

2016 Presentation

Humana Medicare Advantage and Prescription Drug Plans



Humana®

Let's talk about . . .

- Are you eligible?
- Your Medicare coverage options
- Choosing the right Humana plan for you
- Humana's Medicare Advantage and prescription drug plans*
- How to enroll



*In some areas, plans are also available without prescription drug coverage.

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Choosing how to receive your Medicare benefits is an important decision. We'll need about 60-90 minutes today, and I want our time together to be helpful to you. Bottom line? We want to make your healthcare experience SIMPLER!

Here's what we'll cover:

- How do you decide? I'll share Humana's ideas about that.
- Explain coverage options. Let's make sure you're well-informed so you feel ready to make a good decision.
- You'll learn about the specific benefits that will come with your Humana plan and get full disclosure on every benefit.
- Finally, you'll learn how to enroll in your Humana plan and what happens after you enroll.

Anything else you would like to discuss?

Seminars:

Ask the group to hold their questions.

You might say:

If you have questions, please note them on the paper provided. I'll take questions at a couple of points during the seminar.

Let's have an educational and enjoyable seminar/appointment.

Let's talk about . . .

- Are you eligible?
- Your Medicare coverage options
- Choosing the right Humana plan for you
- Humana's Medicare Advantage and prescription drug plans*
- How to enroll



*In some areas, plans are also available without prescription drug coverage.

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These are the eligibility requirements for a Medicare Advantage plan.

Seminars:

Read the requirements aloud.

- If they are eligible – Congratulations!
- If unsure, see agent afterward to discuss.

In-home presentation:

Ask for Medicare card to confirm eligibility.

Note: If no Medicare card yet, they should have a Medicare entitlement letter. If they can't find the card or letter, the beneficiary can call 1-800-MEDICARE to confirm their eligibility and get the Medicare claim number needed by the agent.

Common question:

Permanent residence is normally the primary residence of an individual, and the person is not away at any time for more than six consecutive months. If uncertain, you can confirm by seeing address on driver's license or voter registration card.

Are you eligible for a Medicare Advantage plan?

- Are you enrolled in Medicare Part A and Part B?
- Are you a permanent resident in a Medicare Advantage plan service area?

If so, you're free to choose a Medicare Advantage plan!

Note: Federal law will allow us to accept individuals with end-stage renal disease only under certain circumstances. Talk with your Humana agent or go to www.medicare.gov for information.



Medicare/Medicaid coverage (dual-eligible)

Do you qualify?

- If you're eligible for both Medicare and Medicaid, contact Humana directly for more information on all of the special benefits and services available to you through Humana's Dual Eligible Special Needs Plans (SNP)
- If you're eligible and choose to enroll in a cost-share protected Dual Eligible SNP, you will not be responsible for paying any premiums, deductibles, coinsurances or copayments associated with this plan's medical services



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Agents, these are potential remarks. This is NOT a script that must be read. We've included required statements for your benefit. Humana is a Medicare Advantage organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in a Humana plan depends on contract renewal.

REQUIREMENT:

State which specific products are available in your market. (e.g., MAPD: HMO, PPO and/or PFFS). You must indicate which plan you will be presenting.

Seminars:

You must indicate which plan or set of plans you will be presenting. This must be the plan advertised in the seminar ad. Share information about yourself [e.g., I live here in the area, kids, 65+ parents or grandparents, etc. – things that help establish a connection.]

I'll guide you through the enrollment process. There's no pressure. My goal today is to answer your questions and help you determine if a Humana plan fits your needs.

Part of my job is to share Medicare information with as many people as possible. Please think of your friends and associates who need this important information.

Seminars:

READ this slide to the group.

In-home presentations:

Some Medicare beneficiaries have both Medicare and Medicaid. Ask: "Do you have both Medicare and Medicaid?"

If YES, read the rest of the page aloud to the beneficiary. Then ask: "Any questions about the information?" "What would you like to do? Do you want to find out more about this or have you done so already? Should we stop or continue?"

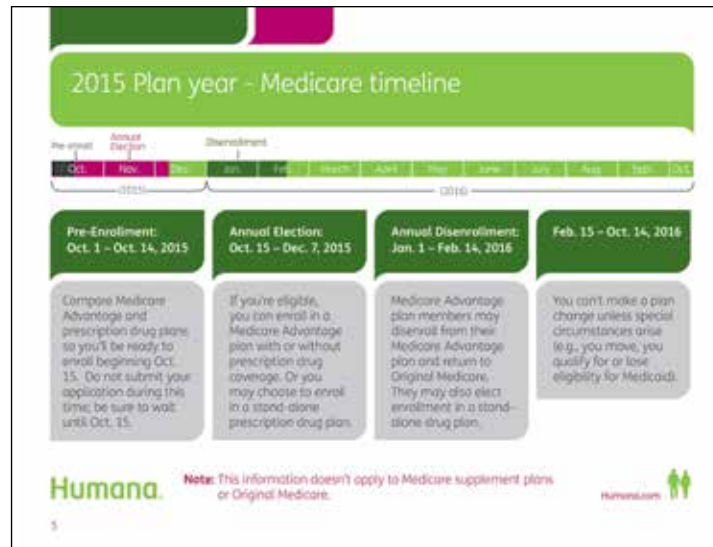
NEVER enroll if it will hurt their situation – do no harm.

Medicare/Medicaid coverage (dual-eligible)

Do you qualify?

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- If you're eligible and choose to enroll in a cost-share protected Dual Eligible SNP, you will not be responsible for paying any premiums, deductibles, coinsurances or copayments associated with this plan's medical services





You have many choices to consider, and that's why I'm here. I can help you navigate your way through these decisions.

Key dates:

- Annual Disenrollment Period
- Lock-In Period of Feb. 15 – Oct. 14. (Make it clear that the special circumstances listed are only examples and not an all-inclusive list.)

Clear on these dates? Any questions?

Annual Disenrollment Period:

This applies to all plans. If you are enrolled in a Medicare Advantage (MA) plan with prescription drug coverage and choose to enroll in a stand-alone PDP, you'll automatically be disenrolled from your MA plan. For Private-Fee-For-Service (PFFS) plans with no prescription drug coverage, you must request disenrollment from the MA PFFS plan before you can enroll in a stand-alone drug plan during the ADP.

2015 Plan year - Medicare timeline



Pre-Enrollment: Oct. 1 – Oct. 14, 2015

Compare Medicare Advantage and prescription drug plans so you'll be ready to enroll beginning Oct. 15. Do not submit your application during this time; be sure to wait until Oct. 15.

Annual Election: Oct. 15 – Dec. 7, 2015


If you're eligible, you can enroll in a Medicare Advantage plan with or without prescription drug coverage. Or you may choose to enroll in a stand-alone prescription drug plan.

Annual Disenrollment: Jan. 1 – Feb. 14, 2016

Medicare Advantage plan members may disenroll from their Medicare Advantage plan and return to Original Medicare. They may also elect enrollment in a stand-alone drug plan.

Feb. 15 – Oct. 14, 2016

You can't make a plan change unless special circumstances arise (e.g., you move, you qualify for or lose eligibility for Medicaid).



Experience behind the coverage

Experience comes from offering Medicare plans for nearly 30 years.

- Humana is one of the largest administrators of Medicare Advantage plans in the United States¹
- Humana offered its first Medicare plan in 1987.

Humana offers a wide range of products and services that incorporate an integrated approach to lifelong well-being.

- So our goal becomes more than just paying your bills when you're sick
- Our goal is to help you achieve lifelong well-being

¹Herman, Bob. "Medicare Advantage plans 1.25% increase for 2016." modernhealthcare.com April 2015

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Let me tell you about Humana, a company that helps people, where dedication to the community, financial stability and national coverage are important descriptors.

We're very proud to say that we're one of the largest administrators of Medicare Advantage plans in the country. Nearly 6.7 million¹ Medicare members have chosen us to be their healthcare partner. And it is a partnership - because at Humana, you're not just buying an insurance plan; you're buying access to everything we do to work with you to improve and manage your health.

So our goal becomes more than just paying your bills when you're sick; our goal is to help you achieve lifelong well-being.

Plus, when you work with Humana, you also get me! And I'm here to help.

¹Humana Inc. First Quarter 2014 Earnings Release 5/7/2014

Experience behind the coverage

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The right Humana plan for you

- What type of plan do you have now?
- What do you like about your coverage?
- What would you add to your current coverage to make it ideal for you?
- Who helps you make decisions about your healthcare?



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There are many choices when it comes to your Medicare benefits. Many people aren't sure how to select the plan that's best for them.

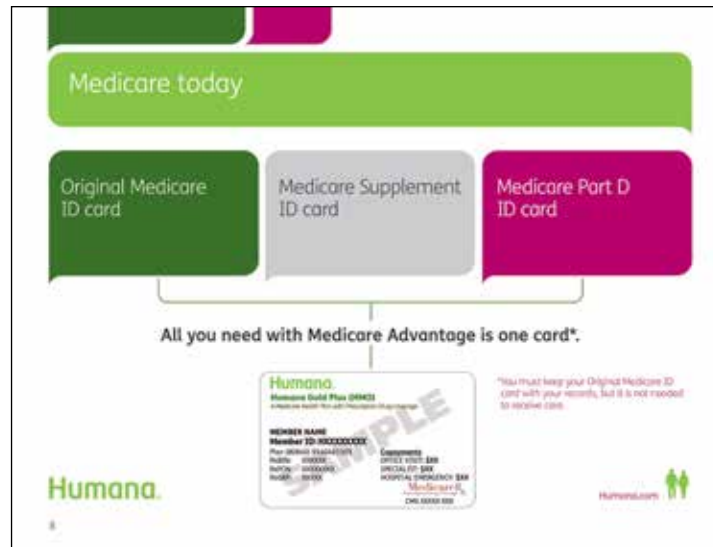
- Ask permission to take notes and write down answers to the questions posed on this slide.
- Ask each question. If they share information, it's not required, about monthly premium or drug costs, write it down and annualize it.
- Many people trust someone else to help make healthcare decisions: a spouse, grown child, or close friend. I can provide you with a copy of the Consent for Release of Protected Health Information Form that can be found online at [Humana.com/caregiver](https://www.humana.com/caregiver). This consent form is different from granting a medical power of attorney, which allows someone to make decisions about your care when you are unable to do so and is what's required from someone other than you to enroll you in the plan.

Was this exercise helpful?

The right Humana plan for you

- What type of plan do you have now?
- What do you like about your coverage?
- What would you add to your current coverage to make it ideal for you?
- Who helps you make decisions about your healthcare?





This slide shows different ways you may receive your Medicare benefits for:

1. Original Medicare + a PDP - If you go this route, you may wish to enroll in a Medicare Part D prescription drug plan, often called a “stand-alone PDP.” Original Medicare doesn’t cover prescription drugs.
2. Original Medicare + a Medigap policy - If you select Original Medicare, you may purchase Medicare supplement insurance – a Medigap policy. This may reduce financial liability. Original Medicare doesn’t cover prescription drugs, so a PDP can also be purchased to cover drug costs.
3. Medicare Advantage - Medicare Advantage is different from a Medicare supplement plan. You may choose to receive your Medicare benefits through a Medicare Advantage (MA) plan or a Medicare Advantage prescription drug (MAPD) plan. With many Medicare Advantage plans, you will receive a health plan, usually with drug coverage, and you won’t need Medicare supplement insurance (Medigap). One plan, one company.

Isn't it great to have choices? In the next few pages, you'll find out more about each choice.

If you choose Medicare Advantage with a built in Part D benefit, you will only be issued one card through Humana.

Medicare today

Original Medicare
ID card

Medicare Supplement
ID card

Medicare Part D
ID card

All you need with Medicare Advantage is one card*.

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Humana Gold Plus (HMO)

A Medicare Health Plan with Prescription Drug Coverage

MEMBER NAME

Member ID: HXXXXXXXXX

Plan (80840) 9140461101

RxBIN: XXXXXX

RxPCN: XXXXXXXX

RxGRP: XXXXX

Copayments

OFFICE VISIT: \$XX

SPECIALIST: \$XX

HOSPITAL EMERGENCY: \$XX

MedicareRx
Prescription Drug Coverage
CMS XXXXX XXX

*You must keep your Original Medicare ID card with your records, but it is not needed to receive care.

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Original Medicare

You receive a service, you pay a fee and:

- You usually pay a monthly premium for Part B
- You have access to any doctor or provider who accepts Medicare
- Out-of-pocket costs include hospital and medical deductible and coinsurance
- You may want to purchase separate Medicare supplement insurance and prescription drug plan to cover gaps

1-800-MEDICARE (1-800-633-6227)

JANE DOE

999-99-9999-A

HOSPITAL MEDICAL (PART D)

FEMALE

07-01-1986

07-01-1986

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Original Medicare was launched in 1965 and for many years was the only health plan choice available through the Medicare program.

More about Original Medicare:

- Part A helps pay for hospital charges.
- Part B helps with medical charges, like the cost for doctor services, lab tests and other services received on an outpatient basis.
- There are deductibles and coinsurance with Original Medicare. For Part B, you pay a monthly premium. For 2016, the monthly premium is _____ and can be adjusted upward for those with higher incomes.

Original Medicare

You receive a service, you pay a fee and:

- You usually pay a monthly premium for Part B
- You have access to any doctor or provider who accepts Medicare
- Out-of-pocket costs include hospital and medical deductible and coinsurance
- You may want to purchase separate Medicare supplement insurance and prescription drug plan to cover gaps



Original Medicare + Medicare Supplement Insurance

Medicare Supplement Insurance
(also referred to as a Medigap policy)

- Purchased from private insurance companies
- Supplements Original Medicare coverage
- Covers some costs Original Medicare doesn't pay, like coinsurance and deductibles
- Original Medicare pays before the Medicare supplement plan pays
- Plans are available with varying coverage options
- Freedom to visit any doctor who accepts Medicare patients

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If you currently have a Medigap policy and have never had a Medicare Advantage plan, you can try Medicare Advantage plan for up to 12 months.

- If it's not right for you, you can return to Original Medicare and purchase another Medicare supplement plan. A company can't refuse to sell you a Medicare supplement plan if you had been in the Medicare Advantage trial period. You just might not be able to get the same Medicare supplement plan you previously had.
- The plans that meet this criteria are Medigap Plan A, Plan B, Plan C, Plan F, Plan K or Plan L.

Questions about anything we've covered so far?

IF the beneficiary expresses a desire to enroll in a Medigap policy, this slide is the transition place to discuss Humana Medigap policies. You can begin the Medigap application process. You do not have to come back to this presentation.

IF Medigap is not the solution, continue to the next slide.

Original Medicare + Medicare Supplement insurance

Medicare Supplement insurance

(also referred to as a Medigap policy)


- Purchased from private insurance companies
- Supplements Original Medicare coverage
- Covers some costs Original Medicare doesn't pay, like coinsurance and deductibles
- Original Medicare pays before the Medicare supplement plan pays
- Plans are available with varying coverage options
- Freedom to visit any doctor who accepts Medicare patients

What are Medicare Advantage (MA) health plans?

- Private insurance companies approved by Medicare provide this coverage
- The plans provide Medicare beneficiaries a choice in how they receive Medicare coverage
- MA plans are not Medicare supplement insurance plans
- These plans must offer all benefits of Original Medicare and can include Part D prescription drug coverage
- All Humana plans offer maximum out-of-pocket protections
- Humana MA plans include emergency coverage when traveling outside the United States

Humana
 Humana Gold Plus (HMO)
 A Medicare Health Plan with Prescription Drug Coverage

<p>MEMBER NAME Member ID: H000000000 Plan (650425 910442131) RxID# : XXXXXX RUPIN : XXXXXXXX RUDAP : XXXXXX</p>	<p>CARD ISSUED: HMD0011111</p> <p>Copayments OFFICE VISIT: \$00 SPECIALIST: \$00 HOSPITAL EMERGENCY: \$00</p> <p>Medicare B CMS XXXXX XXX</p>
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Over the next several slides, you'll learn more about Medicare Advantage.

Tell me, why are you considering a Medicare Advantage plan?

Add the points to the notes written earlier.

Remember, when you enroll in a Medicare Advantage plan, you **STILL** have Original Medicare. You don't lose it. You're just choosing to allow a private company to administer your benefits instead of the federal government.

Medicare Advantage plans must be reviewed and approved annually by the Center for Medicare & Medicaid Services (CMS).

How does that sound?

What are Medicare Advantage (MA) health plans?

- Private insurance companies approved by Medicare provide this coverage
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- MA plans are not Medicare supplement insurance plans
- These plans must offer all benefits of Original Medicare and can include Part D prescription drug coverage
- All Humana plans offer maximum out-of-pocket protections
- Humana MA plans include emergency coverage when traveling outside the United States



Why choose Medicare Advantage?

- Many plans offer health and prescription drug coverage
- Most plans have lower out-of-pocket costs than Original Medicare
- Extra benefits may include
 - Mail delivery pharmacy options
 - Nurse advice line
 - Fitness programs
 - Care management programs
- Very little paperwork compared to Original Medicare

*Benefits listed may not be available on all plans, in all areas or in a single benefits package.





CMS requires all private carriers to provide the same baseline coverage for all members. Medicare Advantage plans exist because private companies may be able to provide better benefits and reduce healthcare costs. Humana competes for your business, which may enable you to receive more benefits, extras and reduced out-of-pocket costs.

The next thing you're going to learn about are the different types of Humana Medicare Advantage plans that are available to you in this area.

Before we move on, any new questions?

Why choose Medicare Advantage?

- Many plans offer health and prescription drug coverage
- Most plans have lower out-of-pocket costs than Original Medicare
- Extra benefits may include*
 - Mail delivery pharmacy options
 - Nurse advice line
 - Fitness programs
 - Care management programs
- Very little paperwork compared to Original Medicare



*Benefits listed may not be available on all plans, in all areas or in a single benefits package.

More plan choices with Medicare Advantage

Medicare Advantage (MA) plans offered by Humana

- Health maintenance organization (HMO)
- Preferred provider organization (PPO)
- Private-fee-for-service (PFFS)

Part D Medicare prescription drug coverage

- May be purchased as a stand-alone plan or
- As part of a Medicare Advantage prescription drug plan (MAPD)

All plans must meet minimum coverage level set by the Centers for Medicare & Medicaid Services.

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Briefly differentiate between plan types.

In this area, Humana offers these plans: _____ (fill in based on local offerings - HMO, PPO, PFFS, and/or PDP). Based on your scope of appointment or advertised seminar - today we will discuss _____ (predetermined by Scope of Appointment Form or by seminar type advertised).

Our goal today is to find a plan that best meets your needs and budget.

Speak to the Part D points on the slide if MA plan does not include prescription drug coverage.

If using the flip chart, flip to the tab that explains the specific product that is being presented (HMO, PPO or PFFS).

If using the PowerPoint, click on the link to go to the slide of the specific product that is being presented (HMO, PPO, PFFS).

You are not required to explain the details of each plan type, only those advertised or agreed upon, and you will still be giving a compliant presentation.

More plan choices with Medicare Advantage

Medicare Advantage (MA) plans offered by Humana

- Health maintenance organization (HMO)
- Preferred provider organization (PPO)
- Private-fee-for-service (PFFS)

Part D Medicare prescription drug coverage

- May be purchased as a stand-alone plan or
- As part of a Medicare Advantage prescription drug plan (MAPD)

All plans must meet minimum coverage level set by the Centers for Medicare & Medicaid Services.



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Is an HMO right for you?

Health maintenance organization (HMO)

- Defined network of providers.
- Primary care physician (PCP) coordinates all of your care
- You may have to receive a referral from your PCP to see a specialist
- In most cases, you must use network providers for all scheduled care; there is no coverage for out-of-network care, except for emergency or out-of-area urgent care
- Out-of-pocket costs may be significantly lower than Original Medicare



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With an HMO, there's an established Humana network of participating doctors, specialists, hospitals and other medical service providers.

You will be required to receive services from network providers, except in the case of urgent or emergency care needed while away. With an HMO, you have a primary care physician, or PCP, who is invested in guiding your healthcare. You may need referrals for most specialist visits. On the other hand, you will have low out-of-pocket costs.

Review our online provider directory, called Physician Finder Plus, to see if your current doctor participates.

(Note: Physician Finder Plus on Humana.com or m.Humana.com is the most current source for participating providers.) Even if your doctor isn't in the network, the plan benefits may be worth selecting a PCP from the Humana network. If your choice doesn't suit you, you can change PCPs as often as monthly.

Note: HMO referrals are not always required. If referrals are not required for the HMO in your market, explain how to access specialist care in the HMO network.

Note: If the HMO plan includes POS (point-of-service) benefits, certain services beyond emergency and urgent care are covered out of network. Details available in the Summary of Benefits.

Go to slide 21 to explain the available prescription drug benefits.

Is an HMO right for you?

Health maintenance organization (HMO)

- Defined network of providers.
- Primary care physician (PCP) coordinates all of your care
- You may have to receive a referral from your PCP to see a specialist
- In most cases, you must use network providers for all scheduled care; there is no coverage for out-of-network care, except for emergency or out-of-area urgent care
- Out-of-pocket costs may be significantly lower than Original Medicare





The slide features a green header with the title "Dual-Eligible Special Needs Plan (SNP)". Below the header is a bulleted list of benefits. At the bottom left is the Humana logo, and at the bottom right is a small icon of two people with the text "Humana.com".

Dual-Eligible Special Needs Plan (SNP)

- Additional benefits over Medicaid
- Enhanced care management services
- Defined network of providers
- Primary care physician (PCP) coordinates all of your care
- Personalized care plans that cater to each individual's needs
- In most cases, you must use network providers for all scheduled care
- No coverage for out-of-network care, except for emergency or out-of-area urgent care

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With a Dual SNP, additional benefits are included that are not typically part of Medicaid benefits. Plan availability will vary by geographic location and certain restrictions may apply to the level of Medicaid eligibility required for plan enrollment.

Enhanced care management services are offered that are tailored to your specific needs.

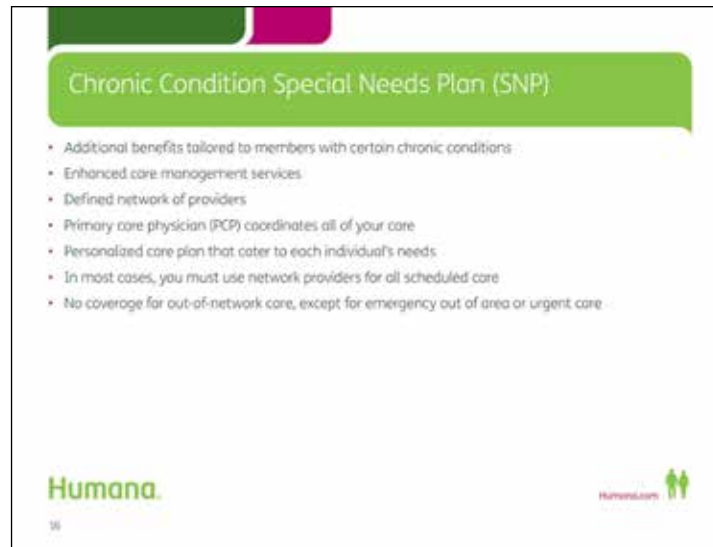
There's an established Humana network of participating doctors, specialists, hospitals and other medical service providers.

You will be required to receive services from network providers, except in the case of urgent or emergency care needed while away or out—network services approved by your primary care physician (PCP) and the plan.

Go to slide 21 to explain the available prescription drug benefits.

Dual-Eligible Special Needs Plan (SNP)

- Additional benefits over Medicaid
- Enhanced care management services
- Defined network of providers
- Primary care physician (PCP) coordinates all of your care
- Personalized care plans that cater to each individual's needs
- In most cases, you must use network providers for all scheduled care
- No coverage for out-of-network care, except for emergency or out-of-area urgent care

A presentation slide titled "Chronic Condition Special Needs Plan (SNP)" in a green header. Below the title is a bulleted list of benefits. At the bottom left is the Humana logo, and at the bottom right is the Humana website URL and a small icon of two people.

Chronic Condition Special Needs Plan (SNP)

- Additional benefits tailored to members with certain chronic conditions
- Enhanced care management services
- Defined network of providers
- Primary care physician (PCP) coordinates all of your care
- Personalized care plan that cater to each individual's needs
- In most cases, you must use network providers for all scheduled care
- No coverage for out-of-network care, except for emergency out of area or urgent care

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With a Chronic SNP, additional benefits are included that are tailored specifically to members with diabetes, chronic heart failure, cardiovascular disorders and/or chronic lung disorders. Plan availability and specific conditions covered will vary by geographic location.

Enhanced care management services are offered that are tailored to help meet the care needs of people like you.

There's an established Humana network of participating doctors, specialists, hospitals and other medical service providers.

You will be required to receive services from network providers, except in the case of urgent or emergency care needed while away or non-network services approved by your primary care physician (PCP) and the plan.

Go to slide 21 to explain the available prescription drug benefits.

Chronic Condition Special Needs Plan (SNP)

- Additional benefits tailored to members with certain chronic conditions
- Enhanced care management services
- Defined network of providers
- Primary care physician (PCP) coordinates all of your care
- Personalized care plan that cater to each individual's needs
- In most cases, you must use network providers for all scheduled care
- No coverage for out-of-network care, except for emergency out of area or urgent care

Is a PPO right for you?

Preferred provider organization (PPO)

- Defined network of providers
- Flexibility to use providers who aren't part of the network
- Out-of-pocket costs may increase significantly when you use out-of-network providers, facilities or labs, except for emergency care*
- You may save money when you use network providers because the plan pays a larger share of the cost

*In some cases, the costs are the same in and out of network.

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If you identify a primary care physician and that provider is in our network, we'll notify him or her that you have a Humana plan. This will make the doctor aware of your preventive benefits and other plan features.

Humana has network providers in many locations around the country in our Medicare ChoiceCare Network. Using in-network providers may save you money with your out-of-pocket costs.

Why is that important to you?

If you are away and need medical treatment, you can call Humana to find out if there are HumanaChoice PPO (Medicare PPO) contracted doctors nearby. If so, you can see them for in-network rates.

Also, if the best doctor or facility for treating your medical condition is located outside your plan's service area, but is a part of our Medicare ChoiceCare Network, you will be charged in-network rates. We're proud to bring that kind of value. What do you think?

Note: If there's both a local and regional PPO available, the member simply chooses the one that brings them the most value.

Note: All 2015 local PPO plans require a PCP selection. If the member does not select an in-network PCP, one will be assigned to them and will appear on their ID card. Referrals are NOT required and members can change their PCP on file with Humana by calling customer service.

Go to slide 21 to explain the available prescription drug benefits

Is a PPO right for you?

Preferred provider organization (PPO)

- Defined network of providers
- Flexibility to use providers who aren't part of the network
- Out-of-pocket costs may increase significantly when you use out-of-network providers, facilities or labs, except for emergency care*
- You may save money when you use network providers because the plan pays a larger share of the cost

*In some cases, the costs are the same in and out of network.



Is a PFFS right for you?

Private-fee-for-service (PFFS)

- No referral needed to see any doctor
- Most plans include provider networks, but any provider can participate under the following conditions:
 - The doctor must agree to accept the private-fee-for-service plan's payment terms and conditions
 - For plans with prescription drug coverage, you must use network pharmacies for prescription drugs, except in emergencies or urgent situations
 - The doctor must accept Medicare assignment

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Most of Humana's PFFS plans have provider networks, and that helps identify providers who you know will accept the plan. With a PFFS plan, you have the freedom to see other providers not listed in the directory as long as the provider agrees to accept Humana's payment terms and conditions.

If you wish to identify a primary care physician, if the person is part of our network, we'll notify him or her that you have a Humana plan. We will make the doctor aware of your preventive benefits and other plan features.

Is a PFFS right for you?

Private-fee-for-service (PFFS)

- No referral needed to see any doctor
- Most plans include provider networks, but any provider can participate under the following conditions:
 - The doctor must agree to accept the private-fee-for-service plan's payment terms and conditions
 - For plans with prescription drug coverage, you must use network pharmacies for prescription drugs, except in emergencies or urgent situations
 - The doctor must accept Medicare assignment

Please replace
with page 18 of
the "tabs" file

PFFS plan review

Private-fee-for-service (PFFS)

- Before seeing a provider, you should consider the following:
 - A private-fee-for-service plan is not a Medicare supplement plan; providers who do not contract with the fee-for-service plan are not required to see you except in an emergency, so you should verify coverage before each visit.
 - If providers choose to provide services, they must bill the private-fee-for-service plan for your covered healthcare services; they may not bill you.
 - If your PFFS plan has a network, you can still receive services from out-of-network providers, but you may pay more.
 - Private-fee-for-service plans do not pay after Medicare pays its share.
 - You're required to pay the appropriate deductibles, copayments and coinsurance.

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Walk through points with beneficiary

Please replace
with "tabs" file

PFFS plan review

Private-fee-for-service (PFFS)

- Before seeing a provider, you should consider the following:
 - A private-fee-for-service plan is not a Medicare supplement plan; providers who do not contract with the fee-for-service plan are not required to see you except in an emergency, so you should verify coverage before each visit
 - If providers choose to provide services, they must bill the private-fee-for-service plan for your covered healthcare services; they may not bill you
 - If your PFFS plan has a network, you can still receive services from out-of-network providers, but you may pay more
 - Private-fee-for-service plans do not pay after Medicare pays its share
 - You're required to pay the appropriate deductibles, copayments and coinsurance

PFFS plan review

Private-fee-for-service (PFFS)

- We have network providers - providers who have signed contracts with our plan - for all services covered under Original Medicare in our full network plans
- For partial network plans, contracted providers are limited to certain durable medical equipment providers, home health providers and some freestanding labs; these providers have agreed to see members of our plan
- Providers can find the plan's terms and conditions of payment on our website:
<https://www.humana.com/medicare/products-and-services/medicare-advantage/humana-gold-choice/humana-gold-choice-terms>



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Walk through points with beneficiary

Go to slide 21 to explain the available prescription drug benefits.

PFFS plan review

Private-fee-for-service (PFFS)

- We have network providers – providers who have signed contracts with our plan – for all services covered under Original Medicare in our full network plans
- For partial network plans, contracted providers are limited to certain durable medical equipment providers, home health providers and some freestanding labs; these providers have agreed to see members of our plan
- Providers can find the plan's terms and conditions of payment on our website:

[Humana.com/medicare/products-and-services/medicare-advantage/Humana-gold-choice/Humana-gold-choice-terms](https://www.humana.com/medicare/products-and-services/medicare-advantage/Humana-gold-choice/Humana-gold-choice-terms)



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Is a stand-alone prescription drug plan right for you?

Medicare Part D prescription drug plans (PDP)

- Plans offered by private companies under contract with Medicare
- Companies may offer plans with different levels of coverage
- Compare your prescription drug needs with the plan's coverage, drug list and your plan's cost for the medications you take

Humana
Humana Enhanced (PDP)
 Plan ID: H000000000
 Member ID: H000000000
 Plan: H000000000
 Network: H000000000
 Address: H000000000
 Humana.com



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You may choose a stand-alone PDP if you choose to stay with Original Medicare or if you select a Medigap policy.

An important consideration when selecting a PDP is the list of drugs covered by the plan, called the formulary or drug list. Humana PDP drug lists cover all the drug classes required by Medicare, although that does not mean that they cover every single medicine. With Humana, it's easy to look up covered medicines.

Participating pharmacies are also a key factor. Make sure that the pharmacies you want to use will accept your PDP coverage. Humana has a pharmacy network of over 60,000 pharmacies nationwide, including Walmart, CVS, Walgreens, mail delivery options like Humana PharmacyTM and more.

Finally, make sure the premium and your cost share fit your budget. Humana offers several PDP options so that you can choose the one that best meets your needs.

Note: If the plan being presented includes prescription drug coverage, explain what prescription drug benefits are included.

Is this helpful information?

Is a stand-alone prescription drug plan right for you?

Medicare Part D prescription drug plans (PDP)

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- Companies may offer plans with different levels of coverage
- Compare your prescription drug needs with the plan's coverage, drug list and your plan's cost for the medications you take

Humana
Humana Enhanced (PDP)
Prescription Drug Plan

MEMBER NAME
Member ID: HXXXXXXXXX
Plan (80840) 9140461101
RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX

Medicare
Prescription Drug Coverage
CMS XXXXX XXX



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Basic prescription benefit			
Part D plans can offer more benefits, but they all must meet the minimum requirements listed below:			
2016 Medicare prescription drug plan – basic coverage			
Phases of 2016 basic benefit	Dollar limits for each phase of 2016 basic benefit	You Pay	Out-of-pocket cost in each benefit phase (excluding premiums)
Phase 1 - Deductible	\$0 - \$360	100% of first \$360 in Rx cost	\$360
Phase 2 - Initial coverage limit	\$360 - \$3,310	25% of the next \$2,950 (\$737.50) in Rx cost	\$737.50
Phase 3 - Coverage gap*	\$3,310 - \$4,850	45% of covered brand-name and 58% of generic drugs of the next \$3,752.50	\$3,752.50
Total annual out-of-pocket amount before Phase 4			\$4,850**
Phase 4 - Catastrophic coverage	Greater than \$4,850: Medicare and plan cover 95%	\$2.95 for generic/preferred multi-source drugs and \$7.40 for all other drugs; or 5% coinsurance, whichever is greater	You continue to pay up to 5% of the costs.

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*See Coverage in the Gap on following slide.
 **Annual out-of-pocket amount doesn't include monthly premiums, or any amounts paid during catastrophic coverage.



This chart contains words and numbers that are unfamiliar to most people. It represents what CMS calls its standard drug benefit. For CMS to approve a drug plan, it has to be at least this good.

In its simplest form, the chart is telling you that if you select a stand-alone PDP or even a Medicare Advantage plan with drug coverage, you have the confidence of knowing that the drug benefit in your plan is at least as good as the Medicare benchmark.

You'll see that the benefit has four phases. You'll move from one level to the next based on drug costs and your spending. I'll explain these in more detail when we go through your Humana drug plan benefits.

I'll show you how the Humana drug benefit matches and may even exceed the benchmark benefit.

Please replace
with "tabs" file

Basic prescription benefit

Part D plans can offer more benefits, but they all must meet the minimum requirements listed below:

2016 Medicare prescription drug plan – basic coverage

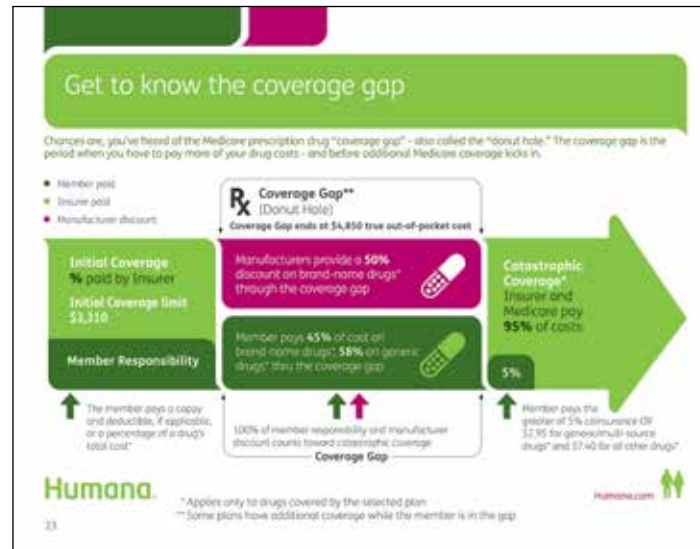
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*See Coverage in the Gap on following slide

**Annual out-of-pocket amount doesn't include monthly premiums or any amounts paid during catastrophic coverage

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Be sure to cover this completely.

Discount program for brand-name medicines

CMS works with drug companies and Part D plans to give you 55 percent off on covered brand-name prescriptions while you're in the coverage gap.

Coverage in the gap for generic medicines

CMS partners with health plans to help you pay for generic drugs while you're in the coverage gap. You'll have 42 percent of the cost covered.

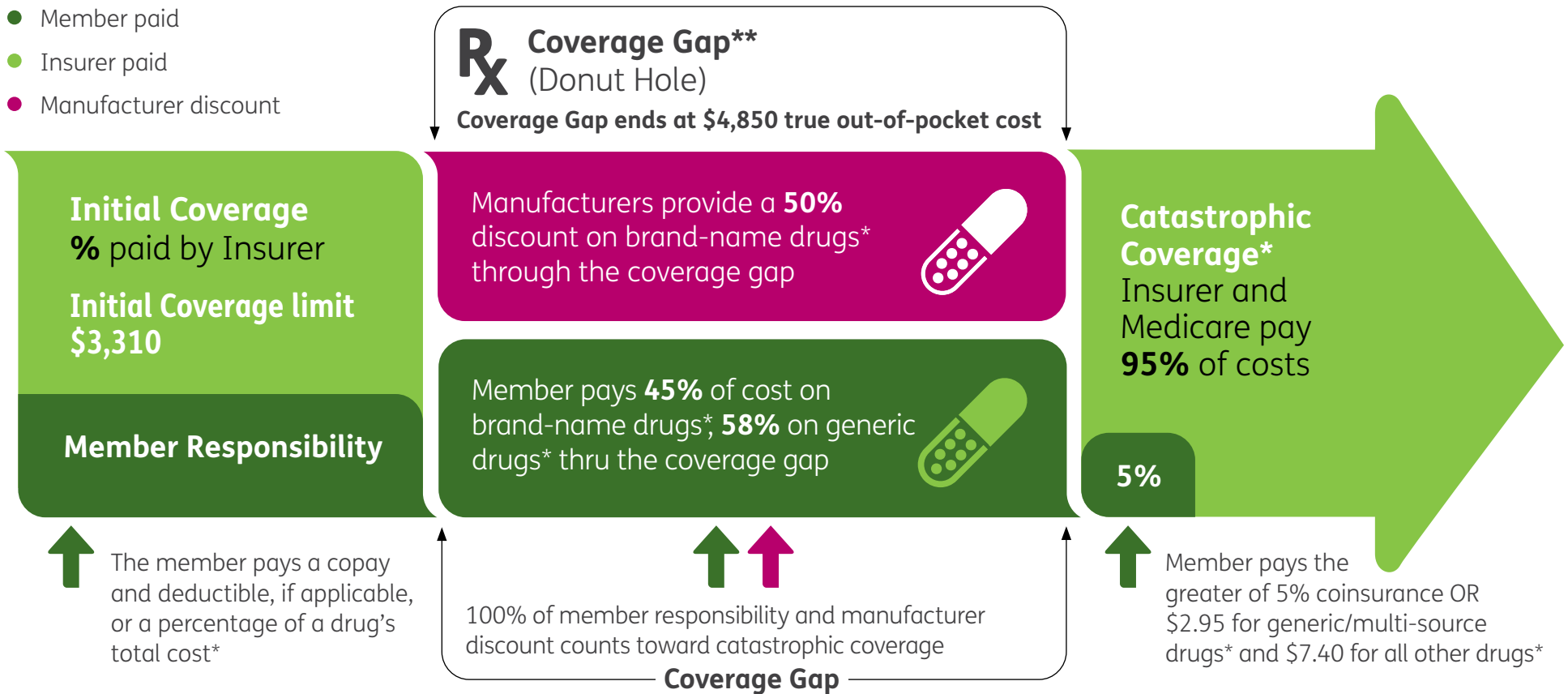
If you receive a low-income subsidy or have an employer-sponsored retiree drug plan - with the exception of employer groups with waivers - you won't be eligible for this discount.

Any questions before we move on?

Get to know the coverage gap

Chances are, you've heard of the Medicare prescription drug "coverage gap" - also called the "donut hole." The coverage gap is the period when you have to pay more of your drug costs - and before additional Medicare coverage kicks in.

- Member paid
- Insurer paid
- Manufacturer discount



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* Applies only to drugs covered by the selected plan

** Some plans have additional coverage while the member is in the gap

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Extra help

Do you wonder if you can afford your prescription medicines?

- Call to see if you may qualify for money the federal government has set aside to help people with their drug expenses:
 - **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day, seven days a week.
 - The Social Security office at **1-800-772-1213**. TTY users should call **1-800-325-0778** between 7 a.m. - 7 p.m., Monday - Friday, Eastern time.
 - Your state Medicaid office.

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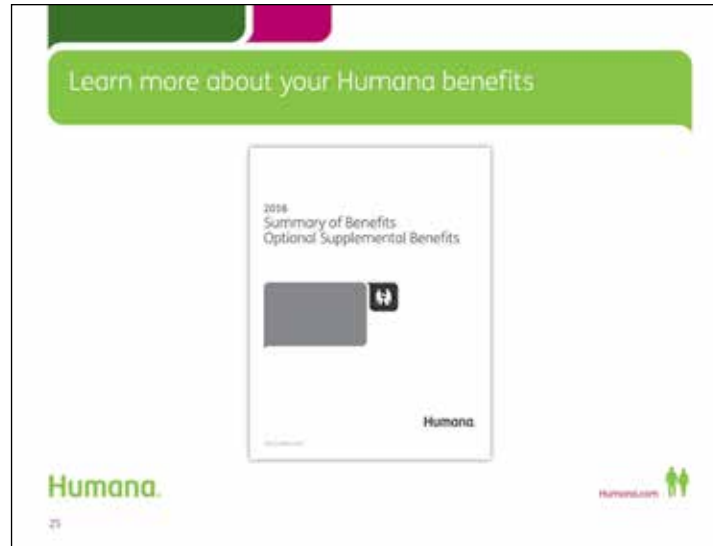
34

Many people do qualify for extra help. Make the call to find out if you're one of them.

Extra help

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 - Your state Medicaid office.



Provide the Summary of Benefits booklet for the specific plan being presented today.

Direction:

- Explain how the benefits booklet is organized by providing a brief overview of the two sections: section 1: plan info and your protections, section 2: benefit descriptions
- Scan through section 1
 - Pointing out what it contains
 - Read aloud the plan service area and first paragraph of “Plan Protections”
- Present the STARs rating for the plan, mentioning that Humana aspires for the highest possible rating and works continuously to improve and enhance our plans
- For section 2, explain how the benefits grid is organized
 - Explain every benefit
 - Emphasize the importance of using the preventive benefits

Present remaining PowerPoint/flipchart slides before the enrollment decision.

Learn more about your Humana benefits

2016
Summary of Benefits
Optional Supplemental Benefits



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In-network providers

No insurer can guarantee that your provider is in or will remain part of a plan network. Here are two ways you can determine whether your provider accepts your Humana Medicare Advantage plan:

- Visit [Humana.com/PhysicianFinder](https://www.humana.com/PhysicianFinder)
- Call your provider's billing department and ask if the provider accepts the specific Humana plan you're considering





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I know having access to your providers is an important part of the plan decision making process. Let's discuss how we can determine what providers you will have access to with this plan.

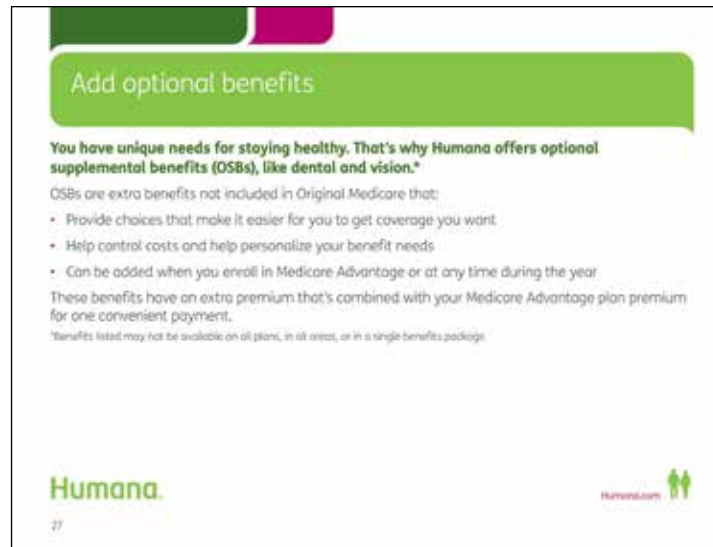
Reminder: Some plans require you to select a network PCP

In-network providers

No insurer can guarantee that your provider is in or will remain part of a plan network. Here are two ways you can determine whether your provider accepts your Humana Medicare Advantage plan:

- Visit **[Humana.com/PhysicianFinder](https://www.humana.com/PhysicianFinder)**
- Call your provider's billing department and ask if the provider accepts the specific Humana plan you're considering





Add optional benefits

You have unique needs for staying healthy. That's why Humana offers optional supplemental benefits (OSBs), like dental and vision.*


OSBs are extra benefits not included in Original Medicare that:

- Provide choices that make it easier for you to get coverage you want
- Help control costs and help personalize your benefit needs
- Can be added when you enroll in Medicare Advantage or at any time during the year

These benefits have an extra premium that's combined with your Medicare Advantage plan premium for one convenient payment.

*Benefits listed may not be available on all plans, in all areas, or in a single benefits package.

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Humana lets members customize their plan by adding OSBs, like vision or dental coverage.

If you're interested, you can add them to your plan for an extra premium at any time throughout the year. It's easy. Election periods do not apply.

Identify the optional supplemental benefits offered with the plan and provide cost information.

Add optional benefits

You have unique needs for staying healthy. That's why Humana offers optional supplemental benefits (OSBs), like dental and vision*.

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- Provide choices that make it easier for you to get coverage you want
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- Can be added when you enroll in Medicare Advantage or at any time during the year

These benefits have an extra premium that's combined with your Medicare Advantage plan premium for one convenient payment.

*Benefits listed may not be available on all plans, in all areas, or in a single benefits package.

Enjoy extra value and possible savings

Availability varies by plan:

- Access to Mail delivery pharmacies, like Humana Pharmacy™ E.I.
- Fitness program
- 24-hour nurse advice line
- SmartSummary®
- Personal health coaching
- Online tools on Humana.com and m.Humana.com

Benefits or services listed may not be available on all plans, in all areas or in a single benefits package.

†Other pharmacies are available in our network.
Humana Pharmacy shipments are typically delivered within 7-10 days from the date of your order. Call 1-800-279-0052 (TTY: 711) Monday - Friday, 8 a.m. - 11 p.m., and Saturday 8 a.m. - 6:30 p.m., Eastern time, if you don't receive your shipment within the time frame.



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Mail delivery pharmacies, like Humana Pharmacy™, may save you money and time and are usually more convenient. Up to a 90-day supply of your maintenance medicines will be shipped to you at home or the location of your choice.

Plans may include a fitness plan or guidance on exercising. Use this to stay well.

Have you ever not felt well and wondered whether you need to see a doctor? With your Humana plan, you'll have a registered nurse available by phone around the clock.

With your Humana plan, you'll also receive a SmartSummary® that gives you valuable, easy-to-read information that includes tips to help you save money.

Work with a personal health coach on ways to manage your weight; care for your back; manage your blood sugar, cholesterol; stop smoking; and much more.

MyHumana is your secure, personal online account at Humana.com where you can:

View details about your plan, benefits and claims.

Select how you receive communications from us – via U.S. mail, email, text.

Access tools that can help you plan, budget, and estimate healthcare expenses, such as the Drug Pricing Tool and the Rx Calculator.

m.Humana.com is Humana's mobile Web address. If you use a Web-enabled cell phone, you can download several helpful apps here. For example, there's one that allows you to compare the cost of a particular drug from all available sources. Shopping can pay off!

Enjoy extra value and possible savings

Availability varies by plan:

- Access to Mail delivery pharmacies, like Humana Pharmacy™ ^{2,3}
- Fitness program
- 24-hour nurse advice line
- SmartSummary®
- Personal health coaching
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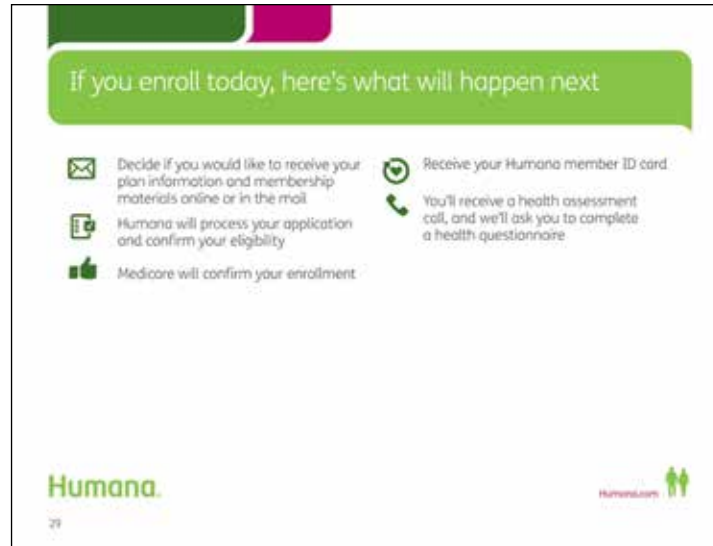
²Other pharmacies are available in our network.

³Humana Pharmacy shipments are typically delivered within 7-10 days from the date of your order. Call **1-800-379-0092 (TTY: 711)** Monday – Friday, 8 a.m. – 11 p.m., and Saturday 8 a.m. – 6:30 p.m., Eastern time, if you don't receive your shipment within this time frame.



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To close - summarize the notes from your needs analysis and how Humana meets those needs. "Are you ready to enroll today? I just need your Medicare card to get you started for a proposed effective date of: _____."

If not ready to enroll

Let's talk about your concerns. What's your reservation about enrolling? Tell me what you're feeling.

- There's no pressure to enroll. Whatever you decide is fine by me. However, I don't want you to miss out on a great plan because I didn't explain something thoroughly enough or speak to your concerns.

Reference/tear out the informational card within the Enrollment Book to make sure they understand the basics of their plan and have it handy in case they need to reference it.

Any questions before we move on?

If you enroll today, here's what will happen next



Decide if you would like to receive your plan information and membership materials online or in the mail



Humana will process your application and confirm your eligibility



Medicare will confirm your enrollment



Receive your Humana member ID card



You'll receive a health assessment call, and we'll ask you to complete a health questionnaire

Once enrolled, you can expect the next steps

In the months to come:

- Your Humana agent will call you to ensure that all is going well
- You should schedule your Annual Wellness Visit (provided at no additional cost to you)
- You should schedule preventive screenings, included as part of your plan



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- I'll call to touch base with you and make sure all your questions are answered (30-60-90 days)
- If you have a medical or prescription drug claim, you'll receive your SmartSummary® statements monthly.
- Use your benefits to get your Annual Wellness Visit. This visit adds to the benefit of the "Welcome to Medicare Exam," called the Initial Preventive Physical Examination, with an annual visit that allows you and your doctor to develop a personalized plan for your care.
- Continue to use your preventive services benefits to stay healthy.

Once enrolled, you can expect the next steps

In the months to come:

- Your Humana agent will call you to ensure that all is going well
- You should schedule your Annual Wellness Visit (provided at no additional cost to you)
- You should schedule preventive screenings, included as part of your plan



Thank you your time and attention

Any questions?

Here's where to find more information:

- "Medicare and You" 2016 handbook (available in October or November 2015)
- www.medicare.gov
- Your local State Health Insurance Program (SHIP)
- Humana.com
- Humana member Orientation meeting (Call 1-877-713-6173 for locations and dates.)
 - Bring your Humana Member Guide if you attend



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If you need information either before or after you've enrolled in a plan, you can go to any of these sources:

- Your "Medicare and You" 2015 handbook, which you should receive in the mail from the Centers for Medicare & Medicaid Services.
- The Medicare website, www.medicare.gov, contains a lot of helpful information about Medicare benefits and prescription drug plans.
- You can call 1-800-MEDICARE 1-800-633-4227 or its TTY line (1-877-486-2048) to get answers to your questions.
- You can also call your local state Health Insurance Program. [You may want to provide the SHIP phone number for your state to save your audience the trouble of having to look it up. Ask them to write the number down in case they ever need it.]
- You can also call Humana at 1-800-337-0953 (TTY: 711) for any questions about our plans.

Here's what a Member Orientation meeting will do for you:

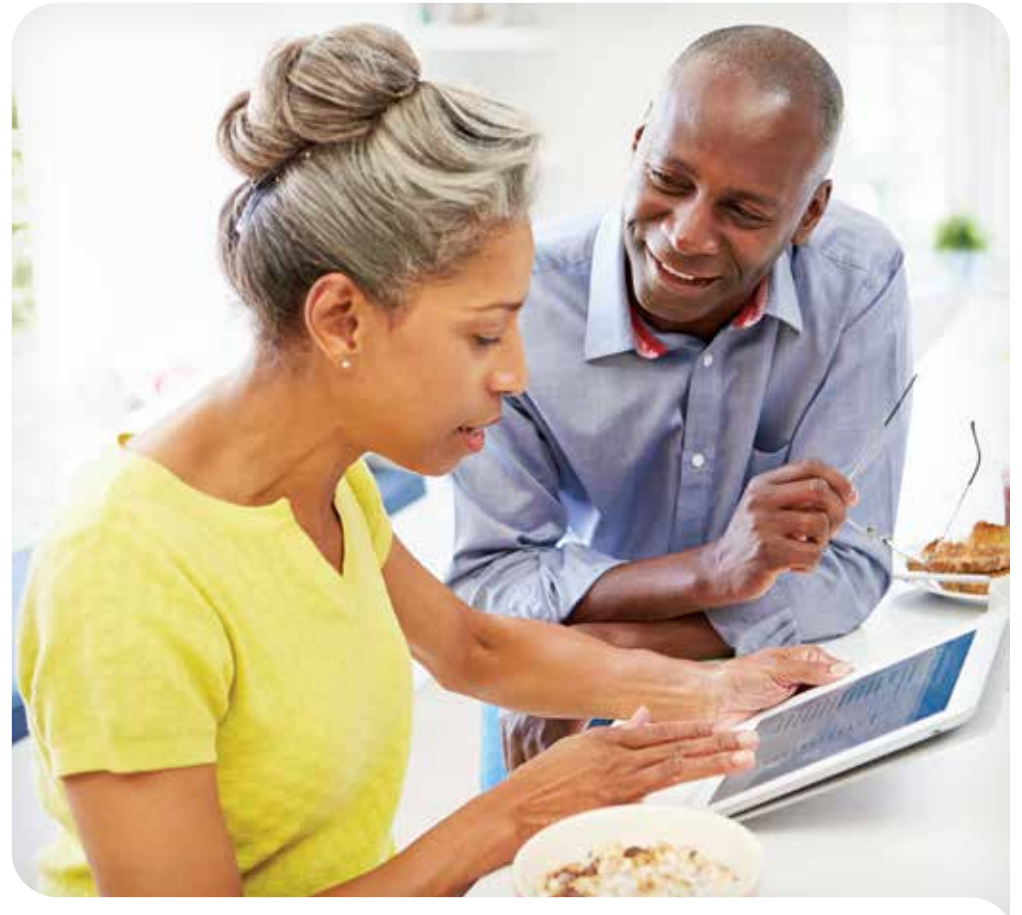
- Provide information about how to get the most from your Humana membership.
- Help you sign up or take advantage of services like our fitness programs.
- Provides a chance for you to get additional information about plan benefits. There will be people there who can answer your questions. We covered a lot today. It's hard to remember everything about Humana's plan.
- Meet other members who've also selected these benefits and more.

Thank you your time and attention

Any questions?

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Humana is a Medicare Advantage organization and a stand-alone prescription drug plan with a Medicare contract. Humana is a Coordinated Care plan with a Medicare contract and a contract with the state Medicaid program. Humana is a Coordinated Care plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. 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. Humana MyOption optional supplemental benefits (OSBs) are only available to members of certain Humana Medicare Advantage (MA) plans. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Benefits may change on January 1 each year.

Humana's pharmacy network offers limited access to pharmacies with preferred cost-sharing in urban areas of AL, CA, CT, DE, GA, IA, IL, IN, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NY, OH, OR, PA, RI, SC, SD, TN, VA, VT, WA, WI, WY; suburban areas of AZ, CA, CT, DE, HI, IL, IN, IA, MA, MD, ME, MI, MN, MO, MS, MT, ND, NH, NJ, NY, OH, OR, PA, RI, SC, SD, TN, VA, VT, WA, WI, WY; and rural areas of AK, DC, IA, IN, MI, ND, NE, SD, VT, WY. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost-sharing, please call Member Services at 1-800-281-6918 (TTY: 711) or consult the online pharmacy directory at [Humana.com](https://www.humana.com).

This information is available for free in other languages. Please contact our Customer Care number at 1-800-457-4708 (TTY: 711). Hours are 8 a.m. - 8 p.m., Eastern time, seven days a week, through Feb. 15, 2016, and 8 a.m. - 8 p.m., Eastern time, Monday - Friday the rest of the year.

Esta información está disponible gratuitamente en otros lenguajes. Póngase en contacto con nuestro Departamento de Atención al Cliente al 1-800-457-4708 (TTY: 711) si desea mayores informes. El horario es de 8 a.m. a 8 p.m., los siete días de la semana hasta el 15 de febrero de 2016 y de 8 a.m. a 8 p.m. de lunes a viernes por el resto del año.

本資訊亦有其他語言的免費版本可供選擇。請致電 1-800-457-4708 與客戶服務部聯絡 (聽障專線: 711) - 辦公時間為 2016 年 2 月 15 日以前, 每週 7 天, 每天上午 8 時至晚上 8 時; 之後為週一至週五上午 8 時至晚上 8 時。

QH4H33KH_35

Thank you for meeting with me today.

Note – if the person didn't enroll:

The plan wasn't right for you today, but it may be in the future. Or, another one that Humana offers may meet your future needs. Please stay in touch with me. I want to be your Humana agent. You have my business card.

Recommendations

Early in our conversation I mentioned that my job is to help educate as many people as possible about their Medicare choices. I see individuals, couples, church groups, walking or golf groups, etc.

If you'd like me to share information about Humana and our Medicare choices and options to anyone you know or to any groups to which you belong, the best way to help is for you to have them contact me. I'll leave some business cards for you to share with your friends.

Permission to contact

I'd like to stay in touch with you. Is it OK for me to contact you periodically?

If you'll sign this "Permission to Contact" Form, also called a Member Authorization Form, and indicate your preferred approach, I'll file that as a record and be able to contact you in the near future, and you can always call or email me.

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