

A photograph of two women laughing joyfully outdoors. The woman on the left is older, with short grey hair, wearing a purple long-sleeved shirt and blue jeans. The woman on the right is younger, with long dark curly hair, wearing a pink cardigan. They are standing in front of a house with greenery in the background.


2019 Humana Medicare Advantage with prescription drug plan

MEDICARE 2019

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You have your reasons, we have your plan

Travel. Hobbies. Grandkids.
Whatever you enjoy, you're looking forward to enjoying more of it. We want to be the healthcare partner that helps you get there.

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Let's talk about...

- Your eligibility
- The right Humana plan for you
- Your reasons driving your plan choice
- Your Medicare options

- Humana's Medicare Advantage options
- How to enroll by mail or electronically



Are you able to choose a Medicare Advantage plan?

- Will you be eligible for Medicare soon?
- Are you enrolled in Medicare Part A and Part B?
- Do you have a permanent residence in a Medicare Advantage plan service area?

IF SO, YOU'RE FREE TO CHOOSE A MEDICARE ADVANTAGE PLAN!

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

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2019 plan year Medicare Advantage with prescription drug plan

Pre-enrollment: Oct. 1–Oct. 14, 2018

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 Enrollment Period: Oct. 15–Dec. 7, 2018

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.

Special Enrollment Period: Feb. 15–Oct. 14, 2019

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

Note: This information does not apply to Medicare Supplement insurance plans or Original Medicare.



Experience behind the coverage

Humana's experience comes from offering Medicare plans for more than 30 years.

- Humana offered its first Medicare plan in 1987

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

- Our goal is more than just to provide you with healthcare coverage
- Our goal is to help you achieve lifelong well-being



Original Medicare

Original Medicare ID card

- To enroll in a Medicare Advantage plan, you must have Medicare Part A and Part B. Generally, you will pay a monthly premium for the plan in addition to your monthly Part B premium and Part A premium, if you have one
- You have access to any doctor or provider who accepts Medicare
- Out-of-pocket costs include hospital and medical deductibles and coinsurance
- You may want to purchase a separate Medicare Supplement insurance plan and a prescription drug plan to cover gaps





The right Humana plan for you

- What type of plan do you have now?
- What do you like about your coverage?
- What are your reasons for keeping or changing your plan?
- 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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Your Medicare options

- Original Medicare
- Original Medicare plus a stand-alone prescription drug plan
- Original Medicare plus a Medicare Supplement insurance plan
- Original Medicare plus a Medicare Supplement insurance plan plus a PDP
- Medicare Advantage
- Medicare Advantage with prescription drug plan
- Stand-alone prescription drug plan



Original Medicare + a Medicare supplement

Medicare Supplement insurance plan (also referred to as a medigap policy)

- Supplements Original Medicare and helps cover some of the costs Original Medicare doesn't pay, such as coinsurance and deductibles
- Guaranteed renewable even if you have health problems as long as you pay the premium and were truthful on your application
- 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 or contracted by Medicare provide this coverage
- The plans give you a choice in how you receive Medicare coverage—an alternative to the Original Medicare you get through the federal government
- 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
- Humana MA plans are available as HMO, PPO or PFFS types,* and all offer maximum out-of-pocket protections
- Humana MA plans include emergency coverage when traveling outside the U.S.

*Health maintenance organization, preferred provider organization, private-fee-for-service





Why choose Medicare Advantage?

- Many plans offer medical and prescription drug coverage in one plan
- May have lower out-of-pocket costs than Original Medicare
- Extra resources and services may include*
 - Access to mail delivery of prescriptions
 - Nurse advice telephone line
 - Fitness programs
 - Care management programs

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

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Medicare Advantage offers more choices than traditional Medicare

Medicare Advantage (MA) plans offered by Humana

- Include all the benefits of Original Medicare
- May lower out-of-pocket costs and many have extra benefits

Medicare Part D prescription drug coverage

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



Is a health maintenance organization (HMO) plan right for you?

- Defined network of providers
- Primary care physician (PCP) coordinates all of your care
- You may have to get 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 lower than Original Medicare

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Dual Eligible Special Needs Plans (SNPs)

- Additional benefits over Medicaid
- Enhanced care management services
- Defined network of providers
- PCP coordinates all of your care
- Plans that work with your Medicaid benefits
- 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
- DSNPs are offered for both HMO/PPO plans

Humana is a Coordinated Care plan with a Medicare contract and a contract with the [state] Medicaid program. Enrollment in this Humana plan depends on contract renewal.



Chronic Condition Special Needs Plans (SNPs)

- Additional benefits tailored to help with certain chronic conditions
- Enhanced care management services
- Defined network of providers
- PCP coordinates all of your care
- In most cases, you must use network providers for all scheduled care
- No coverage for out-of-network care, except for out-of-area emergency or urgent care

Humana is a Coordinated Care plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This plan is available to individuals with certain chronic diseases. To qualify for a Chronic Disease Special Needs Plan, physician diagnosis of the disease must be verified. Enrollees whose condition is not verified will be disenrolled.



Is a preferred provider organization (PPO) plan right for you?

- Defined network of providers
- Flexibility to use providers who aren't part of the network
- Out-of-pocket costs may increase 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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Is a private-fee-for-service (PFFS) plan right for you?

- 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 PFFS plan's payment terms and conditions and agree to bill the plan
 - 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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Private-fee-for-service (PFFS)

Before seeing a provider, you should consider the following:

- You can see almost any healthcare provider without a referral as long as the provider accepts Medicare and Humana's PFFS terms and conditions
- Providers are free to decide whether to see you at each visit, so show your Humana member ID card every time; they are not required to see you except in emergency situations
- If providers choose to render services, they must bill the PFFS 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
- You're required to pay the appropriate deductibles, copayments and coinsurance

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.



Private-fee-for-service (PFFS)

- Humana has network providers—providers who have signed contracts with our plan—for all services covered under Original Medicare in all our full network plans
- For partial network plans, contracted providers are limited to certain durable medical equipment providers, home-health providers and some free-standing hospitals, and these providers have agreed to see members of our plan, but you may pay more



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

Medicare Part D prescription drug plan (PDP)

- Plans are 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

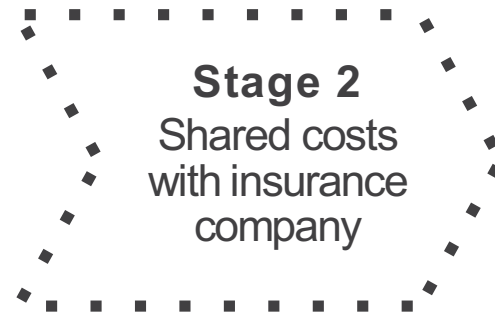
Getting through the coverage gap

Most Medicare and Medicare Advantage drug plans have a coverage gap



Deductible stage | You pay 100 percent

The amount you pay for medication costs before your plan pays its share of your medication costs. Some plans do not have a deductible.



Initial coverage stage | Shared cost with insurance company – \$3,820

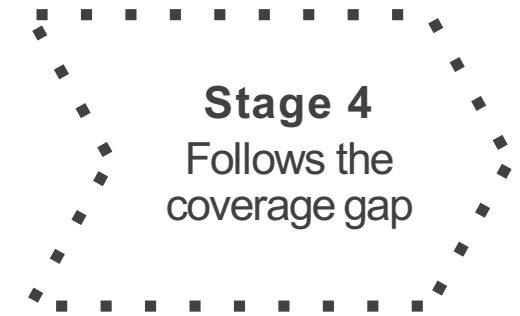
- Both you and your insurance plan pay medication costs until the shared total equals \$3,820
- You're generally responsible for copays and coinsurance during this stage



Coverage gap stage | Donut hole – \$5,100

The coverage gap begins after you and your plan have spent \$3,820 for covered drugs and ends when you have spent \$5,100 for the covered drugs. In this phase—a gap in prescription drug coverage—you'll generally pay more for your drugs.

While in this stage, you pay a maximum of 25 percent of the plan's cost of brand-name drugs, or a maximum of 37 percent of the plan's cost of generic drugs. Any medication-related deductibles, coinsurance, copayments, the discounts you receive on covered brand name drugs and the amounts you pay in the coverage gap count toward the \$5,100 limit.



Catastrophic coverage stage | Follows the coverage gap

- Catastrophic coverage begins when you reach the \$5,100 coverage gap limit
- During this stage, you pay \$8.50 for brand-name, \$3.40 for generic drugs or 5 percent of your medication's cost, whichever is greater



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**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time.



Learn more about your Humana benefits



Let's talk about Humana Gold Plus® plan

Humana Gold Plus has a network of doctors, hospitals, pharmacies and other providers. If you use providers who aren't in our network, the plan may not pay for these services.

To be eligible

To join Humana Gold Plus H1036-141 (HMO) or Humana Gold Plus H1036-052 (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Plan name

Humana Gold Plus H1036-141 (HMO)
**More about Humana Gold Plus®
H1036-141 (HMO)**

As a member of this plan, you will not be responsible for cost sharing for plan benefits. The Comprehensive Benefits Chart shows the benefits you will receive from Humana and how Medicaid covers your cost sharing for those plan benefits. The chart also lists some benefits you could receive from Medicaid if you are eligible for full Medicaid benefits. If you are entitled to Medicare benefits, your care coordinator will work with you to assist you in understanding and accessing the Medicare and Medicaid benefits you may be entitled to.

How to reach us

If you have questions about your benefits or your level of eligibility for assistance from Medicaid, contact Humana's customer service department or your state Medicaid office for further details.

Plan name

Humana Gold Plus H1036-052 (HMO)
**More about Humana Gold Plus
H1036-052 (HMO)**

As a member of this plan, you will not be responsible for cost sharing for plan benefits. The Comprehensive Benefits Chart shows the benefits you will receive from Humana and how Medicaid covers your cost sharing for those plan benefits. The chart also lists some benefits you could receive from Medicaid if you are eligible for full Medicaid benefits. If you are entitled to Medicare benefits, your care coordinator will work with you to assist you in understanding and accessing the Medicare and Medicaid benefits you may be entitled to.

If you're a member: 1-XXX-XXX-XXXX (TTY: 711). If you're **not** a member: 1-XXX-XXX-XXXX (TTY: 711). Or visit our website: [Humana-medicare.com](https://www.humana-medicare.com).

For the most current Kentucky Medicaid coverage information, please visit the Kentucky Medicaid website at chfs.ky.gov/dms/ or call the Medicaid Hotline at 1-800-635-2570.

2018

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Summary of Benefits



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**
- Call your provider's billing department and ask if the provider accepts the specific Humana plan you're considering

The provider network may change at any time. You will receive notice when necessary.



Add optional benefits

You have unique needs for maintaining your health. That's why Humana offers optional supplemental benefits (OSBs), such as dental and vision care.*

OSBs are extra benefits not included in Original Medicare that:

- Provide choices that may make it easier for you to get the coverage you want
- May help control costs and help personalize your benefits
- 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.

Enrollees must continue to pay the Medicare Part B premium, their Humana plan premium, and the OSB premium.



Enjoy extra value and possible savings

Availability varies by plan

- Access to mail-delivery pharmacies, like Humana Pharmacy[®]
- Fitness program
- 24-hour nurse advice line
- SmartSummary[®]
- Personal health coaching*
- Anytime access to your plan information with your secure MyHumana account at **Humana.com**

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

*Personal health coaching is only part of Go365[®].



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

- Complete an application.
- Decide how you would like to receive your member materials from Humana—online or by mail. The online option is easy. We'll send you an email letting you know when your plan documents are available, then you can access them from your secure MyHumana account at **Humana.com**.

In the next few weeks:

- Humana will process your application and confirm your eligibility and Medicare will confirm your enrollment.

- After your application is confirmed, we'll mail your Humana member ID card and plan coverage package. If you choose the online option, you'll still get your ID card in the mail.

In the months to come:

- Your licensed Humana sales agent will call you to make sure all is going well.
- New members will receive a Welcome to Medicare call with a health questionnaire.



Once enrolled, you can expect these next steps

In the months to come:

- Your licensed Humana sales agent will call you to ensure that all is going well
- You should schedule your Annual Wellness Visit (covered under your plan)
- You should schedule necessary preventive screenings, many of which are covered as part of your plan



Thanks for your time and attention

**Any questions? Here's where to find
your information:**

- “Medicare and You” 2019 handbook (available in October or November 2018)
- www.medicare.gov
- Your state's 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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Humana is a stand-alone prescription drug 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, premiums and/or member cost share may change on January 1 of each year.

Out-of-network/non-contracted providers are under no obligation to treat <Plan/Part D Sponsor> members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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, sex, sexual orientation, gender identity, or religion. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion.

Humana Inc. and its subsidiaries provide: (1) 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; and, (2) 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 **1-877-320-1235** 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, sex, sexual orientation, gender identity, or religion, you can file a grievance with Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.

If you need help filing a grievance, call **1-877-320-1235** 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, DC 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

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**.... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**.... 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 **1-877-320-1235 (TTY: 711)**。... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-320-1235 (TTY: 711)**.... 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-320-1235 (TTY: 711)**번으로 전화해 주십시오.... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-320-1235 (TTY: 711)**.... Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-320-1235 (телетайп: 711)**.... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-320-1235 (TTY: 711)**.... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-320-1235 (ATS: 711)**.... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-320-1235 (TTY: 711)**.... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-320-1235 (TTY: 711)**.... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-320-1235 (TTY: 711)**... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-320-1235 (TTY: 711)**.... 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。**1-877-320-1235 (TTY: 711)**まで、お電話にてご連絡ください。...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-877-320-1235 (TTY: 711)** تماس بگیرید.

Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-877-320-1235 (TTY: 711)**....

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-320-1235 (رقم هاتف الصم والبكم: 711)**.