

# 2017 Individual Medical Products Florida

Current as of 12/1/2016

# Humana HMO Plans - Florida

Current as of 1/1/2017

	Basic 7150		Bronze 6550		Bronze 6150		Silver 3550**		Gold 1250***	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		Yes		No		No		No	
On the Marketplace** - South Florida HUMx - Tampa Bay HUMx - Volusia HUMx	<a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a>		<a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a>		<a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a>		<a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a>		<a href="#">Summary of Benefits</a> Not Available Not Available	
In network										
Member medical coinsurance after deductible*	No charge		No charge		20%		20%		20%	
Medical Deductible	\$7,150	\$14,300	\$6,550	\$13,100	\$6,150	\$12,300	\$3,550	\$7,100	\$1,250	\$2,500
Rx Deductible	Combined with Medical Deductible		Combined with Medical Deductible		\$1,000	\$2,000	\$500	\$1,000	\$500	\$1,000
Maximum Out-of-Pocket	\$7,150	\$14,300	\$6,550	\$13,100	\$7,150	\$14,300	\$7,150	\$14,300	\$6,000	\$12,000
PCP/Retail Clinic/ Specialist/ Urgent Care	\$15 PCP (3) then no charge after deductible		no charge after deductible		\$20 / \$30 / \$40 / \$40 (Limit 3 combined; then 20% after deductible)		\$20 / \$30 / \$40 /\$40		\$20 / \$30 / \$40 / \$40	
Labs and X-Rays	no charge after deductible		no charge after deductible		20% after deductible		20% after deductible		20% after deductible	
Emergency Room	no charge after deductible		no charge after deductible		\$600 ER copay + Deductible		\$600 ER copay + Deductible		\$600 ER copay + Deductible	
Inpatient and outpatient Hospital Services, Ambulance	no charge after deductible		no charge after deductible		20% after deductible		20% after deductible		20% after deductible	
Rx Tier 1/2 (not subject to deductible)	no charge after deductible		no charge after deductible		\$15 / \$35		\$10 / \$20		\$5 / \$10	
Rx Tier 3/4/5 (after deductible)	no charge after deductible		no charge after deductible		\$75 / 50% / 50%		\$50 / 50% / 50%		\$20 / 35% / 35%	
Rx Formulary	<a href="#">2017 HDHP Complete FL</a>		<a href="#">2017 HDHP Complete FL</a>		<a href="#">2017 Rx5 Complete FL</a>		<a href="#">2017 Rx5 Complete FL</a>		<a href="#">2017 Rx5 Complete FL</a>	
Children’s Vision Care	no charge after deductible		no charge after deductible		50% after deductible		50% after deductible		50% after deductible	

\* Coinsurance may vary by benefit category (see Summary of Benefits) \*\* Silver cost share reduction plans are sold on the Health Insurance Marketplace

\*\*\* Gold plans available in Miami-Dade County

Family plans have individual protection; they have individual & family deductibles and maximum out of pocket amounts.



# Humana HMO Cost Share Reduction (CSR) Plans - Florida

Current as of 1/1/2017

	Silver 3550 Base Plan		Silver 3000 (CSR) 200-250% of FPL		Silver 900 (CSR) 150-200% FPL		Silver 250 (CSR) 100 -150% FPL	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
HSA Eligible	No		No		No		No	
On the Marketplace - South Florida HUMx (HMOx) - Tampa Bay HUMx (HMOx) - Volusia HUMx (HMOx)	<a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a>		<a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a>		<a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a>		<a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a> <a href="#">Summary of Benefits</a>	
In network								
Member medical coinsurance after deductible*	20%		20%		20%		20%	
Medical Deductible	\$3,550	\$7,100	\$3,000	\$6,000	\$900	\$1,800	\$250	\$500
Rx Deductible	\$500	\$1,000	\$500	\$1,000	\$0		\$0	
Maximum Out-of-Pocket	\$7,150	\$14,300	\$5,700	\$11,400	\$2,050	\$4,100	\$850	\$1,700
PCP/Retail Clinic/ Specialist/ Urgent Care	\$20 / \$30 / \$40 /\$40		\$10 / \$25/ \$30/ \$30		\$0 / \$20 / \$25 / \$25		\$0 / \$10 / \$15 / \$15	
Labs and X-Rays	20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Emergency Room	\$600 ER copay + Deductible		\$450 ER copay + Deductible		\$450 ER copay + Deductible		\$350 ER copay + Deductible	
Inpatient and outpatient Hospital Services, Ambulance	20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Rx Tier 1/2 (not subject to deductible)	\$10 / \$20		\$5 / \$15		\$5 / \$10		\$4 / \$8	
Rx Tier 3/4/5 (after deductible)	\$50 / 50% / 50%		\$45 / 50% / 50%		\$35 / 50% / 50%		\$25 / 50% / 50%	
Rx Formulary	<a href="#">2017 Rx5 Complete FL</a>		<a href="#">2017 Rx5 Complete FL</a>		<a href="#">2017 Rx5 Complete FL</a>		<a href="#">2017 Rx5 Complete FL</a>	
Children’s Vision Care	50% after deductible		50% after deductible		50% after deductible		50% after deductible	

\* Coinsurance may vary by benefit category (see Summary of Benefits)

Family plans have individual protection; they have individual & family deductibles and maximum out of pocket amounts.



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Humana Dental  
Smart Choice Plan is  
available on the Health  
Insurance Marketplace

# Humana HMO Plans - Florida

Current as of 1/1/2017

## Humana HMO Plans

- HMO plans use a local medical network of hospitals, doctors and specialists
- Rx network: Select Rx (includes CVS pharmacy®, Publix, Walmart, Sam's Club and HumanaPharmacy.com)
- Member will choose a Primary Care Physician (PCP) and referrals are required for specialists or hospitalization
- There is no out-of-network coverage (with the exception of accidental emergency room coverage)

## Network Summary\*

### South Florida HUMx (HMOx)

- In the Broward area, the network includes: Broward Health Coral Springs, Broward Health Imperial Point, Broward Health Medical Center, Broward Health North, Joe DiMaggio Children's Hospital, Memorial Hospital Miramar, Memorial Hospital Pembroke, Memorial Hospital West, Northwest Medical Center, Plantation General Hospital, University Hospital and Medical Center, Westside Regional Medical Center
- In the Miami-Dade area, the network includes: Aventura Hospital and Medical Center, Jackson Memorial Hospital, Jackson North Medical Center, Jackson South Community Hospital, Kendall Regional Medical Center, Larkin Community Hospital, Mercy Hospital a Campus of PGH, Mount Sinai Medical Center, University of Miami Hospital
- In the Palm Beach area, the network is built around Bethesda Hospital East, Bethesda Hospital West, JFK Medical Center, JFK Medical Center - North Campus, Jupiter Medical Center, Lakeside Medical Center, Palms West Hospital and Wellington Regional Medical Center
- The physician network is made up of Continuecare & MCCI Medical Group employed/ affiliated providers along with numerous other community physicians and MCCI Medical Group employed/ affiliated providers

### Tampa Bay HUMx (HMOx)

- Built around Adventist Health System, Baycare Health System, Bayfront Medical Center, Community Health Systems, HCA Healthcare Systems, Sarasota Memorial Hospital, and Tampa General Hospital
- Physician network includes employed/affiliated providers from Community Health Centers of Pinellas, Suncoast Community Health Centers, Tampa Family Health Centers, and numerous other community physicians

### Volusia HUMx (HMOx)

- The network includes Florida Hospital New Smyrna, Halifax Hospital Medical Center and Halifax Hospital Port Orange
- Physician network is made up of Halifax Health and Florida Hospital employed affiliated providers, and other community physicians

\*Networks are subject to change. Please check "Physician Finder" at Humana.com for a list of doctors, specialists and hospitals in these networks.

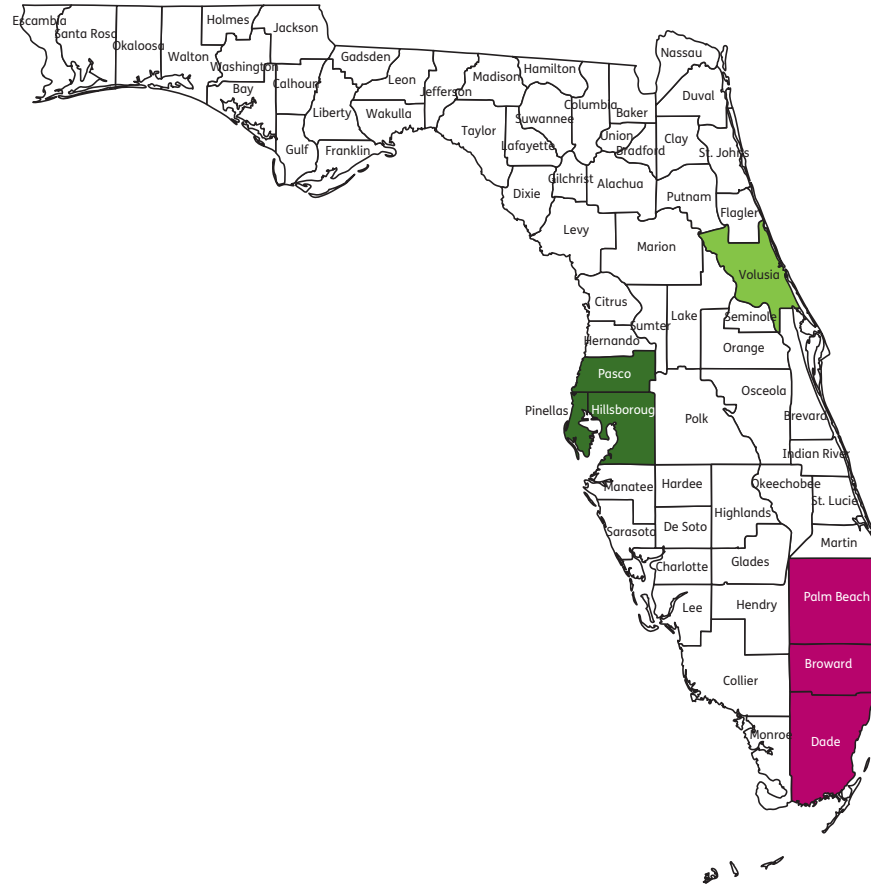
# Humana HMO Plans - Florida

Current as of 1/1/2017

Humana offers HMO plans on the Health Insurance Marketplace in the counties highlighted and listed below.

## Humana HMO Networks

- South Florida HUMx (HMOx)
- Tampa Bay HUMx (HMOx)
- Volusia HMOx



NETWORK	COUNTIES
South Florida HUMx (HMOx)	Broward, Miami-Dade, Palm Beach
Tampa Bay HUMx (HMOx)	Hillsborough, Pasco, Pinellas
Volusia HUMx (HMOx)	Volusia

# 2017 Individual Dental and Vision Plans Florida

Current as of 1/1/2017



FLHHQ6AEN 1216

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Questions?  
Refer to our Humana Agent Portal  
[humana.com/agent](http://humana.com/agent)

# Humana Dental Plans - Florida

Current as of 1/1/2017

	DHMO - Plan Coverage	PPO - Plan Coverage
	HumanaOne® Dental Value HI215	HumanaOne® Dental Preventive Plus
On the Marketplace	Not Available	Not Available
Off the Marketplace	<a href="#">Benefit Summary</a>	<a href="#">Benefit Summary</a>
Deductible	\$0	Plan Year: Individual \$50; Family: \$150
Annual Maximum Benefit Per Individual on Plan*	No annual maximum	\$1,000
Max Out-of-Pocket** (Humana® Dental Smart Choice Pediatric only)	Not Available	Not Available
Network Coverage	In network	In- and out-of-network
Preventative Services (covers items, such as oral exams, cleanings, and x-rays)	\$10-\$15 office copayment (in network)	100% no deductible (in network); 70% of in network fee schedule after deductible (out-of-network)
Basic Services (covers items, such as fillings, nonsurgical extractions, and oral surgery)	Benefits available. Refer to plan summary for details.	50% after deductible (in network); 30% of in network fee schedule after deductible (out-of-network) (six-month waiting period applies)
Major Services (covers items, such as root canals, dentures, and bridgework)	Benefits available. Refer to plan summary for details.	You may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.
Orthodontia services	Members may receive a discount by visiting certain in-network orthodontists. Contact your participating provider to determine if any discounts are available.	Adult and child orthodontia You may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.

\*This is the maximum amount that the plan will pay during the plan year \*\*Out-of-pocket maximum for a policy with one covered child is \$350.  
The out-of-pocket maximum for a policy with two or more covered children is \$350 per individual child or \$700 combined for all children.

Humana Dental Plans  
continued on next page



# Humana Dental Plans - Florida

Current as of 1/1/2017

	PPO - Plan Coverage		
	HumanaOne® Dental Loyalty Plus <sup>SM</sup>	Humana® Dental Smart Choice	
		Adult Individual/Family	Pediatric
On the Marketplace	Not Available	<a href="#">Benefit Summary</a>	<a href="#">Benefit Summary</a>
Off the Marketplace	<a href="#">Benefit Summary</a>	Not Available	Not Available
Deductible	One-time Individual: \$150 Individual + One: \$300 Family: \$450	Individual: \$50	Individual \$55
Annual Maximum Benefit Per Individual On Plan*	First year: \$1,000; Second year: \$1,250; Subsequent years: \$1,500	\$1,000 for adults No annual maximum for children	No annual maximum
Max Out-of-Pocket** (Humana® Dental Smart Choice Pediatric only)	Not Available	\$350 for 1 child/\$700 2+ children	\$350 for 1 child/\$700 2+ children
Network Coverage	In- and out-of-network	In- and out-of-network	In- and out-of-network
Preventative Services (covers items, such as oral exams, cleanings, and x-rays)	100% no deductible (in- and out-of-network)	100% no deductible (in network); 70% after deductible (out-of-network)	100% after deductible (in network); 70% after deductible (out-of-network)
Basic Services (covers items, such as fillings, nonsurgical extractions, and oral surgery)	First year: 40% after deductible; Second year: 55% after deductible; Subsequent years: 70% after deductible (in- and out-of-network)	60% after deductible (in- and out-of-network) 6 month waiting period	50% after deductible (in and out-of-network); No waiting period
Major Services (covers items, such as root canals, dentures, and bridgework)	First year: 20% after deductible; Second year: 30% after deductible; Subsequent years: 50% after deductible (in- and out-of-network)	Children up to age 19 only: 50% after deductible (in- and out-of-network); No waiting period	50% after deductible (in- and out-of-network); No waiting period
Medically Necessary (covers orthodontic treatment as a result of congenital or developmental malformation which are related to or developed as a result of cleft palate with or without cleft lip)	Orthodontia services Adult and child orthodontia  Member may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.	Children only: 50% after deductible (in- and out-of-network)	50% after deductible (in- and out-of-network)

\*This is the maximum amount that the plan will pay during the plan year \*\*Out-of-pocket maximum for a policy with one covered child is \$350. The out-of-pocket maximum for a policy with two or more covered children is \$350 per individual child or \$700 combined for all children.

Previous page contains additional Humana Dental Plans



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# Humana Vision Plans - Florida

Current as of 1/1/2017

	Humana Vision - Plan Coverage	
	In-network Provider	Out-of-network Provider
On the Marketplace	Not Available	
Off the Marketplace	<a href="#">Benefit Summary</a>	
Exam with Dilation as Necessary	100% after \$15 copay	\$30 allowance
Frames	\$150 retail allowance	\$150 retail allowance
<b>Lenses</b>		
Single Vision	100% after \$25 copay	\$25 allowance
Bifocal	100% after \$25 copay	\$40 allowance
Trifocal	100% after \$25 copay	\$55 allowance
<b>Contact Lenses<sup>1</sup></b>		
Conventional <sup>2</sup>	\$150 allowance	\$92 allowance
Disposable <sup>2</sup>	\$150 allowance	\$92 allowance
Medically Necessary (limit one pair) <sup>3</sup>	100%	\$200 allowance
<b>Frequency<sup>†</sup></b>		
	Option 1	Option 2
Examination	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months

<sup>1</sup> If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames)

<sup>2</sup> The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members may be eligible to receive a 15 percent discount on in-network professional services.

<sup>†</sup>Frequencies are based on date of service



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