

Humana medical plans

For groups 51-100

Effective dates starting 1/1/16

Louisiana

Run a healthy business

You can expect a unique approach when working with Humana: we start by focusing on the health and well-being of your employees. Then we help you to choose the right medical plan that meets the needs of your employees and their families.

All Humana's medical plans include health and wellness programs that integrate into employees' everyday lives:

- **HumanaVitality** – a wellness rewards program to inspire a healthier, happier workforce.
- **Preventive services covered at 100%** when in-network providers are used.
- **Biometric screenings** – simple tests to provide insights on members' health.
- **Gaps-in-care alerts** – technology that finds missed screenings or delayed doctor visits so our members receive the care they need.
- **Health Coaching** – health coaches work one-on-one with members over the phone to set and achieve health goals like quitting smoking, losing weight, and eating healthier.



- **Employee Assistance Program (EAP)** – confidential, professional counseling for concerns like financial, legal, childcare, aging parents, and other life issues.
- **Weight Watchers** – a proven, clinical weight management program that fits eligible members' lifestyles and helps them change behaviors to get to a healthy weight.
- **Lifestyle Discount Program** – member discounts on acupuncture, massage therapy, teeth whitening, LASIK, weight loss, and identity theft protection.
- **Clinical Programs** – personalized guidance and resources for health conditions such as prenatal care to disease management.

Humana®

You want choosing benefits to be easier.
We're here to help in three simple steps.

1

Decide how much choice and flexibility you want for your employees:

- **Defined Benefit:** You select the plans and fund a portion of the premium (generally a percentage).
- **Defined Contribution:** You set a fixed monthly contribution for benefits (generally a dollar amount) to offer employees a greater amount of flexibility and choice of plans.

2

Select a plan type by considering how your employees want to pay for coverage:

- The type of plan you choose will determine how your employees pay for their health services and help them understand their potential out-of-pocket expenses.
- In-network services are covered in full, by a copay, or deductible / coinsurance. Remember, in-network preventive services are always covered at 100%.
- Plan types include: Humana Simplicity, Traditional, and HDHP.

3

Select from additional options to keep costs manageable:



Choose your medical network – You can offer your employees a national network of providers or save with a Focused Provider Network that typically includes one or two local and well-known healthcare systems. (Available for all plan options).

PPO Plans:

Humana ChoiceCare Network® (CHC) is one of the largest, most cost-effective physician and hospital network in the nation. Members can visit any participating network provider at any time.

NPOS Plans:

Humana National POS – Open Access Network offers the advantages of an HMO with the flexibility of a PPO plan. Members can visit any participating network provider at any time and do not need to choose a primary care physician.

HMO Plans:

- **Ochsner HMO** is a focused network close to home. Staying within a limited set of local physicians and other healthcare providers lowers the cost of health benefits. Members must choose a primary care physician and there are no out-of-network, non-emergency benefits.
- **HMOx** is a focused network close to home. Staying within a limited set of local physicians and other healthcare providers lowers the cost of health benefits. Members must choose a primary care physician and there are no out-of-network, non-emergency benefits.

- New Orleans HMOx



Choose your pharmacy network

- **National Pharmacy Network:** With over 64,000 pharmacies across the country, the network includes all national chains, major regional chains, and more than 25,000 independent pharmacies.
- **Select Rx Pharmacy Network** allows members to pick up prescriptions where they already shop and save. Prescriptions must be filled at CVS, Walmart, or Sam's Club pharmacies, or through mail-order service at humanapharmacy.com



Engage with HumanaVitality

With HumanaVitality, you and your employees can get incentives based on how involved your employees are with this fun, interactive wellness and rewards program.

Medical plan types:

Humana Simplicity

For in-network healthcare services, there is no deductible. In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only a copay when in-network providers are used. All copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers						Copay amounts:						
Option	Coinsurance		Deductible ¹	Maximum out-of-pocket		Primary care	Specialist	Emergency Room	Advanced imaging	Inpatient services ²	Outpatient services	Pharmacy
	In	Out		Individual	Family							
11	100%	50%	\$0	\$6,350	\$12,700	\$30	\$55	\$250	\$250	\$350	\$350	\$10/\$35/\$55/25% (\$100 maximum) ³
12	100%	50%	\$0	\$6,350	\$12,700	\$45	\$85	\$500	\$500	\$1,000	\$1,000	\$10/\$45/\$90/25% (\$100 maximum) ³
13	100%	50%	\$0	\$6,350	\$12,700	\$50	\$100	\$600	\$600	\$1,500	\$1,500	\$10/\$40/\$70/25% (\$100 maximum) ³

(1) \$5,000 individual / \$10,000 family out-of-network deductible

(2) Copay per day for first three days

(3) Maximum applies to specialty drugs and oral chemo drugs only

More benefits mean more ways for you and your employees to live well. Our full range of benefits puts employee health first. And when your employees feel their best, they perform their best.

Benefit options include medical, dental, vision, life, disability, accident, critical illness / cancer, and supplemental health.

Traditional plans

COPAY PLANS – In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay only copay or deductible / coinsurance when in-network providers are used. Deductible, coinsurance and/or copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers

Copay amounts:

Option	Coinsurance		Deductible		Maximum out-of-pocket		Primary care	Specialist	Emergency Room	Pharmacy	Other services
	In	Out	Individual	Family	Individual	Family					
30	100%	70%	\$500	\$1,000	\$4,000	\$8,000	\$25	\$40	\$250	\$10/\$30/\$50/25% (\$100 maximum) ³	Coinsurance after deductible
31	100%	70%	\$500	\$1,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
32	100%	70%	\$1,000	\$2,000	\$4,000	\$8,000	\$25	\$40	\$250	\$10/\$30/\$50/25% (\$100 maximum) ³	Coinsurance after deductible
33	100%	70%	\$1,000	\$2,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
34	100%	70%	\$1,500	\$3,000	\$6,350	\$12,700	\$30	\$65	\$250	\$10/\$45/\$70/25% (\$100 maximum) ³	Coinsurance after deductible
35	100%	70%	\$2,000	\$4,000	\$6,350	\$12,700	\$25	\$55	\$250	\$10/\$35/\$65/25% (\$100 maximum) ³	Coinsurance after deductible
36	100%	70%	\$2,000	\$4,000	\$6,350	\$12,700	\$30	\$60	\$300	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
37	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$35	\$55	\$300	\$10/\$45/\$90/25% ¹ (\$100 maximum) ³	Coinsurance after deductible
38	100%	70%	\$2,500	\$5,000	\$6,350	\$12,700	\$25	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
39	100%	70%	\$2,500	\$5,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
40	100%	70%	\$3,000	\$6,000	\$6,350	\$12,700	\$20	\$45	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
41	100%	70%	\$3,000	\$6,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
42	100%	70%	\$4,000	\$8,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
43	100%	70%	\$5,000	\$10,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
44	90%	60%	\$500	\$1,000	\$6,350	\$12,700	\$25	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
45	90%	60%	\$1,500	\$3,000	\$6,350	\$12,700	\$25	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
46	90%	60%	\$1,500	\$3,000	\$6,350	\$12,700	\$30	\$80	\$500	\$10/\$45/\$90/25% ¹ (\$100 maximum) ³	Coinsurance after deductible
47	90%	60%	\$2,000	\$4,000	\$6,350	\$12,700	\$25	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
48	90%	60%	\$2,000	\$4,000	\$6,350	\$12,700	\$30	\$75	\$350	\$10/\$45/\$90/25% (\$100 maximum) ³	Coinsurance after deductible
49	90%	60%	\$2,500	\$5,000	\$6,350	\$12,700	\$25	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
50	90%	60%	\$3,000	\$6,000	\$6,350	\$12,700	\$25	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
51	90%	60%	\$5,000	\$10,000	\$6,350	\$12,700	\$25	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
52	80%	50%	\$500	\$1,000	\$4,000	\$8,000	\$25	\$40	\$250	\$10/\$30/\$50/25% (\$100 maximum) ³	Coinsurance after deductible
53	80%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$25	\$40	\$250	\$10/\$30/\$50/25% (\$100 maximum) ³	Coinsurance after deductible
54	80%	50%	\$1,000	\$2,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
55	80%	50%	\$1,500	\$3,000	\$6,350	\$12,700	\$25	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible
56	80%	50%	\$1,500	\$3,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible

(1) \$100 individual / \$200 family pharmacy deductible – applies to levels 2, 3, and 4 only

(2) \$100 maximum applies to specialty drugs and oral chemo drugs only.

(3) \$100 maximum applies to specialty drugs and oral chemo drugs only.

Traditional plans (cont.)

COPAY PLANS (cont.)

If you use IN-NETWORK providers							Copay amounts:					Other services
Option	Coinsurance		Deductible		Maximum out-of-pocket		Primary care	Specialist	Emergency Room	Pharmacy		
	In	Out	Individual	Family	Individual	Family						
57	80%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$40	\$65	\$500	\$10/\$45/\$75/25% ¹ (\$100 maximum) ³	Coinsurance after deductible	
58	80%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible	
59	80%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$30	\$75	\$350	\$10/\$45/\$75/25% (\$100 maximum) ³	Coinsurance after deductible	
60	80%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$30	\$75	\$350	\$10/\$35/\$70/25% ² (\$100 maximum) ³	Coinsurance after deductible	
61	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$45	\$70	\$500	\$10/\$35/\$50/25% ¹ (\$100 maximum) ³	Coinsurance after deductible	
62	80%	50%	\$3,000	\$6,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible	
63	80%	50%	\$4,000	\$8,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible	
64	80%	50%	\$5,000	\$10,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible	
65	80%	50%	\$5,000	\$10,000	\$6,350	\$12,700	\$40	\$65	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible	
66	70%	50%	\$1,000	\$2,000	\$4,000	\$8,000	\$20	\$45	\$250	\$10/\$30/\$50/25% (\$100 maximum) ³	Coinsurance after deductible	
67	70%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$35	\$60	\$350	\$10/\$45/\$75/25% ¹ (\$100 maximum) ³	Coinsurance after deductible	
68	70%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40	\$70	\$350	\$10/\$35/\$55/25% ² (\$100 maximum) ³	Coinsurance after deductible	
69	70%	50%	\$3,000	\$6,000	\$6,350	\$12,700	\$30	\$55	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible	
70	70%	50%	\$5,000	\$10,000	\$6,350	\$12,700	\$30	\$50	\$250	\$10/\$35/\$55/25% (\$100 maximum) ³	Coinsurance after deductible	
71	60%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$30	\$60	\$350	\$10/\$45/\$75/25% ¹ (\$100 maximum) ³	Coinsurance after deductible	
72	60%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$35	\$55	\$350	\$10/\$35/\$75/25% (\$100 maximum) ³	Coinsurance after deductible	
73	60%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40	\$70	\$500	\$10/\$40/\$70/25% ² (\$100 maximum) ³	Coinsurance after deductible	
74	50%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$25	\$40	\$350	\$10/\$35/\$75/25% (\$100 maximum) ³	Coinsurance after deductible	
75	50%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$30	\$75	\$500	\$10/\$30/\$50/25% ¹ (\$100 maximum) ³	Coinsurance after deductible	
76	50%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$35	\$60	\$350	\$10/\$45/\$75/25% ¹ (\$100 maximum) ³	Coinsurance after deductible	
77	50%	50%	\$2,000	\$4,000	\$6,350	\$12,700	\$40	\$70	\$500	\$10/\$40/\$70/25% ² (\$100 maximum) ³	Coinsurance after deductible	

(1) \$100 individual / \$200 family pharmacy deductible – applies to levels 2, 3, and 4 only

(2) \$250 individual / \$500 family pharmacy deductible – applies to levels 2, 3, and 4 only

(3)\$100 maximum applies to specialty drugs and oral chemo drugs only.

Traditional plans (cont.)

COINSURANCE PLANS – In-network preventive services, such as annual exams, are covered at 100%. For other covered services, members pay a coinsurance after the deductible is met, when in-network providers are used. Deductible, coinsurance and/or copays, including prescription drugs, count toward the maximum out-of-pocket.

If you use IN-NETWORK providers

Copay amounts:

Option	Coinsurance		Deductible		Maximum out-of-pocket		Pharmacy	Other services
	In	Out	Individual	Family	Individual	Family		
11	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$10/\$45/\$90/25% (\$100 maximum) ²	Coinsurance after deductible
12	70%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$10/\$45/\$90/25% (\$100 maximum) ²	Coinsurance after deductible
13	70%	50%	\$5,000	\$10,000	\$6,350	\$12,700	\$10/\$45/\$90/25% ¹ (\$100 maximum) ²	Coinsurance after deductible

(1) \$100 individual / \$200 family pharmacy deductible – applies to levels 2, 3, and 4 only

(2) \$100 maximum applies to specialty drugs and oral chemo drugs only.

HDHP plans

HDHP, or High Deductible Health Plans, feature budget-friendly premiums and pay coinsurance benefits after the deductible is met for all covered services. Plan includes coverage for preventive services, such as annual exams, at 100% when in-network providers are used. HDHPs are also compatible with health savings accounts (HSAs).

AGGREGATE – All covered benefits apply to the family deductible and family maximum out-of-pocket. The plan pays a coinsurance percentage after the entire family deductible is met.

If you use IN-NETWORK providers

Option	Coinsurance		Deductible		Maximum out-of-pocket				Other services, including pharmacy
	In	Out	Individual	Family	In-network		Out-of-network		
					Individual	Family	Individual	Family	
11	100%	70%	\$1,750	\$3,500	\$1,750	\$3,500	\$15,000	\$30,000	Coinsurance after deductible

EMBEDDED – All covered benefits apply to the individual and family deductible and maximum out-of-pocket. When any family member reaches the individual deductible amount, that family member will begin receiving coinsurance benefits – even if the family deductible has not been met.

If you use IN-NETWORK providers

Option	Coinsurance		Deductible		Maximum out-of-pocket				Other services, including pharmacy
	In	Out	Individual	Family	In-network		Out-of-network		
					Individual	Family	Individual	Family	
13	100%	70%	\$3,000	\$6,000	\$3,000	\$6,000	\$15,000	\$30,000	Coinsurance after deductible
14	100%	70%	\$4,000	\$8,000	\$4,000	\$8,000	\$15,000	\$30,000	Coinsurance after deductible
15	90%	60%	\$3,000	\$6,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible
16	90%	60%	\$5,000	\$10,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible
19	80%	50%	\$4,000	\$8,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible
20	80%	50%	\$5,000	\$10,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible
22	70%	50%	\$3,500	\$7,000	\$6,350	\$12,700	\$19,050	\$38,100	Coinsurance after deductible

Definitions of terms

- **Copay** – A flat-dollar amount a member pays when visiting a health care provider or filling a prescription.
- **Coinsurance** – The percentage of covered health care costs the plan pays while covered under this plan.
- **Deductible** – Based on a calendar year. In-network and out-of-network amounts accumulate separately, when applicable. Out-of-network deductible is three times the in-network amount except for Humana Simplicity™ where the amount is fixed. Family deductible is two times the individual amount.
- **Health Savings Account (HSA)** – An account that allows individuals to pay for current health expenses and save for future qualified medical expenses on a tax-free basis. HSAs must be linked to a high-deductible health plan and amounts contributed to an HSA belong to individuals and are completely portable.
- **Maximum out-of-pocket** – Based on a calendar year. In-network and out-of-network limits accumulate separately, when applicable. In-network limit includes any copays, deductibles and/or coinsurance (out-of-network excludes pharmacy). Out-of-network limit is three times the in-network amount except for HDHPs where the amount is fixed. Family out-of-pocket is two times the individual amount.

NOTICE

HEALTH CARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTH CARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF THE FEES FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR CO-PAYMENTS, COINSURANCE, DEDUCTIBLES AND NON-COVERED SERVICES. SPECIFIC INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK FACILITY-BASED PHYSICIANS CAN BE FOUND AT THE WEBSITE ADDRESS OF YOUR HEALTH PLAN OR BY CALLING THE CUSTOMER SERVICE TELEPHONE NUMBER OF YOUR HEALTH PLAN.

This material provided is a general summary for informational purposes only and does not address all your organization's specific issues related to healthcare reform. It is not intended or written to be used, and it cannot be used, as legal advice or a legal opinion. It should not be relied upon in lieu of consultation with your own legal advisors.

Provider disclaimer:

Primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

HumanaVitality is not an insurance product.

Offered by Humana Health Benefit Plan of Louisiana, Inc. or Insured by Humana Health Benefit Plan of Louisiana, Inc.

Limitations and Exclusions:

Our health benefit plans have limitations and exclusions and may have waiting periods and terms under which the coverage may be continued in force or discontinued. For costs and complete details of coverage, call or write your Humana insurance agent or broker.

Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at <http://www.humana.com/insurance-through-employer/enrollment-center/pre-enrolment-disclosure> or through your sales representative.

