



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).

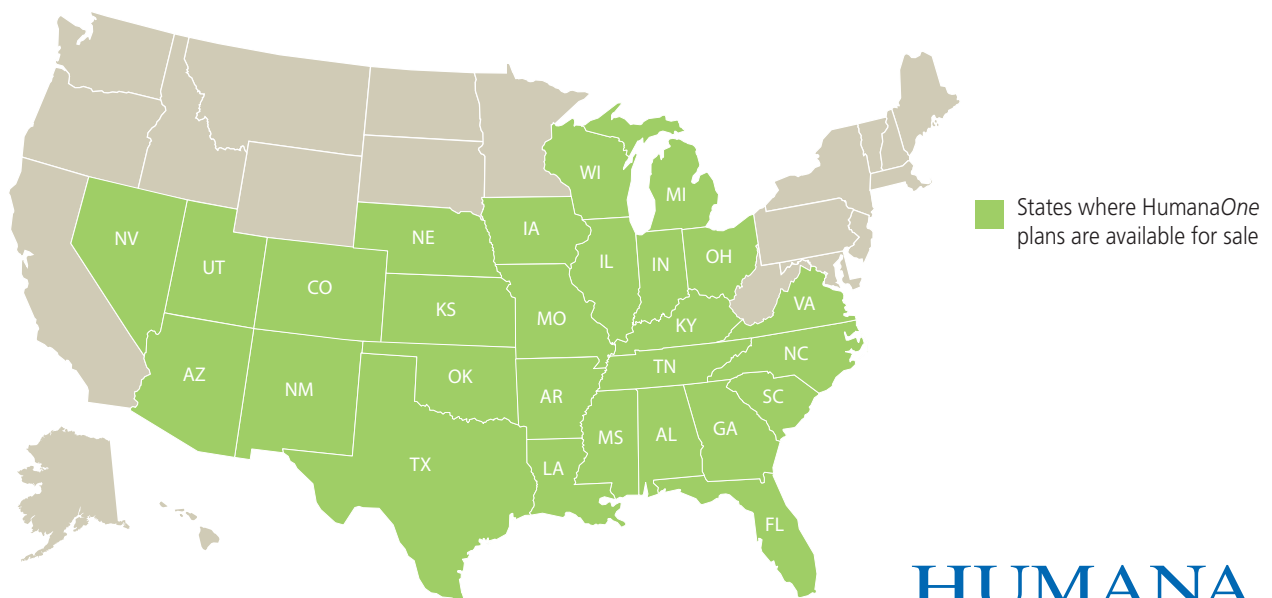
Choices your clients want:

- › 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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Overview of 2010 HumanaOne Association Health Plans

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% out-of-network						
Deductible options	Individual	Family*			Individual	Family*			Individual	Family*			Individual	Family*					
	\$500	\$1,500			\$3,500	\$10,500			\$1,500	\$4,500			\$5,000	\$15,000					
	\$1,000	\$3,000			\$5,000	\$15,000			\$2,500	\$7,500			\$7,500	\$22,500					
	\$1,500	\$4,500							\$5,000	\$15,000									
	\$2,000	\$6,000																	
	\$2,500	\$7,500																	
	\$3,500	\$10,500																	
	\$5,000	\$15,000																	
	* three family members must meet their individual deductible				* three family members must meet their individual deductible				* three family members must meet their individual deductible				* three family members must meet their individual deductible						
Coinsurance out-of-pocket limit	Individual	Family			Individual	Family			Individual	Family			Individual	Family					
	\$2,500	\$5,000			\$3,500	\$7,000			\$5,000	\$10,000			\$0	\$0					
Lifetime maximum	\$5 million per covered person				\$3 million per covered person				\$3 million per covered person				\$2 million per covered person						
Benefits																			
Preventive care	80% after deductible for HPV, Meningococcal, Zoster vaccines and endoscopic services;				80% after deductible for HPV, Meningococcal, Zoster vaccines and endoscopic services;				70% after deductible for HPV, Meningococcal, Zoster vaccines and endoscopic services;				100% after deductible for HPV, Meningococcal, Zoster vaccines and endoscopic services;						
	80% for child immunization (other than HPV and Meningococcal vaccines)				80% for child immunization (other than HPV and Meningococcal vaccines)				70% for child immunization (other than HPV and Meningococcal vaccines)				100% for child immunization (other than HPV and Meningococcal vaccines)						
Preventive lab and X-ray	First \$500 at 100% then 80% after deductible (\$500 combined preventive and diagnostic lab and x-ray) (Services include preventive pap smear, preventive mammogram and prostate screening) ⁵				First \$400 at 100% then 80% after deductible (\$400 combined preventive and diagnostic lab and x-ray) (Services include preventive pap smear, preventive mammogram and prostate screening) ⁵				First \$300 at 100% then 70% after deductible (\$300 combined preventive and diagnostic lab and x-ray) (Services include preventive pap smear, preventive mammogram and prostate screening) ⁵				100% for preventive lab and x-ray services \$500 preventive care maximum ⁴						
Diagnostic lab and X-ray													100% after deductible (Includes prostate screening)						
Office visits	Unlimited visit; \$35 PCP/\$60 Specialist per visit (Includes preventive, illness and injury visits)				6 visits: \$35 PCP/\$60 Specialist per visit. After 6 visits then 80% after deductible (Combined preventive, illness and injury visits)				3 visits: \$35 PCP/\$60 Specialist per visit. After 3 visits then 70% after deductible (Combined preventive, illness and injury visits)				100% for preventive visits \$500 preventive care maximum 100% after deductible for injury visits						
Inpatient and outpatient services	80% after deductible				80% after deductible				70% after deductible				100% after deductible						
Emergency room services (access fee 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						
The plan pays up to \$2,500 per calendar year. Outpatient services are limited to \$500 per calendar year of the out-of-pocket maximum.																			
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						
Lifetime maximum buy-up	\$8 million per covered person				\$5 million per covered person				\$5 million per covered person				\$5 million per covered person						
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 for your 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 Combined \$500 preventive care maximum per person per calendar year applies to preventive services that do not apply to the out-of-pocket maximum

⁵ Preventive pap smear and preventive mammogram are not subject to deductible and coinsurance

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	
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		* two family members must meet their individual deductible	
Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000	\$4,000
Person	\$5 million per covered person		\$2 million per covered person		\$2 million per covered person		\$2 million per covered person	
For HPV, vaccines and	100% after deductible for HPV, Meningococcal, Zoster vaccines and endoscopic services;		100% after deductible		Not covered ² except for endoscopic services – 100% after deductible		Not covered ² except for endoscopic services – 80% after deductible	
ation (other than vaccines) - subject to maximum ⁴	100% for child immunization (other than HPV and Meningococcal vaccines) - subject to \$500 preventive care maximum ⁴							
Pap smear, - subject to maximum but preventive	100% for preventive pap smear, preventive mammogram - subject to \$500 preventive care maximum but are not limited by \$500 preventive care maximum ⁴		100% for preventive pap smear and preventive mammogram		Not covered ²		Not covered ²	
- subject to maximum ⁴	100% after deductible (Includes prostate screening)		100% after deductible (Includes prostate screening)		100% after deductible		80% after deductible	
For illness and	100% for preventive visit - subject to \$500 preventive care maximum ⁴		100% after deductible		100% after deductible (illness and injury visits only)		80% after deductible (illness and injury visits only)	
	100% after deductible for illness and injury visits							
	100% after deductible		100% after deductible		100% after deductible		80% after deductible	
100% after	100% after deductible		100% after deductible		100% after deductible		80% after deductible	
al	100% after separate mental health deductible		Not covered ²		Not covered ²		Not covered ²	
Overall \$2,500.								
able, then copay: (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 copay, no deductible								
	Not available		Not available		Not available		Not available	
Person	\$8 million per covered person		\$5 million per covered person		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. Please see the

to the deductible

