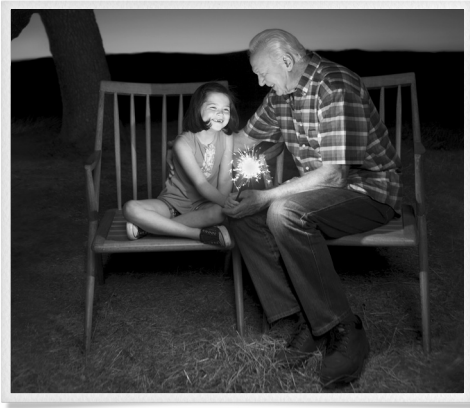


2012

Summary of Benefits
Humana Medicare Advantage

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PPO 079/137

Employees Retirement System of Texas (ERS)

Thank you for your interest in the Humana Medicare Employer Preferred Provider Organization (PPO) Plan. This plan is offered by Humana Insurance Company, a Medicare Advantage PPO organization. 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 (EOC)."** Members will receive the EOC within 30 days of your effective date. You may also choose to contact Humana to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. Please refer to the customer care number on the back of your ID card.

Our Members receive all the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year. You always have the option of switching to Original Medicare. However, there are serious implications about this decision. For more information about your options, please contact your benefits administrator.

Participating primary care and specialist physicians and other providers in Humana's networks 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 listed in network directories or otherwise selected by you.

You have the option to choose any provider, however the provider must participate in Medicare.

Grievance and Appeals

As a member of Humana Medicare Advantage you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the EOC for the QIO contact information.

Where is Humana Medicare Advantage available?

This plan is available in all municipalities and counties in the following states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.

You must live in one of these states or municipalities to join the plan.

	Benefit	Original Medicare Plan* Pays:	Humana Medicare Advantage** (for Services Provided by an In-Network and Out-of-Network Provider) Pays:
Physician Services	• Office visits in conjunction with an illness or injury	80% after \$162 deductible	100%
	• Allergy injections and serum	80% after \$162 deductible	100%
	• Diagnostic tests and X-rays	80% after \$162 deductible	100%
	• Medicare-approved lab services	100%	100%
	• Medicare-covered chiropractic services (3)	80% after \$162 deductible	100%
Preventive Care	• Physical exams	100% for one exam every 12 months; does not include lab tests	100% (limited to one per year)
	• Diabetes self-monitoring training	80% after \$162 deductible	100%
	• Bone mass measurement	100% once every 24 months (for people with Medicare who are at risk)	100% (limited to one per year)
	• Colorectal screening exams	100% for screening colonoscopy or screening flexible sigmoidoscopy; visits are limited depending on the type of test (for people with Medicare age 50 and older)	100% (limited to one per year)
	• Immunizations (flu vaccine, Hepatitis B vaccine, and pneumonia vaccine)	100% (you may only need the pneumonia vaccine once in your lifetime. Please contact your doctor for further details)	100%
	• Mammograms	100% once every 12 months (annual screening for women with Medicare age 40 and older)	100% (limited to one per year)
	• Pap smears and pelvic exams (for women with Medicare)	100% for pelvic exam (there is no copayment for a Pap smear once every 24 months; once every 12 months for beneficiaries at high risk)	100% (limited to one per year)
	• Prostate cancer screening exams	100% for the PSA test once every 12 months; 80% for the digital rectal exam and other related services once every 12 months (for men with Medicare age 50 and older)	100% (limited to one per year)

		Original Medicare Plan* Pays:	Humana Medicare Advantage** (for Services Provided by an In-Network and Out-of-Network Provider) Pays:
Preventive Care (Continued)	• Nutrition therapy (for ESRD or diabetic patients)	100%	100%
	• Smoking cessation	80% after \$162 deductible if ordered by a doctor. Covers up to 8 face to face visits every 12 months; 100% if you have not been diagnosed with an illness caused or complicated by tobacco use (Medicare-covered)	100%
	• Abdominal aortic aneurysm screening	100% for one time screening if deemed necessary from your physical exam (for people with Medicare who are at risk)	100% (limited to one per year)
	• Cardiovascular disease testing	100% for the test once every five years	100% (limited to one per year)
	• Glaucoma screening	80% after \$162 deductible once every 12 months (for people at high risk)	100% (limited to one per year)
	• HIV screening (for pregnant women and people at high risk)	100% for the test once every 12 months or three times during pregnancy	100% (limited to one per year)
	• EKG screening	80% after \$162 deductible for one time screening if deemed necessary from your physical exam	100% (limited to one per year)
	• Diabetes screening	100% for the test up to two times per year (for people at high risk)	100% (limited to one per year)
	• Kidney disease education services	80% after \$162 deductible for up to 6 sessions if you have Stage IV chronic kidney disease, and your doctor refers you for the service	100%
Hospital Services	• Inpatient care (semiprivate room, ancillary services, physician visits)	100% after the following amounts for each benefit period - \$1,132 deductible for days 1-60; \$283 copayment per day (days 61-90); \$566 copayment per lifetime reserve day (days 91-150) (2)	100% (1)
	• Outpatient nonsurgical services	80% after \$162 deductible	100%
	• Outpatient surgical services	80% after \$162 deductible	100%

	Benefit	Original Medicare Plan* Pays:	Humana Medicare Advantage** (for Services Provided by an In-Network and Out-of-Network Provider) Pays:
Hospital Services (continued)	<ul style="list-style-type: none"> Emergency care (emergency room, emergency services) 	80% after \$162 deductible and emergency room copayment (waived if admitted to hospital within 3 days of emergency room visit)	100%
Additional Medical Services	<ul style="list-style-type: none"> Ambulatory surgical center 	80% after \$162 deductible	100%
	<ul style="list-style-type: none"> Immediate care facility 	80% after \$162 deductible	100%
	<ul style="list-style-type: none"> Ambulance 	80% after \$162 deductible	100%
	<ul style="list-style-type: none"> Physical, respiratory, audiology, cardiac, occupational or speech therapy 	80% after \$162 deductible	100%
	<ul style="list-style-type: none"> High-tech radiology (CT scan, MRI, Nuclear Medicine) 	80% after \$162 deductible	100%
	<ul style="list-style-type: none"> Home health services 	100%	100%
	<ul style="list-style-type: none"> Durable medical equipment (includes oxygen received from a durable medical equipment provider or a pharmacy) 	80% after \$162 deductible	100%
	<ul style="list-style-type: none"> Diabetic monitoring supplies 	80% after \$162 deductible	100%
	<ul style="list-style-type: none"> Renal dialysis 	80% after \$162 deductible	100%
	<ul style="list-style-type: none"> Skilled nursing facility 	100% for days 1-20 (3-day hospital stay required); 100% after \$141.50 copayment per day (days 21-100); per benefit period (2)	100% up to 100 days (no 3-day hospital stay is required)
Mental and Nervous Disorder Services	<ul style="list-style-type: none"> Inpatient care (semiprivate room, ancillary services, physician visits) 	100% after the following amounts for each benefit period - \$1,132 deductible for days 1-60; \$283 copayment per day (days 61-90); \$566 copayment per lifetime reserve day (days 91-150) (190-day lifetime maximum in a psychiatric hospital) (2)	100% (190-day lifetime maximum in a psychiatric hospital) (1)
	<ul style="list-style-type: none"> Outpatient 	55% after \$162 deductible	100%

	Benefit	Original Medicare Plan* Pays:	Humana Medicare Advantage** (for Services Provided by an In-Network and Out-of-Network Provider) Pays:
Alcohol and Drug Abuse Services	• Inpatient care (semiprivate room, ancillary services, physician visits)	100% after the following amounts for each benefit period - \$1,132 deductible for days 1-60; \$283 copayment per day (days 61-90); \$566 copayment per lifetime reserve day (days 91-150) (2)	100% (1)
	• Outpatient	80% after \$162 deductible	100%
Hearing Services	• Routine Hearing	This benefit is not offered	\$500 benefit allowance per ear every three years for hearing aids
Vision Services	• Routine Vision	This benefit is not offered	100% for routine eye exam (limited to one per year)
Additional Services	• Private Duty Nursing	This benefit is not offered	70% up to a maximum benefit of \$8,000 per year
	• World Wide Coverage	This benefit is not offered	80% after \$100 deductible up to a \$25,000 maximum annual benefit or 60 consecutive days, whichever is reached first (Limited to emergency Medicare-covered services)

* This Summary of Benefits includes the 2011 Medicare cost sharing amounts and will change effective January 1, 2012. Social Security will notify you of the new 2012 Medicare Part B premium, deductible and Part A cost sharing amounts prior to January 1, 2012.

** Social Security will notify you of the new 2012 Medicare Part B premium. You must continue paying your Medicare Part B premiums while being enrolled in the Humana Medicare Advantage Plan.

Benefits apply to Medicare-covered services only and costs are calculated using Medicare-approved amounts. Please see your Evidence of Coverage for a complete list of covered benefits. You may also choose to contact Humana to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. Please refer to the customer service number on the back of your ID card.

- (1) Inpatient hospital admissions, except in emergency or urgently needed care situations, require prior authorization from Humana.
- (2) A "benefit period" starts the day you go into the hospital. It ends when you go for 60 days in a row without hospital care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you have.
- (3) Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.

Your prescription drug benefits will be administered through Caremark.

	Health and Wellness Programs	These Services are not offered by Original Medicare	You Pay Nothing for these Programs
Extra Benefits (ERS cannot and does not guarantee the length of time that a specific type of "Value-Added" product shall be offered. Any questions or concerns about these products, should be directed to the sponsoring Humana Medicare Advantage Plan.)	• SilverSneakers®	This benefit is not offered	Available to all members except for those who live in Nevada and Pennsylvania
	• Silver&Fit™	This benefit is not offered	Available to all members who live in Nevada 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
	• Well Dine Inpatient Meal Program	This benefit is not offered	After your overnight stay in a hospital or nursing facility, you are eligible for ten nutritious, precooked frozen meals delivered to your door at no cost to you. Not available to members who live in Alaska or Hawaii.
	• QuitNet®	This benefit is not offered	Smoking cessation service available to all Humana Medicare Advantage members through QuitNet®

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