



Simply the right plan for you

HUMANA
one

Choose the plan that's right for you



The right blend of features and benefits

- › Choice of in-network deductibles that range from \$1,000 to \$7,500*
- › Large network so you're covered when you're at home or traveling
- › Coverage for annual exams and physicals
- › Portability if you move to another state
- › Discounts on eye care and vision services
- › Optional dental, life, and prescription drug coverage

* Family in-network deductibles range from \$2,000 to \$15,000

Whether you're self-employed, an early retiree, or work for a company that doesn't offer group health insurance, look to HumanaOne for you and your family's individual insurance needs.

Our plans make it possible to find the right coverage at a price that fits your budget.

You can also expect:

- › Friendly service every time you need answers on claims, benefits, or payments
- › 12-month initial rate guarantee if you stay in the same area and keep the same benefits
- › Convenient application process over the phone or online (applications are subject to approval)

HumanaOne PPO plans

Your plan options

Portrait: Share 80 Plus Rx Unlimited

		Plan pays for services from NETWORK providers	Plan pays for services from NON-NETWORK providers								
Deductible options¹ • per calendar year • copayments do not apply	• individual	\$1,000 or \$2,500	\$2,000 or \$5,000								
	• family (two family members must each meet their individual deductible)	\$2,000 or \$5,000	\$4,000 or \$10,000								
Deductible carryover	Covered expenses incurred in the last three months of the calendar year and applied to the deductible will be credited to the next calendar year deductible.										
Office visit copayment		\$35 primary care/\$50 specialist unlimited visits for illness or injury	Not applicable								
Coinsurance out-of-pocket limit¹ • per calendar year • deductibles and copayments do not apply	• individual	\$2,000	\$8,000								
	• family	\$4,000	\$16,000								
Preventive care	• child immunizations (birth to age 6)	100%	100%								
	• child immunizations (age 6 -18) ^{2,3}	80%	Not covered								
	• preventive office visits ^{2,3}	80%	50% after deductible								
	• Pap smear and prostate screening ^{2,3}										
	• mammogram	80%	60% after deductible								
Physician services	• preventive lab and X-ray ^{2,3}	80% after deductible	50% after deductible								
	• office visits (including allergy injections)	100% after office visit copayment	60% after deductible								
Facility services	• diagnostic lab and X-ray ⁴ • allergy testing	First \$200 per calendar year then 80% after deductible	60% after deductible								
	• allergy serum • inpatient and outpatient services • surgery ⁵	80% after deductible	60% after deductible								
	• inpatient and outpatient services, • outpatient surgery ⁵	80% after deductible	60% after deductible								
Rx4 prescription drug⁶ • medical out-of-pocket maximum does not apply	• emergency services (copayment waived if admitted)	80% after \$75 copayment per visit and deductible	60% after \$75 copayment per visit and deductible								
	• deductible per individual • copay for each prescription or refill (up to 90-day supply; with applicable copay for each 30 day supply)	Separate \$500 deductible* <table border="1"> <thead> <tr> <th>Level 1</th> <th>Level 2</th> <th>Level 3</th> <th>Level 4</th> </tr> </thead> <tbody> <tr> <td>\$15*</td> <td>\$35</td> <td>\$55</td> <td>25%</td> </tr> </tbody> </table>		Level 1	Level 2	Level 3	Level 4	\$15*	\$35	\$55	25%
	Level 1	Level 2	Level 3	Level 4							
	\$15*	\$35	\$55	25%							
• copayment maximum (applies to Level 4 drugs only)	\$2,500 per individual per calendar year										
• benefit per prescription or refill	100% after prescription copayment	70% after prescription copayment									
Other medical services • prior authorization required in order to be eligible for these benefits	• mail order (up to 90-day supply)	100% after three times retail copay	70% after three times retail copay								
	• skilled nursing facility (up to 30 days per admission) • hospice ⁷ • home health care (up to 60 visits per calendar year) • durable medical equipment • pregnancy complications and sick baby services (no prior authorization required)	80% after deductible	60% after deductible								
	• transplant services	80% after deductible when services are received from a Humana Transplant Network provider	60% after deductible covered expenses are limited to a maximum allowance of \$35,000 per transplant								
Lifetime maximum benefit	\$5,000,000 per covered person										
Mental health, chemical and alcohol dependency² • \$2,500 per calendar year • medical out-of-pocket maximum does not apply	• inpatient services • outpatient and office therapy sessions (outpatient services not to exceed \$500 of the total benefit)	50% after deductible	50% after deductible								
Optional benefits • these are available to add for an additional cost • medical out-of-pocket maximum does not apply to drug coverage	• prescription drug deductible	With this option no deductible is required before Rx benefits are payable									
	• lifetime maximum	Increase to \$8,000,000 per covered person									
	• supplemental accident benefit (\$500 or \$1,000) (treatment must be provided within 90 days of the injury)	First \$500 per accident at 100%, then base plan benefits apply or First \$1,000 per accident at 100%, then base plan benefits apply									

Autograph: Share 80 Plus Rx

Monogram: Total Plus Rx

Plan pays for services from NETWORK providers	Plan pays for services from NON-NETWORK providers	Plan pays for services from NETWORK providers	Plan pays for services from NON-NETWORK providers
\$5,000 or \$6,000	\$10,000 or \$12,000	\$7,500	\$15,000
\$10,000 or \$12,000	\$20,000 or \$24,000	\$15,000	\$30,000
\$35 primary care/\$50 specialist limited to 6 combined primary care and specialty care visits	Not applicable	Not applicable	Not applicable
\$2,000	\$8,000	\$0	\$5,000
\$4,000	\$16,000	\$0	\$10,000
100%	100%	100%	100%
80%	Not covered	100%	Not covered
80%	50% after deductible	100%	50% after deductible
80%	60% after deductible	100%	75% after deductible
80% after deductible	50% after deductible	100% after deductible	50% after deductible
100% after office visit copayment up to 6 combined primary care and specialty care visits, then 80% after deductible	60% after deductible	100% after deductible	75% after deductible
First \$200 per calendar year then 80% after deductible	60% after deductible		
80% after deductible	60% after deductible		
80% after deductible	60% after deductible	100% after deductible	75% after deductible
80% after \$75 copayment per visit and deductible	60% after \$75 copayment per visit and deductible	100% after \$125 copayment per visit and deductible	75% after \$125 copayment per visit and deductible
Separate \$1,000 deductible*		Separate \$1,000 deductible*	
Level 1	Level 2	Level 3	Level 4
\$15*	\$35	\$55	25%
*Level 1 drugs subject to copay, no deductible		*Level 1 drugs subject to copay, no deductible	
\$2,500 per individual per calendar year		\$2,500 per individual per calendar year	
100% after prescription copayment	70% after prescription copayment	100% after prescription copayment	70% after prescription copayment
100% after three times retail copay	70% after three times retail copay	100% after three times retail copay	70% after three times retail copay
80% after deductible	60% after deductible	100% after deductible	75% after deductible
80% after deductible when services are received from a Humana Transplant Network provider	60% after deductible covered expenses are limited to a maximum allowance of \$35,000 per transplant	100% after deductible when services are received from a Humana Transplant Network provider	75% after deductible covered expenses are limited to a maximum allowance of \$35,000 per transplant
\$5,000,000 per covered person		\$2,000,000 per covered person	
50% after deductible	50% after deductible	50% after deductible	50% after deductible
With this option \$500 deductible is required before Rx benefits are payable	Not available with this plan		
Increase to \$8,000,000 per covered person	Increase to \$5,000,000 per covered person		
First \$500 per accident at 100%, then base plan benefits apply or First \$1,000 per accident at 100%, then base plan benefits apply	First \$500 per accident at 100%, then base plan benefits apply or First \$1,000 per accident at 100%, then base plan benefits apply		

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.

- When you obtain care from non-network providers:
 - 50 percent of your payment toward the deductible is credited to the deductible for network providers
 - 50 percent of your out-of-pocket costs are credited to the out-of-pocket maximum for network providers
- Once you meet your deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.
- Benefit payable after 90-day waiting period for preventive care and 12-month waiting period for mental health.
- Benefit maximum for preventive care is limited to \$300 per person per calendar year, subject to applicable coinsurance.
- MRI, CAT, EEG, EKG, ECG, cardiac catheterization or pulmonary function studies are subject to applicable coinsurance after deductible.
- Outpatient benefits payable after 90-day waiting period for nonemergency removal of tonsils and/or adenoids, and after 180-day waiting period for nonemergency surgical treatment for bunions, varicose veins, hemorrhoids or hernia (does not apply to strangulated or incarcerated hernia).
- If a non-network pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement. The covered person will also be responsible for 30% of the actual charge made by the dispensing pharmacy, after the applicable copayment.
- Counseling for the hospice patient and immediate family is limited to 15 visits per family per lifetime. Medical Social Services limited to \$100 per family per lifetime.

HumanaOne HSA-qualified HDHP plans

Your plan options

		Autograph: Total Plus Rx / HSA	
		Plan pays for services from NETWORK providers	Plan pays for services from NON-NETWORK providers
Deductible options¹ • per calendar year • copayments do not apply	• individual	\$1,500/\$2,500/\$3,500/\$5,000	\$3,000/\$5,000/\$7,000/\$10,000
	• family ²	\$3,000/\$5,000/\$7,000/\$10,000	\$6,000/\$10,000/\$14,000/\$20,000
Coinsurance out-of-pocket limit¹ • deductibles and copayments do not apply	• individual	Not applicable	\$6,000
	• family	Not applicable	\$12,000
Preventive care	• child immunizations (birth to age 6)	100%	100%
	• child immunizations (age 6 -18) ^{3,4}	100%	Not covered
	• preventive office visits ^{3,4} • Pap smear ^{3,4} • prostate screening ^{3,4}	100%	50% after deductible
	• mammogram	100%	70% after deductible
	• preventive lab and X-ray ^{3,4}	100% after deductible	50% after deductible
	Physician services	• office visits • diagnostic lab and X-ray • allergy injections, testing and serum • inpatient and outpatient services • surgery ⁵	100% after deductible
Facility services	• inpatient and outpatient services • outpatient surgery ⁵ • emergency services	100% after deductible	70% after deductible
Prescription drug	• retail or mail order benefit for each prescription or refill	100% after deductible	70% after deductible ⁶
Other medical services • Prior authorization required in order to be eligible for these benefits	• skilled nursing facility (up to 30 days per admission) • hospice ⁸ • home health care (up to 60 visits per calendar year) • durable medical equipment • pregnancy complications and sick baby services (no prior authorization required)	100% after deductible	70% after deductible
	• transplant services	100% after deductible when services are received from a Humana Transplant Network provider	70% after deductible covered expenses are limited to a maximum allowance of \$35,000 per transplant
Lifetime maximum benefit		\$5,000,000 per covered person	
Mental health, chemical and alcohol dependency³ • \$2,500 per calendar year	• inpatient services • outpatient and office therapy sessions (outpatient services not to exceed \$500 of the total benefit)	50% after deductible	50% after deductible
Optional benefits • these are available to add for an additional cost	• lifetime maximum	Increase to \$8,000,000 per covered person	
	• supplemental accident benefit (\$500 or \$1,000) (treatment must be provided within 90 days of the injury)	First \$500 per accident at 100%, then base plan benefits apply or First \$1,000 per accident at 100%, then base plan benefits apply	

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.

- When you obtain care from non-network providers:
 - 50 percent of your payment toward the deductible is credited to the deductible for network providers
 - 50 percent of your out-of-pocket costs are credited to the out-of-pocket maximum for network providers

Once you meet your deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.
- For other than single coverage, the family deductible applies. The single deductible applies to single coverage policies only.
- Benefit payable after 90-day waiting period for preventive care and 12-month waiting period for mental health.
- Benefit maximum for preventive care is limited to \$300 per person per calendar year, subject to applicable coinsurance.
- Outpatient benefits payable after 90-day waiting period for nonemergency removal of tonsils and/or adenoids, and after 180-day waiting period for nonemergency surgical treatment for bunions, varicose veins, hemorrhoids or hernia (does not apply to strangulated or incarcerated hernia).
- If a non-network pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.
- This value-added feature is not insurance. There is no coverage for retail and/or mail order prescription drugs unless stated in the policy.
- Counseling for the hospice patient and immediate family is limited to 15 visits per family per lifetime. Medical Social Services limited to \$100 per family per lifetime.

Autograph: Total / HSA

Plan pays for services from NETWORK providers	Plan pays for services from NON-NETWORK providers
\$2,000/\$3,000/\$4,000/\$5,200	\$4,000/\$6,000/\$8,000/\$10,400
\$4,000/\$6,000/\$8,000/\$10,400	\$8,000/\$12,000/\$16,000/\$20,800
Not applicable	\$6,000
Not applicable	\$12,000
100%	100%
100%	Not covered
100%	50% after deductible
100%	70% after deductible
100% after deductible	50% after deductible
100% after deductible	70% after deductible
100% after deductible	70% after deductible
Discounts available ⁷	Not covered
100% after deductible	70% after deductible
100% after deductible when services are received from a Humana Transplant Network provider	70% after deductible covered expenses are limited to a maximum allowance of \$35,000 per transplant
	\$2,000,000 per covered person
Not covered	Not covered
Increase to \$5,000,000 per covered person	
First \$500 per accident at 100%, then base plan benefits apply or First \$1,000 per accident at 100%, then base plan benefits apply	

HSA-qualified plans

When you select an HSA-qualified High Deductible Health Plan (HDHP), you can open a Health Savings Account (HSA), a personal fund in which you set aside money for qualified healthcare expenses.

An HSA is a tax-free* way to budget and pay for your deductible and other qualified medical expenses. Even if you don't use any healthcare services now, your HSA funds will be there if you need them in the future. Unused funds roll-over year to year.

And, it's easy to use. HumanaOne can provide convenient access to banking partners where you can establish your HSA account. Or, if you prefer, you can select your own bank.

* Varies by state, please contact your tax advisor for tax deductibility.

HumanaOne Individual Dental Insurance



Visit **MyDentalIQ.com** to find out how to improve your oral health. Following a few simple steps could possibly help lower your total healthcare costs over time.

You can choose any dentist, but you can save up to 30 percent on out-of-pocket costs when you visit one of more than 110,000 dentist locations in the PPO network. Visit **Humana.com** to find a dentist.

Annual deductible	\$50 individual / \$150 family	
Preventive services	<ul style="list-style-type: none"> oral examinations routine cleanings x-rays sealants topical fluoride treatment 	100% no deductible
Basic services	<ul style="list-style-type: none"> emergency care for pain relief thumb sucking and harmful habit appliances space maintainers amalgam, composite fillings (front/anterior teeth) oral surgery routine extractions non-cast stainless steel crowns partial or complete denture repairs/adjustments 	50% after deductible
<ul style="list-style-type: none"> six month waiting period applies 		
Major services	<ul style="list-style-type: none"> endodontics (root canals) periodontics crowns inlays and onlays partial or complete dentures denture relines/rebases removable or fixed bridgework 	50% after deductible
<ul style="list-style-type: none"> twelve month waiting period applies 		
Teeth whitening	<ul style="list-style-type: none"> \$200 lifetime maximum 	50% after deductible
<ul style="list-style-type: none"> six month waiting period applies 		
Orthodontia	Members can receive up to 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount.	
Annual maximum	\$1,000 per covered person	

HumanaOne individual dental insurance is only available with a HumanaOne medical plan.

HumanaOne Individual Term Life Insurance

With HumanaOne term life, you can buy a higher amount of insurance protection at a lower cost. You own the policy and maintain control, providing more flexibility for your family. HumanaOne life insurance may be available even if you do not select a HumanaOne medical plan.¹

Coverage amounts²	<ul style="list-style-type: none">• Amounts start at \$25,000 and can go beyond \$1 million
Term levels	<ul style="list-style-type: none">• Ages 18-65 for a 10-year level premium term• Ages 18-60 for a 15-year level premium term• Ages 18-55 for a 20-year level premium term
Optional riders³ <ul style="list-style-type: none">• only available with stand-alone life applications	<ul style="list-style-type: none">• Children's Term Insurance – Provides a \$5,000 death benefit for each child who is age 30 days to 19 years. If the member is approved, eligible children are added automatically.• Accidental Death Benefit – Provides accidental death coverage that is equal to the value of the policy with a face amount of \$250,000 or less. This rider is available through issue age 55 and expires at age 65.• Waiver of premium – Provides for premium payment should the primary insured become totally disabled prior to age 60.
Rate guarantee	<ul style="list-style-type: none">• Rates are guaranteed for the full term of the policy
Renewals	<ul style="list-style-type: none">• HumanaOne Term Life Insurance is guaranteed renewable to age 95. Premiums after the initial level premium period will increase annually, but are also guaranteed.

¹ Stand-alone life product not available in all states.

² By applying for life insurance and health insurance simultaneously you will automatically be approved for up to \$150,000 in life insurance coverage if you are approved for health insurance coverage.

³ Insurance amounts available vary by state.

How much life insurance do you need?

One rule of thumb for recommended coverage is a life insurance amount equal to up to 10 times annual income, according to the American Council for Life Insurers. No one guideline applies to everyone, however, because financial situations and goals vary from person to person, and family to family.

To estimate the amount of life insurance you may need, you can use our online life insurance calculator at www.humana-one.com/life-insurance/term-life-insurance.asp and select "life insurance calculator."

Medical limitations and exclusions

This is an outline of the limitations and exclusions for HumanaOne individual health plans. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. Your policy is guaranteed renewable as long as premiums are paid. Other termination provisions apply as listed in the policy.

Eligibility

The issue ages for HumanaOne individual health plans are two months to 64.5 years. The maximum age for a dependent child is 25 years if the child is a full-time student and 19 years if the child is not a full-time student.

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 ordinarily 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 healthcare 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. Infertility services.
9. Pregnancy and well-baby expenses.
10. Elective medical or surgical procedures; sterilization, including tubal ligation and vasectomy; reversal of sterilization; abortion; gender change or sexual dysfunction.
11. Vision therapy; all types of refractive keratoplasties or any other procedures, treatments or devices for refractive correction; eyeglasses; contact lenses; hearing aids; dental exams.
12. Hearing and eye exams; routine physical examinations for occupation, employment, school, travel, purchase of insurance or premarital tests.
13. Services received in an emergency room unless required because of emergency care.
14. Dental services (except for dental injury), appliances or supplies, unless you purchase the dental option
15. War or any act of war, whether declared or not; loss due to felony conviction.
16. Standby physician or assistant surgeon, unless medically necessary; private duty nursing; communication or travel time; lodging or transportation, except as stated in the policy.

17. Any treatment for the purpose of reducing obesity, or any use of obesity reduction procedures to treat sickness or injury caused by, complicated by, or exacerbated by obesity, including but not limited to surgical procedures.
18. 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.
19. Foot care services.
20. Charges for nonmedical purposes or used for environmental control or enhancement (whether or not prescribed by a healthcare practitioner).
21. 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.
22. Hair prosthesis, hair transplants or implants and wigs.
23. Injury or sickness arising out of or in the course of a occupation, employment or activity for compensation, profit or gain, whether or not benefits are available under Workers' Compensation. This exclusion does not apply to a covered person qualifying as a sole proprietor, officer or partner under state law, and such benefits are not covered under any Workers' Compensation plan, provided the covered person is not covered under a Workers' Compensation plan, except for certain professions or activities as outlined in the policy.
24. Attempted suicide or intentionally self-inflicted injury, whether sane or insane.
25. Charges covered by other medical payments insurance.
26. Organ transplants not approved based on established criteria or investigational, experimental or for research purposes.
27. 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.

Additional expenses not covered in the following HumanaOne plans:

Autograph: Share 80 Plus Rx, Portrait: Share 80 Plus Rx Unlimited, Monogram: Total Plus Rx, and Autograph: Total Plus Rx / HSA

1. Any drug, medicine or device which is not FDA approved.
2. Contraceptives other than oral, including implant systems and devices regardless of the purpose for which prescribed.
3. Medications, drugs or hormones to stimulate growth.
4. Legend drugs not recommended or deemed necessary by a healthcare practitioner or drugs prescribed for a noncovered injury or sickness.
5. 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 (except drugs used in treatment of HIV infection).
6. Over the counter drugs (except insulin) or drugs available in prescription strength without a prescription.
7. Drugs used in treatment of nail fungus.
8. Prescription refills exceeding the number specified by the healthcare practitioner or dispensed more than one year from the date of the original order.
9. Vitamins, dietary products and any other nonprescription supplements.
10. 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.

Additional expenses not covered in the following HumanaOne plans:

Autograph: Total / HSA

1. Mental health including mental disorders, alcohol and chemical dependency.
2. Prescription drugs except drugs provided or administered while confined in a hospital or skilled nursing facility, by a home health agency or by a healthcare practitioner during an office visit, or as stated in the policy.
3. Inpatient services when in an observation status or when the stay is due to behavioral, social maladjustment, lack of discipline or other antisocial actions.

Dental limitations and exclusions

This is an outline of the limitations and exclusions for the HumanaOne individual dental plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions.

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

1. The course of any occupation or employment for compensation, profit or gain, for which benefits are provided or payable under any Workers' Compensation or Occupational Disease Act or Law; or where such coverage was available, regardless of whether the coverage was actually applied for.
2. Services and supplies for which no charge is made, or for which the covered person would not be required to pay in the absence of insurance.
3. Services furnished by or payable under any plan or law through any Government or any political subdivision.
4. Services furnished by any hospital or institution owned or operated by the United States Government, unless legally required to pay.
5. War or any act of war, whether declared or not; or any act of international armed conflict or any conflict involving armed forces of any international authority.
6. Completion of forms or failure to keep an appointment with a dentist.
7. Cosmetic dentistry, except as stated in the policy.
8. Any service related to altering vertical dimension; restoration or maintenance of occlusion; splinting teeth; replacing tooth structures lost as a result of abrasion, attrition or erosion; or bite registration or bite analysis.
9. Bone grafts, regeneration, augmentation or preservative procedures in edentulous sites.
10. Implants, including any crowns or prosthetic device attached to it; precision or semi-precision attachments; overdentures and any endodontic treatment associated with it; or other customized attachments.
11. Infection control.
12. Fees for treatment by other than a dentist, except as stated in the policy.
13. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
14. Prescription drugs or pre-medications, whether dispensed or prescribed.
15. Any service not listed as a covered expense.
16. Any service not considered a dental necessity, does not offer a favorable prognosis, does not have uniform professional endorsement, or is experimental or investigational in nature.
17. Expenses incurred prior to the effective date or after the date coverage is terminated, except for any extension of benefits.
18. Services provided by a person who ordinarily resides in the covered person's home or who is a family member.
19. Charges in excess of the reimbursement limit for the service or supply.
20. Treatment as a result of an intentionally self-inflicted injury or bodily illness, while sane or insane.
21. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments, or tissue preparation associated with impression or placement of a restoration, charged as a separate service.
22. Repair and replacement of orthodontic appliances.

Payments (medical and dental) - 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.



Insured by Humana Insurance Company, HumanaDental Insurance Company
Applications are subject to approval. Waiting periods, limitations and exclusions apply.
The HumanaOne brand of individual products are insured by subsidiaries of Humana, Inc.

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.

WI-51530-HO 8/08

Policy numbers: WI-70129 8/2002, et al.; WI-70141-HD et al. and GN-70136 et al.