

HumanaPPO

Summary of Benefits
University of Louisville Personal Care Account (PCA)

	90/60 Plan	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	
Deductibles/ Out-of-Pocket Maximums/Lifetime Maximums	<ul style="list-style-type: none"> Personal care account (<i>can be applied toward the member's portion of covered medical costs, such as, plan deductibles or coinsurance</i>) (per plan year) 		\$500 Employee \$1,000 Employee + Spouse \$2,000 Employee + Child(ren) \$2,000 Family	
	<ul style="list-style-type: none"> Deductible (<i>per calendar year</i>) (1) <ul style="list-style-type: none"> – Individual \$1,000 – Family (2) \$3,000 		\$2,000 \$6,000	
	<ul style="list-style-type: none"> Maximum out-of-pocket (<i>excludes deductibles, per calendar year</i>) (1) <ul style="list-style-type: none"> – Individual \$3,000 – Family \$6,000 		\$6,000 \$12,000	
	<ul style="list-style-type: none"> Lifetime maximum benefit 		\$5,000,000	
	Preventive Care	<ul style="list-style-type: none"> Routine immunizations (<i>to age 18</i>) Routine Pap smear Annual routine mammogram Routine lab test and X-ray Routine exams (<i>18 years and above</i>) Routine child exams (<i>to age 18</i>) 	100%	60% after deductible
		<ul style="list-style-type: none"> Preventive endoscopy (<i>includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy</i>) 	90% after deductible	60% after deductible
	Physician Services	<ul style="list-style-type: none"> Office visits Diagnostic tests, lab and X-rays Allergy testing and injections Inpatient services Outpatient services (<i>includes surgery</i>) Office surgery 	90% after deductible	60% after deductible
	<ul style="list-style-type: none"> Emergency room physician visits 	90% after deductible	Paid at participating level for emergency medical conditions only	
Facility Services	<ul style="list-style-type: none"> Inpatient care Outpatient surgery Outpatient nonsurgical care 	90% after deductible	60% after deductible	
	<ul style="list-style-type: none"> Hospital emergency services (<i>facility charge only</i>) 	90% after deductible	Paid at participating level for emergency medical conditions only	
Other Medical Services	<ul style="list-style-type: none"> Skilled nursing facility (<i>up to 120 days per calendar year</i>) (3) Home health care (<i>up to 100 visits per calendar year</i>) (3) Physical, occupational, cognitive, speech and hearing therapy (<i>combined limit for all therapy services up to 45 visits per calendar year</i>) (3) Urgent care facility Chiropractic services (<i>up to 30 visits per calendar year</i>) (3) 	90% after deductible	60% after deductible	
	<ul style="list-style-type: none"> Durable medical equipment 	90% after deductible	60% after deductible	
	<ul style="list-style-type: none"> Ambulance 	90% after deductible	90% after deductible	
Behavioral Health <i>(mental health and substance abuse)</i>	<ul style="list-style-type: none"> Inpatient services Outpatient and office therapy sessions 	Same as any other illness	Same as any other illness	

Prior authorization - Humana sometimes requires preauthorization for some services and procedures your physician or other provider may recommend for you. Humana does this solely to determine whether the service or procedure qualifies for payment under your benefit plan. You and your health care provider decide whether you should have such services or procedures. Humana's preauthorization determination relates solely to payment by Humana. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at [Humana.com/members/tools/](https://www.humana.com/members/tools/) or call Customer Service.

Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits. Your health care practitioner should call Customer Service to obtain preauthorization.

Payments - Participating providers agree to accept amounts negotiated with Humana as payment in full. The member is responsible for any required deductible, coinsurance, or other copayments. Plan benefits paid to nonparticipating providers are based on maximum

allowable fees, as defined in your Summary Plan Description.

Nonparticipating providers may balance bill you for charges in excess of the maximum allowable fee. You will be responsible for charges in excess of the maximum allowable fee in addition to any applicable deductible, coinsurance, or copayment. Additionally, any amount you pay the provider in excess of the maximum allowable fee will not apply to your out-of-pocket limit or deductible.

Participating primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

To be covered, expenses must be medically necessary and specified as covered. Please see your Summary Plan Description for more information on medical necessity and other specific plan benefits.

- (1) Deductible and out-of-pocket limits for participating and nonparticipating benefits calculate separately.
- (2) You are not required to meet individual deductibles once the family deductible has been met.
- (3) Day/visit limits are combined for participating and nonparticipating providers.

For general questions about the plan, contact your benefits administrator.

HUMANA[®]
Guidance when you need it most