

# 2016 Individual Medical Products Virginia

Current as of 1/1/2016



VAHHQ78EN 815

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[humana.com/agent](http://humana.com/agent)

# Humana/ChoiceCare® Network PPO Plans - Virginia

Current as of 1/1/2016

	Basic 6850		Bronze 6450		Bronze 4850	
	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		Yes		No	
On the Marketplace	Not on Marketplace					
Off the Marketplace - Humana/ChoiceCare® Network PPO	Benefit Summary		Benefit Summary		Benefit Summary	
Medical Coinsurance (IN/OON)*	100%/75%		100%/75%		80%/60%	
OON Medical Deductible	\$13,700	\$27,400	\$12,900	\$25,800	\$9,700	\$19,400
OON Rx Deductible	Combined with Medical Deductible		Combined with Medical Deductible		\$4,500	\$9,000
OON MOOP	\$27,400	\$54,800	\$25,800	\$51,600	\$25,400	\$50,800
<b>In network</b>						
Medical Deductible	\$6,850	\$13,700	\$6,450	\$12,900	\$4,850	\$9,700
Rx Deductible	Combined with Medical Deductible		Combined with Medical Deductible		\$1,500	\$3,000
Maximum Out-of-Pocket (MOOP)	\$6,850	\$13,700	\$6,450	\$12,900	\$6,350	\$12,700
PCP/Retail Clinic/Urgent Care/Specialist	\$25 PCP (3) then deductible/coinsurance		100% after deductible		\$25/\$50/\$75/\$75	
Labs and X-Rays	100% after deductible		100% after deductible		\$300 at 100%, (3) then deductible/coinsurance	
Emergency Room	100% after deductible		100% after deductible		\$250 ER copay for each visit. 80% coinsurance after deductible	
Inpatient and Outpatient Hospitals Services, Ambulance	100% after deductible		100% after deductible		80% after deductible	
Rx Tier 1 (not subject to deductible)	100% after deductible		100% after deductible		\$20	
Rx Tier 2/3/4 (after deductible)	100% after deductible		100% after deductible		\$75/\$50/50%	
Rx Formulary	HDHP - EHB		HDHP - EHB		Rx4-EHB	
Children's Vision Care (and Children's Dental Care for Plans Off Marketplace)	100% after deductible		100% after deductible		50% after deductible	

\* Coinsurance may vary by benefit category (see Benefit Summary)

PPO plans have in-network and out-of-network deductibles, benefits and maximum out of pocket limits

Family plans have individual protection; they have individual & family deductibles and maximum out of pocket amounts.



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# Humana/ChoiceCare® Network PPO Plans - Virginia

Current as of 1/1/2016

## Humana/ChoiceCare® Network PPO Plans

- PPO plans use our national medical network of hospitals, doctors and specialists
- Rx network: National Rx
- Includes out-of-network coverage but members may save more money by staying in network

Humana PPO plans are available in many cities/counties throughout the state. The Humana/ChoiceCare® Network PPO is Humana's largest nationwide network. Check "Physician Finder" for a list of doctors, specialists and hospitals in this network. Here's a snapshot of the network across the nation:

- Practitioners: more than 594,000
- Hospitals: more than 3,900
- Urgent care centers: more than 2,600
- Pharmacies: more than 61,000

Network	Rating Area	Basic 6850	Bronze 6450	Bronze 4850
		Premium*	Premium**	Premium**
Humana/ ChoiceCare® Network PPO	Blacksburg	\$241	\$321	\$349
	Charlottesville	\$255	\$339	\$368
	Kingsport-Bristol	\$210	\$279	\$303
	Lynchburg	\$240	\$320	\$347
	Richmond	\$280	\$374	\$405
	Roanoke	\$242	\$323	\$350
	Virginia Beach	\$251	\$335	\$363
	Washington-Arlington	\$246	\$329	\$356
	Other VA	\$243	\$323	\$351

Note: Premiums are 2016 rates for Humana/ChoiceCare® Network PPO plans sold off the Health Insurance Marketplace. Humana/ChoiceCare® Network PPO plans are not sold on the Marketplace.

\* For Basic plan, single rate for age 42, non-smoker with hardship exemptions \*\* Single rate for age 42, non-smoker; all premiums are before any potential subsidy



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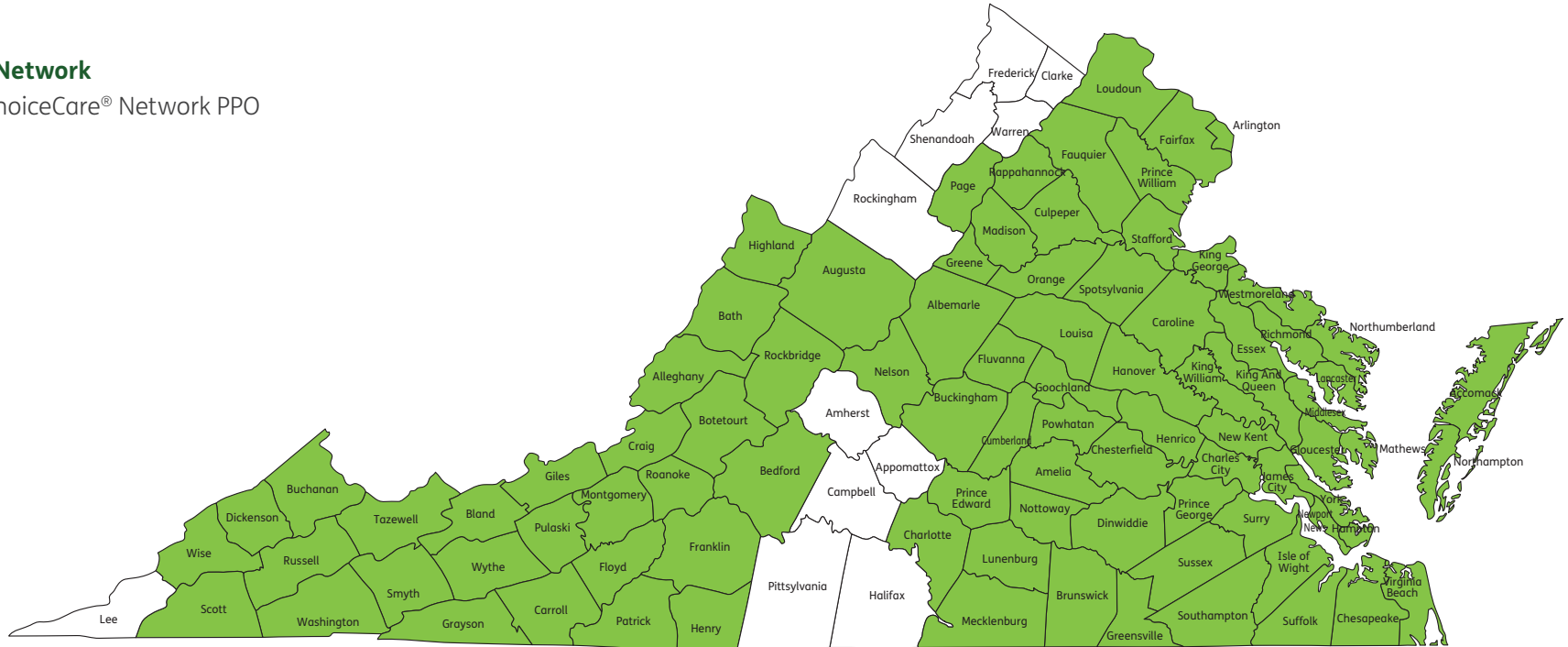
# Humana/ChoiceCare® Network PPO Plans - Virginia

Current as of 1/1/2016

Humana offers PPO plans off the Health Insurance Marketplace in the counties highlighted below.

## Humana PPO Network

■ Humana/ChoiceCare® Network PPO



### NETWORK

Humana/ChoiceCare® Network PPO

### CITIES/COUNTIES

Humana National Preferred Plans are available statewide except for the following cities or counties:  
 Amherst, Appomattox, Buena Vista City, Campbell, Clarke, Covington City, Danville City, Emporia City, Frederick, Halifax, Harrisonburg City, Lee, Lynchburg City, Manassas Park City, Pittsylvania, Rockingham, Shenandoah, Warren, Winchester City



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# Humana Dental Plans - Virginia

Current as of 1/1/2016

	PPO	
	HumanaOne® Dental Preventive Plus	HumanaOne® Dental Loyalty Plus <sup>SM</sup>
On the Marketplace	Not Available	Not Available
Off the Marketplace	<u>Benefit Summary</u>	<u>Benefit Summary</u>
Deductible	Plan Year: Individual \$50; Family: \$150	One-time Individual: \$150 Individual + One: \$300 Family: \$450
Annual Maximum Benefit Per Individual on Plan*	\$1,000	First year: \$1,000; Second year: \$1,250; Subsequent years: \$1,500
Max Out-of-Pocket** (Humana® Dental Smart Choice Pediatric only)	Not Available	Not Available
Network Coverage	In- and out-of-network	In- and out-of-network
Preventative Services (covers items, such as oral exams, cleanings, and x-rays)	100% no deductible (in network); 70% of in network fee schedule after deductible (out-of-network)	100% no deductible (in- and out-of-network)
Basic Services (covers items, such as fillings, nonsurgical extractions, and oral surgery)	50% after deductible (in network); 30% of in network fee schedule after deductible (out-of-network) (six-month waiting period applies)	First year: 40% after deductible; Second year: 55% after deductible; Subsequent years: 70% after deductible (in- and out-of-network)
Major Services (covers items, such as root canals, dentures, and bridgework)	You may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.	First year: 20% after deductible; Second year: 30% after deductible; Subsequent years: 50% after deductible (in- and out-of-network)
Orthodontia services	Adult and child orthodontia  You may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.	Adult and child orthodontia  Member may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.
Monthly Premium	\$-	\$-

\*This is the maximum amount that the plan will pay during the plan year \*\*Out-of-pocket maximum for a policy with one covered child is \$350. The out-of-pocket maximum for a policy with two or more covered children is \$350 per individual child or \$700 combined for all children.

† Single rate for age 42 †† Single rate for age 42 in Region 1



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# Humana Vision Plans - Virginia

Current as of 1/1/2016

	HumanaOne Vision Focus Plan	
	In-network provider	Out-of-network provider
On the Marketplace	Not Available	
Off the Marketplace	Benefit Summary	
Exam with Dilation	\$10 copay	\$30 allowance
<b>Contact Lens Exam Options*</b>		
Standard Contact Lens Fit & Follow-Up	\$40 copay	Not Available
Premium Contact Lens Fit & Follow-Up	10% off retail	Not Available
<b>Frames</b>		
Discounts may be Available on all Frames Except When Prohibited by the Manufacturer	\$100 allowance, 20% off balance over \$100	\$50 allowance
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 copay	\$25 allowance
Bifocal	\$25 copay	\$40 allowance
Trifocal	\$25 copay	\$55 allowance
<b>Lens options</b>		
UV Coating	\$15 copay	Not Available
Tint (solid & gradient)	\$15 copay	Not Available
Standard Scratch-resistance	\$15 copay	Not Available
Standard Polycarbonate**	\$40 copay	Not Available
Standard Anti-reflective Coating	\$45 copay	Not Available
Standard Progressive (add-on to bifocal)	\$65 copay	Not Available
Other Add-ons and Services	20% off retail price	Not Available

\* Standard contact lens fitting: spherical clear contact lenses in conventional wear and planned replacement (examples include by not limited to disposable, frequent replacement, etc.)

Premium contact lens fitting: all lens designs, materials and specialty fittings other than standard contact lenses (examples include toric, multifocal, etc.)

\*\* Standard polycarbonate available at no charge to dependents to 19 years old. All other members pay a fixed charge of \$40.

Vision plans continued on next page



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# Humana Vision Plans - Virginia

Current as of 1/1/2016

	HumanaOne Vision Focus Plan	
	In-network Provider	Out-of-network Provider
<b>Contact Lenses (applies to materials only)</b>		
Conventional	\$115 allowance, 15% off balance over \$115	\$92 allowance
Disposable	\$115 allowance	\$92 allowance
Medically Necessary	\$0 copay, paid-in-full	\$200 allowance
<b>Frequency†</b>		
Examination	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months
Monthly Premium	\$-	

\* Single rate example

†Frequencies are based on date of service.

Previous page contains additional Vision plans



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