Humana Community Rated Medical Plans

For groups 1-50
Effective dates starting 1/1/23

SIMPLICITY

PPO, NPOS, and HMO PLANS – With Simplicity, there is no in-network deductible to plan care around, and no coinsurance percentages to calculate. For healthcare services, members pay only a copayment when in-network providers are used, so they know exactly what they'll pay before they see a doctor, making it easier to prepare for any health need. In-network preventive services, such as annual exams and flu shots, are covered at 100%. Simplicity plans include $0 virtual visits for urgent and mental healthcare with board-certified doctors 24/7 with Doctor On Demand®.

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					Copayment amounts:									
Opt #	Metallic Tier	Coinsurance		Deductible	Out-of-pocket		Primary Care	Specialist	Doctor On Demand	Retail Clinic	Urgent Care	ER	Advanced Imaging	Outpatient Surgery Facility	Ambulatory Surgical Center	Inpatient Services[1]	Pharmacy Drug List: Benefit
		In	Out		Individual	Family											
1	Gold	100%	70%	$0	$7,000	$14,000	$40	$80	$0	$20	$80	$500	$500	$1,000	$500	$1,250	Rx5 Plus: $5/$15/$100/$150/$1,200
2	Gold	100%	70%	$0	$7,000	$14,000	$40	$80	$0	$20	$80	$500	$500	$1,250	$750	$1,500	Rx5 Plus: $5/$15/$100/$150/$1,200
3	Gold	100%	70%	$0	$7,000	$14,000	$45	$90	$0	$20	$90	$500	$500	$1,500	$1,000	$1,750	Rx5 Plus: $5/$15/$100/$150/$1,200
4	Gold	100%	70%	$0	$7,000	$14,000	$45	$90	$0	$20	$90	$500	$500	$1,750	$1,250	$2,000	Rx5 Plus: $5/$15/$100/$150/$1,200
5	Gold	100%	70%	$0	$9,100	$18,200	$10	$60	$0	$20	$60	$750	$750	$2,000	$1,500	$2,250	Rx5 Plus: $5/$15/$100/$150/$1,200
6	Gold	100%	70%	$0	$9,100	$18,200	$45	$90	$0	$20	$90	$650	$650	$2,000	$1,500	$2,250	Rx5 Plus: $5/$15/$100/$150/$1,200

(1) Copay per day for first three days

Humana Community Rated Medical Plans

For groups 1-50
Effective dates starting 1/1/23

COPAY

PPO, NPOS, and HMO PLANS – These traditional plan designs offer members predictable costs with copayments for most types of healthcare services, giving members the security of coverage and financial protection. For other covered services, members pay until the deductible is met, then pay coinsurance. In-network preventive services, such as annual exams and flu shots, are covered at 100%. Copay plans include $0 virtual visits for urgent and mental healthcare with board-certified doctors 24/7 with Doctor On Demand®. All out-of-pocket costs, including prescription drugs, count toward the out-of-pocket limit that helps protect members' total annual spending.

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						Copayment amounts:									
Opt #[1]	Metallic Tier	Coinsurance		Deductible		Out-of-pocket		Primary Care	Specialist	Doctor On Demand	Retail Clinic	Urgent Care	ER	Advanced Imaging	Outpatient Surgery Facility	Ambulatory Surgical Center/ Inpatient Services	Pharmacy Drug List: Benefit
		In	Out	Individual	Family	Individual	Family										
1	Gold	100%	70%	$2,500	$5,000	$6,000	$12,000	$40	$80	$0	$20	$80	$500 + Ded/Coins	Ded/Coins	$500 + Ded/coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
2	Gold	100%	70%	$3,000	$6,000	$5,000	$10,000	$40	$80	$0	$20	$80	$500 + Ded/Coins	Ded/Coins	$500 + Ded/coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
3	Gold	100%	70%	$4,500	$9,000	$5,500	$11,000	$30	$65	$0	$20	$65	$500 + Ded/Coins	Ded/Coins	$500 + Ded/coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
4	Silver	100%	70%	$7,000	$14,000	$9,100	$18,200	$40	$80	$0	$20	$80	$500 + Ded/Coins	Ded/Coins	$500 + Ded/coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
5	Silver	100%	70%	$9,100	$18,200	$9,100	$18,200	$50	$100	$0	$20	$100	$750 + Ded/Coins	Ded/Coins	$750 + Ded/coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
6	Gold	80%	60%	$1,500	$3,000	$5,000	$10,000	$40	$80	$0	$20	$80	$500 + Ded/Coins	Ded/Coins	$500 + Ded/coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
7	Gold	80%	60%	$2,000	$4,000	$5,000	$10,000	$30	$60	$0	$20	$60	$500 + Ded/Coins	Ded/Coins	$500 + Ded/coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
8	Gold	80%	60%	$2,000	$4,000	$6,500	$13,000	$30	$60	$0	$20	$60	$500 + Ded/Coins	Ded/Coins	$500 + Ded/coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
9	Gold	80%	60%	$3,000	$6,000	$5,500	$11,000	$35	$70	$0	$20	$70	$550 + Ded/Coins	Ded/Coins	$550 + Ded/coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
10	Silver	80%	60%	$4,000	$8,000	$9,100	$18,200	$50	$100	$0	$20	$100	$800 + Ded/Coins	Ded/Coins	$800 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%

								If you use IN-NETWORK providers	Copayment amounts:								
Opt #[1]	Metallic Tier	Coinsurance		Deductible		Out-of-pocket		Primary Care	Specialist	Doctor On Demand	Retail Clinic	Urgent Care	ER	Advanced Imaging	Outpatient Surgery Facility	Ambulatory Surgical Center/ Inpatient Services	Pharmacy Drug List: Benefit
		In	Out	Individual	Family	Individual	Family										
11	Silver	80%	60%	$5,000	$10,000	$9,100	$18,200	$50	$100	$0	$20	$100	$800 + Ded/Coins	Ded/Coins	$800 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
12	Silver	80%	60%	$6,000	$12,000	$9,100	$18,200	$50	$100	$0	$20	$100	$825 + Ded/Coins	Ded/Coins	$825 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
13[2]	Gold	50%	N/A	$1,000	$2,000	$6,000	$12,000	$30	$60	$0	$20	$60	$600 + Ded/Coins	Ded/Coins	$600 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
14[2]	Silver	50%	N/A	$3,500	$7,000	$9,100	$18,200	$50	$100	$0	$20	$100	$825 + Ded/Coins	Ded/Coins	$825 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
15[2]	Silver	50%	N/A	$4,500	$9,000	$8,000	$16,000	$45	$90	$0	$20	$90	$600 + Ded/Coins	Ded/Coins	$600 + Ded/Coins	Ded/Coins	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins
16[2]	Silver	50%	N/A	$4,500	$9,000	$9,100	$18,200	$45	$90	$0	$20	$90	$825 + Ded/Coins	Ded/Coins	$825 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
17[2]	Silver	50%	N/A	$5,000	$10,000	$9,100	$18,200	$10	$70	$0	$20	$70	$725 + Ded/Coins	Ded/Coins	$725 + Ded/Coins	Ded/Coins	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins
18[2]	Silver	50%	N/A	$5,000	$10,000	$9,100	$18,200	$45	$90	$0	$20	$90	$750 + Ded/Coins	Ded/Coins	$750 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
19[2]	Silver	50%	N/A	$5,500	$11,000	$8,000	$16,000	$40	$80	$0	$20	$80	$600 + Ded/Coins	Ded/Coins	$600 + Ded/Coins	Ded/Coins	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins
20[2]	Silver	50%	N/A	$7,000	$14,000	$9,100	$18,200	$45	$90	$0	$20	$90	$800 + Ded/Coins	Ded/Coins	$800 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
21[2]	Bronze	50%	N/A	$8,000	$16,000	$9,100	$18,200	$50	$100	$0	$20	$100	$1000 + Ded/Coins	Ded/Coins	$1000 + Ded/Coins	Ded/Coins	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins
23[3]	Gold	60%	60%	$1,000	$2,000	$6,000	$12,000	$30	$60	$0	$20	$60	$600 + Ded/Coins	Ded/Coins	$600 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
24[3]	Silver	60%	60%	$3,500	$7,000	$9,100	$18,200	$50	$100	$0	$20	$100	$825 + Ded/Coins	Ded/Coins	$825 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
25[3]	Silver	60%	60%	$4,500	$9,000	$8,000	$16,000	$45	$90	$0	$20	$90	$600 + Ded/Coins	Ded/Coins	$600 + Ded/Coins	Ded/Coins	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins
26[3]	Silver	60%	60%	$4,500	$9,000	$9,100	$18,200	$45	$90	$0	$20	$90	$825 + Ded/Coins	Ded/Coins	$825 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%

								If you use IN-NETWORK providers	Copayment amounts:								
Opt #[1]	Metallic Tier	Coinsurance		Deductible		Out-of-pocket		Primary Care	Specialist	Doctor On Demand	Retail Clinic	Urgent Care	ER	Advanced Imaging	Outpatient Surgery Facility	Ambulatory Surgical Center/ Inpatient Services	Pharmacy Drug List: Benefit
		In	Out	Individual	Family	Individual	Family										
27[3]	Silver	60%	60%	$5,000	$10,000	$9,100	$18,200	$10	$70	$0	$20	$70	$725 + Ded/Coins	Ded/Coins	$725 + Ded/Coins	Ded/Coins	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins
28[3]	Silver	60%	60%	$5,000	$10,000	$9,100	$18,200	$45	$90	$0	$20	$90	$750 + Ded/Coins	Ded/Coins	$750 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
29[3]	Silver	60%	60%	$5,500	$11,000	$8,000	$16,000	$40	$80	$0	$20	$80	$600 + Ded/Coins	Ded/Coins	$600 + Ded/Coins	Ded/Coins	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins
30[3]	Silver	60%	60%	$7,000	$14,000	$9,100	$18,200	$45	$90	$0	$20	$90	$800 + Ded/Coins	Ded/Coins	$800 + Ded/Coins	Ded/Coins	Rx5 Plus: $5/$15/20%/25%/35%
31[3]	Bronze	60%	60%	$8,000	$16,000	$9,100	$18,200	$50	$100	$0	$20	$100	$1,000 + Ded/Coins	Ded/Coins	$1,000 + Ded/Coins	Ded/Coins	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins

(1) Community Rated Copay plan options will be listed as Copay II in the quoting system.
(2) Available only with HMO network
(3) Available with PPO and NPOS networks only

Humana Community Rated Medical Plans

For groups 1-50
Effective dates starting 1/1/23

SAVINGS HSA

PPO, NPOS, and HMO PLANS – Savings HSA plans, which are IRS-qualified high-deductible health plans, offer members lower monthly premiums in exchange for taking on more of the share of healthcare costs, which they can pay using spending accounts. In-network preventive services, such as annual exams and flu shots, are covered at 100% with no copayment. For all other in-network covered services, members pay until the deductible is met and then pay coinsurance. Savings HSA plans are the only plans eligible for use with Health Savings Accounts (HSA), which are funded by pre-tax dollars to help give members more of their paycheck to put toward out-of-pocket costs, and can help members save for high-cost events like surgeries. Most out-of-pocket costs, including prescription drugs, count toward the individual and family deductible, as well as the out-of-pocket limit that helps limit members' total annual spending.

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

Opt #	Metallic Tier	Coinsurance		Deductible		Out-of-pocket		Pharmacy Drug List: Benefit	Other Covered Services
		In	Out	Individual	Family	Individual	Family		
1	Gold	90%	60%	$3,000	$6,000	$3,750	$7,500	HDHP EHB: Ded/Coins	Ded/Coins
2	Silver	80%	60%	$3,250	$6,500	$6,000	$12,000	HDHP EHB: Ded/Coins	Ded/Coins
3	Silver	80%	60%	$4,000	$8,000	$7,050	$14,100	HDHP EHB: Ded/Coins	Ded/Coins
4	Bronze	80%	60%	$6,500	$13,000	$7,050	$14,100	HDHP EHB: Ded/Coins	Ded/Coins
5[1]	Bronze	50%	N/A	$6,000	$12,000	$7,050	$14,100	HDHP EHB: Ded/Coins	Ded/Coins
6[2]	Bronze	60%	60%	$6,000	$12,000	$7,050	$14,100	HDHP EHB: Ded/Coins	Ded/Coins

(1) Available on HMO network only
(2) Available on PPO and NPOS networks only

Humana Community Rated Medical Plans

For groups 1-50
Effective dates starting 1/1/23

On Hand®

PPO, NPOS, and HMO PLANS – On Hand plans are a revolutionary new way to access primary care. Members get $0 Virtual visits for urgent and mental healthcare with board-certified doctors 24/7 with Doctor On Demand® and pay only $5 for common generic prescriptions and labs at participating providers. Plus, Doctor On Demand will provide referrals to specialists and coordinate the member's care.

On Hand members also have access to Humana's network of in-person providers and specialists. All in-network preventive services, such as annual exams and flu shots, are covered at 100% with no copay. Select On Hand plans offer copays for certain types of in-person care. For all other in-network covered services that members don't receive from Doctor On Demand, the member will pay Humana's negotiated rate until they reach their maximum out-of-pocket limit. Virtual visits with providers other than Doctor On Demand will be equal to the cost associated with the same in-person/face-to-face site of care. All out-of-pocket costs count toward the individual and family deductible, as well as the maximum out-of-pocket limit which helps protect members' total annual spending.

		Doctor On Demand virtual care			In-person care									
Opt #	Metallic Tier	Primary Care	Urgent Care	Behavioral Health	Pharmacy Drug List: Benefit	Most Common Labs[1]	Primary Care/ Specialist	Retail Clinic	Coinsurance		Deductible		Out-of-pocket	
									In	Out	Individual	Family	Individual	Family
1	Silver	$0	$0	$0	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins	$5	Ded/Coins	Ded/Coins	100%	70%	$5,500	$11,000	$5,500	$11,000
2	Silver	$0	$0	$0	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins	$5	Ded/Coins	Ded/Coins	100%	70%	$6,000	$12,000	$6,000	$12,000
3	Silver	$0	$0	$0	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins	$5	$50/$50	$20	100%	70%	$6,500	$13,000	$6,500	$13,000
4	Bronze	$0	$0	$0	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins	$5	Ded/Coins	Ded/Coins	100%	70%	$7,500	$15,000	$7,500	$15,000
5	Silver	$0	$0	$0	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins	$5	$50/$50	$20	100%	70%	$8,000	$16,000	$8,000	$16,000
6	Bronze	$0	$0	$0	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins	$5	$50/$100	$20	100%	70%	$9,100	$18,200	$9,100	$18,200
7	Bronze	$0	$0	$0	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins	$5	Ded/Coins	Ded/Coins	100%	70%	$9,100	$18,200	$9,100	$18,200
8	Silver	$0	$0	$0	Rx5 Plus Blended: $5/$5/Tiers 3-5 Ded & Coins	$5	$50/$100	$20	80%	60%	$6,000	$12,000	$7,350	$14,700

(1) $5 copayment for the common diagnostic screenings and tests only apply to free-standing facilities that are in-network providers

Humana Medical Networks

CHOOSE YOUR MEDICAL NETWORK

You can offer your employees a national network of providers.

PPO Plans:

- **Humana ChoiceCare Network® (CHC)** is one of the largest, most cost-effective physician and hospital networks 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 any location, and do not need to choose a primary care physician.

HMO Plans:

- **HMO Premier Network** is the largest HMO network available to our members. HMO members have the ability to see any participating provider and do not need to select a primary care physician. There are no out-of-network, non-emergency benefits.

Pharmacy:

- **National Pharmacy Network:** With more than 64,000 pharmacies across the country, the network includes all national chains, major regional chains, and more than 22,000 independent pharmacies, along with Humana's mail delivery and specialty pharmacies.

Humana dental plans

TRADITIONAL PREFERRED

Flexible plan with low deductibles and ability to see any dentist. However, when members see a dentist in the Humana Dental PPO network, they benefit from the negotiated rates from in-network dentists.

Calendar-year maximum	$500 / $750 / $1,000 / $1,500 / $2,000 / Unlimited		
Calendar year maximum options	• Extended annual maximum (Receive 30% coinsurance for the rest of the year after you reach your annual maximum (orthodontia excluded). Not available for $500, $750, or unlimited annual maximums.) • Standard annual maximum		
Calendar-year deductible[1]	Option 1	Option 2	Option 3
Individual / Family	$25/$75	$50/$150	N/A
Coinsurance	Option 1	Option 2	Option 3
Preventive services	100%	100%	100%
Basic services	90%	80%	50%
Major services	60%	50%	50%

Funding options[2] (available for 2+ size groups):

- Employer-sponsored (50% participation required)
- Voluntary
- Administrative Services Only (ASO) *(Limited to 100+ size groups)*

Enrollment options[3] (available for 2+ size groups):

- **Open enrollment:** Employees without a qualifying event can only join during the annual open enrollment period (waiting periods may apply)
- **Late applicants:** Employees can join at any time during the plan year with or without a qualifying event. (Waiting periods apply)

Buy-up options	**For 2+ size groups**
Waive preventive from annual maximum	Waives preventive services from accumulating to the annual maximum
Periodontics in Basic services	Moves Periodontic services to Basic services coinsurance amount
Endodontics in Basic services	Moves Endodontic services to Basic services coinsurance amount
Composite fillings for molars	Covers composite fillings on molar teeth at Basic services coinsurance amount
Orthodontia[4]	**Choose:** Child **OR** Adult/Child Pays 50% (no deductible) for orthodontia services up to a lifetime maximum (choose one): $1,000 / $1,500 / $2,000
Buy-up options	**For 10+ size groups**
Implant placement and services[5]	Covers implant placement and implant crowns, bridges, and dentures at Major services coinsurance amount. Limited to one tooth every five years (including implant crowns, bridges, and dentures)

(1) Deductible does not apply to Preventive services
(2) Multiple product options may be offered for groups of 10+
(3) If you don't choose an option, open enrollment will apply
(4) If you don't choose orthodontia, members may get a discount on non-covered services up to 20% if available through their dentist
(5) Implant placement limited to one per tooth every five years including implant crowns, bridges, and dentures

Humana dental plans

PREVENTIVE PLUS

Covers commonly used preventive and basic services, including exams, X-rays, cleanings and fillings. Plus, discounts may be available on additional services like crowns, inlays, oral surgery and orthodontia.

Calendar-year maximum Individual / Family	$1,000	
Calendar-year deductible[1] Individual / Family	$50 / $150	
Coinsurance	Option 1	Option 2
Preventive services	100%	100%
Basic services *(Emergency care, fillings, & simple extractions)*	80%	50%
Discount services: Not covered, but may be available at a discount through their dentist		

- Additional basic services (crowns, harmful habit appliances for children, oral surgery)
- Major services
- Orthodontia services

Buy-up options	**For 2+ size groups**
Waive preventive from annual maximum	Waives preventive services from accumulating to the annual maximum
Composite fillings for molars	Covers composite fillings on molar teeth at Basic services coinsurance amount

(1) Deductible does not apply to Preventive services
(2) Multiple product options may be offered for groups of 10+
(3) If you don't choose an option, open enrollment will apply

Funding options[2] (available for 2+ size groups):

- Employer-sponsored (50% participation required)
- Voluntary
- Administrative Services Only (ASO)

Enrollment options[3] (available for 2+ size groups):

- **Open enrollment:** Employees without a qualifying event can only join during the annual open enrollment period (waiting periods may apply)
- **Late applicants:** Employees can join at any time during the plan year with or without a qualifying event. (Waiting periods apply)

Humana dental plans

DHMO

On DHMO dental plans, there are no yearly maximums, no deductibles to meet, and no waiting periods.

For HD plans, member costs listed are for services provided by a chosen participating primary care dentist (PCD) only. HS plan copayments are applicable at either a participating PCD or a participating specialist.

A PCD may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HD plans, members may be eligible to receive up to a 25 percent discount by visiting a participating specialist.

Summary of services: Below is a sampling of the most frequently used dental service codes for these plans. For a complete listing of covered services and copays, please see individual plan summaries for each plan option.

ADA CODE	DESCRIPTION	HS195	HD205/HS205	HD210/HS210	HD215/HS215
Preventive services					
0120	Periodic oral evaluation	$0	$0	$0	$0
0210	X-ray intraoral – complete series including bitewings	$0	$0	$0	$0
1110 / 1120	Prophylaxis – adult / child, routine	$0	$0	$0	$0
1206	Topical application of fluoride varnish (for child <16)	$0	$0	$0	$0
1351	Sealant – per tooth	$0	$10	$15	$20
Basic services					
2140	Amalgam – one surface, primary or permanent	$0	$5	$20	$30
2330	Resin-based composite – one surface, anterior	$0	$30	$35	$45
2391	Resin-based composite – one surface, posterior	$30	$45	$55	$70
Major services					
2750	Crown – porcelain fused to high noble metal	$245	$270	$350	$410
3330	Endodontic therapy, molar tooth (excluding final restorations)	$210	$250	$310	$390
4910	Periodontal maintenance	$40	$45	$55	$70
7140	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation mucoperiosteal flap if indicated	$5	$0	$40	$55
7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$30	$40	$55	$60
Orthodontics					
8070 / 8080	Children up to 19 years of age, up to 24 months of routine orthodontic treatment for Class I and Class II cases	$1,850 $1,850	$1,900 $1,900	$1,900 $1,900	$1,900 $1,900

Humana dental plans

ELIGIBILITY

Traditional Preferred, Preventive Plus, and DHMO] (2+ eligible employees)

Contribution	Participation
Employer-sponsored: employer pays 100% of premium	100%
Employer-sponsored: employers pays <100% of premium	50% or greater
Voluntary: employer pays <100% of premium	Less than 50%

WAITING PERIODS

Traditional Preferred and Preventive Plus

- Most services in your plan are reimbursed as of the effective date
- No waiting periods for preventive services
- No waiting periods for endodontics or periodontics except for late applicants
- In some circumstances, benefits are available after 12 or 24 months of continual enrollment:

Contribution	Group size	Preventive	Basic	Major[1]	Orthodontia[1]
Initial enrollment, open enrollment & timely add-on	Employer-sponsored 2-4 enrolled	No	No	12 months[2]	24 months[2]
	Employer-sponsored 5+ enrolled	No	No	No	No
	Voluntary 2-9 enrolled	No	No	12 months[2]	24 months[2]
	Voluntary 10+ enrolled	No	No	No	12 months[2]
Late applicant[3]	2+ enrolled	No	12 months	12 months	12 months (24 months for 2-9 enrolled)

(1) Preventive Plus does not cover major and orthodontia services

(2) The waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the Humana Dental plan. Members must have prior orthodontia coverage to reduce or waive the waiting period under orthodontia

(3) Late applicant is not allowed with the open enrollment option

Humana Vision Plans

HUMANA VISION / MATERIALS ONLY

	Routine Eye Exam		Standard Plastic Lenses				Frames	Contact Lenses[5]			
	Exam with Dilation	Retinal Imaging[1]	Single Lenses	Bifocal Lenses	Trifocal Lenses	Lenticular Lenses	Frame Allowance[2]	Standard contact lens fit and follow-up[3]	Conventional lens Allowance[4]	Disposable lens Allowance	Medically Necessary lenses
Humana Vision 100											
In-network provider	$10	Up to $39	$25	$25	$25	$25	$100	Up to $40	$100	$100	$0
Out-of-network provider	Up to $30	Not covered	Up to $25	Up to $40	Up to $60	Up to $100	$50	Not covered	$80	$80	Up to $200
Humana Vision 130											
In-network provider	$10	Up to $39	$15	$15	$15	$15	$130	Up to $40	$130	$130	$0
Out-of-network provider	Up to $30	Not covered	Up to $25	Up to $40	Up to $60	Up to $100	$65	Not covered	$104	$104	Up to $200
Humana Vision Materials Only 130											
In-network provider	Not covered	Up to $39	$15	$15	$15	$15	$130	Up to $40	$130	$130	$0
Out-of-network provider	Not covered	Not covered	Up to $25	Up to $40	Up to $60	Up to $100	$65	Not covered	$104	$104	Up to $200
Humana Vision 150											
In-network provider	$10	Up to $39	$10	$10	$10	$10	$150	Up to $40	$150	$150	$0
Out-of-network provider	Up to $30	Not covered	Up to $25	Up to $40	Up to $60	Up to $100	$80	Not covered	$128	$128	Up to $210
Humana Vision 160											
In-network provider	$10	Up to $39	$10	$10	$10	$10	$160	$0	$160	$160	$0
Out-of-network provider	Up to $30	Not covered	Up to $25	Up to $40	Up to $60	Up to $100	$80	Up to $30	$128	$128	Up to $210
Humana Vision Materials Only 160											
In-network provider	Not covered	Up to $39	$10	$10	$10	$10	$160	$0	$160	$160	$0
Out-of-network provider	Not covered	Not covered	Up to $25	Up to $40	Up to $60	Up to $100	$80	Up to $30	$128	$128	Up to $210
Humana Vision 200											
In-network provider	$0	Up to $39	$0	$0	$0	$0	$200	$0	$200	$200	$0
Out-of-network provider	Up to $30	Not covered	Up to $25	Up to $40	Up to $60	Up to $100	$100	Up to $30	$160	$160	Up to $210

(1) Member costs may exceed $39 with certain providers
(2) Up to a 20% discount on remaining balance after frame allowance when using an in-network provider. Contact provider to determine what discounts are available
(3) Standard contact lens exam fit and follow-up costs may vary by participating provider
(4) Up to a 15% discount on remaining balance after conventional contact lens allowance when using an in-network provider. Contact provider to determine what discounts are available
(5) Plan covers contact lenses or lenses for frames, but not both, unless you have the Eye Glass and Contact Lens Rider

HUMANA VISION / MATERIALS ONLY

Additional Plan Details

Benefit Frequencies	
Exam[1]	Once every 12 months
Lenses or contact lenses	Once every 12 months
Frames	Once every 24 months

Available plan options	
12-month frame benefit	Benefit replaces the 24-month frequency of the base plan
Retinal imaging	$0 in-network and up to $20 for out-of-network benefits (does not cross apply)
LASIK / PRK	$250 per eye (in- or out-of-network); 12-month waiting period applies
Eye glass & contact lens benefit	Allows fulfillment of frame plus spectacle lenses in addition to the contact lens benefit of the base plan (not available for groups < 100)
Polycarbonate lenses for children <19	Provides for standard polycarbonate lens with $0 copay

(1) Not covered on Materials Only 130 and 160

HUMANA VISION PLUS

Additional Plan Details

Benefit Frequencies	
Exam	Once every 12 months
Lenses or contact lenses	Once every 12 months
Frames	Once every 24 months

Available plan options	
12-month frame benefit	Benefit replaces the 24-month frequency of the base plan
Retinal imaging	$0 in-network and up to $20 for out-of-network benefits (does not cross apply)
LASIK / PRK	$250 per eye (in- or out-of-network); 12-month waiting period applies
Eye glass & contact lens benefit	Allows fulfillment of frame plus spectacle lenses in addition to the contact lens benefit of the base plan (not available for groups < 100)

Humana Vision Plans

EXAM PLUS

	Routine Eye Exam		Standard Plastic Lenses				Frames	Contact Lenses			
	Exam with Dilation	Retinal Imaging[1]	Single Lenses	Bifocal Lenses	Trifocal Lenses	Lenticular Lenses	Frame Allowance	Standard contact lens fit and follow-up[2]	Conventional lens Allowance	Disposable lens Allowance	Medically Necessary
Humana Vision Exam Plus											
In-network provider	$10	Up to $39	Not covered				Not covered	Up to $40	Not covered		
Out-of-network provider	Up to $30	Not covered	Not covered				Not covered	Not covered	Not covered		

Benefit Frequency	
Exam	Once every 12 months

(1) Member costs may exceed $39 with certain providers
(2) Standard contact lens exam fit and follow up costs may vary by participating provider

ADDITIONAL VISION PLAN DISCOUNTS

Type	Discount
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 may receive 20% off the retail price.
LASIK & PRK	• 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 specially trained providers, this discount may not always be available from a provider in your immediate location.

Group term Life

BASIC GROUP TERM LIFE

Provides basic coverage to employees while giving them the opportunity to purchase voluntary term life. You can change the amount of basic life coverage once a year, on the anniversary date, by making the request to underwriting.

EMPLOYEE Basic Term Life			
Available coverage	• Flat amounts in $1,000 increments • Multiples of salary rounded to the next $1,000 • Class schedules: No more than 2.5 times between the classes and 10 times between the highest and lowest classes		
Minimum	$15,000		
Maximum	Lesser of seven times annual salary or $1 million, combined with voluntary life		
DEPENDENT Basic Term Life [1]	Option 1	Option 2	Option 3
Spouse[2]	$20,000	$10,000	$5,000
Dependent child: • Ages 6 months to 26 years • Ages 15 days to 6 months • Birth through 14 days	 $5,000 $1,000 No benefit	 $2,500 $500 No benefit	 $1,000 $500 No benefit

(1) Option 1 is available for groups with five or more eligible lives. Options 2 & 3 are available for groups with two or more eligible lives.

(2) Guarantee issue amounts for spouse/children coverage are equal to the benefit selected. Coverage and eligibility terminates at age 65.

Guaranteed issue amounts

For groups of two or more, Humana guarantees that eligible employees, spouses, and dependent children will receive a specified amount of life coverage without medical underwriting. Amounts vary with the number of full-time eligible employees.

Eligible lives	Maximum guaranteed issue amounts
2 – 4	Up to $25,000
5 – 9	Up to $50,000
10 – 24	Up to $100,000
25 – 50	Up to $175,000
51 – 74	Up to $200,000
75 – 99	Up to $250,000
100 – 299	Up to $300,000

Minimum participation requirements

The minimum employer contribution for groups with two or more eligible employees is 50% of premium.

Employer contribution	Participation
100% of premium	100%
50-99% of premium	Five enrolled employees or 50%, whichever is greater when written as stand-alone coverage. Two enrolled employees or 50%, whichever is greater when written with Medical or Dental.

Retirees: Basic Term Life is not available to retired employees.

Group term Life

VOLUNTARY / SUPPLEMENTAL TERM LIFE

Available to groups with five or more eligible employees. Employees receive group rates and pay premiums through payroll deductions.

EMPLOYEE Voluntary Term Life	
Available coverage	Flat amounts in $1,000 increments
Minimum	$15,000
Maximum	• $250,000 for groups with 5 to 50 employees[1] • $500,000 for groups with 51 or more employees • $1 million, combined with Basic Term Life
DEPENDENT Basic Term Life [1]	
Spouse: • Available coverage • Minimum coverage • Maximum coverage	 $1,000 increments up to 50% of employee amount $5,000 $250,000
Dependent child: • Ages 6 months to 26 years • Ages 15 days to 6 months • Birth through 14 days	 $5,000 or $10,000 $500 No benefit

(1) Other options available upon underwriting approval.

Guaranteed issue amounts

Amounts are based on the number of full-time eligible employees. Guaranteed issue does not apply to employees age 65 and older or spouses age 60 and older.

Eligible lives	Employee	Spouse
5 – 9	None	None
10 – 24	Up to $50,000	Up to $25,000
25 – 29	Up to $75,000	Up to $35,000
30 – 50	Up to $75,000	Up to $35,000
51 – 74	Up to $100,000	Up to $50,000
75 – 299	Up to $100,000	Up to $50,000

Minimum participation requirements:

Five enrolled employees or 25%, whichever is greater.

Retirees:

Voluntary life is not available to retired employees.

BASIC & VOLUNTARY PLAN PROVISIONS

Rate guarantee

Rates guaranteed to not change for two years (three years, if offered).

Age reduction options

Choose one of the schedules at time of sale. Beginning at age 65 or age 70 (Schedule 3), the employee's life coverage is reduced based on the benefit amount in force on their 64th or 69th (Schedule 3) birthday. This also applies to AD&D.

Age	Schedule 1	Schedule 2	Schedule 3
65	35%	35%	No reduction
70	55%	50%	50%
75	70%	No further reduction	
80	80%		
85	85%		

Waiver of premium

- Employees who are disabled for at least six consecutive months before age 60 can continue life insurance coverage and waive the premium
- Employee is covered until age 65 if they remain totally disabled

Guaranteed conversion

- If employee or dependent loses coverage due to the employee's loss of employment, loss of eligibility, or reduction for age, the coverage can be converted to an individual whole life insurance policy
- Maximum amounts to be converted vary based on the certificate
- If group coverage ends due to termination of the policy, conversion is available when the member's coverage has been in effect for at least three years. Voluntary ported coverage also can be converted when the policy is issued without evidence of insurability and must be applied and paid for within 31 days of coverage termination

Accelerated death benefit

- An employee diagnosed with a terminal illness that is expected to result in death within 24 months based on the plan offered can receive a portion of the insurance benefit
- Amount payable is 50% to a maximum benefit of $250,000
- The advanced amount will reduce the life insurance benefit at the time of death (varies by state regulations)
- Humana must approve the benefit application

Residents of AL, IL, IN, MA, MI, OH, OK, VA, and WA must have continuous coverage a minimum of 30 days to qualify for illness coverage. Residents of Texas must have continuous coverage a minimum of six months to qualify for illness coverage. For accidents, coverage begins on the effective date of the policy.

Portability of voluntary life

- An active eligible employee who leaves the group can continue voluntary life insurance by paying annual premiums to Humana if they are not yet age 70
- Only coverage in-force or a lesser amount can be ported
- Employee must exercise portability option with 31 days of termination
- Employees will be charged Humana's current portability rates when they leave

Portability is state-specific and is not available in NJ, MN, and MA. For specific benefits of coverage, contact your sales representative or refer to your Certificate of Coverage.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS (AD&D)

AD&D must be purchased with life benefits for employees (dependent children are not eligible for AD&D). AD&D provides a matching death benefit equal to the life schedule amount and includes the following features:

Common carrier benefit

Paid after a covered accidental bodily injury sustained while riding as a fare-paying passenger in a common carrier. A common carrier is any land, air, or water vehicle operated with a valid license to transport passengers for hire.

Seatbelt, airbag, helmet benefit

- **Seat belt benefit** – paid after death as a result of an auto accident while properly using a seat belt
- **Airbag** – paid after death as a result of an auto accident while driving a vehicle with a properly functioning airbag
- **Helmet** – paid after death as a result of a motorcycle accident while wearing a properly fitted and fastened motorcycle helmet

Education benefit

Provides financial assistance for dependent children's higher education in the event of a covered parent's death.

Childcare benefit

Provides financial assistance for expenses for dependent children's childcare in the event of covered spouse's death.

Spouse training benefit

Provides financial assistance for spouse's studies at an accredited school in the event of covered spouse's death.

Coma benefit

Paid if covered person is in a qualifying coma condition.

Repatriation benefit

Provides financial assistance for transportation of the employee's body in the event of accidental death. Contract will establish mileage requirements from principal place of residence.

AD&D provisions for employees and spouse[1]

If death or the following losses occur within 180 days of an accident, the following benefit will be paid:

Loss	Benefit amount equal to
Life	Full amount
Both hands and both feet	Full amount
Sight in both eyes	Full amount
One hand and one foot	Full amount
One hand or one foot, and sight in one eye	Full amount
One hand or one foot	50% of full amount
Loss of sight in one eye	50% of full amount
Loss of thumb and index finger on same hand	25% of full amount
Quadriplegia	Full amount
Paraplegia or hemiplegia	50% of full amount

(1) Benefits may vary by state. Please consult your policy for details

Residents of Texas must have continuous coverage a minimum of 30 days to qualify for AD&D coverage. For benefits details, refer to your Certificate of Coverage.

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. This document is for reference only and is intended to provide a brief overview of plan benefits. For complete information and terms of coverage, please refer to plan documents.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care. They are not intended to replace your primary care provider or other providers in your network (except for On Hand). Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your plan document for additional details on what your plan may cover or other rules that may apply.

Doctor on Demand is not available in Puerto Rico or outside the United States.

Other pharmacies may be available in our network. You can locate network pharmacies by visiting Humana.com/finder/pharmacy.

MEDICAL PLANS:

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.
These medical plans do not provide any dental or vision benefits to individuals age nineteen (19) or older. These medical plans provide pediatric dental and vision coverage as required by the Affordable Care Act. If you want adult dental or vision benefits, you will need to buy a dental or vision policy that has adult dental or vision benefits. These medical plans will not pay for any adult dental or vision care, so you will have to pay the full price of any care you receive if you do not have a separate dental or vision policy.

Wellness programs are not insurance products.

Offered by Humana Employers Health Plan of Georgia, Inc. and/or insured by Humana Insurance Company.

DENTAL PLANS:

Insured or administered by Humana Insurance Company, or offered by Humana Employers Health Plan of Georgia, Inc.

VISION PLANS:

Insured or administered by Humana Insurance Company.

LIFE PLANS:

Insured by Humana Insurance Company.

LIMITATIONS & EXCLUSIONS

Limitations and Exclusions:

Our 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 https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure or through your sales representative.