



Your benefits enrollment guide

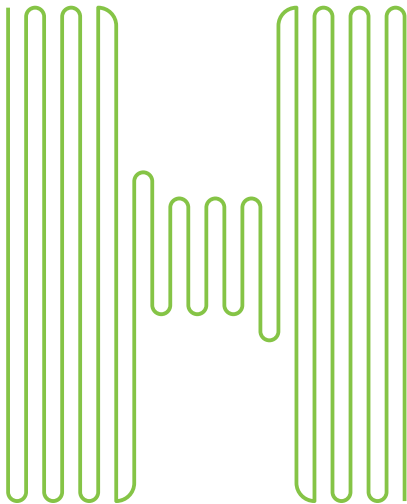
Michael Dunn Center

Humana[®]

GCHL7TREN 0822



Welcome to Humana



At Humana, we want to help take care of you — with benefits that make it easy for you to get the care you need, when you need it. With plan options designed to fit your health and wellness needs, your care is always at the core of what we do.

Review the information in this guide to see the benefits available to you.

Important Questions	Answers	Why This Matters:
<p> The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.groupcertificate.humana.com or by calling 866-4ASSIST (427-7478). For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms, see the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 866-4ASSIST (427-7478) to request a copy.</p>		
<p>What is the overall <u>deductible</u>?</p>	<p><u>Network</u>: \$6,500 individual / \$13,000 family; <u>Non-Network</u>: \$19,500 individual / \$39,000 family</p>	<p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own <u>individual deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your <u>deductible</u>?</p>	<p><u>Network Providers</u>: Yes. <u>Certain Office Visits</u>, <u>Preventive Care</u>, <u>Emergency Room Care</u>, <u>Urgent Care</u>, <u>Prescription Drugs</u> and <u>Certain Therapies</u> <u>Non-Network Providers</u>: Yes. <u>Emergency Room Care</u> and <u>Prescription Drugs</u></p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> <u>without cost sharing</u> and before you meet your <u>deductible</u>. See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other <u>deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services.</p>
<p>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</p>	<p>For <u>network providers</u>: \$7,900 individual / \$15,800 family For <u>non-network providers</u>: \$23,700 individual / \$47,400 family</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>

<p>What is not included in the <u>out-of-pocket limit</u>?</p>	<p>Premiums, <u>balance-billing</u> charges, health care this plan doesn't cover, penalties for failure to obtain preauthorization for services, non-network transplant, non-network <u>prescription drugs</u>, non-network <u>specialty drugs</u>, non-network immune effector cell therapy</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Will you pay less if you use a <u>network provider</u>?</p>	<p>Yes. See www.humana.com/directories or call 866-4ASSIST (427-7478) for a list of <u>network providers</u>.</p>	<p>This plan uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the plan's <u>network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your plan pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p>Do you need a <u>referral</u> to see a <u>specialist</u>?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
<p>If you visit a <u>health care provider's office</u> or clinic</p>	<p>Primary care visit to treat an injury or illness</p>	<p>Telehealth or telemedicine services: \$40 <u>copay</u>/office visit; <u>deductible</u> does not apply Primary care visit: \$40 <u>copay</u>/office visit; <u>deductible</u> does not apply</p>	<p>Telehealth or telemedicine services: 50% <u>coinsurance</u> Primary care visit: 50% <u>coinsurance</u></p>	<p>None</p>
	<p><u>Specialist</u> visit</p>	<p>\$55 <u>copay</u>/visit; <u>deductible</u> does not apply</p>	<p>50% <u>coinsurance</u></p>	<p>None</p>
<p><u>Preventive care</u>/<u>screening</u>/<u>immunization</u></p>	<p>No charge; <u>deductible</u> does not apply</p>	<p><u>deductible</u> does not apply</p>	<p>50% <u>coinsurance</u></p>	<p>You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.</p>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have a test If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://www.humana.com/2022-Rx3/	<u>Diagnostic test</u> (x-ray, blood work)	No charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	<u>Cost sharing</u> may vary based on where service is performed. <u>Imaging:</u> <u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.
	Imaging (CT/PET scans, MRIs)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	(Retail) 30 day supply. <u>Preauthorization</u> may be required - if not obtained, member is responsible for 100% of the cost of the drug. (Mail Order) 90 day supply. <u>Preauthorization</u> may be required - if not obtained, member is responsible for 100% of the cost of the drug.
	Level 1 - Generic drugs	(Retail) \$10 <u>copay/prescription;</u> <u>deductible</u> does not apply (Mail Order) \$25 <u>copay/prescription;</u> <u>deductible</u> does not apply	(Retail) 30% <u>coinsurance,</u> after \$10 <u>copay/prescription;</u> <u>deductible</u> does not apply (Mail Order) 30% <u>coinsurance,</u> after \$25 <u>copay/prescription;</u> <u>deductible</u> does not apply	(Retail) 30% <u>coinsurance,</u> after \$40 <u>copay/prescription;</u> <u>deductible</u> does not apply (Mail Order) 30% <u>coinsurance,</u> after \$100 <u>copay/prescription;</u> <u>deductible</u> does not apply
	Level 2 - Preferred brand-name drugs	(Retail) \$40 <u>copay/prescription;</u> <u>deductible</u> does not apply (Mail Order) \$100 <u>copay/prescription;</u> <u>deductible</u> does not apply	(Retail) 30% <u>coinsurance,</u> after \$40 <u>copay/prescription;</u> <u>deductible</u> does not apply (Mail Order) 30% <u>coinsurance,</u> after \$100 <u>copay/prescription;</u> <u>deductible</u> does not apply	(Retail) 30% <u>coinsurance,</u> after \$60 <u>copay/prescription;</u> <u>deductible</u> does not apply (Mail Order) 30% <u>coinsurance,</u> after \$150 <u>copay/prescription;</u> <u>deductible</u> does not apply
	Level 3 - Higher-cost brand-name drugs	(Retail) \$60 <u>copay/prescription;</u> <u>deductible</u> does not apply (Mail Order) \$150 <u>copay/prescription;</u> <u>deductible</u> does not apply	(Retail) 30% <u>coinsurance,</u> after \$60 <u>copay/prescription;</u> <u>deductible</u> does not apply (Mail Order) 30% <u>coinsurance,</u> after \$150 <u>copay/prescription;</u> <u>deductible</u> does not apply	(Retail) 30% <u>coinsurance,</u> after \$60 <u>copay/prescription;</u> <u>deductible</u> does not apply (Mail Order) 30% <u>coinsurance,</u> after \$150 <u>copay/prescription;</u> <u>deductible</u> does not apply

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	<u>Specialty drugs</u>	Preferred <u>network specialty pharmacy</u> : 25% <u>coinsurance</u> ; <u>deductible</u> does not apply Network <u>specialty pharmacy</u> : 25% <u>coinsurance</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u> ; <u>deductible</u> does not apply	30 day supply. <u>Preauthorization</u> may be required - if not obtained, member is responsible for 100% of the cost of the drug.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.
If you need immediate medical attention	Physician/surgeon fees	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Emergency room care</u>	\$350 <u>copay/visit</u> ; <u>deductible</u> does not apply	\$350 <u>copay/visit</u> ; <u>deductible</u> does not apply	<u>Emergency room care</u> : <u>Copayment</u> waived if admitted.
	<u>Emergency medical transportation</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u> after <u>network deductible</u>	
If you have a hospital stay	<u>Urgent care</u>	\$75 <u>copay/visit</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u>	
	Facility fee (e.g., hospital room)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.
If you need mental health, behavioral health, or substance abuse services	Physician/surgeon fees	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Outpatient services	Therapy: \$40 <u>copay/visit</u> ; <u>deductible</u> does not apply Outpatient hospital non-surgical services: 30% <u>coinsurance</u>	Therapy: 50% <u>coinsurance</u> Outpatient hospital non-surgical services: 50% <u>coinsurance</u>	None
	Inpatient services	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.
If you are pregnant	Office visits	No charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Childbirth/delivery professional services	30% <u>coinsurance</u>	50% <u>coinsurance</u>	Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply.
	Childbirth/delivery facility services.	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	<u>Home health care</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	100 visit limit per year. <u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.
	<u>Rehabilitation services</u>	Physical, occupational, speech, cognitive and audiology therapy: \$55 <u>copay/visit</u> ; <u>deductible</u> does not apply	Physical, occupational, speech, cognitive and audiology therapy: 50% <u>coinsurance</u>	Therapies: <u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500. Physical, occupational, speech, cognitive and audiology therapy: For network, 60 visits per year combined. For non-network, 10 visits per year combined. <u>Network</u> and non-network visit limits reduce each other.
	<u>Habilitation services</u>	Physical, occupational, speech and audiology therapy: \$55 <u>copay/visit</u> ; <u>deductible</u> does not apply	Physical, occupational, speech and audiology therapy: 50% <u>coinsurance</u>	60 day limit per year. <u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.
	<u>Skilled nursing care</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	<u>Durable medical equipment</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500. Excludes vehicle and home modifications, exercise and bathroom equipment.
	<u>Hospice services</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)
<ul style="list-style-type: none"> • Bariatric surgery • Child dental check-up • Child eye exam • Child glasses • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine eye care (Adult) • Routine foot care • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)
<ul style="list-style-type: none"> • Acupuncture, if it is prescribed by a physician • Chiropractic care - spinal manipulations are covered to 60 visits per year including manipulations and adjustments • Cosmetic surgery, if to correct a functional impairment • Dental care (Adult), if for dental injury of a sound natural tooth • Hearing aids, 1 hearing aid per ear every 3 years to age 18

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- www.hurmana.com or 866-4ASSIST (427-7478).
- Tennessee Department of Commerce and Insurance: 800-342-4029 or www.tn.gov/commerce.

- For group health coverage subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- www.humana.com or 866-4ASSIST (427-7478).
- Department of Labor Employee Benefits Security Administration: 866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- Tennessee Department of Commerce and Insurance: 800-342-4029 or www.tn.gov/commerce.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 866-4ASSIST (427-7478) (TTY: 711).

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$6,500
- Specialist copayment \$55
- Hospital (facility) coinsurance 30%
- Other coinsurance 30%

This EXAMPLE event includes services like:
Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$6,500
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$1,400
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	\$7,960

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$6,500
- Specialist copayment \$55
- Hospital (facility) coinsurance 30%
- Other coinsurance 30%

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$1,600
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,620

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$6,500
- Specialist copayment \$55
- Hospital (facility) coinsurance 30%
- Other coinsurance 30%


This EXAMPLE event includes services like:
Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,200
<u>Copayments</u>	\$700
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The plan would be responsible for the other costs of these EXAMPLE covered services.

Important Questions	Answers	Why This Matters:
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<p>What is the overall <u>deductible</u>?</p>	<p>Network: \$3,000 individual / \$6,000 family; Non-Network: \$9,000 individual / \$18,000 family</p>	<p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your <u>deductible</u>?</p>	<p>Network Providers: Yes. <u>Preventive Care</u> and <u>Prescription Drugs</u> Non-Network Providers: Yes. <u>Prescription Drugs</u></p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> <u>without cost sharing</u> and before you meet your <u>deductible</u>. See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other <u>deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services.</p>
<p>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</p>	<p>For network providers: \$4,000 individual / \$8,000 family For non-network providers: \$12,000 individual / \$24,000 family</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>
<p>What is not included in the <u>out-of-pocket limit</u>?</p>	<p><u>Premiums</u>, <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover, penalties for failure to obtain preauthorization for services, non-network transplant, non-network <u>prescription drugs</u>, non-network <u>specialty drugs</u>, non-network immune effector cell therapy</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>

<p>Will you pay less if you use a network provider?</p>	<p>Yes. See www.humana.com/directories or call 866-4ASSIST (427-7478) for a list of <u>network providers</u>.</p>	<p>This <u>plan</u> uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>

! All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
<p>If you visit a health care provider's office or clinic</p>	<p>Primary care visit to treat an injury or illness</p> <p>Specialist visit</p> <p>Preventive care/screening/immunization</p>	<p>Telehealth or telemedicine services: 50% <u>coinsurance</u> Primary care visit: 50% <u>coinsurance</u></p> <p>50% <u>coinsurance</u></p>	<p>Telehealth or telemedicine services: 50% <u>coinsurance</u> Primary care visit: 50% <u>coinsurance</u></p> <p>50% <u>coinsurance</u></p> <p>50% <u>coinsurance</u></p>	<p>None</p> <p>None</p> <p>You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.</p>
<p>If you have a test</p>	<p>Diagnostic test (x-ray, blood work)</p> <p>Imaging (CT/PET scans, MRIs)</p>	<p>50% <u>coinsurance</u></p> <p>50% <u>coinsurance</u></p>	<p>50% <u>coinsurance</u></p> <p>50% <u>coinsurance</u></p>	<p>Imaging: <u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.</p>
<p>If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://www.humana.com/2022-Rx3/</p>	<p>Level 1 - Generic drugs</p>	<p>(Retail) \$10 <u>copay/prescription</u>; <u>deductible</u> does not apply (Mail Order) \$25 <u>copay/prescription</u>; <u>deductible</u> does not apply</p>	<p>(Retail) 30% <u>coinsurance</u>, after \$10 <u>copay/prescription</u>; <u>deductible</u> does not apply (Mail Order) 30% <u>coinsurance</u>, after \$25 <u>copay/prescription</u>; <u>deductible</u> does not apply</p>	<p>(Retail) 30 day supply. <u>Preauthorization</u> may be required - if not obtained, member is responsible for 100% of the cost of the drug. (Mail Order) 90 day supply. <u>Preauthorization</u> may be required - if not obtained, member is responsible for 100% of the cost of the drug.</p>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Level 2 - Preferred brand-name drugs	(Retail) \$40 <u>copay/prescription</u> ; <u>deductible</u> does not apply (Mail Order) \$100 <u>copay/prescription</u> ; <u>deductible</u> does not apply	(Retail) 30% <u>coinsurance</u> , after \$40 <u>copay/prescription</u> ; <u>deductible</u> does not apply (Mail Order) 30% <u>coinsurance</u> , after \$100 <u>copay/prescription</u> ; <u>deductible</u> does not apply	
	Level 3 - Higher-cost brand-name drugs	(Retail) \$60 <u>copay/prescription</u> ; <u>deductible</u> does not apply (Mail Order) \$150 <u>copay/prescription</u> ; <u>deductible</u> does not apply	(Retail) 30% <u>coinsurance</u> , after \$60 <u>copay/prescription</u> ; <u>deductible</u> does not apply (Mail Order) 30% <u>coinsurance</u> , after \$150 <u>copay/prescription</u> ; <u>deductible</u> does not apply	
	<u>Specialty drugs</u>	Preferred <u>network specialty pharmacy</u> ; 25% <u>coinsurance</u> ; <u>deductible</u> does not apply <u>Network specialty pharmacy</u> ; 25% <u>coinsurance</u> ; <u>deductible</u> does not apply	50% <u>coinsurance</u> ; <u>deductible</u> does not apply	30 day supply. <u>Preauthorization</u> may be required - if not obtained, member is responsible for 100% of the cost of the drug.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	50% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.
	Physician/surgeon fees	50% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	50% <u>coinsurance</u>	50% <u>coinsurance</u> after <u>network deductible</u>	None
	<u>Emergency medical transportation</u>	50% <u>coinsurance</u>	50% <u>coinsurance</u> after <u>network deductible</u>	
	<u>Urgent care</u>	50% <u>coinsurance</u>	50% <u>coinsurance</u>	
If you have a hospital stay	Facility fee (e.g., hospital room)	50% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Physician/surgeon fees	50% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Therapy: 50% <u>coinsurance</u> Outpatient hospital non-surgical services: 50% <u>coinsurance</u>	Therapy: 50% <u>coinsurance</u> Outpatient hospital non-surgical services: 50% <u>coinsurance</u>	None
	Inpatient services	50% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.
	Office visits	No charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> .
If you are pregnant	Childbirth/delivery professional services	50% <u>coinsurance</u>	50% <u>coinsurance</u>	Depending on the type of services, a <u>coinsurance</u> or <u>deductible</u> may apply.
	Childbirth/delivery facility services.	50% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Home health care	50% <u>coinsurance</u>	50% <u>coinsurance</u>	100 visit limit per year. <u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.
If you need help recovering or have other special health needs	Rehabilitation services	Physical, occupational, speech, cognitive and audiology therapy: 50% <u>coinsurance</u>	Physical, occupational, speech, cognitive and audiology therapy: 50% <u>coinsurance</u>	Therapies: <u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500. Physical, occupational, speech, cognitive and audiology therapy: For <u>network</u> , 60 visits per year combined. For non- <u>network</u> , 10 visits per year combined. <u>Network</u> and non- <u>network</u> visit limits reduce each other.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	<u>Habilitation services</u>	Physical, occupational, speech and audiology therapy: 50% <u>coinsurance</u>	Physical, occupational, speech and audiology therapy: 50% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	50% <u>coinsurance</u>	50% <u>coinsurance</u>	60 day limit per year. <u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.
	<u>Durable medical equipment</u>	50% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500. Excludes vehicle and home modifications, exercise and bathroom equipment.
	<u>Hospice services</u>	50% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% to a maximum of \$2500.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
<ul style="list-style-type: none"> • Bariatric surgery • Child dental check-up • Child eye exam • Child glasses 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine eye care (Adult) • Routine foot care • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture, if it is prescribed by a physician
 - Cosmetic surgery, if to correct a functional impairment
 - Hearing aids, 1 hearing aid per ear every 3 years to age 18
- Chiropractic care - spinal manipulations are covered to 60 visits per year including manipulations and adjustments
 - Dental care (Adult), if for dental injury of a sound natural tooth

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: www.humana.com or 866-4ASSIST (427-7478).

- Tennessee Department of Commerce and Insurance: 800-342-4029 or www.tn.gov/commerce.
 - For group health coverage subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
 - For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x61565 or www.cciio.cms.gov.
 - If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.
- Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- www.humana.com or 866-4ASSIST (427-7478).
- Department of Labor Employee Benefits Security Administration: 866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- Tennessee Department of Commerce and Insurance: 800-342-4029 or www.tn.gov/commerce.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 866-4ASSIST (427-7478) (TTY: 711).

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$3,000
- Specialist coinsurance 50%
- Hospital (facility) coinsurance 50%
- Other coinsurance 50%

This EXAMPLE event includes services like:
Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$3,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,000
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,060

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$3,000
- Specialist coinsurance 50%
- Hospital (facility) coinsurance 50%
- Other coinsurance 50%

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,100
<u>Copayments</u>	\$1,200
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,320

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,000
- Specialist coinsurance 50%
- Hospital (facility) coinsurance 50%
- Other coinsurance 50%

This EXAMPLE event includes services like:
Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$2,800
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,810

The plan would be responsible for the other costs of these EXAMPLE covered services.

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
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 + extended annual maximum (see section below)			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • 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) • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	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 every 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) • Implant Related Services (crowns, bridges, and dentures each limited to 1 per tooth every five years. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered.) 	50% after deductible		50% after deductible	

**If you use an
IN-NETWORK dentist**

**If you use an
OUT-OF-NETWORK dentist**

Extended Annual Max

Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)

30%

30%

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.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental 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

Employer-sponsored funding: 5+ 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.



Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit [Humana.com](https://www.humana.com).

Feel good about choosing a Humana Dental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your Humana Dental Traditional Preferred plan focuses on prevention and early diagnosis, providing three routine cleanings, or four periodontal cleanings, along with three routine periodic exams per calendar year.

* 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?* Humana Dental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Use your Humana Dental benefits

Find a dentist

With Humana Dental'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 Humana Dental Traditional Preferred Network. To find a dentist in Humana Dental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

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See your dentist

Your Humana Dental 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 Humana Dental 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). In Arizona, group dental plans insured by Humana Insurance Company. In New Mexico, group dental plans insured by Humana Insurance Company.

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**If you use an
IN-NETWORK dentist**

**If you use an
OUT-OF-NETWORK dentist**

Calendar-year deductible

(excludes orthodontia services)

Individual	Family	Individual	Family
\$50	\$150	\$50	\$150

Deductible applies to all services excluding preventive services.

Calendar-year annual maximum

(excludes orthodontia services)

\$1,000 + extended annual maximum (see section below)

Preventive services

- Routine oral examinations (3 per year)
- Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)
- Routine cleanings (3 per year)
- Periodontal cleanings (4 per year)
- Fluoride treatment (1 per year, through age 16)
- Sealants (permanent molars, through age 16)
- Space maintainers (primary teeth, through age 15)
- Oral Cancer Screening (1 per year, ages 40 and older)

100% no deductible

100% no deductible

Basic services

- 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)
- Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)
- Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)

80% after deductible

80% after deductible

Major services

- 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 every 5 years)
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50% after deductible

50% after deductible

If you use an
IN-NETWORK dentist

If you use an
OUT-OF-NETWORK dentist

Extended Annual Max

Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)

30%

30%

Orthodontia services

Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.

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Waiting periods

Employer-sponsored funding: 5+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant ^{1,2}	No	12 months	12 months	12 months (24 months for 5-9 enrolled employees)

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- Floss daily
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- Visit a dentist regularly for exams and cleanings

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Humana®

Vision care services

If you use an
IN-NETWORK provider
(Member cost)

If you use an
OUT-OF-NETWORK provider
(Reimbursement)

Exam with dilation as necessary

- Retinal imaging ¹

\$10
Up to \$39

Up to \$30
Not covered

Contact lens exam options ²

- Standard contact lens fit and follow-up
- Premium contact lens fit and follow-up

Up to \$40
10% off retail

Not covered
Not covered

Frames ³

\$130 allowance
20% off balance over \$130

\$65 allowance

Standard plastic lenses ⁴

- Single vision
- Bifocal
- Trifocal
- Lenticular

\$15
\$15
\$15
\$15

Up to \$25
Up to \$40
Up to \$60
Up to \$100

Lens options ⁴

- UV coating
- Tint (solid and gradient)
- Standard scratch-resistance
- Standard polycarbonate - adults
- Standard polycarbonate - children <19
- Standard anti-reflective coating
- Premium anti-reflective coating
 - Tier 1
 - Tier 2
 - Tier 3
- Standard progressive (add-on to bifocal)
- Premium progressive
 - Tier 1
 - Tier 2
 - Tier 3
 - Tier 4
- Photochromatic / plastic transitions
- Polarized

\$15
\$15
\$15
\$40
\$0
\$45
Premium anti-reflective coatings as follows:
\$57
\$68
80% of charge
\$15
Premium progressives as follows:
\$110
\$120
\$135
\$90 copay, 80% of charge less \$120 allowance
\$75
20% off retail

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered
Premium anti-reflective coatings as follows:
Not covered
Not covered
Not covered
Up to \$40
Premium progressives as follows:
Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

Contact lenses ⁵

(applies to materials only)

- Conventional
- Disposable
- Medically necessary

\$130 allowance,
15% off balance over \$130
\$130 allowance
\$0

\$104 allowance
\$104 allowance
\$200 allowance

Vision care services

If you use an
IN-NETWORK provider
(Member cost)

If you use an
OUT-OF-NETWORK provider
(Reimbursement)

Frequency

• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months

Diabetic Eye Care: care and testing for diabetic members

• Examination - Up to (2) services per year	\$0	Up to \$77
• Retinal Imaging - Up to (2) services per year	\$0	Up to \$50
• Extended Ophthalmoscopy - Up to (2) services per year	\$0	Up to \$15
• Gonioscopy - Up to (2) services per year	\$0	Up to \$15
• Scanning Laser - Up to (2) services per year	\$0	Up to \$33

Optional benefits

- Polycarbonate Lenses for Children <19 Provides for standard polycarbonate lens with \$0 copay. Not available in AK, CT, ID, & OH.

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 lenses for 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 may 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.



Questions?

Check out **Humana.com**

Call 1-866-995-9316 seven days a week:

8 a.m. to 6 p.m. Eastern Time

Monday through Saturday and

11 a.m. to 8 p.m. Sunday.

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.

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. In Arizona, group vision plans insured by Humana Insurance Company. In New Mexico, group vision plans insured by Humana Insurance Company.

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.



What else comes with
your medical plan?



24/7 virtual care for everyday health needs

Doctor On Demand®

With Doctor On Demand, you can see a board-certified doctor for non-emergency care from your home, office or while you're traveling in the United States. For everyday health needs, Doctor On Demand usually costs less than a visit to the emergency room or urgent care.



Doctor On Demand	Your cost
<p>Everyday health concerns</p> <ul style="list-style-type: none">• Colds, flu and sore throat• Upper respiratory infections• Skin and eye problems• Urinary tract infections• Prescriptions and refills• Labs and screenings• Mild-to-moderate anxiety or depression	<p>\$0–\$56</p>
<p>Mental health concerns</p> <ul style="list-style-type: none">• Depression• Stress• Anxiety• Trauma• Other non-emergency mental health concerns	<p>Your cost for a mental health visit will vary based on your plan. You'll know the cost of your visit when you schedule your appointment.</p>

Personalized wellness and rewards program

Go365[®]

With personalized activities and rewards to help you reach your goals, Go365 makes it easier — and more fun — to get moving along your personal path to health and wellness.



Unlock activities

Receive activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your activities and earn points for higher status.



Stay inspired

Tracking your activity is a breeze — just connect your compatible apps or fitness devices and earn points for all of your healthy activities.



Earn rewards

The higher you move up in status, the more bucks you can earn and spend on great items in the Go365 Mall, like Amazon and Target gift cards, athletic gear and more.



Level up

Earning points pays off big with higher status levels. Plus, you'll earn bonus bucks when you reach Silver, Gold and Platinum status.

Convenient pharmacy solutions that work for you



CenterWell's™ award-winning mail delivery pharmacy lowers copays with 90-day supplies of most medicines shipped right to members' homes.



Access a national network of over 65,000 pharmacies – including other mail delivery options.



Receive guidance when you need specialty medication.

You can locate network pharmacies by visiting [Humana.com/finder/pharmacy](https://www.humana.com/finder/pharmacy).

Welcome to LifeWorks

Feel supported and connected with a confidential Employee Assistance Program and innovative wellbeing resource



Life can be complicated. Get help with all of life's questions, issues and concerns with LifeWorks. Any time, 24/7, 365 days a year.

LifeWorks offers support with mental, financial, physical and emotional wellbeing. Whether you have questions about handling stress at work and home, parenting and child care, managing money, or health issues, you can turn to LifeWorks for a confidential service that you can trust.

<u>Life</u>	<u>Family</u>	<u>Health</u>	<u>Work</u>	<u>Money</u>
Retirement	Parenting	Mental health	Time management	Saving
Midlife	Couples	Addictions	Career development	Investing
Student life	Separation/divorce	Fitness	Work relationships	Budgeting
Legal	Older relatives	Managing stress	Work stress	Managing debt
Relationships	Adoption	Nutrition	Managing people	Home buying
Disabilities	Death/loss	Sleep	Shift work	Renting
Crisis	Child care	Smoking cessation	Coping with change	Estate planning
Personal issues	Education	Alternative health	Communication	Bankruptcy

Call us, toll-free, 24/7:

1 844-261-3286

Log in with LifeWorks today

Go to login.lifeworks.com OR download the mobile app

Username:

Password:

Savings that fit your lifestyle

Special Discount Program

Humana's Specialty Discount Program gives you more choices and savings for health and wellness procedures, such as discounts on Lasik surgery, teeth whitening and alternative medicine.



Weight loss

Nutrisystem provides unique, comprehensive solutions for weight loss and weight management by delivering delicious, portion-controlled meals directly to your home.



Lasik

With nearly 600 locations nationwide, you can choose any in-network provider and receive 15% off standard prices or 5% off promotional prices.



Teeth whitening

Humana has teamed up with ProSmileUSA™ to offer up to 70% off teeth whitening.



Alternative medicine

You can save up to 30% on chiropractors, massage therapy and acupuncture when you receive services from WholeHealth Network providers.



Hearing aids

With TruHearing you save 30-60% on hearing aids. TruHearing customers save an average of \$1,700 per hearing aid when compared to national average prices.



Identity monitoring & protection services

With CyberScout®, you'll receive expert fraud protection and credit activity monitoring to keep you and your loved ones safe.

Caring for whole person health

At Humana, we personalize your care experience with services and programs to help guide your specific health journey whenever you need support.



HumanaBeginnings®

All pregnant members will receive one-on-one attention with a registered nurse, including monthly outreach.



Personal nurse

Your personal nurse provides targeted care to help you manage chronic illnesses and conditions.



Care management

Personal nurses, providers and caregivers coordinate with each other for your care.



NICU case management

Get a specialized case manager, along with nurses who monitor hospital stays and provide post-discharge support.



Cancer program

Access educational resources on how to manage cancer and stay on track with treatment.



Welcome to Humana

Your quick-start member guide

As a Humana member, we are here to support you and your family as you navigate your health and well-being. In this guide, you'll find helpful resources to get you started with your Humana plan, as well as answers to common questions you may have about your insurance coverage.

Getting started is as easy as 1-2-3

1 Register for MyHumana

Create an account at [MyHumana.com](https://www.mychumana.com) or download the MyHumana Mobile app on your smartphone. You'll find information about your Humana plan and resources to:

- Review benefits and understand what's covered by your plan.
- Understand plan costs, including deductibles and copays.

2 Get your Humana member ID card

You can view, print or email your Humana member ID card at MyHumana. It's available within 3-5 working days of enrollment. We will also mail your medical card to your home address.

3 Find your doctor

Use the Find A Doctor tool within MyHumana to quickly find and compare doctors, hospitals or clinical programs that are in the Humana network.



To learn more about insurance basics and understand the language in your plan, read more [here](#).

Enhanced preventive coverage

Promote overall well-being through good oral health

Periodontal disease can affect your employees and your business

Early detection is the key to preventing more serious health conditions including diabetes, heart disease and stroke. Humana's enhanced preventive care benefits cover many services to help employees achieve and maintain their best oral health and save on out-of-pocket expenses.

Unlike plans that provide only additional routine cleanings, our enhanced preventive care benefit covers four periodontal maintenance cleanings as well as three routine cleanings every year, whichever is needed, helping employees prevent oral health issues from becoming chronic conditions. Under enhanced preventive coverage, periodontal maintenance cleanings are covered under preventive services.

Partner this benefit with “Waive preventive services from deductible and annual maximum” to maximize employee preventive care.

Enhanced preventive care advantages

- Three routine cleanings per year
- Four periodontic maintenance cleaning procedures per year—covered as a preventive service
- No cross-reduction of benefit frequencies
- Space maintainers for children
- Oral cancer screenings for members aged 40 plus
- Enhanced preventive care available with all Traditional Preferred, PPO and Preventive Plus plans

Humana[®]

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

For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available by calling your Humana customer service representative and requesting a copy.

Dental PPO plans are not offered in certain states.



**Call your Humana
representative to
find out more about
this benefit option**

Extended annual maximum

Unique solution for extended coverage

With Humana's extended annual maximum, employees won't have to put off important dental care procedures for themselves or their covered dependents.

Extended annual maximum is available immediately after the annual maximum for a plan is reached, and there's no cap on the dollars paid in a year. That's an attractive advantage over traditional rollover options.

Extended annual maximum helps employees save money by ensuring they have access to network discounts and 30% coinsurance, even after they have reached their annual maximum. Employees can achieve and maintain their best health by getting dental care when it's needed, before oral health issues may affect their overall health and well-being.

Plus, the extended annual maximum is a great way for groups and employees to buy down their annual maximum or coinsurance, or adjust plan deductibles and their out-of-network reimbursements.

Uniquely different from traditional rollover plans

- No need to delay care
- No paid claims thresholds
- No dollars to roll over
- No provider restrictions
- No mandatory claims submissions
- No need to track annual usage

Extended annual maximum advantages

- **Simple** – all employees and their dependents have the same benefits
- **Easy** – the plan is easy to describe and administer
- **Immediate** – employees can use the benefit beginning day one
- **Available** – included in all Traditional Preferred (Plus) and PPO plan groups of two or more



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

For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available by calling your Humana customer service representative and requesting a copy.

Dental PPO plans are not offered in certain states.



Call your Humana representative to find out more about this benefit option

See a brighter future with contacts delivered straight to your door



Humana members, meet ContactsDirect

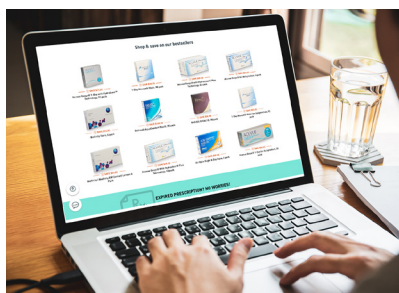
We know life gets busy. You don't always have time to visit your eye doctor to pick up new contact lenses. With ContactsDirect, you don't have to. ContactsDirect is an in-network service that delivers contact lenses straight to your door. That's human care.

As a Humana member, you can apply your vision benefits directly to the contacts you buy through ContactsDirect. Choose from dozens of the name brands you know and love and have them shipped to you for free.

ContactsDirect.com is just another way Humana is helping you see a brighter future.

How to order your new contacts:

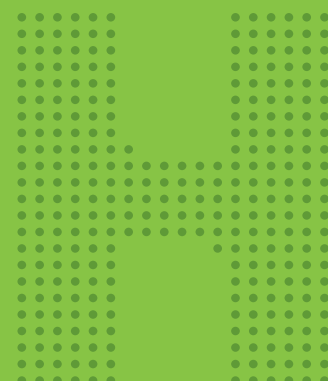
- 1 Visit [contactsdirect.com](https://www.contactsdirect.com).
- 2 Choose from a wide selection of top selling brands.
- 3 In-network vision benefits instantly apply to your purchase price.
- 4 Contact lenses will ship as soon as the prescription is verified. Most even ship that same day.



Check out this new,
online in-network benefit

Visit us at
www.contactsdirect.com

Humana[®]



A fresh look at glasses



Humana members, meet Glasses.com

Get new glasses from the comfort of your own home. With your Humana Vision plan, you can search thousands of options on Glasses.com and have them shipped right to you. That's human care.

Here's how it works:

- Search for a pair you love from thousands of name-brand frames
- Experience the photorealistic and geometrically accurate 3D virtual “try-on” app for iPad and iPhone
- Snap and send a picture of your prescription—or have Glasses.com call the provider for it
- Select lenses suited for many types of prescriptions (including progressives and multifocals)
- Get your glasses shipped the following day—with free shipping.



We'll send you frames you like with lenses in your prescription



Test your frames up to 15 days



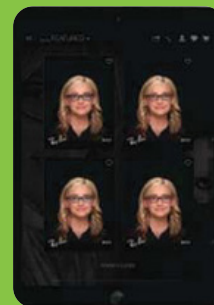
Keep them or send them back — all with free shipping



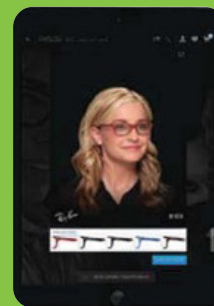
Buy new glasses from the comfort of home
Download the app or visit [Glasses.com](https://www.glasses.com) today

Humana®

A realistic way to try on glasses digitally



Find frames
Thousands of styles rendered instantly in 3D



See from any angle
See how frames look from side to side



Share on social media
Get the opinions of family and friends



READY. SET. Go365



It's simple to get started with Go365™. Here's how to get rewarded for your healthy behaviors.

1. Register now

Download the Go365 App or visit Go365.com to access your secure, password-protected Go365 account and program.

2. Take the next step

Three easy ways to start earning Points and get to Bronze Status:

- Complete at least one section of your Health Assessment
- Log a verified workout
- Get your biometric screening

Adult children are not eligible to earn Points or Bucks for Health Assessment completion or bonuses, biometric screening completion or for having in-range results.

3. Enjoy the rewards

Keep earning Points by completing healthy activities. The more Points you earn, the more Bucks you will have to spend in the Go365 Mall. Reward yourself with brands including:

amazon.com

[TARGET](https://target.com)

[Spafinder](https://Spafinder.com)
Wellness365

[fitbit](https://fitbit.com)



Join the Go365 support community
community.Go365.com



Register or sign in at Go365.com
or on the App

Go365 is not an insurance product. Not available with all Humana health plans.

Adult children can only move a family into Bronze Status by completing a verified workout.

The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company's website for additional terms and conditions.



Get the Go365 app

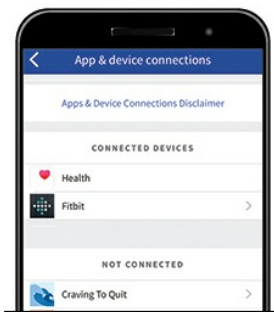
It's the easy way to see your progress



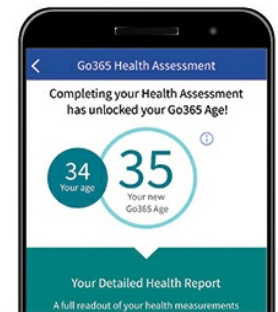
The Go365® app is your daily tool to help you keep up with your physical, mental and nutritional well-being goals and activities.

Download the app and start with 2 simple steps:

1. Connect your Go365 compatible fitness device(s) to automatically track your activities.



2. Take the Health Assessment to get recommended activities that help improve your health.



Then watch your small steps grow into healthy habits for life.



Check your dashboard—see your next best steps and watch your Points and Bucks grow



Join a Go365 challenge—compete with your members and other members*



Start a new activity—log a workout, keep a sleep journal, or take a walking break*



Snap and submit—earn Points when you submit a photo that documents the screening or vaccine, along with the date it was completed



Shop the Go365 mall—redeem your Bucks for gear, e-gift cards or donations

*Refer to the activities on the app or website for more information about Points and limits.

Go365 is not an insurance product and is not available with all Humana health plans. This is a general description of services which are subject to change. Product features may vary by client. Please refer to Customer Support for more information.

Go365 Bucks have no cash value and can only be spent in the Go365 Mall.

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, gender identity, ancestry, marital status, 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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or 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>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

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 hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jii'k'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Humana group 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., 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.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company. Administered by Humana Insurance Company.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. 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, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care. They are not intended to replace your primary care provider or other providers in your network (except for On Hand). Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply. Doctor on Demand is not available in Puerto Rico or outside the United States.

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

In Texas, dental plans provide benefits for contracted and non-contracted dentists. Non-contracted dentists have not agreed to provide services at contracted fees. If a member sees a non-contracted dentist their out of pocket costs may be higher than that charged by contracted dentists.

This is a limited policy. This is a dental only policy.

Limitations on teledentistry services, also referred to as virtual visits, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary dental care provider or other providers in your network. Any descriptions of when to use teledentistry services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

Covered services provided via telehealth are also available on an in-person basis at an in-network or out-of-network provider of your choice, although selection of an out-of-network provider may result in a higher cost sharing obligation for you. In-network providers will not balance bill you for covered services you receive. Acceptance of covered services from a third party telehealth provider and submission of claims will serve as consent to the terms of service provided in this notice.

Humana group vision plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company of Kentucky, Humana Insurance Company of New York, CompBenefits Insurance Company, CompBenefits Company, or The Dental Concern, Inc. In Arizona, group vision plans insured by Humana Insurance Company. In New Mexico, group vision plans insured by Humana Insurance Company.

This is a limited policy. This is a vision only policy.

Humana group life plans are offered by Humana Insurance Company and Humana Insurance Company of Kentucky. In Arizona, group life plans insured by Humana Insurance Company. In New Mexico, group life plans insured by Humana Insurance Company.

For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available at Humana.com or by calling our customer service department and requesting a copy.

Go365 is not an insurance product and is not available with all Humana health plans. This is a general description of services which are subject to change. Product features may vary by client. Please refer to Customer Support for more information.

Note that gift cards may present federal, state and local tax consequences to you. Any related taxes are solely your responsibility. Please consult your tax advisor.

