

East Peoria High School #309 Tazewell Mason County Special Education Associates PPO Plan

ILLINOIS

EPCHS 309-TMCSEA PPO COINSURANCE 80/60 PLAN

PLAN PAYS FOR SERVICES AT PARTICIPATING PROVIDERS

PLAN PAYS FOR SERVICES AT NONPARTICIPATING PROVIDERS

Preventive Care

(\$300 Adult preventive benefit allowance; mammogram, pap smear, PSA and endoscopy do not track toward the limit)

• Annual routine adult physical exam (18 years and above)	100%	Not covered
• Routine child care (up to age 18)		
• Routine immunizations (up to age 18)		
• Routine mammography and Pap smears		
• Routine outpatient laboratory tests/X-rays		
• Preventive endoscopy (includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy)	80% after deductible	60% after deductible

Physician Services

• Office visits (excludes diagnostic lab and X-ray)	80% after deductible	60% after deductible
• Inpatient services		
• Prenatal benefit		
• Allergy injections and nonroutine injections other than allergy		
• Diagnostic tests, lab and X-rays	80%	60%
• Outpatient services		
• Allergy testing	100%	60% after deductible
• Allergy serum		
• Emergency room physician visits (2)	80% after deductible	80% after participating deductible

Hospital Services

• Inpatient care (semiprivate room and board, nursing care, ICU)	80%	60% after deductible
• Outpatient nonsurgical care		
• Outpatient surgery	80%	60%
• Emergency room visit (2)	80%	80%

Administered by Humana Insurance Company



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Prescription Drugs

• Please see attached pharmacy benefit information, if applicable

Other Medical Services (3)

• Skilled nursing facility (81 days per year with reviews for additional confinement)	80%	60%
• Home health care (80 visits)		
• Physical, occupational, cognitive, speech and audiology therapy (unlimited)		
• Durable medical equipment (unlimited)	80% after deductible	60% after deductible
• Chiropractic services (unlimited)		
• Ambulance (2)	80% after deductible	80% after participating deductible
• Transplant services	Same as any other covered condition when services are received from a Humana Transplant Network provider.	Same as any other covered condition (covered expenses are limited to a maximum benefit of \$35,000 per transplant)

Deductibles (per calendar year; copayments do not apply) (participating and nonparticipating cross reduce)

• Individual	\$300	\$300
• Family (1)	\$900	\$900

Maximum Out-of-Pocket Expense Limit (per calendar year; excludes deductibles and copayments)

• Individual	\$1,000	\$10,000
• Family	\$3,000	\$10,000

Lifetime Maximum Benefit

Unlimited (participating and nonparticipating combined)

**Behavioral Health (\$10,000 maximum for substance abuse treatment per lifetime)
(\$1,000 maximum for mental health per year)**

• Inpatient services	80% after deductible	60% after deductible
• Inpatient physician services		
• Outpatient and office therapy	50% after deductible	50% after deductible

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 see your plan document.)

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.

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.

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) You are not required to meet individual deductibles once the family deductible has been met.
- (2) Ambulance transportation and/or services received in an emergency room are not covered unless required because of emergency care, as defined in your Summary Plan Description.
- (3) Visit and day limits are combined for participating and nonparticipating providers.

The amount of benefit provided depends upon the plan selected. Premiums will vary according to the selection made.

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

PRE-EXISTING CONDITION EXCLUSION

The plan imposes a pre-existing condition exclusion. If you have a medical condition before coming to our plan, you will be required to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a 6-month period. Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy; genetic information in the absence of a diagnosis of the condition related to the information; or to a Covered Person who is under the age of 19.

This exclusion may last up to 12 months (18 months) if you are a late enrollee) from your first day of coverage, or if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage". Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the pre-existing condition exclusion and credible coverage should be directed to Humana Enrollment Department, P.O. Box 14330, Lexington, KY 40512-4330 or call 1-800-781-7207.



Calendar-year deductible (excludes orthodontia services)	Individual	Family
	\$50	\$150
Annual maximum (excludes orthodontia services)	\$1,500	
Preventive services <ul style="list-style-type: none"> • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 14, one per calendar year) • Sealants (through age 14) 	100% no deductible	
Basic services <ul style="list-style-type: none"> • Space maintainers (through age 14) • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgam, composite for anterior teeth) • Appliances for children (through age 14) • Prefabricated stainless steel crowns • Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots • Composite fillings for molars • Periodontics • Endodontics (root canal) 	80% after deductible	
Major services <ul style="list-style-type: none"> • Crowns • Inlays and onlays • Bridgework • Dentures • Denture relines and rebases • Denture repair and adjustments 	50% after deductible	
Orthodontia	Child orthodontia covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,500 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant ¹	No	12 months	12 months	12 months

¹ Late applicants not allowed with open enrollment option.

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

With HumanaDental's PPO plan, you can see any dentist. You save an average of 28 percent when you visit a dentist in HumanaDental's PPO Network. To find a dentist in HumanaDental's PPO Network, log on to Humana.com or call 1-800-233-4013.

Know what your plan covers

The other side of this page provides a summary of HumanaDental benefits. Your plan certificate describes in detail your HumanaDental benefits. You can find it on MyHumana, your personal page at Humana.com or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at Humana.com.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at Humana.com or by calling 1-800-233-4013.

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Specialty Benefits

Insured or administered by HumanaDental Insurance Company

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

