

SUMMARY OF BENEFITS FOR NEVADA

Individual Health Insurance

Basic Plan



Humana **One** NEVADA

Plan 49, Option 021

Plan pays for services at
PARTICIPATING providers

Plan pays for services at
NONPARTICIPATING providers

	Single Deductible \$1,500	Single Deductible \$3,000
Annual Deductible (1) <ul style="list-style-type: none"> Annual amount (<i>does not apply to maximum out-of-pocket expense</i>) 		
Maximum Out-of-Pocket Expense Limit (1) <ul style="list-style-type: none"> Individual (<i>must be satisfied by each covered person</i>) 	\$3,000	\$5,000
Lifetime Maximum Benefit	\$1,000,000 per covered person	
Preventive Care <ul style="list-style-type: none"> Routine annual physical exam (2) Routine immunizations (<i>to age 18</i>) (2), (3) Routine Pap smears Routine Mammograms (3) Routine PSA (2), (3) Routine lab, pathology and X-ray (2) 	\$20 copay, then 100% 70%	50% 50%
Physician Services <ul style="list-style-type: none"> Office visits Office visit diagnostic lab and X-ray Inpatient services Outpatient services (includes surgery) 	\$20 copay, then 100% 70% after deductible	50% after deductible 50% after deductible
Hospital Services <ul style="list-style-type: none"> Inpatient care Outpatient surgery – facility Outpatient nonsurgical Emergency room (<i>including physician visits</i>) 	70% after deductible	50% after deductible
Prescription Drugs (4) <ul style="list-style-type: none"> Benefit for each prescription or refill (<i>up to 30-day supply</i>) 	70% after deductible	50% after deductible
Other Medical Services <ul style="list-style-type: none"> Home health care (<i>up to 30 visits per calendar year</i>) (5) Durable medical equipment (<i>up to \$1,000 DME maximum per person, per calendar year</i>) (5) Hospice (5) Complications of pregnancy and sick baby services Transplant services (<i>organ</i>) (5) (<i>up to \$100,000 per person per lifetime for all covered transplants</i>) 	70% after deductible	50% after deductible

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.

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.

- (1) Copayments do not apply to the deductible or out-of-pocket maximum.
- (2) Combined benefit maximum for all preventive care is \$250 per person per calendar year.
- (3) Age and/or frequency limits apply.

- (4) If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.
- (5) 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 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.

OTHER EXPENSES NOT COVERED

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

1. Services not medically necessary (whether or not prescribed 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 person who is a family member; performed by a health care practitioner on himself/herself; performed in association with a service that is not covered under the policy; provided at no cost or for which there is no legal obligation to pay.
4. Complications related to a non-covered service.
5. Cosmetic procedures except for reconstructive surgery following a mastectomy.
6. Fertility or Infertility services.
7. Pregnancy.
8. Vitamins, dietary products and nonprescription formulas or supplements (except for treatment of inherited metabolic diseases); over the counter drugs; drugs approved by the FDA for experimental or investigational use.
9. Sexual dysfunction; reversal of sterilization or subsequent reesterilization; elective abortion.
10. Genetic testing, counseling, treatment or therapy; marital/family counseling; occupational, religious or other social maladjustments; behavior disorders, codependency; impulse control disorders; organic disorders; learning disabilities or mental retardation.
11. Services for weight reduction regardless of any associated medical or psychological conditions unless medically necessary; weight loss programs (whether or not prescribed by a health care practitioner)
12. Eye exams (except to diagnosis injury or sickness); eye glasses or contact lenses; radial keratotomy or surgical procedures for refractive correction.
13. Hearing exams (except to diagnosis injury or sickness); physical exams for employment, licensing, insurance, school, camp, sports or adoption; immunizations for foreign travel; court ordered exams or treatment or in connection with legal proceedings unless medically necessary.
14. Dental services (except for dental injury); appliances or supplies.
15. War, insurrection, rebellion or armed invasion or aggression; participation in a riot or while committing a felony.
16. Personal comfort, hygiene or convenience items unless medically necessary; modifications to a residence or equipment to accommodate physical handicaps or disabilities; nonmedical equipment; wigs; arch supports, support stockings, special shoe accessories or corrective shoes unless an integral part of a lower-body brace.
17. Spinal manipulations and adjustments; sports medicine services to improve athletic ability; services rendered by a pain control center or under a pain control program; acupuncture; hypnosis.
18. Private room charges in excess of the average semi-private room rate; charges for late discharge or resulting from a cancelled appointment or procedure; travel and lodging accommodations (whether or not prescribed by a health care practitioner).
19. Inpatient services when the stay is due to environment control, custodial care, domiciliary care, rest cures or convalescent care (except skilled nursing care).
20. Injury or sickness arising out of or in the course of any employment for pay or profit.
21. Services for alcohol, drug abuse, mental health or severe mental illness.
22. 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 succession; magnetically energized geometric patterns; replacement of metal dental fillings; laetrile gerovital.
23. Milieu therapy; biofeedback; behavior modification, sensitivity training; hydrotherapy; electrohypnosis, electrosleep therapy, electronarcosis, narcosynthesis, rolfing, residential treatment, vocational rehabilitation and wilderness programs.

Notes

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Policy Number:
NV-70130 STD 8/2002, et al
NV-70130 BSC 8/2002, et al

Insured by Humana Insurance Company

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