

TENNESSEE

		High Plan		Low Plan	
		Plan pays for services at PARTICIPATING providers	Plan pays for services at NONPARTICIPATING providers	Plan pays for services at PARTICIPATING providers	Plan pays for services at NONPARTICIPATING providers
Preventive Care	<ul style="list-style-type: none"> Routine mammogram and PSA (1) Chlamydia screening (to age 29) 	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Physician Services	<ul style="list-style-type: none"> Office visits (includes diagnostic lab and X-ray) Inpatient services Outpatient services (includes surgery) (2) 	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Hospital Services	<ul style="list-style-type: none"> Inpatient care Outpatient surgery – facility (2) Outpatient nonsurgical Emergency room (including physician visits) 	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Prescription Drugs (3)	<ul style="list-style-type: none"> Prescription drug deductible (6) Benefit for each prescription or refill (up to 30-day supply) <ul style="list-style-type: none"> – Level One – Level Two – Level Three – Level Four Mail order (90-day supply) 	<p style="text-align: center;">\$500 prescription drug deductible per individual</p> <p style="text-align: center;">100% after:</p> <p style="text-align: center;">\$10 copayment after prescription drug deductible</p> <p style="text-align: center;">\$30 copayment after prescription drug deductible</p> <p style="text-align: center;">\$50 copayment after prescription drug deductible</p> <p style="text-align: center;">25% copayment after deductible up to \$2,500 maximum out-of-pocket per calendar year</p> <p style="text-align: center;">100% after three times the retail copayment</p>	<p style="text-align: center;">\$500 prescription drug deductible per individual</p> <p style="text-align: center;">70% after:</p> <p style="text-align: center;">\$10 copayment after prescription drug deductible</p> <p style="text-align: center;">\$30 copayment after prescription drug deductible</p> <p style="text-align: center;">\$50 copayment after prescription drug deductible</p> <p style="text-align: center;">25% copayment after deductible up to \$2,500 maximum out-of-pocket per calendar year</p> <p style="text-align: center;">70% after three times the retail copayment</p>	<p style="text-align: center;">\$500 prescription drug deductible per individual</p> <p style="text-align: center;">100% after:</p> <p style="text-align: center;">\$10 copayment after prescription drug deductible</p> <p style="text-align: center;">\$30 copayment after prescription drug deductible</p> <p style="text-align: center;">\$50 copayment after prescription drug deductible</p> <p style="text-align: center;">25% copayment after deductible up to \$2,500 maximum out-of-pocket per calendar year</p> <p style="text-align: center;">100% after three times the retail copayment</p>	<p style="text-align: center;">\$500 prescription drug deductible per individual</p> <p style="text-align: center;">70% after:</p> <p style="text-align: center;">\$10 copayment after prescription drug deductible</p> <p style="text-align: center;">\$30 copayment after prescription drug deductible</p> <p style="text-align: center;">\$50 copayment after prescription drug deductible</p> <p style="text-align: center;">25% copayment after deductible up to \$2,500 maximum out-of-pocket per calendar year</p> <p style="text-align: center;">70% after three times the retail copayment</p>
Other Medical Services	<ul style="list-style-type: none"> Home health care (up to 60 visits per calendar year) (4) Physical medicine, chiropractic services (up to combined maximum of 20 visits per calendar year) Complications of pregnancy Hospital dental procedures (for children through age 8) Hearing and speech disorder treatment Bone density testing for osteoporosis 	80% after deductible	60% after deductible	80% after deductible	60% after deductible

Health insurance that works for you and your family.

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Other Medical Services (cont.)	<ul style="list-style-type: none"> Sick baby services Well-baby care (first 48/96 hours following birth) Outpatient self-management training and education for diabetes Temporomandibular joint disorder (surgical and nonsurgical services) Stem cell transplant (4) 	80% after deductible		60% after deductible		80% after deductible		60% after deductible	
	<ul style="list-style-type: none"> Ambulance (up to \$15,000 maximum per calendar year) 	80% after deductible		80% after deductible		80% after deductible		60% after deductible	
	<ul style="list-style-type: none"> Transplant services (organ) (4) 	80% after deductible (when services are performed at a National Transplant Network provider)		60% after deductible (subject to separate out-of-pocket maximum of \$35,000 per calendar year)		80% after deductible (when services are performed at a National Transplant Network provider)		60% after deductible (subject to separate out-of-pocket maximum of \$35,000 per calendar year)	
Annual Deductible (5), (6)	<ul style="list-style-type: none"> Amount (does not apply to maximum out-of-pocket expense) Deductible carryover 	Single Ded.	Family Ded. (7)	Single Ded.	Family Ded. (7)	Single Ded.	Family Ded. (7)	Single Ded.	Family Ded. (7)
		\$900	\$2,700	\$1,800	\$5,400	\$1,750	\$5,250	\$3,500	\$10,500
		Covered expenses incurred during the last three months of the calendar year that are applied to the deductible will also be credited to the next calendar year deductible.				Covered expenses incurred during the last three months of the calendar year that are applied to the deductible will also be credited to the next calendar year deductible.			
Maximum Out-of-Pocket Expense Limit (5), (6)	<ul style="list-style-type: none"> Individual (must be satisfied by each covered person) 	\$2,000		\$8,000		\$2,000		\$8,000	
Lifetime Maximum		\$1,000,000 per covered person				\$1,000,000 per covered person			

To be covered, services must be medically necessary, and may be subject to pre-existing condition limitations.

Please see your policy for more information on medical necessity and other specific plan benefits.

- Age and/or frequency limits apply.
- Outpatient benefits payable after 90-day waiting period for nonemergency removal of tonsils and/or adenoids, and 180-day waiting period for nonemergency surgical treatment for bunions, varicose veins, hemorrhoids or hernia (does not include strangulated or incarcerated hernia).
- 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.
- When you obtain care from nonparticipating providers:
 - 50 percent of your payment toward the deductible is credited to the deductible for participating providers.
 - 50 percent of your out-of-pocket costs are credited to the out-of-pocket maximum for participating providers.
 Once you meet your deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.
- Copayments do not apply toward deductibles or out-of-pocket maximum. The medical out-of-pocket maximum does not apply to transplant services from nonparticipating providers or prescription drugs.
- Three family members must meet their individual deductibles.

This document and accompanying materials contain a general summary of benefits, exclusions and limitations. Please refer to the policy for 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.

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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 which was diagnosed or treated, or which produced signs or symptoms that would cause an ordinary prudent person to seek treatment, during the five year 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 or which are experimental, investigational or for research purposes.
2. Services not authorized or prescribed by a health care practitioner or for which no charge is made.
3. Services while confined in a hospital or other facility owned or operated by the United States government, provided by a person who ordinarily resides in the covered person's home or who is a family member, or that are performed in association with a service that is not covered under the policy.
4. Charges in excess of the maximum allowable fee or which exceed any policy benefit maximum.
5. Expenses incurred before the effective date or after the date coverage terminated.
6. Cosmetic procedures and any related complications except as stated in the policy.
7. Custodial or maintenance care.
8. Any drug, medicine or device which is not FDA approved.
9. Contraceptives other than oral, including implant systems and devices regardless of the purpose for which prescribed.
10. Medications, drugs or hormones to stimulate growth.
11. Legend drugs not recommended or deemed necessary by a health care practitioner or drugs prescribed for a noncovered injury or sickness.
12. Drugs prescribed for intended use other than for indications approved by the FDA or recognized off-label indications through peer-reviewed medical literature, experimental or investigational use drugs.
13. Over the counter drugs (except insulin) or drugs available in prescription strength without a prescription.
14. Drugs used in treatment of nail fungus.
15. Prescription refills exceeding the number specified by the health care practitioner or dispensed more than one year from the date of the original order.
16. Vitamins, dietary products and any other nonprescription supplements.
17. Services and expenses related to hospice and skilled nursing care.
18. Mental health services, including services for chemical or alcohol dependence.
19. Infertility services.
20. Pregnancy.
21. Elective medical or surgical procedures; sterilization procedures including tubal ligation and vasectomy; reversal of sterilization; abortion; gender change or sexual dysfunction.
22. Routine services including pap smears, immunizations, laboratory tests, pathology and radiology.
23. Vision therapy; all types of refractive keratoplasties or any other procedures, treatments or devices for refractive correction; eyeglasses; contact lenses; hearing aids; dental exams.
24. Hearing and eye exams; routine physical examinations for occupation, employment, school, travel, purchase of insurance or premarital tests.
25. Services received in an emergency room unless due to emergency care.
26. Dental services (except for dental injury) appliances or supplies.
27. Allergy injections, testing and treatment.
28. War or any act of war, whether declared or not; commission or attempt to commit a civil or criminal battery or felony.
29. Standby physician or assistant surgeon, unless medically necessary; private duty nursing; communication or travel time; lodging or transportation, except as stated in the policy.
30. Obesity except for morbid obesity.
31. Nicotine habit or addiction; educational or vocation therapy, services and schools; light treatment for Seasonal Affective Disorder (S.A.D.); alternative medicine; marital counseling; genetic testing, counseling or services; sleep therapy or services rendered in a premenstrual syndrome clinic or holistic medicine clinic.
32. Foot care services.
33. Durable medical equipment, including repair, maintenance, rental or replacement.
34. Charges for nonmedical purposes or used for environmental control or enhancement (whether or not prescribed by a health care practitioner).
35. Health clubs or health spas, aerobic and strength conditioning, work hardening programs and related material and products for these programs; personal computers and related or similar equipment; communication devices other than due to surgical removal of the larynx or permanent lack of function of the larynx.
36. Hair prosthesis, hair transplants or implants and wigs.
37. Craniomaxillary disorder and any treatment for jaw, joint or head and neck neuromuscular disorder.
38. Services for an injury or illness covered by Workers' Compensation or similar benefits.
39. Inpatient services when in an observation status or when the stay is due to behavioral, social maladjustment, lack of discipline or other antisocial actions not a result of a mental disorder.
40. Attempted suicide or intentionally self-inflicted injury, whether sane or insane.
41. Charges covered by other medical payments insurance.
42. Organ transplants not approved based on established criteria or investigational, experimental or for research purposes.
43. Charges incurred for a hospital stay beginning on a Friday or Saturday unless due to emergency care or surgery is performed on the day admitted.

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