

Humana medical plans

Includes pediatric dental and vision
Effective dates starting 1/1/16

Texas

Run a healthy business

You can expect a unique approach when working with Humana: we start by focusing on the health and well-being of your employees. Then we help you to choose the right medical plan that meets the needs of your employees and their families.

All Humana's medical plans include health and wellness programs¹ that integrate into employees' everyday lives:

- **HumanaVitality** – a wellness rewards program to inspire a healthier, happier workforce.
- **Preventive services covered at 100%** when in-network providers are used.
- **Biometric screenings** – simple tests to provide insights on members' health.
- **Gaps-in-care alerts** – technology that finds missed screenings or delayed doctor visits so our members receive the care they need.
- **Health Coaching** – health coaches work one-on-one with members over the phone to set and achieve health goals like quitting smoking, losing weight, and eating healthier.



With HumanaVitality®, you and your employees can get incentives based on how involved your employees are with this fun, interactive wellness and rewards program.

- **Weight Watchers** – a proven, clinical weight management program that fits eligible members' lifestyles and helps them change behaviors to get to a healthy weight.
- **Employee Assistance Program (EAP)** – confidential, professional counseling for concerns like financial, legal, childcare, aging parents, and other life issues.
- **Lifestyle Discount Program** – member discounts on acupuncture, massage therapy, teeth whitening, LASIK, weight loss, and identity theft protection.
- **Clinical Programs** – personalized guidance and resources for health conditions such as prenatal care to disease management.

(1) Health and wellness programs are not insurance products.

Humana®

Offered by Humana Health Plan of Texas, Inc. – A Health Maintenance Organization and/or insured by Humana Insurance Company.

You want choosing benefits to be easier.
We're here to help in three simple steps.

1

Decide how much choice and flexibility you want for your employees:

- **Defined Benefit:** You select the plans and fund a portion of the premium (generally a percentage).
- **Defined Contribution:** You set a fixed monthly contribution for benefits (generally a dollar amount) to offer employees a greater amount of flexibility and choice of plans.

2

Select a plan type by considering how your employees want to pay for coverage:

- The type of plan you choose will determine how your employees pay for their health services and help them understand their potential out-of-pocket expenses.
- In-network services are covered in full, by a copay, or deductible / coinsurance. Remember, in-network preventive services are always covered at 100%.
- Plan types include: Humana Simplicity, Traditional, and HDHP.

3

Select from additional options to keep costs manageable:



Choose your medical network – You can offer your employees a national network of providers or save with a Focused Provider Network that typically includes one or two local and well-known healthcare systems. (Available for all plan options).

PPO Plans: This plan is insured by Humana Insurance Company. Premiums and benefits vary based on the plan selected.

Humana ChoiceCare Network® (CHC) is one of the largest, most cost-effective physician and hospital network in the nation. Members can visit any participating network provider at any time.

NPOS Plans: The plan is offered by Humana Health Plan of Texas, Inc. – A Health Maintenance Organization and insured by Humana Insurance Company. Covered benefits for participating provider claims are the sole financial responsibility of either entity based upon our contract with the provider. Covered benefits for nonparticipating provider claims are insured by and the sole financial responsibility of Humana Insurance Company. Premiums and benefits vary based on the plan selected.

Humana National POS – Open Access Network offers the advantages of an HMO with the flexibility of a PPO plan. Members can visit any participating network provider at any time and do not need to choose a primary care physician.

HMO Plans: This plan is offered by Humana Health Plan of Texas, Inc. Premiums and benefits vary based on the plan selected.

- **HumanaHMO Premier Network** is the largest HMO network available to our members. HMO members have the ability to see any participating provider and do not need to select a primary care physician. There are no out-of-network, non-emergency benefits.
- **HMOx** is a focused network close to home. Staying within a limited set of local physicians and other healthcare providers lowers the cost of health benefits. Members must choose a primary care physician and there are no out-of-network, non-emergency benefits.

- Austin HMOx
- Houston HMOx
- San Antonio HMOx
- Waco HMOx



Pharmacy networks

- **National Pharmacy Network:** (available with PPO, NPOS and HMO plans with HumanaHMO Premier network)
With over 64,000 pharmacies across the country, the network includes all national chains, major regional chains, and more than 25,000 independent pharmacies.
- **Select Rx Pharmacy Network:** (available with NPOS and HMO plans with HMOx network) Allows members to pick up prescriptions where they already shop and save. Prescriptions must be filled at CVS, Walmart, Sam's Club or HEB pharmacies, or through mail-order service at humanapharmacy.com.



Engage with HumanaVitality

With HumanaVitality, you and your employees can get incentives based on how involved your employees are with this fun, interactive wellness and rewards program.

Medical plan types:

Humana Simplicity

For in-network healthcare services, there is no deductible. In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only a copay when in-network providers are used. All copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers

Copay amounts:

Option	Metallic tier	Coinsurance		Deductible ¹	Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Advanced imaging	Inpatient ² / Outpatient services	Pharmacy
		In	Out		Individual	Family					
1	Gold	100%	50%	\$0	\$6,000	\$12,000	\$40/\$75	\$40/\$100/\$350	\$350	\$750/\$750	\$10/\$40/\$70/25%
2	Gold	100%	50%	\$0	\$6,000	\$12,000	\$40/\$80	\$40/\$100/\$400	\$400	\$1,250/\$1,250	\$10/\$30/\$55/25%
3	Gold	100%	50%	\$0	\$6,000	\$12,000	\$45/\$90	\$45/\$125/\$425	\$425	\$1,500/\$1,500	\$10/\$30/\$55/25%
4	Silver	100%	50%	\$0	\$6,850	\$13,700	\$55/\$100	\$55/\$125/\$750	\$750	\$2,250/\$2,250	\$10/\$45/\$90/25%

(1) \$5,000 individual / \$10,000 family out-of-network deductible

(2) Copay per day for first three days

More benefits mean more ways for you and your employees to live well. Our full range of benefits puts employee health first. And when your employees feel their best, they perform their best.

Benefit options include medical, dental, vision, life, disability, accident, critical illness / cancer, and supplemental health.

Traditional plans

COPAY PLANS – In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only copay or deductible / coinsurance when in-network providers are used. Deductible, coinsurance and/or copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers								Copay amounts:			
Option	Metallic tier	Coinsurance		Deductible		Maximum out-of-pocket		Primary care / Specialist	Retail clinic / Urgent care / ER	Pharmacy	Other services
		In	Out	Individual	Family	Individual	Family				
1*	Gold	100%	70%	\$1,000	\$2,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
2	Silver	100%	70%	\$2,000	\$4,000	\$6,500	\$13,000	\$40/\$70	\$40/\$100/\$500	\$10/\$45/\$90/25% ¹	Coinsurance after deductible
3*	Silver	100%	70%	\$2,000	\$4,000	\$6,500	\$13,000	\$35/\$65	\$40/\$100/\$500	\$10/\$45/\$90/25% ¹	Coinsurance after deductible
4	Silver	100%	70%	\$3,000	\$6,000	\$5,500	\$11,000	\$35/\$65	\$40/\$100/\$450	\$10/\$40/\$70/25%	Coinsurance after deductible
5	Silver	100%	70%	\$4,500	\$9,000	\$5,500	\$11,000	\$30/\$65	\$40/\$100/\$450	\$10/\$35/\$55/25%	Coinsurance after deductible
6	Silver	90%	60%	\$1,500	\$3,000	\$6,350	\$12,700	\$40/\$80	\$40/\$100/\$500	\$10/\$45/\$90/25% ¹	Coinsurance after deductible
7*	Silver	90%	60%	\$2,000	\$4,000	\$6,350	\$12,700	\$30/\$75	\$40/\$100/\$450	\$10/\$45/\$90/25%	Coinsurance after deductible
8	Silver	90%	60%	\$4,500	\$9,000	\$6,000	\$12,000	\$40/\$65	\$40/\$100/\$450	\$10/\$35/\$55/25%	Coinsurance after deductible
9	Gold	80%	50%	\$500	\$1,000	\$4,000	\$8,000	\$35/\$60	\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
10	Gold	80%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$25/\$40	\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
11*	Silver	80%	50%	\$1,500	\$3,000	\$6,000	\$12,000	\$40/\$75	\$40/\$100/\$500	\$10/\$45/\$75/25% ¹	Coinsurance after deductible
12*	Silver	80%	50%	\$2,000	\$4,000	\$6,500	\$13,000	\$40/\$75	\$40/\$100/\$500	\$10/\$45/\$75/25%	Coinsurance after deductible
13	Silver	80%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$30/\$75	\$40/\$100/\$400	\$10/\$35/\$70/25% ²	Coinsurance after deductible
14*	Silver	80%	50%	\$5,000	\$10,000	\$6,000	\$12,000	\$35/\$65	\$40/\$100/\$500	\$10/\$35/\$55/25%	Coinsurance after deductible
15	Gold	70%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$20/\$45	\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
16*	Silver	70%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$35/\$60	\$40/\$100/\$400	\$10/\$45/\$75/25% ¹	Coinsurance after deductible
17*	Silver	70%	50%	\$5,000	\$10,000	\$6,500	\$13,000	\$35/\$60	\$40/\$100/\$400	\$10/\$30/\$50/25%	Coinsurance after deductible
18	Silver	60%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$30/\$60	\$40/\$100/\$400	\$10/\$45/\$75/25% ¹	Coinsurance after deductible
19	Silver	60%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40/\$70	\$40/\$100/\$500	\$10/\$40/\$70/25% ²	Coinsurance after deductible
20*	Silver	50%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$35/\$70	\$40/\$100/\$400	\$10/\$35/\$75/25%	Coinsurance after deductible
21	Silver	50%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40/\$70	\$40/\$100/\$500	\$10/\$40/\$70/25% ²	Coinsurance after deductible
22*	Silver	50%	50%	\$5,000	\$10,000	\$6,000	\$12,000	\$35/\$75	\$40/\$100/\$550	\$10/\$45/\$75/25% ³	Coinsurance after deductible

(*) Austin HMOx, Houston HMOx, San Antonio HMOx and Waco HMOx only available with these options

(1) \$100 individual / \$200 family pharmacy deductible – applies to levels 2, 3, and 4 only

(2) \$250 individual / \$500 family pharmacy deductible – applies to levels 2, 3, and 4 only

(3) \$400 individual / \$800 family pharmacy deductible – applies to levels 2, 3, and 4 only

HDHP plans

HDHP, or High Deductible Health Plans, feature budget-friendly premiums and pay coinsurance benefits after the deductible is met for all covered services. Plan includes coverage for preventive services, such as annual exams, at 100% when in-network providers are used. HDHPs are also compatible with health savings accounts (HSAs).

AGGREGATE – All covered benefits apply to the family deductible and family maximum out-of-pocket. The plan pays a coinsurance percentage after the entire family deductible is met.

If you use IN-NETWORK providers

Option	Metallic tier	Coinsurance		Deductible		Maximum out-of-pocket				Pharmacy	Other services
		In	Out	Individual	Family	In-network		Out-of-network			
						Individual	Family	Individual	Family		
1	Gold	100%	70%	\$2,000	\$4,000	\$2,000	\$4,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
2	Gold	90%	60%	\$1,500	\$3,000	\$3,400	\$6,800	\$10,200	\$20,400	Coinsurance after deductible	Coinsurance after deductible

EMBEDDED – All covered benefits apply to the individual and family deductible and maximum out-of-pocket. When any family member reaches the individual deductible amount, that family member will begin receiving coinsurance benefits – even if the family deductible has not been met.

If you use IN-NETWORK providers

Option	Metallic tier	Coinsurance		Deductible		Maximum out-of-pocket				Pharmacy	Other services
		In	Out	Individual	Family	In-network		Out-of-network			
						Individual	Family	Individual	Family		
1	Silver	100%	70%	\$3,000	\$6,000	\$6,350	\$12,700	\$19,050	\$38,100	\$10/\$40/70\$/25% after deductible	Coinsurance after deductible
2	Bronze	100%	70%	\$5,600	\$11,200	\$6,350	\$12,700	\$19,050	\$38,100	\$10/\$40/70\$/25% after deductible	Coinsurance after deductible
3	Bronze	100%	70%	\$6,000	\$12,000	\$6,000	\$12,000	\$20,000	\$40,000	Coinsurance after deductible	Coinsurance after deductible
4	Silver	80%	50%	\$2,900	\$5,800	\$5,000	\$10,000	\$15,000	\$30,000	Coinsurance after deductible	Coinsurance after deductible
5	Bronze	80%	50%	\$5,000	\$10,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible	Coinsurance after deductible
6	Bronze	70%	50%	\$4,500	\$9,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible	Coinsurance after deductible

Definitions of terms

- **Copay** – A flat-dollar amount or amount expressed as percentage a member pays when visiting a health care provider or filling a prescription.
- **Coinsurance** – The percentage of covered health care costs the plan pays while covered under this plan. (Term defined in a PPO or Consumer Choice Product only.)
- **Deductible** – Based on a calendar year. In-network and out-of-network amounts accumulate separately, when applicable. Out-of-network deductible is three times the in-network amount except for Humana Simplicity™ where the amount is fixed. . (Term defined in a PPO or Consumer Choice Product only)
- **Health Savings Account (HSA)** – An account that allows individuals to pay for current health expenses and save for future qualified medical expenses on a tax-free basis. HSAs must be linked to a high-deductible health plan and amounts contributed to an HSA belong to individuals and are completely portable.
- **Maximum out-of-pocket** – Based on a calendar year. In-network and out-of-network limits accumulate separately, when applicable. In-network limit includes any copays, deductibles and/or coinsurance (out-of-network excludes pharmacy). Out-of-network limit is three times the in-network amount except for HDHPs where the amount is fixed. Family out-of-pocket is two times the individual amount.
- **Metallic tier** – Plans offered to small businesses will be offered in a tiered format named after metals: bronze, silver, gold, and platinum. Bronze plans generally offer leaner benefits and platinum the richest. However, not all plan attributes are considered when determining metallic tier. Therefore, a plan's metallic tier shouldn't be your only guide when considering affordable plan options.

This material provided is a general summary for informational purposes only and does not address all your organization's specific issues related to healthcare reform. It is not intended or written to be used, and it cannot be used, as legal advice or a legal opinion. It should not be relied upon in lieu of consultation with your own legal advisors.

Consumer Choice Disclaimer:

Humana offers Consumer Choice of Benefits Health Maintenance Organization health care plans, either in whole or in part, and does not provide state-mandated health benefits normally required in Texas. These standard health benefit plans may provide a more affordable health plans although, at the same time, it may provide fewer health plan benefits than those normally included as state-mandated health benefits in Texas. Please consult with your insurance agent to discover which state-mandated health benefits are excluded in these plans. Refer to your Evidence of Coverage for specific benefits.

Provider disclaimer:

Primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

HumanaVitality is not an insurance product.

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Limitations and Exclusions:

Our health benefit plans have limitations and exclusions and may have waiting periods and terms under which the coverage may be continued in force or discontinued. For costs and complete details of coverage, call or write your Humana insurance agent or broker.

Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at <https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure> or through your sales representative.



Policy numbers: CHMO 2004-P, CC2003-P, CHMO 2004-P CCNPOS