

NPOS - Copay

Clermont County

OHIO

| 2017 MAJOR PLAN BENEFITS | PLAN PAYS FOR SERVICES AT PARTICIPATING PROVIDERS | PLAN PAYS FOR SERVICES AT NONPARTICIPATING PROVIDERS |
|---|---|--|
| Preventive Care | | |
| <ul style="list-style-type: none"> • Immunizations • Mammogram and Pap smear • Adult routine physical exam • Well-child care • Well-woman exam | 100% | 60% after deductible |
| Physician Services | | |
| <ul style="list-style-type: none"> • Office visits in conjunction with a sickness or injury | 100% after \$20 copayment to primary care physician or \$40 copayment to specialist | 60% after deductible |
| <ul style="list-style-type: none"> • Diagnostic tests, lab and X-rays (when billed as an in-office procedure) • Allergy tests/serum • Office surgery • Physician visits to emergency room (1) • Allergy injections | 100% | 60% after deductible |
| <ul style="list-style-type: none"> • Inpatient services • Outpatient services | 80% after deductible | 60% after deductible |
| <ul style="list-style-type: none"> • Office therapy/chiropractic adjustment (up to 12 visits per calendar year) | 100% after \$40 specialist copayment | 60% after deductible |
| Hospital Services | | |
| <ul style="list-style-type: none"> • Inpatient care (semiprivate room and ancillary services) • Outpatient surgery • Outpatient nonsurgical care | 80% after deductible | 70% after applicable deductible |
| <ul style="list-style-type: none"> • Emergency room | 100% after \$300 copayment (waived if admitted) (1) | 100% after \$300 copayment (waived if admitted) (1) |

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|--|--|--|
| Prescription Drugs | | |
| <ul style="list-style-type: none"> Retail pharmacy (Rx4) (30-day supply) | 100% after: Level One – \$10 copayment Level Two – \$40 copayment Level Three – \$60 copayment Level Four – 25% | 70% after applicable copayment |
| <ul style="list-style-type: none"> Mail order (Rx4) (90-day supply) RightSource ONLY | 100% after: Level One – \$20 copayment Level Two – \$80 copayment Level Three – \$120 copayment Level Four – 25% | Not covered |
| Other Medical Services | | |
| <ul style="list-style-type: none"> Skilled nursing facility (up to 120 days per plan year) (2) Home health care (up to 30 visits per plan year) (2) Durable medical equipment (2) | 80% after deductible | 60% after deductible |
| <ul style="list-style-type: none"> Hospice services (2) | 100% | 60% after deductible |
| <ul style="list-style-type: none"> Physical and occupational therapy (up to 60 visits per calendar year) | 100% after \$20 copayment | 60% after deductible |
| <ul style="list-style-type: none"> Speech therapy (up to 60 visits per calendar year) | | |
| <ul style="list-style-type: none"> Urgent care facility | 100% after \$35 copayment | 60% after deductible |
| Deductible | | |
| <ul style="list-style-type: none"> Individual | \$2,000 | \$4,000 |
| <ul style="list-style-type: none"> Family | \$4,000 | \$8,000 |
| Maximum Out-Of-Pocket Expense Limit | | |
| <ul style="list-style-type: none"> Individual | \$4,000 | \$8,000 |
| <ul style="list-style-type: none"> Family | \$8,000 | \$16,000 |
| Prescription Out-Of-Pocket Limit | | |
| <ul style="list-style-type: none"> Individual | \$3,500 | N/A* |
| <ul style="list-style-type: none"> Family | \$7,000 | N/A* |
| Combined Out-Of-Pocket Limit | | |
| <ul style="list-style-type: none"> Individual | \$6,250 | N/A* |
| <ul style="list-style-type: none"> Family | \$12,500 | N/A* |
| Lifetime Maximum Benefit | | |
| <ul style="list-style-type: none"> Per member benefit paid by plan | | Unlimited |
| Behavioral Health (mental health and substance abuse) | | |
| <ul style="list-style-type: none"> Inpatient-covered services | 80% after deductible | 60% after deductible |
| <ul style="list-style-type: none"> Outpatient and office therapy-covered services | 100% after a \$40 copayment per visit | 60% after deductible |

Prior authorization - Humana sometimes requires preauthorization for some services and procedures your physician or other provider may recommend for you. Humana does this solely to determine whether the service or procedure qualifies for payment under your benefit plan. You and your health care provider decide whether you should have such services or procedures. Humana's preauthorization determination relates solely to payment by Humana. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at [Humana.com/members/tools/](https://www.humana.com/members/tools/) or call Customer Service.

Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits. Your health care practitioner should call Customer Service to obtain preauthorization.

Nonparticipating pharmacy coverage* - You may also purchase prescribed medications from a nonparticipating pharmacy. You will be required to pay for your prescriptions according to the following rule.

- You pay 100 percent of the default rate.
 - You file a claim form with Humana (address is on the back of ID card).
 - Claim is paid at 70 percent of the default rate, after it is first reduced by the applicable copayment.
 - Your copayments for covered prescription drugs are made on a per prescription or refill basis and will not change if Humana receives any retrospective volume discounts or prescription drug rebates.
- * In Georgia, the nonparticipating benefits are paid the same as the participating benefits, per state regulation.

Your coverage includes the following:

- A 30-day supply or the amount prescribed, whichever is less, for each prescription or refill.
- Contraceptives.
- For Arizona, coverage also includes FDA approved contraceptive devices.
- Certain self-administered injectable drugs and related supplies approved by Humana.
- Certain drugs, medicines or medications that, under federal or state law, may be dispensed only by prescription from a physician.

Some drugs may be subject to prior authorization requirements for coverage under the plan. Additionally, some drugs may have dispensing limitations, which limit coverage based on duration, age, gender or dosage criteria. To determine whether a drug prescribed for you may be affected by these coverage limitations, please contact Customer Service or visit our Website.

For a complete listing of participating pharmacies, please refer to your participating provider directory, or visit our Website at [Humana.com](https://www.humana.com)

Payments - Plan pays benefits based on maximum allowable fees as defined in your Certificate. Participating providers agree to accept maximum allowable fees, as listed in negotiated payment schedules, as payment in full.

For services rendered by nonparticipating physicians, the member is responsible for charges exceeding a fee schedule selected by your employer and defined in your Summary Plan Description. For services from other nonparticipating providers, the member is responsible for amounts which exceed maximum allowable fees, as defined in your Summary Plan Description.

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.

To be covered, expenses must be medically necessary and specified as covered. Please see your Summary Plan Description for more information on medical necessity and other specific plan benefits.

- (1) Ambulance transportation and/or services received in an emergency room are not covered unless required because of emergency care, as defined in your Summary Plan Description.
- (2) Failure to preauthorize may result in denial of payment.

For general questions about the plan, contact your Human Resources office.

This is a brief plan description. It is not the plan document and does not include all of the benefits, limitations and exclusions of the plan.

More complete terms of the plan are contained in the Summary Plan Description.

Administered by Humana Health Plan, Inc.

