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 $2,700 Out-of-Pocket Maximum $2,700	Family Deductible $5,400 Out-of-Pocket Maximum $5,400	Individual Deductible $5,400 Out-of-Pocket Maximum $10,800	Family Deductible $10,800 Out-of-Pocket Maximum $21,600
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.

Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate your coverage. Limitations and exclusions to coverage apply even if a health care practitioner has performed or prescribed a medically appropriate procedure, treatment or supply. This does not prevent your health care practitioner from providing or performing any procedure, treatment or supply. This guide is available at Humana.com/members/enrollment center/pre-enrollment disclosures or through your sales representative.

Offered by Humana Health Plan, Inc. and insured by Humana Insurance Company

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Discrimination is against the law

Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide: (1)free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate; and, (2) free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call **1-877-320-1235** or if you use a **TTY**, call **711**.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.

If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**.

Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**

Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**.... ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**.... 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-320-1235 (TTY: 711)** 。... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-320-1235 (TTY: 711)**.... 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-320-1235 (TTY: 711)**번으로 전화해 주십시오.... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-320-1235 (TTY: 711)**.... Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-320-1235 (телетайп: 711)**.... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-320-1235 (TTY: 711)**.... ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-320-1235 (ATS: 711)**.... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-320-1235 (TTY: 711)**.... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-320-1235 (TTY: 711)**.... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-320-1235 (TTY: 711)**... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-320-1235 (TTY: 711)**.... 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-877-320-1235 (TTY: 711)**まで、お電話にてご連絡ください。...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-877-320-1235(TTY: 711)** تماس بگیرید.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hóló̜, kojį' hódíílnih **1-877-320-1235 (TTY: 711)**....

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-320-1235**
(رقم هاتف الصم والبكم: 711).