

Humana One[®] HSA

Administered by



CHASE



A new way to
simplify your
health insurance
and **save** more money
for health care,
tax-free

Summary of Benefits
for Florida



Simplify and Save

The HumanaOne HSA combines the affordability and simplicity of a HumanaOne High-Deductible Health Plan with the tax advantages and financial control of a Health Savings Account (HSA) administered by Chase.¹

HumanaOne HSA

HumanaOne High-Deductible Health Plan

Lower your insurance premiums with a health plan that's easy to choose and use.

Health Savings Account

Save money for qualified medical expenses with tax-deductible contributions and tax-free withdrawals.

It's easy to save more money for your health care

✓ You Could Save 20 to 40 Percent on Health Plan Premiums


You could lower your monthly insurance premiums by selecting a HumanaOne High-Deductible Health Plan. You may save as much as 20 to 40 percent! You have a choice of two qualified health plans, each with a range of deductibles. The higher the deductible, the lower your monthly premium.

✓ Save for Future Medical Care, Tax-Free

Save for qualified medical expenses through tax-free and tax-deductible savings. Contributions to your HSA are tax deductible, just like an IRA. Just deduct your contributions from your federal income tax return. And any earnings on the balance in your account accumulate tax-deferred. Withdrawals are tax-free if used for qualified medical expenses.

Every year, you can contribute up to the amount of your HumanaOne health plan's annual deductible ... plus, your savings carry over from year to year. These tax advantages mean more of the dollars you've earned can be used to help you afford and manage your health care costs.

Annual Deductibles (per calendar year)

	Single	\$1,500/\$2,000/\$2,600
	Family*	\$3,000/\$4,000/\$5,150

* Benefits are paid when family deductible for covered medical expenses is met, regardless of how many individuals are in the family.

¹ JPMorgan Chase NA

Save for your retirement


Are you planning for retirement? If so, the HumanaOne HSA offers you affordable health insurance today and an opportunity to save money for medical care well into your retirement years.

Remember, you can contribute up to the maximum of your HumanaOne health plan annual deductible. If you are age 55 or older, you can make additional “catch up” contributions for 2005 of up to \$600. The additional amount will increase by \$100 each year until it reaches \$1,000 in 2009 and thereafter.

Age 55 or older “catch up” contributions:

- 2005 - \$600
- 2006 - \$700
- 2007 - \$800
- 2008 - \$900
- 2009 - \$1,000

Early Retirees (Husband age 58, wife age 56, - non-smokers)

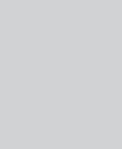
	<p>High-Deductible Health Plan</p> <ul style="list-style-type: none"> • 80% coinsurance • \$4,000 family deductible • Monthly premium: \$372.32* 	<p>Health Savings Account</p> <ul style="list-style-type: none"> • Earns tax-deferred interest on funds for future medical expenses • Withdrawals tax-free when used for qualified medical expenses • Annual tax-deductible contributions: \$4,000 + \$600 (additional “catch-up” contribution) = \$4,600
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* Rates are based on plans for Colorado Springs, CO 80901. All rates are for non-tobacco users with November 1, 2004, effective dates and are examples only. Actual rates vary by age, area, number of members, and health conditions. All plans have specific limitations and exclusions.

Stretch your budget

Are you paying for some medical expenses out of your own pocket? With a HumanaOne HSA, you can use the savings and interest from a Health Savings Account to pay for out-of-pocket qualified medical expenses incurred under your High Deductible Health Plan with HumanaOne, including expenses that apply toward your deductible.

Self-Employed (Female, Age 42, - non-smoker)

	<p>High-Deductible Health Plan</p> <ul style="list-style-type: none"> • 100% coinsurance • \$2,600 deductible • Monthly premium: \$118.38* 	<p>Health Savings Account</p> <ul style="list-style-type: none"> • Funds out-of-pocket medical expenses that apply towards annual health plan deductible • Withdrawals tax-free when used for qualified medical expenses • Annual tax-deductible contributions: \$2,600
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* Rates are based on plans for Colorado Springs, CO 80901. All rates are for non-tobacco users with November 1, 2004, effective dates and are examples only. Actual rates vary by age, area, number of members, and health conditions. All plans have specific limitations and exclusions.

It's easy to use your health plan and your savings

The HumanaOne HSA includes many extras that make it easy to choose and use your health plan and your savings.

✓ One phone call to apply

One phone call is all it takes to apply for HumanaOne HSA - both the high-deductible health plan and the Health Savings Account. You'll speak directly with someone who can help you decide if the HumanaOne HSA is right for you. There's no separate paperwork or multiple contacts for your application, so you'll never get the run around. Plus, you can apply for other products at the same time, like term life insurance. Often, it only takes a few days to learn if your application has been approved.

✓ One card to access your Health Savings Account funds



You'll receive a HumanaAccess card you can use to pay for medical services from your Health Savings Account. It's simple: You can use it like a debit card at your physician's office or withdraw cash from an automated teller machine (ATM).

✓ Nationwide network of providers

HumanaOne health plans provide access to doctors, pharmacies and hospitals so, no matter where you work or travel throughout the continental U.S., you're covered. What's more, HumanaOne health plans give you the freedom to see the doctor of your choice. You receive the most from your plan when visiting a doctor, hospital or pharmacist in the network, but you're still covered if you choose an out-of-network provider. Humana has two networks in Florida. The network available to you is always determined by your ZIP code.

You can view Humana's network providers in your area by visiting www.humana.com, clicking on 'Find a Physician'.

Available networks:

- Humana/ChoiceCare Network PPO
- Humana/Open Access Plus EPO

✓ One call for customer service

Whether you have a question about your health insurance plan or Health Savings Account, you'll call just one number. We've made it easy and convenient for you to get the answers you need, when you need them.

✓ Access information, services, and your Health Savings Account from the web

As a HumanaOne HSA health plan policyholder, you and all members on your policy have access to resources on www.humana.com. Register for your own password protected, personal home page, and you can take advantage of several features, including:

- Locate a doctor, hospital, or pharmacy
- Check your claims and benefit status
- Learn about your medications and prescription drug costs
- Monitor your health with "Condition Center"
- Link to Chase to check your HSA balance and manage your account

Choose a HumanaOne High-Deductible Health Plan

The HumanaOne HSA has two high-deductible health plan coinsurance options to choose from—80/60 and 100/70. You can apply for a health plan only or combine it with a Health Savings Account.

Qualified Medical Expenses

Your HumanaOne HSA can be used to pay for covered expenses, including those that apply toward your health plan's annual deductible. You can also pay for qualified medical expenses that your health plan doesn't cover, such as vision care (eye glasses and contact lenses), dental and orthodontic services and even long-term care insurance. "Qualified medical expenses" include the following:

- Diabetic supplies
- Hearing aids
- Orthodontia, dental cleanings and fillings
- Physical therapy, chiropractic expenses
- Eye exams, eyeglasses, contact lenses
- Laser eye surgery
- Over-the-counter medicines, prescription drugs
- Speech therapy

For a complete list, consult IRS Publication 502: "Medical and Dental Expenses" on the Internal Revenue Service Website at www.irs.gov. Individuals are responsible for compliance of HSA spending regulations.

FLORIDA Plan 49, Option 200

Plan pays for services from
PARTICIPATING providers

Plan pays for services from
NONPARTICIPATING providers

Annual Deductible (1), (2)	• Annual amount	Single Deductible	Family Deductible (3)	Single Deductible	Family Deductible (3)
		\$1,500 \$2,000 \$2,600	\$3,000 \$4,000 \$5,150	\$3,000 \$4,000 \$5,200	\$6,000 \$8,000 \$10,300
Maximum Out-of-Pocket Expense Limit (1), (2), (3)	• Individual • Family	\$0 \$0	\$6,000 \$12,000		
Lifetime Maximum Benefit	\$5,000,000 per covered person				
Preventive Care (waiting periods may apply)	<ul style="list-style-type: none"> • Routine annual physical exam (4), (5) • Routine immunizations (age 16 to age 18) (4), (5) • Routine Pap smears and PSA (4), (5), (6) • Routine Mammograms (6) • Routine lab, pathology and X-ray (4), (5) • Child health supervision services (includes immunizations; birth to age 16; maximum of 18 visits per covered child) 	100% 100%	50% after deductible 70%		
Physician Services	<ul style="list-style-type: none"> • Office visits (includes diagnostic lab and X-ray) • Allergy testing, injections and serum • Inpatient services • Outpatient services (includes surgery) (7) 	100% after deductible	70% after deductible		
Hospital Services	<ul style="list-style-type: none"> • Inpatient care • Outpatient surgery – facility (7) • Outpatient nonsurgical • Emergency room (including physician visits) 	100% after deductible	70% after deductible		
Prescription Drugs (8)	<ul style="list-style-type: none"> • Benefit for each prescription or refill (up to 30-day supply) • Mail order (90-day supply) 	100% after deductible	70% after deductible		
Other Medical Services	<ul style="list-style-type: none"> • Skilled nursing facility (up to 30 days per calendar year) (9) • Home health care (up to 60 visits per calendar year) (9) • Durable medical equipment (9) • Hospice (9), (10) • Physical medicine, chiropractic services (up to combined maximum of 20 visits per calendar year) • Dental procedures and anesthesia • Outpatient self-management training and education for diabetes • Diagnosis and treatment of osteoporosis • Cleft lip and palate, including speech therapy, audiology and nutrition services (covered children under age 18) • Outpatient post-surgical follow-up care for mastectomy • Enteral formulas for inherited diseases of amino and organic acids to age 25 (up to \$2,500 per calendar year per covered person) 	100% after deductible	70% after deductible		
	• Ambulance (up to \$15,000 maximum per calendar year)	100% after deductible	100% after deductible		

This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern.

FLORIDA Plan 49, Option 200

Plan pays for services from PARTICIPATING providers

Plan pays for services from NONPARTICIPATING providers

<p>Other Medical Services <i>(cont'd)</i></p>	<ul style="list-style-type: none"> • Transplant services (<i>organ</i>) (9) 	<p>100% after deductible (<i>when services are performed at a National Transplant Network provider</i>)</p>	<p>70% after deductible (<i>subject to separate out-of-pocket maximum of \$35,000 per calendar year</i>)</p>
<p>Mental Health (<i>includes mental disorders, alcohol and chemical dependence, waiting period applies</i>) (4)</p>	<p>Outpatient mental health maximum reduces inpatient mental health maximum</p> <ul style="list-style-type: none"> • Inpatient (<i>up to \$2,500 maximum per calendar year</i>) • Outpatient therapy (<i>up to \$500 maximum per calendar year</i>) 	<p>50% after deductible</p>	<p>50% after deductible</p>
<p>Optional Dental benefits (11)</p>	<p>You can choose any dentist, but you can save up to 30 percent on out-of-pocket costs when you visit one of the more than 70,000 dentist locations in the PPO network. You can find a dentist by visiting www.humana.com.</p> <p>Preventive services plan pays 100% no deductible</p> <ul style="list-style-type: none"> • Oral examinations • Routine cleanings • X-rays • Sealants • Topical fluoride treatment <p>Basic services plan pays 50% after deductible</p> <ul style="list-style-type: none"> • Emergency exams and palliative care for pain relief • Thumb sucking and harmful habit appliances • Space maintainers • Amalgam, composite fillings • Oral surgery • Extractions (routine) • Non-cast stainless steel crowns • Partial or complete denture repairs/adjustments <p>Major services plan pays 50% after deductible</p> <ul style="list-style-type: none"> • Endodontics (root canals) • Periodontics • Crowns • Inlays and onlays • Partial or complete dentures • Denture relines/rebases • Removable or fixed bridgework <p>Orthodontia discount Members can receive up to 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount.</p> <p>Annual Deductible</p> <ul style="list-style-type: none"> • \$50 individual • \$150 family <p>Annual maximum benefit</p> <ul style="list-style-type: none"> • \$1,000 		

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

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| <p>(1) When you obtain care from nonparticipating providers:
- 50 percent of your payment toward the deductible is credited to the deductible for participating providers.
Once you meet your single or family (if applicable) deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.</p> <p>(2) Must meet deductible in addition to the out-of-pocket maximum. The medical out-of-pocket maximum does not apply to</p> | <p>transplant services or mental health services from nonparticipating providers.</p> <p>(3) For other than single coverage, the family deductible applies. The single deductible applies to single coverage policies only.</p> <p>(4) Benefit payable after 90-day waiting period for preventive care and 12-month waiting period for mental health.</p> <p>(5) \$300 of covered expenses per person per calendar year, subject to applicable coinsurance.</p> <p>(6) Age and/or frequency limits apply.</p> <p>(7) Outpatient benefits payable after 90-day waiting period for nonemergency removal of tonsils and/or adenoids, and 180-day waiting period for nonemergency surgical treatment for bunions, varicose veins, hemorrhoids or hernia (does not include strangulated or incarcerated hernia).</p> | <p>(8) If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.</p> <p>(9) Prior authorization required in order to be eligible for these benefits.</p> <p>(10) Counseling for hospice patient and immediate family is limited to 15 visits per family per lifetime, Medical Social Services limited to \$100 per family per lifetime.</p> <p>(11) This is not a complete disclosure of plan qualifications and limitations. Waiting periods apply: six months on basic services, 12 months on major services. Please review the specific Dental Limitations and Exclusions before applying for coverage.</p> |
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For information on plans available to HIPAA eligible individuals, please call (800) 833-6916.

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 Certificate of Insurance.

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 judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

FLORIDA Plan 49, Option 201

Plan pays for services from
PARTICIPATING providers

Plan pays for services from
NONPARTICIPATING providers

		Single Deductible	Family Deductible (3)	Single Deductible	Family Deductible (3)
Annual Deductible (1), (2)	• Annual amount	\$1,500 \$2,000 \$2,600	\$3,000 \$4,000 \$5,150	\$3,000 \$4,000 \$5,200	\$6,000 \$8,000 \$10,300
Maximum Out-of-Pocket Expense Limit (1), (2), (3)	• Individual • Family	\$2,000 \$4,000		\$8,000 \$16,000	
Lifetime Maximum Benefit		\$5,000,000 per covered person			
Preventive Care (waiting periods may apply)	<ul style="list-style-type: none"> Routine annual physical exam (4), (5) Routine immunizations (age 16 to age 18) (4), (5) Routine Pap smears and PSA (4), (5), (6) Routine Mammograms (6) Routine lab, pathology and X-ray (4), (5) Child health supervision services (includes immunizations; birth to age 16; maximum of 18 visits per covered child) 	80%		50% after deductible	
	• Routine Mammograms (6)	100%		100%	
	• Routine lab, pathology and X-ray (4), (5)	80% after deductible		50% after deductible	
	• Child health supervision services (includes immunizations; birth to age 16; maximum of 18 visits per covered child)	80%		60%	
Physician Services	<ul style="list-style-type: none"> Office visits (includes diagnostic lab and X-ray) Allergy testing, injections and serum Inpatient services Outpatient services (includes surgery) (7) 	80% after deductible		60% after deductible	
Hospital Services	<ul style="list-style-type: none"> Inpatient care Outpatient surgery – facility (7) Outpatient nonsurgical Emergency room (including physician visits) 	80% after deductible		60% after deductible	
Prescription Drugs (8)	<ul style="list-style-type: none"> Benefit for each prescription or refill (up to 30-day supply) Mail order (90-day supply) 	80% after deductible		60% after deductible	
Other Medical Services	<ul style="list-style-type: none"> Skilled nursing facility (up to 30 days per calendar year) (9) Home health care (up to 60 visits per calendar year) (9) Durable medical equipment (9) Hospice (9), (10) Physical medicine, chiropractic services (up to combined maximum of 20 visits per calendar year) Dental procedures and anesthesia Outpatient self-management training and education for diabetes Diagnosis and treatment of osteoporosis Cleft lip and palate, including speech therapy, audiology and nutrition services (covered children under age 18) Outpatient post-surgical follow-up care for mastectomy Enteral formulas for inherited diseases of amino and organic acids to age 25 (up to \$2,500 per calendar year per covered person) 	80% after deductible		60% after deductible	

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FLORIDA Plan 49, Option 201

Plan pays for services from PARTICIPATING providers

Plan pays for services from NONPARTICIPATING providers

<p>Other Medical Services (cont'd)</p>	<ul style="list-style-type: none"> Ambulance (up to \$15,000 maximum per calendar year) Transplant services (organ) (9) 	<p>80% after deductible</p> <p>80% after deductible (when services are performed at a National Transplant Network provider)</p>	<p>80% after deductible</p> <p>60% after deductible (subject to separate out-of-pocket maximum of \$35,000 per calendar year)</p>
<p>Mental Health (includes mental disorders, alcohol and chemical dependence, waiting period applies) (4)</p>	<p>Outpatient mental health maximum reduces inpatient mental health maximum</p> <ul style="list-style-type: none"> Inpatient (up to \$2,500 maximum per calendar year) Outpatient therapy (up to \$500 maximum per calendar year) 	<p>50% after deductible</p>	<p>50% after deductible</p>
<p>Optional Dental benefits (11)</p>	<p>You can choose any dentist, but you can save up to 30 percent on out-of-pocket costs when you visit one of the more than 70,000 dentist locations in the PPO network. You can find a dentist by visiting www.humana.com.</p> <p>Preventive services plan pays 100% no deductible</p> <ul style="list-style-type: none"> Oral examinations Routine cleanings X-rays Sealants Topical fluoride treatment <p>Basic services plan pays 50% after deductible</p> <ul style="list-style-type: none"> Emergency exams and palliative care for pain relief Thumb sucking and harmful habit appliances Space maintainers Amalgam, composite fillings Oral surgery Extractions (routine) Non-cast stainless steel crowns Partial or complete denture repairs/adjustments <p>Major services plan pays 50% after deductible</p> <ul style="list-style-type: none"> Endodontics (root canals) Periodontics Crowns Inlays and onlays Partial or complete dentures Denture relines/rebases Removable or fixed bridgework <p>Orthodontia discount Members can receive up to 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount.</p> <p>Annual Deductible</p> <ul style="list-style-type: none"> \$50 individual \$150 family <p>Annual maximum benefit</p> <ul style="list-style-type: none"> \$1,000 		

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

- (1) When you obtain care from nonparticipating providers:
 - 50 percent of your payment toward the deductible is credited to the deductible for participating providers.
 Once you meet your single or family (if applicable) deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.
- (2) Must meet deductible in addition to the out-of-pocket maximum. The medical out-of-pocket maximum does not apply to

- transplant services or mental health services from nonparticipating providers.
- (3) For other than single coverage, the family deductible applies. The single deductible applies to single coverage policies only.
- (4) Benefit payable after 90-day waiting period for preventive care and 12-month waiting period for mental health.
- (5) \$300 of covered expenses per person per calendar year, subject to applicable coinsurance.
- (6) Age and/or frequency limits apply.
- (7) Outpatient benefits payable after 90-day waiting period for nonemergency removal of tonsils and/or adenoids, and 180-day waiting period for nonemergency surgical treatment for bunions, varicose veins, hemorrhoids or hernia (does not include strangulated or incarcerated hernia).

- (8) If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.
- (9) Prior authorization required in order to be eligible for these benefits.
- (10) Counseling for hospice patient and immediate family is limited to 15 visits per family per lifetime, Medical Social Services limited to \$100 per family per lifetime.
- (11) This is not a complete disclosure of plan qualifications and limitations. Waiting periods apply: six months on basic services, 12 months on major services. Please review the specific Dental Limitations and Exclusions before applying for coverage.

For information on plans available to HIPAA eligible individuals, please call (800) 833-6916.

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 Certificate of Insurance.

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.

Humana is not a provider of medical services. Humana does not endorse or control the clinical judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

Nonparticipating providers may balance bill you for charges in excess of the maximum allowable fee.

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.

Medical Limitations and Exclusions

This is an outline of the limitations and exclusions for the HumanaOne Individual Health Plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions.

PRE-EXISTING CONDITIONS

A pre-existing condition is a sickness or injury which was diagnosed or treated, or which produced signs or symptoms that would cause an ordinary prudent person to seek medical advice, care or treatment, during the 24-month period before the covered person's effective date of coverage. Routine follow-up care to determine the reoccurrence of breast cancer does not constitute medical advice, care or treatment. Benefits for pre-existing conditions are not payable until the covered person's coverage has been in force for 12 consecutive months with us. We will waive the pre-existing conditions limitation for those conditions disclosed on the application provided benefits relating to those conditions are not excluded. Conditions specifically excluded by rider are never covered.

OTHER EXPENSES NOT COVERED

Unless stated otherwise no benefits are payable for expenses arising from:

1. Services not medically necessary or which are experimental, investigational or for research purposes.
2. Services not authorized or prescribed by a health care practitioner or for which no charge is made.
3. Services while confined in a hospital or other facility owned or operated by the United States government, provided by a person who ordinarily resides in the covered person's home or who is a family member, or that are performed in association with a service that is not covered under the policy.
4. Charges in excess of the maximum allowable fee or which exceed any policy benefit maximum.
5. Expenses incurred before the effective date or after the date coverage terminated.
6. Cosmetic procedures and any related complications except as stated in the policy.
7. Custodial or maintenance care.
8. Any drug, medicine, or device which is not FDA approved.
9. Contraceptives other than oral, including implant systems and devices regardless of the purpose for which prescribed.
10. Medications, drugs or hormones to stimulate growth.
11. Legend drugs not recommended or deemed necessary by a health care practitioner or drugs prescribed for a noncovered injury or sickness.
12. Drugs prescribed for intended use other than for indications approved by the FDA or recognized off-label indications through peer-reviewed medical literature, experimental or investigational use drugs.
13. Over the counter drugs (except insulin) or drugs available in prescription strength without a prescription.
14. Drugs used in treatment of nail fungus.
15. Prescription refills exceeding the number specified by the health care practitioner or dispensed more than one year from the date of the original order.
16. Vitamins, dietary products and any other nonprescription supplements.
17. Infertility services.
18. Pregnancy and well-baby expenses.
19. Elective medical or surgical procedures; abortion; gender change or sexual dysfunction.
20. Vision therapy; all types of refractive keratoplasties or any other procedures, treatments or devices for refractive correction; eyeglasses; contact lenses; hearing aids; dental exams.
21. Hearing and eye exams; routine physical examinations for occupation, employment, school, travel, purchase of insurance or premarital tests.
22. Dental services (except for dental injury), appliances or supplies, unless you purchase the dental option.
23. War or any act of war, whether declared or not; commission or attempt to commit a civil or criminal battery or felony.
24. Standby physician or assistant surgeon, unless medically necessary; private duty nursing; communication or travel time; lodging or transportation, except as stated in the policy.
25. Any treatment for the purpose of reducing obesity, or any use of obesity reduction procedures to treat sickness or bodily injury caused by, complicated by, or exacerbated by obesity, including but not limited to surgical procedures.
26. Nicotine habit or addiction; educational or vocation therapy, services and schools; light treatment for Seasonal Affective Disorder (S.A.D.); alternative medicine; marital counseling; genetic testing, counseling or services; sleep therapy or services rendered in a premenstrual syndrome clinic or holistic medicine clinic.
27. Foot care services.
28. Charges for nonmedical purposes or used for environmental control or enhancement (whether or not prescribed by a health care practitioner).
29. Health clubs or health spas, aerobic and strength conditioning, work hardening programs and related material and products for these programs; personal computers and related or similar equipment; communication devices other than due to surgical removal of the larynx or permanent lack of function of the larynx.
30. Hair prosthesis, hair transplants or implants and wigs.
31. Temporomandibular joint disorder, craniomaxillary disorder, craniomandibular disorders, and any treatment for jaw, joint or head and neck neuromuscular disorder.
32. Services for an injury or illness for which benefits are paid by Workers' Compensation or similar benefits.
33. Inpatient services when in an observation status or when the stay is due to behavioral, social maladjustment, lack of discipline or other antisocial actions not a result of a mental disorder.
34. Attempted suicide or intentionally self-inflicted injury, whether sane or insane.
35. Charges covered by other medical payments insurance.
36. Organ transplants not approved based on established criteria or investigational, experimental or for research purposes, except as stated in the policy.
37. Charges incurred for a hospital stay beginning on a Friday or Saturday unless due to emergency care or surgery is performed on the day admitted.

Dental Limitations and Exclusions

This is an outline of the limitations and exclusions for the HumanaOne Individual Dental Plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions.

Unless stated otherwise, no benefits are payable for expenses arising from:

1. The course of any occupation or employment for compensation, profit or gain, for which benefits are paid under any Workers' Compensation or Occupational Disease Act or Law; or where such coverage was available, but the covered person has lawfully chosen not to receive benefits, regardless of whether such covered was actually applied for.
2. Services and supplies for which no charge is made, or for which the covered person would not be required to pay in the absence of insurance.
3. Services furnished by or payable under any plan or law through any Government or any political subdivision.
4. Services furnished by any hospital or institution owned or operated by the United States Government.
5. War or any act of war, whether declared or not; or any act of international armed conflict or any conflict involving armed forces of any international authority.
6. Completion of forms or failure to keep an appointment with a dentist.
7. Cosmetic dentistry, except as stated in the policy.
8. Any service related to altering vertical dimension; restoration or maintenance of occlusion; splinting teeth; replacing tooth structures lost as a result of abrasion, attrition or erosion; or bite registration or bite analysis.
9. Bone grafts, regeneration, augmentation or preservative procedures in edentulous sites.
10. Implants, including any crowns or prosthetic device attached to it; precision or semi-precision attachments; overdentures and any endodontic treatment associated with it; or other customized attachments.
11. Infection control.
12. Fees for treatment by other than a dentist, except as stated in the policy.
13. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
14. Prescription drugs or pre-medications, whether dispensed or prescribed.
15. Any service not listed as a covered expense.
16. Any service not considered a dental necessity, does not offer a favorable prognosis, does not have uniform professional endorsement, or is experimental or investigational in nature.
17. Expenses incurred prior to the effective date or after the date coverage is terminated, except for any extension of benefits.
18. Services provided by a person who ordinarily resides in the covered person's home or who is a family member.
19. Charges in excess of the reimbursement limit for the service or supply.
20. Treatment as a result of an intentionally self-inflicted injury or bodily illness, while sane or insane.
21. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments, or tissue preparation associated with impression or placement of a restoration, charged as a separate service.
22. Repair and replacement of orthodontic appliances.

HumanaOne HSA

The HumanaOne HSA combines a HumanaOne High-Deductible Health Plan with a Health Savings Account administered by Chase.

High-Deductible Health Plans

A HumanaOne High-Deductible Health Plan is a wise choice. Check out the plan benefits in this booklet.

- **\$5 million lifetime coverage**
- **Major medical coverage, preventive care, prescriptions drugs and emergency room benefits**
- **12-Month Rate Guarantee** –Your health plan premium amount is locked in for 12 months*, and your rate will never increase based on your individual claims alone.
- **Policy Ownership** – HumanaOne High-Deductible Health Plan policies are filed and regulated by your state. As such, you become the owner of the health plan policy.

HumanaOne health plans are insured by subsidiaries of Humana Inc., one of the nation's largest publicly traded health benefits companies, with 5.8 million members nationwide.

** Initial 12-months only, provided benefit choice and location remain the same.*

Health Savings Account Advantages

Our Health Savings Account is administered by Chase, one of the nation's most recognized consumer credit and banking companies with over \$1.1 trillion in assets. Chase has 2,300 branches in 17 states and 87 million credit card holders.

- **Carry-over** –Funds carry-over each year; you don't have to worry about "using or losing."
- **Account Ownership** –You own the account, and it goes with you, even if you cancel your health plan.
- **Tax Free, Tax Deductible** – Withdrawal of your contributions and interest is tax-free when you use your savings for qualified medical expenses. Plus contributions to your account are tax-deductible.
- **No Hidden Fees** – With the HumanaOne HSA, there are no "hidden fees." We've simplified account fees and made it easy for you to understand your costs.

Health Savings Account fees:

One-time Account Activation Fee	\$ 20.00
Monthly Maintenance Fee.....	\$ 3.00
ATM Transactions	
Withdrawals	\$ 1.10
Balance Inquiry	\$ 0.75
Denials.....	\$ 0.75
Optional Paper Statement (per Statement).....	\$ 0.85
ACH Debit Return (Overdraft).....	\$ 15.00
Change monthly contribution	\$ 5.00
One-time Additional Contribution.....	\$ 5.00
Account Closing by Check.....	\$ 10.00
Account Closing by Inactivity	\$ 3.00
Card Replacement.....	\$ 12.00

Are you *eligible* for HumanaOne HSA?*

You may be eligible for a HumanaOne High-Deductible Health Plan if:

- You are not pregnant or an expectant parent
- Any pending doctor appointments are for routine care only
- You do not have incomplete treatment or surgeries
- You were not recently recommended for diagnostic testing
- You are healthy and, if older than age 55, have received a physical within the past two years.
- You are a U.S. citizen or possess a permanent visa or green card and have been in the U.S. more than two years
- You do not have plans for extended foreign travel of three consecutive months or more
- You are not eligible for benefits under Medicare (*generally after reaching age 65*).

You may be eligible for a HumanaOne Health Savings Account if:

- You are approved for and covered by a HumanaOne High-Deductible Health Plan, and
- You are not claimed as a dependent on another person's tax return, and
- You are not eligible for benefits under Medicare (generally after reaching age 65 or disability).

* *Partial list of eligibility requirements.*

Remember, you can apply for the HumanaOne HSA – both a high-deductible health plan and a Health Savings Account – with one convenient phone call.

Simplify your health insurance and save more money. Apply for the HumanaOne HSA today.

This document contains a general summary of benefits, exclusions and limitations.
Please refer to the policy for the actual terms and conditions that apply.
In the event there are discrepancies with the information given in this document,
the terms and conditions of the policy will govern.

HUMANA[®]
Guidance when you need it most