Humana Simplicity ChoicePOS 12

Illinois

How the plan works: When you or a covered member use the plan for in-network healthcare services, you pay a copayment (a specified dollar amount) for that service – there's no deductible. The medical copayment applies towards the out-of-pocket maximum, which is the amount you are required to pay toward the covered cost of your healthcare. The out-of-pocket maximum amount is calculated on a calendar year basis, and does not include pharmacy copayment amounts.

Network: Humana's ChoicePOS Network is a local network of physicians and hospitals in the state of Illinois. ChoicePOS is a PPO network, so members can seek care from any contracted provider in this network without the need for a referral or primary care physician selection. Members residing outside the ChoicePOS service area have access to Humana's ChoiceCare Network, one of the largest, most cost-effective physician and hospital networks in the nation.

	Member copay to IN-NETWORK providers		
Services	**Option 1**	**Option 2**	**Option 3**
• Preventive services • Physician services for inpatient/outpatient hospital, emergency and surgical • Laboratory and radiology • Injections (including allergy)	$0 copay	$0 copay	$0 copay
• Office visit with primary care physician • Convenient care clinic	$40 copay per visit	$50 copay per visit	$50 copay per visit
• Office visit with specialty physician • Urgent care with a Concentra physician • Home health care (limited to 100 visits per calendar year) • Manipulations, adjustments, physical, occupational, cognitive, speech and audiology therapy (combined limit to 30 visits per calendar year)[1] • Outpatient and office therapy for mental health, chemical and alcohol dependency (combined limit to 15 visits per calendar year)[2]	$65 copay per visit	$75 copay per visit	$100 copay per visit
• Skilled nursing facility (limited to 60 days per calendar year)	$65 copay per day	$75 copay per day	$100 copay per day
• Urgent care with a non-Concentra physician	$100 copay per visit	$125 copay per visit	$125 copay per visit
• Emergency room facility (copay waived if admitted) • Advanced imaging • Ambulance transportation	$375 copay per visit	$500 copay per visit	$600 copay per visit
• Ambulatory surgical facility • Outpatient hospital surgical facility and non-surgical facility	$700 copay per visit	$1,000 copay per visit	$1,500 copay per visit
• Inpatient hospital services • Inpatient hospital services for mental health and chemical dependency (combined limit to 10 days per calendar year)[2] • Inpatient hospital services for alcoholism	$700 copay per day for first three days	$1,000 copay per day for first three days	$1,500 copay per day for first three days

[1]Out-of-network limited to 10 of the 30 visits.
[2]For groups with 51 or more employees, no limits apply to inpatient and outpatient services.

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Services		Option 1	Option 2	Option 3
Additional plan information				
In-network out-of-pocket maximum[3] –	Individual	$5,000	$5,000	$6,000
	Family	$10,000	$10,000	$12,000
Out-of-network services – When you or a covered member seek health care services from an out-of-network provider the plan will pay 50% of covered services, after you first pay a deductible, $5,000 individual or $10,000 family. Emergency care including ambulance transportation provided by an out-of-network provider will be covered at the in-network provider benefit level, subject to the maximum allowable fee.				
Out-of-network out-of-pocket maximum[3] –	Individual	$15,000	$15,000	$18,000
	Family	$30,000	$30,000	$36,000

Prescription drug coverage

Rx4: You can purchase prescriptions at retail pharmacies, or the plan also offers the convenience of mail order. Most prescription drugs are assigned to one of four levels with corresponding copayment amounts or a discount. Detailed drug lists are available at **Humana.com** for each pharmacy plan and level.

	Level 1	Level 2	Level 3	Level 4[4]	
Select one plan					
Retail (30 day supply)	$10 copay	$35 copay	$55 copay	25% drug cost	**Mail Order** (up to 90 day supply) 2.5 times the retail copayment
	$10 copay	$40 copay	$70 copay	25% drug cost	
	$10 copay	$45 copay	$90 copay	25% drug cost	

Specialty drugs obtained at an in-network pharmacy (30 day supply)[4] – members pay 25% of the drug cost through preferred pharmacies like *Right*SourceRx Specialty. Your cost at other network specialty drug pharmacies is 35% of the drug cost. Go to **RightSourceRx.com/specialty** for more information.

NOTE: If an **out-of-network pharmacy** is used, the claim is covered at 70% after applicable copayment, specialty drugs are covered at 50%.

Don't forget to ask for generics. If you use a brand-name medicine when there's a generic available, you will pay the generic copayment plus the difference in cost between the brand and generic. If your doctor believes that the brand is medically necessary and specifies dispense as written on the prescription, you will only pay the applicable copayment.

National Pharmacy Provider Network - Over 64,000 pharmacies across the country. The network includes all national chains, major regional chains, and more than 25,000 independent pharmacies.

[3]Out-of-pocket maximums for in-network and out-of-network benefits calculate separately.
[4]The maximum amount a member will pay per calendar year at in-network pharmacies is $5,000. This applies to level 4 and specialty drugs only.

Insured by Humana Insurance Company

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.

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 sales representative. Premiums and benefits vary based on the plan selected.

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