

Why you could save money

A condition-specific deductible is an alternative to an exclusion rider. If you have an exclusion rider, the plan doesn't cover any services for a certain condition. But if you have a condition-specific deductible, you have coverage for these services – you just need to meet the separate deductible first – and you can take advantage of discounts with network providers.



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Waiting periods, limitations and exclusions apply. Applications subject to approval.



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How it works

If you have a health condition, you may think it will keep you from getting a health plan. HumanaOne understands your concerns – and we may be able to help.

Our health plans include a condition-specific deductible, or “CSD.” This allows you to get coverage for conditions that wouldn’t be covered otherwise or would have a waiting period.

The condition-specific deductible applies to only one condition.*

It’s completely separate from other deductibles like medical and prescription drug. After you meet the separate condition-specific deductible, your plan will pay covered expenses related to the condition at 100% for the rest of the calendar year.

We have condition-specific deductibles for numerous conditions.

Depending on the health issue, the in-network deductible amount is \$2,500, \$5,000, or \$7,500. The out-of-network deductible amount is \$5,000, \$10,000, or \$15,000.

As with any application for health insurance you need to fully disclose any conditions, treatment, medications or doctor visits. If we know you have any of these conditions before your coverage starts, the condition-specific deductible will be part of your policy from the beginning. If we find out about the condition after your coverage starts, and we determine it was present prior to your effective date, we’ll add the condition-specific deductible to your policy and send you a new contract.

* A CSD will only apply to one condition, but there can be more than one CSD on a policy.

You could have a condition-specific deductible if any of the following occurred before your coverage started:

- › You had signs or symptoms of the condition
- › You received treatment, advice, or tests related to the condition
- or –
- › A healthcare professional told you to get tests or treatment for the condition



Example

Bruce has psoriasis, a skin problem. To treat it, he gets light therapy in his doctor’s office and uses a prescribed cream.

Here’s how his covered expenses would apply to each deductible:

- › **Condition-specific deductible**
Any part of a doctor’s office visit related to psoriasis plus light therapy for psoriasis
- › **Medical deductible**
Doctor’s office services that aren’t related to a condition for which there’s a condition-specific deductible
- › **Prescription deductible**
Covered prescriptions – even if they’re for a condition for which there’s a condition-specific deductible

	With an exclusion rider	With a condition-specific deductible
Annual cost of light therapy treatments	\$6,000	\$6,000
Cost after network provider discount	\$6,000 <small>Discounts don’t apply to services not covered</small>	\$3,000
Out-of-pocket cost	\$6,000 <small>Entire cost of treatment</small>	\$2,500 <small>Amount of condition-specific deductible (plan pays 100% of remaining cost)</small>

The costs listed above are for illustration purposes only and are not limited to the severity of the condition, member’s age, state, and ZIP code of residence, and other health conditions. Amounts can vary based on provider’s billing services. Example is based on condition-specific deductible of \$2,500. Condition-specific deductibles will vary by condition.