

2015 Benefits at a Glance

HumanaChoice® R5826-067 (Regional PPO) States of Arkansas and Missouri

Plan Costs	In-Network	Out-of-Network
Monthly plan premium	\$0	
Annual out-of-pocket maximum	\$4,000	\$6,700 combined
Doctor Office Visits		
Primary care physician (PCP)	\$10 copay	30% of the cost
Specialist	\$35 copay	30% of the cost
Preventive Care (Medicare-covered screenings)		
Including: Annual Wellness visit, flu vaccine, colorectal cancer and breast cancer screening	Covered at no cost when you see an in-network provider	
Inpatient Care		
Acute inpatient hospital care	\$300 copay for days 1-5	30% per admit
Emergency Services		
Ambulance services	20% of the cost	20% of the cost
Emergency room	\$65 copay	\$65 copay
Urgently needed care	\$35 copay	30% of the cost
Outpatient Care		
Outpatient surgery at ambulatory surgical center	20% of the cost	30% of the cost
Physical therapy at therapy facility	\$35 copay	30% of the cost
X-rays at outpatient hospital facility	25% of the cost	30% of the cost
Diagnostic testing at outpatient hospital facility	25% of the cost	30% of the cost
Lab Services		
Lab tests from lab facility	\$0 copay	30% of the cost
Lab tests from outpatient hospital facility	25% of the cost	30% of the cost
Additional Programs & Services		
Routine dental services	Included	
Routine vision services	Included	
Fitness program	Included	
Over the counter drugs & supplies	\$0 copay; up to \$50 monthly value	
Humana Active Outlook wellness program	Included	

Continued:

Additional Programs & Services (continued)

Meal delivery benefit	Included
HumanaFirst 24-hour nurse hotline	Included
QuitNet smoking cessation program	Included

If you have questions, give us a call at **1-800-457-4708** (TTY: **711**), 8 a.m. - 8 p.m. seven days a week from Oct. 1, 2014 - Feb. 14, 2015 and Monday through Friday the rest of the year. Humana is a Medicare Advantage organization with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This information is available for free in other languages. Please call our customer service number at **1-800-457-4708** (TTY: **711**), 8 a.m. - 8 p.m. seven days a week from Oct. 1, 2014 - Feb. 14, 2015 and Monday through Friday the rest of the year. Esta información está disponible gratuitamente en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente al **1-800-457-4708** (TTY: **711**), de 8 a. m. a 8 p. m., los siete días de la semana, del 1 de octubre de 2014 al 14 de febrero de 2015, y de lunes a viernes el resto del año.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost-share may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

