductible, as well as the out-of-pocket limit that helps protect members’ total annual spending.

If you use IN-NETWORK providers

Copay amounts:

Option	Coinsurance		Deductible		Maximum out-of-pocket				Virtual Visits through Doctor On Demand ^{®1}	Pharmacy	Other services
	In	Out	Individual	Family	In-network		Out-of-network				
					Individual	Family	Individual	Family			
1	100%	50%	\$7,900	\$15,800	\$7,900	\$15,800	\$36,600	\$73,200	\$0	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
2	80%	50%	\$5,500	\$11,000	\$7,900	\$15,800	\$31,600	\$63,200	\$0	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
3	80%	50%	\$6,000	\$12,000	\$7,900	\$15,800	\$31,600	\$63,200	\$0	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
4	50%	50%	\$5,500	\$11,000	\$7,900	\$15,800	\$31,600	\$63,200	\$0	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible
5	50%	50%	\$6,500	\$13,000	\$7,900	\$15,800	\$31,600	\$63,200	\$0	\$5/\$20/\$50/\$100/\$500	Coinsurance after deductible

(1) Virtual Visits through Doctor On Demand can be used for non-emergent general illness. All other virtual visits (with other providers) will be equal to the cost associated with the same in-person/face-to-face site of care.



HDHP PLANS

PPO, NPOS, and HMO PLANS – HDHPs offer members lower monthly premiums in exchange for taking on more of the share of healthcare costs, which they can pay using spending accounts. In-network preventive services, such as annual exams and flu shots, are covered at 100% with no copayment. For all other in-network covered services, members pay until the deductible is met, then pay coinsurance. HDHPs are the only plans eligible for use with Health Savings Accounts (HSA), which are funded by pre-tax dollars to help give members more of their paycheck to put toward out-of-pocket costs, and can help members save for high-cost events like surgeries. Most out-of-pocket costs, including prescription drugs, count toward the individual and family deductible, as well as the out-of-pocket limit that helps limit members’ total annual spending.

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		
1	100%	50%	\$2,500	\$5,000	\$2,500	\$5,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible

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		
1	100%	50%	\$3,000	\$6,000	\$3,000	\$6,000	\$17,000	\$34,000	Coinsurance after deductible	Coinsurance after deductible
2	100%	50%	\$4,000	\$8,000	\$4,000	\$8,000	\$21,000	\$42,000	Coinsurance after deductible	Coinsurance after deductible
3	100%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$25,000	\$50,000	Coinsurance after deductible	Coinsurance after deductible
4	100%	50%	\$6,250	\$12,500	\$6,250	\$12,500	\$30,000	\$60,000	Coinsurance after deductible	Coinsurance after deductible
5	80%	50%	\$3,000	\$6,000	\$5,000	\$10,000	\$20,000	\$40,000	Coinsurance after deductible	Coinsurance after deductible
6	80%	50%	\$3,500	\$7,000	\$6,550	\$13,100	\$26,200	\$52,400	Coinsurance after deductible	Coinsurance after deductible
7	80%	50%	\$5,500	\$11,000	\$6,550	\$13,100	\$26,200	\$52,400	Coinsurance after deductible	Coinsurance after deductible
8	70%	50%	\$5,500	\$11,000	\$6,550	\$13,100	\$26,200	\$52,400	Coinsurance after deductible	Coinsurance after deductible
9	50%	50%	\$3,000	\$6,000	\$6,550	\$13,100	\$26,200	\$52,400	Coinsurance after deductible	Coinsurance after deductible
10	50%	50%	\$5,000	\$10,000	\$6,550	\$13,100	\$26,200	\$52,400	Coinsurance after deductible	Coinsurance after deductible



On Hand™ plan

On Hand™ plans are a revolutionary new way to access primary care. Members get unlimited virtual primary and urgent care through Doctor On Demand for \$0 copayment, and pay only \$5 for common prescriptions and labs at participating providers. Plus, with the On Hand™ plan, Doctor On Demand will provide referrals to specialists and coordinate the member’s care.

IMPORTANT TO NOTE: GO365 IS NOT INCLUDED WITH THIS PLAN.

All in-network preventive services, such as annual exams and flu shots, are covered at 100% with no copayment. For all other in-network covered services that members don’t receive from Doctor on Demand, the member will pay Humana’s negotiated rate until they reach their maximum out-of-pocket limit. All out-of-pocket costs count toward the individual and family deductible, as well as the maximum out-of-pocket limit which helps protect members’ total annual spending. Available as a PPO, NPOS or HMO Open Access plan.

Option	Doctor On Demand virtual care ¹				If you use IN-NETWORK providers:								Go365	
	Primary care	Urgent care	Tier 1 & 2 pharmacy	Most common labs	Coinsurance		Deductible		Maximum out-of-pocket					
					In	Out	Individual	Family	In-network		Out-of-network			
										Individual	Family	Individual	Family	
1 ²	\$0	\$0	\$5	\$5	100%	100%	\$7,900	\$15,800	\$7,900	\$15,800	\$75,000	\$150,000	Not available	
2	\$0	\$0	\$5	\$5	100%	50%	\$5,000	\$10,000	\$5,000	\$10,000	\$20,000	\$40,000	Not available	
3	\$0	\$0	\$5	\$5	100%	50%	\$2,000	\$4,000	\$2,000	\$4,000	\$8,600	\$16,000	Not available	

- (1) Virtual Visits through Doctor On Demand can be used for non-emergent general illness. All other virtual visits (with other providers) will be equal to the cost associated with the same in-person/face-to-face site of care.
- (2) Only available to groups with 5 – 50 eligible employees.



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. (Available for all plan options).

PPO Plans:

- **Humana ChoiceCare Network® (CHC)** is one of the largest, most cost-effective physician and hospital networks in the nation. Members can visit any participating network provider at any time.

HMO Plans:

- **HMO 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.

Pharmacy:

- **National Pharmacy Network:** With more than 65,000 pharmacies across the country, the network includes all national chains, major regional chains, and more than 22,000 independent pharmacies, along with Humana's mail delivery and specialty pharmacies.

The below grid shows key product attributes between Fully Insured and Level Funded Premium products. Not all mandated services with coverage on both products are shown and may vary in type of coverage available. (State mandates may vary based on network. Unless otherwise specified, this information is based on visits with participating providers)

Service	Level Funded Premium Product	Community Rated Fully Insured Product
MEDICAL		
EHB Pediatric Dental and Vision	Excluded: Does not include EHB Pediatric dental and Vision benefits	Included: EHB Pediatric dental and Vision benefits
ABA Therapy (For Autism & Down Syndrome Treatment)	Covered under Behavioral Health Services	Covered under Behavioral Health Services
Autism (No age, \$ or Visit limit)	Covered under Behavioral Health Services	Covered under Behavioral Health Services
Bariatric Surgery	Not covered	Mandate: Coverage included
Cochlear Implants	Not covered	Not covered
Diabetes Equipment & Supplies	Coverage included	Mandate: Includes Outpatient coverage for the treatment of type 1 diabetes, type 2 diabetes, and gestational diabetes mellitus
Diabetes Treatment/Self-Management Training (Includes : Nutritional Counseling)	Coverage included	Mandate: Includes Outpatient coverage for the treatment of type 1 diabetes, type 2 diabetes, and gestational diabetes mellitus; Nutritional Counseling
Durable Medical Equipment (Includes : Crutches, walkers)	Coverage included	Coverage included
	PCP Office Visit Copay	PCP Office Visit Copay
	Spinal Manipulations and Adjustments: 20 visit limit	Spinal Manipulations and Adjustments: 25 visit limit
	Habilitative Services: Visit limit is a combined Physical, Occupational, Speech, Audiology Therapy Combined 40 visit limit	Habilitative Services: Physical, Occupational, Speech, Audiology Therapy Unlimited visits
Habilitative/Rehabilitative Therapies, Spinal Manipulations and Adjustments (Network and Non-Network Cross Reduce)	Rehabilitative Services: Visit limit is a combined Physical, Occupational, Speech, Audiology, Cognitive Therapy Combined 40 visit limit	Rehabilitative Services: Physical, Occupational, Speech, Audiology, Cognitive Therapy Unlimited visits (Physical Therapy includes Preventive physical therapy for insureds diagnosed with multiple sclerosis)
Hearing Aids	Not covered	Mandate: Aid: 1 Per 36 months Includes Bone anchored hearing aids, Osseointegrated auditory implants and examinations for the prescription or fitting of hearing aids.

Service	Level Funded Premium Product	Community Rated Fully Insured Product
MEDICAL		(When prescribed by a health care practitioner or audiologist Aid limit is per ear and does not apply to bone anchored hearing aids)
Home Health Care (Network and Non-Network Cross Reduce)	Limited to 100 visits per calendar year (Ancillary services do not track toward limits)	Unlimited visits
Infertility & In-Vitro Fertilization diagnosis and treatment	In-Vitro Fertilization Not covered (Infertility benefits are provided for certain services related to diagnosis, treatment and correction of any underlying causes of infertility for all members except dependent children)	Mandate: Includes GIFT & ZIF 6 oocyte retrievals per year (Benefits are provided for certain services related to diagnosis, treatment and correction of any underlying causes of infertility for all members)
Naprapathic Services	Mandate does not apply	Mandate: Coverage included (Includes massage therapy)
Phenylketonuria (PKU) Metabolic disorders	Coverage under Rx Benefits	Mandate: Coverage included under Medical Services Must cover amino acid based elemental formulas, regardless of delivery method, for the diagnosis and treatment of (i) eosinophilic disorders and (ii) short bowel syndrome when the prescribing physician has issued a written order stating that the amino acid based elemental formula is medically necessary
Preventive Mammogram	Follows the USPSTF A and B recommendations. Every 1 to 2 years for women age 40 years and older.	Mandate: Includes Digital mammography, a comprehensive ultrasound screening of entire breast(s) when mammogram has shown heterogeneous or dense breast tissue, a screening MRI, and Breast Tomosynthesis (3D Mammography) Requires coverage for a baseline mammogram for women ages 35 up to age 40 and an annual mammogram for women age 40 or older
Private Duty Nursing	Not covered	Coverage included Unlimited visits
Skilled Nursing Facility (Network and Non-Network Cross Reduce)	Limited to 60 day limit per calendar year (Ancillary services do not track toward limits)	Mandate: Coverage included Unlimited visits
TMJ	Not covered	Mandate: Coverage included (Includes splints, appliances)
Virtual Visits	Designated Virtual Care Provider: \$0 Copay Primary Care Physician: PCP Copay Specialist: SPEC Copay IP Phys/OPH: Deductible/Coinsurance HDHP and Coinsurance Plans: Deductible/Coinsurance	Designated Virtual Care Provider: \$0 Copay Primary Care Physician: PCP Copay Specialist: SPEC Copay IP Phys/OPH: Deductible/Coinsurance HDHP and Coinsurance Plans: Deductible/Coinsurance

Service	Level Funded Premium Product	Community Rated Fully Insured Product
MEDICAL		
Prior Carrier Credit	Available	Available
24-Hour Coverage	Included: Provides coverage for owners, officers, and partners not covered under workers' compensation.	Included: Provides coverage for owners, officers, and partners Not covered under workers' compensation.
PHARMACY		
Oral Chemo Cap	Mandate does not apply	Mandate: \$50 oral chemo in-network copay cap per 30-day supply (within and after deductible where applicable)
Rx4 Formulary (Copay, Simplicity, Canopy plans)	Rx4	
Rx5 Formulary	Rx5	
HDHP/eHDHP Formulary	HDHP EHB	

Surplus	For 12/1/16 effective dates and later, the settlement will be in the form of a credit on the fixed cost in the 2nd year rather than a check. This change was made in order to comply with ERISA guidelines now that a renewal is required to be eligible for a claims surplus refund. Settlements as of March 2018 will be impacted.
Stop Loss	For 5-100 eligible employees: Specific = \$20,000 Aggregate = 110%
Cobra Continuation	COBRA is a federal requirement and is only available for LFP groups with 20+ lives. Groups with fewer than 20 lives are encouraged to check with their State DOI or the Department of Labor website for more information.
State Continuation	State continuation is not available with Level Funded Premium plans. For groups transitioning to Level Funded Premium, who have a member on a continuation plan, the member will lose their current coverage upon termination of that plan. Groups can visit their State Department of Labor website for alternative options for these members.
Dependent Age	2019 generation Level Funded Premium follows the federal dependent age mandate of 26 and does not follow state dependent age mandate requirements.
REPORTING TOOLS	
Monthly Member Count	Shows group members by Coverage Type
Plan Pulse	Shows monthly utilization report based on incurred claims showing YOY and Peer comparisons. Includes summaries for demographics; utilization; large claimant; cost share; Go365; clinical program and conditions; pharmacy utilization; medical/pharmacy claims lag.
Monthly Financial	Shows total medical, pharmacy and exception claims; less specific stop loss and total payments toward stop loss; aggregate stop loss threshold, surplus, deficit; terminal reserve; settlement calculation; subscriber count by coverage tier.
FILING REQUIREMENTS	
IRS 1094/1095-B	Groups with 5-50 eligible employees are required by the IRS to complete the 1094/1095-B filing requirements. Unless the employer opts out, Humana will automatically file 1094-B forms with the IRS and distribute 1095-B forms to group members at no cost to the employer or member. Opt-Out Form
IRS 1094/1095-C	50-99 Groups: Visit the IRS Website for instructions on how to file 1094-C and 1095-C forms. Humana provides reporting tools employers can use to complete the required forms.
PCORI	ACA Patient-Centered Outcomes Research Institute: A new non-profit entity to support federally-sponsored research into the clinical effectiveness, risks, and benefits of medical treatments, services, drugs and medical devices. PCORI is funded in part by fees from certain health insurers and sponsors of self-insured health plans and only applies to medical coverage only. Sponsors of self-insured health plans will be subject to the fee and are required to pay it on an annual basis. The employer will be required to use IRS Form 720 and file and pay annually according to the schedule outlined on the PCORI website . For LFP Groups, Humana DOES NOT include the fee in the monthly administrative fee and the employer is responsible for calculating and paying the fee.
NY Surcharge	Under the New York Health Care Reform Act (NYHCRA), self-funded groups for health care services in New York are required to pay surcharges on select fee-for-service and capitated medical claims and monthly assessments on plan members residing in, or visiting, New York. The employer will need to fill out DOH-4399 and 4264, register through the NYHCRA Website and designate Humana as their TPA. Humana will then prepare the employer's monthly and/or annual filing and pay the surcharges and assessments on the employer's behalf.
APCD	All-Payer Claims Database are large-scale databases that collect eligibility, medical, pharmacy, sometimes dental claims, and provider files from payers. On March 1, 2016, the Supreme Court ruled that states cannot require self-funded employee health plans regulated by the Employee Retirement Income Security Act (ERISA) to submit data to APCDs. However, carriers may be required to provide opt-in forms to Employers who want to participate. Employers with members in CO, NH and UT have the option to participate by submitting an Opt-In form to the State's corresponding APCD Website. Employers in FL have the option to opt-out of having their data sent to the FL APCD vendor HCCI. Employers in FL must send an email to compliance@humana.com stating they do not want their data shared. Colorado site: Opt-In Form New Hampshire site: Opt-In Form

- **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 four 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 four times the in-network amount except for HDHPs where the amount is fixed. Family out-of-pocket is two times the individual amount.

- **Specific Stop Loss** – Offers protection at the member level from unexpected large claims. The Specific Stop loss, also called the individual stop loss, is a set threshold amount for each member which limits the employer's exposure for an individual member's claims and this provides protection for the employer in the event of a member's catastrophic large claim, limiting the overall annual cost for the group.
- **Aggregate Stop Loss** - Offers protection at the group level by limiting the employer's risk for the sum of the group's total eligible medical claims. Humana funds claims exceeding the agreed upon aggregate attachment level. The Aggregate Stop loss is the employer's protection in the event the group's total claims exceed the aggregate attachment level during the contract period. It sets a threshold amount for all members combined which limits the overall annual cost for the group. This amount is initially determined at sold case based on the group's actual enrollment. When total claims reach the threshold amount, Humana will pay all claims above this amount up to the annual maximum.
- **Claims Fund** – The claims fund is the employer's money placed in an account to be used to pay the group's claims. Level Funded Premium renewal is required for the employer to get 100% of the funds remaining in the claims fund after the contract year and settlement period.
- **Terminal Reserves** – The terminal reserve is money taken out of the claims fund at settlement time to pay for claims incurred during the experience period and paid after settlement time (months 16 – 30).

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.

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