

# Create a customized plan summary

**Step 1: Choose the benefit options** selected by the employer from the menu below.  
To make this a valid plan summary, the options selected must match the Humana quote.

**Step 2: View and print your plan summary** by scrolling to the pages that follow.

**Step 3: Saving your plan summary.** You must have the full version of Adobe Acrobat  
(not Acrobat Reader) in order to save your plan summary to your PC.

## Build your plan:

Enter customer name:

Pick your deductible:

## Michigan 100/70 plan

Plan pays for services from  
**PARTICIPATING** providers

Plan pays for services from  
**NONPARTICIPATING** providers

### Optional Health Savings Account (HSA)

		Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers
<b>Optional Health Savings Account (HSA)</b>			
<b>&gt;</b> <b>deductible and out-of-pocket maximum</b> <ul style="list-style-type: none"> <li>per calendar year</li> <li>deductibles apply to out-of-pocket maximum</li> </ul>	<ul style="list-style-type: none"> <li>individual deductible</li> </ul>		
	<ul style="list-style-type: none"> <li>family deductible</li> </ul>		
	<ul style="list-style-type: none"> <li>individual out-of-pocket maximum</li> </ul>		
	<ul style="list-style-type: none"> <li>family out-of-pocket maximum</li> </ul>		
<b>Preventive care</b>	<ul style="list-style-type: none"> <li>preventive office visits</li> <li>preventive lab and X-ray</li> <li>Pap smear and mammogram</li> <li>prostate screening</li> <li>child immunizations to age 18</li> <li>flu and pneumonia immunizations</li> </ul>	100%	70% after deductible
	<ul style="list-style-type: none"> <li>endoscopic services (including, but not limited to colonoscopy)</li> </ul>	100% after deductible	70% after deductible
<b>Physician services</b>	<ul style="list-style-type: none"> <li>office visits</li> <li>diagnostic lab and X-ray</li> <li>allergy testing</li> <li>allergy injections and serums</li> <li>inpatient and outpatient services</li> <li>surgery</li> </ul>	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> <li>emergency room visits</li> </ul>	100% after deductible	100% after participating deductible
<b>Facility services</b>	<ul style="list-style-type: none"> <li>inpatient and outpatient services</li> <li>outpatient advanced imaging (PET, MRI, MRA, CAT, SPECT)—hospital, freestanding facility and clinic</li> </ul>	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> <li>emergency services</li> </ul>	100% after deductible	100% after participating deductible
<b>Prescription drugs</b>	<ul style="list-style-type: none"> <li>retail or mail order benefit per prescription or refill</li> </ul>	100% after deductible	70% after deductible
<b>Other medical services</b>	<ul style="list-style-type: none"> <li>skilled nursing facility (up to 60 days per calendar year)</li> <li>hospice</li> <li>home health care (up to 100 visits per calendar year)</li> <li>physical, occupational, cognitive, speech and audiology therapy (combined limit up to 25 visits per calendar year)</li> <li>urgent care</li> <li>spinal manipulations, adjustments and modalities (up to 20 visits per calendar year)</li> <li>durable medical equipment (limited to \$2,500 of covered services per calendar year)</li> </ul>	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> <li>ambulance</li> </ul>	100% after deductible	100% after participating deductible
	<ul style="list-style-type: none"> <li>maternity</li> </ul>	Same as any other illness	Same as any other illness
	<ul style="list-style-type: none"> <li>transplant services</li> </ul>	Same as any other illness when services are received from a Humana Transplant Network provider	Same as any other illness. Covered expenses are limited to a maximum allowance of \$35,000 per transplant
<b>Lifetime maximum benefit</b>			\$5,000,000

<sup>1</sup> When plans have Aggregate deductibles and out-of-pockets, all medical and pharmacy benefits of the family members covered under the plan accumulate to a collective family deductible and a family out-of-pocket maximum. The entire family deductible must be satisfied before coinsurance benefits are payable for a member on the plan.

<sup>2</sup> When plans have Embedded deductibles and out-of-pockets, all members medical and pharmacy benefits accumulate to the single and family deductible. However, any individual family member will receive coinsurance benefits once they have satisfied the single deductible, if the family deductible has not previously been satisfied. The remaining family members will receive coinsurance benefits once the family deductible has been met.

# Michigan

## HumanaHDHP 08 100/70 plan

Plan pays for services from  
**PARTICIPATING** providers

Plan pays for services from  
**NONPARTICIPATING** providers

### Mental health, chemical and alcohol dependency

- inpatient services (up to 10 days per calendar year)
- mental health outpatient & office therapy sessions (up to 15 visits per calendar year)
- chemical and alcohol dependency outpatient and office therapy sessions (subject to US Consumer Price Index)

100% after deductible

70% after deductible

## Health Savings Account option

The Health Savings Account (HSA) is a tax-exempt bank account. Employees use the account to pay deductibles, coinsurance, and qualified health care expenses, as well as save for post-retirement expenses. If employees don't use the money in their account, it's theirs to keep!

Our banking partner, UMB Bank, makes it easy to set up HSA accounts for you and your employees. However, you can use UMB Bank or the bank of your choice.

- › Funds contributed are pretax dollars (this applies to federal tax and most state taxes)
- › Funds roll over from year to year
- › Funds earn interest and grow tax-free
- › Employees own the accounts, so they stay with them regardless of employment
- › HumanaAccess Visa<sup>SM</sup> card gives employees an easy way to use HSA funds\*
- › Funds can be used to pay for qualified health care expenses, such as medical, dental, vision, prescription drugs, and over-the-counter medications

\* Available only to groups using UMB Bank

## Network

### **PPOM/ChoiceCare Network® (PPOM/CHC)**

Humana's ChoiceCare Network is one of the largest, most cost-effective physician and hospital networks in the nation, including 455,000 providers and 3,750 hospitals across all 50 states.

**HUMANA**  
*Guidance* when you need it most

Insured by Humana Insurance Company

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](http://www.disclosure.humana.com) or through your employer. Premiums and benefits vary based on the plan selected.