

## Wisconsin HumanaPPO 90/60 Copay plan

		Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers
<b>Office visit copayment options</b>		<ul style="list-style-type: none"> <li>• \$15 primary care/\$30 specialist</li> <li>• \$20 primary care/\$35 specialist</li> <li>• \$25 primary care/\$40 specialist</li> </ul>	Not applicable
<b>Deductible options</b>	<ul style="list-style-type: none"> <li>• individual</li> <li>• family</li> </ul>	\$250/\$500/\$1,000/\$1,500/ \$2,000/\$3,000/\$4,000/\$5,000	Two times the individual participating deductible
		\$500/\$1,000/\$2,000/\$3,000/ \$4,000/\$6,000/\$8,000/\$10,000	Two times the family participating deductible
<b>Out-of-pocket maximum options</b>	<ul style="list-style-type: none"> <li>• individual</li> <li>• family</li> </ul>	\$1,000/\$2,000/\$3,000	Two times the individual participating out-of-pocket max
		\$2,000/\$4,000/\$6,000	Two times the family participating out-of-pocket maximum
<b>Preventive care</b>	<ul style="list-style-type: none"> <li>• preventive office visits</li> <li>• preventive lab and X-ray</li> <li>• Pap smear and mammogram</li> <li>• prostate screening</li> <li>• child immunizations to age 18</li> <li>• flu and pneumonia immunizations</li> <li>• endoscopic services (including, but not limited to colonoscopy)</li> </ul>	100% after office visit copayment  100%     90% after deductible	60% after deductible  60% after deductible     60% after deductible
<b>Physician services</b>	<ul style="list-style-type: none"> <li>• office visits</li> <li>• diagnostic lab and X-ray</li> <li>• allergy testing</li> <li>• allergy injections and serums</li> <li>• inpatient and outpatient services</li> <li>• surgery</li> <li>• emergency room visits</li> </ul>	100% after office visit copayment  100%  100% after \$5 copayment per visit  90% after deductible  100% after deductible	60% after deductible  60% after deductible  60% after deductible  60% after deductible  100% after participating deductible
<b>Facility services</b>	<ul style="list-style-type: none"> <li>• inpatient and outpatient services</li> <li>• outpatient advanced imaging (PET, MRI, MRA, CAT, SPECT)—hospital</li> <li>• outpatient advanced imaging (PET, MRI, MRA, CAT, SPECT)—freestanding facility and clinic</li> <li>• emergency services (copayment waived if admitted)</li> </ul>	90% after deductible  100% after \$100 copayment and deductible  100% after \$50 copayment and deductible  100% after \$100 copayment and deductible	60% after deductible  60% after deductible  60% after deductible  100% after \$100 copayment and participating deductible
<b>Other medical services</b>	<ul style="list-style-type: none"> <li>• skilled nursing facility (up to 30 days per confinement)</li> <li>• hospice</li> <li>• home health care (up to 100 visits per 12 month period)</li> <li>• physical, occupational, cognitive, speech and audiology therapy (combined limit up to 25 visits per calendar year)<sup>1</sup></li> <li>• urgent care facility</li> <li>• spinal manipulations, adjustments and modalities</li> <li>• durable medical equipment (limited to \$5,000 of covered services per calendar year)</li> <li>• ambulance</li> <li>• maternity</li> <li>• transplant services</li> </ul>	90% after deductible     100% after specialist copayment per visit  50% after deductible  90% after deductible  Same as any other illness  Same as any other illness when services are received from a Humana Transplant Network provider	60% after deductible     60% after deductible  50% after participating deductible  90% after participating deductible  Same as any other illness  Same as any other illness subject to a separate out-of-pocket maximum of \$35,000 per calendar year <sup>2</sup>
<b>Lifetime maximum benefit</b>			\$5,000,000 <sup>3</sup>

## Wisconsin

### HumanaPPO 90/60 Copay plan

		Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers
<b>Mental health, chemical and alcohol dependency</b>	• inpatient services (combined limit up to 10 days per calendar year) <sup>4</sup>	90% after deductible	60% after deductible
	• outpatient & office therapy sessions (combined limit up to 15 visits per calendar year) <sup>5</sup>	100% after specialist office visit copayment	60% after deductible

## Network options

### ChoiceCare Network®

Humana's ChoiceCare Network is one of the largest, most cost-effective physician and hospital networks in the nation, including 387,000 physicians and 3,400 hospitals across all 50 states.

NOTE: Other network options may be available in your county.

Call your Humana sales representative for more information.

## Pharmacy options

Detailed drug lists are available at [www.humana.com](http://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	\$30	\$50	25%
› Option 2	\$10	\$35	\$55	25%
<b>Mail order</b> (up to 90-day supply)	2.5 times the retail copayment			
<b>Copayment maximum</b> (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*
<b>Mail order</b> (up to 90-day supply)	—Up to three times applicable allowance amount	
<b>Copayment maximum</b>	—\$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.

**Quality improvement program**—Services provided through HumanaPPO plans are subject to quality improvement activities. The purpose of the Quality Improvement Program is to evaluate, monitor and seek to improve the health and quality of life of HumanaPPO members by promoting quality, affordable health care and service. If you have questions or concerns regarding the Quality Improvement program, you may contact us at the customer service number listed on the back of your ID card, or refer to the Regulatory and Technical Information Guide.

**Emergency care** means services for acute symptoms of sufficient severity, including severe pain, that would lead a prudent layperson, possessing an average knowledge of health and medicine, to reasonably expect the absence of immediate medical attention to result in: placing your health, or if you are pregnant, the health of you or your unborn child, in serious jeopardy, serious impairment to bodily functions, serious dysfunction of any bodily organ or part, or a significant change for the worse without immediate medical or surgical treatment.

#### Additional options for groups of 100 or more employees:

<sup>1</sup> 45 visits per calendar year

<sup>2</sup> not subject to a separate out-of-pocket maximum

<sup>3</sup> \$2,000,000

<sup>4</sup> limit up to 30 days per calendar year

<sup>5</sup> limit up to 20 visits per calendar year

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Guidance when you need it most

Insured by Humana Insurance Company

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.