

Wisconsin 90/60 Copay plan

		Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	
Office visit copayment options		<ul style="list-style-type: none"> \$20 primary care/\$40 specialist \$30 primary care/\$50 specialist 	Not applicable	
Deductible options	<ul style="list-style-type: none"> individual 	\$500/\$1,000/\$1,500/\$2,000 \$3,000/\$4,000/\$5,000	Three times the individual participating deductible	
	<ul style="list-style-type: none"> family 	\$1,000/\$2,000/\$3,000/\$4,000 \$6,000/\$8,000/\$10,000	Three times the family participating deductible	
Out-of-pocket maximum options	<ul style="list-style-type: none"> individual 	\$1,000/\$2,000/\$3,000	Three times the individual participating out-of-pocket max	
	<ul style="list-style-type: none"> family 	\$2,000/\$4,000/\$6,000	Three times the family participating out-of-pocket max	
Preventive care	<ul style="list-style-type: none"> preventive office visits 	100% after office visit copayment	70% after deductible	
	<ul style="list-style-type: none"> preventive lab and X-ray Pap smear and mammogram prostate screening child immunizations to age 18 flu and pneumonia immunizations 	100%	70% after deductible	
	<ul style="list-style-type: none"> endoscopic services (including, but not limited to colonoscopy) 	90% after deductible	60% after deductible	
Physician services	<ul style="list-style-type: none"> office visits 	100% after office visit copayment	70% after deductible	
	<ul style="list-style-type: none"> diagnostic lab and X-ray allergy testing 	100%	70% after deductible	
	<ul style="list-style-type: none"> allergy injections and serums 	100% after \$5 copayment per visit	70% after deductible	
	<ul style="list-style-type: none"> inpatient and outpatient services surgery 	90% after deductible	60% after deductible	
	<ul style="list-style-type: none"> emergency room visits 	100%	100%	
Facility services	<ul style="list-style-type: none"> inpatient and outpatient services outpatient advanced imaging (PET, MRI, MRA, CAT, SPECT) —hospital, freestanding facility and clinic 	90% after deductible	60% after deductible	
	<ul style="list-style-type: none"> emergency services (copayment waived if admitted) 	100% after \$150 copayment	100% after \$150 copayment	
Other medical services	<ul style="list-style-type: none"> skilled nursing facility (up to 60 days per confinement) hospice home health care (up to 100 visits any 12-month period) physical, occupational, cognitive, speech and audiology therapy (combined limit up to 25 visits per calendar year) 	90% after deductible	60% after deductible	
	<ul style="list-style-type: none"> urgent care facility spinal manipulations, adjustments and modalities 	100% after specialist copayment per visit	70% after deductible	
	<ul style="list-style-type: none"> durable medical equipment (limited to \$2,500 of covered services per calendar year) 	90% after deductible	60% after participating deductible	
	<ul style="list-style-type: none"> ambulance 	90% after deductible	90% after participating deductible	
	<ul style="list-style-type: none"> maternity 	Same as any other illness	Same as any other illness	
	<ul style="list-style-type: none"> transplant services 	Same as any other illness when services are received from a Humana Transplant Network provider	Covered expenses are limited to a maximum benefit of \$35,000 per transplant	
	Lifetime maximum benefit			\$5,000,000
	Mental health, chemical and alcohol dependency	<ul style="list-style-type: none"> inpatient services (up to 10 days per calendar year) 	90% after deductible	60% after deductible
<ul style="list-style-type: none"> outpatient & office therapy sessions (up to 15 visits per calendar year) 		100% after specialist office visit copayment	70% after deductible	

Wisconsin Humana National POS 90/60 Copay plan

Network

National POS—Open Access network

Humana National POS—Open Access network is one of our largest and is growing daily. The network combines the best of Humana's fee-for-service provider contracts, providing improved discounts while maintaining broad network provider scope.

Pharmacy options

Detailed drug lists are available at www.humana.com for each pharmacy plan and level.

Rx4

Retail (30-day supply)	Level 1	Level 2	Level 3	Level 4
› Option 1	\$10	\$35	\$55	25%
› Option 2	\$10	\$40	\$65	25%
Mail order (up to 90-day supply)	2.5 times the retail copayment			
Copayment maximum (applies to Level 4 drugs only)	\$2,500 per member per calendar year			

NOTE: If a nonparticipating pharmacy is used, the claim will be covered at 70 percent after applicable copayment.

RxImpact

Retail (30-day supply)	Example	Prescription drug allowance
› Group A	asthma, infections, juvenile diabetes, contraceptives, antidepressants	\$30 allowance
› Group B	cancer, heart disease, multiple sclerosis	\$20 allowance
› Group C	antihistamines, anti-inflammatory, antacids	\$10 allowance
› Group D	cosmetic, obesity	\$0 allowance*
Mail order (up to 90-day supply)	Up to three times applicable allowance amount	
Copayment maximum	\$100 per prescription and \$2,500 annual out-of-pocket maximum for drugs groups A, B and C only	

* Employees can purchase drugs at Humana's negotiated price which is below the average wholesale price.

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Insured by Humana Insurance Company

This is not a complete disclosure of plan qualifications and limitations. Your group may have specific limitations and exclusions not included on this list. Please check your Certificate of Coverage for this complete listing. The Certificate of Coverage is the document upon which benefit payment will be determined. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.