

Creating a Plan Summary

From the menu below, select benefit options for this plan to create a customized plan summary with single-level benefits. You can even add the customer's name in the top banner or on the cover depending on the product. The customized plan summary created immediately follows this page. Subsequent pages provide a plan summary of all benefits options available for this plan. (NOTE: When printing, check "print as image" in the print dialog box for all items to print correctly.)

Select the benefit options desired from the menu below to customize a plan summary specifically for your client. Return to this page at any time to update your selections. Your changes will be reflected on the pages immediately following this page.

Important Restrictions: Plan summaries created using this tool MUST match the plan quoted to be valid.

1. Enter the customer's name
2. Select Copayment Amount
3. Select a Deductible
4. Select Out-of-pocket
5. Select Rx4 Prescription Drug option

HumanaPPO Summary of Benefits

ARIZONA	PPO Copay-02 80/60 Plan	Plan Pays for Services at Participating Providers	Plan Pays for Services at Nonparticipating Providers
Preventive Care	<ul style="list-style-type: none"> Routine exams, routine lab and X-rays up to maximum of \$300 per calendar year <i>(copayment applies to routine exams only)</i> Routine pap smears, mammograms and prostate screening Immunization to age 18 Flu and pneumonia shots 	100% per visit	60% after deductible
Physician Services	<ul style="list-style-type: none"> Office and home visits Diagnostic tests, lab and X-rays <i>(copayment does not apply)</i> Allergy injections and serum <i>(copayment does not apply)</i> Inpatient and outpatient services Physical medicine therapy <i>(up to 25 visits per calendar year)</i> Speech or cognitive therapy <i>(up to 30 visits per calendar year)</i> Anesthesiology Physician visits to emergency room 	100% per visit	60% after deductible
Hospital Services	<ul style="list-style-type: none"> Inpatient care <i>(semi-private room and board, nursing care, ICU)</i> Diagnostic tests, lab and X-rays Outpatient facility <i>(non-surgical)</i> Outpatient facility <i>(surgical)</i> (1) Emergency room 	80% after deductible	60% after deductible
Other Medical Services (2)	<ul style="list-style-type: none"> Home health care Skilled nursing facility <i>(up to 30 days per calendar year)</i> Durable medical equipment Hospice Transplant services <i>(organ)</i> 	80% after deductible	60% after deductible
Behavioral Health <i>(mental disorders, chemical and alcohol dependence)</i>	<ul style="list-style-type: none"> Inpatient <i>(up to a combined maximum of 10 days per calendar year)</i> (2) Outpatient and office therapy <i>(up to a combined maximum of 15 visits per calendar year)</i> 	80% after deductible	60% after deductible
Deductible (3)	<ul style="list-style-type: none"> Family deductible is 3 times single deductible 	Single Deductible	Single Deductible
Out-of-Pocket (3) <i>(per calendar year)</i>	<ul style="list-style-type: none"> Family out-of-pocket is 3 times single out-of-pocket <i>(does not include deductible and copayments)</i> 	Single Out-of-Pocket	Single Out-of-Pocket
Lifetime Maximum		\$5,000,000	

To be covered, services must be medically necessary. Please see your Certificate of Insurance for more information on medical necessity and other specific plan benefits.

(1) \$100 outpatient surgical copayment is available only with the \$15 office visit copayment and \$150 outpatient surgical copayment is available only with the \$30 office visit copayment.

(2) Preservice notification/preauthorization required in order to be eligible for these benefits.

(3) Deductible and out-of-pocket limits for participating and nonparticipating benefits calculate separately, never to exceed the nonparticipating amounts.

**Rx4 Prescription
Drugs (1)**
(includes oral contraceptives)

- Retail card (30 day supply) (2)
If a non-participating pharmacy is used the claim will be covered at 70% after this charge has been reduced by the applicable copayment.
- Mail order (90 day supply)
- Copayment maximum (applies to Level 4 drugs only)

Level 1	Level 2	Level 3	Level 4
	3 times the retail copayment		
			\$2,500 per member per calendar year

- (1) Copayment amounts for prescription drugs do not apply to medical deductible, out-of-pocket, or lifetime maximum.
 (2) If a non-participating pharmacy is used you must pay 100% of the actual charges and file a claim with Humana for reimbursement.

PPO combines the cost-saving incentives of a modern health plan with freedom of choice. When you see participating providers, you receive the highest level of benefits available under your plan. At the same time, you retain the flexibility to see any physician.

Value Added Services

Medical Information

HumanaFirst® is a toll-free health information line Humana makes available for you to call anytime, day or night, to speak with a registered nurse about illnesses or injuries. The nurse will provide you with information to help you determine whether you can manage your care at home or need the attention of a medical professional. This service is not intended for emergency situations.

Disease Management

HumanaHealth® disease management programs provide one-on-one counseling and education for members with chronic or acute conditions. These programs include:

- Congestive Heart Failure
- Coronary Artery Disease
- End Stage Renal Disease
- Rare diseases

Preventive Care

Services designed to help keep you healthy are central to this plan and therefore included as a covered benefit.

- **HumanaBeginnings®** is dedicated to helping Humana members make healthy decisions throughout pregnancy. The program combines personal contact and informative mailings to help members learn more about their pregnancy, follow their baby's development, and practice healthy habits along the way.

If you would like more information about HumanaBeginnings, or if you are a Humana member who is expecting a baby, call toll free at 1-888-847-9960. You can also visit HumanaBeginnings on our Web site at www.humana.com.

- **PlanProfessorSM magazine** is a free bi-annual publication sent to Humana member households. The magazine's purpose is to educate and guide members in becoming well informed consumers of health care. Articles focus on the importance of choosing and using health benefits wisely, and making smart choices when selecting health care services and providers.

Rx4 Prescription Coverage

Humana's Rx4 pharmacy benefit includes both generic and brand name drugs. It even includes coverage for many of the more progressive high-technology drugs.

With the Rx4 pharmacy benefit design, you have much greater predictability in the cost you pay for medications. In each of the first three levels of Rx4, you pay a set copayment. Only for drugs in the fourth level, which includes high-technology drugs such as gene therapy, biotechnology and most self-injectable drugs, you pay 25 percent of the cost of the drug up to the copayment maximum of \$2,500 per member per calendar year.

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Be sure to visit our Web site, where you'll find health, wellness and medication information in addition to tools that help you locate a physician in Humana's network. Once you become a member, you can register for access to MyHumana, a secured personal page that's filled with information about your specific benefits, costs and health history (entered by you). MyHumana contains information about your:

- Prescription drug benefits and tools
- Plan benefits and claims history
- Discount programs
- Certificate (detailed explanation of your coverage)
- Health records and conditions centers
- Secured message center
- Much more

Optional Employer Benefits

- \$500 supplemental accident benefit
- 24-hour occupational coverage (for owners, officers and partners)
- Medical deductible carryover credit

This is not a complete disclosure of plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided to you by your agent. 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.

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Arizona PPO Limitations & Exclusions

The policy does not provide benefits for:

1. Services not medically necessary for diagnosis and treatment of a bodily injury or sickness;
2. Any service which is experimental, investigational, or for research purposes, unless otherwise indicated in the certificate;
3. Services:
 - A. Not furnished by a qualified practitioner or qualified treatment facility;
 - B. Not authorized or prescribed by a qualified practitioner;
 - C. For which no charge is made, or for which you would not be required to pay if you did not have this insurance, unless charges are received from and reimbursable to the United States Government or any of its agencies as required by law;
 - D. Furnished by or payable under any plan or law through a Government or any political subdivision, unless prohibited by law;
 - E. Furnished while you are confined in a hospital or institution owned or operated by the United States Government or any of its agencies for any service-connected sickness or bodily injury;
 - F. Which are not rendered or not substantiated in the medical records;
 - G. That are not listed as a covered expense;
 - H. Provided by a person who ordinarily resides in your home or who is a family member;
 - I. That are performed in association with a service that is not covered under the policy;
 - J. That are billed separately as professional services, when the procedure requires only a technical component (CPT code) that gives a numerical or self-explanatory result and does not require professional intervention or interpretation; or
 - K. That are billed incorrectly or billed separately, but are an integral part of another billed service, as determined by us;
4. Charges in excess of the maximum allowable fee for the service;
5. A pre-existing condition exclusion applies to this plan. If an insured received medical attention for a condition during the 6 months prior to their enrollment date, such condition will be subject to the pre-existing condition exclusion. If an insured is not a late applicant, the pre-existing condition will not exceed 12 months from your enrollment date.
The pre-existing condition exclusion will not apply to a newborn child who is covered on his/her date of birth or a legally adopted child, including a child placed with the employee for the purpose of adoption, if coverage is effective on the child's eligibility date;
6. Any expense incurred after the date your coverage under the policy terminates;
7. Any expense incurred exceeding the lifetime maximum benefit under the policy;

8. Cosmetic surgery or any complication therefrom, unless for reconstructive surgery:
 - A. Resulting from:
 - i. A bodily injury, infection or other disease of the involved part, when functional impairment is present; or
 - ii. Congenital disease or anomaly of a covered dependent child; or
 - B. For a covered person who is receiving benefits in connection with a mastectomy for:
 - i. Reconstructive surgery of the breast on which the mastectomy has been performed; and
 - ii. Surgery and reconstruction of the other breast to achieve symmetrical appearance;

A functional impairment is defined as a direct measurable reduction of physical performance of an organ or body part. The presence of a psychological condition will not entitle a covered person to coverage for cosmetic surgery, plastic or reconstructive surgery, unless it is for the conditions described above;

9. Custodial care and maintenance care;
10. Any drug, medicine, or device which does not have the United States Food and Drug Administration formal market approval through a New Drug Application, Premarket Approval, or 510K (an exception may be allowed for Orphan Drugs when approved by us);
11. Medications, drugs, or hormones to stimulate growth, unless there is a laboratory confirmed diagnosis of growth hormone deficiency;
12. Prescription drugs, EXCEPT drugs, medicines, or medications that are:
 - A. Provided to, or administered to, a covered person:
 - i. While confined as a bed patient in a hospital or skilled nursing facility;
 - ii. By a qualified practitioner during an office visit;
 - iii. By a home health care agency;

See the Prescription Drug Benefit rider, if any attached to the certificate for prescription drug benefits;

13. Vitamins, dietaries, and any other non-prescription supplements;
14. Infertility services;
15. Treatment of normal pregnancy and well baby expenses, unless provided on the Schedule of Benefits;
16. Elective abortion, reversal of elective sterilization, or any service associated with gender reassignment;
17. Eye refractive disorders, eyeglass frames, and lenses or contact lenses, or radial keratotomy and any other surgery to correct myopia, hyperopia, or stigmatic error, vision therapy, or orthoptic treatment (eye exercises), unless specifically described in the certificate;
18. Routine physical examination for occupation, employment, school, travel, the purchase of insurance, or premarital tests / examinations;
19. Routine hearing or eye exams;



20. Sickness or bodily injury for which there is medical payment or expense coverage provided or payable under any automobile, homeowners, premises, or any other similar coverage;
21. Dental services, appliances, or supplies for treatment of the teeth, gums, jaws, or alveolar processes, including but not limited to, any oral or periodontal surgery and preoperative and postoperative care, implants and related procedures, orthodontic procedures, and any dental service related to a bodily injury or sickness unless otherwise indicated in the certificate;
22. Any loss contributed to, or caused, by:
 - A. War or any act of war, whether declared or not; or
 - B. Any act of armed conflict, or any conflict involving armed forces of any authority;
23. The treatment of mental disorders, chemical or alcohol dependence unless specifically provided in the mental health covered services provision of the certificate and shown on the Schedule of Benefits - mental health;
24. Private duty nursing;
25. Loss due to commission or attempt to commit civil or criminal battery or felony;
26. Services rendered by a standby physician or assistant surgeon, unless medically necessary;
27. Therapy and testing for treatment of allergies including, but not limited to, services related to clinical ecology, environmental allergy and allergic immune system dysregulation and sublingual antigen(s), extracts, neutralization tests and / or treatment, unless such therapy or testing is approved by:
 - A. The American Academy of Allergy and Immunology; or
 - B. The Department of Health and Human Services or any of its offices or agencies;
28. Any treatment to reduce obesity including, but not limited, surgical procedures;
29. Treatment of nicotine habit or addiction, including, but not limited to, nicotine patches, hypnosis, smoking cessation classes or tapes;
30. Educational or vocational therapy, services and schools, including, but not limited to, videos and books;
31. Foot care services, unless otherwise indicated in the certificate, including:
 - A. Care and treatment of:
 - i. Weak, strained, flat, unstable, or unbalanced feet;
 - ii. Superficial lesions of the feet, such as corns, calluses or hyperkeratoses;
 - iii. Tarsalgia, metatarsalgia or bunion, except surgery which involves exposure of bones, tendons or ligaments; and
 - iv. Toenails, except removal of nail matrix; and
 - B. Arch supports, heel wedges, lifts, the fitting or provision or orthotics or orthopedic shoes, except as an integral part of a brace;
32. Communications or travel time;
33. Lodging accommodations or transportation, except as specified in the certificate;
34. Charges for services that are primarily and customarily used for a nonmedical purpose or used for environmental control or enhancement (whether or not prescribed by a physician) including, but not limited to:
 - A. Common household items such as air conditioners, air purifiers, vacuum cleaners, waterbeds, hypoallergenic mattresses or exercise equipment;
 - B. Scooters or motorized transportation equipment, escalators, elevators, ramps, or modifications or additions to living / working quarters or transportation vehicles;
 - C. Personal hygiene equipment such as bath / shower chairs, or bed side commodes;
 - D. Personal comfort items such as cervical pillows, gravity lumbar reduction chairs, swimming pools, whirlpools, or spas;
 - E. Professional medical equipment, such as blood pressure kits, breast pumps, PUVA lights, stethoscopes and light treatments for S.A.D.;
 - F. Personal computers and related equipment or other similar items or equipment; or
 - G. Communication devices, except after surgical removal or the larynx or a diagnosis of permanent lack of function of the larynx;
35. Charges for health clubs or health spas, aerobic and strength conditioning, work hardening programs, and all related materials and products for these programs;
36. Hearing aids, hair prosthesis, hair transplants or implants, and wigs;
37. Sleep therapy or services rendered in a premenstrual syndrome clinic or holistic medicine clinic;
38. Any charges, including qualified practitioner charges, which are incurred if you are admitted to a hospital on a Friday or Saturday unless:
 - A. Your hospital admission is due to emergency care; or
 - B. Treatment or surgery is performed on that same day;
39. Hospital inpatient services when you are in observation status;
40. Alternative medicine;
41. Marital counseling;
42. Transplant services, except as specified in the certificate;
43. Immunizations required for foreign travel for covered persons of any age; or
44. Treatment of bodily injury or sickness that is arising from, or sustained in the course of, any occupation or employment for compensation, profit or gain.



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Deductible (3)	<ul style="list-style-type: none"> Family deductible is 3 times single deductible 	Single Deductible \$ 250 500 1,000 1,500 2,000 2,500	Single Deductible \$ 500 1,000 2,000 3,000 4,000 5,000
Out-of-Pocket (3) <i>(per calendar year)</i>	<ul style="list-style-type: none"> Family out-of-pocket is 3 times single out-of-pocket <i>(does not include deductible and copayments)</i> 	Single Out-of-Pocket \$ 1,000 1,500 2,000 3,000	Single Out-of-Pocket \$ 2,000 3,000 4,000 6,000
Lifetime Maximum		\$5,000,000	

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Drugs (1)**
(includes oral contraceptives)

- Retail card (30 day supply) (2)
If a non-participating pharmacy is used the claim will be covered at 70% after this charge has been reduced by the applicable copayment.

Level 1 Level 2 Level 3 Level 4

Option 1	\$10	\$20	\$40	25%
Option 2	\$10	\$25	\$45	25%
Option 3	\$10	\$30	\$50	25%

- Mail order (90 day supply)

3 times the retail copayment

- Copayment maximum (applies to Level 4 drugs only)

\$2,500 per member per calendar year

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 - C. For which no charge is made, or for which you would not be required to pay if you did not have this insurance, unless charges are received from and reimbursable to the United States Government or any of its agencies as required by law;
 - D. Furnished by or payable under any plan or law through a Government or any political subdivision, unless prohibited by law;
 - E. Furnished while you are confined in a hospital or institution owned or operated by the United States Government or any of its agencies for any service-connected sickness or bodily injury;
 - F. Which are not rendered or not substantiated in the medical records;
 - G. That are not listed as a covered expense;
 - H. Provided by a person who ordinarily resides in your home or who is a family member;
 - I. That are performed in association with a service that is not covered under the policy;
 - J. That are billed separately as professional services, when the procedure requires only a technical component (CPT code) that gives a numerical or self-explanatory result and does not require professional intervention or interpretation; or
 - K. That are billed incorrectly or billed separately, but are an integral part of another billed service, as determined by us;
4. Charges in excess of the maximum allowable fee for the service;
5. A pre-existing condition exclusion applies to this plan. If an insured received medical attention for a condition during the 6 months prior to their enrollment date, such condition will be subject to the pre-existing condition exclusion. If an insured is not a late applicant, the pre-existing condition will not exceed 12 months from your enrollment date.
The pre-existing condition exclusion will not apply to a newborn child who is covered on his/her date of birth or a legally adopted child, including a child placed with the employee for the purpose of adoption, if coverage is effective on the child's eligibility date;
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16. Elective abortion, reversal of elective sterilization, or any service associated with gender reassignment;
17. Eye refractive disorders, eyeglass frames, and lenses or contact lenses, or radial keratotomy and any other surgery to correct myopia, hyperopia, or stigmatic error, vision therapy, or orthoptic treatment (eye exercises), unless specifically described in the certificate;
18. Routine physical examination for occupation, employment, school, travel, the purchase of insurance, or premarital tests / examinations;
19. Routine hearing or eye exams;



20. Sickness or bodily injury for which there is medical payment or expense coverage provided or payable under any automobile, homeowners, premises, or any other similar coverage;
21. Dental services, appliances, or supplies for treatment of the teeth, gums, jaws, or alveolar processes, including but not limited to, any oral or periodontal surgery and preoperative and postoperative care, implants and related procedures, orthodontic procedures, and any dental service related to a bodily injury or sickness unless otherwise indicated in the certificate;
22. Any loss contributed to, or caused, by:
 - A. War or any act of war, whether declared or not; or
 - B. Any act of armed conflict, or any conflict involving armed forces of any authority;
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 - ii. Superficial lesions of the feet, such as corns, calluses or hyperkeratoses;
 - iii. Tarsalgia, metatarsalgia or bunion, except surgery which involves exposure of bones, tendons or ligaments; and
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 - B. Arch supports, heel wedges, lifts, the fitting or provision or orthotics or orthopedic shoes, except as an integral part of a brace;
32. Communications or travel time;
33. Lodging accommodations or transportation, except as specified in the certificate;
34. Charges for services that are primarily and customarily used for a nonmedical purpose or used for environmental control or enhancement (whether or not prescribed by a physician) including, but not limited to:
 - A. Common household items such as air conditioners, air purifiers, vacuum cleaners, waterbeds, hypoallergenic mattresses or exercise equipment;
 - B. Scooters or motorized transportation equipment, escalators, elevators, ramps, or modifications or additions to living / working quarters or transportation vehicles;
 - C. Personal hygiene equipment such as bath / shower chairs, or bed side commodes;
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35. Charges for health clubs or health spas, aerobic and strength conditioning, work hardening programs, and all related materials and products for these programs;
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38. Any charges, including qualified practitioner charges, which are incurred if you are admitted to a hospital on a Friday or Saturday unless:
 - A. Your hospital admission is due to emergency care; or
 - B. Treatment or surgery is performed on that same day;
39. Hospital inpatient services when you are in observation status;
40. Alternative medicine;
41. Marital counseling;
42. Transplant services, except as specified in the certificate;
43. Immunizations required for foreign travel for covered persons of any age; or
44. Treatment of bodily injury or sickness that is arising from, or sustained in the course of, any occupation or employment for compensation, profit or gain.

