



Your Health Benefits

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Humana.

[Humana.com](https://www.humana.com)

Relationships are built on trust. Respect for an individual's privacy goes a long way toward building trust. Humana values our relationship with you, and we take your personal privacy seriously. Humana's Notice of Privacy Practices outlines how Humana may use or disclose your personal and health information. It also tells how we protect this information. The notice provides an explanation of your rights concerning your information, including how you can access this information and how to limit access to your information. In addition, it provides instructions on how to file a privacy complaint with Humana or to exercise any of your rights regarding your information.

If you'd like a copy of Humana's Notice of Privacy Practices, you can request a copy by:

- Visiting **Humana.com** and clicking the Privacy Practices link at the bottom of the home page
- E-mailing us at privacyoffice@humana.com
- Sending a written request to:
Humana Privacy Office
P.O. Box 1438
Louisville, KY 40202

what's *inside*

Throughout this booklet, you'll find lots of information to help you choose and use your plan:

Step 1 – know what you need

Before you choose your benefits, take a few minutes to find out what kind of healthcare coverage you want and need. Thinking about how you'll use your plan is the first step in choosing with confidence.

Step 2 – explore your options

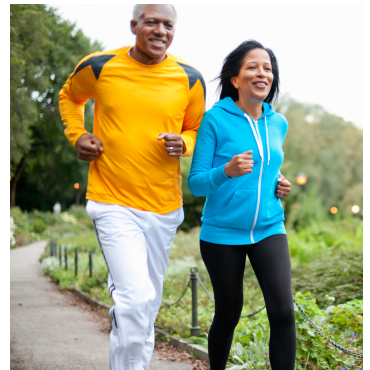
After finding out about your needs, it's time to see what fits them. The plan information in this section explains what's available to you, why you might want it, and how it works.

Step 3 – choose and use your plan

Now you're ready to roll – or enroll!

Step 4– see all that Humana offers

Also included in this booklet are the resources and information that will show you all the ways that Humana is there for you in every aspect of your life.





The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.groupcertificate.humana.com or by calling 1-866-4ASSIST (427-7478). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-866-4ASSIST (427-7478) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	<u>Network</u> : \$1,000 Individual / \$2,000 family; <u>Non-Network</u> : \$3,000 Individual / \$6,000 family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	<u>Network Providers</u> : Yes. Preventive, Certain Office Visits, <u>Emergency Room Care</u> , <u>Urgent Care</u> , <u>Prescription Drugs</u> and Certain Therapies. <u>Non-Network Providers</u> : Yes. <u>Emergency Room Care</u> and <u>Prescription Drugs</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	For <u>network providers</u> \$4,500 individual / \$9,000 family; For <u>non-network providers</u> \$6,000 individual / \$12,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>Balance-billing</u> charges, Health care this <u>plan</u> doesn't cover, Penalties, <u>Non-network transplant</u> , <u>non-network prescription drugs</u> , <u>non-network specialty drugs</u>	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Will you pay less if you use a <u>network provider</u> ?	Yes. See www.humana.com/directories or call 1-866-4ASSIST (427-7478) for a list of <u>network providers</u>	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$40 <u>copay</u> /office visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	None
	<u>Specialist</u> visit	\$55 <u>copay</u> /visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> / immunization	No charge	50% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	<u>Diagnostic Test</u> : <u>Cost sharing</u> may vary based on where service is performed <u>Imaging</u> : <u>Cost sharing</u> may vary based on where service is performed <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.humana.com/2019-Rx4	Level 1 - Lowest cost generic and brand-name drugs	\$15 <u>copay</u> (Retail); <u>deductible</u> does not apply \$37.50 <u>copay</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>network copay</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>network copay</u> (Mail Order); <u>deductible</u> does not apply	30 day supply <u>Preauthorization</u> may be required - if not obtained, penalty will be 100% for certain <u>prescription drugs</u> (Retail) 90 day supply <u>Preauthorization</u> may be required - if not obtained, penalty will be 100% for certain <u>prescription drugs</u> (Mail Order) Non-network <u>cost sharing</u> does not count toward the <u>out-of-pocket limit</u> .
	Level 2 - Higher cost generic and brand-name drugs	\$35 <u>copay</u> (Retail); <u>deductible</u> does not apply \$87.50 <u>copay</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>network copay</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>network copay</u> (Mail Order); <u>deductible</u> does not apply	
	Level 3 - Generic and brand-name drugs with higher cost than Level 2	\$55 <u>copay</u> (Retail); <u>deductible</u> does not apply \$137.50 <u>copay</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>network copay</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>network copay</u> (Mail Order); <u>deductible</u> does not apply	
	Level 4 - Highest cost drugs	25% <u>coinsurance</u> (Retail); <u>deductible</u> does not apply 25% <u>coinsurance</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>network Coinsurance</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>network Coinsurance</u> (Mail Order); <u>deductible</u> does not apply	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	<u>Specialty Drugs</u>	35% <u>coinsurance</u> ; <u>deductible</u> does not apply 25% <u>coinsurance</u> (Preferred Specialty Pharmacy); <u>deductible</u> does not apply	50% <u>coinsurance</u> ; <u>deductible</u> does not apply 50% <u>coinsurance</u> (Preferred Specialty Pharmacy); <u>deductible</u> does not apply	30 day supply
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	\$250 <u>copay</u> /visit; <u>deductible</u> does not apply	\$250 <u>copay</u> /visit; <u>deductible</u> does not apply	<u>Emergency room care</u> : <u>Copayment</u> waived if admitted
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	
	<u>Urgent care</u>	\$100 <u>copay</u> /visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 <u>copay</u> /visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Inpatient services: <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you are pregnant	Office visits	No charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Office visits: <u>Cost sharing</u> does not apply for <u>preventive services</u> . Childbirth/delivery professional services: Depending on the type of services, a <u>coinsurance</u> or <u>deductible</u> may apply. Childbirth/delivery facility services: Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound) <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services.	20% <u>coinsurance</u>	50% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	60 visit limit per cal yr/ <u>plan</u> yr <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	<u>Rehabilitation services</u>	Physical, occupational therapy and manipulations: \$40 <u>copay</u> /visit; <u>deductible</u> does not apply Speech, cognitive and audiology therapy: \$55 <u>copay</u> /visit; <u>deductible</u> does not apply	Physical, occupational, speech, cognitive, audiology therapy and manipulations: 50% <u>coinsurance</u>	Physical, occupational, speech, cognitive, audiology therapy and manipulations: For <u>network</u> , 60 PT,OT,ST,CT, AT visits per year includes manipulations & adjustments For non-network,10 PT,OT,CT,ST,AT visits per year includes manipulations & adjustments. <u>Network</u> and non-network visit limits reduce each other.
	<u>Habilitation services</u>	Physical, occupational therapy and manipulations: \$40 <u>copay</u> /visit; <u>deductible</u> does not apply Speech, cognitive and audiology therapy: \$55 <u>copay</u> /visit; <u>deductible</u> does not apply	Physical, occupational, speech, cognitive, audiology therapy and manipulations: 50% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	60 day limit per cal yr/ <u>plan</u> yr <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% for durable medical equipment \$750 and over Excludes vehicle and home modifications,exercise and bathroom equipment
	<u>Hospice services</u>	No charge; <u>deductible</u> does not apply	No charge; <u>deductible</u> does not apply	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50%

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of other <u>excluded services</u> .)			
• Bariatric Surgery	• Infertility Treatment	• Routine eye care (Adult)	
• Child Dental Check-Up	• Long Term Care	• Routine Foot Care	
• Child Eye Exam	• Non-emergency care when traveling outside of the U.S.	• Weight Loss Programs	
• Child Glasses	• Private Duty Nursing		

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)			
• Acupuncture, if it is prescribed by a physician	• Cosmetic Surgery, if to correct a functional impairment	• Hearing Aids, 1 Hearing aid per impaired ear every 36 months for insured persons	
• Chiropractic Care - spinal manipulations are covered	• Dental Care (Adult), if for dental injury of a sound natural tooth		

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- Humana at 1-866-4ASSIST (427-7478).
 - For group health coverage subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
 - For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
 - If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.
- Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Humana, Inc.: www.humana.com or 1-866-4ASSIST (427-7478).
- Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform
- Kentucky Department of Insurance, P.O. Box 517, Frankfort, KY 40602-0517, Phone: 502-564-3630 or 502-564-6034 or 800-595-6053, TTY: 800-648-6056, Fax: 502-564-6090, Email: David.Wilhoite@ky.gov; Rodney.Hugle@ky.gov, Website: <http://insurance.ky.gov>

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* _____

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$1,000
■ <u>Specialist copayment</u>	\$55
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$30
Coinsurance	\$2,100
What isn't covered	
Limits or exclusions	\$0
The total Peg would pay is	\$3,130

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$1,000
■ <u>Specialist copayment</u>	\$55
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$1,600
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$2,620

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$1,000
■ <u>Specialist copayment</u>	\$55
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$700
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$40
The total Mia would pay is	\$1,740

The plan would be responsible for the other costs of these EXAMPLE covered services.



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This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.groupcertificate.humana.com or by calling 1-866-4ASSIST (427-7478). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-866-4ASSIST (427-7478) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: \$2,500 Individual / \$5,000 family; Non-Network: \$7,500 Individual / \$15,000 family \$500.00 Network benefit allowance applies before deductible. Does not apply to any member copayments, Rx, or preventive care.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Network Providers: Yes. Preventive, Certain Office Visits, <u>Emergency Room Care</u> , <u>Urgent Care</u> , <u>Prescription Drugs</u> and Certain Therapies. Non-Network Providers: Yes. <u>Emergency Room Care</u> and <u>Prescription Drugs</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	For <u>network providers</u> \$6,250 individual / \$12,500 family; For non-network <u>providers</u> \$15,000 individual / \$30,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.

What is not included in the <u>out-of-pocket limit</u>?	Premiums, <u>Balance-billing</u> charges, Health care this <u>plan</u> doesn't cover, Penalties, Non-network transplant, non-network <u>prescription drugs</u> , non-network <u>specialty drugs</u>	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See www.humana.com/directories or call 1-866-4ASSIST (427-7478) for a list of <u>network providers</u>	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$40 <u>copay</u> /office visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
	<u>Specialist</u> visit	\$55 <u>copay</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> / immunization	No charge	30% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	<u>Diagnostic Test</u> : <u>Cost sharing</u> may vary based on where service is performed <u>Imaging</u> : <u>Cost sharing</u> may vary based on where service is performed <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Imaging (CT/PET scans, MRIs)	No charge after <u>deductible</u>	30% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.humana.com/2019-Rx4	Level 1 - Lowest cost generic and brand-name drugs	\$15 <u>copay</u> (Retail); <u>deductible</u> does not apply \$37.50 <u>copay</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>network copay</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>network copay</u> (Mail Order); <u>deductible</u> does not apply	30 day supply <u>Preauthorization</u> may be required - if not obtained, penalty will be 100% for certain <u>prescription drugs</u> (Retail) 90 day supply <u>Preauthorization</u> may be required - if not obtained, penalty will be 100% for certain <u>prescription drugs</u> (Mail Order) Non-network <u>cost sharing</u> does not count toward the <u>out-of-pocket limit</u> .
	Level 2 - Higher cost generic and brand-name drugs	\$35 <u>copay</u> (Retail); <u>deductible</u> does not apply \$87.50 <u>copay</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>network copay</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>network copay</u> (Mail Order); <u>deductible</u> does not apply	
	Level 3 - Generic and brand-name drugs with higher cost than Level 2	\$55 <u>copay</u> (Retail); <u>deductible</u> does not apply \$137.50 <u>copay</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>network copay</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>network copay</u> (Mail Order); <u>deductible</u> does not apply	
	Level 4 - Highest cost drugs	25% <u>coinsurance</u> (Retail); <u>deductible</u> does not apply 25% <u>coinsurance</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>network Coinsurance</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>network Coinsurance</u> (Mail Order); <u>deductible</u> does not apply	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	<u>Specialty Drugs</u>	35% <u>coinsurance</u> ; <u>deductible</u> does not apply 25% <u>coinsurance</u> (Preferred Specialty Pharmacy); <u>deductible</u> does not apply	50% <u>coinsurance</u> ; <u>deductible</u> does not apply 50% <u>coinsurance</u> (Preferred Specialty Pharmacy); <u>deductible</u> does not apply	30 day supply
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge after <u>deductible</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Physician/surgeon fees	No charge after <u>deductible</u>	30% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	\$150 <u>copay</u> /visit; <u>deductible</u> does not apply	\$150 <u>copay</u> /visit; <u>deductible</u> does not apply	<u>Emergency room care</u> : <u>Copayment</u> waived if admitted
	<u>Emergency medical transportation</u>	No charge after <u>deductible</u>	No charge after <u>deductible</u>	
	<u>Urgent care</u>	\$75 <u>copay</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge after <u>deductible</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Physician/surgeon fees	No charge after <u>deductible</u>	30% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 <u>copay</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Inpatient services: <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Inpatient services	No charge after <u>deductible</u>	30% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you are pregnant	Office visits	No charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Office visits: <u>Cost sharing</u> does not apply for <u>preventive services</u> . Childbirth/delivery professional services: Depending on the type of services, a <u>deductible</u> may apply. Childbirth/delivery facility services: Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound) <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Childbirth/delivery professional services	No charge after <u>deductible</u>	30% <u>coinsurance</u>	
	Childbirth/delivery facility services.	No charge after <u>deductible</u>	30% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge after <u>deductible</u>	30% <u>coinsurance</u>	60 visit limit per cal yr/ <u>plan</u> yr <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	<u>Rehabilitation services</u>	Physical and occupational therapy: \$40 <u>copay</u> /visit; <u>deductible</u> does not apply Speech, cognitive, audiology therapy and manipulations: \$55 <u>copay</u> /visit; <u>deductible</u> does not apply	Physical, occupational, speech, cognitive, audiology therapy and manipulations: 30% <u>coinsurance</u>	Physical, occupational, speech, cognitive, audiology therapy and manipulations: For <u>network</u> , 60 visits per cal yr/ <u>plan</u> yr, includes manipulations, adjustments, modalities For non-network, 10 visit per cal yr/ <u>plan</u> yr, includes manipulations, adjustments, modalities. <u>Network</u> and non-network visit limits reduce each other.
	<u>Habilitation services</u>	Physical and occupational therapy: \$40 <u>copay</u> /visit; <u>deductible</u> does not apply Speech, cognitive, audiology therapy and manipulations: \$55 <u>copay</u> /visit; <u>deductible</u> does not apply	Physical, occupational, speech, cognitive, audiology therapy and manipulations: 30% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	No charge after <u>deductible</u>	30% <u>coinsurance</u>	60 day limit per cal yr/ <u>plan</u> yr <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	<u>Durable medical equipment</u>	No charge after <u>deductible</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% for durable medical equipment \$750 and over Excludes vehicle and home modifications, exercise and bathroom equipment
	<u>Hospice services</u>	No charge; <u>deductible</u> does not apply	No charge; <u>deductible</u> does not apply	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50%

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of other <u>excluded services</u> .)			
• Bariatric Surgery	• Hearing Aids	• Private Duty Nursing	
• Child Dental Check-Up	• Infertility Treatment	• Routine eye care (Adult)	
• Child Eye Exam	• Long Term Care	• Routine Foot Care	
• Child Glasses	• Non-emergency care when traveling outside of the U.S.	• Weight Loss Programs	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)	
• Acupuncture, if it is prescribed by a physician	• Cosmetic Surgery, if to correct a functional impairment
• Chiropractic Care - spinal manipulations are covered	• Dental Care (Adult), if for dental injury of a sound natural tooth

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- Humana at 1-866-4ASSIST (427-7478).
 - For group health coverage subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
 - For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
 - If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.
- Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Humana, Inc.: www.humana.com or 1-866-4ASSIST (427-7478).
- Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform
- Kentucky Department of Insurance, P.O. Box 517, Frankfort, KY 40602-0517, Phone: 502-564-3630 or 502-564-6034 or 800-595-6053, TTY: 800-648-6056, Fax: 502-564-6090, Email: David.Wilhoite@ky.gov; Rodney.Hugle@ky.gov, Website: <http://insurance.ky.gov>

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* _____

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$2,500
■ <u>Specialist copayment</u>	\$55
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,500
Copayments	\$30
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Peg would pay is	\$2,530

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$2,500
■ <u>Specialist copayment</u>	\$55
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$1,100
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$3,120

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$2,500
■ <u>Specialist copayment</u>	\$55
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$200
Copayments	\$700
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$40
The total Mia would pay is	\$940

The plan would be responsible for the other costs of these EXAMPLE covered services.

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Vision care services

**If you use an
IN-NETWORK provider
(Member cost)**

**If you use an
OUT-OF-NETWORK provider
(Reimbursement)**

Exam with dilation as necessary • Retinal imaging ¹	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options ² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$55 10% off retail	Not covered Not covered
Frames ³	\$100 allowance 20% off balance over \$100	\$50 allowance
Standard plastic lenses ⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$25 \$25 \$25 \$25	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options ⁴ • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$25 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses ⁵ (applies to materials only) • Conventional • Disposable • Medically necessary	\$100 allowance, 15% off balance over \$100 \$100 allowance \$0	\$80 allowance \$80 allowance \$200 allowance

Humana Vision 100

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency <ul style="list-style-type: none"> • Examination • Lenses or contact lenses • Frame 	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
Diabetic Eye Care: care and testing for diabetic members <ul style="list-style-type: none"> • Examination <ul style="list-style-type: none"> - Up to (2) services per year • Retinal Imaging <ul style="list-style-type: none"> - Up to (2) services per year • Extended Ophthalmoscopy <ul style="list-style-type: none"> - Up to (2) services per year • Gonioscopy <ul style="list-style-type: none"> - Up to (2) services per year • Scanning Laser <ul style="list-style-type: none"> - Up to (2) services per year 	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33

Optional benefits

- ¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
- ² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
- ³ Discounts may be available on all frames except when prohibited by the manufacturer.
- ⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
- ⁵ Plan covers contact lenses or frames, but not both.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis ¹.



¹ Thompson Media Inc.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.



Humana clinical programs



At Humana, we're here to work with you, no matter what health situation you may be facing. Whether you're trying to stay healthy, improve your health or deal with an illness or injury, Humana offers you support to live a healthy lifestyle.

All members can benefit from MyHumana, your secure website on **Humana.com**. MyHumana offers a wealth of material — like tools to help you choose a doctor, find the cost of a drug, view health videos and much more. You also may qualify for rewards for completing tasks to help you stay well.

If Humana finds a way to improve your health, we may alert you or your doctor. These messages vary from letters and postcards to a call from a nurse.

Nurses and clinicians are also available to discuss:

- Healthy living — exercise, healthy eating, stopping smoking, handling stress or high blood pressure and more
- Life issues — finding childcare or eldercare, legal resources, money concerns, etc.
- Pregnancy
- Care — both while you're hospitalized and when you go home
- Organ transplants
- Chronic conditions
- Depression and mental health

Have questions? Call HumanaFirst® Nurse Advice Line, our free, 24-hour health information line. These nurses may answer immediate medical questions — like when to visit the ER — or help you plan for an upcoming procedure.

They can also direct you to other Humana programs, so that you're working with the best resource for you.

How can you get the most from Humana clinical programs?

Keep your contact information current.

Contact your company's human resources department when your address or telephone number changes. This helps us reach you at the right time.

Take the Health Assessment at Humana.com.

This quick and confidential questionnaire gives you suggestions for improving your health now.

Call us. If you'd like to join a program, or if you'd like help but don't know which one is right for you, call HumanaFirst:

- Dial **1-800-622-9529**
- Choose "Nurse Advice"
- Select "Health Planning and Support"

Earn Bucks from Go365 for enrolling, participating in and completing some Humana clinical programs.

Humana®

Preventive services guide

Humana makes it easier than ever to get the preventive services you need to maintain your overall health. As part of healthcare reform—and depending on your Humana health plan—a range of preventive services will be available to you at no cost.

The services listed here will be covered 100 percent when they're provided for preventive care. This means no copayments, coinsurance or deductible when services are performed by providers in the Humana network.

Note: You may need to pay all or part of the costs when services are completed to diagnose, monitor or treat an illness, pregnancy or injury, rather than prevent an illness, pregnancy or injury.

Adult preventive services

Preventive office visits are covered, as well as the screenings, immunizations and counseling listed below.

Screenings

Abdominal aortic aneurysm	One time screening for men of specified ages who have ever smoked
Alcohol misuse	Screening and counseling for all adults
Blood Pressure	Screening for high blood pressure for all adults
Cholesterol	Screenings for adults certain ages or at higher risk ¹
Colorectal cancer	Screening for adults at 50–75
Depression	Screening for all adults
Diabetes	Screening for adults 40–70 at higher risk ¹
Hepatitis B	Screening for all adults at higher risk ¹
Hepatitis C	Screening for adults at higher risk ¹ or one-time screenings for adults born 1945–1965
HIV	Screening for all adults at higher risk ¹
Lung cancer	Annual screenings for adults at all specified ages who smoke or have quit within the past 15 years
Obesity	Screening for all adults
Syphilis	Screening for all adults at higher risk ¹
Tobacco use	Screening for all adults and cessation interventions for tobacco users
Tuberculosis	Screening for latent infection for adults at higher risk ¹

Medications and supplements (covered with a doctor's prescription)

Aspirin	Use of aspirin to prevent cardiovascular disease for women and men at specified ages
Colonoscopy preparation	Bowel preparation medications for adults age 50–75
Smoking cessation	Over-the-counter and prescription smoking cessation medications for members 18 years and older
Statin	Low- to moderate-dose statin use for adults 40–75 at higher risk ¹
Vitamin D	Supplementation to prevent falls in community dwelling for adults age 65 and older at increased risk for falls



¹For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

Adult preventive services cont.

Counseling	
Healthy diet and physical activity	Counseling to prevent cardiovascular disease for adults who have cardiovascular risk factors or higher risk for chronic disease ¹
Obesity	Referral to intensive, multicomponent behavioral interventions for patients with a body mass index (BMI) of 30 kg/m or higher
Sexually transmitted infection (STI)	Prevention counseling for adults at higher risk ¹
Other	
Exercise or physical therapy	Fall prevention for adults age 65 or older at increased risk for falls
Skin cancer	Brief counseling for young adults through age 24 to minimize their exposure to ultraviolet radiation



Preventive care keeps you healthy, prevents illness and detects disease in the early stages when it is easier to treat.

Immunizations
(vaccines for adults—doses, recommended ages and recommended populations vary)²

Chickenpox/varicella

Hepatitis A

Hepatitis B

Human papillomavirus (HPV)

Influenza

Measles, mumps, rubella (MMR)

Meningococcal

Pneumococcal

Shingles/herpes zoster

Tetanus, diphtheria, pertussis (Tdap)



¹For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

²For more information on immunization recommendations, resources and schedules, please refer to the Centers for Disease Control and Prevention at www.cdc.gov/vaccines/schedules/index.html

Women preventive services (includes pregnant women)

Preventive office visits are covered, as well as the screenings and counseling listed below.

Counseling

Genetic counseling for women who have tested positive for BRCA

Breast cancer chemoprevention
Counseling for women at increased risk for breast cancer

Domestic and interpersonal violence
Screenings and referral for intervention services

Tobacco use counseling for pregnant women
Behavioral interventions for cessation

Other Services

Aspirin to prevent preeclampsia
Low-dose aspirin after 12 weeks of gestation in women who are at high risk¹

Breast-feeding³
Equipment and counseling to promote breast-feeding during pregnancy and in the postpartum period

Contraceptive methods and counseling³

Screenings

Anemia	Screening on a routine basis for pregnant women
Bacteriuria	Urinary tract or other infection screening for pregnant women
BRCA	Screenings for women at higher risk ¹
Breast cancer mammography	Screenings every 1–2 years for women age 40 or over
Cervical cancer	Screening for women with a cervix, regardless of sexual history, at specified ages and intervals ⁴
Chlamydia infection	Screening for younger women and other women at higher risk ¹
Depression	Screening for pregnant and postpartum women
Gestational diabetes	Screenings for women after 24 weeks of gestation
Gonorrhea	Screening for all women at higher risk ¹
Hepatitis B	Screening for younger women and other women at higher risk ¹
HIV	Screenings for pregnant women
HPV-DNA test	High risk testing every 3 years for women with normal cytology results who are age 30 or older ¹
Osteoporosis (bone density)	Screening for women age 65 and over and women at higher risk ¹
Preeclampsia	Screening for all pregnant women
Rh incompatibility	Screening for all pregnant women during their first prenatal visit and at 24–28 weeks gestation
Syphilis	Screening for all pregnant women or other women at higher risk
Tobacco use	Screening and interventions for all women, and expanded counseling for pregnant tobacco users

Medications and supplements (covered with a doctor's prescription)

Aspirin	Low-dose medication for women for prevention of preeclampsia
Breast cancer preventive medications	For women at increased risk for breast cancer
Contraception	FDA-approved contraceptives for women with reproductive capacity to prevent pregnancy
Prenatal vitamins/folic acid	For women who are, may become pregnant or are capable of pregnancy

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¹For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

³On Aug. 1, 2011, the U.S. Department of Health and Human Services released new guidelines regarding coverage of preventive health services for women. The new guidelines state that non-grandfathered insurance plans with plan years beginning on or after Aug. 1, 2012, must include these services without cost sharing.

⁴Women 21–65: with cytology (Pap test) every three years; women 30–65: wanting to lengthen the screening interval. We encourage you to seek any professional advice, including legal counsel, regarding how the new requirements will affect your specific plan. For complete details, refer to your plan's Certificate of Coverage.

Child preventive services

Preventive office visits are covered, as well as the screenings, immunizations, counseling and supplements listed below.

Immunizations

(vaccines for children from birth to age 18, doses, ages and populations vary)²

Chickenpox/varicella

Haemophilus influenzae type B

Hepatitis A

Hepatitis B

Human papillomavirus (HPV)

Inactivated poliovirus

Influenza

Measles, mumps, rubella (MMR)

Meningococcal

Pneumococcal

Rotavirus

Tetanus, pertussis, diphtheria (Tdap)

Counseling

Obesity

Referral to intensive behavioral interventions to promote improvements in weight status

Sexually transmitted infection (STI)

Prevention counseling for adolescents at higher risk¹

Skin cancer

Brief counseling for young adults age 10–24 years old to minimize their exposure to ultraviolet radiation

Tobacco use

Education or brief counseling to prevent initiation of tobacco use in school-aged children and adolescents

Screenings

Alcohol and drug use

Assessments for adolescents

Autism

Screening for children at 18–24 months

Behavioral

Assessments for children of all ages

Depression

Screening for adolescents

Developmental

Screening for children under age 3, and surveillance throughout childhood

Dyslipidemia

Screening for children at higher risk¹ of lipid disorders

Gonorrhea

Preventive medication for the eyes of all newborns

Height, weight and body mass index

Measurements for children of all ages

Hemoglobinopathies

Screening for sickle cell disease in newborns

Hepatitis B

Screening for adolescents at higher risk¹

Hypothyroidism

Screening for newborns

HIV

Screening for adolescents at higher risk¹

Lead

Screening for children at risk of exposure

Medical history

For all children throughout development

Obesity

Screening for children age 6 or older

Oral health

Risk assessment for young children

Phenylketonuria (PKU)

Screening for newborns

Sexually transmitted infection

Screening for adolescents at higher risk¹

Tuberculin

Testing for children at higher risk¹ of tuberculosis

Vision

Screening for all children between the ages 3–5 years old

Medications and supplements (covered with a doctor's prescription)

Fluoride chemoprevention

Supplements starting at age 6 months for children without fluoride in their water sources

Fluoride varnish

Application by a primary care clinician to primary teeth starting at tooth eruption up to age 5

Gonorrhea

Preventive medicine for the eyes of all newborns

Iron

Supplements for children ages 6–12 months at risk for anemia

Refer to your Certificate of Coverage for details about all the covered services and benefit levels.

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¹For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

²For more information on immunization recommendations, resources and schedules, please refer to the Centers for Disease Control and Prevention at www.cdc.gov/vaccines/schedules/index.html

Humana Pharmacy® mail delivery

More and more Humana members are finding Humana Pharmacy to be their choice for value, experience, safety, accuracy, convenience and service.

Why choose Humana Pharmacy?

Savings. Many Humana plans provide cost savings if you fill a 90-day supply of your maintenance medicine through a mail-delivery pharmacy, instead of a retail pharmacy. Plus, the pharmacy team works with you and your doctor to find medicine that costs less.

Experienced pharmacy team. Pharmacists are available to answer questions about your medicine and our services.

Safe and accurate. Two pharmacists check your new prescriptions to make sure they're safe to take with your other medications. The dispensing equipment and heat-sealed bottles with tamper-resistant foil help ensure quality and safety. Plus, your order comes in plain packaging for additional security.

Timely reminders. To help make sure you have the medicine and supplies you need when you need them, we can remind you when it's time to refill your medicine. Just set your preferences when you sign up at [HumanaPharmacy.com](https://www.humanapharmacy.com).

Time-saving mail delivery. No driving to the pharmacy and waiting in line. You may be able to order just four times a year and have more time to do the things you enjoy.

Visit HumanaPharmacy.com

After you become a Humana member, you can sign in with your MyHumana identification number or register to get started. You can also sign up by calling **1-800-833-1315 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Your health is important to us. Humana Pharmacy can deliver the value and service you expect from your pharmacy.

Make Humana Pharmacy your one source

Maintenance medicine. Medicine you take all the time for conditions like high cholesterol, high blood pressure and asthma.

Specialty medicine. Specialized therapies to treat chronic or complex illnesses like rheumatoid arthritis and cancer.



Humana®

Flexible ordering options

Online

HumanaPharmacy.com. Start a new prescription, order refills, check on your order and get information about how to get started.

Doctor

Let your doctor know you would like to use our pharmacy and he or she can send prescriptions through ePrescribe. Healthcare providers can also fill out the fax form by downloading it from **HumanaPharmacy.com/forms** and faxing the prescription to **1-800-379-7617**.

Mail

Download the “Registration & Prescription Order Form” from **HumanaPharmacy.com/forms** and mail your paper prescriptions to:
Humana Pharmacy
P.O. Box 745099
Cincinnati, OH 45274-5099

Phone

For maintenance medicine, you can call **1-800-833-1315 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

For specialty medicine, you can call Humana Specialty Pharmacy® directly at **1-800-833-1642 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., and Saturday, 8 a.m. – 6 p.m., Eastern time.

Humana Pharmacy Mobile App

Place new orders and refills for your medicine, check order status and gain access to a secure site 24 hours a day, seven days a week.

Text “**HPAPP**” to **239355** (Be Well) to download. Message and data rates apply. Reply STOP to cancel, HELP for help.

The life of a prescription

1. Humana Pharmacy receives your prescription order. Your doctor can send us your new prescriptions by fax, phone or electronically. Or you can send new prescriptions by mail with an order form. Order forms can be downloaded at **HumanaPharmacy.com/forms**.
2. The pharmacy checks your Humana pharmacy benefits coverage, enters your order and creates a unique shipment number.
3. A pharmacist checks your prescription order for accuracy and possible drug interactions.
4. Approved orders go through the payment process. If your health benefits don’t cover the medicine, the pharmacy will check the claim and fix the problem. If they cannot fill your prescription, they will return it to you and tell you why.
5. An automated system fills your medicine and a pharmacist makes sure it matches the label before it’s sealed.
6. Humana Pharmacy mails the order to you with important information about your medicine.

You should get your new prescription by mail in 7 – 10 days after Humana Pharmacy has all the necessary information. Your refill should arrive within 5 – 7 days. It may take longer if they have to call you or your doctor with questions about the order.

Humana®

What to know, before you get your medicine – prior authorization

Understanding your pharmacy benefits



You may take prescription medicines to stay healthy. You may take some medicines for a short time, like an antibiotic to treat an infection. You may take other medicines all the time to treat problems like high blood pressure. Either way, it's important to know if your medicines need prior authorization before you get your prescription.

What is pharmacy prior authorization?

Some medicines need to be approved in advance to be covered under your pharmacy. For these medicines to be covered, your doctor must get approval from Humana. When this happens, it's called pre-approval – or “prior authorization.”

Why do some medicines need prior authorization?

We ask for prior authorization to make sure medicines won't interfere with other medicines you're taking or add unnecessary costs. Prior authorization helps keep you safe, which is very important if you're taking certain medicines.

Medicines requiring prior authorization are typically costly, are only approved for certain conditions and may require patient monitoring. For example, if you have diabetes, and your doctor wants you to try a new medicine, we may need to authorize this medicine before you fill the prescription.

Humana®

How do I know if my medicine needs prior authorization?

Each time your doctor prescribes a new medicine, ask them if it needs prior authorization. You also can:

- Sign in to MyHumana, your personal, secure online account on **Humana.com**, and click “Drug Pricing” under “Plan Tools” at the bottom of the page
- Call Humana Customer Care at the number on the back of your Humana member ID card
- Visit **Humana.com/DrugList**

What should I do if my medicine needs prior authorization?

If your medicine needs prior authorization, your doctor must contact Humana Clinical Pharmacy Review (HCPR) at **1-800-555-2546** to ask for approval. HCPR is available Monday - Friday, 8 a.m. - 6 p.m., Eastern time. Your doctor also can use tools available on **Humana.com/Providers**. We will notify your doctor once the request has been processed.

What happens after my doctor asks for prior authorization?

A team of pharmacists will review your doctor’s request and either approve or deny it.

If your doctor’s request is approved, your pharmacy benefits will cover your medicine. You’ll pay any applicable coinsurance or copayment amounts if you buy the medicine.

If your doctor’s request is denied, your pharmacy benefits won’t cover your medicine. You can still purchase the medicine but you’ll pay the full cost. Or, you can ask your doctor if there’s another medicine that’s right for you. There may be other medicines covered by your benefits that will work just as well but don’t need prior authorization.

How long will it take to get prior authorization for my medicine?

After your doctor gets us all of the information we need, the request will be approved or denied within five business days. We’ll mail letters to you and to your doctor with our decision.

Please contact your doctor to discuss other options. Your doctor can ask for an exception to our decision by contacting Humana Clinical Pharmacy Review (HCPR) at **1-800-555-2546**, Monday - Friday, 8 a.m. - 6 p.m., Eastern time.



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KITCHEN HOTEL ROOM OFFICE THE LIVING ROOM IS NOW AN EXAM ROOM

dr+ on demand



Humana®

Board-certified doctor ▶▶ \$49 or less ▶▶ Download the app

Four easy steps to get started

Download from the App Store or Google Play.

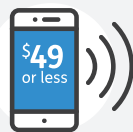
1 Download the app



2 Enter your health insurance information; select Humana and enter your group ID and member ID



3 Enter a payment method



4 See a doctor within minutes



The doctor is always in

No waiting. No scheduling hassles. Less time off work. Doctor On Demand offers the opportunity to see a board-certified doctor in minutes, with video access from a mobile device or computer. It's easy.

Doctor On Demand may treat members, except children under the age of 2, for non-emergency health conditions. If needed, your physician may send a prescription to your pharmacy.

Issues that may be treated:

- Colds, flu and sore throat
- Upper respiratory infections
- Skin and eye problems
- Urinary tract infections

Telemedicine is not for emergencies such as chest pain, abdominal pain or shortness of breath.

Save you and your clients time and money!



Approximately 70% of ER visits are non-emergent and could be avoided.¹



Four out of five smartphone users are interested in mobile health technologies that allow them to interact with a healthcare provider.²

Behavioral health visits are not covered. Limitations on healthcare and prescription services delivered by telemedicine and communication options vary by state. This material is provided for informational use only and should not be considered medical advice or used in place of consulting a licensed medical professional.

Telemedicine is not a substitute for emergency care and not intended to replace your primary care doctor or other providers in your network.

¹"Avoidable Emergency Department Usage Analysis." Truven Health Analytics. (April 25, 2013)

²"Most smartphone users want mHealth interactions," FierceMobileHealthcare (June 29, 2014)



Clearly simple: Humana Vision

Vision health impacts overall health

Eye examinations not only help your vision, your doctor can catch major health issues, too. Many diseases can be diagnosed by looking into your eyes including diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis and rheumatoid arthritis.²

Focus on healthy eyesight with Humana Vision

Annual eye exams are an important part of your overall health. Because many health, eye and vision conditions have no obvious symptoms, you may be unaware of problems. Early diagnosis and treatment are important for maintaining good vision and preventing permanent vision loss.¹

With Humana Vision you get:

- Plans that are budget friendly and easy to use
- Access to one of the largest networks in the United States, with more than 70,000 participating providers in more than 24,000 locations, including independent optometrists and ophthalmologists as well as national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical and JCPenney® Optical
- Additional diabetic eye care and testing (in most plans) to help if you're managing diabetes
- Retail frame and contact lens allowances
- Access to **Humana.com**, where you can view benefits, check eligibility and use other automated services
- Provider locator services through **Humana.com**, Customer Care or our automated information line

Preserve and protect your eyesight with Humana Vision.

Humana®

GCHJMECEN 1216

¹American Optometric Association

²Thompson Media Inc.

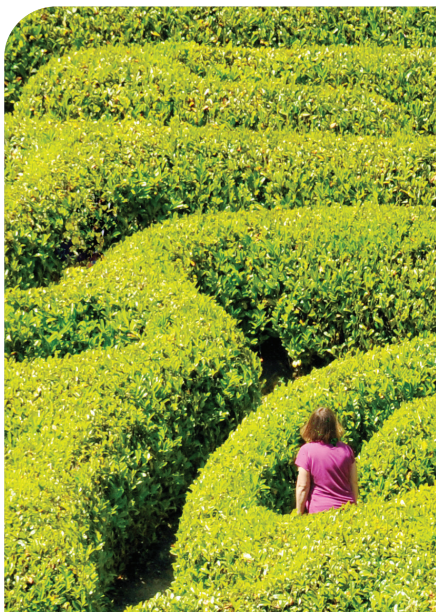
Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

EAP and Work-Life Services

Life made easier

Find everyday resources for things like:

- Retirement planning
- Dealing with difficult co-workers
- Conflict/anger management
- Career development
- Communicating with your boss
- Resolving legal problems
- Care for children with special needs
- Relationship issues
- Separation/divorce
- Child care
- Parenting/discipline
- Quitting smoking
- Stress and anxiety
- Time management
- Adoption
- Losing weight
- Grief and loss
- Financial issues
- Depression
- Addiction
- Finding schools
- Paying for school
- Older adult care
- Nutrition



EAP and Work-Life

We're here to help with your personal, work-related, and emotional concerns.

Humana.com/eap

username: **eapt**

password: **eapt**

24 hours a day, seven days a week.



Humana®

Life made easier

Your Employee Assistance Program (EAP) and Work-Life Services help you and your household members manage everyday life issues that can affect you at home and at work. You can call the toll-free number anytime during the day or night to talk with an experienced counselor who can help you find solutions. This program is confidential and your employer pays all costs when you and members of your household use the services.

The EAP gives you:

- Assistance and counseling over the telephone
- Assessment and assistance from a Work-Life specialist who is an expert in child care, adult care, or other everyday concerns
- Free 30-minute consultations with attorneys and financial counselors
- Access to a website with articles, discounts, podcasts, webinars, assessments, live chats, and databases to help you find local resources

Advantages

- Confidential
- One call gives you access to counseling, research and referrals, and legal and financial services
- We are always here to help you
- A website that lets you find answers on your own

Free and confidential **1-866-440-6556**

EAP and Work-Life are provided for all eligible employees and household members. Personal information remains confidential according to all applicable state and federal laws.

Access is easy! 24 hours a day, seven days a week.
Services provided by Humana EAP and Work-Life Services.



SEE HOW FAST YOU CAN REDEEM REWARDS IN THE Go365 MALL



As a Go365® member, you earn Points for completing healthy activities. You get 1 Buck for each Point you earn, plus Bonus Bucks when you reach a higher Status. These Bucks add up for you to spend in the Go365 Mall on products from popular brands and retailers. Visit the Go365 Mall online or on the Go365 App to see all the great products, deals and offers.

Popular brands

E-GIFT CARDS

Rewards start at
2,000 Bucks (\$20 value)



FANDANGO

Rewards start at
1,200 Bucks (\$12 value)

FITNESS DEVICES AND GEAR

Rewards start at 2,500 Bucks
(Garmin Vivoki & Fitbit Zip)



Deals and offers



Bucks cannot be used on discounts.
Discounts must be purchased
with a credit or debit card.
Merchandise subject to availability
and may change without notice.

Charities

Rewards start at
1,000 Bucks (\$10 donation)



Members must have at least Bronze Status to spend Bucks in the Go365 Mall.
Only the primary Go365 member can spend Bucks in the Mall.



Visit the Mall online or on the App
to find all the rewards you can earn
for living healthier



Get Go365 support at
community.Go365.com

Go365 is not an insurance product. Not available with all Humana health plans.

The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company's website for additional terms and conditions.

Bucks must be redeemed within three years following the year they are earned. This means that unused Bucks earned anytime in year 1 will expire on the last day of year 4.



The Go365 App

Put the power in your pocket



Download the Go365® App today to your smartphone. Use it to help you stay on track in reaching your health and well-being goals.

The App has it all

Look what you can do:



Go head-to-head against other Go365 members and compete in Challenges*



Submit proof of eligible activities for Points



Connect compatible devices and tracking apps



Personalize experiences with photos



Complete or update your Health Assessment in quick, two-minute sections



Explore ways to increase your Points total



Complete activities that focus on areas such as food and sleep tracking for Points**



Check on your Go365 Age and Status



Enroll and interact with a health coach



See your Points history



Spend your Bucks in the Go365 Mall

Look how the Go365 App can make your life easier. Sign in today.



Download the Go365 App

Go365 is not an insurance product. Not available with all Humana health plans.

*Members earn 50 Points for joining a Challenge and 50 more for joining a Challenge team, up to a maximum of 100 combined Points per month no matter how many Challenges and Challenge teams a member may join.

**Depending on the activity, activities can be worth 2 Points a day or may have a weekly or monthly cap. Refer to the App for Points limits.

Earning Points in Go365

Take the stairs. Keep your blood pressure in check. Eat more salads. There are lots of things you can do to get healthier. With Go365®, you can earn Points for doing them:

Activities.

These are things you do every day — like taking a walk or getting your flu shot — to be your healthiest.

Recommended activities.

These personalized activities are created just for you, based on what you told us about your health in your Health Assessment. Recommended activities are things like losing weight or exercising more that are designed to jumpstart your health, and they're worth more Points!

Challenges.

Here's your chance to boost your health even more when you compete against friends and co-workers. Challenge them for most steps taken or pounds lost, or create your own Challenge!

Go365 Kids.



Even your kids can get involved. They'll earn Points for doing healthy things they already enjoy, like playing on a soccer team, as well as for getting check ups and shots.



Unlock activities to earn more Points and move up to a higher Status

Points shown are for the Primary Member plus 1 Eligible Member 18+. Each additional Eligible Member 18+ adds 3,000 Points to reach Silver Status level, 4,000 Points to reach Gold Status or 5,000 Points to reach Platinum Status.



	Earn Bonus Bucks when you reach Silver Status or higher	500 Primary Member 250 Eligible Member 18+	1,500 Primary Member 750 Eligible Member 18+	5,000 Primary Member 2,500 Eligible Member 18+
	Earn Double Bonus Bucks when you achieve your prior year highest Status	1,000 Primary Member 500 Eligible Member 18+	3,000 Primary Member 1,500 Eligible Member 18+	10,000 Primary Member 5,000 Eligible Member 18+

Recommended activities are not medical advice. Consult your physician.

Bonus Bucks are not tied to Points and increase a Go365 members' buying power in the Go365 Mall. Bonus Bucks are awarded when a Go365 member reaches Silver, Gold and Platinum Status, and are doubled when the prior year highest Status is achieved. For example, a year one primary Go365 account holder reaches Gold Status at the end of their program year. The primary Go365 account holder will earn 1,000 Bonus Bucks for reaching Silver Status (1,000 Bonus Bucks are awarded the first time the primary Go365 account holder reaches Silver Status) and 1,500 Bonus Bucks for reaching Gold Status. In the primary Go365 account holder's next program year, the highest Status reached is Gold Status. In this example, 500 Bonus Bucks are awarded at Silver Status and 3,000 Bonus Bucks are awarded when the member reaches Gold Status again. Bonus Bucks apply to the 30,000 Bucks maximum each adult member can earn in a program year.

Eligible dependents 18 years of age and older earn Bonus Bucks, too. When the family reaches a new Status level or when the family reaches their highest Status from the prior program year, eligible dependents will earn half the amount of Bonus Bucks awarded to the primary Go365 account holder. For example, when the family reaches Silver Status for the first time the primary Go365 account holder will earn 1,000 Bonus Bucks and each eligible dependent will earn 500 Bonus Bucks. When the family reaches Gold Status in the next program year, the primary Go365 account holder will earn 3,000 Bonus Bucks and each eligible family member will earn 1,500 Bonus Bucks.

*Adult children can only move a family out of Blue Status by completing a verified workout.

Learn more at Go365.com

Go365 is not an insurance product. Not available with all Humana health plans. We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your **Go365.com** account and visit the Message Center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward.

Activities and Points Adults 18+

Points listed are per program year unless stated otherwise.



Education

Activity	Points
Health Assessment	
○ Take your full Go365 Health Assessment online or on the App and earn Points for completing it for the first time each program year. Adult children are not eligible to earn Points or Bonus Points for Health Assessment completion.	500
Health Assessment sections	
○ OR >> Get Active >> Eat Better >> Reduce Stress >> Live Well >> Know Your Health >> Introduce Yourself <i>200 bonus Points when you complete all six sections</i>	50
Bonus Points	
○ First Step Health Assessment	500 once/lifetime
○ Fast Start Health Assessment	250
○ Weekly log*	10 weekly
○ Sleep diary*	25 weekly (up to 150/program year)
○ Daily health quiz*	2 daily
Health coaching*	
○ Enrolling (first time enrollees only)	200 once/lifetime
○ Three phone interactions	50
○ Six email interactions or six progress note entries (individually or combined)	50 up to 600/program year
○ Calculators	75 each (up to 300/program year)
○ CPR certification	125
○ First-aid certification	125
○ Update/confirm contact information	50
○ Monthly Go365.com, Humana.com or Go365 App sign-in	10 (up to 120/program year)
○ First time Go365 App sign-in	50 once/lifetime
○ Accept online statements	50 once/lifetime
Available for Go365 members with Humana medical coverage.	

*Activities will award Points under Personalized Activities on your Go365 Statement.

Maximum Points for Health Assessment completion per program year is 500. Fast Start bonus awarded for full Health Assessment completion within the first 90 days of your program year.

Prevention

Activity	Points
○ Health screening*	400 per eligible screening
○ Dental exam	200 per exam (up to 400/program year)
○ Vision exam	200
○ Flu shot	200
○ Nicotine test**	400
Biometric screening completion Adult children are not eligible to earn Points for biometric screening completion.	
○ Body mass index (BMI)	800
○ Blood pressure	400
○ Blood glucose	400
○ Total cholesterol	400

*Subject to certain requirements and will appear as a recommended activity if they are applicable to you.

**Cost associated with nicotine tests are the responsibility of the Go365 member. Nicotine tests are not associated with biometric screenings.

Activities and Points Adults 18+

Points listed are per program year unless stated otherwise.



Healthy living

Activity	Points
<input type="radio"/> Blood donation	50 each (up to 300/ program year)
<input type="radio"/> Nicotine test (in-range results)	400
Biometric screening (in-range results) Adult children are not eligible to earn Points for biometric screening in-range results.	
<input type="radio"/> Body mass index ≥ 18.5 and < 25, or BMI ≥ 25 and < 30, with a waist circumference $< 40"$ for males and $< 35"$ for females	800
<input type="radio"/> Blood pressure (systolic and diastolic) $< 130/85$ mm Hg	400
<input type="radio"/> Blood glucose < 100 mg/dL or A1c $< 6.5\%$	400
<input type="radio"/> Total cholesterol < 200 mg/dL or an HDL ≥ 40 mg/dL for males and ≥ 50 mg/dL for females	400

Fitness

Activity	Points
Verified workout types:	up to 50/day
<input type="radio"/> Steps*	1 Point per 1,000 steps
<input type="radio"/> Heart Rate (HR)*	5 Points for every 15 minutes above 60% of maximum HR
<input type="radio"/> Calories*	5 Points per 100 calories if burn rate exceeds 200 calories/hour
<input type="radio"/> Participating fitness facility*	10 Points per daily visit
Bonus Points	
<input type="radio"/> Exceeded 50 weekly workout Points	50 only one bonus
<input type="radio"/> Exceeded 100 weekly workout Points	100 awarded per week
<input type="radio"/> First lifetime verified workout	500
<input type="radio"/> First verified workout each new program year	750
<input type="radio"/> Fitness habit**	up to 25/month (up to 300/program year)
<input type="radio"/> Sports leagues	350 Points per league team (up to 1,400/program year)
Challenges**	
Sponsored Challenges are set up by employers or Go365. Member-created Challenges are set up by members.	
<input type="radio"/> Participate in a Member-created Challenge	up to 100/month total for all Challenge-related activities
<input type="radio"/> Participate in a Sponsored Challenge	50
Athletic events	
(running, walking, cross-country skiing, cycling, triathlon)	
<input type="radio"/> Level 1 (example: 5K)	(up to 3,000/program year)
<input type="radio"/> Level 2 (example: 10K)	250
<input type="radio"/> Level 3 (example: half-marathon)	350
	500

*Calculating daily fitness Points: Each day, Go365 will look at Points earned across all workout types and award the category with the highest value for that day. Points are awarded for one workout type per day. Week is defined as Sunday — Saturday. Maximum of 50 daily fitness Points can be awarded.

**Activities will award Points under Personalized Activities on your Go365 Statement.

Go365 Kids Activities and Points

Your dependents under 18 years old who are part of your Go365 program can earn Points that contribute to your family's Points total and Status. 1,000 maximum Points per program year. Points listed are per program year unless stated otherwise.



Education

Activity	Points
Kids Health Assessment	
<input type="radio"/> The kids Health Assessment covers a child's physical activity, nutrition, lifestyle and well-being. You get a better understanding of your children's current health and the areas that need improvement. No Points are awarded for Kids Health Assessment completion.	

Prevention Up to 600 Points per program year per child

Activity	Points
<input type="radio"/> Kids preventive care visits	200
<input type="radio"/> Kids dental exam	100 (up to 200/program year)
<input type="radio"/> Kids vision exam	100
<input type="radio"/> Kids immunizations	100
<input type="radio"/> Kids flu shot	100

Fitness

Activity	Points
<input type="radio"/> Kids sports league	100 each (up to 200/program year)
<input type="radio"/> Kids athletic events	50 each (up to 200/program year)

Go365 Kids is not available on all Go365 programs.

Discrimination is against the law

Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Humana Inc. and its subsidiaries provide free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate, in addition to free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call the number on your ID card (TTY: 711) or email accessibility@humana.com.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Civil Rights/LEP/ADA/Section 1557 Compliance Officer, 500 W. Main Street -10th floor, Louisville, Kentucky 40202

If you need help filing a grievance, call the number on your ID card or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, **1-800-368-1019**,

800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711)... ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711)... 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY: 711)... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711)... 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711)... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711)... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении телетайп: (711)... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711)... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS: 711)... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711)... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711)... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711)... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711)... 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちのIDカードに記載されている電話番号までご連絡ください (TTY: 711)...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711)...

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, námboo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' (TTY: 711)...

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (TTY: 711).