

**HUMANA MEDICARE EMPLOYER LPPO PLAN
2012 Plan 079 Option 055
Subject to CMS Approval**

This is a brief summary of services and is not intended to be a complete description of benefits, exclusions and limitations. Please refer to your Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. All services must be medically necessary. Coinsurance and copayments are due when services are rendered. Certain services under the plan require authorization by network providers. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

ANNUAL OUT-OF-POCKET MAXIMUM	• In-Network: \$3,000 per individual per calendar year (excludes Part D Pharmacy, Extra Services, and the Plan Premium).		
	• Combined In- and Out-of-Network: \$5,000 per individual per calendar year (excludes Part D Pharmacy, World Wide Coverage, and the Plan Premium).		
ANNUAL DEDUCTIBLE	• In-Network: \$100 per individual per calendar year (excludes Part D Pharmacy, Medicare-Covered Diabetic Monitoring Supplies received at a pharmacy, All Emergency Room services, Ambulance Services, Flu and Pneumonia Shots, All Preventive Services, Extra Services, and the Plan Premium).		
	• Out-of-Network: \$300 per individual per calendar year (excludes Part D Pharmacy, Medicare-Covered Diabetic Monitoring Supplies received at a pharmacy, All Emergency Room services, Ambulance Services, Flu and Pneumonia Shots, All Preventive Services, World Wide Coverage, and the Plan Premium).		
Place of Treatment	Benefit	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):
PRIMARY CARE PHYSICIAN	• Office visit	100% after annual deductible and \$10 copayment per visit	70% after annual deductible
	• Diagnostic procedures and tests	100% after annual deductible	70% after annual deductible
	• Lab services	100% after annual deductible	70% after annual deductible
	• Surgical procedures	100% after annual deductible and \$10 copayment per visit	70% after annual deductible
	• Allergy shots and injections	100% after annual deductible	70% after annual deductible
	• Mental health/substance abuse services	100% after annual deductible and \$10 copayment per visit	70% after annual deductible
	• Administration of drugs in a physician's office	80% after annual deductible	70% after annual deductible
SPECIALIST	• Office visit	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
	• Advanced imaging	100% after annual deductible	70% after annual deductible
	• Diagnostic procedures and tests	100% after annual deductible	70% after annual deductible
	• Lab services	100% after annual deductible	70% after annual deductible
	• Surgical procedures	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
	• Podiatry (Medicare-covered)	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
	• Chiropractic (Medicare-covered)	100% after annual deductible and \$20 copayment per visit	70% after annual deductible

	<ul style="list-style-type: none"> Therapies (cardiac, occupational, physical, respiratory, audiology, and speech) 	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Radiation therapy 	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Allergy shots and injections 	100% after annual deductible	70% after annual deductible
	<ul style="list-style-type: none"> Mental health/substance abuse services 	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Administration of drugs in a physician's office 	80% after annual deductible	70% after annual deductible
	<ul style="list-style-type: none"> Chemotherapy drugs 	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Dental (Medicare-covered) 	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Hearing (Medicare-covered) 	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Vision (Medicare-covered) 	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Eyewear for post-cataract surgery 	100% after annual deductible	100% after annual deductible
PREVENTIVE SERVICES	<ul style="list-style-type: none"> Routine physical (one per year) 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> Diabetes self-management 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> Nutrition therapy (ESRD or diabetic patients) 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> Bone mass measurement (one per year) 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> Colorectal screening (one per year) 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> Pap smear, pelvic exam, and prostate cancer screening (one per year) 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> Mammography screening (one per year) 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> Smoking cessation (Medicare covered) 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> Immunizations 	100% in all places of treatment	100% in all places of treatment
	<ul style="list-style-type: none"> Abdominal aortic aneurysm screening (one per year) 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> Cardiovascular disease testing (one per year) 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> Glaucoma screening (one per year) 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> HIV screening (one per year) 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> EKG screening (one per year) 	100% in all places of treatment	70% in all places of treatment
	<ul style="list-style-type: none"> Diabetes screening (one per year) 	100% in all places of treatment	70% in all places of treatment
INPATIENT HOSPITAL SERVICES	<ul style="list-style-type: none"> Inpatient care (all authorized admissions) 	100% after annual deductible and \$165 copayment per day (days 1-5) per admission	70% after annual deductible

	<ul style="list-style-type: none"> Inpatient physician services 	100% after annual deductible	70% after annual deductible
INPATIENT PSYCHIATRIC FACILITY	<ul style="list-style-type: none"> Inpatient mental health care (all authorized admissions) 	100% after annual deductible and \$165 copayment per day (days 1-5) per admission; 190 day lifetime limit	70% after annual deductible; 190 day lifetime limit
	<ul style="list-style-type: none"> Inpatient substance abuse services (all authorized admissions) 	100% after annual deductible and \$165 copayment per day (days 1-5) per admission	70% after annual deductible
	<ul style="list-style-type: none"> Inpatient mental health/substance abuse physician services 	100% after annual deductible	70% after annual deductible
PARTIAL HOSPITALIZATION	<ul style="list-style-type: none"> Mental health/substance abuse services 	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
OUTPATIENT HOSPITAL	<ul style="list-style-type: none"> Surgical services 	100% after annual deductible and \$125 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Observation 	100% after annual deductible and \$75 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Advanced imaging 	100% after annual deductible and \$75 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Nuclear medicine 	100% after annual deductible and \$75 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Diagnostic procedures and tests 	100% after annual deductible and \$75 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Lab services 	100% after annual deductible	70% after annual deductible
	<ul style="list-style-type: none"> Radiation therapy 	100% after annual deductible and \$60 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Therapies (cardiac, occupational, physical, respiratory, audiology, and speech) 	100% after annual deductible and \$75 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Chemotherapy drugs 	100% after annual deductible and \$75 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Renal dialysis 	80% after annual deductible	80% after annual deductible
	<ul style="list-style-type: none"> Mental health and substance abuse services 	100% after annual deductible and \$40 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Outpatient physician services 	100% after annual deductible	70% after annual deductible
SKILLED NURSING FACILITY (SNF)	<ul style="list-style-type: none"> SNF care 	100% after annual deductible for days 1-10; no three day hospital stay is required; 100% after \$100 copayment per day (days 11-100); Plan pays \$0 after 100 days	70% after annual deductible up to 100 days, no three day hospital stay is required; Plan pays \$0 after 100 days
	<ul style="list-style-type: none"> SNF physician services 	100% after annual deductible	70% after annual deductible
IMMEDIATE CARE FACILITY	<ul style="list-style-type: none"> Urgently needed care 	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Lab services 	100% after annual deductible	70% after annual deductible
EMERGENCY ROOM	<ul style="list-style-type: none"> Emergency services (2) 	100% after \$65 copayment per visit (waived if admitted to hospital within 24 hours)	100% after \$65 copayment per visit (waived if admitted to hospital within 24 hours)
	<ul style="list-style-type: none"> Emergency room physician services 	100%	100%
AMBULANCE	<ul style="list-style-type: none"> Ambulance services 	100% after \$100 copayment per date of service	100% after \$100 copayment per date of service

TRAVEL BENEFIT	<ul style="list-style-type: none"> US travel benefit 	Member receives in network benefits when services are received from a participating PPO provider in another Humana PPO service area	N/A
WORLD WIDE COVERAGE	<ul style="list-style-type: none"> Emergency services only 	N/A	80% after \$100 deductible up to \$25,000 maximum annual benefit or 60 consecutive days, whichever is reached first
COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY	<ul style="list-style-type: none"> Therapies (occupational, physical, respiratory, audiology, and speech) 	100% after annual deductible and \$35 copayment per visit	70% after annual deductible
FREESTANDING RADIOLOGICAL FACILITY	<ul style="list-style-type: none"> Advanced imaging 	100% after annual deductible and \$50 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Nuclear medicine 	100% after annual deductible and \$50 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Diagnostic procedures and tests 	100% after annual deductible and \$50 copayment per visit	70% after annual deductible
	<ul style="list-style-type: none"> Radiation therapy 	100% after annual deductible and \$50 copayment per visit	70% after annual deductible
AMBULATORY SURGICAL CENTER	<ul style="list-style-type: none"> Surgical procedures 	100% after annual deductible and \$100 copayment per visit	70% after annual deductible
FREESTANDING LABORATORY	<ul style="list-style-type: none"> Lab services 	100% after annual deductible	70% after annual deductible
DIALYSIS CENTER	<ul style="list-style-type: none"> Renal dialysis 	100% after annual deductible	100% after annual deductible
HOME HEALTH	<ul style="list-style-type: none"> Home health care 	100% after annual deductible	70% after annual deductible
MEDICARE COVERED DRUGS	<ul style="list-style-type: none"> Medicare-covered Part B drugs 	80% after annual deductible in all places of treatment	80% after annual deductible in all places of treatment
DME PROVIDER	<ul style="list-style-type: none"> Durable medical equipment 	80% after annual deductible	70% after annual deductible
	<ul style="list-style-type: none"> Diabetic monitoring supplies 	100% after annual deductible	70% after annual deductible
MEDICAL SUPPLY PROVIDER	<ul style="list-style-type: none"> Medical supplies 	80% after annual deductible	70% after annual deductible
	<ul style="list-style-type: none"> Prosthetics and orthotics 	80% after annual deductible in all places of treatment	70% after annual deductible in all places of treatment
PHARMACY (PART B ONLY)	<ul style="list-style-type: none"> Durable medical equipment 	80% after annual deductible	70% after annual deductible
	<ul style="list-style-type: none"> Medical supplies 	80% after annual deductible	70% after annual deductible
	<ul style="list-style-type: none"> Diabetic monitoring supplies 	100%	70%

EXTRA BENEFITS	<ul style="list-style-type: none"> • SilverSneakers® - SilverSneakers® is not available to members who reside in Arizona, Nevada, and Pennsylvania 	<p>In most service areas members will have free membership to a local fitness center through the SilverSneakers® Program. The SilverSneakers® Fitness Program offers your retirees free membership at a warm and friendly fitness center. Enrollment is easy and there is no initiation fee or contract.</p>
	<ul style="list-style-type: none"> • Silver&Fit™ - Silver&Fit™ is only available to members who reside in Arizona, Nevada, and Pennsylvania 	<p>The Silver & Fit™ Fitness Program, designed specifically for Medicare beneficiaries, is a total health and physical activity program that is beneficial for Medicare-eligible persons on all fitness levels. Eligible members receive a basic fitness center membership at a contracted fitness center that includes all the amenities offered at that location.</p>
	<ul style="list-style-type: none"> • Humana Active Outlook® 	<p>Humana Active Outlook Program includes HAO Magazine, Life-Works-Member Assistance Program, and other health and wellness education materials.</p>
	<ul style="list-style-type: none"> • QuitNet® 	<p>A comprehensive smoking cessation service. Its features include the Customized QuitNet® Website, telephone counseling/coaching, the QuitNet® QuitGuide, and QuitTips e-mail support.</p>
	<ul style="list-style-type: none"> • HumanaFirst® 	<p>A toll-free 24-hour, 7 day a week medical information service staffed with specially trained registered nurses to assist in immediately answering questions on symptom related health conditions. Also available is an audio text library to access information on a variety of health topics.</p>
	<ul style="list-style-type: none"> • Meal Program - Meal program is not available to members who reside in Alaska or Hawaii 	<p>After your overnight stay in the hospital or nursing facility, you are eligible for 10 nutritious, precooked frozen meals delivered to your door at no cost to you. To arrange for this service, simply call 1-866-96MEALS (1-866-966-3257) after your discharge and provide your Humana member ID number, and other basic information. A representative will call you to schedule delivery and determine whether you're eligible for other community-based programs to help with rehabilitation or other needs.</p>

<p>CARE MANAGEMENT</p>	<ul style="list-style-type: none"> • Clinical Programs/Disease Management (3) 	<p><i>Case Management</i> Offers support to high-risk members during or immediately following a hospitalization. Nurses assess member for risks, opportunities to coordinate care, and provide support/guidance to optimize health outcomes. Additionally, Humana Cares care management combines both CM and DM to effectively manage the health needs of the most complex members.</p> <p><i>Chronic Condition Management</i> Humana's holistic complex care program, Humana Cares, provides care on a members-for-life model to the frailest members. This comprehensive model is considered "disease agnostic" in an effort to meet the specialized needs of Medicare members, who may have issues extending beyond physical, including financial, social, behavioral, environmental, and cognitive. A specialized program is also available for the specific needs of ESRD patients. Lower acuity members can receive support through the chronic conditions telephonic health coaching program.</p> <p><i>Transplant Management</i> Guides and coordinates the services and procedures involved with transplants, from initial diagnosis, through recovery; supports members for one year post transplant.</p> <p><i>Bariatric Management</i> Provides specialized guidance to Centers of Excellence, and provides coordinated bariatric surgery care, from evaluation through six months post surgery.</p> <p><i>Humana Achieve</i> <i>This holistic approach combines medical and behavioral support to improve mental health issues that could hinder the progression to better physical health.</i></p> <p><i>Health Coaching</i> Health coaching wellness programs are offered on three topics: chronic conditions, nutrition, and back pain. These programs use telephonic certified health coaches with educational print materials to encourage healthy behaviors and positive lifestyle change.</p>
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- (1) All coinsurance percentages are based on the Medicare fee schedule and not billed charges.
- (2) Emergency room copayment waived if admitted or if hospital is outside the U.S.
- (3) We have provided examples of various Health Education and clinical programs. Actual programs may vary by market.

The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. They are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Humana grievance process.

EXTRA SERVICES	• Complimentary & Alternative Medicine	The American WholeHealth network provides complimentary & alternative medicine discount services for Humana members and includes more than 25,000 practitioners.
	• EyeMed Vision Discount	EyeMed Vision Care provides all Humana members reduced rates through the discount program. Discounts include savings on eyewear, contact lenses, laser vision correction, and eye exams. The EyeMed program offers national access to over 48,000 eye care professionals, including private practice optometrists, ophthalmologists, and opticians. Humana members present their member ID card to the EyeMed provider at the time of service to receive their savings. Members can also access a printable discount card that can be presented at the time of service. There are no claims to file, no deductibles to meet, and no waiting for reimbursement. Savings are applied directly to the member's purchase.
	• HumanaDental Discount	The HumanaDental discount is easy to use. Visit Humana.com or call HumanaDental at 1-800-898-0371 (TTY: 711) to find a dentist in your area. The HumanaDental dentist will charge the negotiated fee, and you make the payment right after receiving services. Members residing in Florida have a similar dental discount program through CAREINGTON. Visit www.Unified.cidental.com or call 1-800-290-0523 for more information.
	• Hearing Aids and Care	Humana has teamed with TruHearing, HearUSA and Newport Audiology Hearing Centers to provide services and discounts that include savings of \$600 to \$2,700 off retail costs on state-of-the-art digital hearing aids, a free comprehensive hearing exam using the latest diagnostic equipment, and follow-up office visits. These vendors provide a return guarantee within 45 days of purchase plus a one-year warranty on lost or damaged instruments and a two-year limited product warranty.
	• Hearing Discount	You receive discounts for hearing aids and a free hearing screening at Beltone hearing care locations. Not available to members who reside in Illinois, Nevada, and Florida.
	• Lifeline® Medical Alert Systems	Humana has partnered with Lifeline® Medical Alert Systems to help you live a more independent, active life at home. You receive discounted rates on the installation of Lifeline CarePartners Home Communicator and lower monthly fees for monitoring services, provided 24-hours-a-day all year.
	• Nutritional Supplement Discount	You receive discounted prices on nutritional supplements available through HumanaMail. There is no charge for shipping and handling.
	• Over-the-Counter Discount	You receive discounted prices on over the counter health and wellness products available through HumanaMail. There is no charge for shipping and handling.

	<ul style="list-style-type: none"> Weight Management Discount (NutriSystem Silver™) 	<p>The goal of the NutriSystem Silver™ program is to help older Americans lose weight simply so they can enjoy vibrant, healthy lives. You get free membership and counseling, as well as free access to the NutriSystem community through our Website. When you sign up for the 28-Day NutriSystem Silver™ program, you get a free 30-day supply of Nutrihance® multivitamins and \$30 off every order you place through the program.</p>
	<ul style="list-style-type: none"> eHarmony.com Discount 	<p>The eHarmony environment is designed to help you meet compatible singles. After getting to know you through a detailed questionnaire, eHarmony does the searching for you and only presents you with matches that are pre-screened for compatibility with you. As a Humana Medicare member, you save 20% on a six-month eHarmony membership. Not available in Puerto Rico.</p>
	<ul style="list-style-type: none"> Roadside Assistance Discount 	<p>Through the Auto Assist Plus® 24-Hour Roadside Assistance Service, you and your spouse get comprehensive roadside assistance coverage in any owned vehicle you drive. Services include help with towing, flat tires, battery failure, lock-outs, and more at the Humana member-only price of \$49.90 per year -- a retail value of \$89. You can also enjoy savings on hotels, car rentals, and automotive services, at no additional cost.</p>
	<ul style="list-style-type: none"> Life Resources Assistance Program 	<p>Call 1-800-662-4074 where you will be assisted by a Humana Cares health educator. The health educator can assist you with a vast array of issues such as housing, safety, food stamps, subsidized housing information, preventive health services, mental health services, caregiver support groups, employment program services, transportation, meals, financial assistance, and much more! Contact your plan for details.</p>
	<ul style="list-style-type: none"> Pharmacy Discount - This is optional for all employers in 2012 	<p>Certain types of prescription drugs often are not covered by prescription drug plans. But if your doctor prescribes any of these drugs to you, the pharmacy discount service can make them more affordable. This discount program can save you an average of 20% or more for prescription medicines. These include drugs for weight loss, impotence, hair loss, and many other conditions. To see if a drug qualifies for the discount program, go to Humana.com and use the "prescription tools" section of MyHumana, or check your evidence of coverage booklet. All major pharmacy chains participate in this discount program, as well as many independent pharmacies, so it's easy to find a participating pharmacy near you.</p>

GENERAL LIMITATIONS AND EXCLUSIONS OF MEDICAL BENEFITS

Your benefits do not include the following, except as otherwise noted:

Abortions, except in cases of rape, incest or for life-endangering medical reasons.

Acupuncture

Ambulance service for nonemergency care to a physician's office, ambulance service for routine maintenance dialysis (unless medically necessary), ambulance service when another means of transportation could be used without endangering your health, or cost of air ambulance in excess of the amount payable for land ambulance when land ambulance would have sufficed.

Assisted suicide

Chiropractic services, except manual manipulation of the spine to correct a subluxation.

Clinical Trials are not covered under the Humana Group Medicare Plan, but are covered under Medicare. If you choose to be part of a Medicare-qualifying clinical trial, you may continue to receive any care unrelated to the clinical trial through the Humana Group Medicare Plan.

Custodial care/non-skilled nursing home care

Emergency services (as part of the emergency room benefit) that are non-authorized, and routine conditions that do not appear to a prudent lay person to be based on an emergency medical condition.

Experimental or investigational procedures, items and medications, as determined by Medicare; or Phase I and Phase II investigational treatments as outlined by the National Cancer Institute. When there is no Medicare national coverage policy or determination, we will, at our sole discretion, determine if a treatment is experimental or investigational.

Food allergy testing and treatment

Hearing Care, except what is covered under Medicare. Medicare-covered services are limited to diagnostic hearing exams and treatment when a medical problem is present.

Home health care services, including home health care blood transfusions, homemaker services, meals delivered to your home and nursing care on a full-time basis in your home, drugs and biologicals not covered by Medicare.

Hospice services in a Medicare-participating hospice are not covered under the Humana Group Medicare Plan, but are covered under Medicare. If you become eligible to enroll in a hospice program, you may continue to receive care unrelated to the terminal condition through the Humana Group Medicare Plan and you may also use a network physician as your hospice attending physician.

Hospital services for care and supplies not ordered by a physician, if such care and supplies would not be paid for under Medicare guidelines; convenience and personal care items which are billed separately such as telephone, television or radio; private duty nurses and a private room in a hospital, unless medically necessary.

Immunizations, except as outlined as a preventive care benefit.

Kidney dialysis

- Home dialysis services not covered include: dialysis aides services to assist in home dialysis; home dialysis blood or packed red cells unless administered by a network physician or a network physician personally directs its administration or it is needed to prime your dialysis equipment and wages lost to you and your dialysis assistant during self-training.
- Inpatient dialysis services not covered include inpatient hospital and skilled nursing facility costs when the stay is solely for maintenance dialysis.
- Outpatient dialysis services not covered include expenses for ambulance or other transportation from your home to a physician's office or a medical facility for routine maintenance dialysis and lodging costs during outpatient dialysis treatment.

Naturopath's services

Nursing care on a full-time basis in your home or private duty nurses

Orthopedic and therapeutic shoes, except if they are part of a leg brace or are for individuals with severe diabetic foot disease. Orthotics and custom-fitted inserts in shoes are not covered unless they are for individuals with severe diabetic foot disease.

Plastic, cosmetic, or reconstructive surgery, except when medically necessary as the result of an injury or tumor. Such surgery will also be covered if an objective physical impairment is present, which is defined as a direct measurable reduction of physical performance of an organ or body part. The presence of a psychological condition will not entitle you to coverage for plastic, cosmetic, or reconstructive surgery unless all other conditions are met. Breast reconstruction is only covered following a mastectomy.

Religious aspects of care provided in Religious non-medical healthcare institutions

Services for which you have other coverage, including military service-connected conditions as defined by the Veterans Administration for which care is received from the Veterans Administration by you or paid for you by the Veterans Administration. If you have Veterans Administration benefits, you may decide whether you will use those or the Humana Group Medicare Plan. However, the Humana Group Medicare Plan will not pay for services received from the Veterans Administration, services covered by another government program other than Medicare or Medicaid and services paid by workers' compensation, automobile liability insurance, employer group health plans, or any other type of insurance. The Humana Group Medicare Plan will become the secondary payer in cases such as workers' compensation, automobile liability, or other types of insurance.

Services performed by immediate relatives or members of your household, or services for which neither you nor another party acting on your behalf has a legal obligation to pay.

Skilled nursing facility if rehabilitation services or skilled nursing care are only required occasionally; or an inpatient stay is not necessary to receive the skilled rehabilitation services required; or the rehabilitation services no longer improve a condition or could be carried out by someone other than a skilled therapist; or care is custodial.

Surgical treatment of morbid obesity, except when determined medically necessary.

Therapeutic wigs

Transportation other than ambulance transportation

Vision Care, except what is covered under Medicare. Medicare-covered vision care is limited to one pair of standard eyeglasses or contact lenses after each cataract surgery, annual glaucoma screening if you are determined to be at high risk for glaucoma, and diagnosis and treatment of diseases and conditions of the eye.