

2014

Summary of Benefits Extra Services and Programs

Humana Gold Plus[®]
SNP-DE H3533-002 (HMO SNP)

Syracuse
Madison, Oneida, Onondaga and Oswego
counties



Humana[®]

2014

Summary of Benefits

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Section I – Introduction to Summary of Benefits

Thank you for your interest in Humana Gold Plus SNP-DE H3533-002 (HMO SNP). Our plan is offered by HUMANA HEALTH COMPANY OF NEW YORK, INC., a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP) that contracts with the Federal government. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Humana Gold Plus SNP-DE H3533-002 (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Humana Gold Plus SNP-DE H3533-002 (HMO SNP) and ask for the "Evidence of Coverage."

You Have Choices In Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (Fee-for-Service) Medicare Plan. Another option is a Medicare health plan, like Humana Gold Plus SNP-DE H3533-002 (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call Humana Gold Plus SNP-DE H3533-002 (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare Humana Gold Plus SNP-DE H3533-002 (HMO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where Is Humana Gold Plus SNP-DE H3533-002 (HMO SNP) Available?

The service area for this plan includes: Madison, Oneida, Onondaga, Oswego Counties, NY. You must live in one of these areas to join the plan.

Who Is Eligible To Join Humana Gold Plus SNP-DE H3533-002 (HMO SNP)?

You can join Humana Gold Plus SNP-DE H3533-002 (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in Humana Gold Plus SNP-DE H3533-002 (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also be enrolled in the New York Medicaid program to join this plan.

Please call the plan to see if you are eligible to join.

Can I Choose My Doctors?

Humana Gold Plus SNP-DE H3533-002 (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at <http://www.humana.com/members/tools>. Our customer service number is listed at the end of this introduction.

SECTION I (continued)

What Happens If I Go To A Doctor Who's Not In Your Network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

Where Can I Get My Prescriptions If I Join This Plan?

Humana Gold Plus SNP-DE H3533-002 (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at http://www.humana.com/Medicare/medicare_prescription_drugs. Our customer service number is listed at the end of this introduction.

Humana Gold Plus SNP-DE H3533-002 (HMO SNP) 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.

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.

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

Humana Gold Plus SNP-DE H3533-002 (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What Is A Prescription Drug Formulary?

Humana Gold Plus SNP-DE H3533-002 (HMO SNP) 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.

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.

SECTION I (continued)

What Are My Protections In This Plan?

All Medicare Advantage 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 Medicare Advantage. 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 Advantage 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 Gold Plus SNP-DE H3533-002 (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. 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.

As a member of Humana Gold Plus SNP-DE H3533-002 (HMO SNP), 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 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 Gold Plus SNP-DE H3533-002 (HMO SNP) for more details.

SECTION I (continued)

What Types Of Drugs May Be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Humana Gold Plus SNP-DE H3533-002 (HMO SNP) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable osteoporosis drugs for some women.
- **Erythropoietin:** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs administered through Durable Medical Equipment.**

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.

SECTION I (continued)

Please call Humana Health Company of New York, Inc. for more information about Humana Gold Plus SNP-DE H3533-002 (HMO SNP).

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. Local

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

Current members should call toll-free **(800)457-4708** for questions related to the Medicare Advantage Program.
(TTY/TDD 711)

Prospective members should call toll-free **(800)833-2364** for questions related to the Medicare Advantage Program.
(TTY/TDD 711)

Current members should call locally **(800)457-4708** for questions related to the Medicare Advantage Program.
(TTY/TDD 711)

Prospective members should call locally **(800)833-2364** for questions related to the Medicare Advantage Program.
(TTY/TDD 711)

Current members should call toll-free **(800)457-4708** for questions related to the Medicare Part D Prescription Drug program.
(TTY/TDD 711)

Prospective members should call toll-free **(800)833-2364** for questions related to the Medicare Part D Prescription Drug program.
(TTY/TDD 711)

Current members should call locally **(800)457-4708** for questions related to the Medicare Part D Prescription Drug program.
(TTY/TDD 711)

Prospective members should call locally **(800)833-2364** for questions related to the Medicare Part D Prescription Drug program.
(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.

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

Section II - Summary of Benefits

IMPORTANT INFORMATION

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
① Premium and Other Important Information	<ul style="list-style-type: none"> In 2014 the monthly Part B Premium is \$0 and the annual Part B deductible amount is \$0. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. 	<p>General</p> <ul style="list-style-type: none"> * Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Original Medicare services \$8.10 monthly plan premium* <p>In-Network</p> <ul style="list-style-type: none"> \$0 annual deductible.* \$6,700 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility. <p>See page 24 for additional information about Premium and Other Important Information</p>
② Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)	<ul style="list-style-type: none"> You may go to any doctor, specialist or hospital that accepts Medicare. 	<p>In-Network</p> <ul style="list-style-type: none"> You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits). <p>See page 24 for additional information about Doctor and Hospital Choice</p>

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

INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
<p>③ Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<ul style="list-style-type: none"> For each benefit period: <ul style="list-style-type: none"> Days 1 - 60: \$0 deductible Days 61 - 90: \$0 per day Days 91 - 150: \$0 per lifetime reserve day Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> No limit to the number of days covered by the plan each hospital stay. You will not be charged additional cost sharing for professional services. \$0 annual service category deductible* \$0 copayment* For additional non-Medicare-covered hospital days: <ul style="list-style-type: none"> Days 91 - 150: \$608 copayment per day Days 151 and beyond: \$0 copayment per day Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. <p>See page 25 for additional information about Inpatient Hospital Care</p>
<p>④ Inpatient Mental Health Care</p>	<ul style="list-style-type: none"> For each benefit period: <ul style="list-style-type: none"> Days 1 - 60: \$0 deductible Days 61 - 90: \$0 per day Days 91 - 150: \$0 per lifetime reserve day You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. \$0 annual service category deductible* \$0 copayment* Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. <p>See page 25 for additional information about Inpatient Mental Health Care</p>

(Inpatient Care - Continued on next page)

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

INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<ul style="list-style-type: none"> In 2014 the amounts for each benefit period after at least a 3-day Medicare-covered hospital stay are: <ul style="list-style-type: none"> Days 1 - 20: \$0 per day Days 21 - 100: \$0 per day 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have. 	General <ul style="list-style-type: none"> Authorization rules may apply. In-Network <ul style="list-style-type: none"> Plan covers up to 100 days each benefit period No prior hospital stay is required. \$0 annual service category deductible* \$0 copayment for SNF services* See page 25 for additional information about Skilled Nursing Facility (SNF)
6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<ul style="list-style-type: none"> \$0 copayment. 	General <ul style="list-style-type: none"> Authorization rules may apply. In-Network <ul style="list-style-type: none"> \$0 copayment for Medicare-covered home health visits*
7 Hospice	<ul style="list-style-type: none"> You must get care from a Medicare-certified hospice. 	General <ul style="list-style-type: none"> You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.

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

OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
8 Doctor Office Visits	<ul style="list-style-type: none"> 0% coinsurance 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> \$0 copayment for each Medicare-covered primary care doctor visit.* \$0 copayment for each Medicare-covered specialist visit.*
9 Chiropractic Services	<ul style="list-style-type: none"> Supplemental routine care not covered 0% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> \$0 copayment for Medicare-covered chiropractic visits* Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).
10 Podiatry Services	<ul style="list-style-type: none"> Supplemental routine care not covered. 0% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> \$0 copayment for Medicare-covered podiatry visits* Medicare-covered podiatry visits are for medically necessary foot care.
11 Outpatient Mental Health Care	<ul style="list-style-type: none"> 0% coinsurance for most outpatient mental health services 0% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program. "Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization. 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> \$0 copayment for: <ul style="list-style-type: none"> each Medicare-covered individual therapy visit* each Medicare-covered group therapy visit* \$0 copayment for: <ul style="list-style-type: none"> each Medicare-covered individual therapy visit with a psychiatrist* each Medicare-covered group therapy visit with a psychiatrist* \$0 copayment for Medicare-covered partial hospitalization program services*

(Outpatient Care - Continued on next page)

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

OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
12 Outpatient Substance Abuse Care	<ul style="list-style-type: none"> • 0% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copayment for: <ul style="list-style-type: none"> – each Medicare-covered individual substance abuse outpatient treatment visit* – each Medicare-covered group substance abuse outpatient treatment visit*
13 Outpatient Services	<ul style="list-style-type: none"> • 0% coinsurance for the doctor's services • 0% coinsurance for ambulatory surgical center facility services 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copayment for each Medicare-covered ambulatory surgical center visit* • \$0 copayment for each Medicare-covered outpatient hospital facility visit*
14 Ambulance Services (medically necessary ambulance services)	<ul style="list-style-type: none"> • 0% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered ambulance benefits.*
15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> • 0% coinsurance for the doctor's services • 0% coinsurance for outpatient hospital facility emergency services. • Not covered outside the U.S. except under limited circumstances. 	<p>General</p> <ul style="list-style-type: none"> • \$0 annual service category deductible* • \$0 copayment for Medicare-covered emergency room visits* • Worldwide coverage. • If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.
16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<ul style="list-style-type: none"> • 0% coinsurance • NOT covered outside the U.S. except under limited circumstances. 	<p>General</p> <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered urgently-needed-care visits* <p>See page 25 for additional information about Urgently Needed Care</p>

(Outpatient Care - Continued on next page)

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OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
<div>17</div> Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<ul style="list-style-type: none">• 0% coinsurance• Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.	<u>General</u> <ul style="list-style-type: none">• Authorization rules may apply.• Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. <u>In-Network</u> <ul style="list-style-type: none">• \$0 copayment for Medicare-covered Occupational Therapy visits*• \$0 copayment for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits*

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

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> • 0% coinsurance 	General <ul style="list-style-type: none"> • \$0 annual service category deductible* • Authorization rules may apply. In-Network <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered durable medical equipment*
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	<ul style="list-style-type: none"> • 0% coinsurance • 0% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices. 	General <ul style="list-style-type: none"> • Authorization rules may apply. In-Network <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered: <ul style="list-style-type: none"> – prosthetic devices* – medical supplies related to prosthetics, splints, and other devices*
20 Diabetes Programs and Supplies	<ul style="list-style-type: none"> • 0% coinsurance for diabetes self-management training • 0% coinsurance for diabetes supplies • 0% coinsurance for diabetic therapeutic shoes or inserts 	General <ul style="list-style-type: none"> • Authorization rules may apply. In-Network <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered Diabetes self-management training* • \$0 copayment for Medicare-covered: <ul style="list-style-type: none"> – Diabetes monitoring supplies* – Therapeutic shoes or inserts*
21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<ul style="list-style-type: none"> • 0% coinsurance for diagnostic tests and x-rays • \$0 copayment for Medicare-covered lab services • Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol. 	General <ul style="list-style-type: none"> • Authorization rules may apply. In-Network <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered: <ul style="list-style-type: none"> – lab services* – diagnostic procedures and tests* – X-rays* – diagnostic radiology services (not including X-rays)* – therapeutic radiology services*

(Outpatient Medical Services and Supplies - Continued on next page)

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

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT		
ORIGINAL MEDICARE		
Humana Gold Plus SNP-DE H3533-002 (HMO SNP)		
22 Cardiac and Pulmonary Rehabilitation Services	<ul style="list-style-type: none">0% coinsurance for Cardiac Rehabilitation services0% coinsurance for Pulmonary Rehabilitation services0% coinsurance for Intensive Cardiac Rehabilitation services	<p>General</p> <ul style="list-style-type: none">Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none">\$0 copayment for:<ul style="list-style-type: none">Medicare-covered Cardiac Rehabilitation Services*Medicare-covered Intensive Cardiac Rehabilitation Services*Medicare-covered Pulmonary Rehabilitation Services*

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

PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
(23) Preventive Services	<ul style="list-style-type: none"> No coinsurance, copayment or deductible for the following: <ul style="list-style-type: none"> Abdominal Aortic Aneurysm Screening Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. Cardiovascular Screening Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. Colorectal Cancer Screening Diabetes Screening Influenza Vaccine Hepatitis B Vaccine for people with Medicare who are at risk HIV Screening. \$0 copayment for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and 	<p>General</p> <ul style="list-style-type: none"> \$0 copayment for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. Plan covers a physical exam annually.

(Preventive Services - Continued on next page)

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

PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
	<p>counseling to help you manage your diabetes or kidney disease</p> <ul style="list-style-type: none"> – Personalized Prevention Plan Services (Annual Wellness Visits) – Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. – Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. – Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. – Screening and behavioral counseling interventions in primary care to reduce alcohol misuse – Screening for depression in adults – Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs – Intensive behavioral counseling for Cardiovascular Disease (bi-annual) – Intensive behavioral therapy for obesity – Welcome to Medicare Preventive Visits (initial preventive physical exam) <p>When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visits or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>	

(Preventive Services - Continued on next page)

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

PREVENTIVE SERVICES

BENEFIT		ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
24 Kidney Disease and Conditions		<ul style="list-style-type: none">• 0% coinsurance for renal dialysis• 0% coinsurance for kidney disease education services	<p>General</p> <ul style="list-style-type: none">• Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none">• \$0 copayment for Medicare-covered renal dialysis*• \$0 copayment for Medicare-covered kidney disease education services* <p>See page 25 for additional information about Kidney Disease and Conditions</p>

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

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
25 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 B</u></p> <p><u>General</u></p> <ul style="list-style-type: none"> \$0 yearly deductible for Medicare Part B drugs.* \$0 copayment for Part B chemotherapy drugs and other Part-B drugs.* <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. 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 you, the plan, and Medicare. 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 Gold Plus SNP-DE H3533-002 (HMO SNP) 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 Benefits - Continued on next page)

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

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
		<p>Prescription Drug Plan Finder on Medicare.gov.</p> <ul style="list-style-type: none"> • 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 Gold Plus SNP-DE H3533-002 (HMO SNP) approves the exception, you will pay the generic cost share for generic drugs and the brand cost share for brand drugs. <p><u>In-Network</u></p> <ul style="list-style-type: none"> • You pay a \$0 annual deductible. <p><u>Initial Coverage</u></p> <ul style="list-style-type: none"> • Depending on your income and institutional status, you pay the following: • For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> – A \$0 copayment; or – A \$1.20 copayment; or – A \$2.55 copayment • For all other drugs, either: <ul style="list-style-type: none"> – A \$0 copayment; or – A \$3.60 copayment; or – A \$6.35 copayment. • <u>Tier 1: Preferred Generic</u> • \$0 copayment for drugs in this tier <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 the following way(s): <ul style="list-style-type: none"> – one-month (30-day) supply – three-month (90-day) supply <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. • You can get drugs the following way(s):

(Prescription Drug Benefits - Continued on next page)

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

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
		<ul style="list-style-type: none"> – one-month (31-day) supply of drugs <p><u>Mail Order</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 mail order pharmacy the following way(s): <ul style="list-style-type: none"> – one-month (30-day) supply – three-month (90-day) supply <p><u>Catastrophic Coverage</u></p> <ul style="list-style-type: none"> • You pay a \$0 copayment. <p><u>Out-of-Network</u></p> <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 pharmacy's full charge for the drug and submit documentation to receive reimbursement from Humana Gold Plus SNP-DE H3533-002 (HMO SNP). • You can get out-of-network drugs the following way: <ul style="list-style-type: none"> – one-month (30-day) supply <p><u>Out-of-Network Initial Coverage</u></p> <ul style="list-style-type: none"> • Depending on your income and institutional status, you will be reimbursed by Humana Gold Plus SNP-DE H3533-002 (HMO SNP) up to the plan's cost of the drug minus the following: • For generic drugs purchased out-of-network (including brand drugs treated as generic), either: <ul style="list-style-type: none"> – A \$0 copayment; or – A \$1.20 copayment; or – A \$2.55 copayment • For all other drugs purchased out-of-network, either: <ul style="list-style-type: none"> – A \$0 copayment; or – A \$3.60 copayment; or – A \$6.35 copayment. • <u>Tier 1: Preferred Generic</u> • \$0 copayment for drugs in this tier

(Prescription Drug Benefits - Continued on next page)

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

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
		<u>Out-of-Network Catastrophic Coverage</u> <ul style="list-style-type: none">You will be reimbursed in full for drugs purchased out-of-network. See page 25 for additional information about Outpatient Prescription Drugs

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

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
26 Dental Services	<ul style="list-style-type: none"> Preventive dental services (such as cleaning) not covered. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 annual service category deductible for Medicare-covered dental benefits* \$0 copayment for Medicare-covered dental benefits* \$0 copayment for up to 1 supplemental oral exam(s) every year \$0 copayment for up to 1 supplemental cleaning(s) every year \$0 copayment for up to 1 supplemental dental x-ray(s) every year <p>See page 25 for additional information about Dental Services</p>
27 Hearing Services	<ul style="list-style-type: none"> Supplemental routine hearing exams and hearing aids not covered. 0% coinsurance for diagnostic hearing exams. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 copayment for: Medicare-covered diagnostic hearing exams* \$0 copayment for up to 1 supplemental routine hearing exam(s) every year \$0 copayment for up to 1 supplemental hearing aid fitting-evaluation(s) every year \$0 copayment each for up to 1 supplemental hearing aid(s) every three years \$1,000 plan coverage limit for supplemental hearing aids every three years. <p>See page 26 for additional information about Hearing Services</p>
28 Vision Services	<ul style="list-style-type: none"> 0% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk Supplemental routine eye exams and eyeglasses (lenses and frames) not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 copayment for: Medicare-covered diagnosis and treatment for diseases and conditions of the eye, including an annual glaucoma screening for people at risk* \$0 copayment for up to 1 supplemental routine eye exam(s) every year \$0 copayment for <ul style="list-style-type: none"> one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery* <p>See page 26 for additional information about Vision Services</p>

(Outpatient Medical Services and Supplies - Continued on next page)

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

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
Wellness/Education and Other Supplemental Benefits & Services	<ul style="list-style-type: none"> Not covered. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> Health Education Nutritional Benefit Additional Smoking and Tobacco Use Cessation Visits Health Club Membership/Fitness Classes Nursing Hotline <p>See page 26 for additional information about Wellness/Education and Other Supplemental Benefits & Services</p>
Over-the-Counter Items	<ul style="list-style-type: none"> Not covered. 	<p><u>General</u></p> <ul style="list-style-type: none"> Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit. <p>See page 26 for additional information about Over-the-Counter Items</p>
Transportation (Routine)	<ul style="list-style-type: none"> Not covered. 	<p><u>General</u></p> <ul style="list-style-type: none"> Authorization rules may apply. <p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 copayment for up to 24 one-way trip(s) to plan approved location every year <p>See page 26 for additional information about Transportation (Routine)</p>
Acupuncture and Other Alternative Therapies	<ul style="list-style-type: none"> Not covered. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> This plan does not cover Acupuncture and other alternative therapies.

SECTION III – ABOUT YOUR PLAN

Humana Gold Plus SNP-DE H3533-002 (HMO SNP)

This section further explains some of the benefits of your plan. To get a complete list of benefits, limitations, and exclusions, call Humana Gold Plus SNP-DE H3533-002 (HMO SNP) and ask for the **"Evidence of Coverage."**

HOW TO USE YOUR PLAN

① Premium and Other Important Information

Because you qualify for extra help with your prescription drug expenses, you will pay **\$8.10** per month.

Maximum out-of-pocket limit

While most expenses apply to the maximum[s], the following don't:

- Your monthly plan premium
- Outpatient Part D prescription drugs
- Routine hearing services
- Routine vision services
- Routine dental services
- Routine transportation
- Over-the-counter drugs and supplies

Part B Deductible

While many covered expenses apply toward your deductible, the following don't.

- Part A services (Inpatient, Skilled Nursing, and Home Health)
- Medicare-covered preventive services
- Ambulance and emergency room services
- Routine dental services
- Routine hearing services
- Routine vision services
- Routine transportation
- Outpatient Part D prescription drugs
- Over-the-counter drugs and supplies

Be sure to show your Medicaid ID card in addition to your Humana Gold Plus SNP-DE H3533-002 (HMO SNP) membership card to make your provider aware that you may have additional coverage.

② Doctor and Hospital Choice

Humana Gold Plus SNP-DE H3533-002 (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use providers who are part of our network for non-emergent care. The providers in our network can change at any time.

Choosing a doctor

As a member of Humana Gold Plus SNP-DE H3533-002 (HMO SNP), you must select an in-network doctor to act as your primary care doctor. By selecting a primary care doctor from the network, you'll have someone who can focus on your needs and coordinate your care with other in-network providers when needed. This allows you to keep your out-of-pocket costs low and your medical expenses predictable.

Authorization Requirements

Your provider will need an authorization from Humana Gold Plus SNP-DE H3533-002 (HMO SNP) before you receive certain services, except in an emergency or when care is urgently needed. The authorization process helps members receive appropriate and necessary Medicare-covered care and treatment. Providers in our network are aware of this process and will request the authorization. Without the authorization, your plan might not cover the services and you may have to pay the full cost.

INPATIENT CARE

- ③ Inpatient Hospital Care
- ④ Inpatient Mental Health Care
- ⑤ Skilled Nursing Facility (SNF)

Inpatient hospital, inpatient mental health care, and skilled nursing facility admissions require prior authorization from Humana Gold Plus SNP-DE H3533-002 (HMO SNP) except for emergencies or urgently needed care.

When admitted to a skilled nursing facility, you're covered for skilled care as defined by Original Medicare guidelines. No prior hospital stay is required. Your plan doesn't cover custodial care. Humana Gold Plus SNP-DE H3533-002 (HMO SNP) follows Original Medicare guidelines in determining authorization for skilled nursing facility services.

OUTPATIENT CARE

- ①⑥ Urgently Needed Care

Remember to carry your Humana Gold Plus SNP-DE H3533-002 (HMO SNP) ID card with you and show it to each provider before receiving services. If your Humana Gold Plus SNP-DE H3533-002 (HMO SNP) plan ID card isn't available because of an emergency situation, you're still covered.

Out-of-area care - In most cases, if you're outside the Humana Gold Plus SNP-DE H3533-002 (HMO SNP) service area and need medical care before returning, you should call your primary care doctor before using an out-of-network provider. If this isn't possible, contact your primary care doctor within 48 hours so your doctor can be involved in planning your follow-up care.

PREVENTIVE SERVICES

- ②④ Kidney Disease and Conditions

- \$0 copayment for kidney disease education services at your physician's office.

PRESCRIPTION DRUG BENEFITS

- ②⑤ Outpatient Prescription Drugs

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.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

- ②⑥ Dental Services

Mandatory Supplemental Benefit includes:

- \$0 copayment for oral evaluation, one per year
- \$0 copayment for prophylaxis (cleaning), one per year
- \$0 copayment for bitewing X-rays, one set(s) per year

To receive the in-network benefit, you must visit a HumanaDental provider.

27 Hearing Services

Mandatory Supplemental Benefit includes:

- **\$0** copayment for routine hearing exam and hearing aid fitting-evaluation, one per year
- \$1,000** maximum benefit coverage amount for approved hearing aids every three years.

28 Vision Services

Mandatory Supplemental Benefit includes:

- **\$0** copayment for routine comprehensive eye examination by an EyeMed Vision Care Select network optical provider, one per year.

Wellness/Education and Other Supplemental Benefits & Services

QuitNet® Stop-Smoking Program

Give up the tobacco habit for good! This program is offered at no extra cost to most Humana Medicare members. There's print, web, and phone support, plus nicotine replacement therapy, like patches and gum. To find out more, visit www.quitnet.com/humana or call **1-888-572-4074** (TTY: **711**), Monday through Friday, 8 a.m. to midnight, and Saturday, 8 a.m. to 9 p.m. Eastern time.

SilverSneakers® Fitness Program

The SilverSneakers Fitness Program is a health and physical activity program. In addition to a basic membership at participating locations, you can participate in low-impact SilverSneakers classes, have access to a specially trained Senior Advisor, and use any participating SilverSneakers fitness center in the country at no additional cost. If you're an eligible member who lives 15 miles or more from a participating SilverSneakers fitness center, you can participate in SilverSneakers Steps, a pedometer-measured walking program.

Well Dine Inpatient Meal Program

After your overnight stay in the hospital or skilled nursing facility, with physician approval, you're 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 Humana representative will assist you in scheduling your delivery.

Humana Active Outlook®

Humana Active Outlook is a lifestyle enrichment program with great features like HAO Publications, HAO Website, Classes, Individual Health Coaching, and other health and wellness educational materials.

For more information, call **1-800-781-4233**, Monday - Friday, 8 a.m. - 8 p.m., Eastern time (TTY **711**)

HumanaFirst® 24 Hour Nurse Advice Line

As a Humana member, you have access to health information, guidance, and support. Whether you have an immediate health concern or questions about a particular medical condition, call HumanaFirst for expert advice and guidance - at no additional cost to you. Just call **1-800-622-9529** (TTY: **711**) to talk with a nurse.

Over-the-Counter Items

Health and Wellness Products

You are eligible to receive a **\$25** monthly benefit toward the purchase of selected over-the-counter items such as vitamins, pain relievers, cough and cold medicines, allergy medications, and first aid/medical supplies when you use Humana's mail order service. For more information or to request an order form, please call Customer Service.

Transportation (Routine)

You pay **\$0** for 24 one-way non-emergency trips each year to plan-approved locations.

Care Coordination

This plan provides additional support through increased care coordination. Our goal is to help you receive the medical care and support you need so that you will be satisfied with your health status and quality of life.

A Care Coordinator will reach out to you within 90 days of your enrollment to assess your medical needs and develop an individual plan of care. They will help you understand and access your plan benefits. They can also help to connect you with community resources. In the event you are hospitalized, a Care Coordinator will work with you following your hospitalization to help with services identified by your physician and discharge planner for life planning activities, home safety assessments, and caregiver training and support. Wellness programs are available to help you prevent the progression of complex conditions. You may be provided information on general health topics such as weight management, physical activity, healthy eating, stress management, or help to stop smoking.

Section IV – Medicare and Medicaid Comparison

Dual Eligible Special Needs Plans Overview

- Humana Gold Plus SNP-DE H3533-002 (HMO SNP) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the New York Medicaid program.
- To enroll in a Dual Eligible Special Needs Plan, you must be entitled to Medicare Part A and enrolled in Medicare Part B and also receive certain levels of assistance from your state Medical Assistance Program (Medicaid). If you receive both Medicare and Medicaid benefits, this means you are a dual eligible.
- Humana Gold Plus SNP-DE H3533-002 (HMO SNP) may enroll dual eligibles who are FBDE, QMB Plus, and QMB.
- As a member of this plan, you will not be responsible for cost sharing for plan benefits.
- The Comprehensive Benefit Chart below shows the benefits you will receive from Humana and how Medicaid covers your cost sharing for those plan benefits. The chart also lists some benefits you could receive from Medicaid if you are eligible for full Medicaid benefits. If you are entitled to Medicaid benefits your care coordinator will work with you to assist you in understanding and accessing the Medicare and Medicaid benefits you may be entitled to.
- If you have any questions about your benefits or your level of eligibility for assistance from Medicaid, you should contact Humana's customer service department or your state Medicaid office for further details. You will find Humana's toll-free phone numbers at the end of Section I of this booklet and the phone number for your state's Medicaid office is at the end of this section.

Comprehensive Benefit Chart

IMPORTANT INFORMATION

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
① Premium and Other Important Information	<p>Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.</p>	<p>General</p> <ul style="list-style-type: none"> • * Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Original Medicare services • \$8.10 monthly plan premium* <p>In-Network</p> <ul style="list-style-type: none"> • \$0 annual deductible.* • \$6,700 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility. <p>See page 24 for additional information about Premium and Other Important Information</p>
② Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)	<p>For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.</p> <p>(Members should follow Original Medicare guidelines related to hospital and doctor choice.)</p>	<p>In-Network</p> <ul style="list-style-type: none"> • You must go to network doctors, specialists, and hospitals. • Referral required for network hospitals and specialists (for certain benefits). <p>See page 24 for additional information about Doctor and Hospital Choice</p>

INPATIENT CARE

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
③ Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	<u>In-Network</u> <ul style="list-style-type: none"> • No limit to the number of days covered by the plan each hospital stay. • You will not be charged additional cost sharing for professional services. • \$0 annual service category deductible* • \$0 copayment* • For additional non-Medicare-covered hospital days: <ul style="list-style-type: none"> – Days 91 - 150: \$608 copayment per day – Days 151 and beyond: \$0 copayment per day • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. See page 25 for additional information about Inpatient Hospital Care
④ Inpatient Mental Health Care	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	<u>In-Network</u> <ul style="list-style-type: none"> • You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. • \$0 annual service category deductible* • \$0 copayment* • Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. See page 25 for additional information about Inpatient Mental Health Care
⑤ Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	<u>General</u> <ul style="list-style-type: none"> • Authorization rules may apply. <u>In-Network</u> <ul style="list-style-type: none"> • Plan covers up to 100 days each benefit period • No prior hospital stay is required. • \$0 annual service category deductible* • \$0 copayment for SNF services* See page 25 for additional information about Skilled Nursing Facility

(Inpatient Care - Continued on next page)

INPATIENT CARE

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
⑥ Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	<u>General</u> <ul style="list-style-type: none"> • Authorization rules may apply. <u>In-Network</u> <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered home health visits*
⑦ Hospice	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	<u>General</u> <ul style="list-style-type: none"> • You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.

OUTPATIENT CARE

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
⑧ Doctor Office Visits	<p>For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.</p>	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copayment for each Medicare-covered primary care doctor visit.* • \$0 copayment for each Medicare-covered specialist visit.*
⑨ Chiropractic Services	<p>For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.</p>	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered chiropractic visits* • Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).
⑩ Podiatry Services	<p>For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.</p>	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered podiatry visits* • Medicare-covered podiatry visits are for medically necessary foot care.
⑪ Outpatient Mental Health Care	<p>For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.</p>	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copayment for: <ul style="list-style-type: none"> – each Medicare-covered individual therapy visit* – each Medicare-covered group therapy visit* • \$0 copayment for: <ul style="list-style-type: none"> – each Medicare-covered individual therapy visit with a psychiatrist* – each Medicare-covered group therapy visit with a psychiatrist* • \$0 copayment for Medicare-covered partial hospitalization program services*

(Outpatient Care - Continued on next page)

OUTPATIENT CARE

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
12 Outpatient Substance Abuse Care	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	General <ul style="list-style-type: none"> • Authorization rules may apply. In-Network <ul style="list-style-type: none"> • \$0 copayment for: <ul style="list-style-type: none"> – each Medicare-covered individual substance abuse outpatient treatment visit* – each Medicare-covered group substance abuse outpatient treatment visit*
13 Outpatient Services	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	General <ul style="list-style-type: none"> • Authorization rules may apply. In-Network <ul style="list-style-type: none"> • \$0 copayment for each Medicare-covered ambulatory surgical center visit* • \$0 copayment for each Medicare-covered outpatient hospital facility visit*
14 Ambulance Services (medically necessary ambulance services)	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	General <ul style="list-style-type: none"> • Authorization rules may apply. In-Network <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered ambulance benefits.*
15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	General <ul style="list-style-type: none"> • \$0 annual service category deductible* • \$0 copayment for Medicare-covered emergency room visits* • Worldwide coverage. • If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.
16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	General <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered urgently-needed-care visits* See page 25 for additional information about Urgently Needed Care

(Outpatient Care - Continued on next page)

OUTPATIENT CARE

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
<div>17</div> Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	General <ul style="list-style-type: none">• Authorization rules may apply.• Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. In-Network <ul style="list-style-type: none">• \$0 copayment for Medicare-covered Occupational Therapy visits*• \$0 copayment for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits*

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services. Medicaid usual limits and copays for this service: <ul style="list-style-type: none"> Non-Medicare covered DME 	General <ul style="list-style-type: none"> \$0 annual service category deductible* Authorization rules may apply. In-Network <ul style="list-style-type: none"> \$0 copayment for Medicare-covered durable medical equipment*
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services. Medicaid usual limits and copays for this service: <ul style="list-style-type: none"> Prescription footwear coverage is limited to treatment of diabetics or when shoe is part of a leg brace (orthotic) or if there are foot complications in children under age 21. 	General <ul style="list-style-type: none"> Authorization rules may apply. In-Network <ul style="list-style-type: none"> \$0 copayment for Medicare-covered: <ul style="list-style-type: none"> prosthetic devices* medical supplies related to prosthetics, splints, and other devices*
20 Diabetes Programs and Supplies	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	General <ul style="list-style-type: none"> Authorization rules may apply. In-Network <ul style="list-style-type: none"> \$0 copayment for Medicare-covered Diabetes self-management training* \$0 copayment for Medicare-covered: <ul style="list-style-type: none"> Diabetes monitoring supplies* Therapeutic shoes or inserts*
21 Diagnostic Tests, X-rays, Lab Services, and Radiology Services	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	General <ul style="list-style-type: none"> Authorization rules may apply. In-Network <ul style="list-style-type: none"> \$0 copayment for Medicare-covered: <ul style="list-style-type: none"> lab services* diagnostic procedures and tests* X-rays* diagnostic radiology services (not including X-rays)* therapeutic radiology services*

(Outpatient Medical Services and Supplies - Continued on next page)

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
22 Cardiac and Pulmonary Rehabilitation Services	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	General <ul style="list-style-type: none">• Authorization rules may apply. In-Network <ul style="list-style-type: none">• \$0 copayment for:<ul style="list-style-type: none">– Medicare-covered Cardiac Rehabilitation Services*– Medicare-covered Intensive Cardiac Rehabilitation Services*– Medicare-covered Pulmonary Rehabilitation Services*

PREVENTIVE SERVICES

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
23 Preventive Services	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	<p>General</p> <ul style="list-style-type: none"> • \$0 copayment for all preventive services covered under Original Medicare at zero cost sharing. • Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. • Plan covers a physical exam annually.
24 Kidney Disease and Conditions	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments, and deductibles for Original Medicare covered services.	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered renal dialysis* • \$0 copayment for Medicare-covered kidney disease education services* <p>See page 25 for additional information about Kidney Disease and Conditions</p>

PRESCRIPTION DRUG BENEFITS

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
25 Outpatient Prescription Drugs	<p>Medicaid usual limits and copays for this service:</p> <ul style="list-style-type: none"> • Medicaid covers Medicaid prescription drugs not covered by a Medicare Prescription Drug Plan. • Copays: <ul style="list-style-type: none"> – \$3 Brand – \$1 Generic – \$.50 OTC 	<p><u>Drugs covered under Medicare Part B</u> <u>General</u></p> <ul style="list-style-type: none"> • \$0 yearly deductible for Medicare Part B drugs.* • \$0 copayment for Part B chemotherapy drugs and other Part-B drugs.* <p><u>Drugs covered under Medicare Part D</u> <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. • 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 you, the plan, and Medicare. • 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 Gold Plus SNP-DE H3533-002 (HMO SNP) 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,

(Prescription Drug Benefits - Continued on next page)

PRESCRIPTION DRUG BENEFITS

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
		<p>you will pay the actual cost, not the higher cost-sharing amount.</p> <ul style="list-style-type: none"> • The plan charges a minimum cost sharing amount for certain low-cost drugs. • If you request a formulary exception for a drug and Humana Gold Plus SNP-DE H3533-002 (HMO SNP) approves the exception, you will pay the generic cost share for generic drugs and the brand cost share for brand drugs. <p><u>In-Network</u></p> <ul style="list-style-type: none"> • You pay a \$0 annual deductible. <p><u>Initial Coverage</u></p> <ul style="list-style-type: none"> • Depending on your income and institutional status, you pay the following: • For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> – A \$0 copayment; or – A \$1.20 copayment; or – A \$2.55 copayment • For all other drugs, either: <ul style="list-style-type: none"> – A \$0 copayment; or – A \$3.60 copayment; or – A \$6.35 copayment. • <u>Tier 1: Preferred Generic</u> • \$0 copayment for drugs in this tier <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 the following way(s): <ul style="list-style-type: none"> – one-month (30-day) supply – three-month (90-day) supply <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. • You can get drugs the following way(s): <ul style="list-style-type: none"> – one-month (31-day) supply of drugs <p><u>Mail Order</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.

(Prescription Drug Benefits - Continued on next page)

PRESCRIPTION DRUG BENEFITS

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
		<ul style="list-style-type: none"> You can get drugs from a preferred and non-preferred mail order pharmacy the following way(s): <ul style="list-style-type: none"> one-month (30-day) supply three-month (90-day) supply <p><u>Catastrophic Coverage</u></p> <ul style="list-style-type: none"> You pay a \$0 copayment. <p><u>Out-of-Network</u></p> <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 pharmacy's full charge for the drug and submit documentation to receive reimbursement from Humana Gold Plus SNP-DE H3533-002 (HMO SNP). You can get out-of-network drugs the following way: <ul style="list-style-type: none"> one-month (30-day) supply <p><u>Out-of-Network Initial Coverage</u></p> <ul style="list-style-type: none"> Depending on your income and institutional status, you will be reimbursed by Humana Gold Plus SNP-DE H3533-002 (HMO SNP) up to the plan's cost of the drug minus the following: For generic drugs purchased out-of-network (including brand drugs treated as generic), either: <ul style="list-style-type: none"> A \$0 copayment; or A \$1.20 copayment; or A \$2.55 copayment For all other drugs purchased out-of-network, either: <ul style="list-style-type: none"> A \$0 copayment; or A \$3.60 copayment; or A \$6.35 copayment. <u>Tier 1: Preferred Generic</u> \$0 copayment for drugs in this tier <p><u>Out-of-Network Catastrophic Coverage</u></p> <ul style="list-style-type: none"> You will be reimbursed in full for drugs purchased out-of-network. <p>See page 25 for additional information about Outpatient Prescription Drugs</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
26 Dental Services	<p>For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.</p> <p>Medicaid usual limits and copays for this service:</p> <ul style="list-style-type: none"> Dental services include, but shall not be limited to necessary preventive, prophylactic and other routine dental care, services and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 annual service category deductible for Medicare-covered dental benefits* \$0 copayment for Medicare-covered dental benefits* \$0 copayment for up to 1 supplemental oral exam(s) every year \$0 copayment for up to 1 supplemental cleaning(s) every year \$0 copayment for up to 1 supplemental dental x-ray(s) every year <p>See page 25 for additional information about Dental Services</p>
27 Hearing Services	<p>For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.</p> <p>Medicaid usual limits and copays for this service:</p> <ul style="list-style-type: none"> Medicaid hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 copayment for: Medicare-covered diagnostic hearing exams* \$0 copayment for up to 1 supplemental routine hearing exam(s) every year \$0 copayment for up to 1 supplemental hearing aid fitting-evaluation(s) every year \$0 copayment each for up to 1 supplemental hearing aid(s) every three years \$1,000 plan coverage limit for supplemental hearing aids every three years. <p>See page 26 for additional information about Hearing Services</p>
28 Vision Services	<p>For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.</p> <p>Medicaid usual limits and copays for this service:</p> <ul style="list-style-type: none"> Services of optometrists, ophthalmologists and ophthalmic dispensers. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 copayment for: Medicare-covered diagnosis and treatment for diseases and conditions of the eye, including an annual glaucoma screening for people at risk* \$0 copayment for up to 1 supplemental routine eye exam(s) every year \$0 copayment for <ul style="list-style-type: none"> one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery* <p>See page 26 for additional information about Vision Services</p>

(Outpatient Medical Services and Supplies - Continued on next page)

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
Wellness/ Education and Other Supplemental Benefits & Services	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments, and deductibles for Original Medicare covered services.	<p><u>In-Network</u></p> <ul style="list-style-type: none"> The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> Health Education Nutritional Benefit Additional Smoking and Tobacco Use Cessation Visits Health Club Membership/Fitness Classes Nursing Hotline <p>See page 26 for additional information about Wellness/Education and Other Supplemental Benefits & Services</p>
Over-the-Counter Items	<p>For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.</p> <p>Medicaid usual limits and copays for this service:</p> <ul style="list-style-type: none"> Certain OTC drugs are covered. 	<p><u>General</u></p> <ul style="list-style-type: none"> Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit. <p>See page 26 for additional information about Over-the-Counter Items</p>
Transportation (routine)	For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.	<p><u>General</u></p> <ul style="list-style-type: none"> Authorization rules may apply. <p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 copayment for up to 24 one-way trip(s) to plan approved location every year <p>See page 26 for additional information about Transportation (Routine)</p>
Acupuncture and Other Alternative Therapies	<p>For duals protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, co-payments and deductibles for Original Medicare covered services.</p> <p>Medicaid usual limits and copays for this service:</p> <ul style="list-style-type: none"> Not covered. 	<p><u>General</u></p> <ul style="list-style-type: none"> Authorization rules may apply. <p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 copayment for up to 24 one-way trip(s) to plan approved location every year

Additional Medicaid Covered Services

Dual eligible members, who meet financial criteria for full Medicaid coverage may also be eligible to receive all Medicaid services not covered by Medicare. Humana Gold Plus may also offer coverage for these services. The services covered by Medicaid could include:

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
PRODUCTS AND DEVICES		
Dentures		See Benefit #26 for Humana Gold Plus Dental Services benefit.
Eyeglasses	<ul style="list-style-type: none"> Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and poly-carbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed. 	See Benefit #28 for Humana Gold Plus Vision Services benefit.
Hearing Aids	<ul style="list-style-type: none"> Covers hearing aid products including hearing aids, ear molds, special fittings and replacement parts. 	See Benefit #27 for Humana Gold Plus Hearing Services benefit.
TRANSPORTATION		
Non-Emergency Medical Transportation Services	<ul style="list-style-type: none"> Transportation expenses are covered when transportation is essential in order for a Member to obtain necessary medical care and services under the Medicaid program. Transportation services means transportation by ambulance, ambulette, fixed wing or airplane transport, invalid coach, taxicab, livery, public transportation, or other means appropriate to the enrollee's medical condition and a transportation attendant to accompany the enrollee, if necessary. 	See Humana Gold Plus Transportation (Routine) benefit.
INPATIENT LONG TERM CARE SERVICES		
Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services in Institutions for Mental Diseases (IMD), age 65 and older	<ul style="list-style-type: none"> Covered. Inpatient mental health over 190-Day Lifetime limit. 	Not covered.
Inpatient Psychiatric Services, under age 21	<ul style="list-style-type: none"> Covered. 	See Benefit #4 for Humana Gold Plus Inpatient Mental Health Care benefit.

(Additional Medicaid Covered Services - Continued on next page)

Additional Medicaid Covered Services

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
Intermediate Care Facility Services for the Mentally Retarded	<ul style="list-style-type: none"> Covered. 	Not covered.
Nursing Facility Services, other than in an Institution for Mental Diseases	<ul style="list-style-type: none"> Covered. Skilled nursing facility days provided by a licensed facility in excess of the first 100 days in the Medicare Advantage benefit period. Institutional Medicaid coverage for permanent placement is required. 	See Benefit #5 for Humana Gold Plus Skilled Nursing Facility benefit.
COMMUNITY BASED LONG TERM CARE AND MENTAL HEALTH SERVICES		
Personal Care Services	<ul style="list-style-type: none"> Services such as housekeeping, meal preparation, bathing, toileting, and grooming. 	Not covered.
Certain Mental Health Services including:	<ul style="list-style-type: none"> Intensive Psychiatric Rehabilitation Treatment Programs. Day Treatment. Continuing Day Treatment. Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units). Partial Hospitalizations Assertive Community -Treatment (ACT). Personalized Recovery Oriented Services (PROS). 	Not covered.
Medical Social Services	<ul style="list-style-type: none"> Service to assess the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home. Services must be provided by a qualified social worker and provided within a plan of care. 	Not covered.
Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs	<ul style="list-style-type: none"> Covered 	Not covered.
Comprehensive Medicaid Case Management	<ul style="list-style-type: none"> Covered 	Not covered.
Adult Day Health Care	<ul style="list-style-type: none"> ADHC's provide a comprehensive range of services in a community-based, non-institutional setting. General medical care, including treatment adherence support, nursing care, nutritional services, case management, HIV risk reduction, substance abuse, mental health and rehabilitative services are among those provided. 	Not covered.

(Additional Medicaid Covered Services - Continued on next page)

Additional Medicaid Covered Services

Benefit	Medicaid	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)
Personal Emergency Response System	<ul style="list-style-type: none">An electronic device which enables certain high-risk patients to secure help in the event of a physical, emotional or environmental emergency.	Not covered.

HOME AND COMMUNITY BASED WAIVER SERVICES

Dual eligible members, who meet the financial criteria for full Medicaid coverage, may also be eligible to receive Waiver services. Waiver services are limited to individuals who meet additional waiver eligibility criteria. For information on waiver services and eligibility, contact Medicaid at 1-800-541-2831.

The Additional Medicaid Covered Services table above reflects Medicaid services available on a fee for service basis for dual eligibles who meet the eligibility requirements for full Medicaid benefits.

The Medicaid information included in this section is current as of 7/1/2013. All Medicaid covered services are subject to change at any time. For the most current New York Medicaid coverage information, please visit the New York Medicaid website at http://www.health.ny.gov/health_care/medicaid/ or call the Medicaid Hotline at 1-800-541-2831.

2014

Value-Added Items and Services

Humana Gold Plus[®]
SNP-DE H3533-002 (HMO SNP)

Syracuse
Madison, Oneida, Onondaga and Oswego counties

Humana[®]

H3533002VAS14

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.

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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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

This image shows a blank sheet of white paper designed for handwriting practice. It features a series of horizontal lines. At the very top, there is a dashed black line. Below this, there are multiple pairs of solid grey lines, creating uniform vertical columns across the page. These lines provide a guide for letter height and placement. The entire sheet is otherwise empty, with no text or markings other than the lines themselves.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Humana is a Medicare Advantage organization with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.



[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 1-800-457-4708. 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 1-800-457-4708. 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 1-800-457-4708。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 1-800-457-4708。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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-457-4708. 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 1-800-457-4708. 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 Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-457-4708. 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 1-800-457-4708 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 1-800-457-4708. 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 الاتصال بنا على 1-800-457-4708. 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 1-800-457-4708 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 1-800-457-4708. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-800-457-4708. 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 1-800-457-4708. 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 1-800-457-4708. 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、1-800-457-4708 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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Humana®

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

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