2018 Benefits at a Glance

Humana Gold Choice® H8145-087 (PFFS) Select Counties in Mississippi

Plan Costs	In-Network	Out-of-Network
Monthly plan premium	$95	
Medical deductible (exclusions apply*)		$750
Annual out-of-pocket maximum		$6,700 combined
Doctor Office Visits		
Primary care provider (PCP)	$15 copay	30% of the cost
Specialist	$45 copay	30% of the cost
Preventive Care		
Including: Medicare covered screenings	Covered at no cost when you see an in-network provider	Cost-sharing may apply for out-of-network providers
Inpatient Care		
Acute inpatient hospital care	$225 copay per day for days 1-5 $0 copay per day for days 6-90	30% of the cost
Emergency Services		
Urgently needed services	$35 copay	30% of the cost
Ground ambulance services	$265 per date of service	$265 per date of service
Emergency room	$80 copay	$80 copay
Outpatient Care		
Outpatient surgery at ambulatory surgical center	20% of the cost	30% of the cost
Physical therapy at therapy facility	$15 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
Prescription Drugs		
Pharmacy deductible	$315 only applies to Tier 3,Tier 4,Tier 5	
Retail pharmacies with preferred cost-sharing 30-day supply Tier 1/ Tier 2/ Tier 3/ Tier 4/ Tier 5	$5 copay/$15 copay/$47 copay/$100 copay/26% of the cost	

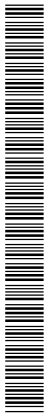
Continued:

Prescription Drugs (continued)	
Mail order pharmacies with preferred cost-sharing 90-day supply Tier 1/ Tier 2/ Tier 3/ Tier 4	$0 copay/$0 copay/$131 copay/$290 copay
Additional Benefits & Programs	
Go365™ by Humana	Rewards for completing preventive health screenings/activities
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
SilverSneakers® fitness program	Included
Over-the-counter (OTC) drug & supply mail order allowance	$0 copay; up to $30 every 3 months
WellDine meal program	Included
HumanaFirst 24-hour nurse advice line	Included

*All services not covered by Original Medicare, Ambulance services, Emergency Room services, Urgently Needed Services at Urgent Care Centers and Immunizations (Flu & Pneumonia) do not apply to the out-of-network 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 Medicare Advantage PFFS plan with a Medicare contract. 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.

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.



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Humana®

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. با **1-800-281-6918 (TTY: 711)** تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' 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 الصُم: **711**).

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