

# Check it out!

## The Commonwealth Maximum Choice Plan with Health Reimbursement Account (HRA)

### Medical plan highlights

- Annual deductible for medical and pharmacy
- Provider submits claim and you pay coinsurance directly to provider
- A consumer-driven health plan (CDHP)

### Pharmacy benefit highlights

- 10% coinsurance after deductible on all retail prescriptions for a 30-day supply
- 10% coinsurance after deductible for mail order for a 90-day supply
- Free standard shipping for mail order prescriptions

### Spending account highlights

- To reduce your deductible and out of pocket expenses, the Commonwealth funds your Health Reimbursement Account (HRA):
  - \$1,000 single
  - \$1,500 parent plus or a couple
  - \$2,000 family
- Spend HRA funds with the HumanaAccess<sup>SM</sup> Visa<sup>®</sup> Debit Card
- Use the HumanaAccess Card for eligible expenses where they accept Visa, such as doctors' offices, hospitals, medical labs, and pharmacies

### Benefits, health, and wellness information

- MyHumana on Kentucky Employees Health Plan Website – [kyhealthplan.humana.com](http://kyhealthplan.humana.com)
- Call 1-877-KYSPIRIT (1-877-597-7474) for medical benefits and prescription benefits
- Find in-network providers at [kyhealthplan.humana.com](http://kyhealthplan.humana.com) and choose "Physician Finder"
- Save money by using Humana in-network providers
- Call a Customer Service representative at 1-877-KYSPIRIT (1-877-597-7474)
- To speak with a registered nurse about illnesses or injuries, contact HumanaFirst<sup>®</sup> Nurse Advice Line, our 24-hour information line at 1-800-622-9529



**HUMANA**  
Guidance when you need it most

Administered by Humana Insurance Company

Please refer to your Summary Plan Description for more information on the company providing your benefits.



Come to the benefits fair  
in your area to learn more  
about this plan, or call  
**1-877-KYSPIRIT**  
**(1-877-597-7474)**

# Commonwealth Optimum PPO and Standard PPO

## How it *works*

### What is a traditional PPO plan?

With these plans, you pay less for care when you use in-network providers – doctors, hospitals, and pharmacies that are part of the PPO network. The plan also provides coverage when you go to out-of-network providers, but you'll pay more. These plans do not require referrals.

To find out if your doctor participates in Humana's network, use the "Physician Finder" link on [kyhealthplan.humana.com](http://kyhealthplan.humana.com). It takes you to Physician Finder *Plus*, our online provider directory.

### Why you might want a traditional PPO plan

The traditional PPO plan is a good choice for people who are willing to have larger paycheck deductions in exchange for lower out-of-pocket costs.

- **Your deductible is lower.** With a traditional PPO plan, the deductible is usually lower than a PPO with a spending account.
- **The out-of-pocket limit gives you peace of mind.** Every PPO plan limits the amount of money you'll spend within the plan year. If you reach this limit, called the "out-of-pocket maximum," the plan pays 100 percent of additional covered expenses during the plan year. You continue to pay copayments.
- **You can choose any provider.** With a PPO plan, you decide whether you want to use in-network doctors or not. If you "step outside the network," your copayment, deductible, and coinsurance costs will be higher – sometimes significantly higher.

### PPO out-of-pocket costs

With all PPO plans, your out-of-pocket costs may include:

- **Copayment** – A fixed fee you pay when you see a doctor, have a prescription filled, or are admitted to the hospital.
- **Deductible** – The amount you pay toward certain medical expenses before your plan starts paying a share of the costs. PPO plans generally have separate deductibles and out-of-pocket limits for in-network and out-of-network providers.
- **Coinsurance** – The percentage of costs you pay after you've met the deductible. The plan always pays a higher percentage when you use in-network providers.



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# Commonwealth Capitol Choice

## How it *works*

### What is Commonwealth Capitol Choice?

With Capitol Choice, you can see any provider without a referral – but your costs are usually lower when you use in-network providers. What makes Capitol Choice unique is the \$500-per-covered member “benefit allowance” that covers many services from in-network providers before you start paying toward your deductible.

Here's how it works:

1. The plan pays the first \$500 of eligible expenses from in-network providers. You just pay a copayment, and then the plan picks up the rest. Each covered member has a separate allowance.
2. If you use the entire \$500, you pay most additional expenses until you meet the annual deductible. The plan has a separate deductible for each family member; each person's costs also apply to a deductible for the entire family. See your benefit plan document for details on your plan.
3. Once you meet the deductible, the plan starts paying coinsurance – a percentage of your costs. For example, if your coinsurance for in-network providers is 80 percent, and your services cost \$100, the plan pays \$80, and you pay \$20.
4. If the amount you pay in coinsurance during the year reaches a cap called your “out-of-pocket maximum,” the plan picks up 100 percent of your costs – other than copayments for covered services from in-network doctors and hospitals.

Like many plans, Capitol Choice has separate deductibles and out-of-pocket limits for in-network and out-of-network providers.

### Why you might want Capitol Choice

Capitol Choice offers lower premiums and a “safety net” in case of a major illness or injury.

- **Your up-front costs are lower.** Capitol Choice premiums are generally lower than with other plan types.

- **You could have very low out-of-pocket costs.** Almost half of Americans – 45 percent of health plan members, according to a national study – spend less than \$500 a year on medical care.\* If you're in that group, the Capitol Choice allowance might cover all of your costs except for your copayments.
- **Preventive care coverage.** Even if your \$500 is gone, Capitol Choice covers all but your copayment for preventive care office visits.
- **The out-of-pocket maximum provides peace of mind.** If you have a serious illness or injury, your costs for covered services at in-network providers are capped.

### Using your allowance

The entire \$500 is available on the first day of the plan year. You can use the allowance for:

- Doctor's office visits
- Routine outpatient laboratory tests and X-rays
- Hospital services, including semiprivate room and board, emergency room services, and outpatient surgery
- Other services such as home healthcare, physical therapy, and hospice care

Your allowance isn't depleted when you fill a prescription. Also the allowance doesn't cover copayments or any services from out-of-network providers.

It's easy to keep track of how much of the \$500 you've used. After you receive care, Humana processes a claim and then sends an Explanation of Benefits – or “EOB” – that tells you how the claim was paid and how much of your allowance remains. You can also check your balance by logging in to MyHumana on [kyhealthplan.humana.com](http://kyhealthplan.humana.com), or by calling the toll-free number on your Humana ID card.

\* 2006 Reden & Anders

The member is responsible for copayments. Copayments and the allowance do not apply to the deductible.



# Commonwealth Capitol Choice

## How it *works*

### Example 1 – Lynn (single coverage)

Lynn chooses the Capitol Choice plan with:

- \$500 allowance
- \$500 deductible
- 80 percent coinsurance (in-network)

Lynn goes to her primary care physician and finds out she needs some blood work.

- Doctor's office visit ..... \$50  
(Lynn pays a \$15 copayment)
- Outpatient lab ..... \$400  
(no copayment)

#### How Lynn uses Capitol Choice

Total cost of medical services .....	\$450
Lynn's copayments .....	\$15
Capitol Choice pays the remaining costs .....	\$35

#### Summary

Lynn's medical expenses for the calendar year didn't exceed her \$500 Capitol Choice allowance. The only medical expenses she paid were copayments totaling \$15.

### Example 2 – Greg (family coverage)

Greg chooses the Capitol Choice plan.

Each covered member has a:

- \$500 allowance
- \$500 deductible
- 80 percent coinsurance (in-network)
- \$2,000 coinsurance maximum

Greg is injured in a fall. He has inpatient surgery and spends three days in the hospital. Later, he has a follow-up visit with a specialist.

- Physician services for hospital stay ..... \$3,500
- Hospital charges ..... \$9,000  
(Greg pays \$100 in copayments – \$100 per admission)
- One specialist visit ..... \$150  
(Greg pays \$15 copayment)

#### How Greg uses Capitol Choice

##### Physician Services

Total cost of physician services for	
inpatient surgery .....	\$3,500
Capitol Choice pays \$500 of costs .....	\$500
Greg pays his deductible .....	\$500
Balance of cost of services .....	\$2,500
Plan pays 80% of balance .....	\$2,000
Greg pays coinsurance .....	\$500

##### Hospital stay

Total cost of hospital stay .....	\$9,000
Greg pays his hospital copayment .....	\$100
Health plan pays .....	\$8,900

##### Specialist visit

Total cost of specialist visit .....	\$150
Greg pays his specialist visit copayment .....	\$15
Plan picks up 100% of his remaining costs .....	\$135

#### Summary

Greg used his allowance and then paid the deductible. After that, his plan paid 80 percent of his remaining costs – other than copayments – until Greg satisfies his out-of-pocket coinsurance maximum. After Greg reaches the maximum, the plan pays 100 percent of his costs, except for copayments.

These examples are for illustration only. The amounts will vary, depending on the plan selected and the number of people covered. The member is responsible for copayments. Copayments and the allowance do not apply to the deductible.

\* These examples may not apply to all lines of business (PPO, POS, HMO)