

Ohio

Basic Indemnity Fee for service plan

Deductible options <ul style="list-style-type: none"> per calendar year 	<ul style="list-style-type: none"> individual 	\$1,000
Coinsurance out-of-pocket limit <ul style="list-style-type: none"> per calendar year deductibles and copayments do not apply 	<ul style="list-style-type: none"> individual 	\$5,000
Preventive care	<ul style="list-style-type: none"> child health supervision services - birth to age 9 (includes exams, lab, immunizations and hearing screenings to age one) preventive office visits - age 9 and older¹ preventive lab and X-ray - age 9 and older¹ child immunization - age 9 to 18¹ Pap smear mammogram prostate screening 	100%
Physician services	<ul style="list-style-type: none"> office visits diagnostic lab and X-ray allergy testing, injections, and serum inpatient services 	50% after deductible
Facility services	<ul style="list-style-type: none"> inpatient care outpatient surgery diagnostic tests, lab and X-ray emergency services (copayment waived if admitted) 	50% after deductible 50% after \$75 copayment per visit and deductible
Prescription drug	<ul style="list-style-type: none"> benefit per prescription or refill 	50% after deductible
Other medical services	<ul style="list-style-type: none"> hospice² (\$5,000 calendar year maximum) skilled nursing facility, home health care² Physical medicine—outpatient physical therapy and services to restore speech or swallowing impairment and cognitive therapy pertaining to head injury or stroke (limited to \$40 per visit, up to combined maximum of 20 visits per calendar year) skeletal adjustment, adjunctive therapy, vertebral manipulation and dislocation subluxation (up to combined maximum of 10 visits per calendar year, limited to \$25 per visit) ambulance durable medical equipment (limited to six months)² transplant services (\$100,000 lifetime maximum)² pregnancy complications and sick baby services 	50% after deductible 50% after deductible
Lifetime maximum benefit		Unlimited
Mental health, chemical and alcohol dependency	<ul style="list-style-type: none"> inpatient services outpatient and office therapy sessions (limited to \$50 per visit) biologically based mental illness 	50% after deductible Same as any other illness

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.

- Benefit payable after 90-day waiting period for preventive care.
- Prior authorization required in order to be eligible for these benefits.

Ohio Basic Plan

Payments

Network 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 non-network providers are based on maximum allowable fees, as defined in your policy.

Non-network 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.

Network 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 Ohio Basic and Standard plans. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions.

Eligibility

The issue ages for HumanaOne individual health plans are two months to 64.5 years. A dependent child must be less than 28 years of age to apply.

Pre-existing conditions

A pre-existing condition is a disease, illness, sickness, malady, or condition which was diagnosed or treated by a provider or produced symptoms 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 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. Transportation, except local, to or from a hospital, by professional ground ambulance services.
2. Normal childbirth, normal pregnancy or routine nursery care (basic plan only), elective cesarean section or voluntarily induced abortion.
3. Infertility services.
4. Replacement of artificial limbs and artificial eyes.
5. Blood or blood plasma which has been replaced.
6. Donation of any body organ by a covered person.
7. Services performed by a person who ordinarily resides in the covered person's home or is a close relative of the covered person or by the covered person's employer or partner.
8. Except as stated in the plan, any cosmetic surgery, unless required to restore a part of the body which has been altered as a result of the following events or conditions:
 - a. Accidental bodily injury;
 - b. Surgery; or
 - c. Disease.
9. Custodial care.
10. Charges applied to a deductible or coinsurance amount under any benefit of the plan.
11. Services or treatment not prescribed by a doctor or for services or treatment not listed as a covered expense.
12. Charges that are due to an illness arising out of, or in the course of, employment for wages or profit.
13. Expense incurred before the covered person's effective date under this plan or after the covered person's coverage under this plan terminates.
14. Any service which is experimental, investigational, or for research purposes.
15. Eye surgery, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring), including, but not limited to radial keratotomy, or for eye refractions, eye glasses or contact lens including fitting or any examinations.
16. Treatment, services or supplies furnished by a department or agency of the United States Government. This exclusion will not apply to a non-service connected illness of a veteran of the United States armed forces who does not have a service connected illness.
17. Services and supplies eligible for payment by a government or charitable program, except as required by law.
18. Hearing aids, including fitting and examinations.
19. Services which are not necessary to the care or treatment of an illness or which are not medically necessary.
20. Charges which would not be made if no insurance existed.
21. Recreational or educational therapy or vocational rehabilitation.
22. Except as described in the plan, speech or occupational therapy and related diagnostic testing if the therapy or testing is in connection with or related in any way to the treatment of a learning disability, speech impediment, or developmental delay even though therapy is recommended due to organic dysfunction, including, but not limited to, congenital deformity or birth trauma.
23. Charges which the covered person is not legally obligated to pay.
24. Treatment or services which are not generally accepted medical practices in the United States for a given illness.
25. Treatment of obesity, morbid obesity or for weight reduction purposes.
26. Illness that results from participation in any assault, unlawful act, strike, civil disorder or riot.
27. Treatment of sexual dysfunction or inadequacies, including, but not limited to, impotence and the implantation of a penile prosthesis.
28. Routine physical or premarital examination except as covered under the child health supervision services benefit. Mammograms and pap smears are covered.
29. A private room in excess of the average semi-private room and board rate.
30. Pre-existing conditions to the extent specified in the plan.
31. Charges in excess of the maximum allowable fee for the service.
32. Services or supplies prohibited by law.
33. Sex changes.
34. Sterilization and reversal of sterilization.
35. Charges resulting from any suicide, attempted suicide or intentionally self-inflicted bodily injury or sickness while sane or insane, unless such act is the result of an underlying medical condition.
36. Examinations, treatment or surgery of the teeth, gums or direct supporting structure, except for repair of injury to a sound natural tooth, (including replacement) as a result of an accidental bodily injury. Treatment must be given within ninety (90) days of the date of the accident.
37. An illness caused by any act of war, whether or not declared.
38. Surrogate pregnancy.
39. Surgery of the jaw or for any treatment of temporomandibular joint (TMJ) disorder. Treatment of jaw fractures and removal of tumors of the jaw are not subject to this exclusion.

Ohio Basic Plan

40. Treatment of complications arising from or connected in any way with a surgical or medical treatment or procedure that is not a covered expense under the terms of the plan, whether or not the covered person was insured under the plan at the time the noncovered treatment or procedure was performed.
41. Foot care due to:
 - a. Treatment of weak, strained or flat feet or instability or imbalance of the foot;
 - b. Treatment of corns, calluses or the free edge of toenails, except when necessitated for peripheral vascular disease or other illnesses of similar medical seriousness.
42. Contraceptives, infertility drugs and growth hormones.



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.

OH-46004-HO 9/10
OH-70130, et al.