

Humana One[®]



Individual Health Insurance

Summary of Benefits
for
Georgia



Easy to Choose

When it comes to individual health insurance, the HumanaOne Individual Health Plan is an easy choice. We've simplified our plan to include more of the benefits you'd expect from group insurance – but tailored for individuals and families. With HumanaOne health plans, not only do you get **five million dollars worth of lifetime coverage, preventive care, prescription drug and emergency room care benefits, but also online tools and resources** and an **extensive network of providers**. Plus, HumanaOne health plans are insured by subsidiaries of Humana Inc., one of the nation's largest publicly traded health benefits companies, with over 7 million members nationwide.

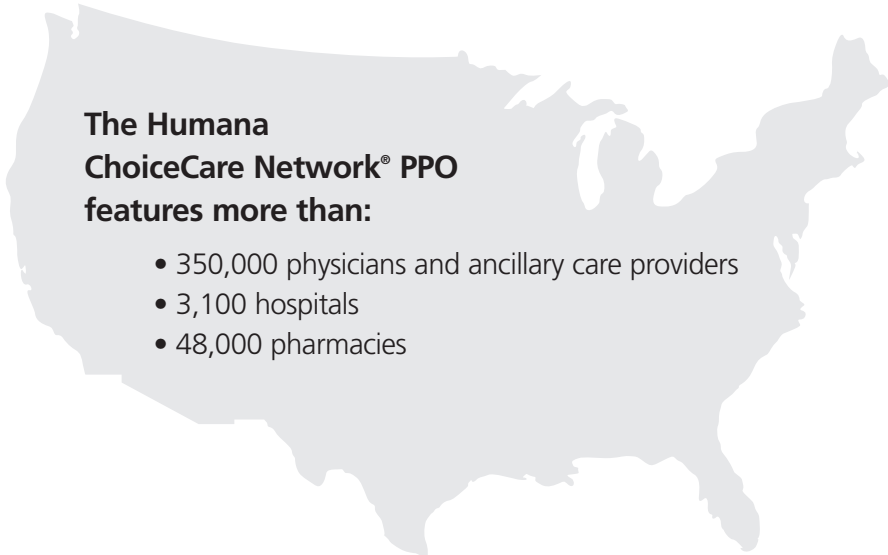
With the HumanaOne Individual Health Plan, you have a choice of annual deductible options and additional benefits such as:

- **Zero deductible prescription drug option** – no deductible is required to be met before plan benefits are payable
- **Maternity benefit option** – provides benefits for maternity and routine newborn care
- **Office visit copayment option** – office visit benefits are payable at 100 percent after a \$25 copayment for primary care physician visits and \$40 copayment for a specialist visit (limited to four total visits per calendar year).
- **\$20,000 term life insurance option** – extra financial security for you and for your spouse.
- **Dental benefit option with teeth whitening** – insurance benefits for keeping your smile healthy and looking good, including teeth whitening.

Easy to Use

Nationwide network of providers

HumanaOne health plans provide access to doctors, pharmacies and hospitals nationwide through the Humana/ChoiceCare Network® PPO. So, no matter where you work or travel throughout the continental U.S., you're covered. What's more, HumanaOne 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.



The Humana ChoiceCare Network® PPO features more than:

- 350,000 physicians and ancillary care providers
- 3,100 hospitals
- 48,000 pharmacies

Prescription drug benefits

When your doctor prescribes a drug that's covered by your HumanaOne health plan, you'll find the drug in one of four levels. And no matter which level contains your drug, your prescription drug costs are covered to some degree (see the following Summary of Benefits for specific benefit information). The levels are:

Level One – low-cost generic and brand-name drugs.

Level Two – higher-cost generic and brand-name drugs.

Level Three – higher-cost, mostly brand-name alternatives to drugs on Level One and Two.

Level Four – self-administered, injectable medications and high-technology drugs.

For your convenience, you may also receive a maximum 90-day supply per prescription or refill through the mail (maximum 30-day supply for self administered injectable drugs) by purchasing medications through a participating mail-order pharmacy.

www.humana.com

HumanaOne health plan members have 24-hour access to valuable tools and resources on www.humana.com. All registered members have a personal page called MyHumana, where you can:

- Locate a doctor, hospital or pharmacy by using Physician Finder *Plus*.
- Learn how to reduce prescription drug costs through MyPrescriptions.
- Check benefits and claims status with MyPlan Benefits.
- Use the condition center to aid in monitoring and managing your health.

HumanaHealth® Programs and Services

HumanaOne health plans offer special educational programs and supportive resources to members with certain medical situations and/or chronic conditions:

- **HumanaBeginnings®** combines education and informative mailings to help expectant mothers learn about their pregnancy, follow their baby's development, and practice healthy habits along the way.
- **Personal Nurse®** provides guidance to resources and tools to help members manage their condition and understand their health care options. The service is available to members we believe may benefit most from additional support.
- **HumanaFirst®** is a free, 24-hour nurse assistance line members can use to speak with a registered nurse.

Easy to Apply

With HumanaOne, you don't have to wait weeks for coverage you need now! With just a phone call, you can begin the application process. You may even qualify for same day approval.

One more reason
HumanaOne
health plans are
a great choice!

Initial 12-month rate guarantee

Put your mind at ease with our initial 12-month rate guarantee. Not only do our plans eliminate rate increases based merely on claims, they also provide lock-in premium amounts that stay the same through the first year (provided your benefit choice and location remain the same).



GEORGIA Plan 49, Option 001

		Plan pays for services at PARTICIPATING providers		Plan pays for services at NONPARTICIPATING providers	
Annual Deductible (1), (2)	<ul style="list-style-type: none"> Annual amount (does not apply to maximum out-of-pocket expense) 	Single Deductible	Family Deductible (3)	Single Deductible	Family Deductible (3)
		\$ 500	\$ 1,500	\$ 1,000	\$ 3,000
		1,000	3,000	2,000	6,000
		2,500	5,000	5,000	10,000
		5,000	10,000	10,000	20,000
	<ul style="list-style-type: none"> Deductible carryover 	Covered expenses incurred in the last three months of the calendar year and applied to the deductible will also be credited to the next calendar year deductible.			
Maximum Out-of-Pocket Expense Limit (1), (2)	<ul style="list-style-type: none"> Individual (must be satisfied by each covered person) 	\$2,000		\$8,000	
Lifetime Maximum Benefit		\$5,000,000 per covered person			
Preventive Care	<ul style="list-style-type: none"> Child wellness services (birth through age 5) (6) Routine annual physical exam (4), (5) Routine immunizations (age 6 to 18) (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%	
		80%		60%	after deductible
		80%	after deductible	60%	after deductible
		80%		60%	after deductible
Physician Services	<ul style="list-style-type: none"> Office visits (includes diagnostic lab and X-ray) Allergy testing, injections and serum Inpatient services Outpatient services (includes surgery) 	80% after deductible		60% after deductible	
Hospital Services	<ul style="list-style-type: none"> Inpatient care Outpatient surgery – facility Outpatient nonsurgical Emergency room (including physician visits) 	80% after deductible		60% after deductible	
		80% after \$75 copayment per visit and deductible (copayment waived if admitted)		80% after \$75 copayment per visit and deductible (copayment waived if admitted) (13)	
Prescription Drugs (7)	<ul style="list-style-type: none"> Prescription drug deductible (Covered prescription drugs are assigned to one of four different levels with corresponding copayment amounts.) (2) Benefit for each prescription or refill (up to 30-day supply) <ul style="list-style-type: none"> – Level One - lowest copayment for lowest cost generic and brand-name drugs – Level Two - higher copayment for higher cost generic and brand-name drugs – Level Three - higher copayment than Level Two for higher cost, mostly brand-name drugs that may have generic or therapeutic equivalents in Levels One or Two 	\$500 prescription drug deductible per individual		\$500 prescription drug deductible per individual	
		100% after:		100% after:	
		\$10 copayment after prescription drug deductible		\$10 copayment after prescription drug deductible	
		\$30 copayment after prescription drug deductible		\$30 copayment after prescription drug deductible	
		\$50 copayment after prescription drug deductible		\$50 copayment after prescription drug 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 001

Plan pays for services at **PARTICIPATING** providers

Plan pays for services at **NONPARTICIPATING** providers

Prescription Drugs (7) <i>(continued)</i>	– Level Four - highest copayment for high-technology drugs (<i>certain brand-name drugs, biotechnology drugs and self-administered injectable medications</i>)	25% copayment after prescription drug deductible up to \$2,500 maximum out-of-pocket per calendar year	25% copayment after prescription drug deductible up to \$2,500 maximum out-of-pocket per calendar year
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 	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
Optional Benefits	<ul style="list-style-type: none"> • Prescription drug, no deductible (10) • Maternity including routine newborn care (<i>includes two post-discharge follow-up visits; waiting period applies</i>) (2), (4), (10) • Office visit copayment option (<i>includes diagnostic tests, lab and X-rays, paid at 100% up to \$100 per calendar year. Does not apply to preventive/routine care</i>) (2), (10), (11) • Mental disorders (<i>includes coverage for Chemical and Alcohol Dependence and replaces base Mental Health benefits if chosen</i>) (12) 	Under this option, no deductible is required to be met before plan benefits are payable.	
		60% after \$500 maternity deductible	40% after \$1,000 maternity deductible
		100% after \$25 copayment for primary care physician and \$40 copayment for specialist limited to four combined visits (<i>primary care physician and specialist</i>) per calendar year. After four visits, plan pays 80% after deductible	60% after deductible
		80% after deductible	60% after deductible
	Day and visit maximums are for Mental Health, Chemical and Alcohol combined.		
	• Inpatient (<i>up to 30 days per calendar year per covered person</i>)		
	• Outpatient therapy (<i>up to 48 visits per calendar year per covered person</i>)		

Optional Dental benefits
(with teeth whitening) (14)

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.

Preventive services plan pays **100%** no deductible

- Oral examinations
- Routine cleanings
- X-rays
- Sealants
- Topical fluoride treatment

Basic services plan pays **50%** after deductible

- 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

Teeth whitening services plan pays **50%** after deductible

- \$200 lifetime maximum

Major services plan pays **50%** after deductible

- Endodontics (root canals)
- Periodontics
- Crowns
- Inlays and onlays
- Partial or complete dentures
- Denture relines/rebases
- Removable or fixed bridgework

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.

Annual Deductible

- **\$50** individual
- **\$150** family

Annual maximum benefit

- **\$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 deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.
- (2) Copayments do not apply to the deductible or out-of-pocket maximum. The medical out-of-pocket maximum does not apply to transplant services from nonparticipating providers, prescription drugs, mental health services or maternity, if the optional maternity benefit is selected.

- (3) Two or three family members must meet their deductible, depending on the deductible amount selected.
- (4) Benefit payable after 90-day waiting period for preventive care and 12 month waiting period for mental health, maternity and heart transplant.
- (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 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.
- (10) These benefits are optional and can be added to your plan for an additional cost.
- (11) This benefit does not cover MRI, CAT, EEG, EKG, ECG, cardiac catheterization or pulmonary function studies. Primary care physicians

include family practitioner, general practitioner, pediatrician or internist; specialist contains any other participating physician. Please contact Customer Service for details.

- (12) This benefit is optional and can be added to your plan for an additional cost.
- (13) 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.
- (14) 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.



A variety of plan types

From individual health coverage to term life insurance, HumanaOne offers a variety of plan types to fit your needs.

HumanaOne Dental with teeth whitening – Your dental health is a reflection of your overall health. HumanaOne's dental option offers a long list of benefits to promote good dental health for you and your family. 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. With HumanaOne's dental benefits, you also receive a teeth whitening benefit to help make your smile sparkle. When you look good, you feel good.

HumanaOne Term Life Insurance – Simple, convenient, affordable financial protection for your loved ones with the following advantages:

- Flexible coverage amounts from \$25,000 to beyond \$1 million.
- Renewable to age 95.
- Easy and convenient application process that can be done in conjunction with a health application, or by itself. In most cases, a medical exam is not required for coverage through \$150,000.
- Premiums are level for 10, 15 or 20 years and guaranteed to age 95.

In addition to these important features, HumanaOne Term Life Insurance also gives you the ability to select several different optional riders. Depending on your circumstances, these riders can make this coverage even more valuable to you and your family:

- **Premium Waiver** pays your policy premium if you are totally disabled. It is available for individuals ages 18-55, and coverage ends on the policy renewal date on or after the insured's 60th birthday. If the insured is totally disabled at this time, then coverage ends when the insured is no longer totally disabled.
- **Accidental Death** provides an additional benefit equal to the amount of the base policy. Available for those ages 18-55, and coverage ends on the policy renewal date on or after the insured's 65th birthday.
- **Children's Term Coverage** provides \$5,000 of coverage for each child, and one premium covers all children in the family. Available for purchase by those ages 18-55. Coverage for a child ends on the child's 19th birthday. Coverage for all children ends on the policy renewal date on or after the insured's 65th birthday.



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. Obesity except for morbid obesity.
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 illness 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.

Notes

Notes

This document contains a general summary of benefits, exclusions and limitations.
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the terms and conditions of the policy will govern.