

## Nevada

	Plan pays for services at <b>PARTICIPATING</b> providers	Plan pays for services at <b>NONPARTICIPATING</b> providers
<b>Annual Deductible<sup>1</sup></b>	<b>Single Deductible</b>	<b>Single Deductible</b>
<ul style="list-style-type: none"> <li>Annual amount <i>(applies to maximum out-of-pocket expense)</i></li> </ul>	\$3,000	\$6,000
<b>Maximum Out-of-Pocket Expense Limit<sup>1</sup></b>		
<ul style="list-style-type: none"> <li>Individual <i>(must be satisfied by each covered person)</i></li> </ul>	\$7,000	\$12,000
<b>Lifetime Maximum Benefit</b>		Unlimited
<b>Preventive Care</b>		
<ul style="list-style-type: none"> <li>Routine annual physical exam</li> <li>Routine immunizations <i>(to age 18)</i><sup>2</sup></li> <li>Routine Pap smears</li> <li>Routine Mammograms<sup>2</sup></li> <li>Routine PSA<sup>2</sup></li> <li>Routine lab, pathology and X-ray</li> </ul>	100%	70%
<b>Physician Services</b>		
<ul style="list-style-type: none"> <li>Office visits</li> </ul>	\$30 primary care/\$60 specialist copay, then 100%	40% after deductible
<ul style="list-style-type: none"> <li>Office visit diagnostic lab and X-ray</li> <li>Inpatient services</li> <li>Outpatient services (includes surgery)</li> </ul>	60% after deductible	40% after deductible
<b>Hospital Services</b>		
<ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient surgery – facility</li> <li>Outpatient nonsurgical</li> </ul>	60% after deductible	40% after deductible
<ul style="list-style-type: none"> <li>Emergency room <i>(including physician visits)</i></li> </ul>	60% after deductible	60% after deductible
<b>Prescription Drugs<sup>3</sup></b>		
<ul style="list-style-type: none"> <li>Benefit for each prescription or refill <i>(up to 90-day supply)</i></li> </ul>	60% after deductible	40% after deductible
<b>Other Medical Services</b>		
<ul style="list-style-type: none"> <li>Home health care <i>(up to 30 visits per calendar year)</i><sup>4</sup></li> <li>Durable medical equipment<sup>4</sup></li> <li>Hospice<sup>4</sup></li> <li>Complications of pregnancy and sick baby services</li> <li>Transplant services <i>(organ)</i><sup>4</sup></li> </ul>	60% after deductible	40% after deductible

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

- Copayments do not apply to the deductible or out-of-pocket maximum.
- 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.

**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 policy.

Nonparticipating providers may balance bill you for charges in excess of the maximum allowable fee.

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

**Participating primary care and specialist physicians and other providers in Humana's**

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

# Medical 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 bodily injury for which medical advice, diagnosis, care or treatment was recommended or received during the six-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. The pre-existing condition exclusion will not apply to a federally eligible individual. The pre-existing condition limitation does not apply to a covered person who is under the age of 19.

## OTHER EXPENSES NOT COVERED

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

1. Services for which coverage is not specifically provided, complications resulting from charges which are not covered expenses or services not medically necessary (whether or not recommended or provided by a health care practitioner) or which are experimental, investigational or for research purposes.
2. Expenses incurred before the effective date or after the date coverage terminated.
3. Services required by law to be treated in a public facility for which a charge is normally not made; provided by a health care practitioner to himself/herself or to members of his/her family.
4. Services, supplies or accommodations provided without cost to the covered person or which the covered person is not legally required to pay.
5. Cosmetic procedures except for reconstructive surgery following a mastectomy.
6. Fertility or Infertility services.
7. Maternity care, except complications of pregnancy.
8. Vitamins, herbal medicines, appetite suppressants, and other over the counter drugs; drugs approved by the FDA for experimental or investigational use.
9. Special formulas, food supplements other than specifically covered or special diets on an outpatient basis (except for the treatment of inherited metabolic disease).
10. Treatment of sexual dysfunction or inadequacies; reversal of sterilization or subsequent re-sterilization.
11. Elective abortion.
12. Genetic testing, counseling, treatment or therapy.
13. Treatment of chronic marital or family problems; occupational, religious or other social maladjustments; chronic behavior disorders; codependency; impulse control disorders; organic disorders; learning disabilities or mental retardation.
14. Surgical or invasive treatment (including gastric balloon) or reversal for reduction of weight regardless of any associated medical or psychological conditions, unless medically necessary; weight loss programs whether or not recommended, provided or prescribed by a health care practitioner.
15. Vision exams (except to diagnosis a bodily injury or sickness); to determine refractive errors in vision and eye glasses or contacts.
16. Radial keratotomy or any surgical procedure for the improvement of vision when vision can be made adequate through the use of glasses or contact lenses.
17. Ambulance services when a covered person could be safely transported by other means. Air ambulance services when a covered person could be safely transported by a ground ambulance or other means.
18. Services covered by Medicare Parts A and B are excluded to the extent actually paid for by Medicare, if the covered person is eligible for Medicare.
19. Hearing exams (except to diagnosis a bodily injury or sickness).
20. Physical exams for employment, licensing, insurance, school, camp, sports or adoption; immunizations for foreign travel; expenses for medical reports including presentation and preparation; exams or treatment ordered by a court, or in connection with legal proceedings unless medically necessary.
21. Dental services (except for dental injury); appliances or supplies.
22. Dental services in connection with temporomandibular joint dysfunction unless medical necessary.
23. Care or treatment of a bodily injury or sickness caused by or arising out of participating in a riot; war; insurrection; rebellion; armed invasion or aggression; or sustained by a covered person while committing a felony.
24. Personal comfort, hygiene or convenience items unless medically necessary; housekeeping or meal services as part of home health care; modifications to a residence including equipment to accommodate physical handicaps or disabilities.
25. Any equipment or supplies that condition the air, arch supports, support stockings, special shoe accessories or corrective shoes unless they are an integral part of a lower-body brace, heating pads, hot water bottles, wigs and their care and other primarily nonmedical equipment.
26. Spinal manipulations and spinal adjustment modifications, except as specified in the policy.
27. Sports medicine treatment plans intended to improve athletic ability.
28. Services for chronic, intractable pain by a pain control center or under a pain control program.
29. Acupuncture or hypnosis.
30. Treatment of a bodily injury or sickness resulting from riots; war; insurrection; rebellion; or armed invasion or aggression.
31. Private room charges in excess of the average semi-private room and board rate; late discharge billing and charges resulting from a cancelled appointment or procedure; travel and lodging accommodations whether or not recommended or prescribed by a health care practitioner.
32. Institutional care which is determined to be for the primary purposes of controlling the covered persons environmental and custodial care, domiciliary care, rest cures or convalescent care (other than skilled nursing care).
33. Treatment of an occupational bodily injury or sickness arising out of or in the course of any employment for pay or profit.
34. Services for alcohol, drug abuse, mental health services and services for treatment of severe mental illness.

35. Ecological or environmental medicine; use of chelation or orthomolecular substances; use of substances of animal, vegetable, chemical or mineral origin not approved by the FDA as effective for treatment; electrodiagnosis, Hahnemannian dilution and succussion; magnetically energized geometric patterns; replacement of metal dental fillings; laetrile; gerovital.
36. Milieu therapy; biofeedback; behavior modification, sensitivity training; hypnosis; hydrotherapy; electrohypnosis; electrosleep therapy; electronarcosis; narcosynthesis; rolfing; residential treatment; vocational rehabilitation and wilderness programs.
37. Treatment for Phase I study or clinical trial for the treatment of cancer.
38. Autism spectrum disorders.



Insured by Humana Insurance Company

Applications are subject to approval. Waiting periods, limitations and exclusions apply.

**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.**