



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).

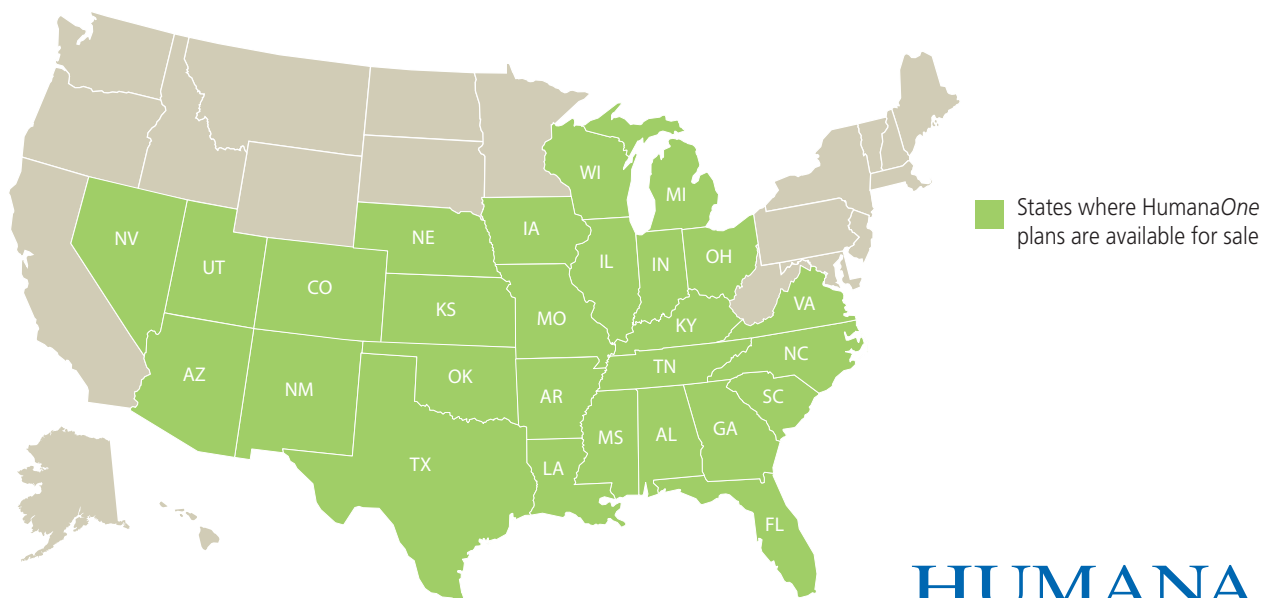
Choices your clients want:

- › 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.



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For Agent Use Only

Overview of HumanaOne Health Plans

Plans	Portrait Share 80 Plus Rx - Unlimited office visit copays		Autograph Share 80 Plus Rx		Autograph Total / HSA	
Coinsurance	80/60		80/60		100/70	
Deductible options ⁴	Individual \$1,000 \$2,500	Family* \$2,000 \$5,000	Individual \$3,500 ³ \$5,000 \$6,000	Family* \$7,000 ³ \$10,000 \$12,000	Individual \$2,000 \$3,000 \$4,000 \$5,200	Family \$4,000 \$6,000 \$8,000 \$10,400
	* two family members must meet their individual deductible ⁵		* two family members must meet their individual deductible ⁵			
Coinsurance out-of-pocket limit ⁶	Individual \$2,000	Family \$4,000	Individual \$2,000	Family \$4,000	Individual \$0	Family \$0
Lifetime maximum	Unlimited		Unlimited		Unlimited	
Benefits						
Preventive care	100%		100%		100%	
Routine lab, pathology, and X-ray	100%		100%		100%	
Diagnostic lab and X-ray	First \$200 at 100%, then 80% after deductible		First \$200 at 100%, then 80% after deductible		100% after deductible	
Office visit copay ⁷ (illness and injury visits only)	Unlimited visits; \$35 PCP/\$50 Specialist		6 visits; \$35 PCP/\$50 Specialist; then 80% after deductible		100% after deductible	
Inpatient services	80% after deductible		80% after deductible		100% after deductible	
Outpatient services	80% after deductible		80% after deductible		100% after deductible	
Emergency room services	80% after \$75 copay per visit and deductible (copay waived if admitted)		80% after \$75 copay per visit and deductible (copay waived if admitted)		100% after deductible	
Mental health (includes mental disorders, alcohol and chemical dependence)	50% after deductible		50% after deductible		Not covered	
Prescription coverage						
Rx4 prescription drug	Separate \$500 deductible, then copay: Level 1 \$15* Level 2 \$35 Level 3 \$55 Level 4 25%		Separate \$1,000 deductible, then copay: Level 1 \$15* Level 2 \$35 Level 3 \$55 Level 4 25%		Not covered	
	* Level 1 drugs subject to copay, no deductible		* Level 1 drugs subject to copay, no deductible			
Optional benefits						
Rx buy-up deductible	\$0		\$500		Not applicable	
Supplemental accident benefit (\$500 or \$1000)	Available		Available		Available	
Dental	Available		Available		Available	
Life	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. apply. Services provided by out-of-network providers are paid at a lower level, if at all. In addition, please be aware that benefits and p and benefits you choose. Please see the state plan's specific benefit summary for more information.

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. Co

⁵ Once two family members meet their individual deductibles, the individual and family deductible will be met for all other family members.

⁶ The amount of covered healthcare costs you have to pay while covered under this plan. Any money paid toward premium, deductible, and copays do not count toward meeting your ou

⁷ 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.

Autograph Total Plus Rx / HSA		Monogram Total Plus Rx		Short Term Medical 100/75 ³		Short Term Medical 80/60 ³	
100/70		100/75		100/75		80/60	
Individual	Family	Individual	Family*	Individual	Family	Individual	Family
\$1,500	\$3,000	\$7,500	\$15,000	\$1,000	\$2,000	\$500 ¹	\$1,000
\$2,500	\$5,000			\$2,500	\$5,000	\$1,000 ¹	\$2,000
\$3,500	\$7,000			\$5,000	\$10,000	\$2,500	\$5,000
\$5,000	\$10,000					\$5,000	\$10,000
		* two family members must meet their individual deductible ⁵		* two family members must meet their individual deductible ⁵		* two family members must meet their individual deductible ⁵	
Individual	Family	Individual	Family	Individual	Family	Individual	Family
\$0	\$0	\$0	\$0	\$0	\$0	\$2,000	\$4,000
Unlimited	Unlimited	Unlimited	Unlimited	\$2 million per covered person		\$2 million per covered person	
100%	100%	100%	100%	Not covered ²		Not covered ²	
100%	100%	100%	100%	Not covered ²		Not covered ²	
100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible		80% after deductible	
100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible		80% after deductible	
100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible		80% after deductible	
100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible		80% after deductible	
100% after deductible	100% after deductible	100% after \$125 copay per visit and deductible (copay waived if admitted)	100% after deductible	100% after deductible		80% after deductible	
50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered		Not covered	
Integrated with medical deductible	Separate \$1,000 deductible, then copay: Level 1 \$15* Level 2 \$40 Level 3 \$65 Level 4 25% * Level 1 drugs subject to copay, no deductible			Integrated with medical deductible		Integrated with medical deductible	
Not applicable	Not applicable			Not applicable		Not applicable	
Available	Available			Not applicable		Not applicable	
Available	Available			Not applicable		Not applicable	
Available	Available			Not applicable		Not applicable	

Waiting periods, exclusions and limitations
premium may vary depending on the plan

Coinsurance will not count toward your deductible.

Out-of-pocket coinsurance maximum.

