

# 2015 Benefits at a Glance

## Humana Gold Plus® H4141-004 (HMO) Augusta

Plan Costs		In-Network
Monthly plan premium		\$0
Annual out-of-pocket maximum		\$5,900
Doctor Office Visits		
Primary care physician (PCP)		\$10 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		\$260 copay for days 1-7
Emergency Services		
Ambulance services		\$250 copay
Emergency room		\$65 copay
Urgently needed care		\$45 copay
Outpatient Care		
Outpatient surgery at ambulatory surgical center		\$210 copay
Physical therapy at therapy facility		\$10 copay
X-rays at outpatient hospital facility		\$95 copay
Diagnostic testing at outpatient hospital facility		\$95 copay
Lab Services		
Lab tests from lab facility		\$45 copay
Lab tests from outpatient hospital facility		\$95 copay
Prescription Drugs		
Pharmacy deductible		\$200 only applies to Tier IV, Tier V
<b>Standard Retail</b> 30-day supply Tier 1/ Tier 2/ Tier 3/ Tier 4/ Tier 5		\$6 copay/\$18 copay/\$45 copay/\$95 copay/28% of the cost
<b>Preferred Mail Order</b> 90-day supply Tier 1/ Tier 2/ Tier 3/ Tier 4		\$0 copay/\$0 copay/\$125 copay/\$275 copay

Continued:

## Additional Programs & Services

Routine dental services	Included
Routine vision services	Included
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

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.

