

2019 Health Plan Benefits at a Glance

Humana Gold Plus[®] H5619-070 (HMO) Little Rock

Plan Costs		In-Network
Monthly plan premium		\$43
Annual out-of-pocket maximum		\$6,700
Doctor Office Visits		
Primary care provider (PCP)		\$15 copay
Specialist		\$45 copay
Preventive Care		
Including: Medicare covered screenings		Covered at no cost when you see an in-network provider
Inpatient Care		
Acute inpatient hospital care		\$360 copay per day for days 1-5 \$0 copay per day for days 6-90
Lab Services		
Lab tests from lab facility		\$0 copay
Lab tests from outpatient hospital facility		\$45 copay
Outpatient Care		
Outpatient surgery at ambulatory surgical center		\$310 copay
Physical therapy at therapy facility		\$25 copay
X-rays at outpatient hospital facility		\$90 copay
Diagnostic testing at outpatient hospital facility		\$90 copay
Emergency Services		
Urgently needed services at an urgent care center		\$30 copay
Ground ambulance services		\$265 per date of service
Emergency room		\$90 copay
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 \$25 every 3 months
Routine dental services DEN770		Included - cost share may apply. Please refer to the Summary of Benefits for additional details

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Additional Benefits & Programs (continued)

Routine vision services VIS768	Included - cost share may apply. Please refer to the Summary of Benefits for additional details
SilverSneakers® fitness program	Included
Routine hearing services HER940	Included - cost share may apply. Please refer to the Summary of Benefits for additional details
Well Dine Meal Program	Included



2019 Prescription Drug Benefits at a Glance

Humana Gold Plus® H5619-070 (HMO) Little Rock

Deductible This plan has a **\$195** deductible for Tier 4, Tier 5 drugs. You pay the full cost of these drugs until you reach \$195. Then, you only pay your cost-share.

Initial Coverage In this stage, you may pay a cost-share that is either a **copay** — a set dollar amount — or **coinsurance** — a set percentage amount you pay each time you fill your drug.

Preferred cost-sharing

Pharmacy options

Your lowest cost-share options are in bold

Retail

To find the preferred cost-share retail pharmacies near you, go to **Humana.com/pharmacyfinder**

Mail Order

Humana Pharmacy®

	30-day supply	90-day supply*	30-day supply	90-day supply*
Tier 1: Preferred Generic	\$6	\$18	\$6	\$0
Tier 2: Generic	\$11	\$33	\$11	\$0
Tier 3: Preferred Brand	\$47	\$141	\$47	\$131
Tier 4: Non-Preferred Drug	\$99	\$297	\$99	\$287
Tier 5: Specialty Tier	29%	N/A	29%	N/A

Standard cost-sharing

Pharmacy options

Retail All other network retail pharmacies.

Mail Order

Walmart Mail

	30-day supply	90-day supply*	30-day supply	90-day supply*
Tier 1: Preferred Generic	\$10	\$30	\$10	\$30
Tier 2: Generic	\$20	\$60	\$20	\$60
Tier 3: Preferred Brand	\$47	\$141	\$47	\$141
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	29%	N/A	29%	N/A

Once your total yearly drug cost—what is paid both by you and our plan—reach **\$3,820**, the costs of your drugs may go up. Please refer to the Summary of Benefits for more information.

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

- **Stay in-network.** You'll pay less for your drugs at in-network pharmacies.
- **Use preferred cost-sharing pharmacies.** They offer a lower cost-share than standard cost-sharing pharmacies for most drugs (your cost-share for specialty drugs is the same at any in-network pharmacy).
- **Get a 90-day supply of many of the drugs you take all of the time.** You'll get more and may pay less, especially when you fill at a preferred cost-sharing mail-order pharmacy.

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

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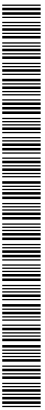
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If you have questions and are a Humana member, please contact Customer Care at 1-800-457-4708 (TTY: 711). If you are not currently a Humana member, please contact a licensed Humana sales agent at 1-844-775-9622 (TTY: 711), 8 a.m. - 8 p.m. seven days a week from Oct. 1, 2018 - Mar. 31, 2019 and Monday through Friday the rest of the year.

Humana is a Medicare Advantage HMO plan with a Medicare contract. 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.



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

Hilfsmittel 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, kóji' hódíłnih **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)**.