



2009 Summary of Benefits

Humana Group Medicare
Private-Fee-for-Service Plan

Freescale™ Semiconductors Retirees

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Guidance when you need it most

Thank you for your interest in the Humana Group Medicare Private-Fee-for-Service (PFFS) plan. This plan is offered by Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company of Puerto Rico, Inc., Humana Insurance Company of New York, and Humana Insurance Company; all are insurance companies with a Medicare Advantage contract to offer a Private-Fee-for-Service plan. This **Summary of Benefits** tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. A complete list of benefits is available in the **"Evidence of Coverage."**

Primary care physicians, specialists and other providers that accept Medicare and Humana's terms and conditions are **not** the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers you may access.

A Medicare Advantage Private-Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our Website at: http://apps.humana.com/MedPlans_Provider/PFFSTermsAndConditions.pdf.

Where Is Humana Group Medicare Private-Fee-for-Service (PFFS) Plan Available?

Since your group is headquartered in one of the states where Humana is approved to offer a Humana Group Medicare Private-Fee-for-Service (PFFS) plan, you are eligible to enroll, regardless of your state of residence. Even if you move from one state to another, you are still eligible for this plan.

The employer group, union or trust determines where they are going to offer this plan.

	Benefit	Original Medicare Plan Pays:	Humana Group Medicare PFFS Plan Pays:
Physician Services	• Office visits in conjunction with an illness or injury	80% after \$135 deductible	80%
	• Allergy injections and serum	80% after \$135 deductible	80%
	• Diagnostic tests and X-rays	80% after \$135 deductible	80%
	• Medicare-approved lab services	100%	80%
Preventive Care	• Physical exams	80% after \$135 deductible for one time physical exam; no benefit for additional physical exams	100% (coinsurance may apply if other services are received) (limited to one per year)
	• Diabetes self-monitoring training	80% after \$135 deductible	100% (coinsurance may apply if other services are received)
	• Bone mass measurement (for people with Medicare who are at risk)	80% after \$135 deductible	100% (coinsurance may apply if other services are received) (limited to one per year)
	• Colorectal screening exams (for people with Medicare age 50 and older)	80% after \$135 deductible	100% (coinsurance may apply if other services are received) (limited to one per year)
	• Immunizations (flu vaccine, Hepatitis B vaccine, and pneumonia vaccine)	100% coverage for pneumonia and flu vaccines; 80% after \$135 deductible of Medicare-approved amounts for the Hepatitis B vaccine (you may only need the pneumonia vaccine once in your lifetime; please contact your doctor for further details)	100% (coinsurance may apply if other services are received)
	• Mammograms (annual screening for women with Medicare age 40 and older)	80%	100% (coinsurance may apply if other services are received) (limited to one per year)
	• Pap smears and pelvic exams (for women with Medicare)	80% for pelvic exam (there is no copayment for a Pap smear once every 2 years, annually for beneficiaries at high risk)	100% (coinsurance may apply if other services are received) (limited to one per year)

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	Benefit	Original Medicare Plan Pays:	Humana Group Medicare PFFS Plan Pays:
Preventive Care <i>(Continued)</i>	<ul style="list-style-type: none"> Prostate cancer screening exams (for men with Medicare age 50 and older) 	80% after \$135 deductible (there is no copayment for approved lab services)	100% (coinsurance may apply if other services are received) (limited to one per year)
Hospital Services	<ul style="list-style-type: none"> Inpatient care (semiprivate room, ancillary services, physician visits) 	100% after initial \$1,068 deductible for days 1-60; 100% after \$267 per day (days 61-90); 100% after \$534 per lifetime reserve day (days 91-150), lifetime reserve days can only be used one time	100% after \$180 copayment per day (days 1-5) per admission; 100% after day 5
	<ul style="list-style-type: none"> Outpatient surgical services 	80% after \$135 deductible	80%
	<ul style="list-style-type: none"> Outpatient nonsurgical services 	80% after \$135 deductible	80%-100% (based on services received)
	<ul style="list-style-type: none"> Emergency care (emergency room, emergency services) 	80% after \$135 deductible (waived if admitted to hospital within 3 days of emergency room visit)	80% up to a member maximum out of pocket of \$50 per visit (waived if admitted to hospital within 24 hours)
Additional Medical Services	<ul style="list-style-type: none"> Ambulatory surgical center 	80% after \$135 deductible	80%
	<ul style="list-style-type: none"> Immediate care facility 	80% after \$135 deductible	80%
	<ul style="list-style-type: none"> Ambulance 	80% after \$135 deductible	80%
	<ul style="list-style-type: none"> Physical, respiratory, audiology, cardiac, occupational or speech therapy 	80% after \$135 deductible	80%
	<ul style="list-style-type: none"> Home health services 	100%	100%
	<ul style="list-style-type: none"> Durable medical equipment (includes oxygen and diabetic monitoring supplies received from a durable medical equipment provider or a pharmacy) 	80% after \$135 deductible	80%

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	Benefit	Original Medicare Plan Pays:	Humana Group Medicare PFFS Plan Pays:
Additional Medical Services (Continued)	<ul style="list-style-type: none"> Skilled nursing facility 	100% for days 1-20 (3-day hospital stay required); 100% after \$133.50 copayment per day (days 21-100); no benefit for additional days	100% for days 1-20 (no 3-day hospital stay is required); 100% after \$90 copayment per day (days 21-100); no benefit for additional days
Mental and Nervous Disorder Services	<ul style="list-style-type: none"> Inpatient care (semiprivate room, ancillary services, physician visits) (190-day lifetime maximum in a psychiatric hospital) 	100% after initial \$1,068 deductible for days 1-60; 100% after \$267 per day (days 61-90); 100% after \$534 per lifetime reserve day (days 91-150), lifetime reserve days can only be used one time	100% after \$180 copayment per day (days 1-5) per admission; 100% after day 5
	<ul style="list-style-type: none"> Outpatient 	50% after \$135 deductible	80%
Alcohol and Drug Abuse Services	<ul style="list-style-type: none"> Inpatient care (semiprivate room, ancillary services, physician visits) 	100% after initial \$1,068 deductible for days 1-60; 100% after \$267 per day (days 61-90); 100% after \$534 per lifetime reserve day (days 91-150), lifetime reserve days can only be used one time	100% after \$180 copayment per day (days 1-5) per admission; 100% after day 5
	<ul style="list-style-type: none"> Outpatient 	50% after \$135 deductible	80%
Prescription Drugs	<ul style="list-style-type: none"> Prescription Drugs covered under Part D 	With Original Medicare, you pay 100% for most drugs, unless you enroll in Medicare Part D prescription drug program	Please see attached Prescription Drug Schedule
Out-of-Pocket Maximum		None	100% after \$6,500 per calendar year (If you reach this maximum, no further out-of-pocket will be required of you for covered expenses during this year. Expenses for outpatient prescription drugs, care during foreign travel, and plan premiums do not apply toward this maximum)

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	Benefit	Original Medicare Plan Pays:	Humana Group Medicare PFFS Plan Pays:
Extra Benefits	• SilverSneakers ^{®**}	This benefit is not offered	Available to all members except for those who live in Arizona and Pennsylvania
	• Silver&Fit ^{™**}	This benefit is not offered	Available to all members who live in Arizona and Pennsylvania
	• Humana Active Outlook ^{SM**}	This benefit is not offered	Health and wellness education available to all Humana Medicare Advantage members
	• HumanaFirst ^{®**}	This benefit is not offered	A toll-free 24-hour, 7-day-a-week medical information service with specially trained registered nurses to answer questions on symptom-related health conditions
	• QuitNet ^{®**}	This benefit is not offered	Smoking cessation service available to all Humana Medicare Advantage members

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An insurance company with a Medicare Advantage contract to offer a Private-Fee-for-Service plan available to anyone enrolled in both Part A and Part B of Medicare through age or disability. A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our Website at: http://apps.humana.com/MedPlans_Provider/PFFSTermsAndConditions.pdf.

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