

Illinois 100/70 Coinsurance plan

Farr Associates

		Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers
Deductible	<ul style="list-style-type: none"> individual family 	\$2,000	\$6,000
<ul style="list-style-type: none"> per calendar year 		Two times the individual participating deductible	Two times the individual nonparticipating deductible
Out-of-pocket maximum	<ul style="list-style-type: none"> individual family 	\$0	\$4,000
<ul style="list-style-type: none"> per calendar year deductibles do not apply 		Two times the individual participating out-of-pocket max	Two times the individual nonparticipating out-of-pocket max
Preventive care	<ul style="list-style-type: none"> preventive office visits preventive lab and X-ray Pap smear and mammogram prostate screening child immunizations to age 18 flu and pneumonia immunizations 	100%	70% after deductible
	<ul style="list-style-type: none"> endoscopic services (including, but not limited to colonoscopy) 	100% after deductible	70% after deductible
Physician services	<ul style="list-style-type: none"> office visits diagnostic lab and X-ray allergy testing injections (including allergy) inpatient and outpatient services surgery 	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> emergency room visits 	100% after deductible	100% after participating deductible
Facility services	<ul style="list-style-type: none"> inpatient and outpatient services outpatient advanced imaging (PET, MRI, MRA, CAT, SPECT) —hospital, freestanding facility and clinic 	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> emergency services 	100% after deductible	100% after participating deductible
Other medical services	<ul style="list-style-type: none"> skilled nursing facility (up to 60 days per calendar year) hospice home health care (up to 100 visits per calendar year) physical, occupational, cognitive, speech and audiology therapy (combined limit up to 80 visits per calendar year) urgent care spinal manipulations, adjustments and modalities (combined limit up to 20 visits per calendar year) durable medical equipment 	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> ambulance 	100% after deductible	100% after participating deductible
	<ul style="list-style-type: none"> maternity 	Same as any other illness	Same as any other illness
	<ul style="list-style-type: none"> transplant services 	Same as any other illness when services are received from a Humana Transplant Network provider	Same as any other illness. Covered expenses are limited to a maximum benefit of \$35,000 per transplant
Mental health, chemical, and alcohol dependency	<ul style="list-style-type: none"> inpatient services (up to 10 days per calendar year) outpatient & office therapy sessions (up to 15 visits per calendar year) 	100% after deductible	70% after deductible

Network

Humana ChoicePOS Network

Humana's ChoicePOS Network is a local network of physicians and hospitals in the Chicago metropolitan area, and also includes access to Humana's ChoiceCare® Network. The ChoiceCare Network is one of the largest, most cost-effective physician and hospital networks in the nation, including 530,000 providers and 4,000 hospitals across all 50 states.

Pharmacy

Detailed drug lists are available at Humana.com for each pharmacy plan and level.

Rx4

Retail (30-day supply)	Level 1	Level 2	Level 3	Level 4
	\$10	\$35	\$55	25%
Mail order (up to 90-day supply)	2.5 times the retail copayment			
Copayment maximum (applies to Level 4 drugs only)	\$2,500 per member per calendar year			

NOTE: If a nonparticipating pharmacy is used, the claim will be covered at 70 percent after applicable copayment.

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Insured by Humana Insurance Company

This plan imposes a pre-existing condition exclusion. This is not a complete disclosure of plan qualifications and limitations. Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate your coverage. This guide is available at www.disclosure.humana.com or through your employer. Premiums and benefits vary based on the plan selected.

Illinois 100/70 Aggregate¹ plan

Farr Associates

		Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers
Optional Health Savings Account (HSA)			
Deductible¹	<ul style="list-style-type: none"> individual 	\$1,500	\$4,500
<ul style="list-style-type: none"> per calendar year 	<ul style="list-style-type: none"> family 	Two times the individual participating deductible	Two times the individual nonparticipating deductible
Out-of-pocket maximum¹	<ul style="list-style-type: none"> individual 	\$1,500	\$15,000
<ul style="list-style-type: none"> per calendar year deductibles apply 	<ul style="list-style-type: none"> family 	Two times the individual participating out-of-pocket max	Two times the individual nonparticipating out-of-pocket max
Preventive care	<ul style="list-style-type: none"> preventive office visits preventive lab and X-ray Pap smear and mammogram prostate screening child immunizations to age 18 flu and pneumonia immunizations 	100%	70% after deductible
	<ul style="list-style-type: none"> endoscopic services (including, but not limited to colonoscopy) 	100% after deductible	70% after deductible
Physician services	<ul style="list-style-type: none"> office visits diagnostic lab and X-ray allergy testing allergy injections and serums inpatient and outpatient services surgery 	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> emergency room visits 	100% after deductible	100% after participating deductible
Facility services	<ul style="list-style-type: none"> inpatient and outpatient services outpatient advanced imaging (PET, MRI, MRA, CAT, SPECT) —hospital, freestanding facility and clinic 	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> emergency services 	100% after deductible	100% after participating deductible
Prescription drugs	<ul style="list-style-type: none"> retail or mail order benefit per prescription or refill 	100% after deductible	70% after deductible
Other medical services	<ul style="list-style-type: none"> skilled nursing facility (up to 60 days per calendar year) hospice home health care (up to 100 visits per calendar year) physical, occupational, cognitive, speech and audiology therapy (combined limit up to 80 visits per calendar year) urgent care spinal manipulations, adjustments and modalities (up to 20 visits per calendar year) 	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> durable medical equipment 	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> ambulance 	100% after deductible	100% after participating deductible
	<ul style="list-style-type: none"> maternity 	Same as any other illness	Same as any other illness
	<ul style="list-style-type: none"> transplant services 	Same as any other illness when services are received from a Humana Transplant Network provider	Same as any other illness. Covered expenses are limited to a maximum allowance of \$35,000 per transplant
Mental health and chemical dependency	<ul style="list-style-type: none"> inpatient services (up to 10 days per calendar year) outpatient and office therapy sessions (up to 15 visits per calendar year) 	100% after deductible	70% after deductible
Alcohol dependency services	<ul style="list-style-type: none"> inpatient services 	Same as any other illness	Same as any other illness
	<ul style="list-style-type: none"> outpatient and office therapy sessions (combined limit up to 15 visits per calendar year) 	Same as any other illness	Same as any other illness

¹ When plans have Aggregate deductibles and out-of-pockets, all medical and pharmacy benefits of the family members covered under the plan accumulate to a collective family deductible and a family out-of-pocket maximum. The entire family deductible must be satisfied before coinsurance benefits are payable for a member on the plan.

Network

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Health Savings Account option

The Health Savings Account (HSA) is a tax-exempt bank account. Employees use the account to pay deductibles, coinsurance, and qualified healthcare expenses, as well as save for post-retirement expenses. If employees don't use the money in their account, it's theirs to keep!

Our banking partner, UMB Bank, makes it easy to set up HSA accounts for you and your employees. However, you can use UMB Bank or the bank of your choice.

- › Funds contributed are pretax dollars
(this applies to federal tax and most state taxes)
- › Funds roll over from year to year
- › Funds earn interest and grow tax-free
- › Employees own the accounts, so they stay with them regardless of employment
- › HumanaAccess VisaSM card gives employees an easy way to use HSA funds*
- › Funds can be used to pay for qualified health care expenses, such as medical, dental, vision, prescription drugs, and over-the-counter medications

* Available only to groups using UMB Bank

HUMANA.

Insured by Humana Insurance Company

Health Savings Accounts are not insured benefits.

Health Savings Accounts are a service administered by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate your coverage. This guide is available at www.disclosure.humana.com or through your employer. Premiums and benefits vary based on the plan selected.