

HEALTH PLAN

- 1. Network** – To find an CoverageFirst 1500 participating provider, visit www.humana.com, click on Find a Physician, enter city and state or zip code and then select the “**Humana/Choice Care PPO Network.**”
- 2. Newborns** - To add your newborn baby onto your health care plan, you must contact Benefits Administration within 30 days of the date of birth and NOT Humana.
- 3. Divorce** - If you get divorced, you must contact Benefits Administration within 30 days of the divorce date to remove your ex-spouse from your health care policy. If you do not contact Benefits Administration, it is considered a fraudulent act.
- 4. Pharmacies** - There are three University pharmacies where you can have your prescriptions filled. Two are located at the Miller School of Medicine. One is located at the Coral Gables campus. You can obtain a 90 day supply of medication at the three University pharmacies for three copays.
- 5. HumanaFirst** - If you are worried about your child’s mild fever at 3:00 AM, or have any medical questions, you can contact Humana First at 1-800-622-9529, 24 hours a day, 7 days a week. Not for use in emergency situations.
- 6. Blood Work** - LabCorp and Quest Labs are the preferred in-network lab for routine blood work. You can also be referred by a University of Miami Medical Group physician to UM Specialty labs, UMHC and ABLEH labs for non-routine and pre-operative laboratory procedures.

HUMANA CLAIM BILLING ISSUES

Faculty and staff receiving a bill for covered services from a Humana provider should do the following:

In-Network

1. Make a copy of your Humana ID card (front and back) and a copy of the bill. Send a copy of both to the provider who is sending you the bill. This will alert the provider to bill the insurance company. Provide an explanation of the issue.
2. Follow the same steps as in #1, but mail the information to the Humana claims address on the back of your Humana ID card. Provide an explanation of the issue.

Out-of-Network

1. Utilize the claim form located at www.miami.edu/benefits/forms or
2. Send Humana a copy of your Humana ID card and a copy of the itemized bill. When filing a claim you will need to provide all the information below:

- Member ID number
- Billed charges
- Procedure code(s)
- Patient date of birth (DOB)
- Diagnosis code(s)
- Provider name and address or provider tax ID number
- Indicate on the bill if the charges were paid by the member

Humana Claims Center
P.O. Box 14601
Lexington, KY 40512-4601

REPLACEMENT ID CARDS

Go online to www.humana.com and follow these steps:

On The Web

- Visit www.humana.com.
- Go to **MyHumana**.
- Under MyBenefits click on “order ID card” and one will be sent to you within 7 to 10 business days.

On The Phone

- Call 1-800-992-5780 between 8:00 AM to 6:00 PM, Monday through Friday.
- Identify yourself as a member and answer “ID Cards” when prompted.
- Provide your Social Security Number, date of birth, zip code and any further prompts.
- Access **MyHumana**, print your plan information and provide it as proof of coverage when you need medical care.

HEALTH PLAN

- Humana 800-992-5780
- University of Miami Behavioral Health (UMBH) 800-294-8642
- Bascom Palmer Eye Care Network (BPECN) Routine Vision Benefit 305-243-9999

PRESCRIPTIONS

- RightSourceSM Mail Order 800-379-0092

DENTAL PLAN

- Cigna (HMO-type) Group # 10086323 800-367-1037
- MetLife (Preferred Dentist Provider) Group # 1164281 800-438-6388

BENEFITS ADMINISTRATION HEALTH/DENTAL PLAN

- Employees with last name beginning with A - K 305-284-6832
- Employees with last name beginning with L - Z 305-284-2984
- Claims Administrator 305-243-8720

COBRA

(Medical/Dental insurance coverage after termination or leave of absence)

- Benefits Administration 305-284-6837

FLEXIBLE SPENDING ACCOUNTS

- Humana 800-604-6228

EMPLOYEE ASSISTANCE PROGRAM

- EAP Director 305-284-6604

WEB SITES

- Humana www.humana.com
- MyHumana www.myhumana.com
- CoverageFirst 1500 Plan Document www.miami.edu/benefits/pdf/cf1500.pdf
- Estimating Coinsurance Cost www.miami.edu/benefits/pdf/cost.pdf
- University of Miami Behavioral Health (UMBH) www.umbh.med.miami.edu
- Urgent Care Centers www.miami.edu/benefits/pdf/UrgentCare2007.pdf
- Employee Assistance Program www.miami.edu/eap
- Bascom Palmer Eye Care Network www.miami.edu/benefits/pdf/Optometrists.pdf
- Benefits Administration Forms www.miami.edu/benefits/forms

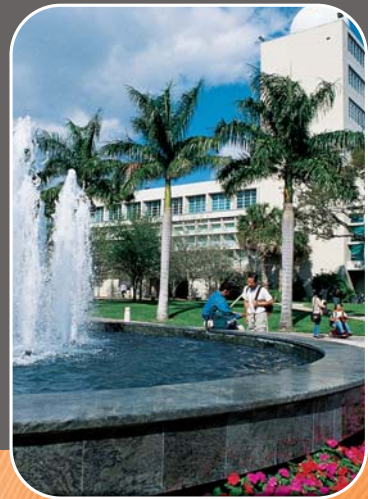


1507 Levante Avenue
Suite 131
Coral Gables, FL 33146
305-284-3004 Fax 305-284-4568

A BENEFITS ADMINISTRATION PUBLICATION

For informational purposes only. For specific plan benefit questions, please call Humana at 1-800-992-5780. Actual plan provisions will apply.

EMPLOYEE
DESK
REFERENCE



Know your
University of Miami
Health Care 2007
CoverageFirst 1500

DEDUCTIBLE, COINSURANCE AND OUT-OF-POCKET MAXIMUM

You may select any of Humana's PPO participating providers and facilities to receive your medical care. If you choose to receive your medical care from a participating PPO provider, you will be responsible for the PARTICIPATING PROVIDER deductible, coinsurance and out-of-pocket expenses. You have the option of selecting a provider (physician or facility) not participating in Humana's network. If you choose this option, you will be responsible for the NON-PARTICIPATING PROVIDER deductible, coinsurance and out-of-pocket expenses, including non-participating provider's balance billing. (see definition below for Balance Billing). The CoverageFirst 1500 plan - You and your family members begin the calendar year with a \$500 up front allowance. Your allowance pays for eligible in-network medical expenses, including preventive and routine medical care. The \$500 allowance does not apply to copays for mental and nervous benefits, Rx benefits, or non-participating providers.

Benefit	Participating Provider	Non-Participating Provider
Up Front Allowance	\$ 500	NA
Deductible		
Individual	\$ 1,500	\$ 3,000
Family	\$ 4,500	\$ 9,000
Coinsurance		
Where applicable	20 %	30 % or 40 %
Out-of-Pocket Maximum		
Individual	\$ 3,000	\$ 9,000
Family	\$ 9,000	\$ 27,000

DEFINITIONS

Coinsurance - The percentage of covered expenses based on the contracted Humana reimbursement rate you pay for services after your deductibles is met.
Co-payment (Co-pay) - The fixed amount you pay for in-network provider services.
Out-of-Pocket Maximum - When the amount of combined covered expenses paid by you and/or all your covered dependents (family) satisfies the out-of-pocket maximums, Humana will pay 100% of covered expenses for the remainder of the calendar year. There are separate out of pocket maximums for participating and non-participating providers. Copayments, deductibles and balance billings do not apply to the out-of-pocket maximums. Only coinsurance applies to out-of-pocket maximum.
Deductible - The dollar amount you must pay before the plan will pay for certain services. Co-payments do not apply to the deductible.
Maximum Allowable Fee - An amount determined by Humana to be the prevailing charge for the service. This amount is based on a national database, complexity of services, range of services and prevailing charge in the geographic area.
Balance Billing - Out-of-network providers bill patients for the balances remaining on the charges associated with services rendered, after the insurance reimbursement amount is paid. You are responsible for the difference between out-of-network billed charges and Humana's maximum allowable fee.

ROUTINE VISION BENEFITS

University of Miami healthcare members will be provided routine vision care (an annual eye examination) for a \$30 copay through a participating Bascom Palmer Eye Care Network (BPECN) optometrist. The BPECN is part of the University of Miami Medical Group (UMMG) and closely affiliated with the Bascom Palmer Eye Institute. The BPECN also includes optometrists from the South Florida community. A directory of BPECN optometrists is located at www.miami.edu/benefits/pdf/Optometrists.pdf. Call a BPECN optometrist directly to schedule a visit. Please note that eye wear (contacts, glasses) is not covered under this benefit. For more information, contact BPECN at 305-243-9999.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

University of Miami Behavioral Health (UMBH) provides mental health and substance abuse outpatient, inpatient and partial hospitalization care for University faculty, staff and dependents enrolled in a UM Humana health care plan. For referrals to a UMBH network provider contact 1-800-294-8642, Monday through Friday, 8:30 AM through 5:00 PM. There is a \$20 copay for individual therapy. Members may consult first with the University of Miami's Employee Assistance Program (EAP) (305-284-6604). The EAP will assess, suggest treatment and recommend a provider. With the member's permission, the EAP will assist in obtaining authorization for treatment from UMBH.

	Participating Provider	Non-Participating Provider (a)
Upfront Allowance per member/per calendar year	\$500	NA
PRIMARY CARE (PCP)		
Office Visit	\$ 20	30% after deductible
Pediatric	\$ 20	30% after deductible
Preventive Care (b) (includes routine physical exams, well-baby and well-woman care)	\$ 0	30% after deductible
SPECIALTY CARE (SPEC)		
Office Visit	\$ 35	30% after deductible
EMERGENCY SERVICES (c)		
Emergency Room (waived if admitted)	\$ 100 after deductible	30% after deductible
Urgent Care Facility	\$ 35 after deductible	30% after deductible
MATERNITY CARE		
First OB Prenatal Visit	\$ 35	30% after deductible
All Other Prenatal Visits	\$ 0	30% after deductible
Hospital Inpatient	see Hospital Services below	
OUTPATIENT SURGERY (d)		
Facility	\$ 100 after deductible	30% after deductible
Physician	\$ 0 after deductible	40% after deductible
OUTPATIENT THERAPEUTIC SERVICES CHEMOTHERAPY AND RADIATION		
Treatments	\$ 0 after deductible	40% after deductible
OUTPATIENT DIAGNOSTIC LAB & X-RAY (includes High End MRI, MRA, CT, PET)		
Facility	\$ 0 after deductible	40% after deductible
Physician	\$ 0 after deductible	40% after deductible
REHABILITATION SERVICES (MAXIMUM 60 VISITS COMBINED PER CALENDAR YEAR)		
Physical Therapy	20% after deductible	40% after deductible
Speech Therapy	20% after deductible	40% after deductible
Occupational Therapy	20% after deductible	40% after deductible
INPATIENT HOSPITAL SERVICES (e)		
Hospital Inpatient	\$ 150 per day for 5 days to a maximum of \$750, after deductible	30% after deductible
OUT-OF-POCKET MAXIMUM		
Individual	\$ 3,000	\$ 9,000
Family	\$ 9,000	\$ 27,000

NOTES:

- (a) Services by Non-Participating Providers are subject to balance billing for charges exceeding the maximum allowable fee.
- (b) See U Matter Wellness Initiative section for preventive care services available at no cost to the member.
- (c) "True emergencies" are paid at the participating provider copay after in-network deductible. If the emergency is not a "true emergency" and the service is received at an out-of-network provider, you will have to pay the applicable coinsurance and deductible. A "true emergency" is defined as a condition which places the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.
- (d) Includes anesthesia, operating room & recovery room, supplies, surgeon's fees and other required tests.
- (e) Includes semi-private room & board, and all other required services.

Rx4	RxIMPACT
<ul style="list-style-type: none"> • Level 1 \$10 • Level 2 \$35 • Level 3 \$55 • Level 4** **25% coinsurance to a maximum of \$2,500 per individual per calendar year.	Plan pays specific benefit amount allowance to participating pharmacy for prescription or refill, member pays balance up to \$100 per prescription with an annual out-of-pocket maximum of \$2,500 for prescription drugs in Groups A, B, and C. There is no limit on your cost for each prescription drug or for the plan year in Group D.
	Four groups with different benefit amount allowances: A = \$40, B = \$30, C = \$20, D = \$5 Member pays a variable amount instead of a fixed copay.

HUMANA'S MAIL SERVICE PHARMACY BENEFIT - RIGHTSOURCE SM

Healthcare members with Rx4 may get a 3 month supply of maintenance medications for 2 1/2 copays via the Mail Service Pharmacy Benefit. For healthcare members with RxImpact, three allowances are applied to the mail order benefit.

HUMANA MAIL SERVICE PHARMACY TIPS

- Complete the RightSourceSM registration form located at www.miami.edu/benefits/forms.
- New prescriptions must be mailed to the mail service pharmacy or faxed from your doctor's office on the RightSource fax form located at www.miami.edu/benefits/forms.
- For long-term medications you need right away: ask your doctor for two prescriptions –one for a small supply to fill at a participating retail pharmacy and one for a long-term supply to fill through the mail.
- Most orders are shipped by U.S. Postal Service.
- Refills may be obtained via phone, mail or internet.
- Make checks payable to RightSource. Credit Cards are accepted.
- RightSource customer service hours: Monday - Friday, 8:30 AM to 7 PM, Saturday, 9 AM to 1 PM.

If you have any questions, you may contact a RightSourceSM representative at 1-800-379-0092.

UMATTER WELLNESS INITIATIVES



To assist with important preventive care, the following services are available at no cost to the member:

Routine Physical/Labs	1 time per year after age 16
Routine Immunizations	Visit www.miami.edu/benefits for vaccine guidelines
HPV Vaccine	Series of three doses for females age 9 -26
Well Child Care	Up to age 16
Well Woman Exam	1 time per year after age 16
Breast Cancer Screening	Mammogram every 1 to 2 years beginning at age 40
Cervical Cancer Screening	Pap test after age 21 at latest, then every 3 years after age 30 if three negative results in a row
Prostate Cancer Screening	PSA (prostate specific antigen) and DRE (digital rectal examination) annually after age 45
Osteoporosis Screening	Beginning at age 60 every two years
Colorectal Cancer Screening	Annual FOBT (fecal occult blood test), (age 50 and over) Flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, double barium enema every 5 years

NOTE:

- 1) The guideline above assumes you have no symptoms or diagnosis of an illness or disease. If you have symptoms or a diagnosis of a disease or illness, your provider may make other recommendations. Additional tests outside the guideline are subject to copays and coinsurance cost.
- 2) If appropriate, those with risk factors may be screened earlier and more frequently subject to copays and coinsurance cost.