

Benefit/Feature	Humana Managed Choice (PPO)		Humana Balanced Choice (PPO)		Humana Choice (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Choice of doctors and hospitals</b>	Use any doctor but better coverage in-network; must use network hospitals except in emergency		Use any doctor but better coverage in-network; must use network hospitals except in emergency		Use any doctor but better coverage in-network; must use network hospitals except in emergency	
<b>Need to select a primary care physician?</b>	No	No	No	No	No	No
<b>Health Savings Account?</b>	Yes. May contribute up to \$3,050/person or \$6,150/family each year on pre-tax basis. Use funds for routine health expenses (many expenses apply to annual deductible).		No		No	
<b>Annual deductible</b> (does not include copays)	\$1,200/single \$2,400/other levels <sup>3</sup>	\$2,400/single \$4,800/other levels <sup>3</sup>	\$600/person \$1,800/family	\$1,800/person \$5,400/family	\$300/person \$900/family	\$900/person \$2,700/family
<b>Annual out-of-pocket expense limit</b> (includes deductible but not copays)	\$2,000/person \$4,000/family	\$4,000/person \$8,000/family	\$1,800/person \$5,000/family	\$3,600/person \$10,000/family	\$1,500/person \$3,000/family	\$3,000/person \$6,000/family
<b>Doctor's office visits</b>						
Primary care	80% <sup>1</sup>	60% <sup>1</sup>	\$20 copay/visit	60% <sup>1</sup>	\$20 copay/visit	70% <sup>1</sup>
Specialists <sup>5</sup>	80% <sup>1</sup>	60% <sup>1</sup>	\$35 copay/visit	60% <sup>1</sup>	\$35 copay/visit	70% <sup>1</sup>
<b>Preventive care</b>	100%	60% <sup>1</sup>	100%	60% <sup>1</sup>	100%	70% <sup>1</sup>
<b>Inpatient physician care</b>	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
<b>ER physician care</b>	80% <sup>1</sup>	80% <sup>1</sup>	80% <sup>1</sup>	80% <sup>1</sup>	90% <sup>1</sup>	90% <sup>1</sup>
<b>Diagnostic tests</b>						
In doctor's office	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
Other laboratory	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
<b>Inpatient hospital</b>	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
<b>Outpatient hospital</b>	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
<b>Emergency Room</b>	80% <sup>1</sup>	80% <sup>1</sup>	\$125 copay/visit	\$125 copay/visit	\$125 copay/visit	\$125 copay/visit
<b>Urgent care centers</b>	80% <sup>1</sup>	60% <sup>1</sup>	\$50 copay/visit	\$50 copay/visit	\$50 copay/visit	\$50 copay/visit
<b>Prescription drugs</b>						
Retail Pharmacies (30-day supply)	80% <sup>1</sup>	60% <sup>1</sup>	\$10 generic (Tier 1) \$30 brand name (Tier 2) \$50 non-formulary (Tier 3) 2x retail copay	Not covered	\$10 generic (Tier 1) \$30 brand name (Tier 2) \$50 non-formulary (Tier 3) 2x retail copay	Not covered
Mail order (90-day supply)	80% <sup>1</sup>	60% <sup>1</sup>	2x retail copay	Not covered	2x retail copay	Not covered
<b>Allergy services</b>						
Testing	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
Serum	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
Injections	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
<b>Ambulance</b>	80% <sup>1</sup>	80% <sup>1</sup>	80% <sup>1</sup>	80% <sup>1</sup>	90% <sup>1</sup>	90% <sup>1</sup>
<b>Skilled nursing facility</b>	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
<b>Mental health/ substance abuse</b>						
Inpatient	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
Outpatient	80% <sup>1</sup>	60% <sup>1</sup>	\$20 copay/visit <sup>6</sup> (limit 30 visits/year)	60% <sup>1</sup> (limit 30 visits/year)	\$20 copay/visit <sup>6</sup> (limit 30 visits/year)	70% <sup>1</sup> (limit 30 visits/year)
<b>Home health care</b>	80% <sup>1</sup> (limit 60 visits/year)	60% <sup>1</sup> (limit 60 visits/year)	80% <sup>1</sup> (limit 60 visits/year)	60% <sup>1</sup> (limit 60 visits/year)	90% <sup>1</sup> (limit 60 visits/year)	70% <sup>1</sup> (limit 60 visits/year)
<b>Vision (eye exams)</b>	80% <sup>1,2</sup>	60% <sup>1,2</sup>	\$20 copay/visit <sup>2</sup>	60% <sup>1,2</sup>	\$20 copay/visit <sup>2</sup>	70% <sup>1,2</sup>
<b>Therapy services<sup>4</sup></b>	80% <sup>1</sup>	60% <sup>1</sup>	\$20 copay/visit	60% <sup>1</sup>	\$20 copay/visit	70% <sup>1</sup>
<b>Chiropractic care</b> (must be reviewed for medical necessity)	80% <sup>1</sup> (limit 15 visits/year)	60% <sup>1</sup> (limit 15 visits/year)	\$20 copay/visit (limit 15 visits/year)	60% <sup>1</sup> (limit 15 visits/year)	\$20 copay/visit (limit 15 visits/year)	70% <sup>1</sup> (limit 15 visits/year)
<b>Lifetime maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

<sup>1</sup> After annual deductible    <sup>2</sup> Must be provided by optometrist; not ophthalmologist.    <sup>3</sup> If you choose employee + spouse, employee + child/children or family coverage, you must satisfy the family deductible. This deductible may be satisfied by one person or any combination of covered family members. The entire deductible must be satisfied before benefits are paid for any plan member.    <sup>4</sup> Therapy services are limited to 20 visits/year each for speech, physical, occupational therapy and pediatric vision therapy. Maximum of 40 visits/year for all types of therapy combined.    <sup>5</sup> Does not apply to pediatrician or OB/GYN annual exams.

<sup>6</sup> Psychiatrist is considered a specialist and copay is \$35 per visit.