



Build your business with HumanaOne

With HumanaOne, you can offer your clients health plans that fit their needs and budget. Plus, optional benefits such as dental, life, and supplemental accident coverage, may be added to many plans at an additional cost.

HumanaOne plans come with an initial 12-month rate guarantee, as long as members stay in the same area and keep the same benefits (not applicable for Short Term Medical plans).

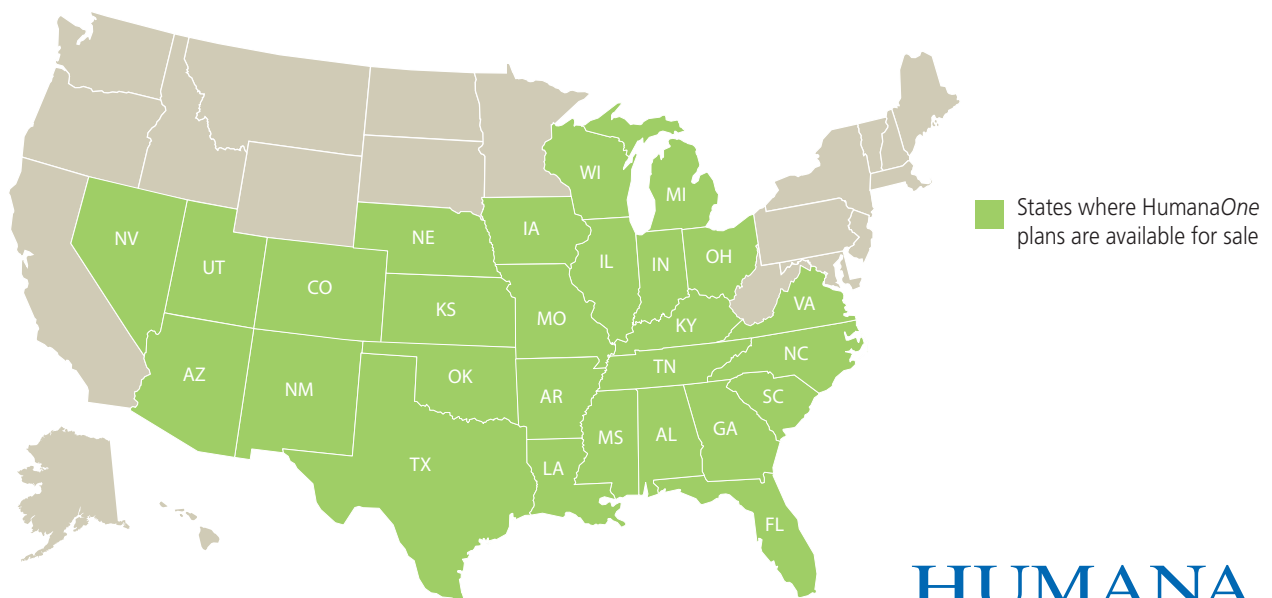
Choices your clients want:

- › Broad range of deductibles and benefit options
- › Health Savings Account (HSA)-qualified plans are available
- › Prescription drug coverage included with most plans
- › Plans are backed by one of the nation's largest PPO networks

Service your clients expect:

- › Friendly customer care every step of the way
- › Quick answers to questions about claims, benefits, or payments
- › Online resources let members compare provider and prescription costs, check claims status, and more

With HumanaOne, your clients will be certain to enjoy the peace of mind, greater savings, and customer care that they should expect from their health insurance carrier.



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For Agent Use Only

Overview of 2010 HumanaOne Health Plans for Colorado, Georgia, Louisiana, Texas, and Utah

Plans	HumanaOne Enhanced Copay / 80%				HumanaOne Copay / 80%				HumanaOne Copay / 70%				HumanaOne Value																			
Coinsurance	80% in-network / 60% out-of-network								80% in-network / 60% out-of-network								70% in-network / 50% out-of-network								100% in-network / 75% out-of-network							
Deductible options	Individual		Family*		Individual		Family*		Individual		Family*		Individual		Family*		Individual		Family*													
	\$500		\$1,500		\$3,500		\$10,500		\$1,500		\$4,500		\$5,000		\$15,000		\$5,000		\$15,000													
	\$1,000		\$3,000		\$5,000		\$15,000		\$2,500		\$7,500		\$7,500		\$22,500		\$7,500		\$22,500													
	\$1,500		\$4,500						\$5,000		\$15,000																					
	\$2,000		\$6,000																													
	\$2,500		\$7,500																													
	\$3,500		\$10,500																													
	* three family members must meet their individual deductible				* three family members must meet their individual deductible				* three family members must meet their individual deductible				* three family members must meet their individual deductible																			
Coinsurance out-of-pocket limit	Individual		Family		Individual		Family		Individual		Family		Individual		Family		Individual		Family													
	\$2,500		\$5,000		\$3,500		\$7,000		\$5,000		\$10,000		\$0		\$0		\$0		\$0													
Lifetime maximum	Unlimited								Unlimited								Unlimited								Unlimited							
Benefits																																
Preventive care	100%								100%								100%								100%							
Preventive lab and X-ray	100%								100%								100%								100%							
Diagnostic lab and X-ray	First \$500 at 100% then 80% after deductible								First \$400 at 100% then 80% after deductible								First \$300 at 100% then 70% after deductible								100% after deductible							
Office visits (illness and injury visits only)	Unlimited visit; \$35 PCP/\$60 Specialist per visit								6 visits: \$35 PCP/\$60 Specialist per visit After 6 visits then 80% after deductible								3 visits: \$35 PCP/\$60 Specialist per visit After 3 visits then 70% after deductible								100% after deductible							
Inpatient and outpatient services	80% after deductible								80% after deductible								70% after deductible								100% after deductible							
Emergency room services (access fee and copay waived if admitted)	\$100 access fee then 80% after deductible								\$100 access fee then 80% after deductible								\$125 access fee then 70% after deductible								\$125 access fee then 100% after deductible							
Mental health (includes mental illness and chemical dependence)	50% after separate mental health deductible								50% after separate mental health deductible								50% after separate mental health deductible								50% after separate mental health deductible							
Prescription drugs																																
				Separate \$500 deductible, then copay: (level 4: \$5,000 out-of-pocket max)				Separate \$700 deductible, then copay: (level 4: \$5,000 out-of-pocket max)				Separate \$1,000 deductible, then copay: (level 4: \$5,000 out-of-pocket max)				Separate \$1,000 deductible, then copay: (level 4: \$5,000 out-of-pocket max)																
level 1	level 2	level 3	level 4	level 1	level 2	level 3	level 4	level 1	level 2	level 3	level 4	level 1	level 2	level 3	level 4	level 1	level 2	level 3	level 4													
\$15*	\$35	\$60	35%	\$15*	\$35	\$60	35%	\$15*	\$40	\$65	35%	\$15*	\$40	\$65	35%	\$15*	\$40	\$65	35%													
* Level 1 drugs not subject to deductible				* Level 1 drugs subject to copay, no deductible				* Level 1 drugs subject to copay, no deductible				* Level 1 drugs subject to copay, no deductible				* Level 1 drugs subject to copay, no deductible																
Optional benefits																																
Rx buy-up deductible	\$150								\$300								\$500								Not available							
Deductible carryover credit (does not apply to Rx deductible)	Available								Available								Available								Available							
Supplemental accident benefit (\$1,000 or \$2,500)	Available								Available								Available								Available							
Dental	Available								Available								Available								Available							
Life	Available								Available								Available								Available							

This is an overview of the HumanaOne portfolio of plans. This chart only summarizes standard covered expenses, and may vary by state. Wait for more information. Please see the state plan's specific benefit summary for more information.

¹ Only available for plans six months or less in duration

² Unless mandated by state

³ Not currently available in all states

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Plan / 100%	HumanaOne Enhanced HSA / 100%		HumanaOne HSA / 100%		Short Term Medical / 100% ³		Short Term Medical / 80% ³	
Out-of-network	100% in-network / 70% out-of-network		100% in-network / 70% out-of-network		100% in-network / 75% out-of-network		80% in-network / 60% out-of-network	
Family*	Individual	Family	Individual	Family	Individual	Family*	Individual	Family*
\$5,000	\$1,500	\$3,000	\$1,500	\$3,000	\$1,000	\$2,000	\$500 ¹	\$1,000 ¹
\$2,500	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$1,000	\$2,000
	\$3,500	\$7,000	\$3,500	\$7,000	\$5,000	\$10,000	\$2,500	\$5,000
	\$5,000	\$10,000	\$5,000	\$10,000			\$5,000	\$10,000
	\$5,950	\$11,900	\$5,950	\$11,900				
Must meet their					* two family members must meet their individual deductible		* two family members must meet their individual deductible	
Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000	\$4,000
	Unlimited		Unlimited		\$2 million per covered person		\$2 million per covered person	
	100%		100%		Not covered ²		Not covered ²	
	100%		100%		Not covered ²		Not covered ²	
	100% after deductible		100% after deductible		100% after deductible		80% after deductible	
	100% after deductible		100% after deductible		100% after deductible		80% after deductible	
	100% after deductible		100% after deductible		100% after deductible		80% after deductible	
100%	100% after deductible		100% after deductible		100% after deductible		80% after deductible	
al	100% after separate mental health deductible		Not covered ²		Not covered ²		Not covered ²	
able, then copay: (set max)	Integrated with medical 100% after deductible		Not covered : member has access to a discount card		Integrated with medical 100% after deductible		Integrated with medical 80% after deductible	
Level 3 \$65	Level 4 35%							
copay, no deductible								
	Not available		Not available		Not available		Not available	
	Not available		Not available		Not available		Not available	
	Available		Available		Not available		Not available	
	Available		Available		Not available		Not available	
	Available		Available		Not available		Not available	

Waiting periods, exclusions and limitations apply. Services provided by out-of-network providers are paid at a lower level, if at all.

