

HUMANA HIGH PPO (90/70) AND LOW PPO (80/60) PLANS 01/01/08

PLAN FEATURES	*PLAN SERVICES	HIGH PPO (90/70)		LOW PPO (80/60)	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductibles	Individual	\$ 500.00	\$ 1,000.00	\$ 750.00	\$ 1,500.00
	Family	\$ 1,000.00	\$ 2,000.00	\$ 1,500.00	\$ 3,000.00
Out of pocket Maximum	Individual	\$ 2,000.00	\$ 4,000.00	\$ 2,500.00	\$ 5,000.00
	Family	\$ 4,000.00	\$ 8,000.00	\$ 5,000.00	\$ 10,000.00
Preventive Care	Routine immunizations	100%	100%	100%	100%
	Adult/Child physicals	100% after office visit co-pay	70% after deductible	100% after office visit co-pay	70% after deductible
Physician Services	Office Visits	100% after \$20 co-pay	70% after deductible	100% after \$20 co-pay	70% after deductible
	In/out patient services/office surgery	90% after deductible	70% after deductible	80% after deductible	60% after deductible
Facility Services	Inpatient hospital care	100% after deductible	70% after deductible	100% after deductible	70% after deductible
	Hospital emergency services (ER co-pay waived if admitted)	100% after \$150 co-pay per visit	100% after \$150 co-pay per visit and after deductible	100% after \$150 co-pay per visit	100% after \$150 co-pay per visit and after deductible
Other Medical Services	Urgent Care Facility (e.g. TexasMed Clinic)	100% after specialist co-pay	70% after deductible	100% after specialist co-pay	70% after deductible
Cost each pay period	Employee Only	\$ 26.09		\$ 17.54	
	Employee & Spouse	\$ 51.78		\$ 34.83	
	Employee & Child(ren)	\$ 51.75		\$ 35.64	
	Family	\$ 84.53		\$ 57.47	

*Plan Services represented on this sheet are only a partial listing of services. For a more complete listing and description of services, please see the Summary Plan Description or visit www.humana.com.