



Your 2019 Health Benefits

Tennessee REALTORS® Health Alliance



Humana®

[Humana.com](https://www.humana.com)

Relationships are built on trust. Respect for an individual's privacy goes a long way toward building trust. Humana values our relationship with you, and we take your personal privacy seriously. Humana's Notice of Privacy Practices outlines how Humana may use or disclose your personal and health information. It also tells how we protect this information. The notice provides an explanation of your rights concerning your information, including how you can access this information and how to limit access to your information. In addition, it provides instructions on how to file a privacy complaint with Humana or to exercise any of your rights regarding your information.

If you'd like a copy of Humana's Notice of Privacy Practices, you can request a copy by:

- Visiting **Humana.com** and clicking the Privacy Practices link at the bottom of the home page
- E-mailing us at privacyoffice@humana.com
- Sending a written request to:
Humana Privacy Office
P.O. Box 1438
Louisville, KY 40202

HumanaPPO 16

Tennessee 80/50 EHDHP Plan

Effective dates starting 6/1/19

Tennessee REALTORS® Health Alliance



Embedded - All covered benefits apply to the individual and family deductible and maximum out-of-pocket. When any family member reaches the individual deductible amount, that family member will begin receiving coinsurance benefits - even if the family deductible has not been met.

		In-network	Out-of-network
Embedded deductible	<ul style="list-style-type: none">Based on a calendar year	Individual: \$5,000 Family: \$10,000	Individual: \$15,000 Family: \$30,000
Embedded out-of-pocket maximum	<ul style="list-style-type: none">Based on a calendar yearLimit includes copays, deductibles and coinsurance (out-of-network limit excludes pharmacy)	Individual: \$6,350 Family: \$12,700	Individual: \$19,050 Family: \$38,100
Preventive care	<ul style="list-style-type: none">Office visitLaboratory and radiologyPap smearMammogramProstate screeningImmunizationsEndoscopy	100%	50% after deductible*
Physician services	<ul style="list-style-type: none">Office visitRetail clinic visitsUrgent care visitsTelemedicine services	80% after deductible	50% after deductible
Facility services	<ul style="list-style-type: none">Inpatient servicesOutpatient and ambulatory surgeryUrgent care	80% after deductible	50% after deductible
Prescription drugs A detailed Rx4 Traditional drug list is available at Humana.com/ druglist.	<ul style="list-style-type: none">Retail: 30-day supplyMail order (up to 90-day supply)Specialty drugs (up to 30-day supply)	80% after deductible	50% after deductible

*Deductible may not apply to certain services.

Provider disclaimer:

Primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana. 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.

Limitations and Exclusions:

Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at <http://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure> or through your sales representative.

Humana medical plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or broker.

Confidential. For agent/agency use only. This training material, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group or to the general public.

Draft: Approval pending



Tennessee 80/50 Copay Plan

Effective dates starting 6/1/19

Tennessee REALTORS® Health Alliance



		In-network	Out-of-network
Office visit copay		\$40 primary care \$55 specialist	Not Applicable
Deductible		Individual: \$5,000 Family: \$10,000	Individual: \$15,000 Family: \$30,000
Out-of-pocket maximum	<ul style="list-style-type: none">Based on a calendar year. Limit includes copays, deductibles and coinsurance (out-of-network limit excludes pharmacy)	Individual: \$6,500 Family: \$13,000	Individual: \$19,500 Family: \$39,000
Preventive care	\ O h U h @ -		
Physician services	<ul style="list-style-type: none">Office visitRetail clinic visitsUrgent care visitsTelemedicine services	100% after \$40 primary care/\$55 specialist copay 100% after \$40 copay 100% after \$100 copay 100% after \$40 copay	50% after deductible 50% after deductible 50% after deductible 50% after deductible
Facility services	<ul style="list-style-type: none">Inpatient servicesOutpatient and ambulatory servicesUrgent care visitsEmergency room	80% after deductible 100% after \$100 copay 100% after \$350 copay	50% after deductible 50% after deductible 100% after \$350 copay
PRESCRIPTION DRUGS			
In-network		Level 1: \$10 copay Level 2: \$40 copay Level 3: \$70 copay Level 4: 25% coinsurance	
<ul style="list-style-type: none">Retail: 30-day supplyMail order (up to 90-day supply)Specialty drugs (up to 30-day supply)		2.5 times the retail copayment 35% or 25% by using a preferred specialty pharmacy like Humana Specialty Pharmacy	

Rx4: Most prescription drugs are assigned to one of four levels with corresponding amounts or coinsurance. A detailed Rx4 Traditional drug list is available at [Humana.com/druglist](https://www.humana.com/druglist).

Out-of-network

- Deductible: Individual: \$0/Family: \$0
- If a non-participating pharmacy is used, the claim will be covered at 70% after applicable in-network cost share
- Speciality drugs are covered at 50% if a non-participating pharmacy is used



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HumanaPPO 16

Tennessee 100/50 Simplicity Plan

Tennessee REALTORS® Health Alliance



		In-network	Out-of-network
Office visit copay		\$25 primary care \$40 specialist	50% after deductible
Deductible		Individual: \$0 Family: \$0	Individual: \$5,000 Family: \$10,000
Out-of-pocket maximum	<ul style="list-style-type: none"> Based on a calendar year Limit includes copays, deductibles and coinsurance (out-of-network limit excludes pharmacy) 	Individual: \$4,000 Family: \$8,000	Individual: \$12,000 Family: \$24,000
Preventive care	<ul style="list-style-type: none"> Office visit Laboratory and radiology Pap smear Mammogram Prostate screening Immunizations Endoscopy 	100%	50% after deductible*
Physician services	<ul style="list-style-type: none"> Office visit Retail clinic visits Urgent care visits Telemedicine services 	100% after \$25 primary care/ \$40 specialist 100% after primary care copay 100% after \$75 copay 100% after \$25 copay	50% after deductible 50% after deductible 50% after deductible 50% after deductible
Facility services	<ul style="list-style-type: none"> Facility services <ul style="list-style-type: none"> - Inpatient - Outpatient (surgical and non-surgical) - Emergency room (copay waived if admitted) 	100% after \$500 copay per day for the first three days 100% after \$500 copay 100% after \$250 copay	50% after deductible 50% after deductible 100% after \$250 copay

PRESCRIPTION DRUGS

Rx4: Most prescription drugs are assigned to one of four levels with corresponding amounts or coinsurance.

A detailed Rx4 Traditional drug list is available at [Humana.com/druglist](https://www.humana.com/druglist).

In-network

- Retail: 30-day supply

Level 1: \$10 copay

Level 2: \$40 copay after \$0 individual/\$0 family deductible

Level 3: \$70 copay after \$0 individual/\$0 family deductible

- Mail order (up to 90-day supply)
- Specialty drugs (up to 30-day supply)

2.5 times the retail copayment

35% or 25% by using a preferred specialty pharmacy like Humana Specialty Pharmacy

*Deductible may not apply to certain services.



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PRESCRIPTION DRUGS

Rx4: Most prescription drugs are assigned to one of four levels with corresponding amounts or coinsurance. A detailed Rx4 Traditional drug list is available at Humana.com/druglist.

Out-of-network

- Deductible: Individual: \$0/Family: \$0
- If a non-participating pharmacy is used, the claim will be covered at 70% after applicable cost share
- Specialty drugs are covered at 50% if a non-participating pharmacy is used

Preauthorization: Humana requires preauthorization for some services and procedures. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at Humana.com or call Customer Service. Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits.

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Additional Coverage Information: Please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate coverage. This guide is available at <http://www.disclosure.humana.com/disclosure> or through your sales representative.

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	In-network		Out-of-network	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	\$1,000 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)			
Preventive services <ul style="list-style-type: none">• Routine oral examinations (2 per year)• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)• Routine cleanings (2 per year)• Fluoride treatment (1 per year, through age 14)• Sealants (permanent molars, through age 14)• Space maintainers (primary teeth, through age 14)• Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible		100% no deductible	
Basic services <ul style="list-style-type: none">• Emergency care for pain relief• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)• Oral surgery (tooth extractions including impacted teeth)• Stainless steel crowns• Harmful habit appliances for children (1 per lifetime, through age 14)	80% after deductible		80% after deductible	
Major services <ul style="list-style-type: none">• Crowns (1 per tooth every 5 years)• Inlays/onlays (1 per tooth every 5 years)• Bridges (1 per tooth every 5 years)• Dentures (1 per tooth ever 5 years)• Denture relines/rebases (1 every 3 years, following 6 months of denture use)• Denture repair and adjustments (following 6 months of denture use)• Implants (1 every 5 years limited to crowns, bridges, and dentures. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered)• Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	50% after deductible		50% after deductible	
Orthodontia services	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.			

Humana Dental Traditional Preferred 14

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. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	Not available
Late applicant ^{1,2}	No	12 months	12 months	Not available

¹ Late applicants not allowed with open enrollment option.
² Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

Humana Dental Traditional Preferred 14

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 Traditional Preferred 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

Questions?

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

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.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.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents 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.

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Policy Number: TN-70090-HC 1/14

Plan summary created on: 11/19/18 16:15

Vision care services

	In-network	Out-of-network
Exam with dilation as necessary <ul style="list-style-type: none"> Retinal imaging¹ 	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options² <ul style="list-style-type: none"> Standard contact lens fit and follow-up Premium contact lens fit and follow-up 	Up to \$55 10% off retail	Not covered Not covered
Frames³	\$130 allowance 20% off balance over \$130	\$65 allowance
Standard plastic lenses⁴ <ul style="list-style-type: none"> Single vision Bifocal Trifocal Lenticular 	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options⁴ <ul style="list-style-type: none"> UV coating Tint (solid and gradient) Standard scratch-resistance Standard polycarbonate - adults Standard polycarbonate - children <19 Standard anti-reflective coating Premium anti-reflective coating 	\$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows:	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows:
<ul style="list-style-type: none"> - Tier 1 - Tier 2 - Tier 3 	\$57 \$68 80% of charge	Not covered Not covered Not covered
<ul style="list-style-type: none"> Standard progressive (add-on to bifocal) Premium progressive 	\$15 Premium progressives as follows:	Up to \$40 Premium progressives as follows:
<ul style="list-style-type: none"> - Tier 1 - Tier 2 - Tier 3 - Tier 4 	\$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance	Not covered Not covered Not covered Not covered
<ul style="list-style-type: none"> Photochromatic / plastic transitions Polarized 	\$75 20% off retail	Not covered Not covered
Contact lenses⁵ (applies to materials only) <ul style="list-style-type: none"> Conventional 	\$130 allowance, 15% off balance over \$130	\$104 allowance
<ul style="list-style-type: none"> Disposable Medically necessary 	\$130 allowance \$0	\$104 allowance \$200 allowance

Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency <ul style="list-style-type: none"> • Examination • Lenses or contact lenses • Frame 	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
Diabetic Eye Care: care and testing for diabetic members <ul style="list-style-type: none"> • Examination <ul style="list-style-type: none"> - Up to (2) services per year • Retinal Imaging <ul style="list-style-type: none"> - Up to (2) services per year • Extended Ophthalmoscopy <ul style="list-style-type: none"> - Up to (2) services per year • Gonioscopy <ul style="list-style-type: none"> - Up to (2) services per year • Scanning Laser <ul style="list-style-type: none"> - Up to (2) services per year 	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33

Optional benefits

- ¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
- ² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
- ³ Discounts may be available on all frames except when prohibited by the manufacturer.
- ⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
- ⁵ Plan covers contact lenses or frames, but not both.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis ¹.



¹ Thompson Media Inc.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.





Humana Pharmacy Solutions®

What to know before you get your medicine

Ensure you understand your pharmacy benefits, and what you need to know about prior authorization, step therapy and quantity limits.

You may have to take certain prescription medicines regularly to address health conditions like high blood pressure, while you may take others for a short time, like an antibiotic to treat an infection. Either way, it's important to know if your prescriptions might require certain doctor approvals. You can find out using Humana's secure online tool.

Research your medication coverage

Visit **Humana.com** and register for MyHumana, your personal, secure online account. Use our online Drug List search by selecting "Drug pricing tool" under "Tools & resources" at the bottom of the page to look up your medicines.



You can also call the Customer Care number on the back of your Humana member ID card.

Humana
Pharmacy Solutions.

GNHHF88HH 0119

Humana Pharmacy® mail delivery

More and more Humana members are finding Humana Pharmacy to be their choice for value, experience, safety, accuracy, convenience and service.

Why choose Humana Pharmacy?

Savings. Many Humana plans provide cost savings if you fill a 90-day supply of your maintenance medicine through a mail-delivery pharmacy, instead of a retail pharmacy. Plus, the pharmacy team works with you and your doctor to find medicine that costs less.

Experienced pharmacy team. Pharmacists are available to answer questions about your medicine and our services.

Safe and accurate. Two pharmacists check your new prescriptions to make sure they're safe to take with your other medications. The dispensing equipment and heat-sealed bottles with tamper-resistant foil help ensure quality and safety. Plus, your order comes in plain packaging for additional security.

Timely reminders. To help make sure you have the medicine and supplies you need when you need them, we can remind you when it's time to refill your medicine. Just set your preferences when you sign up at [HumanaPharmacy.com](https://www.humana.com/pharmacy).

Time-saving mail delivery. No driving to the pharmacy and waiting in line. You may be able to order just four times a year and have more time to do the things you enjoy.

Visit HumanaPharmacy.com

After you become a Humana member, you can sign in with your MyHumana identification number or register to get started. You can also sign up by calling **1-800-833-1315 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Your health is important to us. Humana Pharmacy can deliver the value and service you expect from your pharmacy.

Make Humana Pharmacy your one source

Maintenance medicine. Medicine you take all the time for conditions like high cholesterol, high blood pressure and asthma.

Specialty medicine. Specialized therapies to treat chronic or complex illnesses like rheumatoid arthritis and cancer.



Humana®

Flexible ordering options

Online

HumanaPharmacy.com. Start a new prescription, order refills, check on your order and get information about how to get started.

Doctor

Let your doctor know you would like to use our pharmacy and he or she can send prescriptions through ePrescribe. Healthcare providers can also fill out the fax form by downloading it from **HumanaPharmacy.com/forms** and faxing the prescription to **1-800-379-7617**.

Mail

Download the “Registration & Prescription Order Form” from **HumanaPharmacy.com/forms** and mail your paper prescriptions to:
Humana Pharmacy
P.O. Box 745099
Cincinnati, OH 45274-5099

Phone

For maintenance medicine, you can call **1-800-833-1315 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

For specialty medicine, you can call Humana Specialty Pharmacy® directly at **1-800-833-1642 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., and Saturday, 8 a.m. – 6 p.m., Eastern time.

Humana Pharmacy Mobile App

Place new orders and refills for your medicine, check order status and gain access to a secure site 24 hours a day, seven days a week.

Text “**HPAPP**” to **239355** (Be Well) to download. Message and data rates apply. Reply STOP to cancel, HELP for help.

The life of a prescription

1. Humana Pharmacy receives your prescription order. Your doctor can send us your new prescriptions by fax, phone or electronically. Or you can send new prescriptions by mail with an order form. Order forms can be downloaded at **HumanaPharmacy.com/forms**.
2. The pharmacy checks your Humana pharmacy benefits coverage, enters your order and creates a unique shipment number.
3. A pharmacist checks your prescription order for accuracy and possible drug interactions.
4. Approved orders go through the payment process. If your health benefits don't cover the medicine, the pharmacy will check the claim and fix the problem. If they cannot fill your prescription, they will return it to you and tell you why.
5. An automated system fills your medicine and a pharmacist makes sure it matches the label before it's sealed.
6. Humana Pharmacy mails the order to you with important information about your medicine.

You should get your new prescription by mail in 7 – 10 days after Humana Pharmacy has all the necessary information. Your refill should arrive within 5 – 7 days. It may take longer if they have to call you or your doctor with questions about the order.

Humana®

Preventive services guide

Humana makes it easier than ever to get the preventive services you need to maintain your overall health.

As part of healthcare reform—and depending on your Humana health plan—a range of preventive services will be available to you at no cost.

The services listed here will be covered 100 percent when they're provided for preventive care. This means no copayments, coinsurance or deductible when services are performed by providers in the Humana network.

Note: You may need to pay all or part of the costs when services are completed to diagnose, monitor or treat an illness, pregnancy or injury, rather than prevent an illness, pregnancy or injury.

Adult preventive services

Preventive office visits are covered, as well as the screenings, immunizations and counseling listed below.

Screenings

Abdominal aortic aneurysm	One time screening for men of specified ages who have ever smoked
Alcohol misuse	Screening and counseling for all adults
Blood pressure	Screening for high blood pressure for all adults
Cholesterol	Screenings for adults certain ages or at higher risk ¹
Colorectal cancer	Screening for adults at 50–75
Depression	Screening for all adults
Diabetes	Screening for adults 40–70 at higher risk ¹
Hepatitis B	Screening for all adults at higher risk ¹
Hepatitis C	Screening for adults at higher risk ¹ or one-time screenings for adults born 1945–1965
HIV	Screening for all adults at higher risk ¹
Lung cancer	Annual screenings for adults at all specified ages who smoke or have quit within the past 15 years
Obesity	Screening for all adults
Syphilis	Screening for all adults at higher risk ¹
Tobacco use	Screening for all adults and cessation interventions for tobacco users
Tuberculosis	Screening for latent infection for adults at higher risk ¹

Medications and supplements (covered with a doctor's prescription)

Aspirin	Use of aspirin to prevent cardiovascular disease for women and men at specified ages
Colonoscopy preparation	Bowel preparation medications for adults age 50–75
Smoking cessation	Over-the-counter and prescription smoking cessation medications for members 18 years and older
Statin	Low- to moderate-dose statin use for adults 40–75 at higher risk ¹
Vitamin D	Supplementation to prevent falls in community dwelling for adults age 65 and older at increased risk for falls



¹For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

Adult preventive services continued

Preventive office visits are covered, as well as the screenings, immunizations and counseling listed below.

Counseling

Healthy diet and physical activity	Counseling to prevent cardiovascular disease for adults who have cardiovascular risk factors or higher risk for chronic disease ¹
Obesity	Referral to intensive, multicomponent behavioral interventions for patients with a body mass index (BMI) of 30 kg/m or higher
Sexually transmitted infection (STI)	Prevention counseling for adults at higher risk ¹

Other

Exercise or physical therapy	Fall prevention for adults age 65 or older at increased risk for falls
Skin cancer	Brief counseling for young adults through age 24 to minimize their exposure to ultraviolet radiation



Preventive care keeps you healthy, prevents illness and detects disease in the early stages when it is easier to treat.

Immunizations

(vaccines for adults—doses, recommended ages and recommended populations vary)²

Chickenpox/varicella

Hepatitis A

Hepatitis B

Human papillomavirus (HPV)

Influenza

Measles, mumps, rubella (MMR)

Meningococcal

Pneumococcal

Shingles/herpes zoster

Tetanus, diphtheria, pertussis (Tdap)

Humana®

¹For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

²For more information on immunization recommendations, resources and schedules, please refer to the Centers for Disease Control and Prevention at www.cdc.gov/vaccines/schedules/index.html

Women preventive services (includes pregnant women)

Preventive office visits are covered, as well as the screenings and counseling listed below.

Counseling

Genetic counseling for women who have tested positive for BRCA

Breast cancer chemoprevention
Counseling for women at increased risk for breast cancer

Domestic and interpersonal violence
Screenings and referral for intervention services

Tobacco use counseling for pregnant women
Behavioral interventions for cessation

Other Services

Aspirin to prevent preeclampsia
Low-dose aspirin after 12 weeks of gestation in women who are at high risk¹

Breastfeeding³
Equipment and counseling to promote Breastfeeding during pregnancy and in the postpartum period

Contraceptive methods and counseling³

Screenings

Anemia	Screening on a routine basis for pregnant women
Bacteriuria	Urinary tract or other infection screening for pregnant women
BRCA	Screenings for women at higher risk ¹
Breast cancer mammography	Screenings every 1–2 years for women age 40 or over
Cervical cancer	Screening for women with a cervix, regardless of sexual history, at specified ages and intervals ⁴
Chlamydia infection	Screening for younger women and other women at higher risk ¹
Depression	Screening for pregnant and postpartum women
Gestational diabetes	Screenings for women after 24 weeks of gestation
Gonorrhea	Screening for all women at higher risk ¹
Hepatitis B	Screening for younger women and other women at higher risk ¹
HIV	Screenings for pregnant women
HPV-DNA test	High risk testing every 3 years for women with normal cytology results who are age 30 or older ¹
Osteoporosis (bone density)	Screening for women age 65 and over and women at higher risk ¹
Preeclampsia	Screening for all pregnant women
Rh incompatibility	Screening for all pregnant women during their first prenatal visit and at 24–28 weeks gestation
Syphilis	Screening for all pregnant women or other women at higher risk
Tobacco use	Screening and interventions for all women, and expanded counseling for pregnant tobacco users

Medications and supplements (covered with a doctor's prescription)

Aspirin	Low-dose medication for women for prevention of preeclampsia
Breast cancer preventive medications	For women at increased risk for breast cancer
Contraception	FDA-approved contraceptives for women with reproductive capacity to prevent pregnancy
Prenatal vitamins/folic acid	For women who are, may become pregnant or are capable of pregnancy

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¹For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

³On Aug. 1, 2011, the U.S. Department of Health and Human Services released new guidelines regarding coverage of preventive health services for women. The new guidelines state that non-grandfathered insurance plans with plan years beginning on or after Aug. 1, 2012, must include these services without cost sharing.

⁴Women 21–65: with cytology (Pap test) every three years; women 30–65: wanting to lengthen the screening interval. We encourage you to seek any professional advice, including legal counsel, regarding how the new requirements will affect your specific plan. For complete details, refer to your plan's Certificate of Coverage.

Child preventive services

Preventive office visits are covered, as well as the screenings, immunizations, counseling and supplements listed below.

Immunizations

(vaccines for children from birth to age 18, doses, ages and populations vary)²

Chickenpox/varicella

Haemophilus influenzae type B

Hepatitis A

Hepatitis B

Human papillomavirus (HPV)

Inactivated poliovirus

Influenza

Measles, mumps, rubella (MMR)

Meningococcal

Pneumococcal

Rotavirus

Tetanus, pertussis, diphtheria (Tdap)

Counseling

Obesity

Referral to intensive behavioral interventions to promote improvements in weight status

Sexually transmitted infection (STI)

Prevention counseling for adolescents at higher risk¹

Skin cancer

Brief counseling for young adults age 10–24 years old to minimize their exposure to ultraviolet radiation

Tobacco use

Education or brief counseling to prevent initiation of tobacco use in school-aged children and adolescents

Screenings

Alcohol and drug use

Assessments for adolescents

Autism

Screening for children at 18–24 months

Behavioral

Assessments for children of all ages

Depression

Screening for adolescents

Developmental

Screening for children under age 3, and surveillance throughout childhood

Dyslipidemia

Screening for children at higher risk¹ of lipid disorders

Height, weight and body mass index

Measurements for children of all ages

Hemoglobinopathies

Screening for sickle cell disease in newborns

Hepatitis B

Screening for adolescents at higher risk¹

Hypothyroidism

Screening for newborns

HIV

Screening for adolescents at higher risk¹

Lead

Screening for children at risk of exposure

Medical history

For all children throughout development

Obesity

Screening for children age 6 or older

Oral health

Risk assessment for young children

Phenylketonuria (PKU)

Screening for newborns

Sexually transmitted infection

Screening for adolescents at higher risk¹

Tuberculin

Testing for children at higher risk¹ of tuberculosis

Vision

Screening for all children between the ages 3–5 years old

Medications and supplements (covered with a doctor's prescription)

Fluoride chemoprevention

Supplements starting at age 6 months for children without fluoride in their water sources

Fluoride varnish

Application by a primary care clinician to primary teeth starting at tooth eruption up to age 5

Gonorrhea

Preventive medicine for the eyes of all newborns

Iron

Supplements for children ages 6–12 months at risk for anemia

Refer to your Certificate of Coverage for details about all the covered services and benefit levels.

Humana®

¹For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

²For more information on immunization recommendations, resources and schedules, please refer to the Centers for Disease Control and Prevention at www.cdc.gov/vaccines/schedules/index.html

MyHumana

Register now at **Humana.com**



Find your personalized health and benefits information in one place – MyHumana

As a Humana member, you have a secure website on **Humana.com** called MyHumana. With MyHumana, you have fast, easy access to your personalized benefits information, planning tools and wellness resources.



Some of what you can do on MyHumana:

- Claims – Check if a claim has been paid along with your estimated cost, if any
- ID cards – View, print and email up-to-date medical and dental Humana member ID cards
- Coverage details – Review deductibles, coverage levels and limits
- Provider search – Use “Find a doctor” to find in-network providers near you
- Humana’s cost comparison tool – compare providers and services, choose wisely and estimate costs
- Drug pricing – Look up coverage, estimated prices and possible alternatives
- Rx calculator – Plan for out-of-pocket drug costs
- Health and condition centers – Access health information specific to your conditions and life stage
- Year-to-date summary – See an at-a-glance view of your financial information – including balances in your health savings account, flexible spending account or personal care account and amounts applied to deductibles
- Manage access – Give other adults on your policy permission to access your health information
- Update your communications preferences – Select which communications you want to receive from Humana and how you want to receive them – via paper or email

Registering is easy

- Have your Humana member ID or Social Security number available
- Go to **Humana.com**
- Select “Register” at the top of the page
- Choose “Member all other plan types”
- Fill in some basic information – like your Humana member ID number or Social Security number, date of birth, ZIP code, and email and click “next”
- Create a username, password and security prompt and click “next” to finish

Now, how easy was that? You’re all set – jump in and start exploring!

You don’t have to wait for health and benefits guidance – you can get it right away with MyHumana. Please note, all features may not be available to all members.

Humana®

Humana.com

MyHumana Mobile app

Manage your healthcare — wherever you are

Access your health information anytime, anywhere

Whether you prefer downloading a mobile application, using your mobile device or receiving text messages, you have the ability to manage your healthcare needs virtually anywhere, anytime.

Use the MyHumana Mobile app to:

- View your plans and coverage details
- View medical, dental and pharmacy claims
- View, fax or save medical, dental and pharmacy ID cards
- View vision coverage information or ID cards
- Find a doctor, pharmacy, dentist, hospital, urgent care center or retail clinic in your network
- Research drug prices

Additional tools available on Humana.com include:

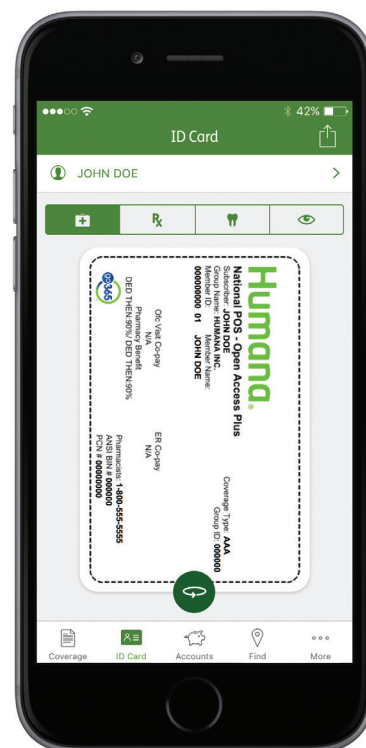
- View your Go365™ Dashboard†
- Refill your Humana Pharmacy® prescriptions‡

Download the Mobile app:

Download the MyHumana Mobile app from your app store. Search “MyHumana” in the Google Play® or App Store®.

†Available to HumanaVitality members only. ‡Available to members who use Humana Pharmacy only.

*Message and data rates may apply.



From your mobile device's browser:

You can visit MyHumana from your mobile device's browser. To get started, go to **Humana.com** and sign in.

Sign up for text message alerts* on Humana.com

1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on “Account & settings” under My Profile
3. Select “Edit your preferences”
4. Select “Mobile” from the tab
5. Register and verify your mobile number
6. Select the alerts you want to receive

Discrimination is against the law

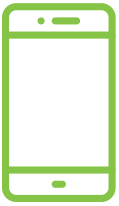
Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Humana®

Humana.com

You have choices for care

When you have to make a healthcare decision, make sure you're ready. Review some of the choices of care that are available so you know where to go the next time you need treatment.



Ensure a provider participates in the Humana network by going to **Humana.com** or using the MyHumana Mobile app on your mobile device.

For telemedicine eligibility, call the number on the back of your Humana member ID card.



HumanaFirst® Nurse Advice Line

When a health concern arises, and you aren't sure what to do, call the HumanaFirst Nurse Advice Line. It's available 24 hours, seven days a week by calling **1-800-622-9529 (TTY:711)**. A nurse will provide advice about your situation or advise that another level of care is appropriate. This is not to be used in the case of an emergency.



Doctor's office

Take advantage of the relationship you have with your doctor. Calling your doctor's office during business hours is your best option for treatment in non emergent situations.



Telemedicine

See a doctor within minutes.* Talk with a U.S. board-certified doctor from the comfort of your own home, office or while traveling, 24 hours a day, seven days a week. Visits are HIPAA-compliant and prescriptions may be sent to the pharmacy of your choice. No appointment is needed. Telemedicine is affordable and convenient.**



Retail clinic

When you can't see your doctor, a retail clinic can help you with minor problems like a cold, earache or sore throat. Retail clinics are conveniently located at certain stores, such as CVS®, Target®, Kroger® and Walgreens. Other retail clinics may also be available in the network.



Urgent care center

When you have a minor illness or injury and your doctor isn't available, you might consider going to an urgent care center. Waiting periods are usually shorter than in an emergency room. Many centers have X-ray and lab services and are open in the evenings and on weekends.***



Emergency room (ER)

Visit the ER for a serious medical situation that might represent a threat to your life or limbs. It's appropriate for situations like uncontrolled bleeding, chest pain, difficulty breathing and possible stroke.



dr. on demand

24/7 care for everyday health.

Doctor On Demand supports your everyday healthcare needs.

4 easy steps to get started:



Download the Doctor On Demand App

Available on the App Store or Google Play



Enter your health insurance info

Select Humana – enter your group ID and member ID



Enter your payment method

Just \$0–\$49 per visit, depending on your plan



See a doctor within minutes

or schedule a time that's convenient for you



Skip the waiting.

Doctor On Demand® allows you to see a board-certified doctor – for non-emergency care – in minutes from your home, office or while you're traveling in the United States, from your smartphone, tablet or computer. It's easy.

\$0–\$49

depending on your plan.

MORE AFFORDABLE THAN A VISIT TO THE EMERGENCY ROOM OR URGENT CARE.

Here are some common issues that Doctor On Demand can help with:

- Colds/Flu/Fever
- Respiratory/Sinus infections
- Urinary tract infections
- Cough/Bronchitis
- Sore throat/Strep
- Skin and eye issues
- Allergies
- Diarrhea/Vomiting
- Prescriptions and refills
- Order labs and screenings

NEW! Behavioral health services:

Behavioral health services are now available by appointment. For the same cost as an in-office behavioral health visit, behavioral health professionals can help with depression, stress, anxiety, trauma and other nonemergency behavioral health concerns. The cost for the visit will be provided when you schedule an appointment.

Download the Doctor On Demand App today!

Humana®

Doctor On Demand services are not available for Humana members in: Puerto Rico and outside the US. Limitations on healthcare and prescription services delivered via telemedicine and communications options vary by state. Telemedicine is not a substitute for emergency care. This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional.

GCHJWKFN 1018



EARNING POINTS in Go365

Take the stairs. Keep your blood pressure in check. Eat more salads. There are lots of things you can do to get healthier. With Go365®, you can earn Points for doing them.

Activities

These are things you do every day—like taking a walk or getting your flu shot—to be your healthiest.

Recommended activities

These personalized activities are created just for you, based on what you told us about your health in your Health Assessment. Recommended activities are things like losing weight or exercising more that are designed to jump-start your health, and they're worth more Points!

Challenges

Here's your chance to boost your health even more when you compete against friends and co-workers. Challenge them for most steps taken or pounds lost, or create your own Challenge!



Earn more when you do more!

The more Go365 activities you complete, the more Points you earn—and the higher your Status.

Unlock activities to earn more Points and move up to a higher Status

Three ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a biometric screening
3. Log a verified workout



Bonus Bucks are not tied to Points and increase a Go365 member's buying power in the Go365 Mall. Bonus Bucks are awarded when a Go365 member reaches Silver, Gold and Platinum Status, and are doubled when the prior year highest Status is achieved. For example, a year one Go365 member reaches Gold Status at the end of their program year. The Go365 member will earn 1,000 Bonus Bucks for reaching Silver Status (1,000 Bonus Bucks are awarded the first time a member reaches Silver Status) and 1,500 Bonus Bucks for reaching Gold Status. In the Go365 member's next program year, the highest Status reached is Gold Status. In this example, 500 Bonus Bucks are awarded at Silver Status and 3,000 Bonus Bucks are awarded when the member reaches Gold Status again. Bonus Bucks apply to the 30,000 Bucks maximum each adult member can earn in a program year.

Learn more at Go365.com

Go365 is not an insurance product. Not available with all Humana health plans. This document is intended to provide a high-level overview of the primary Go365 account holder's Points earning potential. All other member types should reference their Go365 account for eligible activities and Points. Recommended activities are not medical advice. Consult your physician. We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Contact Go365's Customer Care team by signing in to **Go365.com** and using the secure live chat feature on the bottom right of the screen or by calling the number on the back of your member ID card, and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward.



Activities and Points

Points listed are per program year unless stated otherwise.



Education

Activity

Points

- **Health Assessment** 500
Take your full Go365 Health Assessment online or on the App and earn Points for completing it for the first time each program year.
- **OR Health Assessment sections** 50
 - >> Get Active >> Eat Better >> Reduce Stress >> Live Well >> Know Your Health >> Introduce Yourself**200 bonus Points when you complete all six sections**

Bonus Points

- **First Step Health Assessment bonus** 500 once/lifetime
- **Fast Start Health Assessment bonus** 250
- **Calculators** 75 each (up to 300/program year)
- **CPR certification** 125
- **First-aid certification** 125
- **Update/confirm contact Information** 50
- **Monthly Go365.com, Humana.com or Go365 App sign-in** 10 (up to 120/program year)
- **First time Go365 App sign-in** 50 once/lifetime
- **Accept online statements** Available for Go365 members with Humana medical coverage only. 50 once/lifetime

Prevention

Activity

Points

- **Health screening*** 400 per eligible screening
- **Dental exam** 200 per exam (up to 400/program year)
- **Vision exam** 200
- **Flu shot** 200
- **Nicotine test**** 400
- Biometric screening completion**
- **Body mass index (BMI)** 800
- **Blood pressure** 400
- **Blood glucose** 400
- **Total cholesterol** 400

Maximum Points for Health Assessment completion per program year is 500. Fast Start bonus awarded for full Health Assessment completion within the first 90 days of your program year.

*Subject to certain requirements and will appear as a recommended activity if they are applicable to you.

**Cost associated with nicotine tests are the responsibility of the Go365 member. Nicotine tests are not associated with biometric screenings.

Activities and Points

Points listed are per program year unless stated otherwise.



Healthy living

Activity	Points
○ Blood donation	50 each (up to 300/ program year)
○ Nicotine test (in-range results)	400
○ Virtual well-being coaching ongoing interactions	10 weekly (up to 520/program year)
○ Weekly log	10 weekly
○ Sleep diary	25 weekly (up to 150/ program year)
○ Daily health quiz	2 daily
○ Fitness habit	up to 25 per month
Biometric screening (in-range results)	
○ Body mass index ≥ 18.5 and < 25 , or BMI ≥ 25 and < 30 , with a waist circumference $< 40"$ for males and $< 35"$ for females	800
○ Blood pressure(systolic and diastolic) $< 130/85$ mm Hg	400
○ Blood glucose < 100 mg/dL or A1c $< 6.5\%$	400
○ Total cholesterol < 200 mg/dL or an HDL ≥ 40 mg/dL for males and ≥ 50 /mg/dL for females	400

Fitness

Activity	Points
Daily verified workout types	
○ Steps*	up to 50/day
○ Heart Rate (HR)*	1 Point per 1,000 steps
○ Calories*	5 Points for every 15 minutes above 60% of maximum HR
○ Participating fitness facility*	5 Points per 100 calories if burn rate exceeds 200 calories/hour
	10 per daily visit
Bonus Points	
○ Exceeded 50 weekly workout Points	50 only one bonus
○ Exceeded 100 weekly workout Points	100 awarded per week
○ First lifetime verified workout	500
○ First verified workout each new program year	750
○ Sports leagues	350 Points per league team (up to 1,400/program year)
Challenges	
Sponsored Challenges are set up by employers or Go365. Member-created Challenges are set up by members.	
	up to 100/month total for all Challenge-related activities
○ Participate in a Member-created Challenge	50
○ Participate in a Sponsored Challenge	50
Athletic events	
(running, walking, cross-country skiing, cycling, triathlon)	
	up to 3,000/program year
○ Level 1 (example: 5K)	250
○ Level 2 (example: 10K)	350
○ Level 3 (example: half-marathon)	500

*Calculating daily workout Points: Each day, Go365 will look at Points earned across all workout types and award the category with the highest value for that day. Points are awarded for one workout type per day. Week is defined as Sunday–Saturday. Maximum of 50 daily workout Points can be awarded.

IMPORTANT!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you.

1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you.

1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك