Humana

BENEFIT BOOKLET

For the

FIDELITY GROUP EMPLOYEES HEALTH INSURANCE PLAN

Sponsored by

FMR LLC

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Humana

INTRODUCTION

THE BENEFIT BOOKLET – YOUR HEALTH CARE PLAN GUIDE

Welcome to *your employer*-sponsored health care plan (Plan) administered by Humana Insurance Company (Humana). *Your employer* has provided *you* with this *Benefit Booklet* which outlines *your* benefits, as well as *your* rights and responsibilities under this Plan.

This *Benefit Booklet* is *your* guide to the benefits, provisions and programs offered by this Plan. *Services* are subject to all provisions of this Plan, including the limitations and exclusions. Please read this *Benefit Booklet* carefully, paying special attention to the "Medical Schedule of Benefits", "Medical Covered Expenses", and "Limitations and Exclusions" sections to better understand how *your* benefits work. If *you* are unable to find the information *you* need, please contact Humana at the toll-free customer service number on *your* Humana Identification (ID) card or visit our website at www.humana.com.

This *Benefit Booklet* presents an overview of *your* benefits. In the event of any discrepancy between this *Benefit Booklet* and the official Plan Document, the Plan Document shall govern.

DEFINED TERMS

Italicized terms throughout this *Benefit Booklet* are defined in the Definitions section. An italicized word may have a different meaning in the context of this *Benefit Booklet* than it does in general usage. Referring to the Definitions section as *you* read through this document will help *you* have a clearer understanding of this *Benefit Booklet*.

PRIVACY

Humana understands the importance of keeping *your protected health information* private. *Protected health information* includes both medical information and individually identifiable information, such as *your* name, address, telephone number or Social Security number. Humana is required by applicable federal law to maintain the privacy of *your protected health information*.

CONTACT INFORMATION

Customer Service Telephone Number:

Please refer to *your* Humana ID card for the applicable phone number.

Claims Submittal Address:

Humana Claims Office
P.O. Box 14601
Lexington, KY 40512-4601

Claims Appeal Address:

Humana Grievance and Appeals
P.O. Box 14546
Lexington, KY 40512-4546

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SECTION 1

HEALTH RESOURCES AND PRECERTIFICATION

HEALTH RESOURCES

Health Resources is a comprehensive set of clinical programs and services available to help *covered persons* better understand their health care benefits and how to use them, navigate the health care system when they need it, understand treatment options and choices, reduce their costs and enhance the quality of life.

Each Health Resources program is tailored to meet different health care needs, from those that want to stay well when they are healthy, to those that are at risk for an illness, to those who are at chronic or acute stages of illness. Health Resources offer a wide range of assistance including online educational tools, interventions, health assessments and personal discussions with registered nurses.

Below is a brief description of this Plan's Health Resources programs. For additional information or questions regarding any of these programs, please contact the customer service telephone number on the back of *your* ID card.

*MY*HUMANA

Go to www.humana.comand click on "Log in or Register" to receive step by step instructions on how to set up *your My*Humana page. After *you* have set up *your* page, log on anytime to find a participating provider, look up *your* Plan benefits or check the status of a claim. *You* can also find *prescription* drug information, information on specific health conditions, financial tools to help with budgeting for health care and more.

*My*Humana Mobile allows *you* quick access to important information using *your* mobile device's browser. If *you* log in to *My*Humana Mobile, using *your* existing *My*Humana login and password, *you* can access:

- The urgent care center finder;
- *Your* member ID card detail information; and
- *Your* spending account balance and transaction information (if *you* have a Humana spending account).

HUMANA HEALTH ASSESSMENT

Go to www.humana.com and register for *My*Humana. Once *you* have registered and logged on to *My*Humana, click on the "Health Assessment" link. The Humana Health Assessment is a confidential, online health survey that provides *you* with an overall assessment of *your* health. Upon completion of the assessment, *you* will receive an individualized health score and an action plan on how *you* can improve *your* health. Responses may also result in a referral to another Health Resources program.

TRANSPLANT MANAGEMENT

The Transplant Management team provides hands-on support to *covered persons* in need of organ and tissue transplants. They guide *covered persons* to Humana's National Transplant Network (NTN), designed to deliver a superior transplant experience. They review coverage, coordinate benefits, facilitate services and follow the transplant recipient's progress from initial referral through treatment and recovery.

To contact the Transplant Management team, call 1-866-421-5663.

BARIATRIC MANAGEMENT

The Bariatric Management team, made up of a dedicated team of bariatric specialists, is available to explain *your morbid obesity* and *bariatric surgery* benefits and *medical necessity* criteria. They guide *you* to facilities and *qualified practitioners* designated by Humana as approved *bariatric services* providers and provide *you* access to pre-surgical online educational video modules. Bariatric Registered Nurses provide Utilization Management by guiding eligible *covered persons* through the *bariatric surgery* pre-determination process and coordinating care. They provide Bariatric Case Management during the *surgery* process (both inpatient and outpatient *surgeries*) through 6 months after *surgery*, which includes discharge planning and post-surgery home health needs. Support for life long lifestyle change is provided, and access is given, to post-surgical education online video modules.

To contact the Bariatric Management team, call 1-866-486-5295.

UTILIZATION MANAGEMENT

Utilization management is designed to assist *covered persons* in making informed medical care decisions resulting in the delivery of appropriate levels of Plan benefits for each proposed course of treatment. These decisions are based on the medical information provided by the patient and the patient's physician. The patient and his or her physician determine the course of treatment. The assistance provided through these services does not constitute the practice of medicine. Payment of Plan benefits is not determined through these processes.

Precertification and Concurrent Review

Utilization review may include *precertification* and *concurrent review*.

This provision will not provide benefits to cover a *confinement* or *service* which is not *medically necessary* or otherwise would not be covered under this Plan. *Precertification* is not a guarantee of coverage.

If *you* or *your* covered *dependent* are to receive a *service* which requires *precertification*, *you* or *your qualified practitioner* must contact Humana by telephone or in writing. *Precertification* for *emergency services* is not required. Refer to the Precertification section for time requirements.

After *you* or *your qualified practitioner* have provided Humana with *your* diagnosis and treatment plan, Humana will:

1. Advise *you* by telephone, electronically, or in writing if the proposed treatment plan is *medically necessary*; and

2. Conduct *concurrent review* as necessary.

If *your admission* is *precertified*, benefits are subject to all Plan provisions and are payable as shown on the Medical Schedule of Benefits.

If it is determined at any time *your* proposed treatment plan, either partially or totally, is not a *covered expense* under the terms and provisions of this Plan, benefits for *services* may be reduced or *services* may not be covered. Penalties do not apply to *emergency services*.

Penalty for Not Obtaining Precertification

If *you* do not obtain *precertification* for *services* being rendered, *your* benefits may be reduced. Refer to the Precertification section for the applicable penalty.

CASE MANAGEMENT

The Case Management program provides a higher level of management and involvement for the seriously ill or injured who need intensive, hands-on support. Case Managers, averaging 18 years of experience in nursing, are there to provide condition-specific education, individual assessment, coordination of *services*, benefit plan guidance, communication with the patient's support system, personal support and counseling, and facilitation of discharge planning. Their goal is to contribute to the patient's sense of well-being, address their quality of life, ease the physical and emotional burdens associated with a major medical event and promote the most positive clinical outcomes possible.

Participants for Case Management are identified through a variety of methods, including referrals from other Health Resources programs and services (e.g. a *covered person* is referred to a Case Manager by their *Personal Nurse*).

Case Management is based on the individual's needs, and may include the following:

- Onsite nurse support at facilities with a high volume of Humana *admissions*;
- Telephone support for persons admitted to facilities where onsite coverage is not provided;
- Post-discharge follow-up for ongoing needs;
- Assistance in finding options and alternatives, such as community resources, social services, *Medicare*/Medicaid, pharmaceutical medication programs, etc.;
- Catastrophic Case Management that focuses on high-dollar, high-complexity, catastrophic type illnesses such as trauma, complex *surgery*, automobile *accidents* and burn injuries.

TRANSITION OF CARE

Changing health care plans can be stressful, especially for those who are going through intense medical treatment, such as chemotherapy. Humana understands this and does not want to hinder progress or interfere with the doctor-patient relationship. The transition of care process helps *covered persons* make a smooth transition to Humana from their current health care plan with the least amount of disruption to their care.

CONTINUITY OF CARE

If *you* are receiving treatment from a *PAR provider* and that *provider's contract* to provide *medically necessary services* terminates for reasons other than medical competence or professional behavior, *you* may be entitled to continue treatment with that terminating *PAR provider* if at the time of the *PAR provider's* termination *you* are: a) undergoing active treatment for a chronic or acute medical condition; or b) *you* are in the 2nd or 3rd trimester of *your* pregnancy. If this Plan agrees to the continued treatment, *medically necessary services* provided to *you* by the terminating *PAR provider* will continue to be payable at the *PAR provider* benefit level. The maximum duration of continued treatment under this provision may not exceed: a) 90 days from the date of termination of the *provider's contract*; or b) through the delivery of a child, including immediate post-partum care and the follow-up visit within the first six weeks of delivery, in the case of *you* being in the 2nd or 3rd trimester of pregnancy.

HUMANA HEALTH ALERTS

PREVENTIVE REMINDERS

Humana encourages preventive healthcare and may send *you* wellness messages and reminders via a phone call (live and voice activated), mail, email or text message. Humana's messaging campaigns may include, but are not limited to:

- Flu vaccination reminders, targeted to those most at risk;
- Cancer screenings – breast, cervical and colorectal;
- Adolescent vaccination reminders.

GAPS IN CARE

Humana's clinical rules engine leverages expert medical opinions to identify gaps in care that address potential medical errors and instances of sub-optimal medical treatment.

The established clinical rules compare a patients' pharmacy, laboratory and claims data to industry standard Quality of Care guidelines in order to identify patients at risk of highly specific patient-centric problems. Examples include: a misdiagnosis, a flawed surgical treatment or medical management, and lack of follow-up care or preventive treatment. In addition, a variety of preventive and pharmacy rules are included such as drug-to-drug interactions and drug-to-disease interactions.

When gaps in care, drug to drug interaction, drug to disease interaction or a preventive reminder is identified, an alert and a message, if appropriate, are generated to communicate the findings through physician and member messaging.

CHRONIC CONDITION MANAGEMENT

The chronic condition management programs support the physician/patient relationship and care plan, emphasize education, promote self-management, evaluate outcomes to improve *your* overall health, and offer nurse support.

Humana will contact *you* if *you* are eligible for a Chronic Condition Management program. If *you* have not received a phone call and *you* need support, *you* can contact Humana at 1-800-622-9529, select "nurse advice" and then "health planning and support."

DISEASE MANAGEMENT

Disease management programs have been developed to help *covered persons* manage specific chronic medical conditions. Clinicians are available 24 hours a day to provide individual guidance through coaching, support and service coordination, to help lessen the day-to-day impact of chronic illnesses.

This Plan's disease management programs include:

- **Asthma**: This program provides participants with education to help them better understand their disease and to take a more active role in controlling it. The program helps participants adhere to the treatment plan prescribed by their physician, helps them increase their self-monitoring skills and promotes compliance with controller medications.

- **Cancer (active treatment only)**: The cancer management program offers support and educational services to adults with cancer who have begun or are planning to undergo *surgery*, chemotherapy, radiation therapy or biological therapy, those that have a history of cancer that has recurred and those that have declined further therapy but require supportive management. The program's oncology care managers have an average of 10 years of professional experience in understanding cancer, its symptoms, side effects and treatments.

- **Chronic Obstructive Pulmonary Disease**: This program focuses on adherence to physicians' treatment plan, as well as education and goal development. Main focus areas include smoking cessation, diet and exercise, and lung health. Ongoing clinician support also discusses symptoms and warning signs education.

- **Congestive Heart Failure**: This program focuses on those with moderate to severe heart failure and is delivered primarily through clinicians who assist participants through a combination of intervention, monitoring and education.

- **Coronary Artery Disease**: This program helps participants adhere to their physicians' prescription and treatment plan, monitor their health status for complications and decrease cardiovascular risks. Ongoing guidance and education is provided, focusing on clinical and behavioral issues such as high blood pressure, elevated lipid levels, smoking and lack of exercise.

- **Diabetes:** This program provides ongoing education about disease management and monitoring in the areas of diet, exercise and lifestyle. Clinicians who have received additional training in diabetes disease management are available to answer questions.

- **End Stage Renal Disease (ESRD)**: The end-stage renal disease program provides support designed to address quality-of-life issues of those with ESRD and late-stage Chronic Kidney Disease. ESRD staff work closely with participants, local nephrologists and dialysis centers to coordinate services and monitor medical management.

- **Rare Diseases (Amyotrophic Lateral Sclerosis, or Lou Gehrig's Disease; Chronic Inflammatory Demyelinating Polyradiculoneuropathy Disease (CIDP); Cystic Fibrosis; Dermatomyositis; Hemophilia; Multiple Sclerosis; Myasthenia Gravis; Parkinson's Disease; Polymyositis; Rheumatoid Arthritis; Scleroderma; Sickle Cell Disease; and Systemic Lupus)**: Participants receive information tailored to their individual situation. Each program addresses the individual's medical, educational and psychological needs by providing disease-specific online tools and resources, service coordination and education via telephone contact and access to specially trained clinicians.

Specific programs may change at Humana's sole discretion. Some of the disease management programs may not be available in all areas.

PERSONAL NURSE®

In addition to disease-specific programs, Humana also offers Personal Nurse, which supports members with long-term, ongoing health needs and/or any chronic condition. Personal Nurses offers *covered persons* dealing with a condition or illness, following treatment plans, or needing continued guidance in reaching their long-term health goals, the opportunity to develop a long-term partnership with an experienced registered nurse. Personal Nurses provide both personalized education and guidance to resources to help participants better understand their condition or illness and effectively use their benefits. They also teach the benefits of wellness, prevention and disease avoidance, help identify roadblocks to improved health, motivate and support participants' efforts to meet goals and refer participants to other Health Resource programs that may meet their needs.

Participants will speak with the same Personal Nurse every time – whether the call is initiated by the nurse or the *covered person*. Personal Nurses work flexible hours and will provide participants with their direct telephone number. Participants can stay with their Personal Nurse for as long as they remain a member of this Plan.

HUMANA*BEGINNINGS*®

The Humana*Beginnings*® program educates and guides expectant mothers to make the best choices to achieve a healthy pregnancy and, ultimately, a healthy baby. Participants are offered guidance by phone from the time Humana is notified of the pregnancy through baby's first months. Participation is not limited to those *covered persons* with high-risk pregnancies – it is designed as a resource for all expectant mothers covered under the Plan.

Humana*Beginnings*® includes:

- Education, support and encouragement toward healthy behaviors and decisions related to pregnancy, such as nutrition, exercise, smoking and depression screening. Participants learn more about their pregnancy, their baby's development and how to practice healthy habits during pregnancy.

- Educational materials.

- Guidance for managing health concerns and complications.

- Awareness about premature birth. Women are educated about risk factors, preventive measures and the symptoms of preterm labor.

- Experienced registered nurses who specialize in prenatal care who can address questions and concerns.

A nurse reaches the expectant mother and begins discussions centered on her pregnancy and general health. They plan dates and times for future conversations and follow-up after delivery. Along with scheduled calls, the nurse is available as needed for contact throughout the pregnancy and the postpartum period.

Covered persons can enroll themselves at any time during their pregnancy, but are encouraged to enroll early in their pregnancy in order to get the most from the program. *Covered persons* can enroll in two ways:

- Online at *My*Humana (www.myhumana.com); or
- Calling toll-free 1-888-847-9960.

NEONATAL INTENSIVE CARE UNIT (NICU) MANAGEMENT

Specially trained case managers promote the highest standards of care for Neonatal Intensive Care Unit (NICU) infants and they work with *you* and *your* family throughout the NICU stay to help *you* prepare for a smooth transition home.

The Neonatal Case Management program includes:

- Registered nurses experienced in neonatal care.
- Coordination of home health needs.
- Transitional services.
- Parent education.
- Case management services.
- Discharge planning and follow-up.

To contact a NICU program representative, call 1-800-622-9529.

RADIOLOGY REVIEW SERVICES

Radiology Review Services offers convenient scheduling of imaging procedures (CT, CTA, MRI, MRA and PET scans). Radiology Review Services are designed to help avoid issues such as inappropriate or unnecessary imaging studies that are costly and inconvenient to the patient, by educating ordering physicians on imaging procedures and best practice guidelines before the procedure is scheduled.

Your qualified practitioner should call Humana at the toll-free customer service number on the back of *your* Humana ID card to initiate the consultation and schedule any imaging procedures.

PRECERTIFICATION

Humana will provide *precertification* as required by this Plan. It is recommended that *you* call the toll-free customer service phone number on the back of *your* ID card as soon as possible to receive proper *precertification*. *Precertification* for *emergency services* is not required.

The following benefits require *precertification*:

INPATIENT MEDICAL AND SURGICAL ADMISSIONS (INCLUDES ACUTE HOSPITAL, LONG TERM ACUTE CARE, REHABILITATION FACILITY, SKILLED NURSING FACILITY AND INPATIENT HOSPICE)

Humana must be notified at least 7 days in advance of an inpatient *admission*. If the *admission* is on an *emergency* basis, notification must be received within 48 hours or the first business day following the *emergency admission*.

TRANSPLANTS

Humana must be notified prior to receiving transplant *services*.

DURABLE MEDICAL EQUIPMENT (DME) AND PROSTHETICS

Humana must be notified if the purchase or rental of *durable medical equipment* or prosthetics is expected to be $750 or more.

BARIATRIC SURGERY

Humana must be notified prior to receiving *bariatric surgery*.

HOME HEALTH CARE, HOME INFUSION AND HOME HOSPICE

Humana must be notified prior to receiving home health care or home infusion or home hospice *services*.

OUTPATIENT ADVANCED IMAGING (MRI, MRA, PET AND CT SCANS; NUCLEAR STRESS TEST)

Humana must be notified prior to receiving outpatient *advanced imaging services*.

GENETIC MOLECULAR TESTING

Humana must be notified prior to receiving genetic molecular testing *services*.

PLASTIC SURGERIES/RECONSTRUCTIVE AND COSMETIC: ABDOMINOPLASTY, BLEHPAROPLASTY, BREAST PROCEDURES, OTOPLASTY, PENILE IMPLANT, RHINOPLASTY, and SEPTOPLASTY

Humana must be notified prior to receiving these *services*.

INPATIENT BEHAVIORAL HEALTH (INCLUDING ACUTE CARE AND PARTIAL HOSPITALIZATION)

Humana must be notified at least 7 days in advance of an inpatient *behavioral health admission*. If the *admission* is on an *emergency* basis, notification must be received within 48 hours or the first business day following the *emergency admission*.

INPATIENT BEHAVIORAL HEALTH RESIDENTIAL TREATMENT FACILITY

Humana must be notified at least 7 days in advance of an inpatient *behavioral health residential treatment facility admission*. If the *admission* is on an *emergency* basis, notification must be received within 48 hours or the first business day following the *emergency admission*.

TEMPOROMANDIBULAR JOINT DYSFUNCTION SERVICES

Humana must be notified prior to receiving temporomandibular joint dysfunction *services*.

ORAL SURGERY SERVICES

Humana must be notified prior to receiving oral *surgery services*.

INFERTILITY SERVICES

Humana must be notified prior to receiving infertility *services*.

SLEEP APNEA SERVICES

Humana must be notified prior to receiving these *services*.

PRECERTIFICATION PENALTY FOR TRANSPLANT SERVICES

If *precertification* is not received, transplant *services* will not be covered.

PREDETERMINATION OF BENEFITS

You or *your qualified practitioner* may submit a written request for a *predetermination of benefits*. The written request should contain the treatment plan, specific diagnostic and procedure codes, as well as the expected charges. Humana will provide a written response advising if the *services* are a *covered* or non-*covered expense* under this Plan, what the applicable Plan benefits are and if the expected charges are within the *maximum allowable fee*. The *predetermination of benefits* is not a guarantee of benefits. *Services* will be subject to all terms and provisions of this Plan applicable at the time treatment is provided.

If treatment is to commence more than 90 days after the date treatment is authorized, Humana will require *you* to submit another treatment plan.

SECTION 2

MEDICAL BENEFITS

PARTICIPATING PROVIDERS

This Plan has one (1) level of benefits – *participating provider* benefits, payable as shown in the Medical Schedule of Benefits section. *You* are responsible for any applicable *copayments* and/or *deductible* amounts.

When receiving *services*, *you* should make sure the provider is a *participating provider* for this Plan. Humana may designate limited panels of *participating providers* from which certain kinds of *services* must be obtained. If these *services* are not obtained from the designated *participating providers*, benefits for these *services* may be reduced or denied. Humana reserves the right, at their discretion, to make changes to the list of *participating providers* at any time.

PARTICIPATING PROVIDER DIRECTORY

Your employer will automatically provide, without charge, information to *you* about how *you* can access a directory of *participating providers* appropriate to *your service area*. An online directory of *participating providers* is available to *you* and accessible via Humana's website at www.myhumana.com . This directory is subject to change. Due to the possibility of *participating providers* changing status, please check the online directory of *participating providers* prior to obtaining *services*. If *you* do not have access to the online directory, contact Humana at the customer service number on the back of *your* identification (ID) card prior to *services* being rendered or to request a directory.

PRIMARY CARE PHYSICIAN

A *primary care physician* is responsible for providing primary medical care and helping to guide any care *you* receive from other medical care providers, including *specialists*. *You* may select a *primary care physician* who is a *participating provider*, for *yourself* and for each covered *dependent*. When *your primary care physician* is unavailable, *you* may need to obtain *services* from the back-up *participating provider* designated by *your primary care physician*. Please be sure to discuss these back-up arrangements with *your primary care physician*.

You should discuss all of *your* medical needs with *your primary care physician*. If *you* and *your primary care physician* determine *you* need to see a *specialist*, *your primary care physician* may recommend one. Referrals to a *specialist* are not required under this Plan and *you* may choose *your specialist* at the time of care.

If *you* have a chronic, disabling or life threatening *sickness*, *you* may apply to Humana to utilize a *specialist* who is a *participating provider* as *your* primary care provider.

SEEKING EMERGENCY CARE

When seeking *emergency* care, *you* should do the following:

1. If *your* medical condition permits, proceed to the nearest *emergency* care *participating provider* in this Plan.

2. If *your* medical condition does not permit going to a *participating provider*, *you* should go to the nearest *emergency* care medical facility. If *you* are admitted to a *non-participating hospital* for *emergency* care, *you* (or someone acting for *you*) must contact Humana within forty-eight (48) hours of *your admission*, or if this is not possible, as soon as *your* medical condition permits.

3. *You* may call 911 or *your* local *emergency* telephone number when *you* need on-site *emergency* assistance or *ambulance services*.

4. If *you* are admitted to a *non-participating hospital* for *emergency* care, Humana may require *you* be transferred to a *participating hospital* in the *service area* when *your* condition has been stabilized.

5. *You* must receive any follow-up *services* from a *participating provider*.

SEEKING URGENT CARE

The steps for seeking urgent care are as follows:

1. *You* may go to an urgent care center that is a *participating provider* under this Plan.

2. If *you* are outside the *service area* and cannot reasonably return to the *service area* for urgent care *services*, *you* may receive the urgent care *services* from a *non-participating provider*. Notify Humana within forty-eight (48) hours after the urgent care *services* were received.

3. *You* must receive any follow-up *services* from a *participating provider*.

4. *You* must pay the required *copayment*, if any, for urgent care.

COVERED AND NON-COVERED EXPENSES

Benefits are payable only if *services* are considered to be a *covered expense* and are subject to the specific conditions, limitations and applicable maximums of this Plan. The benefit payable for *covered expenses* will not exceed the *maximum allowable fee(s)*.

A *covered expense* is deemed to be incurred on the date a covered *service* is received. The bill submitted by the provider, if any, will determine which benefit provision is applicable for payment of *covered expenses*.

If *you* incur non-covered expenses, whether from a *participating provider* or a *non-participating provider*, *you* are responsible for making the full payment to the provider. The fact that a *qualified practitioner* has performed or prescribed a medically appropriate procedure, treatment, or supply, or the fact that it may be the only available treatment for a *bodily injury* or *sickness*, does not mean that the procedure, treatment or supply is covered under this Plan.

Please refer to the "Medical Schedule of Benefits", “Medical Covered Expenses” and the "Limitations and Exclusions" sections of this *Benefit booklet* for more information about *covered expenses* and non-covered expenses.

COVERAGE OF OUT-OF-AREA DEPENDENTS

Dependents who reside outside of the *service area* because they are enrolled in an educational institution on a full-time basis may be covered under this Plan. Outside the *service area*, only *emergency* and urgent care medical conditions are covered. Payment of those *services* will be made in accordance with the "Seeking Emergency Care" and "Seeking Urgent Care" sections. Non-emergency *services* will be covered only if rendered by *participating providers*.

When an out-of-area *dependent* enters the *service area* on a temporary basis, coverage will be provided under the same terms and conditions as *covered persons* who reside in the *service area*. If the *dependent* moves into the *service area*, or if the *service area* is changed to include the *dependent's* residence, the *dependent* will immediately cease to be considered out-of-area.

MEDICAL SCHEDULE OF BENEFITS

IMPORTANT INFORMATION ABOUT PLAN BENEFITS

Plan benefits and limits (i.e. visit or dollar limits) are applicable per *calendar year*, unless specifically stated otherwise.

This schedule provides an overview of the medical Plan benefits. For a more detailed description of this Plan's medical benefits, refer to the "Medical Covered Expenses" section.

OFFICE VISIT COPAYMENTS, MEDICAL COPAYMENT LIMITS AND LIFETIME MAXIMUM BENEFIT	
Primary Care Physician (PCP) Office Visit *Copayment*	$20
Specialist Office Visit *Copayment*	$40
Primary Care Physician (PCP) is defined as a family practice physician, pediatrician, doctor of internal medicine, general practitioner, nurse practitioner, physician assistant, registered nurse and a retail/minute clinic. A specialist would be all other *qualified practitioners*. This Plan applies the *copayment* based on the primary specialty of the *qualified practitioner*, for example, if a *qualified practitioner* is a nurse practitioner at a cardiologist's office, the specialist office visit *copayment* may apply. One *copayment* will be taken per day per servicing provider, unless otherwise indicated in this Schedule.	
Medical Individual *Copayment Limit*	$1,500 per *covered person*
Medical Family *Copayment Limit*	$3,000 per covered family
Lifetime Maximum Benefit	Unlimited

ROUTINE/PREVENTIVE CHILD CARE SERVICES BIRTH TO AGE 18 (*Services* Received at a Clinic or Outpatient *Hospital*)	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Routine/Preventive Child Care Examination	100%
Routine/Preventive Child Care Vision Screening	100%
Routine/Preventive Child Care Hearing Screening	100%
Routine/Preventive Child Care Laboratory	100%
Routine/Preventive Child Care X-ray	100%
Routine/Preventive Child Care Immunizations (e.g. HPV Vaccine, Meningitis Vaccine, etc.) Immunizations are covered based on the recommendations by the Department of Health and Human Services - Centers for Disease Control and Prevention	100%
Routine/Preventive Child Care Flu/Pneumonia Immunizations	100%

ROUTINE/PREVENTIVE ADULT CARE SERVICES AGE 18 AND OVER (*Services* Received at a Clinic or Outpatient *Hospital*)	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Routine/Preventive Adult Care Examination	100%
Well Woman Examination Visit Limits	One (1) visit per *covered person* per *calendar year* covered at 100%, no *copayment*. All subsequent visits are covered at 100% after $20 *copayment.*
Routine/Preventive Adult Care Vision Screening	100%
Routine/Preventive Adult Care Hearing Screening	100%
Routine/Preventive Adult Care Laboratory	100%
Routine/Preventive Adult Care X-ray	100%
Routine/Preventive Adult Care Immunizations (e.g. Shingles Vaccine, Meningitis Vaccine, HPV Vaccine, etc.) Immunizations are covered based on the recommendations by the Department of Health and Human Services - Centers for Disease Control and Prevention	Payable the same as routine adult preventive *services*.
Routine/Preventive Adult Care Flu/Pneumonia Immunizations	Payable the same as routine adult preventive *services*.
Routine/Preventive Mammograms	100%

ROUTINE/PREVENTIVE ADULT CARE SERVICES AGE 18 AND OVER (*Services* Received at a Clinic or Outpatient *Hospital*)	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Routine/Preventive Pap Smears	100%
Note: The routine/preventive age specifications of birth to age 18 for child and age 18 and over for adults do not apply to routine/preventive mammograms and pap smears.	
Routine/Preventive Adult Care Colonoscopy, Proctosigmoidoscopy and Sigmoidoscopy Screenings (including related *services*) (performed at an outpatient facility, *ambulatory surgical center* or clinic location) Colonoscopy, Proctosigmoidoscopy and Sigmoidoscopy Screenings are payable under this Routine/Preventive Adult Care Benefit when billed by the *qualified practitioner* with a routine diagnosis.	100%
Routine/Preventive Adult Care Prostate Specific Antigen (PSA) Testing	100%
Breast Feeding Counseling	100%
Breast Feeding Support and Supplies	100%

ROUTINE/PREVENTIVE ADULT CARE SERVICES AGE 18 AND OVER (*Services* Received at a Clinic or Outpatient *Hospital*)

MEDICAL SERVICES	PARTICIPATING PROVIDER BENEFIT
Contraceptive Methods - devices (e.g. IUD or diaphragms), injections, implant insertion/removal, the morning after pill and condoms; Sterilization - tubal ligation and vasectomy For information on *prescription* drug coverage for birth control pills/patches, abortifacients, spermicide, the morning after pill and condoms, please see *your prescription* drug benefits.	100% **Note: If *services* are not to prevent pregnancy, then they are payable the same as any other *sickness*.**

Note: To the extent required by the Affordable Care Act, age limits do not apply to breast feeding counseling, breast feeding support and supplies, contraceptive methods and sterilization.

ROUTINE VISION SERVICES

MEDICAL SERVICES	PARTICIPATING PROVIDER BENEFIT
Routine Vision Examination	100%
Routine Vision Refraction	100%
Eyeglass Frames and Lenses and Contact Lenses	Not Covered
Routine Vision Examination Visit Limits	One (1) visit per *covered person* per *calendar year* (Refraction is not subject to the limitation)

ROUTINE HEARING SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Routine Hearing Examination	100%
Routine Hearing Testing	100%
Hearing Aids and Fitting	100%
Routine Hearing Aids Limitation	$1,500 per ear per *covered person* per 3 *calendar years*

QUALIFIED PRACTITIONER SERVICES (Non-Routine/Non-Preventive Care *Services*)	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Diagnostic Office Examination at a Clinic, including Second Surgical Opinion – *Primary Care Physician*	100% after a $20 *copayment*
Diagnostic Office Examination at a Clinic, including Second Surgical Opinion - *Specialist*	100% after a $40 *copayment*
If an office examination is billed from an outpatient location, the *services* will be payable the same as an office examination at a clinic.	
Diagnostic Laboratory at a Clinic	100%

QUALIFIED PRACTITIONER SERVICES (Non-Routine/Non-Preventive Care *Services*)	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Diagnostic X-ray at a Clinic (other than *advanced imaging*)	100%
Independent Laboratory	Payable the same as diagnostic laboratory and x-ray
Advanced Imaging at a Clinic	100%
Allergy Testing at a Clinic	Subject to applicable office visit *copayment*
Allergy Serum/Vials at a Clinic	100%
Allergy Injections at a Clinic	100%
Injections at a Clinic (other than routine immunizations, contraceptive injections for birth control reasons and allergy injections)	100%
Anesthesia at a Clinic	100%
Surgery at a Clinic (including *Qualified Practitioner*, Assistant Surgeon and Physician Assistant)	100%
Medical and Surgical Supplies	100%
Eyeglasses or Contact Lenses after Cataract *Surgery* (initial pair only)	100%

QUALIFIED PRACTITIONER SERVICES (Non-Routine/Non-Preventive Care *Services*)	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Diabetic Counseling and Diabetic Nutritional Counseling (*Diabetes Self-Management Training*) (all places of *service*)	Subject to applicable office visit *copayment*
	Nutritional counseling is covered regardless of *medical necessity* or condition.
Diabetic Counseling and Diabetic Nutritional Counseling Limits	12 visit(s) per *calendar year* per *covered person*
Diabetes Supplies	Payable under the pharmacy plan

DENTAL/ORAL SURGERIES COVERED UNDER THE MEDICAL PLAN	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Dental/Oral *Surgeries*	Payable the same as any other *sickness*.
Please refer to the Medical Covered Expenses section, Dental/Oral Surgeries Covered Under the Medical Plan, for a list of oral surgeries covered under this benefit.	

REVERSAL OF STERILIZATION AND ABORTIONS	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Reversal of Sterilization	Not Covered
Life Threatening Abortions	Payable the same as any other *sickness*.
Elective Abortions	Payable the same as any other *sickness*.

MATERNITY (Normal, C-Section and Complications)	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Inpatient *Hospital* Room and Board and Ancillary Facility *Services*	100%
Birthing Center Room and Board and Ancillary *Services*	100%
Qualified Practitioner Services	100%
	Copayment does not apply for prenatal and postnatal examinations (including initial prenatal examination).
Dependent Daughter Maternity	100%
Newborn Inpatient *Qualified Practitioner Services*	100%

MATERNITY (Normal, C-Section and Complications)	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Newborn Inpatient Facility *Services*	100%

INPATIENT SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Inpatient *Hospital* Room and Board and Ancillary Facility *Services*	100%
Qualified Practitioner Inpatient *Hospital* Visit	100%
Qualified Practitioner Inpatient *Surgery* and Anesthesia	100%
Qualified Practitioner Inpatient Pathology and Radiology	100%
Private Duty Nursing (inpatient *hospital* only)	100%

SKILLED NURSING SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Skilled Nursing Room and Board and Ancillary Facility *Services*	100%

SKILLED NURSING SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Skilled Nursing Facility Yearly Limits	100 day(s) per *covered person* per *calendar year*
Skilled Nursing *Qualified Practitioner* Visit	100%

OUTPATIENT AND AMBULATORY SURGICAL CENTER SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Ambulatory Surgical Center Facility *Services*	100%
Ambulatory Surgical Center Ancillary *Services*	100%
Outpatient *Hospital* Facility Surgical *Services*	100%
Outpatient *Hospital* Facility Non-Surgical *Services* (e.g. clinic facility *services*; observation)	100%
Outpatient *Hospital* Surgical and Non-Surgical Ancillary *Services* (e.g. supplies; medication; anesthesia)	100%
Outpatient *Hospital* Facility Diagnostic Laboratory and X-ray (other than *advanced imaging*)	100%
Outpatient *Hospital* Facility *Advanced Imaging*	100%

OUTPATIENT AND AMBULATORY SURGICAL CENTER SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Outpatient *Hospital* and *Ambulatory Surgical Center Qualified Practitioner* Visit	100%
Outpatient *Hospital* and *Ambulatory Surgical Center Surgery* (including surgeon; assistant surgeon; and physician assistant) and Anesthesia	100%
Outpatient *Hospital* and *Ambulatory Surgical Center* Pathology and Radiology	100%

EMERGENCY AND URGENT CARE SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Emergency Room Facility *Services* (true *emergency*) If *you* are admitted to the *hospital*, the *copayment* will be waived.	100% after $150 *copayment*
Emergency Room Ancillary *Services* (e.g. laboratory; x-ray; supplies) (true *emergency*)	100%
Emergency Room All Physician *Services* (including Emergency Room Physician, Radiologist, Pathologist, Anesthesiologist and ancillary *services* billed by an Emergency Room Physician) (true *emergency*)	100%

EMERGENCY AND URGENT CARE SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Emergency Room Facility *Services* (non-emergency) If *you* are admitted to the *hospital*, the *copayment* will be waived.	100% after $150 *copayment*
Emergency Room Ancillary *Services* (e.g. laboratory; x-ray; supplies) (non-emergency)	100%
Emergency Room All Physician *Services* (including Emergency Room Physician, Radiologist, Pathologist, Anesthesiologist and ancillary *services* billed by an Emergency Room Physician) (non-emergency)	100%
Urgent Care Center (facility, ancillary *services* and *qualified practitioner services*) Only one *copayment* will be taken per day.	100% after $40 *copayment*

HOSPICE SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Hospice Inpatient Room and Board and Ancillary *Services*	100%
Hospice Outpatient (including hospice home visits)	100%
Hospice *Qualified Practitioner* Visit	100%

HOME HEALTH CARE SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Home Health Care *Services*	100%
Home Health Care Yearly Limits	200 visit(s) per *covered person* per *calendar year*
Home therapy benefits will be reimbursed under the home health care benefit. If therapies are done in the home (such as physical or occupational therapy), these therapy *services* will apply to the home health care limits. If therapies and home health visits are done on the same day the *services* will track as one visit per day.	
Home Health Care Ancillary *Services* (excluding *durable medical equipment*, prosthetics and private duty nursing)	100%

DURABLE MEDICAL EQUIPMENT (DME)	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Durable Medical Equipment (DME)	90%
Prosthesis	100%
Feeding Formula	100%
Wigs for cancer patients with hair loss resulting from chemotherapy and/or radiation therapy	90%

DURABLE MEDICAL EQUIPMENT (DME)	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Wig Dollar Limit	Covered up to $1,000 annually when loss of hair is the result of a medical condition, treatment of a medical condition, or an accidental injury. Hair transplants, hair weaving or any drug if such drug is used in conjunction with baldness are not covered.

SPECIALTY DRUGS	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Specialty Drugs (*Qualified Practitioner's* Office Visit, Home Health Care, Freestanding Facility and Urgent Care)	Payable the same as any other *sickness*.
Specialty Drugs administered for Home Health Care	Payable the same as any other *sickness* - RightSource Home Health Care Payable the same as any other *sickness* - Other Home Health Care
Specialty Drugs (Emergency Room, *Ambulance*, Inpatient *Hospital*, Outpatient *Hospital* and Skilled Nursing Facility)	Payable the same as any other *sickness*.

AMBULANCE SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Ground *Ambulance*	100%
Air *Ambulance*	100%

MORBID OBESITY SERVICES		
MEDICAL SERVICES	**FACILITIES/QUALIFIED PRACTITIONERS DESIGNATED BY HUMANA AS APPROVED BARIATRIC SERVICES PROVIDERS (Payable at the *PAR Provider* Benefit Level)**	**FACILITIES/QUALIFIED PRACTITIONERS NOT DESIGNATED BY HUMANA AS APPROVED BARIATRIC SERVICES PROVIDERS (Payable at the *Non-PAR Provider* Benefit Level)**
Precertification: Humana must be notified prior to receiving *bariatric services*. If *precertification* is not received, benefits will not be covered. **Humana Preferred Bariatric Surgery Facilities:** *Bariatric surgery* must be performed at a Humana preferred *bariatric surgery* facility.		
The following *services* will be covered under the *morbid obesity* benefit: examinations/*qualified practitioner* visits; laboratory and x-ray and other diagnostic testing; *bariatric surgery*; inpatient facility *services*; outpatient facility *services*; *durable medical equipment* and nutritional counseling.		
Morbid Obesity	Payable the same as any other *sickness*	Not Covered
Obesity Services Excluding Bariatric Surgeries	Payable the same as any other *sickness*	Not Covered

MORBID OBESITY SERVICES		
MEDICAL SERVICES	**FACILITIES/QUALIFIED PRACTITIONERS DESIGNATED BY HUMANA AS APPROVED BARIATRIC SERVICES PROVIDERS (Payable at the *PAR Provider* Benefit Level)**	**FACILITIES/QUALIFIED PRACTITIONERS NOT DESIGNATED BY HUMANA AS APPROVED BARIATRIC SERVICES PROVIDERS (Payable at the *Non-PAR Provider* Benefit Level)**
Obesity Services For Bariatric Surgeries	Payable the same as any other *sickness*	Not Covered

Surgical *services* are defined as all *surgeries*, inpatient *admissions* - both surgical and non-surgical, and anesthesia *services* with an obesity diagnosis.

Covered if the following criteria is met:
- Age over 18
- Documentation of 6-month physician supervised diet within the last 2 years.
- Completion of a multi-disciplinary surgical preparatory regimen, which includes a psychological evaluation
- BMI: 35 to 39.9 with co-morbidity or >40.
-One surgery per lifetime unless complications

Surgical treatment for *morbid obesity* is covered ONLY if:

1. The *covered person* is age 18 or older; and

2. The *covered person* meets the definition of *morbid obesity* as defined in the Definitions section; and

3. The patient has been previously unsuccessful with medical treatment for obesity; and

4. The *covered person* has had a recent (within 12 months prior to planned surgical intervention) psychological evaluation in which they are evaluated to rule out psychiatric disorders (e.g. schizophrenia, major depression, chemical dependency) that interfere with adherence to a new lifestyle and are cleared for *surgery*.

5. The patient utilizes a Humana preferred facility for the *bariatric surgery;*

6. Surgical procedures for the removal of excess skin and/or fat in conjunction with or resulting from weight loss or weight loss *surgery* are not covered.

You MAY be eligible under this Plan for repeat *bariatric surgery* if:

1. Coverage for *bariatric surgery* is available under this Plan; AND

2. The patient utilizes a Humana preferred facility for the repeat *bariatric surgery*; AND

3. *You* have *medically necessary* complications because of a covered *bariatric surgery* (e.g. anastomotic strictures); OR

4. *You* have inadequate weight loss or weight re-gain after a covered primary *bariatric surgery* that is evidenced by documentation of compliance with postoperative nutritional counseling, exercise recommendations and physician follow-up visits.

OBESITY SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Obesity	Payable the same as any other medical diagnosis.

TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Temporomandibular Joint Dysfunction (TMJ) (Other than Splint/Appliances)	Payable the same as any other *sickness*
	Fidelity defines surgical *services* as all inpatient admission (surgical and non-surgical), outpatient surgical facility/ambulatory surgical center, surgeries and anesthesia *services.*
Temporomandibular Joint Dysfunction (TMJ) Splint/Appliances	Not Covered

DENTAL INJURY SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Dental Injuries	Payable the same as any other *sickness*.
Please see the Medical Covered Expenses section, Dental Injury, for benefit details.	

INFERTILITY SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Infertility Counseling and Treatment	Payable the same as any other *sickness*.
Infertility Counseling, Treatment and Artificial Means of Achieving Pregnancy Limitation	$30,000 Medical Benefit Lifetime Limit Pre-Implantation Genetic Diagnosis/Testing is covered and should track towards the member's lifetime maximum for this benefit. Note: There is a separate $15,000 Pharmacy Benefit Lifetime Limit that will be tracked by the group's PBM Medco.
Artificial Means of Achieving Pregnancy	Payable the same as any other *sickness*.
Sexual Dysfunction/Impotence	Payable the same as any other *sickness*.
Sexual Dysfunction/Impotence related to a *Mental* Disorder	Not Covered

THERAPY SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Therapy *copayments* apply to therapy *services*, regardless of provider specialty (for example, if a Podiatrist is performing physical therapy, the physical therapy *copayment* will apply).	
Chiropractic Examinations	100% after $40 *copayment*
Chiropractic Laboratory and X-ray	100%
Chiropractic Manipulations	100% after $40 *copayment*
Chiropractic Therapy	100% after $40 *copayment*
Chiropractic Limits	20 visit(s) per *covered person* per *calendar year* The visit limit applies to the following chiropractic benefits: office visit; therapies and manipulations.
If *copayments* apply to multiple chiropractic *services*, one *copayment* will apply per servicing provider.	
Physical therapy when provided by a chiropractor will deplete the chiropractic limits.	
Physical Therapy (Clinic and Outpatient)	100% after $40 *copayment*
Occupational Therapy (Clinic and Outpatient)	100% after $40 *copayment*
Speech Therapy (Clinic and Outpatient)	100% after $40 *copayment*
Cognitive Therapy (Clinic and Outpatient)	Not Covered

THERAPY SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
If *copayments* apply to multiple therapy *services*, one *copayment* will apply per day per servicing provider.	
Physical and Occupational Therapy Limitation	60 visits per *covered person* per *calendar year*
Speech Therapy Limitation	52 visits per *covered person* per *calendar year*
Acupuncture	100% after $40 *copayment*
Acupuncture Limitation	20 visits per *covered person* per *calendar year*
Respiratory Therapy and Pulmonary Therapy (Clinic and Outpatient)	100%
Vision Therapy (eye exercises to strengthen the muscles of the eye)	Not Covered
Chemotherapy (Clinic and Outpatient)	100%
Radiation Therapy (Clinic and Outpatient)	100%
Cardiac Rehabilitation (Phase II) Phase I is covered under the inpatient facility benefits. Phase III, an unsupervised exercise program, is not covered.	100%

MISCELLANEOUS SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Biofeedback	100%
	Provided for urinary incontinence only
Sleep Clinic	100%
Cochlear Implants	Payable the same as any other *sickness*
	Subject to *medical necessity.* Applies to prosthesis benefit for the implant itself.

TRANSPLANT SERVICES	
***Precertification* is required, if *precertification* is not received, organ transplant *services* will not be covered.**	
MEDICAL SERVICES	**HUMANA NATIONAL TRANSPLANT NETWORK (NTN) FACILITY**
Organ Transplant Medical *Services*	Payable the same as any other *sickness*.
Non-Medical *Services* – Lodging and Transportation	100%
Non-Medical *Services* - Lodging and Transportation Combined Limits	$10,000 per transplant
Covered expenses for organ transplants performed at a Humana National Transplant Network facility will aggregate toward the Plan *copayment limits*.	

BEHAVIORAL HEALTH INPATIENT SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Inpatient *Behavioral Health* Room and Board and Ancillary *Services*	100%
Inpatient *Behavioral Health* Professional *Services*	100%
Behavioral Health Partial Hospitalization	100%
Behavioral Health Residential Treatment Facility Services	Payable the same as inpatient *behavioral health services*.
Behavioral Health Half-way House *Services*	Not Covered

BEHAVIORAL HEALTH CLINIC, OUTPATIENT AND INTENSIVE OUTPATIENT SERVICES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Behavioral Health Therapy *Services* (Clinic, Outpatient and *Intensive Outpatient*)	100% after a $20 copayment
Diagnostic Examination (Clinic)	100% after a $20 copayment
Laboratory and X-ray (Clinic and Outpatient)	100%
Autism Services – ABA Therapy	Not Covered

OTHER COVERED EXPENSES	
MEDICAL SERVICES	**PARTICIPATING PROVIDER BENEFIT**
Other Covered Expenses	Payable the same as any other *sickness*.

COPAYMENT LIMITS

After a *covered person* meets the individual *copayment limit* as shown on the Medical Schedule of Benefits, no further *copayments* must be made by that *covered person* for the remainder of that *calendar year* only. After a family meets the family *copayment limit* as shown on the Medical Schedule of Benefits, no further *copayments* must be made by members of that family for the remainder of that *calendar year* only. The *covered person* is responsible for demonstration of the amount of *copayments* made. *You* may call the toll-free customer service phone number on the back of *your* ID card for information on *copayment limits*.

ROUTINE/PREVENTIVE SERVICES

Covered expenses are payable as shown on the Medical Schedule of Benefits and include the preventive *services* recommended by the U.S. Department of Health and Human Services (HHS) for *your plan year* as follows:

1. Services with an A or B rating in the current recommendations of the U. S. Preventive Services Task Force (USPSTF). The recommendations by the USPSTF for breast cancer screenings, mammography and preventions issued prior to November 2009 will be considered current.

2. Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC).

3. Preventive care for infants, children and adolescents provided in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).

4. Preventive care for women provided in the comprehensive guidelines supported by HRSA.

For the recommended preventive *services* that apply to *your plan year*, refer to the U.S. Department of Health and Human Services (HHS) website at www.healthcare.gov or call the customer service telephone number on *your* identification card.

The exclusion for *services* which are not *medically necessary* does not apply to routine/preventive care *services*.

No benefits are payable under this routine/preventive care benefit for a medical examination for a *bodily injury* or *sickness*, a medical examination caused by or resulting from pregnancy, or a dental examination.

ROUTINE VISION SERVICES

Routine vision *services* are payable as shown on the Medical Schedule of Benefits.

The exclusion for *services* which are not *medically necessary* does not apply to routine vision examinations and refraction.

No benefits are payable under this routine vision benefit for repair, maintenance or supplies for eyeglass frames and lenses and contact lenses, a medical examination for a *bodily injury* or *sickness*, or medical and/or surgical treatment of the eye.

ROUTINE HEARING SERVICES

Routine hearing *services* are payable as shown on the Medical Schedule of Benefits.

The exclusion for *services* which are not *medically necessary* does not apply to routine hearing examinations and testing.

No benefits are payable under this routine hearing benefit for repair, maintenance or supplies for hearing aids, a medical examination for a *bodily injury* or *sickness*, or medical and/or surgical treatment of the ear.

QUALIFIED PRACTITIONER SERVICES

Qualified practitioner services are payable as shown on the Medical Schedule of Benefits.

Second Surgical Opinion

If *you* obtain a second surgical opinion, the *qualified practitioners* providing the surgical opinions MUST NOT be in the same group practice or clinic. If the two opinions disagree, *you* may obtain a third opinion. Benefits for the third opinion are payable the same as for the second opinion. The *qualified practitioner* providing the second or third surgical opinion may confirm the need for *surgery* or present other treatment options. The decision whether or not to have the *surgery* is always *yours*.

Multiple Surgical Procedures

If multiple or bilateral surgical procedures are performed at one operative session, the amount payable for these procedures will be limited to the *maximum allowable fee* for the primary surgical procedure. When a *participating provider* is utilized, subsequent procedures will be paid in accordance with the *provider contract*. When a *non-participating provider* is utilized, the amount payable will be 50% of the *maximum allowable fee* for subsequent procedures. No benefits will be payable for incidental procedures.

Surgical Assistant/Assistant Surgeon

Surgical assistants and/or assistant surgeon will be paid at 20% of the *covered expense* for *surgery*.

Physician Assistant

Physician assistants will be paid at 20% of the *covered expense* for *surgery*.

DENTAL/ORAL SURGERIES COVERED UNDER THE MEDICAL PLAN

Oral surgical operations due to a *bodily injury* or *sickness* are payable as shown on the Medical Schedule of Benefits and include the following procedures:

1. Excision of partially or completely unerupted impacted teeth;

2. Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth when such conditions require pathological examination;

3. Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of the mouth;

4. Reduction of fractures and dislocations of the jaw;

5. External incision and drainage of cellulitis;

6. Incision of accessory sinuses, salivary glands or ducts;

7. Frenectomy (the cutting of the tissue in the midline of the tongue);

8. Dental osteotomies;

9. Inpatient or outpatient hospitalization and anesthesia charges covered for *medically necessary* dental *services* provided to a *covered person* who has a medical condition that requires hospitalization or general anesthesia for dental treatment.

MATERNITY

Maternity *services*, including normal maternity, c-section and complications, are payable as shown on the Medical Schedule of Benefits.

Maternity benefits are subject to all terms and provisions of this Plan.

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any *hospital* length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). An attending provider is defined as an individual who is licensed under applicable state law to provide maternal or pediatric care and who is directly responsible for providing such care to a mother or newborn child. The definition of attending provider does not include a plan, *hospital*, managed care organization or other issuer. In any case, plans may not, under Federal law, require that a provider obtain authorization from the Plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Newborns

Covered expenses incurred during a newborn child's initial inpatient *hospital confinement* include *hospital* expenses for nursery room and board and miscellaneous *services*, *qualified practitioner's* expenses for circumcision and *qualified practitioner's* expenses for routine examination before release from the *hospital*. *Covered expenses* also include *services* for the treatment of a *bodily injury* or *sickness*, care or treatment for premature birth and medically diagnosed birth defects and abnormalities.

Newborn benefits are subject to all terms and provisions of this Plan. Please refer to the Eligibility and Effective Date of Coverage section regarding newborn eligibility and enrollment.

Birthing Centers

A birthing center is a free standing facility, licensed by the state, which provides prenatal care, delivery, immediate postpartum care and care of the newborn child. *Services* are payable when incurred within 48 hours after *confinement* in a birthing center for *services* and supplies furnished for prenatal care and delivery.

INPATIENT HOSPITAL

Inpatient *hospital services* are payable as shown on the Medical Schedule of Benefits, and include charges made by a *hospital* for daily semi-private, ward, intensive care or coronary care room and board charges for each day of *confinement* and *services* furnished for *your* treatment during *confinement*. Benefits for a private or single-bed room are limited to the *maximum allowable fee* charged for a semi-private room in the *hospital* while a registered bed patient.

SKILLED NURSING FACILITY

Expenses incurred for daily room and board and general nursing *services* for each day of *confinement* in a skilled nursing facility are payable as shown on the Medical Schedule of Benefits. The daily rate will not exceed the maximum daily rate established for licensed skilled nursing care facilities by the Department of Health and Social Services.

Covered expenses for a skilled nursing facility *confinement* are payable when the *confinement*:

1. Begins while *you* or an eligible *dependent* are covered under this Plan;

2. Begins after discharge from a *hospital confinement* or a prior covered skilled nursing facility *confinement*;

3. Is necessary for care or treatment of the same *bodily injury* or *sickness* which caused the prior *confinement*; and

4. Occurs while *you* or an eligible *dependent* are under the regular care of a physician.

Skilled nursing facility means only an institution licensed as a skilled nursing facility and lawfully operated in the jurisdiction where located. It must maintain and provide:

1. Permanent and full-time bed care facilities for resident patients;

2. A physician's *services* available at all times;

3. 24-hour-a-day skilled nursing *services* under the full-time supervision of a physician or registered nurse (R.N.);

4. A daily record for each patient;

5. Continuous skilled nursing care for sick or injured persons during their convalescence from *sickness* or *bodily injury*; and

6. A utilization review plan.

A skilled nursing facility is not except by incident, a rest home, a home for care of the aged, or engaged in the care and treatment of *mental health* or *substance abuse*.

OUTPATIENT AND AMBULATORY SURGICAL CENTER

Outpatient facility and *ambulatory surgical center services* are payable as shown on the Medical Schedule of Benefits.

EMERGENCY AND URGENT CARE SERVICES

Emergency and urgent care *services* are payable as shown on the Medical Schedule of Benefits.

HOSPICE SERVICES

Hospice *services* are payable as shown on the Medical Schedule of Benefits, and must be furnished in a hospice facility or in *your* home. A *qualified practitioner* must certify *you* are terminally ill with a life expectancy of six months or less.

For hospice *services* only, *your* immediate family is considered to be *your* parent, spouse, children or step-children.

Covered expenses are payable for the following hospice *services*:

1. Room and board and other *services* and supplies;

2. Part-time nursing care by, or supervised by, a registered nurse for up to 8 hours per day;

3. Counseling *services* by a *qualified practitioner* for the hospice patient and the immediate family;

4. Medical social *services* provided to *you* or *your* immediate family under the direction of a *qualified practitioner*, which include the following:
   a. Assessment of social, emotional and medical needs, and the home and family situation;
   b. Identification of the community resources available; and
   c. Assistance in obtaining those resources;

5. Nutritional counseling;

6. Physical or occupational therapy;

7. Part-time home health aide service for up to 8 hours in any one day;

8. Medical supplies, drugs and medicines prescribed by a *qualified practitioner*.

Hospice care benefits do NOT include:

1. Private duty nursing *services* when *confined* in a hospice facility;

2. A *confinement* not required for pain control or other acute chronic symptom management;

3. Funeral arrangements;

4. Financial or legal counseling, including estate planning or drafting of a will;

5. Homemaker or caretaker *services*, including a sitter or companion *services*;

6. Housecleaning and household maintenance;

7. *Services* of a social worker other than a licensed clinical social worker;

8. *Services* by volunteers or persons who do not regularly charge for their *services*; or

9. *Services* by a licensed pastoral counselor to a member of his or her congregation when *services* are in the course of the duties to which he or she is called as a pastor or minister.

Hospice care program means a written plan of hospice care, established and reviewed by the *qualified practitioner* attending the patient and the hospice care agency, for providing palliative and supportive care to hospice patients. It offers supportive care to the families of hospice patients, an assessment of the hospice patient's medical and social needs, and a description of the care to meet those needs.

Hospice facility means a licensed facility or part of a facility which principally provides hospice care, keeps medical records of each patient, has an ongoing quality assurance program and has a physician on call at all times. A hospice facility provides 24-hour-a-day nursing *services* under the direction of a R.N. and has a full-time administrator.

Hospice care agency means an agency which has the primary purpose of providing hospice *services* to hospice patients. It must be licensed and operated according to the laws of the state in which it is located and meets all of these requirements: (1) has obtained any required certificate of need; (2) provides 24-hours a day, 7 day-a-week service supervised by a *qualified practitioner*; (3) has a full-time coordinator; (4) keeps written records of *services* provided to each patient; (5) has a nurse coordinator who is a R.N., who has four years of full-time clinical experience, of which at least two involved caring for terminally ill patients; and, (6) has a licensed social service coordinator.

A hospice care agency will establish policies for the provision of hospice care, assess the patient's medical and social needs and develop a program to meet those needs. It will provide an ongoing quality assurance program, permit area medical personnel to use its *services* for their patients, and use volunteers trained in care of, and *services* for, non-medical needs.

HOME HEALTH CARE

Expenses incurred for home health care are payable as shown on the Medical Schedule of Benefits. The maximum weekly benefit for such coverage may not exceed the maximum allowable weekly cost for care in a skilled nursing facility.

Each visit by a home health care provider for evaluating the need for, developing a plan, or providing *services* under a home health care plan will be considered one home health care visit. Up to 4 consecutive hours of service in a 24-hour period is considered one home health care visit. A visit by a home health care provider of 4 hours or more is considered one visit for every 4 hours or part thereof.

Home health care provider means an agency licensed by the proper authority as a home health agency or *Medicare* approved as a home health agency.

Home health care will not be reimbursed unless this Plan determines:

1. Hospitalization or *confinement* in a skilled nursing facility would otherwise be required if home care were not provided;

2. Necessary care and treatment are not available from a *family member* or other persons residing with *you*; and

3. The home health care *services* will be provided or coordinated by a state-licensed or *Medicare*-certified home health agency or certified rehabilitation agency.

The home health care plan must be reviewed and approved by the *qualified practitioner* under whose care *you* are currently receiving treatment for the *bodily injury* or *sickness* which requires the home health care.

The home health care plan consists of:

1. Care by or under the supervision of a registered nurse (R.N.);

2. Physical, speech, occupational, cognitive and respiratory therapy and home health aide *services*; and

3. Medical supplies, laboratory *services* and nutritional counseling, if such *services* and supplies would have been covered if *you* were *hospital confined*.

Home health care benefits do not include:

1. Charges for mileage or travel time to and from the *covered person's* home;

2. Wage or shift differentials for home health care providers;

3. Charges for supervision of home health care providers;

4. Private duty nursing;

5. *Durable medical equipment* and prosthetics.

DURABLE MEDICAL EQUIPMENT (DME)

Durable medical equipment (DME) is payable as shown on the Medical Schedule of Benefits and includes *DME* provided within a *covered person's* home. Rental is allowed up to, but not to exceed, the total purchase price of the *durable medical equipment (DME)*. This Plan, at its option, may authorize the purchase of *DME* in lieu of its rental, if the rental price is projected to exceed the total purchase price. Oxygen and rental of equipment for its administration and insulin infusion pumps in the treatment of diabetes are considered *DME*.

Repair or maintenance of purchased *DME* is a *covered expense* if:

1. The manufacturer's warranty is expired; and

2. Repair or maintenance is not a result of misuse or abuse; and

3. Maintenance is not more frequent than every 6 months; and

4. The repair cost is less than the replacement cost.

Replacement of purchased *DME* is a *covered expense* if:

1. The manufacturer's warranty is expired; and

2. The replacement cost is less than the repair cost; and

3. The replacement is not due to lost or stolen equipment or misuse or abuse of the equipment; or

4. Replacement is required due to a change in condition that makes the current equipment non-functional.

Duplicate *DME* is not covered.

Prosthetics

Initial prosthetic devices or supplies, including but not limited to, limbs and eyes are payable as shown on the Medical Schedule of Benefits. Coverage will be provided for prosthetic devices necessary to restore minimal basic function. Replacement is a *covered expense* if due to pathological changes or growth. Repair or maintenance of prosthetics is not covered.

SPECIALTY DRUG MEDICAL BENEFIT

Specialty drugs are payable as shown on the Medical Schedule of Benefits.

For more information regarding *specialty drugs*, call the toll-free customer service telephone number on *your* ID card or log-in or register at www.myhumana.com. Once *you* have logged in to www.myhumana.com, under "Coverage and Claims", "Viewing", select *your* Prescription Drug Plan and click "Go". Under "Related links", click "Printable drug list and forms". Select the Drug List and the *specialty drugs* will be indicated within that list.

AMBULANCE

Local professional ground or air *ambulance* service to the nearest *hospital* equipped to provide the necessary treatment is covered as shown on the Medical Schedule of Benefits. *Ambulance* service must not be provided primarily for the convenience of the patient or the *qualified practitioner*.

MORBID OBESITY

Morbid obesity services are payable as shown in the Medical Schedule of Benefits section.

Surgical *services* are defined as all *surgeries*, inpatient *admissions* - both surgical and non-surgical, and anesthesia *services* with an obesity diagnosis.

Covered if the following criteria is met:

- Age over 18
- Documentation of 6-month physician supervised diet within the last 2 years.
- Completion of a multi-disciplinary surgical preparatory regimen, which includes a psychological evaluation
- BMI: 35 to 39.9 with co-morbidity or >40.
-One surgery per lifetime unless complications

Surgical treatment for *morbid obesity* is covered ONLY if:

1. The *covered person* is age 18 or older; and

2. The *covered person* meets the definition of *morbid obesity* as defined in the Definitions section; and

3. The patient has been previously unsuccessful with medical treatment for obesity; and

4. The *covered person* has had a recent (within 12 months prior to planned surgical intervention) psychological evaluation in which they are evaluated to rule out psychiatric disorders (e.g. schizophrenia, major depression, chemical dependency) that interfere with adherence to a new lifestyle and are cleared for *surgery*.

5. The patient utilizes a Humana preferred facility for the *bariatric surgery;*

7. Surgical procedures for the removal of excess skin and/or fat in conjunction with or resulting from weight loss or weight loss *surgery* are not covered.

You MAY be eligible under this Plan for repeat *bariatric surgery* if:

5. Coverage for *bariatric surgery* is available under this Plan; AND

6. The patient utilizes a Humana preferred facility for the repeat *bariatric surgery*; AND

7. *You* have *medically necessary* complications because of a covered *bariatric surgery* (e.g. anastomotic strictures); OR

8. *You* have inadequate weight loss or weight re-gain after a covered primary *bariatric surgery* that is evidenced by documentation of compliance with postoperative nutritional counseling, exercise recommendations and physician follow-up visits.

OBESITY

Obesity *services* are payable as shown on the Medical Schedule of Benefits.

TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)

Covered expenses are payable as shown on the Medical Schedule of Benefits for any jaw joint problem including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull and treatment of the facial muscles used in expression and mastication functions, for symptoms including but not limited to, headaches. These expenses do not include charges for orthodontic *services*.

DENTAL INJURY

Dental injury services are payable as shown on the Medical Schedule of Benefits and include charges for *services* for the treatment of a *dental injury* to a *sound natural tooth*, including but not limited to extraction and initial replacement.

Services for teeth injured as a result of chewing are not covered.

Services must be rendered within 12 months of the *dental injury*.

Benefits will be paid only for *expenses incurred* for the least expensive *service* that will produce a professionally adequate result as determined by this Plan.

INFERTILITY

Infertility *services* are payable for *you* or *your* covered *dependent* spouse as shown on the Medical Schedule of Benefits.

To be eligible to receive Infertility Benefits, the following criteria must be met prior to receiving the benefits:

(1) A female with a male partner who has failed to achieve a pregnancy after 12 months of regular, unprotected intercourse if the female is age 35 or under (six (6) months for female over age 35)
(2) A female without a male partner may be considered infertile if she is unable to conceive pregnancy after 6 failed cycles of donor insemination; proof of prior insemination cycles must be provided.
(3) Have infertility that is not related to voluntary sterilization (Infertility services may be available to the partner of the member who underwent voluntary sterilization, assuming that the partner is also a member.

Fidelity does offer coverage for the additional services related to Infertility:

(1) Pre-Implantation Diagnosis//Testing
(2) The only surrogate *services* that are covered are the extraction from the member and fertilization. No *services* for the surrogate are covered.
(3) Cryopreservation
(4) Male Infertility Treatments (including, but not limited to TESA/MESA)

All costs pertaining to collection and preparation of donor ovum and sperm are not covered. These *services* are excluded from the Plan's coverage.

Artificial Means of Achieving Pregnancy

Services performed to achieve pregnancy or ovulation by artificial means include but are not limited to, artificial insemination, in vitro fertilization, spermatogenesis, gamete intra fallopian transfer (GIFT), zygote intra fallopian transfer (ZIFT), tubal ovum transfer, embryo freezing or transfer and sperm banking.

THERAPY SERVICES

Therapy *services* are payable as shown on the Medical Schedule of Benefits.

Chiropractic Care

Chiropractic care for the treatment of a *bodily injury* or *sickness* is payable as shown on the Medical Schedule of Benefits.

Acupuncture

Acupuncture is payable as shown on the Medical Schedule of Benefits only when:

a. The treatment is medically necessary and appropriate and is provided within the scope of the acupuncturist's license; and
b. You are directed to the acupuncturist for treatment by a licensed physician.

TRANSPLANT SERVICES

This Plan will pay benefits for the expense of a transplant as defined below for a *covered person* when approved in advance by Humana, subject to those terms, conditions and limitations described below and contained in this Plan. Please call the customer service phone number listed on the back of *your* ID card when in need of these *services*.

Precertification

Precertification is required. If *precertification* is not received, transplant *services* will not be covered.

Covered Organ Transplant

Only the *services*, care and treatment received for, or in connection with, the pre-approved transplant of the organs identified hereafter, which are determined by Humana to be *medically necessary services* and which are not *experimental, investigational or for research purposes* will be covered by this Plan. The transplant includes: pre-transplant *services*, transplant inclusive of any chemotherapy and associated *services*, post-discharge *services* and treatment of complications after transplantation of the following organs or procedures only:

1. Heart;

2. Lung(s);

3. Liver;

4. Kidney;

5. Bone Marrow*;

6. Intestine;

7. Pancreas;

8. Auto islet cell;

9. Multivisceral;

10. Any combination of the above listed organs;

11. Any organ not listed above required by federal law.

*The term bone marrow refers to the transplant of human blood precursor cells which are administered to a patient following high-dose, ablative or myelosuppresive chemotherapy. Such cells may be derived from bone marrow, circulating blood, or a combination of bone marrow and circulating blood obtained from the patient in an autologous transplant or from a matched related or unrelated donor or cord blood. If chemotherapy is an integral part of the treatment involving a transplant of bone marrow, the term bone marrow includes the harvesting, the transplantation and the chemotherapy components. Storage of cord blood and stem cells will not be covered unless as an integral part of a transplant of bone marrow approved by Humana.

Corneal transplants and porcine heart valve implants, which are tissues rather than organs, are considered part of regular plan benefits and are subject to other applicable provisions of this Plan.

For a transplant to be considered fully approved, prior written approval from Humana is required in advance of the transplant. *You* or *your qualified practitioner* must notify Humana in advance of *your* need for an initial transplant evaluation in order for Humana to determine if the transplant will be covered. For approval of the transplant itself, Humana must be given a reasonable opportunity to review the clinical results of the evaluation before rendering a determination.

Once the transplant is approved, Humana will advise the *covered person's qualified practitioner*. Benefits are payable only if the pre-transplant *services*, the transplant and post-discharge *services* are approved by Humana.

Exclusions

No benefit is payable for, or in connection with, a transplant if:

1. It is *experimental, investigational or for research purposes* as defined in the Definitions section;

2. Humana is not contacted for authorization prior to referral for evaluation of the transplant;

3. Humana does not approve coverage for the transplant, based on its established criteria;

4. Expenses are eligible to be paid under any private or public research fund, government program, except Medicaid, or another funding program, whether or not such funding was applied for or received;

5. The expense relates to the transplantation of any non-human organ or tissue, unless otherwise stated in this Plan;

6. The expense relates to the donation or acquisition of an organ for a recipient who is not covered by this Plan;

7. A denied transplant is performed; this includes the pre-transplant evaluation, pre-transplant *services*, the transplant procedure, post-discharge *services*, immunosuppressive drugs and complications of such transplant;

8. The *covered person* for whom a transplant is requested has not met pre-transplant criteria as established by Humana.

Covered Services

For approved transplants, and all related complications, this Plan will cover only the following expenses:

1. *Hospital* and *qualified practitioner services*, payable as shown on the Medical Schedule of Benefits. If *services* are rendered at a Humana National Transplant Network (NTN) facility, *covered expenses* are paid in accordance to the NTN contracted rates;

2. Organ acquisition and donor costs. Except for bone marrow transplants, donor costs are not payable under this Plan if they are payable in whole or in part by any other group plan, insurance company, organization or person other than the donor's family or estate. Coverage for bone marrow transplants procedures will include costs associated with the donor-patient to the same extent and limitations associated with the *covered person;*

3. Direct, non-medical costs for the *covered person*, when the transplant is performed at a Humana National Transplant Network facility, will be paid as shown on the Medical Schedule of Benefits, for: (a) transportation to and from the *hospital* where the transplant is performed; and (b) temporary lodging at a prearranged location when requested by the *hospital* and approved by Humana. These direct, non-medical costs are only available if the *covered person* lives more than 100 miles from the transplant facility;

4. Direct, non-medical costs for one support person of the *covered person* (two persons if the patient is under age 18 years), when the transplant is performed at a Humana National Transplant Network facility, will be paid as shown on the Medical Schedule of Benefits, for: (a) transportation to and from the approved facility where the transplant is performed; and (b) temporary lodging at a prearranged location during the *covered person's confinement* in the *hospital*. These direct, non-medical costs are only available if the *covered person's* support person(s) live more than 100 miles from the transplant facility.

   Non-medical costs are not covered if a transplant is performed at a facility that is not a Humana National Transplant Network facility.

BEHAVIORAL HEALTH SERVICES

Employee Assistance Program (EAP)

Your employer offers an Employee Assistance Program (EAP) for treatment of *behavioral health* for *you* or *your* covered *dependents*. For more information, contact the Employee Assistance Program at:

Cigna Behavioral Health
www.Cignabehavioral.com
1-877-675-3760

Expense incurred by *you* during a plan of treatment for *behavioral health* is payable as shown on the Medical Schedule of Benefits for:

1. Charges made by a *qualified practitioner*;

2. Charges made by a *hospital*;

3. Charges made by a *qualified treatment facility*;

4. Charges for x-ray and laboratory expenses.

Inpatient Services

Covered expenses while *confined* as a registered bed patient in a *hospital* or *qualified treatment facility* are payable as shown on the Medical Schedule of Benefits.

Outpatient Services

Covered expenses for outpatient treatment received while not *confined* in a *hospital* or *qualified treatment facility* are payable as shown on the Medical Schedule of Benefits.

Limitations

No benefits are payable under this provision for marriage counseling, treatment of nicotine habit or addiction, or for treatment of being obese or overweight.

Treatment must be provided for the cause for which benefits are payable under this provision of the Plan.

OTHER COVERED EXPENSES

The following are other *covered expenses* payable as shown on the Medical Schedule of Benefits:

1. Blood and blood plasma are payable as long as it is NOT replaced by donation, and administration of blood and blood products including blood extracts or derivatives;

2. Casts, trusses, crutches, *orthotics*, splints and braces. *Orthotics* must be custom made or custom fitted, made of rigid or semi-rigid material. Oral or dental splints and appliances must be custom made and for the treatment of documented obstructive sleep apnea (requires three month rental of CPAP or BiPAP prior to purchase. Must be medically necessary). Unless specifically stated otherwise, fabric supports, replacement *orthotics* and braces, oral splints and appliances, dental splints and appliances, dental braces are not a *covered expense*;

3. Reconstructive *surgery* due to *bodily injury*, infection or other disease of the involved part or congenital disease or anomaly of a covered *dependent* child which resulted in a functional *impairment*;

4. Reconstructive *services* following a covered mastectomy, including but not limited to:
   a. Reconstruction of the breast on which the mastectomy was performed;
   b. Reconstruction of the other breast to achieve symmetry;
   c. Prosthesis; and
   d. Treatment of physical complications of all stages of the mastectomy, including lymphedemas;

5. Routine costs associated with clinical trials, when approved by this Plan. For additional details, go to www.myhumana.com, click on "Humana Websites for Providers" along the left hand side of the page, then click "Medical Coverage Policies" under Critical Topics, then click "Medical Coverage Policies" and search for Clinical Trials;

6. Autism and other childhood developmental disorders. Eligible childhood developmental conditions may include, but are not limited to, the following:

   a). Autistic Disorder;
   b). Childhood Disintegrative Disorder;
   c). Asperger's Disorder;
   d). Rett's Disorder and Pervasive Development Disorder not Otherwise Specified/Atypical Autism; or
   e). Pervasive Developmental Disorder;

7. Cranial banding, when approved by this Plan. For additional details, go to www.myhumana.com, and follow the instructions below:
   a. Click on the "Providers" tab at the top of the page, then
   b. Click "Medical and pharmacy coverage policies" under the "Resources" box at the bottom of the page, then
   c. Type "cranial orthotics" in the "Search By Keyword" box; then
   d. Open the "Cranial Orthotics (Cranial Banding, Soft-Shell Helmets)" policy.

LIMITATIONS AND EXCLUSIONS

This Plan does not provide benefits for:

1. *Services*:
   a. Not furnished by a *qualified practitioner* or *qualified treatment facility*;
   b. Not authorized or prescribed by a *qualified practitioner*;
   c. Not specifically covered by this Plan whether or not prescribed by a *qualified practitioner*;
   d. Which are not provided;
   e. For which no charge is made, or for which *you* would not be required to pay if *you* were not covered under this Plan unless charges are received from and reimbursable to the United States Government or any of its agencies as required by law;
   f. Furnished by or payable under any plan or law through any government or any political subdivision (this does not include *Medicare* or Medicaid);
   g. Furnished for a military service connected *sickness* or *bodily injury* by or under an agreement with a department or agency of the United States Government, including the Department of Veterans Affairs;
   h. Performed in association with a *service* that is not covered under this Plan;

2. Immunizations required for foreign travel;

3. Radial keratotomy, refractive keratoplasty or any other *surgery* to correct myopia, hyperopia or stigmatic error;

4. *Services* related to gender change;

5. Cosmetic *surgery* and cosmetic *services* or devices, unless for reconstructive *surgery*:
   a. Resulting from a *bodily injury*, infection or other disease of the involved part, when functional impairment is present; or
   b. Resulting from a congenital disease or anomaly of a covered *dependent* child which resulted in a functional impairment;

   Expense incurred for reconstructive *surgery* performed due to the presence of a psychological condition is not covered, unless the condition(s) described above are also met;

6. Hair prosthesis, hair transplants or hair implants;

7. Dental *services* or appliances for the treatment of the teeth, gums, jaws or alveolar processes, including but not limited to, implants and related procedures, routine dental extractions and orthodontic procedures, unless specifically provided under this Plan;

8. *Services* which are:
   a. Rendered in connection with a *mental health disorder* not classified in the International Classification of Diseases of the U.S. Department of Health and Human Services;
   b. Extended beyond the period necessary for evaluation and diagnosis of learning and behavioral disabilities or for mental retardation;

9. Marriage counseling;

10. *Court-ordered mental health* or *substance abuse services*;

11. Education or training, unless otherwise specified in this Plan;

12. Educational or vocational therapy, testing, services or schools, including therapeutic boarding schools and other therapeutic environments. Educational or vocational videos, tapes, books and similar materials are also excluded;

13. Expenses for *services* that are primarily and customarily used for environmental control or enhancement (whether or not prescribed by a *qualified practitioner*) and certain medical devices including, but not limited to:
    a. Common household items including air conditioners, air purifiers, water purifiers, vacuum cleaners, waterbeds, hypoallergenic mattresses or pillows or exercise equipment;
    b. Motorized transportation equipment (e.g. scooters), escalators, elevators, ramps or modifications or additions to living/working quarters or transportation vehicles;
    c. Personal hygiene equipment including bath/shower chairs and transfer equipment or supplies;
    d. Personal comfort items including cervical pillows, gravity lumbar reduction chairs, swimming pools, whirlpools, spas or saunas;
    e. Medical equipment including blood pressure monitoring devices, PUVA lights and stethoscopes;
    f. Communication system, telephone, television or computer systems and related equipment or similar items or equipment;
    g. Communication devices, except after surgical removal of the larynx or a diagnosis of permanent lack of function of the larynx;

14. Any medical treatment, procedure, drug, biological product or device which is *experimental, investigational or for research purposes*, unless otherwise specified in this Plan;

15. *Services* that are <u>not</u> *medically necessary*, except routine/preventive *services*;

16. Charges in excess of the *maximum allowable fee* for the *service*;

17. *Services* provided by a person who ordinarily resides in *your* home or who is a *family member*;

18. Any *expense incurred* prior to *your* effective date under this Plan or after the date *your* coverage under this Plan terminates, except as specifically described in this Plan;

19. *Expenses incurred* for which *you* are entitled to receive benefits under *your* previous dental or medical plan;

20. Any expense due to the *covered person's*:
    a. Engaging in an illegal occupation; or
    b. Commission of or an attempt to commit a criminal act;

21. Any loss caused by or contributed to:
    a. War or any act of war, whether declared or not;
    b. Insurrection; or
    c. Any act of armed conflict, or any conflict involving armed forces of any authority;

22. Any *expense incurred* for *services* received outside of the United States, except for *emergency* care *services* unless otherwise determined by this Plan;

23. Treatment of nicotine habit or addiction, including, but not limited to hypnosis, smoking cessation products, classes or tapes, unless otherwise determined by this Plan;

24. Vitamins, dietary supplements and dietary formulas except enteral formulas, nutritional supplements or low protein modified food products for the treatment of an inherited metabolic disease, e.g. phenylketonuria (PKU);

25. Any drug prescribed, except:
    a. FDA approved drugs utilized for FDA approved indications; or
    b. FDA approved drugs utilized for *off-label drug indications* recognized in at least one compendia reference or peer-reviewed medical literature deemed acceptable to this Plan.

26. *Off-evidence drug indications*;

27. Over-the-counter, non-prescription medications, unless for drugs, medicines or medications on the Women's Healthcare Drug List with a *prescription* from a *qualified practitioner.* See the Prescription Drug Benefit;

28. Over-the-counter medical items or supplies that can be provided or prescribed by a *qualified practitioner* but are also available without a written order or *prescription*, except for preventive *services* (with a *prescription* from a *qualified practitioner*);

30. Growth hormones (medications, drugs or hormones to stimulate growth);

31. Therapy and testing for treatment of allergies including, but not limited to, *services* related to clinical ecology, environmental allergy and allergic immune system dysregulation and sublingual antigen(s), extracts, neutralization test and/or treatment UNLESS such therapy or testing is approved by:
    a. The American Academy of Allergy and Immunology, or
    b. The Department of Health and Human Services or any of its offices or agencies;

32. Professional pathology or radiology charges, including but not limited to, blood counts, multi-channel testing, and other clinical chemistry tests, when:
    a. The *services* do not require a professional interpretation, or
    b. The *qualified practitioner* did not provide a specific professional interpretation of the test results of the *covered person*;

33. *Services* that are billed incorrectly or billed separately, but are an integral part of another billed *service*;

34. Expenses for health clubs or health spas, aerobic and strength conditioning, work-hardening programs or weight loss or similar programs, and all related material and product for these programs;

35. *Alternative medicine*;

36. *Services* rendered in a premenstrual syndrome clinic or holistic medicine clinic;

37. *Services* of a midwife, unless provided by a Certified Nurse Midwife;

38. The following types of care of the feet:
    a. Shock wave therapy of the feet.
    b. The treatment of weak, strained, flat, unstable or unbalanced feet.
    c. Hygienic care and the treatment of superficial lesions of the feet, such as corns, calluses or hyperkeratosis.
    d. The treatment of tarsalgia, metatarsalgia, or bunion, except surgically.
    e. The cutting of toenails, except the removal of the nail matrix.
    f. The provision of heel wedges, lifts or shoe inserts.
    g. The provision of arch supports or orthopedic shoes. Arch supports and orthopedic shoes are covered if *medically necessary* because of diabetes or hammertoe.

39. *Custodial care* and *maintenance care*;

40. Weekend non-emergency *hospital admissions*, specifically *admissions* to a *hospital* on a Friday or Saturday at the convenience of the *covered person* or his or her *qualified practitioner* when there is no cause for an *emergency admission* and the *covered person* receives no *surgery* or therapeutic treatment until the following Monday;

41. *Hospital* inpatient *services* when *you* are in observation status;

42. *Services* rendered by a standby physician, surgical assistant, assistant surgeon, physician assistant, registered nurse or certified operating room technician unless *medically necessary*;

43. *Ambulance services* for routine transportation to, from or between medical facilities and/or a *qualified practitioner's* office;

44. *Preadmission testing*/procedural testing duplicated during a *hospital confinement*;

45. Lodging accommodations or transportation, unless specifically provided under this Plan;

46. Communications or travel time;

47. No benefits will be provided for the following, unless otherwise determined by this Plan:
    a. Immunotherapy for recurrent abortion;
    b. Chemonucleolysis;
    c. Biliary lithotripsy;
    d. Home uterine activity monitoring;
    e. Sleep therapy;
    f. Light treatments for Seasonal Affective Disorder (S.A.D.);
    g. Immunotherapy for food allergy;
    h. Prolotherapy;
    i. Hyperhidrosis *surgery*; or
    j. Sensory integration therapy;

48. Any *covered expenses* to the extent of any amount received from others for the *bodily injuries* or losses which necessitate such benefits. Without limitation "amounts received from others" specifically includes, but is not limited to, liability insurance, worker's compensation, uninsured motorists, underinsured motorists, "no-fault" and automobile med-pay payments or recovery from any identifiable fund regardless of whether the *beneficiary* was made whole;

49. Treatment of any *bodily injury* or *sickness* that is sustained by an *employee* or a covered *dependent* that arises out of, or as the result of, any work for wage or profit when coverage under any Workers' Compensation Act or similar law is required for the *employee* or covered *dependent*;

50. Routine physical examinations and related *services* for occupation, employment, school, sports, camp, travel, purchase of insurance or premarital tests or examinations, unless specifically provided under this Plan;

51. Surrogate parenting;

52. The purchase, fitting or repair of eyeglass frames and lenses or contact lenses, unless specifically provided under this Plan;

53. Vision therapy;

54. The fitting or repair of hearing aids or advice on their care; implantable hearing devices, except for cochlear implants and auditory brain stem implants as determined by this Plan;

55. *Services* for a reversal of sterilization;

56. Wigs except for cancer patients with hair loss resulting from chemotherapy and/or radiation therapy;

57. Obesity *services* other than the covered *services* listed on the Medical Schedule of Benefits. There is no coverage for *bariatric surgery* under this benefit;

58. *Morbid obesity services* other than the covered *services* listed on the Medical Schedule of Benefits;

59. Surgical procedures for the removal of excess skin and/or fat in conjunction with or resulting from weight loss or weight loss *surgery*;

60. No benefits will be provided for, or on account of, the following items:
    a. Expenses for a *bariatric surgery* that are *experimental, investigational or for research purposes*;
    b. *Bariatric services* not approved by the Plan based on Humana's established criteria;
    c. *Bariatric services* for a *bariatric surgery* denied by the Plan;
    d. *Bariatric services* for which *you* have not met criteria as established by the Plan;
    e. Expenses for *bariatric surgery* performed outside of the United Sates;
    f. Any care resulting from a non-covered *bariatric surgery*.

61. Splint/appliances for temporomandibular joint dysfunction;

62. Cognitive therapy;

63. Intensive behavioral therapies for the treatment of autism spectrum disorders including but not limited to applied behavioral analysis, subject to any other limits under the plan (i.e. occupational, speech and physical therapy limits/visit maximums);

64. *Residential treatment facilities*;

65. Halfway-house *services*.

NOTE: These limitations and exclusions apply even if a *qualified practitioner* has performed or prescribed a *medically necessary* procedure, treatment or supply. This does not prevent *your qualified practitioner* from providing or performing the procedure, treatment or supply, however, the procedure, treatment or supply will not be a *covered expense*.

SECTION 3

REIMBURSEMENT/ SUBROGATION

REIMBURSEMENT/SUBROGATION

The *beneficiary* agrees that by accepting and in return for the payment of *covered expenses* by this Plan in accordance with the terms of this Plan:

1. This Plan shall be repaid the full amount of the *covered expenses* it pays from any amount received from others for the *bodily injuries* or losses which necessitated such *covered expenses*. Without limitation, "amounts received from others" specifically includes, but is not limited to, liability insurance, worker's compensation, uninsured motorists, underinsured motorists, "no-fault" and automobile med-pay payments or recovery from any identifiable fund regardless of whether the *beneficiary* was made whole.

2. This Plan's right to repayment is, and shall be, prior and superior to the right of any other person or entity, including the *beneficiary*.

3. The right to recover amounts from others for the injuries or losses which necessitate *covered expenses* is jointly owned by this Plan and the *beneficiary*. This Plan is subrogated to the *beneficiary's* rights to that extent. Regardless of who pursues those rights, the funds recovered shall be used to reimburse this Plan as prescribed above; this Plan has no obligation to pursue the rights for an amount greater than the amount that it has paid, or may pay in the future. The rights to which this Plan is subrogated are, and shall be, prior and superior to the rights of any other person or entity, including the *beneficiary*.

4. The *beneficiary* will cooperate with this Plan in any effort to recover from others for the *bodily injuries* and losses which necessitate *covered expense* payments by this Plan. The *beneficiary* will notify this Plan immediately of any claim asserted and any settlement entered into, and will do nothing at any time to prejudice the rights and interests of this Plan. Neither this Plan nor the *beneficiary* shall be entitled to costs or attorney fees from the other for the prosecution of the claim.

RIGHT TO COLLECT NEEDED INFORMATION

You must cooperate with Humana and when asked, assist Humana by:

- Authorizing the release of medical information including the names of all providers from whom *you* received medical attention;

- Obtaining medical information and/or records from any provider as requested by Humana;

- Providing information regarding the circumstances of *your sickness* or *bodily injury*;

- Providing information about other insurance coverage and benefits, including information related to any *bodily injury* or *sickness* for which another party may be liable to pay compensation or benefits; and

- Providing information Humana requests to administer this Plan.

Failure to provide the necessary information will result in denial of any pending or subsequent claims, pertaining to a *bodily injury* or *sickness* for which the information is sought, until the necessary information is satisfactorily provided.

DUTY TO COOPERATE IN GOOD FAITH

You are obliged to cooperate with Humana in order to protect this Plan's recovery rights. Cooperation includes promptly notifying Humana that *you* may have a claim, providing Humana relevant information, and signing and delivering such documents as Humana reasonably request to secure this Plan's recovery rights. *You* agree to obtain this Plan's consent before releasing any party from liability for payment of medical expenses. *You* agree to provide Humana with a copy of any summons, complaint or any other process serviced in any lawsuit in which *you* seek to recover compensation for *your bodily injury* or *sickness* and its treatment.

You will do whatever is necessary to enable Humana to enforce this Plan's recovery rights and will do nothing after loss to prejudice this Plan's recovery rights.

You agree that *you* will not attempt to avoid this Plan's recovery rights by designating all (or any disproportionate part) of any recovery as exclusively for pain and suffering.

Failure of the *covered person* to provide Humana such notice or cooperation, or any action by the *covered person* resulting in prejudice to this Plan's rights will be a material breach of this Plan and will result in the *covered person* being personally responsible to make repayment. In such an event, this Plan may deduct from any pending or subsequent claim made under this Plan any amounts the *covered person* owes this Plan until such time as cooperation is provided and the prejudice ceases.

SECTION 4

NOTICES

PRIVACY OF PROTECTED HEALTH INFORMATION

This Plan is required by law to maintain the privacy of *your protected health information* in all forms including written, oral and electronically maintained, stored and transmitted information and to provide individuals with notice of this Plan's legal duties and privacy practices with respect to *protected health information*.

This Plan has policies and procedures specifically designed to protect *your* health information when it is in electronic format. This includes administrative, physical and technical safeguards to ensure that *your* health information cannot be inappropriately accessed while it is stored and transmitted to Humana and others that support this Plan.

In order for this Plan to operate, it may be necessary from time to time for health care professionals, the *Plan Administrator*, individuals who perform Plan-related functions under the auspices of the *Plan Administrator*, Humana and other service providers that have been engaged to assist this Plan in discharging its obligations with respect to delivery of benefits, to have access to what is referred to as *protected health information*.

A *covered person* will be deemed to have consented to use of *protected health information* about him or her for the sole purpose of health care operations by virtue of enrollment in this Plan. This Plan must obtain authorization from a *covered person* to use *protected health information* for any other purpose.

Individually identifiable health information will only be used or disclosed for purposes of Plan operation or benefits delivery. In that regard, only the minimum necessary disclosure will be allowed. The *Plan Administrator*, Humana, and other entities given access to *protected health information*, as permitted by applicable law, will safeguard *protected health information* to ensure that the information is not improperly disclosed.

Disclosure of *protected health information* is improper if it is not allowed by law or if it is made for any purpose other than Plan operation or benefits delivery without authorization. Disclosure for Plan purposes to persons authorized to receive *protected health information* may be proper, so long as the disclosure is allowed by law and appropriate under the circumstances. Improper disclosure includes disclosure to the *employer* for employment purposes, *employee* representatives, consultants, attorneys, relatives, etc. who have not executed appropriate agreements effective to authorize such disclosure.

Humana will afford access to *protected health information* in its possession only as necessary to discharge its obligations as a service provider, within the restrictions noted above. Information received by Humana is information received on behalf of this Plan.

Humana will afford access to *protected health information* as reasonably directed in writing by the *Plan Administrator*, which shall only be made with due regard for confidentiality. In that regard, Humana has been directed that disclosure of *protected health information* may be made to the person(s) identified by the *Plan Administrator*.

Individuals who have access to *protected health information* in connection with their performance of Plan-related functions under the auspices of the *Plan Administrator* will be trained in these privacy policies and relevant procedures prior to being granted any access to *protected health information*. Humana and other Plan service providers will be required to safeguard *protected health information* against improper disclosure through contractual arrangements.

In addition, *you* should know that the *employer* / *Plan Sponsor* may legally have access, on an as-needed basis, to limited health information for the purpose of determining Plan costs, contributions, Plan design, and whether Plan modifications are warranted. In addition, federal regulators such as the Department of Health and Human Services and the Department of Labor may legally require access to *protected health information* to police federal legal requirements about privacy.

Covered persons may have access to *protected health information* about them that is in the possession of this Plan, and they may make changes to correct errors. *Covered persons* are also entitled to an accounting of all disclosures that may be made by any person who acquires access to *protected health information* concerning them and uses it other than for Plan operation or benefits delivery. In this regard, please contact the *Plan Administrator*.

Covered persons are urged to contact the originating health care professional with respect to medical information that may have been acquired from them, as those items of information are relevant to medical care and treatment. And finally, *covered persons* may consent to disclosure of *protected health information*, as they please.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

If *you* have had or are going to have a mastectomy, *you* may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the covered mastectomy was performed;
- *Surgery* and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Contact *your employer* if *you* would like more information on WHCRA benefits.

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

The Newborns' and Mothers' Health Protection Act of 1996 provides that group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any *hospital* length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).). An attending provider is defined as an individual who is licensed under applicable state law to provide maternal or pediatric care and who is directly responsible for providing such care to a mother or newborn child. The definition of attending provider does not include a plan, hospital, managed care organization or other issuer. In any case, plans may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Contact *your employer* if *you* would like more information on The Newborns' and Mothers' Health Protection Act.

PLAN DESCRIPTION INFORMATION

1. Proper Name of Plan: Fidelity Group Employees Health Insurance Plan

2. *Plan Sponsor*:

   FMR LLC
   82 Devonshire Street, ZE6C
   Boston MA 02109
   Telephone: 1-800-835-5099

3. *Employer*:

   FMR LLC
   82 Devonshire Street, ZE6C
   Boston MA 02109
   Telephone: 1-800-835-5099

   Common Name of *Employer*: Fidelity Investments

4. *Plan Administrator* and Named Fiduciary:

   FMR LLC
   82 Devonshire Street, ZE6C
   Boston MA 02109
   Telephone: 1-800-835-5099

5. *Employer* Identification Number: 04-3532603.

   The Plan number assigned for government reporting purposes is 506.

6. This Plan provides medical and *prescription* drug benefits for participating *employees* and their enrolled *dependents*.

7. Plan benefits described in this booklet are effective January 1, 2014.

8. The *Plan year* is January 1 through December 31 of each year.

9. The fiscal year is January 1 through December 31 of each year.

10. Service of legal process may be served upon the *Plan Administrator* as shown above or the following agent for service of legal process:

    FMR LLC Employee Benefits
    82 Devonshire Street, ZE6C
    Boston MA 02109

11. The *Plan Manager* is responsible for performing certain delegated administrative duties, including the processing of claims. The *Plan Manager* and Claim Fiduciary is:

    Humana Insurance Company
    500 West Main Street
    Louisville, KY 40202
    Telephone: Refer to *your* ID card

12. This is a self-insured and self-administered health benefit plan. The cost of this Plan is paid with contributions shared by the *employer* and *employee*. Benefits under this Plan are provided from the general assets of the *employer* and are used to fund payment of covered claims under this Plan plus administrative expenses. Please see *your employer* for the method of calculating contributions and the funding mechanism used for the accumulation of assets through which benefits are provided under this Plan.

13. Each *employee* of the *employer* who participates in this Plan receives a *Benefit booklet*, which is this booklet. . This booklet will be provided to *employees* by the *employer*. It contains information regarding eligibility requirements, termination provisions, a description of the benefits provided and other Plan information.

14. This Plan's benefits and/or contributions may be modified or amended from time to time, or may be terminated at any time by the *Plan Sponsor*. Significant changes to this Plan, including termination, will be communicated to participants as required by applicable law.

15. Upon termination of this Plan, the rights of the participants to benefits are limited to claims incurred and payable by this Plan up to the date of termination. Plan assets, if any, will be allocated and disposed of for the exclusive benefit of the participating *employees* and their *dependents* covered by this Plan, except that any taxes and administration expenses may be made from this Plan's assets.

16. This Plan does not constitute a contract between the *employer* and any *covered person* and will not be considered as an inducement or condition of the employment of any *employee*. Nothing in this Plan will give any *employee* the right to be retained in the service of the *employer*, or for the *employer* to discharge any *employee* at any time.

17. This Plan is not in lieu of and does not affect any requirement for coverage by workers' compensation insurance.

SECTION 5

DEFINITIONS

DEFINITIONS

Italicized terms throughout this *Benefit Booklet* have the meaning indicated below. Defined terms are italicized wherever found in this *Benefit Booklet*

A

Accident means a sudden event that results in a *bodily injury* and is exact as to time and place of occurrence.

Admission means entry into a facility as a registered bed patient according to the rules and regulations of that facility. An *admission* ends when *you* are discharged, or released, from the facility and are no longer registered as a bed patient.

Advanced imaging, for the purpose of this definition, means Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Positron Emission Tomography (PET), Single Photon Emission Computed Tomography (SPECT) and Computed Tomography (CT) imaging.

Alternative medicine means an approach to medical diagnosis, treatment or therapy that has been developed or practiced NOT using the generally accepted scientific methods in the United States of America. For purposes of this definition, *alternative medicine* shall include, but is not limited to: acupressure, aromatherapy, ayurveda, biofeedback, faith healing, guided mental imagery, herbal medicine, holistic medicine, homeopathy, hypnosis, macrobiotics, naturopathy, ozone therapy, reflexotherapy, relaxation response, rolfing, shiatsu and yoga.

Ambulance means a professionally operated vehicle, provided by a licensed *ambulance* service, equipped for the transportation of a sick or injured person to or from the nearest medical facility qualified to treat the person's *sickness* or *bodily injury*. Use of the *ambulance* must be *medically necessary* and/or ordered by a *qualified practitioner*.

Ambulatory surgical center means an institution which meets all of the following requirements:

1. It must be staffed by physicians and a medical staff which includes registered nurses;

2. It must have permanent facilities and equipment for the primary purpose of performing *surgery*;

3. It must provide continuous physicians' *services* on an outpatient basis;

4. It must admit and discharge patients from the facility within a 24-hour period;

5. It must be licensed in accordance with the laws of the jurisdiction where it is located. It must be operated as an *ambulatory surgical center* as defined by those laws;

6. It must not be used for the primary purpose of terminating pregnancies, or as an office or clinic for the private practice of any physician or dentist.

B

Bariatric services means the *bariatric surgery* and the post-discharge *services* and expenses related to complications following an approved *bariatric surgery*.

Bariatric surgery means gastrointestinal *surgery* to promote weight loss for the treatment of *morbid obesity*.

Behavioral health means *mental health services* and *substance abuse services*.

Beneficiary means *you* and *your* covered *dependent(s)*, or legal representative of either, and anyone to whom the rights of *you* or *your* covered *dependent(s)* may pass.

Benefit booklet means this document which outlines the benefits, provisions and limitations of this Plan.

Bodily injury means bodily damage other than a *sickness*, including all related conditions and recurrent symptoms. However, bodily damage resulting from infection or muscle strain due to athletic or physical activity is considered a *sickness* and not a *bodily injury*.

C

Calendar year means a period of time beginning on January 1 and ending on December 31.

Claimant means a *covered person* (or authorized representative) who files a claim.

Complications of pregnancy means:

1. Conditions whose diagnoses are distinct from pregnancy but adversely affected by pregnancy or caused by pregnancy. Such conditions include: acute nephritis, nephrosis, cardiac decompensation, hyperemesis gravidarum, puerperal infection, toxemia, eclampsia and missed abortion;

2. A nonelective cesarean section surgical procedure;

3. Terminated ectopic pregnancy; or

3. Spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible.

Complications of pregnancy do not mean:

1. False labor;

2. Occasional spotting;

3. Prescribed rest during the period of pregnancy;

4. Conditions associated with the management of a difficult pregnancy but which do not constitute distinct *complications of pregnancy*; or

5. An elective cesarean section.

Concurrent care decision means a decision by this Plan to reduce or terminate benefits otherwise payable for a course of treatment that has been approved by this Plan (other than by Plan amendment or termination) or a decision with respect to a request by a *claimant* to extend a course of treatment beyond the period of time or number of treatments that has been approved by this Plan.

Concurrent review means the process of assessing the continuing *medical necessity*, appropriateness, or utility of additional days of *hospital confinement*, outpatient care, and other health care *services*.

Confinement or ***confined*** means *you* are admitted as a registered bed patient in a *hospital* or a *qualified treatment facility* as the result of a *qualified practitioner's* recommendation. It does not mean detainment in *observation status*.

Copayment means the specified dollar amount that *you* must pay to a provider for certain medical *covered expenses* regardless of any amounts that may be paid by this Plan as shown in the Medical Schedule of Benefits section.

Copayment limit means the amount of *copayments* that must be paid by a *covered person*, either individually or combined as a covered family, per year before *copayments* are no longer required for the remainder of that year.

Cosmetic surgery means *surgery* performed to reshape structures of the body in order to change *your* appearance or improve self-esteem.

Court-ordered means involuntary placement in *behavioral health* treatment as a result of a judicial directive.

Covered expense means *medically necessary services* incurred by *you* or *your* covered *dependents* for which benefits may be available under this Plan, subject to any *maximum benefit* and all other terms, provisions, limitations and exclusions of this Plan.

Covered person means the *employee* or any of the *employee's* covered *dependents* enrolled for benefits provided under this Plan.

Custodial care means *services* provided to assist in the activities of daily living which are not likely to improve *your* condition. Examples include, but are not limited to, assistance with dressing, bathing, preparation and feeding of special diets, transferring, walking, taking medication, getting in and out bed and maintaining continence. These *services* are considered *custodial care* regardless if a *qualified practitioner* or provider has prescribed, recommended or performed the *services*.

D

Deductible means a specified dollar amount that must be satisfied, either individually or combined as a covered family, per *calendar year* before this Plan pays benefits for certain specified *services*.

Dental injury means an injury to a *sound natural tooth* caused by a sudden, violent, and external force that could not be predicted in advance and could not be avoided.

Dependent: Please see *your Plan Sponsor* or benefits administrator for a description of *Dependent* eligibility as agreed upon by *your Plan Sponsor* and Humana.

Diabetes equipment means blood glucose monitors, including monitors designed to be used by blind individuals, insulin infusion pumps and associated accessories, insulin infusion devices and podiatric appliances for the prevention of complications associated with diabetes.

Diabetes self-management training means the training provided to a *covered person* after the initial diagnosis of diabetes for care and management of the condition including nutritional counseling and use of *diabetes equipment* and supplies. It also includes training when changes are required to the self-management regime and when new techniques and treatments are developed.

Diabetes supplies means test strips for blood glucose monitors, visual reading and urine test strips, lancets and lancet devices, insulin and insulin analogs, injection aids, syringes, prescriptive and nonprescriptive oral agents for controlling blood sugar levels, glucagons emergency kits and alcohol swabs.

Durable medical equipment (DME) means equipment that is *medically necessary* and able to withstand repeated use. It must also be primarily and customarily used to serve a medical purpose and not be generally useful to a person except for the treatment of a *bodily injury* or *sickness*.

E

Emergency means an acute, sudden onset of a *sickness* or *bodily injury* which is life threatening or will significantly worsen without immediate medical or surgical treatment.

Employee means *you*, as an *employee*, when *you* are permanently employed and paid a salary or earnings and are in an *active status* at *your employer's* place of business.

Employer means the sponsor of this Group Plan or any subsidiary(s).

Expense incurred means the fee charged for *services* provided to *you*. The date a *service* is provided is the *expense incurred* date.

Experimental, investigational or for research purposes means a drug, biological product, device, treatment or procedure that meets any one of the following criteria, as determined by this Plan:

1. Cannot be lawfully marketed without the final approval of the United States Food and Drug Administration (FDA) and which lacks such final FDA approval for the use or proposed use, unless:

    a. Found to be accepted for that use in the most recently published edition of Clinical Pharmacology, Micromedex DrugDex, National Comprehensive Cancer Network Drugs and Biologics Compendium, and the American Hospital Formulary Service (AHFS) Drug Information for drugs used to treat cancer, and is determined to be covered by this Plan (for additional details, go to www.myhumana.com, click on “Humana Websites for Providers” along the left hand side of the page, then click “Medical Coverage Policies” under Critical Topics, then click “Medical Coverage Policies” and search for Clinical Trials and Off-Label and Off-Evidence); or

b. Found to be accepted for that use in the most recently published edition of the Micromedex DrugDex or AHFS Drug Information for non-cancer drugs, and is determined to be covered by this Plan (for additional details, go to www.myhumana.com, click on "Humana Websites for Providers" along the left hand side of the page, then click "Medical Coverage Policies" under Critical Topics, then click "Medical Coverage Policies" and search for Clinical Trials and Off-Label and Off-Evidence); or

c. Identified by this Plan as safe, widely used and generally accepted as effective for that use as reported in nationally recognized peer reviewed medical literature published in the English language as of the date of service;

2. Is a device required to receive Premarket Approval (PMA) or 510K approval by the FDA but has not received a PMA or 510K approval;

3. Is not identified as safe, widely used and generally accepted as effective for the proposed use as reported in nationally recognized peer reviewed medical literature published in the English language as of the date of service;

4. Is the subject of a National Institute of Health (NIH) Phase I, II or III trial or a treatment protocol comparable to a NIH Phase I, II or III trial, or any trial not recognized by NIH regardless of phase, except for:

   a. Clinical trials approved by this Plan (for additional details, go to www.myhumana.com, click on "Humana Websites for Providers" along the left hand side of the page, then click "Medical Coverage Policies" under Critical Topics, then click "Medical Coverage Policies" and search for Clinical Trials and Off-Label and Off-Evidence); or

   b. Transplants, in which case this Plan would approve requests for *services* that are the subject of a NIH Phase II, Phase III or higher when transplant *services* are appropriate for the treatment of the underlying disease;

5. Is identified as not covered by the Centers for Medicare and Medicaid Services (CMS) Medicare Coverage Issues Manual, a CMS Operational Policy Letter or a CMS National Coverage Decision, except as required by federal law and excluding transplants.

F

Family member means *you* or *your* spouse, or *you* or *your* spouse's child, brother, sister, parent, grandchild or grandparent.

Functional impairment means a direct and measurable reduction in physical performance of an organ or body part.

H

Hospital means an institution which:

1. Maintains permanent full-time facilities for bed care of resident patients;

2. Has a physician and surgeon in regular attendance;

3. Provides continuous 24 hour a day nursing *services*;

4. Is primarily engaged in providing diagnostic and therapeutic facilities for medical or surgical care of sick or injured persons;

5. Is legally operated in the jurisdiction where located; and

6. Has surgical facilities on its premises or has a contractual agreement for surgical *services* with an institution having a valid license to provide such surgical *services*; or

7. Is a lawfully operated *qualified treatment facility* certified by the First Church of Christ Scientist, Boston, Massachusetts.

Hospital does not include an institution which is principally a rest home, skilled nursing facility, convalescent home or home for the aged. *Hospital* does not include a place principally for the treatment of *mental health* or *substance abuse*.

I

Intensive outpatient means outpatient *services* providing:

1. Group therapeutic sessions greater than one hour a day, three days a week;

2. *Behavioral health* therapeutic focus;

3. Group sessions centered on cognitive behavioral constructs, social/occupational/educational skills development and family interaction;

4. Additional emphasis on recovery strategies, monitoring of participation in 12-step programs and random drug screenings for the treatment of *substance abuse*; and

5. *Qualified practitioner* availability for medical and medication management.

Intensive outpatient program does not include services that are for:

1. *Custodial care*; or

2. Day care.

M

Maintenance care means any *service* or activity which seeks to prevent *bodily injury* or *sickness*, prolong life, promote health or prevent deterioration of a *covered person* who has reached the maximum level of improvement or whose condition is resolved or stable.

Maximum allowable fee for a *covered expense* is the lesser of:

1. The fee charged by the provider for the *services*;

2. The fee that has been negotiated with the provider whether directly or through one or more intermediaries or shared savings contracts for the *services*;

3. The fee established by this Plan by comparing rates from one or more regional or national databases or schedules for the same or similar *services* from a geographical area determined by this Plan;

4. The fee based upon rates negotiated by this Plan or other payors with one or more *participating providers* in a geographic area determined by this Plan for the same or similar *services*;

5. The fee based upon the provider's cost for providing the same or similar *services* as reported by such provider in its most recent publicly available *Medicare* cost report submitted to the Centers for Medicare and Medicaid Services (CMS) annually; or

6. The fee based on a percentage determined by this Plan of the fee *Medicare* allows for the same or similar *services* provided in the same geographic area.

Note: The bill *you* receive for *services* from *non-participating providers* may be significantly higher than the *maximum allowable fee*. In addition to *deductibles, copayments* and *coinsurance, you* are responsible for the difference between the *maximum allowable fee* and the amount the provider bills *you* for the *services*. Any amount *you* pay to the provider in excess of the *maximum allowable fee* will not apply to *your out-of-pocket limit* or *deductible*.

Maximum benefit means the maximum amount that may be payable for each *covered person*, for *expense incurred*. The applicable *maximum benefit* is shown in the Medical Schedule of Benefits section. No further benefits are payable once the *maximum benefit* is reached.

Medically necessary or medical necessity means the extent of *services* required to diagnose or treat a *bodily injury* or *sickness* which is known to be safe and effective by the majority of *qualified practitioners* who are licensed to diagnose or treat that *bodily injury* or *sickness*. Such *services* must be:

1. Performed in the least costly setting required by *your* condition;

2. Not provided primarily for the convenience of the patient or the *qualified practitioner*;

3. Appropriate for and consistent with *your* symptoms or diagnosis of the *sickness* or *bodily injury* under treatment;

4. Furnished for an appropriate duration and frequency in accordance with accepted medical practices, and which are appropriate for *your* symptoms, diagnosis, *sickness* or *bodily injury*; and

5. Substantiated by the records and documentation maintained by the provider of *service*.

Medicare means a program of medical insurance for the aged and disabled, as established under Title 18 of the Social Security Act of 1965, as amended.

Mental health means a mental, nervous, or emotional disease or disorder of any type as classified in the Diagnostic and Statistical Manual of Mental Disorders, regardless of the cause or causes of the disease or disorder.

Morbid obesity (clinically severe obesity) means a body mass index (BMI) as determined by a *qualified practitioner* as of the date of *service* of:

1. 40 kilograms or greater per meter squared (kg/m^2); or

2. 35 kilograms or greater per meter squared (kg/m^2) with an associated comorbid condition such as hypertension, type II diabetes, life-threatening cardiopulmonary conditions; or joint disease that is treatable, if not for the obesity.

N

Non-participating provider means a *hospital, qualified treatment facility, qualified practitioner* or any other health *services* provider who has not entered into an agreement with the *Plan Manager* to provide *participating provider services* or has not been designated by the *Plan Manager* as a *participating provider.*

O

Off-evidence drug indications mean indications for which there is a lack of sufficient evidence for safety and/or efficacy for a particular medication.

Off-label drug indications mean prescribing of an FDA-approved medication for a use or at a dose that is not included in the product indications or labeling. This term specifically refers to drugs or dosages used for diagnoses that are not approved by the FDA and may or may not have adequate medical evidence supporting safety and efficacy. Off-label prescribing of traditional drugs is a common clinical practice and many off-label uses are effective, well documented in peer reviewed literature and widely employed as standard of care treatments.

Orthotic means a custom-fitted or custom-made braces, splints, casts, supports and other devices used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body when prescribed by a *qualified practitioner*.

P

Partial hospitalization means services provided by a *hospital* or *qualified treatment facility* in which patients do not reside for a full 24-hour period:

1. For a comprehensive and intensive interdisciplinary psychiatric treatment for minimum of 5 hours a day, 5 days per week;

2. That provides for social, psychological and rehabilitative training programs with a focus on reintegration back into the community and admits children and adolescents who must have a treatment program designed to meet the special needs of that age range; and

3. That has physicians and appropriately licensed *mental health* and *substance abuse* practitioners readily available for the emergent and urgent care needs of the patients.

The *partial hospitalization* program must be accredited by the Joint Commission of the Accreditation of Hospitals or in compliance with an equivalent standard.

Licensed drug abuse rehabilitation programs and alcohol rehabilitation programs accredited by the Joint Commission on the Accreditation of Health Care Organizations or approved by the appropriate state agency are also considered to be *partial hospitalization* services.

Partial hospitalization does not include *services* that are for *custodial care* or day care.

Participating provider means a *hospital*, *qualified treatment facility*, *qualified practitioner* or any other health *services* provider who has entered into an agreement with, or has been designated by, Humana to provide specified *services* to all *covered persons.*

Pharmacist means a person who is licensed to prepare, compound and dispense medication and who is practicing within the scope of his or her license.

Pharmacy means a licensed establishment where *prescription* medications are dispensed by a *pharmacist*.

Plan Administrator means FMR LLC.

Plan Manager means Humana Insurance Company (HIC). The *Plan Manager* provides services to the *Plan Administrator*, as defined under the Plan Management Agreement. The *Plan Manager* is not the *Plan Administrator* or the *Plan Sponsor*.

Plan Sponsor means FMR LLC.

Plan year means a period of time beginning on the Plan anniversary date of any year and ending on the day before the same date of the succeeding year.

Post-service claim means any claim for a benefit under a group health plan that is not a *pre-service claim*.

Preadmission testing means only those outpatient x-ray and laboratory tests made within seven days before *admission* as a registered bed patient in a *hospital*. The tests must be for the same *bodily injury* or *sickness* causing the patient to be *hospital confined*. The tests must be accepted by the *hospital* in lieu of like tests made during *confinement*. *Preadmission testing* does not mean tests for a routine physical check-up.

Precertification (also known as "*preauthorization*") means the process of assessing the *medical necessity*, appropriateness, or utility of proposed non-emergency *hospital admission*s, surgical procedures, outpatient care, and other health care *services*.

Predetermination of benefits means a review by Humana of a *qualified practitioner's* treatment plan, specific diagnostic and procedure codes and expected charges prior to the rendering of *services*.

Prescription means a direct order for the preparation and use of a drug, medicine or medication. The drug, medicine or medication must be obtainable only by *prescription*. The *prescription* must be given to a *pharmacist* verbally, electronically or in writing by a *qualified practitioner* for the benefit of and use by a *covered person*. The *prescription* must include at least:

1. The name and address of the *covered person* for whom the *prescription* is intended;

2. The type and quantity of the drug, medicine or medication prescribed, and the directions for its use;

3. The date the *prescription* was prescribed; and

4. The name and address of the prescribing *qualified practitioner*.

Pre-service claim means a claim with respect to which the terms of the Plan condition receipt of a Plan benefit, in whole or in part, on approval of the benefit by Humana in advance of obtaining medical care.

Primary Care Physician (PCP) means a *participating provider* who is a family practice physician, pediatrician, doctor of internal medicine or general practitioner. The *primary care physician* is responsible for providing initial and primary care *services* to *covered persons*, maintaining the continuity of medical care and helping to direct *covered persons* to a *specialist*.

Protected health information means individually identifiable health information about a *covered person*, including: (a) patient records, which includes but is not limited to all health records, physician and provider notes and bills and claims with respect to a *covered person*; (b) patient information, which includes patient records and all written and oral information received about a *covered person*; and (c) any other individually identifiable health information about *covered persons*.

Provider contract means a legally binding agreement between Humana and a *participating provider* that includes a provider payment arrangement.

Q

Qualified practitioner means a practitioner, professionally licensed by the appropriate state agency to diagnose or treat a *bodily injury* or *sickness*, and who provides *services* within the scope of that license.

Qualified treatment facility means only a facility, institution or clinic duly licensed by the appropriate state agency, and is primarily established and operating within the scope of its license.

R

Residential treatment facility means an institution which:

1. Is licensed as a 24-hour residential facility for *mental health* and *substance abuse* treatment, although not licensed as a *hospital*;

2. Provides a multidisciplinary treatment plan in a controlled environment, with periodic supervision of a physician or a Ph.D. psychologist; and

3. Provides programs such as social, psychological and rehabilitative training, age appropriate for the special needs of the age group of patients, with focus on reintegration back into the community.

Residential treatment is utilized to provide structure, support and reinforcement of the treatment required to reverse the course of behavioral deterioration.

S

Serious mental illness (SMI) means the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual:

1. Bipolar disorders (hypomanic, manic, depressive, and mixed);
2. Depression in childhood and adolescence;
3. Major depressive disorders (single episode or recurrent);
4. Obsessive-compulsive disorders;
5. Paranoid and other psychotic disorders;
6. Schizo-affective disorders (bipolar or depressive); and
7. Schizophrenia.

Services mean procedures, surgeries, examinations, consultations, advice, diagnosis, referrals, treatment, tests, supplies, drugs, devices or technologies.

Service area means the geographic area designated by Humana, or as otherwise agreed upon between the *Plan Sponsor* and Humana. A description of the *service area* is provided in the provider directories.

Sickness means a disturbance in function or structure of *your* body which causes physical signs or symptoms and which, if left untreated, will result in a deterioration of the health state of the structure or system(s) of *your* body.

Sound natural tooth means a tooth that:

1. Is organic and formed by the natural development of the body (not manufactured);

2. Has not been extensively restored;

3. Has not become extensively decayed or involved in periodontal disease; and

4. Is not more susceptible to injury than a whole natural tooth.

Specialist means a *qualified practitioner* who has received training in a specific medical field other than those listed as primary care.

Specialty drug means a drug, medicine or medication used as a specialized therapy developed for chronic, complex *sicknesses* or *bodily injuries*. *Specialty drugs* may:

1. Require nursing services or special programs to support patient compliance;

2. Require disease-specific treatment programs;

3. Have limited distribution requirements; or

Have special handling, storage or shipping requirements.

Substance abuse means the abuse of, or psychological or physical dependence on, or addiction to alcohol or a controlled substance.

Summary Plan Description means the document provided by the *employer* which outlines the benefits, provisions and limitations of the *Plan Administrator's* Plan.

Surgery means excision or incision of the skin or mucosal tissues, or insertion for exploratory purposes into a natural body opening. This includes insertion of instruments into any body opening, natural or otherwise, done for diagnostic or other therapeutic purposes.

T

Total disability *or* ***totally disabled*** means:

1. During the first twelve months of disability *you* or *your* employed covered spouse are at all times prevented by *bodily injury* or *sickness* from performing each and every material duty of *your* respective job or occupation;

2. After the first twelve months, *total disability* or *totally disabled* means that *you* or *your* employed covered spouse are at all times prevented by *bodily injury* or *sickness* from engaging in any job or occupation for wage or profit for which *you* or *your* employed covered spouse are reasonably qualified by education, training or experience;

3. For a non-employed spouse or a child, *total disability* or *totally disabled* means the inability to perform the normal activities of a person of similar age and gender.

A *totally disabled* person also may not engage in any job or occupation for wage or profit.

U

Urgent care claim means any claim for medical care or treatment when the time periods for making non-urgent care determinations:

1. Could seriously jeopardize the life or health of the *claimant* or the ability of the *claimant* to regain maximum function; or

2. In the opinion of the physician with knowledge of the *claimant's* medical condition, would subject the *claimant* to severe pain that cannot be adequately managed without the care or treatment recommended.

Utilization review means the process of assessing the *medical necessity*, appropriateness, or utility of *hospital admissions*, surgical procedures, outpatient care, and other health care *services*. *Utilization review* includes *precertification* and *concurrent review*.

Y

You and your means *you* as the *employee* and any of *your* covered *dependents*, unless otherwise indicated.

Administered by:

Humana Insurance Company
500 West Main Street
Louisville, KY 40202