

Dear Medicare Eligible Retiree,

This is the Humana Out-of-Pocket Reimbursement Plan. This plan is in addition to Humana insurance coverage and available to all Humana enrollees. You may use any combination of these benefits up to a **maximum of \$3,000 per year**.

These are the services that are reimbursable.

**Send claims to:
Financial Services
POB 319
Mason MI 48854**

Attn: Havilah Johns

CATEGORY	HUMANA COPAY	WRAP PLAN PAYS
Inpatient Hospitalization	\$200 copay per day for days 1-5	All out-of-pocket
Skilled Nursing Home	\$40 copay per day for days 7-20 \$110 21-100	All out-of-pocket
Physician and Professional Services for Outpatient Rehab Facility	10% coinsurance	Amount over \$25 copay
Observation-Outpatient Hospital	10% coinsurance	All out-of-pocket
Surgery Services-Ambulatory Surgical Center	10% coinsurance	All out-of-pocket
Surgery Services-Outpatient Hospital	10% coinsurance	All out-of-pocket
Ambulance-Limited to Medicare-covered transportation	\$100 copay	All out-of-pocket

Outpatient Advanced Imaging Services-Outpatient Hospital	10% coinsurance	All out-of-pocket
Outpatient Nuclear Medicine Services-Outpatient Hospital	10% coinsurance	All out-of-pocket
Outpatient Diagnostic Procedures and Tests-Outpatient Hospital	10% coinsurance	All out-of-pocket
Outpatient Therapeutic Radiology Outpatient Hospital	10% coinsurance	All out-of-pocket
Renal Dialysis Services-Outpatient Hospital	10% coinsurance	All out-of-pocket
Chemotherapy Drugs-	10% coinsurance	All out-of-pocket
Prescription Drugs	Tier-1 \$5 Tier-2 \$30 Tier-3 \$60 Tier-4 25% Full cost of drugs while in donut hole	Any copays in excess of \$100 per prescription