HumanaPPO

Clayton County Georgia - Standard Plan Option

For Plan Year 6-1-11 through 5-31-12

HUMANA®

GEORGIA Large Group PPO Copayment 60/50 Plan		Plan pays for services from **IN-NETWORK** providers	Plan pays for services from **OUT-OF-NETORK** providers
Preventive Care (1)	• Routine immunizations • Annual routine Pap smear • Annual routine mammogram • Routine lab test and X-ray • Routine adult physical exam • Routine child exams	**100%**	**50%** after deductible
	• Preventive endoscopy *(includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy)*	**100%**	**50%**
Physician Services (1)	• Office visits • Diagnostic tests, lab and X-rays, when performed in office and billed by physician • Allergy testing	**100%** after $30 primary care physician/ $45 specialist office visit copayment	**50%** after deductible
	• Inpatient services • Outpatient services *(includes surgery)* • Office surgery	**60%** after deductible	**50%** after deductible
	• Emergency room physician visits (5)	$200 copayment, then **60%** after deductible	$200 copayment, then **60%** after deductible
	• Allergy injections	**60%** after deductible	**50%** after deductible
Facility Services	• Inpatient hospital care	$200 copayment, then **60%** after deductible	$400 copayment, then **50%** after deductible
	• Outpatient surgery • Outpatient nonsurgical care • Outpatient advanced imaging *(PET, MRI, MRA, CAT, SPECT)*	**60%** after deductible	**50%** after deductible
	• Hospital emergency services *(emergency room copayment waived if admitted)* (5)	$200 copayment, then **60%** after deductible	$200 copayment, then **60%** after deductible
Prescription Drugs *(includes oral contraceptives)*	• Pharmacy services provided through CVS/Caremark		
Other Medical Services (2)	• Skilled nursing facility *(subject to 30 day limits per calendar year)* • Home health *(subject to 120 days per calendar year)* • Physical and occupational therapy *(subject to 40 visits per calendar year)* • Cognitive and speech therapy *(subject to 30 visits per calendar year)* • Durable medical equipment	**60%** after deductible	**50%** after deductible
	• Hospice *(inpatient and outpatient)*	**100%**	**100%**
	• Urgent care facility *(non emergency room)*	$50 copayment	**50%** after deductible
	• Chiropractic services *(subject to 40 visits per calendar year)*	$45 copayment, then **100%**	**50%** after deductible
	• Ambulance (Clayton County EMS Services are written off) (5)	**60%** after deductible	**60%** after deductible *(paid as in-network)*
	• Transplant services (3)	Same as any other illness	**50%** after deductible
Deductible and Out-of-Pocket Maximum Accumulation Methods	• In-network and out-of-network deductibles and out-of-pocket reduce each other		

Large Group PPO Copayment 60/50 Plan		Plan pays for services from **IN-NETWORK** providers	Plan pays for services from **OUT-OF-NETORK** providers
Deductible *(per calendar year) (copayments do not apply)*	• Individual	$600	$1,200
	• Family	$1,250	Unlimited
Out-of-Pocket Maximum *(per calendar year) (deductibles and copayments do not apply)*	• Individual	$4,000	No limit
	• Family	$10,000	
Lifetime Maximum Benefit		Unlimited	
Behavioral Health *(mental health and substance abuse)*	• Inpatient services	**60%** after $200 hospital inpatient copayment and deductible	**50%** after $400 copayment after deductible *(60 days)*
	• Inpatient physician services	**60%** after deductible	**50%** after deductible
	• Outpatient therapy and office therapy sessions	**100%** after $30 office visit copayment	**50%** after deductible

Prior authorization - Humana sometimes requires preauthorization for some services and procedures your physician or other provider may recommend for you. Humana does this solely to determine whether the service or procedure qualifies for payment under your benefit plan. You and your health care provider decide whether you should have such services or procedures. Humana's preauthorization determination relates solely to payment by Humana. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at **Humana.com/members/tools/** or call Customer Service.

Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits. Your health care practitioner should call Customer Service to obtain preauthorization.

Payments - In-network providers agree to accept amounts negotiated with Humana as payment in full. The member is responsible for any required deductible, coinsurance, or other copayments. Plan benefits paid to out-of-network providers are based on maximum allowable fees, as defined in your Summary Plan Description.

Out-of-network providers may balance bill you for charges in excess of the maximum allowable fee. You will be responsible for charges in excess of the maximum allowable fee in addition to any applicable deductible, coinsurance, or copayment. Additionally, any amount you pay the provider in excess of the maximum allowable fee will not apply to your out-of-pocket limit or deductible.

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

To be covered, expenses must be medically necessary and specified as covered. Please see your Summary Plan Description for more information on medical necessity and other specific plan benefits.

(1) The following are generally defined as primary care physicians under your plan: general practitioner, family practitioner, pediatrician, internist, nurse practitioner, physician assistant and registered nurse.
(2) Visit and Day limits are combined for in-network and out-of-network providers.
(3) The Humana Transplant Network is a separate network of transplant providers who are not reflected in the provider directory. For more information on Humana's National Transplant Network, please call 1-866-421-5663.
(4) You are not required to meet individual deductibles once the family deductible has been met.
(5) Ambulance transportation and/or services received in an emergency room are not covered unless required because of emergency care, as defined in your Summary Plan Description.

The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

For general questions about the plan, contact your benefits administrator.

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Administered by Humana Insurance Company