

2014

Summary of Benefits Extra Services and Programs

Humana Enhanced (PDP)

State of New York



Humana®

2014

Summary of Benefits

Humana Enhanced (PDP)
S5552-003

State of New York

Humana®

Section I – Introduction to Summary of Benefits

Thank you for your interest in Humana Enhanced (PDP). Our plan is offered by HUMANA INSURANCE COMPANY OF NEW YORK, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Humana Enhanced (PDP) and ask for the "Evidence of Coverage."

You Have Choices In Your Medicare Prescription Drug Coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Humana Enhanced (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How Can I Compare My Options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Humana Enhanced (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where Is Humana Enhanced (PDP) Available?

The service area for this plan includes: New York. You must live in this area to join this plan.

Who Is Eligible To Join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private Fee-for-Service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

Where Can I Get My Prescriptions?

Humana Enhanced (PDP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

Humana Enhanced (PDP) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copayment or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.humana.com/Medicare/medicare_prescription_drugs. Our customer service number is listed at the end of this introduction.

What If My Doctor Prescribes Less Than A Month's Supply?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand and generic drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copayment (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copayment for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

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Does My Plan Cover Medicare Part B Or Part D Drugs?

Humana Enhanced (PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies associated with the delivery of insulin that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

What Is A Prescription Drug Formulary?

Humana Enhanced (PDP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at

http://www.humana.com/medicare/medicare_prescription_drugs/medicare_drug_tools/medicare_drug_list/.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What Should I Do If I Have Other Insurance In Addition To Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Humana Enhanced (PDP). Get this information before you decide to enroll in this plan.

How Can I Get Extra Help With My Prescription Drug Plan Costs Or Get Extra Help With Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

What Are My Protections In This Plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Program. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Humana Enhanced (PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have

Section I (continued)

the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Humana Enhanced (PDP) for more details.

Where Can I Find Information On Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you can find the Plan Ratings information by using the "Find health & drug plans" web tool on medicare.gov to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Humana Insurance Company of New York for more information about Humana Enhanced (PDP).

Visit us at **<http://www.humana-medicare.com>** or, call us:

Customer Service Hours for October 1 - February 14: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
8:00 a.m. - 8:00 p.m. Eastern

Customer Service Hours for February 15 - September 30: Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. -
8:00 p.m. Eastern

Current and Prospective members should call toll-free **(800)281-6918 (TTY/TDD 711)**

Current and Prospective members should call locally **(800)281-6918 (TTY/TDD 711)**

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit <http://www.medicare.gov> on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento podría estar disponible en un idioma diferente del inglés. Si desea información adicional, comuníquese con el Departamento de Atención al Cliente al número telefónico indicado arriba.

Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Enhanced (PDP)
Outpatient Prescription Drugs	<ul style="list-style-type: none"> Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. 	<p><u>Drugs covered under Medicare Part D</u></p> <p><u>General</u></p> <ul style="list-style-type: none"> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.humana.com/medicare/medicare_prescription_drugs/medicare_drug_tools/medicare_drug_list/ on the web. Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> have limited incomes, live in long term care facilities, or have access to Indian/Tribal/Urban (Indian Health Service) providers. \$52.50 monthly premium Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). Total yearly drug costs are the total drug costs paid by both you and a Part D plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Humana Enhanced (PDP) for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. The plan charges a minimum cost sharing amount for certain low-cost drugs. If you request a formulary exception for a drug and Humana Enhanced (PDP) approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug. <p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 deductible. <p><u>Initial Coverage</u></p> <ul style="list-style-type: none"> You pay the following until total yearly drug costs reach \$2,850:

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BENEFIT	ORIGINAL MEDICARE	Humana Enhanced (PDP)
		<p><u>Retail Pharmacy</u></p> <ul style="list-style-type: none"> • Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. • You can get drugs from a preferred and non-preferred pharmacy the following way(s): • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$2 copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$6 copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$6 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$18 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> – \$5 copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$15 copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$10 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$30 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> – \$42 copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$126 copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$45 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$135 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$92 copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy

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Section II - Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Enhanced (PDP)
		<ul style="list-style-type: none"> – \$276 copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$95 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$285 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy <u>Long Term Care Pharmacy</u> <ul style="list-style-type: none"> • Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. • You can get drugs the following way(s): • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$6 copayment for a one-month (31-day) supply of drugs in this tier • <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> – \$10 copayment for a one-month (31-day) supply of drugs in this tier • <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> – \$45 copayment for a one-month (31-day) supply of drugs in this tier • <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$95 copayment for a one-month (31-day) supply of drugs in this tier • <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (31-day) supply of drugs in this tier <u>Mail Order</u> <ul style="list-style-type: none"> • Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. • You can get drugs from a preferred and non-preferred mail order pharmacy the following way(s): • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$2 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$0 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$6 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.

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If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

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BENEFIT	ORIGINAL MEDICARE	Humana Enhanced (PDP)
		<ul style="list-style-type: none"> – \$18 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> – \$5 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$0 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$10 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. – \$30 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> – \$42 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$116 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$45 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. – \$135 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$92 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$266 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$95 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. – \$285 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.

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BENEFIT	ORIGINAL MEDICARE	Humana Enhanced (PDP)
		<p><u>Coverage Gap</u></p> <ul style="list-style-type: none"> After your total yearly drug costs reach \$2,850, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 47.5% for the plan's costs for brand drugs and 72% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,550. <p><u>Additional Coverage Gap</u></p> <ul style="list-style-type: none"> The plan covers few formulary brands (less than 10% of formulary brand drugs) through the coverage gap. The plan offers additional coverage in the gap for the following tiers. You pay the following: <p><u>Retail Pharmacy</u></p> <ul style="list-style-type: none"> Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> \$42 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a preferred pharmacy \$126 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a preferred pharmacy \$45 copayment for a one-month (30-day) supply of certain drugs covered within this tier at a non-preferred pharmacy \$135 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a non-preferred pharmacy Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> \$92 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a preferred pharmacy \$276 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a preferred pharmacy \$95 copayment for a one-month (30-day) supply of certain drugs covered within this tier at a non-preferred pharmacy \$285 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a non-preferred pharmacy Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. <p><u>Long Term Care Pharmacy</u></p> <ul style="list-style-type: none"> Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. <u>Tier 3: Preferred Brand</u>

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If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

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BENEFIT	ORIGINAL MEDICARE	Humana Enhanced (PDP)
		<ul style="list-style-type: none"> – \$45 copayment for a one-month (31-day) supply of certain drugs covered within this tier • <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$95 copayment for a one-month (31-day) supply of certain drugs covered within this tier Mail Order <ul style="list-style-type: none"> • Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. • <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> – \$42 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy – \$116 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy – \$45 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy – \$135 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$92 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy – \$266 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy – \$95 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy – \$285 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • Please contact the plan for a complete list of drugs covered through the gap. Catastrophic Coverage <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: <ul style="list-style-type: none"> – 5% coinsurance, or – \$2.55 copayment for generic (including brand drugs treated as generic) and a \$6.35 copayment for all other drugs. Out-of-Network <ul style="list-style-type: none"> • Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the

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BENEFIT	ORIGINAL MEDICARE	Humana Enhanced (PDP)
		<p>pharmacy's full charge for the drug and submit documentation to receive reimbursement from Humana Enhanced (PDP).</p> <ul style="list-style-type: none"> You can get out-of-network drugs the following way: <p><u>Out-of-Network Initial Coverage</u></p> <ul style="list-style-type: none"> You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,850: <ul style="list-style-type: none"> <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> \$6 copayment for a one-month (30-day) supply of drugs in this tier <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> \$10 copayment for a one-month (30-day) supply of drugs in this tier <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> \$45 copayment for a one-month (30-day) supply of drugs in this tier <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> \$95 copayment for a one-month (30-day) supply of drugs in this tier <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> 33% coinsurance for a one-month (30-day) supply of drugs in this tier You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. <p><u>Out-of-Network Coverage Gap</u></p> <ul style="list-style-type: none"> You will be reimbursed up to 28% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s). You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s). <p><u>Additional Out-of-Network Coverage Gap</u></p> <ul style="list-style-type: none"> You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following: <ul style="list-style-type: none"> <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> \$45 copayment for a one-month (30-day) supply of certain drugs covered within this tier <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> \$95 copayment for a one-month (30-day) supply of certain drugs covered within this tier <p><u>Out-of-Network Catastrophic Coverage</u></p> <ul style="list-style-type: none"> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of: <ul style="list-style-type: none"> 5% coinsurance, or

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If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

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BENEFIT	ORIGINAL MEDICARE	Humana Enhanced (PDP)
		<ul style="list-style-type: none">– \$2.55 copayment for generic (including brand drugs treated as generic) and a \$6.35 copayment for all other drugs.• You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.

Section III – About Your Plan

This section further explains some of the benefits of our plan. To get a complete list of benefits, limitations, and exclusions, call Humana and ask for the “Evidence of Coverage.”

Humana Enhanced (PDP)

Enrollment Limitations

- Eligible individuals can enroll in only one Medicare Prescription Drug Plan (PDP) at a time.
- You can't enroll in a Medicare Advantage Plan HMO or PPO and a stand-alone PDP at the same time.
- You can enroll in a Private-Fee-For-Service (PFFS) plan and a stand alone PDP. However, you can't do so if the PFFS plan already has a prescription drug benefit attached.

Formulary Description

- **Tier 1 – Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for this plan
- **Tier 2 – Non-Preferred Generic:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic drugs
- **Tier 3 – Preferred Brand:** Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred Brand drugs
- **Tier 4 – Non-Preferred Brand:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs
- **Tier 5 – Specialty Tier:** Some injectables and other high-cost drugs

Days' Supply Available

Unless otherwise specified, you can get your Part D medicine in the following days' supply amounts:

- One-month supply (up to 30 days)*
- Two-month supply (31 – 60 days)
- Three-month supply (61 – 90 days)

*Long Term Care Pharmacy (one month supply = 31 days)

Specialty Drugs

Regardless of tier placement, Specialty drugs are limited to a one-month supply.

Coverage Gap Cost Shares

- Humana Enhanced (PDP) provides coverage for select brand medications in Tiers 3 and 4 in the gap. Your cost shares for these medications will remain the same as during Initial Coverage.
- Please refer to Section II of this Summary of Benefits for details.

Limit Out-of-Pocket Costs by using Preferred Pharmacies

- **Preferred Mail Order Pharmacy: \$0 Tier 1 and Tier 2 Medications for a 90 day supply.**
With Humana Enhanced (PDP), you pay nothing for a 90 day supply of Tier 1 and Tier 2 medications when filled by **RightSource**. **RightSource**, Humana's mail-order pharmacy, is your plan's preferred mail-order pharmacy for Part D maintenance and specialty drugs. To find out more about **RightSource**, call **1-855-255-9310**.

Other pharmacies are available in our network.

- **Preferred Retail Pharmacy: \$2 Tier 1 Preferred Generic Medications**
With Humana Enhanced (PDP), you pay **\$2** for Tier 1 Preferred Generics when filled at Walmart or Walgreens pharmacies.
- **Preferred Retail Pharmacies**
Using preferred retail pharmacies will minimize your out-of-pocket costs. Humana has both preferred and non-preferred retail pharmacies in its network. If you get your prescription(s) filled at a non-preferred retail pharmacy, your cost-share (per 30-day supply) may increase. **

**Will not apply to low income subsidized beneficiaries.

2014

Value-Added Items and Services

Humana Enhanced (PDP)
S5552-003

State of New York

Humana®

S5552003VAS14

Value-Added Items and Services for Humana

Humana offers deals that let you get items and services for less. The following pages tell you how you can save. To get some of the discounts, you may need to show your Humana member ID card or the discount card from this booklet.

For information or if you have questions, please call us at **1-800-457-4708**. If you use a TTY, call **711**. You can call us 7 days a week, from 8 a.m. to 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 to Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day. For 24-hour service you can visit us at **Humana.com**.

- The products and services described on the following pages are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Humana grievance process. If you do not wish to receive information concerning value-added items and services available with the plan, please contact Humana.
- Humana is not responsible for the performance or non-performance of any vendor or any product warranties. Humana is not responsible for payment of nor rebilling for these transactions. The sale transaction is solely between yourself and the vendor.

If you're unhappy with any of these items or services, we'd like to know about it. Please call **1-800-457-4708**, seven days a week, 8 a.m. - 8 p.m. If you use a TTY, call **711**.

HumanaDental® Discount

You can save on dental care with HumanaDental. Just see a HumanaDental dentist or specialist. The discount will be taken off your bill.

How it works

Simply choose a HumanaDental dentist. Call to make an appointment. Cut out the HumanaDental discount card on the last page of this booklet. Show the dentist your Humana member ID card and the dental discount card when you go in. The dentist will give you the discount. He or she will tell you if you pay then or wait for a bill. You don't need to send a claim form to HumanaDental.

Contact information

To find a dentist or specialist near you, visit **Humana.com**. Call HumanaDental at **1-800-898-0371**, Monday - Friday, 8 a.m. - 6 p.m. in your time zone. If you use a TTY, call **1-800-325-2025**, Monday - Friday, 8 a.m. - 6 p.m. in your time zone.

- The HumanaDental program does not replace any other dental coverage.
- If your dentist leaves the network, you'll need to find another dentist in the HumanaDental network. Not all types of dentists may be in your area.
- If you have questions or concerns about the care you got from a Humana dentist, call Customer Care at the number on your Humana member ID card.
- If you already started dental work before joining Humana, you can't get the discount.
- Procedures not contracted with the dentist or contracted at the dentist's normal fee are not subject to a discount.

TruHearing's Discount Hearing Program

As a Humana member, you have access to discounts and services from TruHearing. Discounts and services are applied when you buy your hearing aid. You must call TruHearing and schedule an appointment in order to get the discount. Please check with TruHearing for locations and available discounts in your area.

How the discount works

Call TruHearing toll free at **1-877-379-4530** to schedule an appointment with the nearest TruHearing Provider, and to get the following discounts and services:

- More than 3,000 providers nationwide.
- 100 percent digital hearing aids using the latest technology from several manufacturers.
- TruHearing's MemberPlus Program preferred prices**
- No membership fees. The regular \$108 membership fee is waived for all Humana primary memberships through the end of 2014.
- The MemberPlus Program benefits and pricing are:
 - \$695 for one Basic (100 percent digital, 4-6 channels, 2-3 memories) (reduced from \$995)
 - \$895 for one Medallion (100 percent digital, 6-9 channels, 2-3 memories, voice processing, feedback detection, noise reduction, blue tooth compatible) (Reduced from \$1495)
 - \$1095 for one Gold (100 percent digital, 12-16 channels, 3-5 memories, feedback detection, 6 compression areas, advanced noise reduction, speech preservation, blue tooth compatible, etc.) (Reduced from \$1995)
 - \$1,395 for one Ultra (100 percent digital, 16+ channels, auto environment with 5 memories, premium noise reduction, speech preservation, blue tooth compatible, etc.) (Reduced from \$1995)

Similar savings on over 100 MemberPlus Program hearing aids, in more than 420 styles, and these services:

- \$300 - \$1100 per aid savings on all TruHearing MemberPlus Program aids
- Fitting, programming and three adjustment visits included with each hearing aid purchase
- Batteries (48 cells per aid) included with each hearing aid purchase
- 45 day trial period and money back guarantee on the purchase of hearing aids
- Manufacturer's three-year warranty

- Manufacturer's three-year coverage for a one time loss or damage (replacement fee paid to manufacturer)
- Unlimited warranty and follow-up service visits at no more than \$35 per visit; and no more than \$65 per visit for broader services, such as reprogramming, in-office repairs, etc.

TruHearing also provides additional discounts for current hearing aid Humana members (no purchase of a hearing aid from TruHearing is required), including discounted pricing on batteries (\$67 for 120 batteries shipped for free to your home).

**The above prices are fixed to the patient and don't vary for a different size or model of hearing aids within the class (Basic, Medallion, or Ultra). For example, within the Medallion class, the Medallion is priced the same for a Completely in the Canal (CIC) model, as opposed to any larger size such as a Behind the Ear (BTE) hearing instrument. The full Program, available to all members, has a broader range of instruments and pricing available at similar discounts; instruments and pricing are updated periodically to include advancements in technology.

This discount cannot be used in addition to any Humana hearing benefit plan.

HearUSA's discount hearing program

As a Humana member, you have access to discounts and services from Humana's national hearing aid providers, HearUSA. Discounts and services are applied when you buy your hearing aid. You must call HearUSA to schedule an appointment in order to get the discount. Please check with HearUSA for locations and available discounts in your area. Florida has an exclusive agreement with HEARx/HearUSA.

How the discount works HearUSA

Call HearUSA toll-free at **1-800-442-8231** or use the TTY number **1-888-300-3277**, to make an appointment with the nearest provider. Your appointment must be scheduled by HearUSA to make sure you get the discount.

- HearUSA has the only accredited hearing care network with more than 2,500 providers nationwide.
- Humana members get these benefits:
 - All-digital hearing aids from several manufacturers
 - Prices range from \$995 – \$2,500 per hearing aid (up to a **40 percent** savings)
 - Free two-year supply of batteries (up to 96 cells)
 - Comprehensive three-year warranty, including loss and damage*
 - In-office service at no charge for the life of the hearing aids
 - 60-day money-back guarantee
 - No interest financing may be available
- A **20 percent** discount on accessories and assistance products is also available. Just call **1-800-432-7872** (TTY: **1-888-300-3277**) Monday - Friday, 8:30 a.m. - 8:30 p.m. Eastern time.

*Loss and damage claims limited to one per hearing aid and a deductible applies.

Hearing aid	Average retail	HearUSA price
Premium	\$4200	\$2500
Advanced	\$2800	\$1995
Mid-level	\$1943	\$1600
Value	\$1575	\$1300
Basic	\$1269	\$995

This discount cannot be used in addition to any Humana hearing benefit plan.

Beltone

As a Humana member, you can join the Beltone/Humana Hearing Care Program. You must call the provider to make an appointment to receive the discount.

How the discount works

Call Beltone to schedule an appointment to receive the discount.

Humana Hearing Care Discount Program – 2014 Summary

Retail price each	\$2,495	\$1,995	\$1,495	\$995
Beltone products	Promise 9, True 17, Prime Plus	Promise 6, True 9, Prime	True 3, Origin 3, Force	Origin 2, Turn
Category	Premier	Advanced	Quality	Basic
Lifestyle/ environments	Quiet Home Activities, Conversation (one Person), Conversation (Small Group), Meetings, Church Gatherings, Quiet Restaurant, Large Social Gatherings, Shopping / Public Places, Large Party or Busy Restaurant, Sporting Events	Quiet Home Activities, Conversation (one Person), Conversation (Small Group), Meetings, Church Gatherings, Quiet Restaurant	Quiet Home Activities, Conversation (one Person), Conversation (Small Group), Meetings	Quiet Home Activities, Conversation (one Person), Conversation (Small Group)

- Set discounted prices, up to **59 percent** off suggested retail price
- Free three-year product warranty
- Free three-year loss and damage coverage with no deductible
- Free two-year supply of hearing aid batteries (96 cells)
- 45-day money back guarantee
- BelCare™ Benefits Plan, including: Lifetime Care service at any Beltone location
- No-interest financing available with approved credit
- Nationwide network of Beltone hearing care centers
- No annual membership fees

Contact information

To get more information, or for your nearest provider location, call Beltone at **1-800-BELTONE**, Monday - Friday from 8 a.m. - 8 p.m. Eastern time, or go online at www.beltone.com. If you use a TTY, call **711**. You can call seven days a week from 8 a.m. - 8 p.m. Our phone system may answer your call on Saturdays, Sundays, and some public holidays. Just leave a message and select the reason for your call from the automated list. We'll call back by the end of the next business day. Please have your Humana member ID card handy when you call.

Complementary and Alternative Medicine

Complementary and alternative medicine (CAM) services include chiropractic, acupuncture, and massage. As a Humana member, you can get these services at a discount through the **Healthways WholeHealth Network** (HWHN). This network has more than 35,000 practitioners.

Services include:

- **Acupuncture** - A trained professional uses very thin needles on different parts of the body. Needles are put just deep enough into the skin to keep them from falling out and are usually left in place for a few minutes. Acupuncture can be used to treat conditions such as pain, stomach problems, headaches, and more.
- **Massage** - A massage therapist uses hands and fingers to rub, press, and move your skin and muscles. A massage can relax and energize you and help heal muscles after an injury.
- **Chiropractic** - A chiropractor checks for problems in your spine and fixes them by using hands to adjust the spine, joints, and muscles.

How the discount works

You don't need a referral to visit a practitioner in the HWHN network. You may see HWHN providers as often as you like – but you should talk with your primary care doctor about any treatment you're thinking about getting. If you're already seeing CAM professionals who are not on the HWHN list, you can ask to have them added to the network.

To get your discount, simply show the provider the discount card, which you can print from **Humana.com**, or show the provider your Humana member ID card.

Contact information

For details about the program, go to the CAM website from **Humana.com**. Once you log in to MyHumana, go to:

- Health & Wellness
- SavingsCenter, then select “Alternative Medicine”
- Scroll down to the middle part of the screen and click the link “Find an alternative medicine provider”

To find a provider in your area, visit the HWHN website at **<http://humana.wholehealthmd.com>** or call **1-866-430-8647**, Monday - Friday, 8:30 a.m. - 8 p.m. Eastern time. If you use a TTY, call **711**, Monday - Friday, 8:30 a.m. to 8 p.m. Eastern time.

Prescription medicine discount

Certain prescription medicines are not covered by Medicare prescription drug plans. As a Humana member, you can get discounts on some prescription medicines that you get from the drug store. Use this discount for prescriptions Medicare won't pay for.

How the discount works

Show your Humana member ID card at participating pharmacies when you buy non-covered prescription medicines. Depending on the medicine purchased, quantity limits may apply. Most pharmacy chains and many independent pharmacies will give you a discount. Discounts can vary greatly, please check with your pharmacy to ensure you are getting the best available discount.

Contact information

To find out if a pharmacy will give you a discount, call Customer Care using the number on the back of your Humana member ID card. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 to Sept. 30. Please leave your name and telephone number, and we'll call back by the end of the next business day. Please have your Humana member ID card available when you call. For 24-hour service, you can visit us at **Humana.com**.

Vision Discount Program

You can get this program through EyeMed® Vision Care. Taking care of your vision is important to your overall health and well-being. With the vision discount program, it's easy to care for your eyes. You can also save on your eyewear needs. You have access to the extensive EyeMed network of 40,000 providers across the country. They are at about 20,000 locations. Some of them are companies that you know and trust. These include LensCrafters®, Pearle Vision®, Sears Optical, Target Optical, and JCPenney™ Optical. The program includes the following services:

- Exam with dilation (if necessary) - **\$5 off** routine exam; **\$10 off** contact lens exam.
- Frames - **40 percent off** retail price on most frames.
- Lenses - fixed prices for lenses and lens options.
- Contact Lenses - **15 percent off** retail price for non-disposable contact lenses.
- Laser VisionCorrection (LASIK or PRK)* - **15 percent off** retail price or **5 percent off** promotional price.

How the discount works

You can get a discount on services you get from providers in the EyeMed Select network. Find an EyeMed provider by visiting **Humana.com** > Find a doctor > on the right side under Provider Search click on EyeMed Vision Care. You can also call EyeMed at **1-866-392-6056**. Once you choose a provider, call and set up your appointment. Make sure to tell them you have the EyeMed discount through Humana.

Clip out the EyeMed Vision discount card from the last page of this booklet. Show the card when you go to your appointment. The EyeMed provider will take care of the rest. You won't need to submit a claim. Since this is a discount offer, your ID, name, and address are not in EyeMed's files.

If you lose your discount card, just tell your provider you're a Humana member with the EyeMed discount.

Contact information

To choose a participating EyeMed Select provider, visit **Humana.com**. You can also call EyeMed's provider locator service at **1-866-392-6056**, Monday - Saturday, 7:30 a.m. - 11 p.m., and Sunday, 11 a.m. - 8 p.m. Eastern time. If you use a TTY, call **1-866-308-5375**, Monday - Friday, 8 a.m. - 5 p.m. Eastern time.

* LASIK or PRK vision correction is a procedure you choose to have done. It isn't needed for medical reasons. It is performed by specially trained providers. You may not always be able to get this discount from a provider near you. For a location near you and the discount authorization, please call **1-877-5LASER6 (1-877-552-7376)**, Monday - Friday, 8 a.m. - 8 p.m., and Saturday, 9 a.m. - 5 p.m. Eastern time. If you use a TTY, call **1-866-308-5375**, Monday - Friday, 8 a.m. - 5 p.m. Eastern time.

Nutrisystem® Discount

For over 40 years, Nutrisystem has been helping people lose weight in order to live healthier, happier lives. Nutrisystem programs are the perfect choice for safe and effective weight loss. They are low calorie, low sodium foods that are high in fiber and protein to help keep you feeling full. Nutrisystem is based on the proven science of the Glycemic Index, which encourages foods containing "good carbs" to help keep your blood sugar levels stable and your appetite in check. As a result, you can continue to enjoy all of your favorite foods, including pizza, pasta, cookies-even chocolate!

Getting started is easy! Simply choose from over 150 delicious foods, either online or by phone. All of your delicious breakfast, lunch, dinners and snacks will be delivered directly to your door, ready to heat and eat. Nutrisystem entrees are perfectly-portioned so you'll never have to count calories or points. And with six mealtimes throughout the day, you'll help cut down on those cravings between meals. You'll have access to everything you need, including Nutrisystem phone counseling, right from the privacy of your own home. No center visits or embarrassing weigh-ins!

How the discount works

As a Humana member, you get an extra **12 percent** discount on all 28-day programs in addition to our current promotional offer PLUS you'll also get free support from the online Nutrisystem community.

Contact information

Humana members in Florida: please visit us today at **www.nutrisystem.com/humanafl** to find out more about programs and more savings. You can also call Nutrisystem toll-free at **1-866-936-6874**. If you use a TTY, call **711**. Hours are Monday - Friday, 8 a.m. - midnight, and Saturday and Sunday, 8:30 a.m. - 5 p.m. Eastern time. Please have your Humana member ID card handy when you call.

All other Humana members: please visit us today at **www.nutrisystem.com/humana** or call Nutrisystem toll-free at **1-866-942-6874** to order. If you use a TTY, call **711**. You can contact us seven days a week, 8 a.m. - 8 p.m. Eastern time. Our phone system may answer your call on Saturdays, Sundays and some public holidays. Just leave a message and let us know why you called. We'll call back by the end of the next business day. Please have your Humana member ID card handy when you call.

Lifeline® Medical Alert Systems

Every day, Lifeline® helps thousands of people live more independent, active lives at home. Lifeline offers a discounted monthly rate of **\$29.95** for its standard medical alert service and **\$44.90** for the proven falls detection service AutoAlert to all Humana members. You can also get **free** activation - a \$90.00 value.

How the discount works

Standard Lifeline Service

Installation and enrollment fee

- Regular rate for self-installations: \$90
- Humana members' self-installation rate: **Free**

Monthly fee standard service

- Regular rate: \$42
- Humana members: **\$29.95**

Lifeline with AutoAlert Service (Auto Falls Detection)

Installation and enrollment fee

- Regular rate for self-installations: \$90
- Humana members' self-installation rate: **\$40**

Monthly fee AutoAlert Service

- Regular rate: \$57
- Humana members: **\$44.90**

How this service works

The standard service includes the new Lifeline CarePartners Home Communicator model 6800/6900AT. It also includes Lifeline monitoring services by a trained, dedicated professional staff. They're there to help 24 hours a day, every day of the year.

If you need medical help, a push of a button signals the Lifeline monitoring center. One of our professionals will speak to you over our Home Communicator phone. He or she will figure out what help is needed and dispatch the appropriate responders. Family members, friends, neighbors, or emergency service personnel who can quickly get to your home can all be responders.

The standard service includes your choice of a necklace-style Slimline or Classic transmitter, or a wristwatch-style Slimline. You can exchange the transmitter for a different style one time during the subscription period at no additional charge.

Lifeline with Auto Alert is an enhanced medical alert service that offers an added layer of protection. Lifeline with Auto Alert features the first pendant style help button that can automatically call for help if a fall is detected and you are not able to press the button.

Contact information

For details about the program, call **1-800-594-8192**, Monday - Friday, 7:30 a.m. - 10 p.m., and Saturday, 8 a.m. - 7 p.m. Eastern time. If you use a TTY, call **1-800-855-2881**, Monday - Friday, 7:30 a.m. - 10 p.m., and Saturday, 8 a.m. - 7 p.m. Eastern time. If you are located in Massachusetts and use a TTY, call **1-800-439-0183**, same days and times above.

General Hearing discount through www.walmart.com

As a Humana member, you can access exclusive savings on select General Hearing products available on www.walmart.com.

What are my savings?

- **5 percent** off of retail price
- **Free** six-month supply of batteries*
- **Free** one-year manufacturer's warranty*

What are my product options?

Simplicity Smart Touch Digital Over-the-Ear Hearing Aid (Left or Right)

- Designed for mild-to-moderate high-frequency hearing loss
- Mini, over-the-ear design
- Four volume levels
- \$399.00 retail price (per ear)

Simply Soft Smart Touch Digital In-the-Ear Hearing Aid (Left or Right)

- Designed for mild-to-moderate flat hearing loss

- Small, in the ear design
- Four volume levels
- \$399.00 retail price (per ear)

How do I access the discount?

Simply visit www.generalhearing.com/humana to browse your product options. Once you have made your selection and are ready to purchase the product, click on the “Purchase” button to complete your order at www.walmart.com. The price shown on www.walmart.com will reflect your exclusive 5 percent discount and battery bundle.

Where do I find more information?

Product information can be found 24 hours a day, seven days a week on www.generalhearing.com/humana. To speak to a product representative, please call General Hearing at **877-763-8327**. If you use a TTY, call **800-855-2880**. Customer Care is available Monday - Friday 7 a.m. - 7 p.m. Central time or Saturday 9 a.m. - 5 p.m. Central time. You can also email customercare@generalhearing.com.

* Some limitations and restrictions may apply.

Disclaimer: Humana contracted hearing providers reserve the right not to service hearing aids purchased through www.walmart.com.

LifeCard Plans - “Life Happens, Be Prepared”

LifeCard Plans provides members emergency access to medical and legal documents from anywhere in the world. LifeCard Plans provides a member’s entire family with secure digital storage of key information and documents through an easy-to-use online portal that can be accessed via a secure login from anywhere, anytime.

A wallet card is also available for you that provides important immediate emergency information and the directions and means to access other important medical information in your LifeCard Plans Digital Vault.

Humana members will be able to purchase one of the four plan levels listed below: Basic, Standard, Premium, or Ultimate and save **16-33 percent off the normal retail price**. Humana members will also be waived the activation and document charges.

- **Basic DigitalVault** - With 2 gigabytes (GB) of storage space, a member can store their existing legal and medical documents, making them retrievable 24 hours a day, 7 days a week. They may also store emergency medical information to help save their life if a medical emergency arises. This account covers primary member, spouse or significant other, and all dependents.
 - Included documents: HIPAA Statement, Annual Credit Report Service Request Form
 - Free unlimited document revisions
 - Free smart-phone application
 - Retail pricing: \$5.99 a month, \$14.99 activation fee
 - **Humana members: \$4.99 a month, activation fee waived**
- **Standard DigitalVault with Advance Medical Directives document set** - With 5 GB of storage space, a member receives all the great features of the Basic DigitalVault plus the Advance Medical Directives document set. These critical medical and legal documents are provided for the primary member and spouse or significant other.
 - Included documents: Living Will, Durable Power of Attorney for Health Care, Durable Agent Notices, HIPAA Statement, Annual Credit Report Service Request Form
 - Free unlimited document revisions
 - Free smart-phone application
 - Retail pricing: \$9.99 a month, \$14.99 activation fee, \$9.99 document charge
 - **Humana members: \$6.99 a month, activation fee and document charge waived**
- **Premium DigitalVault with Last Will & Testament document set** - With 10 GB of storage space, a member receives all the great features of the Standard DigitalVault plus the Last Will & Testament document set. These critical medical and legal documents are provided for the primary member and spouse or significant other.
 - Included documents: Stand-Alone Will, Durable Power of Attorney for Finances and Property, Revocation of Durable Power of Attorney for Finances and Property, Durable Power of Attorney for Health Care, Durable Agent Notices, HIPAA Statement, Annual Credit Report Service Request Form

- Free unlimited document revisions
- Free smart-phone application
- Retail pricing: \$14.99 a month, \$14.99 activation fee, \$15.99 document charge
- **Humana members: \$9.99 a month, activation fee and document charge waived**
- **Ultimate DigitalVault with Living Trust** - With 15 GB of storage space, a member receives all the great features of the Premium DigitalVault plus the Living Trust document set. These critical medical and legal documents are provided for the primary member and spouse or significant other.
 - Included documents: Simple Trust, Pour-Over Will, Durable Power of Attorney for Finances and Property, Revocation of Durable Power of Attorney for Finances and Property, Durable Power of Attorney for Health Care, Durable Agent Notices, HIPAA Statement, Annual Credit Report Service Request Form
 - Free unlimited document revisions
 - Free smart-phone application
 - Retail pricing: \$19.99 a month, \$14.99 activation fee, \$19.99 document charge
 - **Humana members: \$13.99 a month, activation fee and document charge waived**

How the discount works

Visit us today at www.lifecardplans.com/humanavalue and sign up for the basic, standard, premium, or ultimate product and automatically save **16-33 percent off the normal retail price** as shown above and pay \$0 activation or document fees.

Contact information

Visit **www.lifecardplans.com/humanavalue** to find out more about the product and services. For assistance call **1-855-698-6600**. If you use a TTY, call **711**. You can reach us Monday - Friday 8 a.m. - 5 p.m. Central time.

Disclaimer: *LifeCard Plans provides access to the website and self-help services at your specific direction subject to LifeCard Plans Terms and Conditions of use. LifeCard Plans is not a law firm or a substitute for a Lawyer. LifeCard Plans does not provide advice, explanations, or recommendations concerning possible legal rights, remedies or selection of forms and communications are not considered attorney-client privilege or attorney work product.*

Cut out this card and keep it in your wallet for handy reference.

<p>HumanaVision Medicare Discount Card</p> <p>Member Name: _____ Plan ID: 9243247</p> <p>Humana</p>	<p>For more information, call EyeMed: 1-866-392-6056</p> <p>This discount program is not part of your Medicare Advantage plan coverage. Discounts are only available at participating providers.</p> <p>EyeMed VISION CARE</p>
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Cut out this card and keep it in your wallet for handy reference.

<p>HumanaDental Access Discount Card</p> <p>Member Name: _____ Member ID: _____</p> <p>Humana</p> <p>More information on other side of this card.</p>	<p>For more information, visit Humana-Medicare.com or call 1-800-898-0371. This discount program is not part of your Medicare Advantage plan coverage. Discounts are only available at participating providers. In addition to the HumanaDental network, the following networks are available in the respective states: DenteMax in District of Columbia, Connecticut, Maryland, Michigan, Massachusetts, New Jersey, New York, Pennsylvania & Virginia, MN Premier in Minnesota, Diversified in Nevada, ADP in Wisconsin</p>
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Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

Humana®

[Humana.com](https://www.humana.com)

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-281-6918. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-281-6918. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-281-6918。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-281-6918。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-281-6918. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-281-6918. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-281-6918 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-800-281-6918. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-281-6918 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-281-6918. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الإتصال بنا على 1-800-281-6918. سيقوم شخص ما يتحدث اللغة العربية بمساعدتك. هذه الخدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-281-6918 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-281-6918. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-281-6918. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-281-6918. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-281-6918. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-281-6918にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



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