

Medical Benefit Highlights <i>Effective January 1, 2002</i> <i>Revised: August 1, 2008</i>	<i>Custom Network</i> SHANDS Facilities, UF Faculty Physicians, Shands Employed and Contracted Physicians	HUMANA Choice Care + Network	Non- Network Providers All Other Providers*
Lifetime Maximum	5 Million		
Calendar Year Deductible Individual/Family	None	\$1000 / \$2000	\$1000 / \$2000
Calendar Year Maximum Coinsurance/Copay Maximum Ind/Family	N/A	\$2,500/\$5,000	\$5000* / \$10,000*
HOSPITAL			
Inpatient & Outpatient	100%	80% Coinsurance No Deductible	Deductible 60% Coinsurance
Hospital Emergency Room	100%	80% Coinsurance No Deductible	80% Coinsurance No Deductible
Urgent Care Center	100%	100% after \$30 Copay	80% Coinsurance No Deductible
Pre-Admission Testing	100%	80% Coinsurance No Deductible	60% Coinsurance No Deductible
PHYSICIAN			
Emergency Room	100%	80%	80%
Office Visit- Outpatient	100%	\$30 Copay	Deductible & 60% Coinsurance
Preventive - Adult	\$500	80% up to \$500	
Well Child Care- (thru age 25)	100%	100% after \$30 Copay	80% Coinsurance No Deductible
Inpatient Primary & Specialist- (Including Pathologist, Anesthesiologist, Radiologist)	100%	80% Coinsurance No Deductible	Deductible & 60% Coinsurance
Surgeons, Asst. Surgeons	100%	80% Coinsurance No Deductible (Office Surgery \$30 Copay)	Deductible & 60% Coinsurance
Pathologist & Radiologist- Outpatient	100%	\$30 Copay	80% Coinsurance No Deductible
ALL OTHER SERVICES			
Mammogram	100%	80% Coinsurance No Deductible	80% Coinsurance No Deductible
Facility (Non-Hospital) Diagnostic Lab & X-ray & Imaging	100%	80% Coinsurance No Deductible	60% Coinsurance No Deductible
Durable Medical Equipment (Pre-cert over \$2000)	N/A	80% Coinsurance No Deductible	60% Coinsurance No Deductible
Therapy: (Clinical Facility) Physical, Speech, Respiratory, Occupational, Chemotherapy & Radiation	100%	80% Coinsurance No Deductible	Deductible & 60% Coinsurance
Therapy (Office): Physical, Speech, Respiratory, Occupational	100%	100% after \$30 Copay	Deductible & 60% Coinsurance
MENTAL HEALTH			
Inpatient Facility	As any other Illness	As any other Illness	As any other Illness
Inpatient -Physician (includes Partial Hosp.-90 Days)	100%	80% Coinsurance No Deductible	Deductible & 60% Coinsurance
Outpatient - Physician Limited to 52 visits per Calendar Year	100%.	80% Coinsurance No Deductible	80% Coinsurance No Deductible
Substance Abuse:	Benefits duplicate that of Mental Illness	Benefits duplicate that of Mental Illness	Benefits duplicate that of Mental Illness
PRESCRIPTION DRUGS			
		Humana Pharmacy	
RX Retail 30 day supply		\$20 Generic/ \$40 Brand	
Mail Order 90 day supply		\$20 Generic/ \$40 Brand	

The above summary highlights is an exhibit only and is not the plan document, it does not include all benefits, limitations and exclusions of the plan. Detailed benefits are supplied in the Summary Document via our website: <http://www.med.ufl.edu/benefits/>

*Charges above the contracted rates will be the responsibility of the member.