

# PPO Summary of Benefits

University of Louisville

		Plan pays for services at <b>PARTICIPATING</b> providers	Plan pays for services at <b>NONPARTICIPATING</b> providers
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>Routine immunizations (up to age 18)</li> <li>Routine mammogram</li> <li>Annual routine Pap smear</li> <li>Routine lab and X-ray</li> </ul>	<b>100%</b>	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Annual routine adult physical exam (18 years and above)</li> <li>Routine child care (up to age 18)</li> </ul>	<b>100%</b> after \$15 copayment per visit to primary care physician (including OB/GYN) or \$30 copayment per visit to specialist (1)	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Vision exam (one eye exam per year)</li> </ul>	<b>100%</b> after \$30 copayment	<b>60%</b> after deductible
<b>Physician Services</b>	<ul style="list-style-type: none"> <li>Office visits (includes diagnostic lab/X-ray, allergy testing) (excludes outpatient surgery)</li> <li>Prenatal care (office visit copayment applies to first visit only)</li> </ul>	<b>100%</b> after \$15 copayment per visit to primary care physician (including OB/GYN) or \$30 copayment per visit to specialist (1)	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Inpatient services</li> <li>Outpatient services</li> </ul>	<b>90%</b> after deductible	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Physician visits to emergency room (2)</li> </ul>	<b>90%</b> after deductible	Paid at participating level for emergency medical conditions only
	<ul style="list-style-type: none"> <li>Allergy injections and serum</li> </ul>	<b>100%</b>	<b>60%</b> after deductible
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>Inpatient care (semiprivate room and board, nursing care, ICU)</li> </ul>	<b>100%</b> after \$100 copayment per day for first five days per admission, and after deductible	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Outpatient surgery – facility</li> </ul>	<b>100%</b> after \$50 copayment per visit, and after deductible	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Outpatient nonsurgical</li> </ul>	<b>90%</b> after deductible	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Emergency room visit (copayment waived if admitted)</li> </ul>	<b>100%</b> after \$100 copayment per visit	Paid at participating level for emergency medical conditions only
<b>Other Medical Services</b>	<ul style="list-style-type: none"> <li>Skilled nursing facility (up to 120 days per calendar year)</li> <li>Home health care (up to 100 visits per calendar year)</li> <li>Durable medical equipment</li> <li>Physical, hearing and occupational therapy (up to 50 visits per calendar year)</li> <li>Speech therapy (up to 25 visits per calendar year)</li> </ul>	<b>90%</b> after deductible	<b>60%</b> after deductible
	<ul style="list-style-type: none"> <li>Ambulance</li> </ul>	<b>100%</b> after \$50 copayment per use	<b>100%</b> after \$50 copayment per use
	<ul style="list-style-type: none"> <li>Chiropractic (up to 30 visits per calendar year)</li> </ul>	<b>100%</b> after \$30 copayment per visit	<b>60%</b> after deductible
<b>Annual Deductible</b> <i>(per calendar year; copayments do not apply)</i>	Individual	\$250	\$500
	Family (3)	\$750	\$1,500
<b>Maximum Out-Of-Pocket Expense Limit</b> <i>(per calendar year; includes deductibles; excludes copayments)</i>	Individual	\$2,250	\$4,500
	Family	\$4,750	\$13,500
<b>Lifetime Maximum Benefit</b>			\$5,000,000
<b>Behavioral Health</b> <i>(mental health and substance abuse services)</i>	<ul style="list-style-type: none"> <li>Inpatient services</li> <li>Inpatient professional services</li> <li>Outpatient therapy session</li> </ul>	Same as any other covered condition	Same as any other covered condition

**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) Copayments for visits to primary care physicians, as defined in the plan, are generally lower than for visits to specialists. The following are generally defined as primary care physicians under your plan: general practitioner, family practitioner, OB/GYN, pediatrician or internist.
- (2) Services for an emergency medical condition provided by a nonparticipating provider will be covered at the participating provider level.
- (3) You are not required to meet individual deductibles once the family deductible has been met.

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

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