

**INSTRUCTIONS**

Thank you for your interest in HumanaOne. The following are the HumanaOne Individual Medical plans that your Agent has selected for you. If you have any questions regarding the information in the quote please contact your agent. If you wish to apply online ask your agent to email you this quote. If you prefer to apply telephonically call 18005520758 to speak with an Application Specialist.

Name: Newborn Newborn	<b>PRIMARY</b>
Email Address:	Gender: M
Zip Code: 33160	Age: 0
	Tobacco: N
Coverage Effective: 7/27/2015	
Quote: 7/27/2015	

Quote ID: 2113653628

	OPTION A	OPTION B
	\$195.54 Monthly	\$204.20 Monthly
	\$195.54 Initial	\$204.20 Initial

**Medical**

<b>Selected Plan:</b>	<b>Humana Bronze 4850/National POS - OpenAccess + Children's Dental</b> <a href="#">Change Selected Pro</a>	<b>Humana Silver 4250/National POS - OpenAccess + Children's Dental</b> <a href="#">Change Selected Pro</a>
<b>Network:</b>	National POS - OpenAccess <a href="#">Benefit Details</a> <a href="#">Physician Finder Plus</a>	National POS - OpenAccess <a href="#">Benefit Details</a> <a href="#">Physician Finder Plus</a>
<b>Covered:</b>	PRIMARY	PRIMARY
<b>Effective Date:</b>	07/27/2015	07/27/2015
<b>On/Off Marketplace:</b>	Off	Off
<b>PediatricDental:</b>	Include	Include
<b>HSA Qualified:</b>	No	No
<b>Deductible:</b>	\$4,850 (Single)/\$9,700 (Family)	\$4,250 (Single)/\$8,500 (Family)
<b>In Network Coinsurance:</b>	You pay 20%, Humana pays 80%	You pay 20%, Humana pays 80%
<b>Out of Network Coverage:</b>	Yes	Yes
<b>Rx Deductible:</b>	\$1,500.00	\$1,500.00
<b>Estimated Monthly Prescription Costs:</b>	N/A	N/A
<b>Rx Details:</b>	\$20/\$75/50%/50%	\$15/\$35/\$50/50%
<b>Rx Network:</b>	National	National
<b>HumanaVitality Rewards Program:</b>	Membership Included	Membership Included
<b>Office Visit Copay Details:</b>	\$55 Primary / \$80 Specialty	\$35 Primary / \$60 Specialty
<b>Office Visit Copay Limits:</b>	Refer to benefit details for limits	Unlimited
<b>Maximum Out-of-Pocket:</b>	\$6,350 (Single) / \$12,700 (Family)	\$6,250 (Single) / \$12,500 (Family)
<b>Monthly:</b>	\$195.54	\$204.20
<b>Initial:</b>	\$195.54	\$204.20
<b>Association Dues &amp; Fees:</b>	\$0.00	\$0.00

**Dental Off Marketplace**

<b>Dental Traditional Plus:</b>	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00
* These products are sold as part of a combined medical/dental application. All applicants quoted will be included if selected.		
<b>Monthly:</b>	\$0.00	\$0.00
<b>Initial:</b>	\$0.00	\$0.00
<b>Association Dues &amp; Fees:</b>	\$0.00	\$0.00

[Recalculate](#)

Attention: This website is operated by Humana, Inc. and is not the Health Insurance Marketplace website. This website does not display all Qualified Health Plans available through the Health Insurance Marketplace website. To see all available Qualified Health Plan options, go to the Health Insurance Marketplace website at HealthCare.gov.

**Affordable Care Act qualified Medical plans effective 1/1/14 or later:**

This quote is an estimate only based on information entered by your agent and the rates are not guaranteed. The final rate and effective date will be determined upon receipt and acceptance of a completed application by Humana.

**For Medical Plans:**

\*Your total premium includes the cost of certain fees and taxes. Some of these fees and taxes support and fund components of the Affordable Care Act (ACA, commonly known as "healthcare reform"). Humana will pay any such applicable fees directly in compliance with federal and state regulation. More information on healthcare reform can be found at [www.humana.com/healthreform](http://www.humana.com/healthreform).

**For Dental Value Plan (HI215):**

A one-time, non-refundable, \$35 enrollment fee will be applied to your initial payment. Unless you pay annually, a \$1 administration fee will be applied to each bill. This is a one-year plan. Limitations and exclusions may apply.

Plans not available in all areas. Assumes application is taken today. Depending on when you apply, your effective date may be different than what is reflected here.

**For Dental Preventive Plus, Dental Loyalty Plus and Vision Care Plan:**

A one-time, non-refundable \$35 enrollment fee will be applied to your initial payment. Unless you pay annually, a \$1 administration fee will be applied to each bill. A \$0.75 association fee applies. This is a one-year plan. Limitations and exclusions may apply. Plans not available in all areas. Assumes application is taken today. Depending on when you apply, your effective date may be different than what is reflected here.

**For the Preventive Plus Package for Veterans:**

A one-time, non-refundable \$35 enrollment fee will be applied to your initial payment. Unless you pay annually, a \$1 administration fee will be applied to each bill. A \$0.50 association fee applies. This is a one-year plan. Limitations and exclusions may apply. Plans not available in all areas. Assumes application is taken today. Depending on when you apply, your effective date may be different than what is reflected here. The discounted services are not part of the Humana Preventive Plus dental plan, are not insurance, are subject to geographical availability, and may be discontinued at any time.

**For Dental Savings Plus plan:**

The Dental Savings Plus plan has a one-time, non-refundable \$15 enrollment fee applicable to your initial payment. Unless you pay annually, a \$1 administration fee will be applied to each bill. Limitations & exclusions may apply. Assumes application is taken today. Depending on when you apply, your effective date may be different than what is reflected here. The Dental Savings Plus plan may not be combined with any other dental coverage, insurance, or discount products and is NOT an insurance product. Discounts are subject to geographical availability, and may be discontinued at any time.

**For Supplemental Health and Supplemental Life Products:**

Limitations and exclusions apply. Benefits may vary by state and may not be approved in all states. Please see actual policy for complete details. Rates quoted are not guaranteed. The final rate will be based on underwriting completion and approval of the application/enrollment form.

Insured by Humana Insurance Company, Humana Health Plan, Inc., Humana Health Insurance Company of Florida, Inc., Humana Health Benefit Plan of Louisiana, Inc., HumanaDental Insurance Company, or The Dental Concern, Inc., or Humana Insurance Company of Kentucky, or offered by Humana Employers Health Plan of Georgia, Inc., or Humana Medical Plan, Inc.

For Arizona residents: Insured by Humana Insurance Company or HumanaDental Insurance Company. For Texas residents: Insured by Humana Insurance Company or HumanaDental Insurance Company or DentiCare Inc.

Insured by Kanawha Insurance Company – a member of the Humana family of companies.

Dental and Vision Products Offered by the Humana family of companies including Humana Dental Insurance Company, Humana Insurance Company, Humana Insurance Company of New York, CompBenefits Insurance Company, CompBenefits Company (a Pre-paid Limited Health Service Organization and licensed under Chapter 636, Florida Statutes), CompBenefits Dental, Inc., CompBenefits of Alabama, Inc., CompBenefits of Georgia, Inc., American Dental Plan of North Carolina, Inc., and DentiCare, Inc. (d/b/a CompBenefits).

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