

HUMANA HEALTH PLAN, INC.: KY LG NPOS 14

Maximum Out-of-Pocket Explanation

Coverage Period: 01/01/2014 12/31/2014

Plan Type: NPOS 14 Copay

Special Notice:

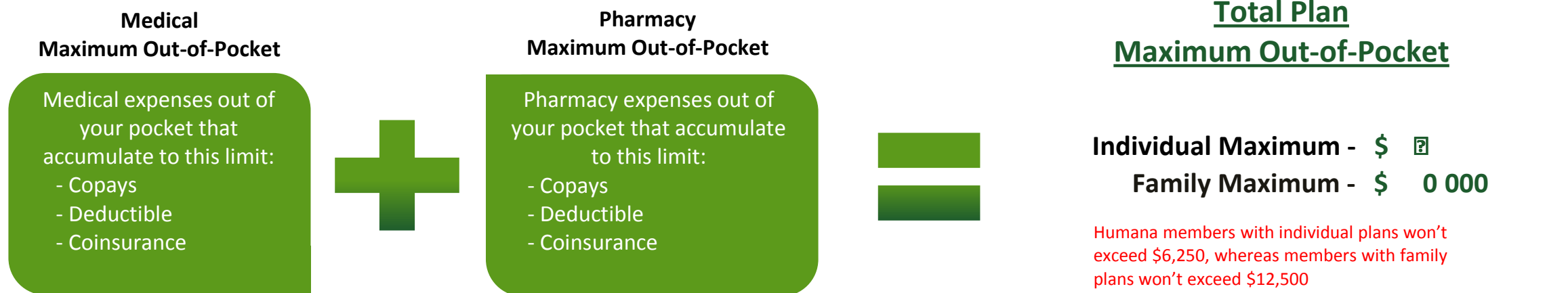
Starting in 2014 there will be a federally mandated maximum out-of-pocket (MOOP) limit that health insurance plans cannot exceed. All health insurance plans with non-grandfathered status, both fully insured and self-funded must have the MOOP include all member cost sharing for medical and pharmacy (excluding premiums, balance billing amounts for non-network providers, or spending for non-covered services). Cost-sharing includes all copayments, deductibles, and coinsurance amounts for medical, behavioral health and pharmacy amounts. The inclusion of copayments in the MOOP will likely be a change to your plan.

Beginning 1.1.14 your in-network medical and pharmacy out-of-pocket maximums combine and cannot exceed the total plan maximum out-of-pocket.

Below illustrates your plan's maximum out-of-pocket limits for in-network services:

Individual Medical Maximum Out-of-Pocket: \$
Individual Pharmacy Maximum Out-of-Pocket: \$ 2,500

Family Medical Maximum Out-of-Pocket: \$
Family Pharmacy Maximum Out-of-Pocket: \$ 5,000



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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-866-4ASSIST (427-7478). You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Humana, Inc.: www.humana.com or 1-866-4ASSIST (427-7478)

Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform

Department of Insurance, 311 West Washington Street, Suite 300, Indianapolis, IN 46204-2787, Phone: 317-232-2427

Department of Insurance, Consumer Services Division, 311 West Washington Street, Suite 300, Indianapolis, IN 46204-2787, Phone: 317-232-2395 or 800-622-4461, Fax: 317-234-2103

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays *
- Patient pays *

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	★
Copays	★
Coinsurance	★
Limits or exclusions	★
Total	★

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays *
- Patient pays *

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	★
Copays	★
Coinsurance	★
Limits or exclusions	★
Total	★

* Coverage Examples are not complete at this time. Example amounts for the "Patient pays" and "Plan pays" fields will be available at a later date.

