Humana National POS-HDHP

New Albany Floyd County Consolidated School Corp

Indiana

NATIONAL POS HIGH DEDUCTIBLE HEALTH PLAN (HDHP) 100/70 PLAN HSA COMPATIBLE	PLAN PAYS FOR SERVICES FROM PARTICIPATING PROVIDERS		PLAN PAYS FOR SERVICES FROM NONPARTICIPATING PROVIDERS	
Embedded Deductible and Out-of-Pocket Maximum Options (per calendar year; deductibles apply to out-of-pocket maximum) (4)	Individual Deductible $2,650 Out-of-Pocket Maximum $2,650	Family Deductible $5,250 Out-of-Pocket Maximum $5,250	Individual Deductible $5,300 Out-of-Pocket Maximum $10,600	Family Deductible $10,600 Out-of-Pocket Maximum $21,200
Preventive Care				
• Routine immunizations • Routine lab test / X-ray • Routine exams • Routine child exams • Routine mammogram • Routine Pap smears • Preventive endoscopy (includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy)	100%		70% after deductible	
Physician Services				
• Office visits • Diagnostic tests, lab and X-rays • Allergy testing and injections • Inpatient services • Outpatient services • Office surgery	100% after deductible		70% after deductible	
• Emergency room physician visits (1)	100% after deductible		100% after participating deductible	
Hospital Services				
• Inpatient care (semiprivate room, ancillary services, nursing care, and ICU) • Outpatient surgery • Outpatient nonsurgical care	100% after deductible		70% after deductible	
• Hospital emergency services (facility charge only) (1)	100% after deductible		100% after participating deductible	

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Prescription Drugs (includes oral contraceptives)		
• Benefit per prescription or refill (2)	100% after deductible	70% after deductible
Other Medical Services (3)		
• Skilled nursing facility (up to 90 days per calendar year) • Home health care (up to 90 visits per calendar year) • Physical, occupational, cognitive, speech and audiology therapy (limit to 20 visits each per calendar year) • Urgent care • Chiropractic services (up to 12 visits per calendar year) • Durable medical equipment	100% after deductible	70% after deductible
• Ambulance (1)	100% after deductible	100% after participating deductible
• Transplant services	100% after deductible (when services are received from a Humana Transplant Network provider)	70% after deductible (covered expenses are limited to a maximum benefit of $35,000 per transplant)
Lifetime Maximum Benefit	Unlimited	
Behavioral Health (mental health and substance abuse)		
• Inpatient services • Outpatient and office therapy	100% after deductible	70% 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 - Participating 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 nonparticipating providers are based on maximum allowable fees, as defined in your Certificate of Insurance.

Nonparticipating 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.

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 judgment 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 Certificate for more information on medical necessity and other specific plan benefits.

(1) Ambulance transportation and/or services received in an emergency room are not covered unless required because of emergency care, as defined in your Certificate.
(2) Coverage is limited to drugs included in the Humana HDHP Drug List. Coverage for some drugs may be subject to dispensing limitations. Additionally, some drugs may need prior authorization in order to be covered.
(3) Day/visit limits are combined for participating and nonparticipating providers.
(4) Deductible and out-of-pocket limits for participating and nonparticipating benefits calculate separately.