

# 2019 Health Plan Benefits at a Glance

Humana Gold Plus<sup>®</sup> SNP-DE H1036-247 (HMO SNP) Greater Orlando

Plan Costs	Without Medicaid Cost-Share Protection	With Medicaid Cost-Share Protection
Monthly plan premium	\$30.30	\$0
Annual out-of-pocket maximum	\$6,700	\$0
Doctor Office Visits		
Primary care provider (PCP)	\$0 copay	\$0 copay
Specialist	\$0 copay	\$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	\$15 copay per day for days 1-5 \$0 copay per day for days 6-90	\$0 deductible \$0 copay per day for days 1-60 \$0 copay per day for days 61-90 \$0 copay per day for days 91-150
Lab Services		
Lab tests from lab facility	\$0 copay	\$0 copay
Lab tests from outpatient hospital facility	\$0 copay	\$0 copay
Outpatient Care		
Outpatient surgery at ambulatory surgical center	\$0 copay	\$0 copay
Physical therapy at therapy facility	\$0 copay	\$0 copay
X-rays at outpatient hospital facility	\$0 copay	\$0 copay
Diagnostic testing at outpatient hospital facility	\$0 copay	\$0 copay
Emergency Services		
Urgently needed services at an urgent care center	\$0 copay	\$0 copay
Ground ambulance services	\$250 per date of service	\$0 copay
Emergency room	\$80 copay	\$0 copay

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## Additional Benefits & Programs

Go365™ by Humana	Rewards for completing preventive health screenings/activities
Virtual Visits	Included - cost share may apply. Please refer to the Summary of Benefits for additional details
Over-the-Counter (OTC) mail order	\$0 copay; up to \$100 monthly allowance
Acupuncture	\$0 copay per visit for 25 visits every 12 months
Routine dental services DEN137	Included - cost share may apply. Please refer to the Summary of Benefits for additional details
Routine vision services VIS067	Included - cost share may apply. Please refer to the Summary of Benefits for additional details
Transportation services	\$0 for unlimited trips to plan approved locations
SilverSneakers® fitness program	Included



# 2019 Prescription Drug Benefits at a Glance

Humana Gold Plus<sup>®</sup> SNP-DE H1036-247 (HMO SNP) Greater Orlando

**Deductible** You may pay **\$0** or **\$85** depending on your level of Extra Help (for Tier 2, Tier 3, Tier 4, Tier 5). If your deductible is \$85, you pay the full cost of these drugs until you reach \$85. Then, you only pay your cost-share.

Depending on the level of Extra Help you receive, you'll pay one of the following cost-share amounts each time you fill your drug.

## Pharmacy options

### Preferred cost-sharing

You may pay less for some drugs at these pharmacies

**Mail Order:** Humana Pharmacy<sup>®</sup>

**Retail:** To find the preferred cost-share retail pharmacies near you, go to [Humana.com/pharmacyfinder](https://www.humana.com/pharmacyfinder)

### Standard cost-sharing

**Mail Order:** Walmart Mail

**Retail:** All other network retail pharmacies

For generic drugs (including brand drugs treated as generic), either:

#### 30-day supply

\$0 copay; or  
\$1.25 copay; or  
\$3.40 copay; or  
15% of the cost

#### 90-day supply

\$0 copay; or  
\$1.25 copay; or  
\$3.40 copay; or  
15% of the cost

For all other drugs, either:

\$0 copay; or  
\$3.80 copay; or  
\$8.50 copay; or  
15% of the cost

\$0 copay; or  
\$3.80 copay; or  
\$8.50 copay; or  
15% of the cost

You can get more out of your plan by doing the following:

- **Use preferred cost-sharing pharmacies.** You will always pay **\$0** for Tier 1 drugs on this plan at a Preferred Cost-Sharing Retail or Preferred Cost-Sharing Mail Order Pharmacy.
- **Get a 90-day supply of many of the drugs you take all of the time.** You'll get a three-month supply of your drug for the same cost-share as a one-month supply.

Other pharmacies are available in our network. \*Some drugs are limited to a 30-day supply.

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, 2018 - Mar. 31, 2019 and Monday through Friday the rest of the year.

Humana is a Coordinated Care plan with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Call 1-800-457-4708 (TTY: 711) for more information.

Limitations on healthcare and prescription services delivered via virtual visits and communications options vary by state. Virtual visit services are not a substitute for emergency care and not intended to replace your primary care provider or other providers in your network. This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional.

Sponsored by HUMANA MEDICAL PLAN, INC. and the State of Florida, Agency for Health Care Administration.

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## 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 **<https://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)**... ВНИМАНИЕ: 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. **1-877-320-1235 (TTY: 711)** تماس بگیرید.

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

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