

GENERAL PROVISIONS	Humana (HMO) - IL (Active & Protected Retirees)
Web Site Address	http://www.humana.com
Health Plan Telephone Number	Non-Members: 888-393-6765 Members: 800-543-7158
NCQA Accreditation Status	Excellent

US News RATINGS (Quality Report)	Humana (HMO) - IL (Active & Protected Retirees)
Consumer Assessment	☆☆☆
Prevention	☆
Treatment	☆☆

ANNUAL OUT-OF-POCKET LIMITATION	Humana (HMO) - IL (Active & Protected Retirees)
Single Contract	None
Multiple Party Contract	None

HOSPITAL SERVICES	Humana (HMO) - IL (Active & Protected Retirees)
Semi - Private Room and Board	Covered
Surgery, Inpatient and Outpatient	Covered
Physician Services	Covered
Inpatient Physical Therapy	Covered
Functional Occupational Therapy	Covered

OUTPATIENT SERVICES	Humana (HMO) - IL (Active & Protected Retirees)
Office Visits (Including Urgent Care)	Active Employees - \$25 copay Retiree - \$10 copay
Physical Exams	Active Employees - \$25 copay Retiree - Covered
Well-Baby Care	Active Employees - \$25 copay Retiree - Covered
Immunizations	Active Employees - \$25 copay (if involves office visit) Retiree - Covered

OUTPATIENT SERVICES	Humana (HMO) - IL (Active & Protected Retirees)
Allergy Tests, Injections	Active Employees - \$25 copay (if involves office visit) Retiree - Covered
Diagnostic Lab	Covered
Outpatient Physical Therapy	Covered
X-Ray & Imaging	Covered

MATERNITY CARE	Humana (HMO) - IL (Active & Protected Retirees)
Prenatal, Delivery and Postnatal	Covered

EMERGENCY CARE	Humana (HMO) - IL (Active & Protected Retirees)
Emergency Care	Active Employees - \$100 copay (waived if admitted) effective 3/1/08 Retiree - covered

AMBULANCE	Humana (HMO) - IL (Active & Protected Retirees)
Ambulance	Covered

EXTENDED CARE FACILITIES	Humana (HMO) - IL (Active & Protected Retirees)
Skilled Nursing Facility	120 days per plan year
Home Health Care	Covered
Private Duty Nursing	Covered

PSYCHIATRIC CARE	Humana (HMO) - IL (Active & Protected Retirees)
Hospital Services	45 days, renewable after 60 days
Outpatient Services	20 visits per plan year

SUBSTANCE ABUSE	Humana (HMO) - IL (Active & Protected Retirees)
Hospital Services	45 days, renewable after 60 days
Outpatient Services	35 visits per plan year, 140 lifetime

PRESCRIPTION DRUGS	Humana (HMO) - IL (Active & Protected Retirees)
Retail Pharmacies	Active: \$5 generic/\$11 brand name \$16 ED copay per prescription Retiree: \$5 generic/\$10 brand name copay per prescription See Footnote #1

PRESCRIPTION DRUGS	Humana (HMO) - IL (Active & Protected Retirees)
Mail Order Program	\$10 generic/\$20 brand name copay per prescription, up to 90-day supply. See Footnote #2

HEARING CARE	Humana (HMO) - IL (Active & Protected Retirees)
Audiometric Examination	Covered
Hearing Aid	Covered
Frequency Limitation	36 months w/Hearing Aid

VISION CARE	Humana (HMO) - IL (Active & Protected Retirees)
Vision Care Contact Information	888-393-6765, http://www.humana.com
Examination	Covered
Lenses and Frames	\$75 maximum allowance
Contact Lenses	\$75 maximum allowance

FOOT AND ANKLE CARE	Humana (HMO) - IL (Active & Protected Retirees)
Foot and Ankle Care - Outpatient Services	Contact your plan for details on covered services

OTHER SERVICES	Humana (HMO) - IL (Active & Protected Retirees)
Durable Medical Equipment	Covered
Prosthetic and Orthotic Appliances	Covered
Health Education & Special Programs	Covered

SPECIAL SITUATIONS	Humana (HMO) - IL (Active & Protected Retirees)
When Enrolled in Medicare	Plan coordinates with Medicare
Sponsored Dependent Coverage	Available at subscriber's expense

#1: A Surviving Spouse with a retirement date prior to 1/1/04 has a \$2 copay per prescription

#2: A Surviving Spouse with a retirement date prior to 1/1/04 has a \$6 copay per prescription, up to a 90 day supply.