

# Overview of HumanaOne Health Plans - Indiana

BRAND	PORTRAIT	AUTOGRAPH	AUTOGRAPH HSA-Qualified	MONOGRAM	
<b>PLANS</b>	Share 80 Plus Rx Unlimited	Share 80 Plus Rx	Total / HSA	Total Plus Rx / HSA	Total Plus Rx
Coinsurance	80/60	80/60	100/70	100/70	100/75
Deductibles	Single Family \$1,000 \$2,000 \$2,500 \$5,000	Single Family \$5,000 \$10,000 \$6,000 \$12,000	Single Family \$2,000 \$4,000 \$3,000 \$6,000 \$4,000 \$8,000 \$5,200 \$10,400	Single Family \$1,500 \$3,000 \$2,500 \$5,000 \$3,500 \$7,000 \$5,000 \$10,000	Single Family \$7,500 \$15,000
Maximum Out-of-pocket Expense Limit	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family	\$0 individual \$0 family	\$0 individual \$0 family	\$0 individual \$0 family
Lifetime Maximum	\$5 million per covered person	\$5 million per covered person	\$2 million per covered person	\$5 million per covered person	\$2 million per covered person
<b>BENEFITS</b>					
Preventive Care	80% —\$300 of covered expenses per person per calendar year	80% —\$300 of covered expenses per person per calendar year	100% —\$300 of covered expenses per person per calendar year	100% —\$300 of covered expenses per person per calendar year	100% —\$300 of covered expenses per person per calendar year
Routine lab, pathology and X-ray	80% after deductible	80% after deductible	100% after deductible	100% after deductible	100% after deductible
Diagnostic lab and X-ray	First \$200 at 100%, then 80% after deductible	First \$200 at 100%, then 80% after deductible	100% after deductible	100% after deductible	100% after deductible
Office Visit Copay (sickness and injury visits only)	Unlimited visits; \$35 PCP/\$50 Specialist	6 visits; \$35 PCP/\$50 Specialist; then 80% after deductible	100% after deductible	100% after deductible	100% after deductible
Inpatient Services	80% after deductible	80% after deductible	100% after deductible	100% after deductible	100% after deductible
Outpatient Services	80% after deductible	80% after deductible	100% after deductible	100% after deductible	100% after deductible
ER Services	80% after \$75 copay per visit and deductible (copay waived if admitted)	80% after \$75 copay per visit and deductible (copay waived if admitted)	100% after deductible	100% after deductible	100% after \$125 per visit and deductible (copay waived if admitted)
Mental Health (includes mental disorders, alcohol and chemical dependence)	50% after deductible	50% after deductible	Not covered	50% after deductible	50% after deductible
<b>Prescription Coverage</b>					
Rx benefit (Levels 2-4) (Level 1: copay only)	Separate \$500 deductible, then copay (\$15/\$35/\$55/25%)	Separate \$1,000 deductible, then copay (\$15/\$35/\$55/25%)	Not covered	Integrated w/ medical deductible	Separate \$1,000 deductible, then copay (\$15/\$40/\$65/25%)
<b>OPTIONAL BENEFITS</b>					
Rx Buy-up Deductible	\$0	\$500	NA	NA	NA
Lifetime Max Buy-up	\$8 million per covered person	\$8 million per covered person	\$5 million per covered person	\$8 million per covered person	\$5 million per covered person
Supplemental Accident Benefit (\$500 or \$1000)	Available	Available	Available	Available	Available
Dental	Available	Available	Available	Available	Available
Life	Available	Available	Available	Available	Available

This is an overview of the HumanaOne portfolio of plans. This chart only summarizes standard covered expenses, and may vary by state. Waiting periods, exclusions and limitations apply. Services provided by out-of-network providers are paid at a lower level, if at all. Please see the state plan's specific benefit summary for more information.