



Build your business with HumanaOne

With HumanaOne, you can offer your clients health plans that fit their needs and budget. Plus, optional benefits such as dental, life, and supplemental accident coverage, may be added to many plans at an additional cost.

HumanaOne plans come with an initial 12-month rate guarantee, as long as members stay in the same area and keep the same benefits (not applicable for Short Term Medical plans).

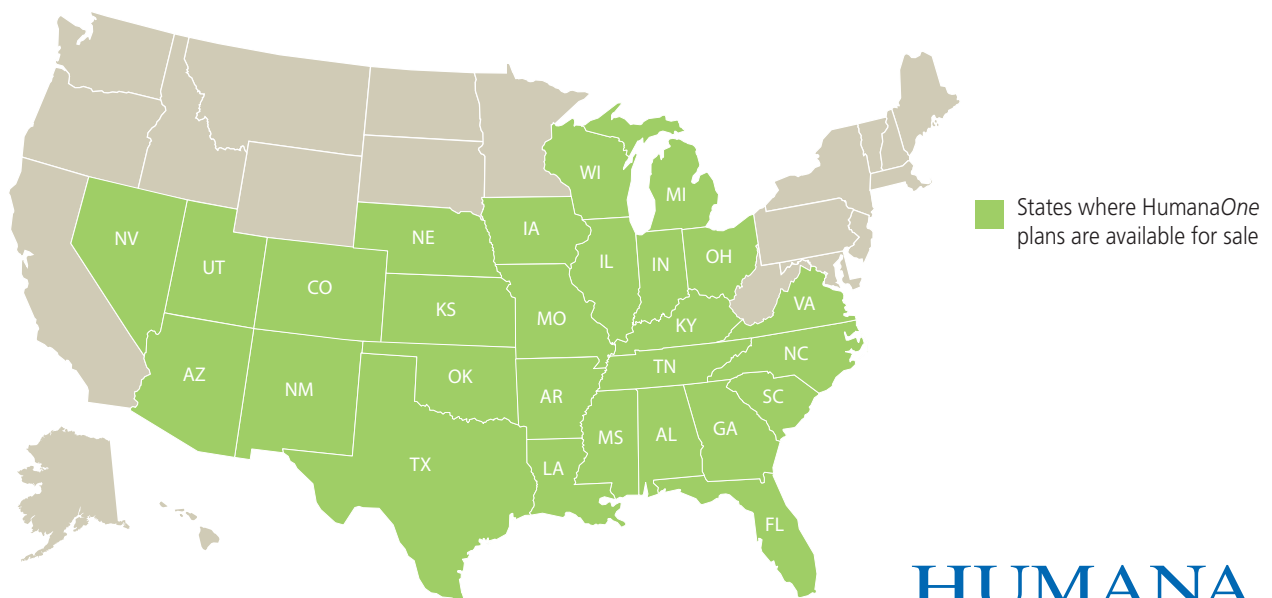
Choices your clients want:

- › Broad range of deductibles and benefit options
- › Health Savings Account (HSA)-qualified plans are available
- › Prescription drug coverage included with most plans
- › Plans are backed by one of the nation's largest PPO networks

Service your clients expect:

- › Friendly customer care every step of the way
- › Quick answers to questions about claims, benefits, or payments
- › Online resources let members compare provider and prescription costs, check claims status, and more

With HumanaOne, your clients will be certain to enjoy the peace of mind, greater savings, and customer care that they should expect from their health insurance carrier.



HUMANA
one

For Agent Use Only

Overview of 2011 HumanaOne Health Plans for Alabama, Arizona, Florida, Illinois, Michigan

Plans	HumanaOne Enhanced Copay / 80%				HumanaOne Copay / 80%				HumanaOne Copay / 70%				HumanaOne Value			
Coinsurance	80% in-network / 60% out-of-network				80% in-network / 60% out-of-network				70% in-network / 50% out-of-network				100% in-network / 75%			
Deductible options ⁴	Individual		Family*		Individual		Family*		Individual		Family*		Individual		Family*	
	\$500	\$1,500	\$1,500	\$3,000	\$3,500	\$10,500	\$10,500	\$21,000	\$1,500	\$4,500	\$4,500	\$9,000	\$5,000	\$15,000	\$15,000	\$30,000
	\$1,000	\$3,000	\$3,000	\$6,000	\$5,000	\$15,000	\$15,000	\$30,000	\$2,500	\$7,500	\$7,500	\$15,000	\$7,500	\$22,500	\$22,500	\$45,000
	\$1,500	\$4,500	\$4,500	\$9,000					\$5,000	\$15,000	\$15,000	\$30,000				
	\$2,000	\$6,000	\$6,000	\$12,000												
	\$2,500	\$7,500	\$7,500	\$15,000												
	\$3,500	\$10,500	\$10,500	\$21,000												
	\$5,000	\$15,000	\$15,000	\$30,000												
	* three family members must meet their individual deductible ⁵				* three family members must meet their individual deductible ⁵				* three family members must meet their individual deductible ⁵				* three family members must meet their individual deductible ⁵			
Coinsurance out-of-pocket limit ⁷	Individual		Family		Individual		Family		Individual		Family		Individual		Family	
	\$2,500	\$5,000	\$5,000	\$10,000	\$3,500	\$7,000	\$7,000	\$14,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$0	\$0	\$0
Lifetime maximum	Unlimited				Unlimited				Unlimited				Unlimited			
Benefits																
Preventive care	100%				100%				100%				100%			
Preventive lab and X-ray	100%				100%				100%				100%			
Diagnostic lab and X-ray	First \$500 at 100% then 80% after deductible				First \$400 at 100% then 80% after deductible				First \$300 at 100% then 70% after deductible				100% after deductible			
Office visits (illness and injury visits only)	Unlimited visit; \$35 PCP/\$60 Specialist per visit ⁸				6 visits: \$35 PCP/\$60 Specialist per visit ⁸ After 6 visits then 80% after deductible				3 visits: \$35 PCP/\$60 Specialist per visit ⁸ After 3 visits then 70% after deductible				100% after deductible			
Inpatient and outpatient services	80% after deductible				80% after deductible				70% after deductible				100% after deductible			
Emergency room services (access fee ⁹ and copay waived if admitted)	\$100 access fee then 80% after deductible				\$100 access fee then 80% after deductible				\$125 access fee then 70% after deductible				\$125 access fee then 100% after deductible			
Mental health (includes mental illness and chemical dependence)	50% after separate mental health deductible				50% after separate mental health deductible				50% after separate mental health deductible				50% after separate mental health deductible			
Prescription drugs																
	Separate \$500 deductible, then copay: (level 4: \$5,000 out-of-pocket max)				Separate \$700 deductible, then copay: (level 4: \$5,000 out-of-pocket max)				Separate \$1,000 deductible, then copay: (level 4: \$5,000 out-of-pocket max)				Separate \$1,000 deductible, then copay: (level 4: \$5,000 out-of-pocket max)			
	level 1	level 2	level 3	level 4	level 1	level 2	level 3	level 4	level 1	level 2	level 3	level 4	level 1	level 2	level 3	level 4
	\$15*	\$35	\$60	35%	\$15*	\$35	\$60	35%	\$15*	\$40	\$65	35%	\$15*	\$40	\$65	35%
	* Level 1 drugs not subject to deductible				* Level 1 drugs subject to copay, no deductible				* Level 1 drugs subject to copay, no deductible				* Level 1 drugs subject to copay, no deductible			
Optional benefits																
Rx buy-up deductible	\$150				\$300				\$500				Not available			
Deductible carryover credit (does not apply to Rx deductible)	Available				Available				Available				Available			
Supplemental accident benefit (\$1,000 or \$2,500)	Available				Available				Available				Available			
Dental	Available				Available				Available				Available			
Life	Available				Available				Available				Available			

This is an overview of the HumanaOne portfolio of plans. This chart only summarizes standard covered expenses, and may vary by state. Wait in addition, please be aware that benefits and premium may vary depending on the plan and benefits you choose. Please see the state plan's

¹ Only available for plans six months or less in duration

² Unless mandated by state

³ Not currently available in all states

⁴ The amount of covered expenses you'll pay out of your pocket before your plan begins to pay its share. There are separate deductibles for in-network and out-of-network providers. Coinsurance

⁵ Once three family members meet their individual deductibles, the family deductible will be met for all other family members. For families with two people, only two individual deductibles ne

⁶ Once two family members meet their individual deductibles, the individual and family deductible will be met for all other family members.

⁷ The amount of covered healthcare costs you have to pay while covered under this plan. Any money paid toward premium, deductible, access fees, and copays do not count toward meeting yo

⁸ Copayment (copay): A specified dollar amount to be paid by an insured person to a provider toward the covered expenses of certain benefits. This will vary by plan.

⁹ This is a specified dollar amount you may be required to pay to a provider toward the covered expenses of emergency care services for each emergency room visit. Access fees don't count tow

Plan / 100%	HumanaOne Enhanced HSA / 100%		HumanaOne HSA / 100%		Short Term Medical / 100% ³		Short Term Medical / 80% ³	
Out-of-network	100% in-network / 70% out-of-network		100% in-network / 70% out-of-network		100% in-network / 75% out-of-network		80% in-network / 60% out-of-network	
Individual* Family*	Individual	Family	Individual	Family	Individual	Family*	Individual	Family*
\$5,000	\$1,500	\$3,000	\$1,500	\$3,000	\$1,000	\$2,000	\$500 ¹	\$1,000 ¹
\$2,500	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$1,000	\$2,000
	\$3,500	\$7,000	\$3,500	\$7,000	\$5,000	\$10,000	\$2,500	\$5,000
	\$5,000	\$10,000	\$5,000	\$10,000			\$5,000	\$10,000
	\$5,950	\$11,900	\$5,950	\$11,900				
Must meet their					* two family members must meet their individual deductible ⁶		* two family members must meet their individual deductible ⁶	
Individual	Individual	Family	Individual	Family	Individual	Family	Individual	Family
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000	\$4,000
Unlimited			Unlimited		\$2 million per covered person		\$2 million per covered person	
100%			100%		Not covered ² except for endoscopic services – 100% after deductible		Not covered ² except for endoscopic services – 80% after deductible	
100%			100%		Not covered ²		Not covered ²	
100% after deductible			100% after deductible		100% after deductible		80% after deductible	
100% after deductible			100% after deductible		100% after deductible		80% after deductible	
100% after deductible			100% after deductible		100% after deductible		80% after deductible	
100% after deductible			100% after deductible		100% after deductible		80% after deductible	
100% after separate mental health deductible			Not covered ²		Not covered ²		Not covered ²	
Integrated with medical (out of pocket max)	Integrated with medical 100% after deductible		Not covered : member has access to a discount card		Integrated with medical 100% after deductible		Integrated with medical 80% after deductible	
Level 3 \$65 Level 4 35%								
Out-of-pocket, no deductible								
Not available			Not available		Not available		Not available	
Not available			Not available		Not available		Not available	
Available			Available		Not available		Not available	
Available			Available		Not available		Not available	
Available			Available		Not available		Not available	

Waiting periods, exclusions and limitations apply. Services provided by out-of-network providers are paid at a lower level, if at all. See specific benefit summary for more information.

Amount will not count toward your deductible.

Amount need to be met.

Amount your out-of-pocket coinsurance maximum.

Amount toward your deductible or out-of-pocket coinsurance maximum.

