



You could save nearly 50% on monthly health plan premiums*

HumanaOne HSA-Qualified

High Deductible Health Plans



100/70 Plan

You pay nothing for medical care
after your deductible

80/60 Plan

You pay only 20% for medical care
after your deductible

one

HumanaOne HSA-Qualified High Deductible Health Plans



You're healthy and smart about where your money goes. You rarely use medical services. When you do, you can afford to pay for basic care. Why spend thousands in health insurance when you only need coverage in case of serious illness or injury? Save on health insurance with a HumanaOne HSA-Qualified High Deductible Health Plan.

You Could Save Nearly 50% on Monthly Health Plan Premiums*

Maybe you currently have a health plan with a low annual deductible – the amount you pay before your health insurance coverage begins. With a high deductible health plan, you may substantially lower your monthly premiums.

Other Health Plan

Pay 20% after annual deductible

Annual deductible	\$500.00
Monthly premium	\$323.86
Annual cost of insurance	\$3,890.00

HumanaOne High Deductible Health Plan

Pay 20% after annual deductible

Annual deductible	\$2,600.00
Monthly premium	\$154.16
Annual cost of insurance	\$1,849.92

Savings

Monthly savings	\$170.00
Annual savings	\$2,040.08

*Rates quoted are based on in-network coverage for plans in Milwaukee, Wisconsin, 53226. All rates quoted are for a 40-year old female, non-tobacco user with a March 1, 2006 effective date and are examples only. Actual rates vary by zip, age, gender, number of members, health conditions and other variables. All cited plans, quoted rates and examples are subject to terms and limitations of the policy.

100/70 Plan

100% coverage for medical services

Suppose you become seriously ill or injured and require expensive and extensive medical treatments. How will you afford the cost of medical care? With HumanaOne, you only pay up to your annual deductible for in-network covered care. After that, HumanaOne pays 100 percent of the covered cost of medical care for in-network care. Now that's peace of mind.

80/60 Plan

80% coverage for medical services

HumanaOne also offers a high deductible health plan that pays 80 percent of the covered cost of in-network medical care once you reach your annual deductible. You only pay 20 percent for the cost of in-network care. Select this plan for a lower monthly premium.

Combine Your Plan With a Health Savings Account (HSA) and Save Money Tax-Free

You can combine the affordability and simplicity of the high deductible health plan with the tax advantages and financial control of an HSA. Pay for out-of-pocket qualified medical expenses incurred under your high deductible health plan, including expenses that apply toward your deductible using an HSA. You can use an HSA to save up to the amount of your health plan's annual in-network deductible.

Contributions to an HSA are tax deductible in most states, similar to an Individual Retirement Account (IRA). Deduct your contributions from your federal income tax return. Any earnings

on the balance in your account accumulate tax-deferred. Withdrawals on savings, including earned interest, are tax-free if used for qualified medical expenses. Plus, your savings carry over every year and any interest incurred continues to accumulate tax-deferred.

Qualified Medical Expenses

Use your HSA to pay for covered medical expenses, including those that apply toward your health plan's annual deductible. You can also use your HSA to pay for qualified medical expenses that your health plan doesn't cover, such as:

- Diabetic supplies
- Hearing aids
- Orthodontia, dental cleanings and fillings
- Physical therapy, chiropractic expenses
- Eye exams, eyeglasses, contact lenses
- Laser eye surgery
- Over-the-counter medicines, prescription drugs
- Speech therapy

For a complete list of qualified medical services, consult IRS publication 502: "Medical and Dental Expenses" on the Internal Revenue Service Website at www.irs.gov. Individuals are responsible for compliance of HSA spending regulations.

"Big company" Benefits in an Individual Health Plan

You are independent and mindful of where your money goes. You fund 100 percent of your health plan premiums without an employer to subsidize your insurance cost. You deserve a health plan that provides many of the same benefits provided by big companies.

From the self-employed individual to the small business employee, HumanaOne offers a variety of plan types to fit your needs. With HumanaOne, you get \$5 million worth of lifetime coverage, preventive care, prescription drug benefits, dental benefits, emergency room care and more.

- **Prescription Drug Benefit**
- **Preventative Care** – Including routine immunizations (birth to age 18), pap smears and PSA, mammograms, an annual physical exam, and a gynecological exam at 100 percent.
- **Dental Benefit** – Insurance benefits for keeping your smile healthy and looking bright.
- **Term Life Insurance** – Extra financial security in times of need.

Greater Savings for Self-Employed Individuals

If you are self-employed, you may be eligible to deduct your health plan premiums from your federal income tax return. This means you can save even more of your hard-earned money.

HumanaOne HSA-Qualified High Deductible Health Plan

100/70 Plan

Annual deductible	\$2,600.00
Monthly premium	\$154.16
Annual cost of insurance	\$1,849.92

Savings and Qualified Medical Expenses

Maximum allowable contribution to an HSA	\$2,600.00
Tax-free withdrawal for qualified medical expenses	
Root canal	\$1,000.00
Contact lenses	\$500.00

Tax Deductions

Maximum allowable HSA contribution	\$2,600.00
Annual health plan premium (self-employed)	\$1,849.92

Total deductions **\$4,449.92**

x 28% tax bracket **\$1,246.00** of real tax savings



Rates quoted are based on in-network coverage for plans in Milwaukee, Wisconsin, 53226. All rates quoted are for a 40-year old female, non-tobacco user with a March 1, 2006 effective date and are examples only. Actual rates vary by zip, age, gender, number of members, health conditions and other variables. All cited plans, quoted rates and examples are subject to terms and limitations of the policy. Tax benefits cited are examples only and may vary by state. Consumers should consult a licensed tax professional for tax advice.

HumanaOne HSA-Qualified

High Deductible Health Plans

HumanaOne offers financially-minded consumers peace of mind, greater savings and customer care.

Peace of Mind

With HumanaOne, you could have the peace of mind that comes from knowing you are protected from financial ruin that could accompany a major medical event.

- **Ample Coverage** – \$5 million dollars in lifetime benefits.
- **Regulated Rates** – Rates are regulated by the state where policyholders reside.
- **Rate Guarantee** – Premium rates are guaranteed for the initial 12 months as long as you stay with the same plan and reside in the same area.
- **Portable Plan Benefits** – HumanaOne provides insurance coverage if you move to another state. Your rate may change based on your zip code, but you won't need to reapply for benefits and risk being denied.

Greater Savings

HumanaOne helps you save money on health care. We offer competitive rates for the benefits you receive. You save money when you use doctors in our network, and we offer ways to manage your health care dollars more wisely.

Negotiated Rates for Medical Care

HumanaOne offers you savings over the price typically charged for covered services by doctors and hospitals. This helps you limit out-of-pocket costs, regardless of your benefits. For example, the HumanaOne discounted rate for an overnight stay in some hospitals could save you hundreds of dollars.

OVERNIGHT HOSPITAL STAY EXAMPLE

In-network medical provider's charges	\$1,500.00
Discounted rate (your savings)	\$800.00
Balance you pay (unless you've reached your annual deductible)	\$700.00

Your Personal Web Page

Get the most out of your plan with MyHumana — a personal, password-protected Web page available any time, any where. MyHumana offers powerful tools designed to help you manage your medical costs and understand your plan more effectively. Some consumers could save thousands of dollars by making more informed choices. Use MyHumana to:

- Review your plan benefits and check claims status.
- Track your deductible balance or out-of-pocket medical expenses.
- Reduce your prescription drug costs by researching alternatives.
- Search for a primary care physician or specialist in our network.
- Research a medical condition.

For example, you could save hundreds of dollars annually by researching online for a HumanaOne in-network provider who offers discounted rates to HumanaOne members.

Customer Care

HumanaOne's commitment to customer care makes it easy for you to choose and use our health insurance with confidence.

- **Convenient Application Process** – You can apply for a health insurance plan and complementary products such as life and dental insurance through one convenient application.
- **Customer Service** – HumanaOne features outstanding customer service designed to deliver timely and accurate claims payments. You can also check on the status of your claims at MyHumana and pay premiums online at your convenience.
- **Health Plan Guidance** – You will receive a health plan guide within days of your approval. This easy to follow guide helps you understand your health plan and use your benefits to the fullest.



HumanaOne – Individual Health Plans from Humana Inc.

Humana Inc., based in Louisville, Kentucky, is one of the nation's largest publicly traded health benefit companies with approximately 9 million members. Humana Inc. offers health insurance coverage to employer groups, government-sponsored plans, and individuals. As a business segment of Humana Inc., HumanaOne offers consumers individual insurance plans. Humana's experience, nationwide presence and ability to secure cost-savings discounts are shared with HumanaOne members.

HumanaOne's Medical Provider Networks

HumanaOne individual health plans provide access to networks of doctors, pharmacies and hospitals nationwide through the Humana/ChoiceCare PPO Network. So, no matter where you live, work or travel throughout the continental United States, you are covered. Additionally, HumanaOne individual health plans give you the freedom to see the doctor of your choice. You receive the most from your plan when visiting a doctor, hospital or pharmacist in the network, but you're still covered if you choose an out-of-network provider.

Are you Eligible?

You must be approved through medical underwriting when applying for HumanaOne's individual health insurance. In general, you may be eligible if:

- You are healthy;
- Your height and weight is proportional for someone of your age and gender;
- You are not pregnant or expecting a child (including fathers); and
- If older than age 55, you have had a physical exam within the past two years.

GEORGIA Plan 49, Option 200

Plan pays for services from
PARTICIPATING providers

Plan pays for services from
NONPARTICIPATING providers

Annual Deductible (1), (2)	• Annual amount	Single Deductible	Family Deductible (3)	Single Deductible	Family Deductible (3)
				\$1,500 \$2,000 \$2,600	\$3,000 \$4,000 \$5,150
Maximum Out-of-Pocket Expense Limit (1), (2), (3)	• Individual	\$0		\$6,000	
	• Family	\$0		\$12,000	
Lifetime Maximum Benefit		\$5,000,000 per covered person			
Preventive Care	• Child wellness services (birth through age 5) (6)	100%		70%	
	• Routine annual physical exam (4), (5)	100%		70%	after deductible
	• Routine immunizations (age 6 to 18) (4), (5)	100%		70%	after deductible
	• Routine lab, pathology and X-ray (4), (5)	100%	after deductible	70%	after deductible
	• Routine Pap smears and PSA (6) • Routine mammograms (6) • Colorectal cancer screening exams and lab tests (6) • Annual CA-125 Testing and Transvaginal ultrasound (6) • Chlamydia screening test (6)	100%		70%	after deductible
Physician Services	• Office visits (includes diagnostic lab and X-ray) • Allergy testing, injections and serum • Inpatient services • Outpatient services (includes surgery)	100%	after deductible	70%	after deductible
	Hospital Services	• Inpatient care • Outpatient surgery – facility • Outpatient nonsurgical	100%	after deductible	70%
		• Emergency room (including physician visits)	100%	after deductible	100%
Prescription Drugs (7)	• Benefit for each prescription or refill (up to 30-day supply) • Mail order (90-day supply)	100%	after deductible	100%	after deductible
Other Medical Services	• Skilled nursing facility (up to 30 days per calendar year) (8)	100%	after deductible	70%	after deductible
	• Home health care (up to 60 visits per calendar year) (8)				
	• Durable medical equipment (8)				
	• Hospice (8), (9)				
	• Complications of pregnancy and sick baby services • Transplant services (organ) (4), (8)	100%	after deductible (when services are performed at a National Transplant Network provider)	70%	after deductible (subject to separate out-of-pocket maximum of \$35,000 per calendar year)
Mental Health (includes mental disorders, alcohol and chemical dependence, waiting period applies) (4)	Outpatient mental health maximum reduces inpatient mental health maximum • Inpatient (up to \$2,500 maximum per calendar year) • Outpatient therapy (up to \$500 maximum per calendar year)	50%	after deductible	50%	after deductible

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.

GEORGIA Plan 49, Option 200

Plan pays for services from
PARTICIPATING providers

Plan pays for services from
NONPARTICIPATING providers

<p>Optional Benefits (11)</p>	<ul style="list-style-type: none"> Mental disorders (includes coverage for Chemical and Alcohol Dependence and replaces base Mental Health benefits if chosen) <p>Day and visit maximums are for Mental Health, Chemical and Alcohol combined.</p> <ul style="list-style-type: none"> Inpatient (up to 30 days per calendar year per covered person) Outpatient therapy (up to 48 visits per calendar year per covered person) 	<p>80% after deductible</p>	<p>60% after deductible</p>
<p>Optional Dental benefits (with teeth whitening) (12)</p>	<p>You can choose any dentist, but you can save up to 30 percent on out-of-pocket costs when you visit one of the more than 75,000 dentist locations in the PPO network. You can find a dentist by visiting www.humana.com.</p> <p>Preventive services plan pays 100% no deductible</p> <ul style="list-style-type: none"> Oral examinations Routine cleanings X-rays Sealants Topical fluoride treatment <p>Basic services plan pays 50% after deductible</p> <ul style="list-style-type: none"> Emergency exams and palliative care for pain relief Thumb sucking and harmful habit appliances Space maintainers Amalgam, composite fillings Oral surgery Extractions (routine) Non-cast stainless steel crowns Partial or complete denture repairs/adjustments <p>Teeth whitening services plan pays 50% after deductible</p> <ul style="list-style-type: none"> \$200 lifetime maximum 	<p>Major services plan pays 50% after deductible</p> <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 <p>Orthodontia discount</p> <p>Members can receive up to 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount.</p> <p>Annual Deductible</p> <ul style="list-style-type: none"> \$50 individual \$150 family <p>Annual maximum benefit</p> <ul style="list-style-type: none"> \$1,000 	

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.

- (1) When you obtain care from nonparticipating providers:
 - 50 percent of your payment toward the deductible is credited to the deductible for participating providers.Once you meet your single or family (if applicable) deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.
- (2) Must meet deductible in addition to the out-of-pocket maximum. The medical out-of-pocket maximum does not apply to transplant services or mental health services from nonparticipating providers.

- (3) For other than single coverage, the family deductible applies. The single deductible applies to single coverage policies only.
- (4) Benefit payable after 90-day waiting period for preventive care and 12-month waiting period for mental health and heart transplants.
- (5) \$300 of covered expenses per person per calendar year, subject to applicable coinsurance.
- (6) Age and/or frequency limits apply.
- (7) If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.
- (8) Prior authorization required in order to be eligible for these benefits.
- (9) Counseling for hospice patient and immediate

- family is limited to 15 visits per family per lifetime, Medical Social Services limited to \$100 per family per lifetime.
- (10) Benefits for nonparticipating provider services will be paid at the 70 percent nonparticipating provider level if a participating provider can be reasonably reached, or if the patient can be safely transported to a participating provider as determined by the healthcare practitioner.
 - (11) This benefit is optional and can be added to your plan for an additional cost.
 - (12) This is not a complete disclosure of plan qualifications and limitations. Waiting periods apply: six months on most basic services and teeth whitening, (except for emergency exams and palliative care for pain relief - no waiting period), 12 months on major services. Please review the specific Dental Limitations & Exclusions before applying for coverage.

Payments - Participating 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 nonparticipating providers are based on maximum allowable fees, as defined in your policy.

Nonparticipating 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.

Participating 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 judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

GEORGIA Plan 49, Option 201

		Plan pays for services from PARTICIPATING providers		Plan pays for services from NONPARTICIPATING providers	
		Single Deductible	Family Deductible (3)	Single Deductible	Family Deductible (3)
Annual Deductible (1), (2)	<ul style="list-style-type: none"> Annual amount 	\$1,500 \$2,000 \$2,600	\$3,000 \$4,000 \$5,150	\$3,000 \$4,000 \$5,200	\$6,000 \$8,000 \$10,300
Maximum Out-of-Pocket Expense Limit (1), (2), (3)	<ul style="list-style-type: none"> Individual Family 	\$2,000 \$4,000		\$8,000 \$16,000	
Lifetime Maximum Benefit		\$5,000,000 per covered person			
Preventive Care	<ul style="list-style-type: none"> Child wellness services (<i>birth through age 5</i>) (6) Routine annual physical exam (4), (5) Routine immunizations (<i>age 6 to 18</i>) (4), (5) Routine lab, pathology and X-ray (4), (5) Routine Pap smears and PSA (6) Routine mammograms (6) Colorectal cancer screening exams and lab tests (6) Annual CA-125 Testing and Transvaginal ultrasound (6) Chlamydia screening test (6) 	80%		60%	
Physician Services	<ul style="list-style-type: none"> Office visits (<i>includes diagnostic lab and X-ray</i>) Allergy testing, injections and serum Inpatient services Outpatient services (<i>includes surgery</i>) 	80% after deductible		60% after deductible	
Hospital Services	<ul style="list-style-type: none"> Inpatient care Outpatient surgery – facility Outpatient nonsurgical Emergency room (<i>including physician visits</i>) 	80% after deductible		60% after deductible	
Prescription Drugs (7)	<ul style="list-style-type: none"> Benefit for each prescription or refill (<i>up to 30-day supply</i>) Mail order (<i>90-day supply</i>) 	80% after deductible		80% after deductible	
Other Medical Services	<ul style="list-style-type: none"> Skilled nursing facility (<i>up to 30 days per calendar year</i>) (8) Home health care (<i>up to 60 visits per calendar year</i>) (8) Durable medical equipment (8) Hospice (8), (9) Complications of pregnancy and sick baby services Transplant services (<i>organ</i>) (4), (8) 	80% after deductible		60% after deductible	
Mental Health (<i>includes mental disorders, alcohol and chemical dependence, waiting period applies</i>) (4)	<ul style="list-style-type: none"> Outpatient mental health maximum reduces inpatient mental health maximum Inpatient (<i>up to \$2,500 maximum per calendar year</i>) Outpatient therapy (<i>up to \$500 maximum per calendar year</i>) 	50% after deductible		50% after deductible	

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.

GEORGIA Plan 49, Option 201

Plan pays for services from
PARTICIPATING providers

Plan pays for services from
NONPARTICIPATING providers

Optional Benefits (11)	<ul style="list-style-type: none"> Mental disorders (includes coverage for Chemical and Alcohol Dependence and replaces base Mental Health benefits if chosen) 	80% after deductible	60% after deductible
<p>Day and visit maximums are for Mental Health, Chemical and Alcohol combined.</p> <ul style="list-style-type: none"> Inpatient (up to 30 days per calendar year per covered person) Outpatient therapy (up to 48 visits per calendar year per covered person) 			
Optional Dental benefits (with teeth whitening) (12)	<p>You can choose any dentist, but you can save up to 30 percent on out-of-pocket costs when you visit one of the more than 75,000 dentist locations in the PPO network. You can find a dentist by visiting www.humana.com.</p>		
<p>Preventive services plan pays 100% no deductible</p> <ul style="list-style-type: none"> Oral examinations Routine cleanings X-rays Sealants Topical fluoride treatment 	<p>Major services plan pays 50% after deductible</p> <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 		
<p>Basic services plan pays 50% after deductible</p> <ul style="list-style-type: none"> Emergency exams and palliative care for pain relief Thumb sucking and harmful habit appliances Space maintainers Amalgam, composite fillings Oral surgery Extractions (routine) Non-cast stainless steel crowns Partial or complete denture repairs/adjustments 	<p>Orthodontia discount Members can receive up to 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount.</p>		
<p>Teeth whitening services plan pays 50% after deductible</p> <ul style="list-style-type: none"> \$200 lifetime maximum 	<p>Annual Deductible</p> <ul style="list-style-type: none"> \$50 individual \$150 family 		
	<p>Annual maximum benefit</p> <ul style="list-style-type: none"> \$1,000 		

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.

- (1) When you obtain care from nonparticipating providers:
 - 50 percent of your payment toward the deductible is credited to the deductible for participating providers.
 - 50 percent of your out-of-pocket costs are credited to the out-of-pocket maximum for participating providers.Once you meet your single or family (if applicable) deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.
- (2) Must meet deductible in addition to the out-of-pocket maximum. The medical out-of-pocket maximum does not apply to transplant services or mental health services from nonparticipating providers.

- (3) For other than single coverage, the family deductible applies. The single deductible applies to single coverage policies only.
- (4) Benefit payable after 90-day waiting period for preventive care and 12 month waiting period for mental health and heart transplants.
- (5) \$300 of covered expenses per person per calendar year, subject to applicable coinsurance.
- (6) Age and/or frequency limits apply.
- (7) If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.
- (8) Prior authorization required in order to be eligible for these benefits.
- (9) Counseling for hospice patient and immediate family is limited to 15 visits per family per lifetime, Medical Social Services limited to \$100 per family per lifetime.
- (10) Benefits for nonparticipating provider services will be paid at the 60 percent nonparticipating provider level if a participating provider can

- be reasonably reached, or if the patient can be safely transported to a participating provider as determined by the healthcare practitioner.
- (11) This benefit is optional and can be added to your plan for an additional cost.
- (12) This is not a complete disclosure of plan qualifications and limitations. Waiting periods apply: six months on most basis services and teeth whitening, (except for emergency exams and palliative care for pain relief-no waiting period), 12 months on major services. Please review the specific Dental Limitations & Exclusions before applying for coverage.

Payments - Participating 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 nonparticipating providers are based on maximum allowable fees, as defined in your policy.

Nonparticipating 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.

Participating 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 judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

Medical Limitations and Exclusions

This is an outline of the limitations and exclusions for the HumanaOne Individual Health Plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions.

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 ordinary 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 health care 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. Termination of the policy will not prejudice an existing claim that commenced prior to the date of termination.
6. Cosmetic procedures and any related complications, except as stated in the policy.
7. Custodial or maintenance care.
8. Any drug, medicine or device which is not FDA approved, except as stated in the policy.
9. Medications, drugs or hormones to stimulate growth.
10. Legend drugs not recommended or deemed necessary by a health care practitioner or drugs prescribed for a noncovered injury or sickness.
11. 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.
12. Over the counter drugs (except insulin) or drugs available in prescription strength without a prescription.
13. Drugs used in treatment of nail fungus.
14. Prescription refills exceeding the number specified by the health care practitioner or dispensed more than one year from the date of the original order.
15. Vitamins, dietary products and any other nonprescription supplements.
16. Infertility services, except for diagnosis.
17. Pregnancy and well-baby expenses.
18. Elective medical or surgical procedures, including tubal ligation and vasectomy; reversal of sterilization; abortion; gender change; or sexual dysfunction.
19. Vision therapy; all types of refractive keratoplasties or any other procedures, treatments or devices for refractive correction; eyeglasses; contact lenses; hearing aids; dental exams.
20. Hearing and eye exams; routine physical examinations for occupation, employment, school, travel, purchase of insurance or premarital tests.
21. Services received in an emergency room unless required because of emergency care.
22. Dental services (except for dental injury), appliances or supplies.
23. War or any act of war, whether declared or not; commission or attempt to commit a civil or criminal battery or felony.
24. Standby physician or assistant surgeon, unless medically necessary; private duty nursing; communication or travel time; lodging or transportation, except as stated in the policy.
25. 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.
26. 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.
27. Foot care services.
28. Charges for nonmedical purposes or used for environmental control or enhancement (whether or not prescribed by a health care practitioner).
29. 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.
30. Hair prosthesis, hair transplants or implants and wigs.
31. Temporomandibular joint disorder, craniomaxillary disorder, craniomandibular disorders, and any treatment for jaw, joint or head and neck neuromuscular disorder, except as stated in the policy.
32. Injury or sickness arising out of or in the course of any 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.
33. 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.
34. Attempted suicide or intentionally self-inflicted injury, whether sane or insane.
35. Organ transplants which are investigational, experimental or for research purposes.
36. 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.

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.

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 give in this document, terms and conditions of the policy will govern.



Policy Number:
GA-70129 8/2002, et al
GA-70141-HD. et al

Insured by Humana Insurance Company or HumanaDental Insurance Company

GA-46073-HH 9/05