

# Overview of HumanaOne Health Plans

Plans	Portrait Share 80 Plus Rx Unlimited		Autograph Share 80 Plus Rx		Autograph Total / HSA		Autograph Total Plus Rx / HSA	
Coinsurance	80/60		80/60		100/70		100/70	
Deductibles	<b>Individual</b> \$1,000 \$2,500	<b>Family*</b> \$2,000 \$5,000	<b>Individual</b> \$3,500 <sup>4</sup> \$5,000 \$6,000	<b>Family*</b> \$7,000 <sup>4</sup> \$10,000 \$12,000	<b>Individual</b> \$2,000 \$3,000 \$4,000 \$5,200	<b>Family</b> \$4,000 \$6,000 \$8,000 \$10,400	<b>Individual</b> \$1,500 \$2,500 \$3,500 \$5,000	<b>Family</b> \$3,000 \$5,000 \$7,000 \$10,000
	* two family members must meet their individual deductible		* two family members must meet their individual deductible					
Coinsurance out-of-pocket limit	<b>Individual</b> \$2,000	<b>Family</b> \$4,000	<b>Individual</b> \$2,000	<b>Family</b> \$4,000	<b>Individual</b> \$0	<b>Family</b> \$0	<b>Individual</b> \$0	<b>Family</b> \$0
Annual maximum	Not applicable		Not applicable		Not applicable		Not applicable	
Outpatient services maximum	Not applicable		Not applicable		Not applicable		Not applicable	
Lifetime maximum	\$5 million per covered person		\$5 million per covered person		\$2 million per covered person		\$5 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	
Routine lab, pathology and X-ray	80% after deductible		80% 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	
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	
Inpatient services	80% after deductible		80% after deductible		100% after deductible		100% after deductible	
Outpatient services	80% after deductible		80% after deductible		100% after deductible		100% after deductible	
Emergency room 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	
Mental health (includes mental disorders, alcohol and chemical dependence)	50% after deductible		50% after deductible		Not covered		50% after deductible	
<b>Prescription coverage</b>								
Rx4 prescription drug	Separate \$500 deductible, then copay: <b>Level 1</b> \$15* <b>Level 2</b> \$35 <b>Level 3</b> \$55 <b>Level 4</b> 25% * Level 1 drugs subject to copay, no deductible		Separate \$1,000 deductible, then copay: <b>Level 1</b> \$15* <b>Level 2</b> \$35 <b>Level 3</b> \$55 <b>Level 4</b> 25% * Level 1 drugs subject to copay, no deductible		Not covered		Integrated with medical deductible	
<b>Optional benefits</b>								
Rx buy-up deductible	\$0		\$500		Not applicable		Not applicable	
Lifetime maximum buy-up	\$8 million per covered person		\$8 million per covered person		\$5 million per covered person		\$8 million per covered person	
Supplemental accident benefit (\$500 or \$1000)	Available		Available		Available		Available	
Dental	Available		Available		Available		Available	
Life	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. 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.

<sup>1</sup> First \$100 coverage only available when \$1,000 and \$2,000 deductible selected

<sup>2</sup> Only available for plans six months or less in duration

<sup>3</sup> Unless mandated by state

<sup>4</sup> Not currently available in all states

Monogram Total Plus Rx				Annual Max 75/55 <sup>4</sup>				Annual Max 50/30 <sup>4</sup>				Short Term Medical 100/75 <sup>4</sup>				Short Term Medical 80/60 <sup>4</sup>			
100/75				75/55				50/30				100/75				80/60			
Individual		Family*		Individual		Family		Individual		Family		Individual		Family		Individual		Family	
\$7,500		\$15,000		\$1,000		\$3,000		\$1,000		\$3,000		\$1,000		\$2,000		\$500 <sup>2</sup>		\$1,000	
				\$2,000		\$6,000		\$2,000		\$6,000		\$2,500		\$5,000		\$1,000		\$2,000	
				\$3,000		\$9,000		\$3,000		\$9,000		\$5,000		\$10,000		\$2,500		\$5,000	
																\$5,000		\$10,000	
* two family members must meet their individual deductible				* three family members must meet their individual deductible				* three family members must meet their individual deductible				* two family members must meet their individual deductible				* two family members must meet their individual deductible			
Individual		Family		Individual		Family		Individual		Family		Individual		Family		Individual		Family	
\$0		\$0		\$3,500		\$7,000		\$3,500		\$7,000		\$0		\$0		\$2,000		\$4,000	
Not applicable				\$100,000 or \$250,000 paid by plan per covered person				\$100,000 or \$250,000 paid by plan per covered person				Not applicable				Not applicable			
Not applicable				\$5,000 paid by plan for \$100,000 annual maximum				\$5,000 paid by plan for \$100,000 annual maximum				Not applicable				Not applicable			
				\$5,000 or \$10,000 paid by plan for \$250,000 annual maximum				\$5,000 or \$10,000 paid by plan for \$250,000 annual maximum											
\$2 million per covered person				\$2 million per covered person				\$2 million per covered person				\$2 million per covered person				\$2 million per covered person			
100% —\$300 of covered expenses per person per calendar year				75% —\$300 of covered expenses per person per calendar year				50% —\$300 of covered expenses per person per calendar year				Not covered <sup>3</sup>				Not covered <sup>3</sup>			
100% after deductible				75% after deductible				50% after deductible				Not covered				Not covered			
100% after deductible				First \$100 at 100% <sup>1</sup> then 75% after deductible				50% after deductible				100% after deductible				80% after deductible			
100% after deductible				<b>For \$1,000/\$2,000 deductible:</b> 3 visits; \$35 PCP/\$50 Specialist; then 75% after deductible <b>For \$3,000 deductible:</b> 75% after deductible				50% after deductible				100% after deductible				80% after deductible			
100% after deductible				75% after deductible				50% after deductible				100% after deductible				80% after deductible			
100% after deductible				75% after deductible				50% after deductible				100% after deductible				80% after deductible			
100% after \$125 copay per visit and deductible (copay waived if admitted)				75% after \$125 copay per visit and deductible (copay waived if admitted)				50% after \$125 copay per visit and deductible (copay waived if admitted)				100% after deductible				80% after deductible			
50% after deductible				Not covered				Not covered				Not covered				Not covered			
Separate \$1,000 deductible, then copay:				Separate \$500 deductible, then copay: (up to \$2,500 benefit maximum)				Not covered				Integrated with medical deductible				Integrated with medical deductible			
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>												
\$15*	\$40	\$65	25%	\$15*	\$40	\$65	25%												
* Level 1 drugs subject to copay, no deductible				* Level 1 drugs subject to copay, no deductible															
Not applicable				Not applicable				Not applicable				Not applicable				Not applicable			
\$5 million per covered person				Not applicable				Not applicable				Not applicable				Not applicable			
Available				Available				Available				Not applicable				Not applicable			
Available				Available				Available				Not applicable				Not applicable			
Available				Available				Available				Not applicable				Not applicable			

Waiting periods, exclusions and limitations  
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