

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.

Most medical services must be provided or arranged by your participating primary care physician. Only emergency services are covered when provided by nonparticipating providers or facilities.

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.

Care in a day hospital, residential nonhospital or intensive outpatient mode may be substituted on a two-to-one basis for inpatient hospital services as deemed appropriate by the primary care physician.

Group outpatient visits may be substituted on a two-to-one basis for individual outpatient visits as deemed appropriate by the primary care physician.

The amount of benefit provided depends upon the plan selected. Premiums will vary according to the selection made.

For general questions about the plan, contact your benefits administrator.

Service Area

The HumanaHMO plan service area includes all of Cook, DuPage, Kane, Kankakee, McHenry, Will, Lake, Boone, Brown, Bureau, Cass, DeKalb, Dewitt, Fulton, Hancock, Henderson, Henry, Knox, LaSalle, Lee, Livingston, McDonough, McLean, Marshall, Mercer, Ogle, Peoria, Putnam, Stark, Stephenson, Schuyler, Tazewell, Warren, Whiteside, Winebago, and Woodford counties, IL. You and your eligible dependents must live or work in the service area to be eligible for coverage.

HUMANA
Guidance when you need it most

Offered by Humana Health Plan, Inc.

This is not a complete disclosure of plan qualifications and limitations. 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. This guide is available at www.disclosure.humana.com or through your sales representative. Premiums and benefits vary based on the plan selected.