

2018 Benefits at a Glance

Humana Gold Plus® SNP-DE H5619-082 (HMO SNP) Greater South Carolina

Plan Costs		In-Network
Monthly plan premium		\$0
Medical deductible		\$0
Part B deductible		\$0
Annual out-of-pocket maximum		\$6,700
Doctor Office Visits		
Primary care provider (PCP)		\$0 copay
Specialist		\$0 copay
Preventive Care		
Including: Medicare covered screenings		Covered at no cost when you see an in-network provider
Inpatient Care		
Acute inpatient hospital care		\$0 copay
Emergency Services		
Urgently needed services		\$0 copay
Ground ambulance services		\$0 copay
Emergency room		\$0 copay
Outpatient Care		
Outpatient surgery at ambulatory surgical center		\$0 copay
Physical therapy at therapy facility		\$0 copay
X-rays at outpatient hospital facility		\$0 copay
Diagnostic testing at outpatient hospital facility		\$0 copay
Lab Services		
Lab tests from lab facility		\$0 copay
Lab tests from outpatient hospital facility		\$0 copay
Prescription Drugs		
Pharmacy deductible		Deductible may vary based on level of assistance
Depending on your level of Extra Help, you pay the following:		\$0 copay or \$1.25 copay or \$3.35 copay
— Generic drugs (including brand drugs treated as generic) either:		
— All other drugs, either:		\$0 copay or \$3.70 copay or \$8.35 copay

Continued:

Additional Benefits & Programs

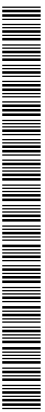
Go365™ by Humana	Rewards for completing preventive health screenings/activities
Personal emergency response systems	Included
Routine dental services	Included - cost share may apply. Please refer to the Summary of Benefits for additional details
Routine vision services	Included - cost share may apply. Please refer to the Summary of Benefits for additional detail
Routine hearing services	Included - cost share may apply. Please refer to the Summary of Benefits for additional detail
SilverSneakers® fitness program	Included
Transportation services	\$0 for up to 12 one-way trips to plan approved locations. Not to exceed 25 miles per trip.
Over-the-counter (OTC) drug & supply mail order allowance	\$0 copay; up to \$50 monthly allowance

*Services not covered by Original Medicare, Part A services (IP, Skilled Nursing and Home Health), Medicare covered preventive services, Ambulance and Emergency Room services, Urgently Needed Services at Urgent Care Centers, Diabetic Monitoring Supplies and Part B Drugs from a Network Retail Pharmacy do not apply to the in-network Part B deductible.

If you have questions and are a Humana member, please contact Customer Care at **1-800-457-4708** (TTY: **711**). If you are not currently a Humana member, please contact a licensed Humana sales agent at **1-844-775-9622** (TTY: **711**), 8 a.m. - 8 p.m. seven days a week from Oct. 1, 2017 - Feb. 14, 2018 and Monday through Friday the rest of the year.

Humana is a Coordinated Care plan with a Medicare contract and a contract with the South Carolina Medicaid program. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. 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.

This plan is available to anyone who has Medicare and Medical Assistance from the State that pays for Medicare-covered services and premiums. Eligibility varies by state. Please contact Humana customer service to see if you are eligible to enroll in this plan. Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for more details.



Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-800-281-6918 or if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-800-281-6918 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-281-6918 (TTY: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-281-6918 (TTY: 711)**.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-281-6918 (TTY: 711)**。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-281-6918 (TTY: 711)**.

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . **1-800-281-6918 (TTY: 711)** 번으로 전화해 주십시오 .

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-281-6918 (TTY: 711)**.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-281-6918 (телетайп: 711)**.

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-281-6918 (TTY: 711)**.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-281-6918 (ATS : 711)**.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-281-6918 (TTY: 711)**.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-281-6918 (TTY: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-281-6918 (TTY: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-281-6918 (TTY: 711)**.

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-281-6918 (TTY : 711)** まで、お電話にてご連絡ください。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. **1-800-281-6918 (TTY: 711)** تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-281-6918 (TTY: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-281-6918 (هاتف الضم: 711)**.