

HumanaHMO Summary of Benefits

Premier, Select and Advantage Plans

CHICAGO Plan 2, Option 80

Plan pays for services provided or arranged by your **PARTICIPATING** primary care physician

Preventive Care	<ul style="list-style-type: none"> Routine physical exam Well-child care Well-woman services (annual mammogram, routine Pap smear) (2) Well-men care (annual PSA test and prostate exam) 	100% after a \$20 copayment per visit
Physician Services (Most visits to specialists must be authorized by a primary care physician)	<ul style="list-style-type: none"> Office visits Diagnostic lab testing and X-rays Allergy testing Allergy serums and injections Surgery performed in a physician's office 	100% after a \$20 copayment per visit
Hospital Services	<ul style="list-style-type: none"> Emergency room visits 	100%
	<ul style="list-style-type: none"> Inpatient care (semiprivate room and ancillary services, physician visits) Preadmission testing Outpatient nonsurgical care Emergency care (emergency room, emergency services) 	100%
	<ul style="list-style-type: none"> Outpatient hospital care (outpatient surgery and medically necessary services and supplies) 	100% after a \$20 copayment per visit
Prescription Drugs	<ul style="list-style-type: none"> Please see attached prescription benefit information, if applicable. 	
Other Medical Services	<ul style="list-style-type: none"> Short term physical, speech and occupational therapy (primary care physician must determine member's condition can improve significantly within two months) (1) Skilled nursing facility (up to 120 days per calendar year) (1) Hospice services (outpatient to \$2,000 per calendar year maximum) (1) Home health care (1) Durable medical equipment (1) 	100%
Illinois Mental Health Services	<ul style="list-style-type: none"> Inpatient facility (up to 30 days per calendar year) (3) Outpatient (up to 20 visits per calendar year) (4) 	100%
Indiana Mental Health Services	<ul style="list-style-type: none"> Inpatient facility Outpatient 	100%
Illinois Alcoholism and Chemical Dependency Services	<ul style="list-style-type: none"> Inpatient facility (up to 30 days per calendar year) (3) Outpatient (up to 20 visits per calendar year) (4) 	100%
Indiana Alcoholism and Chemical Dependency Services	<ul style="list-style-type: none"> Inpatient facility Outpatient 	100%
Copayment Limit	<ul style="list-style-type: none"> Individual Family 	<p>\$1,500</p> <p>\$3,000</p>

HumanaHMO is a health plan that enables you to take advantage of care arranged by the primary care physician you select from the network of participating providers. Your personal physician provides your primary care, referring you to specialists when appropriate.