Consumer Driven Healthcare Plan

Clermont County

OHIO

NATIONAL POS CDHP 100/70 PLAN – HSA COMPATIBLE	PLAN PAYS FOR SERVICES AT PARTICIPATING PROVIDERS	PLAN PAYS FOR SERVICES AT NONPARTICIPATING PROVIDERS
Embedded Deductible and Out-of-Pocket Maximum Options (per calendar year; deductibles apply to out-of-pocket maximum) (4)		
• Individual deductible	$2,600	Two times individual participating deductible
• Family deductible	Two times individual participating deductible	Two times family participating deductible
• Individual out-of-pocket maximum	$2,600	Two times individual participating deductible
• Family out-of-pocket maximum	Two times individual participating out-of-pocket maximum	Two times family participating deductible
Preventive Care		
• Routine immunizations (to age 18) • Routine Pap smear • Routine mammogram • Routine lab test and X-ray • Routine exams (18 years and above) • Routine child exams (to age 18) • Preventive endoscopy (includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy	100%	70% after deductible
Physician Services		
• Office visits • Diagnostic tests, lab and X-rays • Allergy testing and injections • Inpatient services • Outpatient services • Office surgery	100% after deductible	70% after deductible
• Emergency room physician visits (1)	100% after deductible	100% after participating deductible
Hospital Services		
• Inpatient care (semiprivate room, ancillary services, nursing care, ICU) • Outpatient surgery • Outpatient nonsurgical care	100% after deductible	70% after deductible
• Hospital emergency services (facility charge only) (1)	100% after deductible	100% after participating deductible

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Prescription Drugs		
• Benefit per prescription or refill (2)	100% after deductible	70% after deductible
Other Medical Services (3)		
• Skilled nursing facility (up to 120 days per calendar year) • Home health care (up to 30 visits per calendar year) • Physical and occupational therapy (up to 60 visits per calendar year) • Urgent care • Speech therapy (up to 60 visits per calendar year)	100% after deductible	70% after deductible
• Durable medical equipment	100% after deductible	50% after deductible
• Ambulance (1)	100% after deductible	100% after participating deductible
• Transplant services	100% after deductible (when services are received from a Humana Transplant Network provider.)	70% after deductible (covered expenses are limited to a maximum benefit of $35,000 per transplant)
Lifetime Maximum Benefit	Unlimited (participating and nonparticipating combined)	
Behavioral Health (mental health and substance abuse)		
• Inpatient services • Outpatient and office therapy	100% after deductible (7)	70% after deductible (7)

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/** 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.

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 Summary Plan Description.

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.

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) Coverage is limited to drugs included in the Humana HDHP Drug List. Coverage for some drugs may be subject to dispensing limitations. Additionally, some drugs may need prior authorization in order to be covered.
(3) Day/visit limits are combined for participating and nonparticipating providers.
(4) Deductible and out-of-pocket limits for participating and nonparticipating benefits calculate separately.

(7) Limits are a combined total for mental health and substance abuse, which includes participating and nonparticipating benefits. Biologically-based mental illness (BMI) is covered same as any other illness.

The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

For general questions about the plan, contact your benefits administrator.

Administered by Humana Health Plan, Inc.

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