

2015 Benefits at a Glance

Humana Gold Choice® H2944-114 (PFFS) Select Counties in Georgia

Plan Costs	In-Network	Out-of-Network
Monthly plan premium	\$90	
Annual out-of-pocket maximum		\$6,700 combined
Doctor Office Visits		
Primary care physician (PCP)	\$20 copay	
Specialist	\$45 copay	
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	\$275 copay for days 1-6	
Emergency Services		
Ambulance services	\$250 copay	
Emergency room	\$65 copay	
Urgently needed care	\$45 copay	
Outpatient Care		
Outpatient surgery at ambulatory surgical center	\$225 copay	
Physical therapy at therapy facility	\$20 copay	
X-rays at outpatient hospital facility	\$95 copay	
Diagnostic testing at outpatient hospital facility	\$95 copay	
Lab Services		
Lab tests from lab facility	\$0 copay	\$0 copay
Lab tests from outpatient hospital facility	\$95 copay	
Prescription Drugs		
Pharmacy deductible	\$320 only applies to Tier IV,Tier V	
Standard Retail 30-day supply Tier 1/ Tier 2/ Tier 3/ Tier 4/ Tier 5	\$6 copay/\$14 copay/\$45 copay/\$95 copay/25% of the cost	
Preferred Mail Order 90-day supply Tier 1/ Tier 2/ Tier 3/ Tier 4	\$0 copay/\$0 copay/\$125 copay/\$275 copay	

Continued:

Additional Programs & Services

Fitness program	Included
Over the counter drugs & supplies	\$0 copay; up to \$30 monthly value
Humana Active Outlook wellness program	Included
Meal delivery benefit	Included
HumanaFirst 24-hour nurse hotline	Included
QuitNet smoking cessation program	Included
Member assistance program	Included

Ask about Optional Supplemental benefits that may be available with this plan for an additional cost.

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. A Private Fee-for-Service plan is not Medicare supplement insurance. Providers who do not contract with our plan are not required to see you except in an emergency. 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.

