2019

Summary of Benefits

Humana Gold Plus® SNP-DE H1036-245 (HMO SNP)

Panhandle
Bay, Escambia, Santa Rosa and Walton counties

Our service area includes the following county/counties in Florida: Bay, Escambia, Santa Rosa, Walton.

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-833-2364 (TTY: 711)**.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **Humana.com/medicare** or call **1-800-833-2364 (TTY: 711)** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. This plan may enroll dual eligibles who are QMB, SLMB, QI or QDWI.

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Humana®

Let's talk about Humana Gold Plus SNP-DE H1036-245 (HMO SNP)

Find out more about the Humana Gold Plus SNP-DE H1036-245 (HMO SNP) plan - including the health and drug services it covers - in this easy-to-use guide.

Humana Gold Plus SNP-DE H1036-245 (HMO SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Florida Agency for Health Care Administration (AHCA) Medicaid Program. Enrollment in this Humana plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, ask us for the "Evidence of Coverage" or you will receive one after you enroll.

As a member you must select an in-network doctor to act as your Primary Care Provider (PCP). Humana Gold Plus SNP-DE H1036-245 (HMO SNP) 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. You have access to Care Managers. Care Managers are nurses or care coordinators who support your health and well-being by providing additional services including: acute and chronic-care management, telephonic and in-person health support; assistance in coordinating Medicare and Medicaid benefits, educational resources and workshops and support for families and caregivers.

To be eligible

To enroll in Humana Gold Plus SNP-DE H1036-245 (HMO SNP), a Dual Eligible Special Needs Plan, you must be entitled to Medicare Part A and enrolled in Medicare Part B, live in our service area and also receive certain levels of assistance from the Florida Medical Assistance program (Medicaid). If you receive both Medicare and Medicaid benefits, this means you are a dual eligible.

Humana Gold Plus SNP-DE H1036-245 (HMO SNP) may enroll dual eligibles who are QMB, SLMB, QI or QDWI.

Plan name:

Humana Gold Plus SNP-DE H1036-245 (HMO SNP)

More about Humana Gold Plus SNP-DE H1036-245 (HMO SNP)

Depending on your level of eligibility for assistance under your state Medicaid program, you may or may not be subject to cost-sharing requirements. If you are cost-share protected by the State (QMB or QMB+) you pay nothing. The Comprehensive Benefit Chart shows the benefits you will receive from Humana and how Medicaid covers your cost sharing for those plan benefits if you are in a cost share protected category. The chart also lists some benefits you could receive from Medicaid if you are eligible for full Medicaid benefits. If you are entitled to Medicaid 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, you should contact Humana's Customer Care department or your state Medicaid office for further details.

If you're a member of this plan, call toll-free: **1-800-457-4708 (TTY: 711)**.

If you're **not** a member of this plan, call toll free: **1-800-833-2364 (TTY: 711)**.

October 1 - March 31:
Call 7 days a week from 8 a.m. - 8 p.m.

April 1 - September 30:
Call Monday - Friday, 8 a.m. - 8 p.m.

Or visit our website: **Humana.com/medicare**.

For the most current Florida Medicaid coverage information, please visit the Florida Medicaid website at http://ahca.myflorida.com/ or call the Medicaid Hotline at **1-888-419-3456 (TTY: 711)**.

A healthy partnership

Get more from your plan — with extra services and resources provided by Humana!

Monthly Premium, Deductible and Limits

Monthly plan premium	**$0** or up to **$20.10** depending on your level of assistance You must keep paying your Medicare Part B premium. The Part B premium may be covered through your State Medicaid Program.
Medical deductible	This plan does not have a deductible.
Pharmacy (Part D) deductible	**$0** or **$85** depending on your level of assistance for Tier 2, Tier 3, Tier 4, Tier 5.
Maximum out-of-pocket responsibility	**$6,700** in-network The most you pay for copays, coinsurance and other costs for medical services for the year.

Covered Medical and Hospital Benefits

The benefit chart below shows the benefits you will receive as a member of Humana Gold Plus SNP-DE (HMO SNP) (left column) compared to what is currently provided by Traditional Florida Medicaid (right column). If you are currently enrolled in a Medicaid Managed Care Plan, the benefits may be different from what's listed in the right column. For each benefit listed below, you can see what you pay as a member of our plan compared to Traditional Florida Medicaid's coverage and charges. NOTE: You cannot be enrolled in both a Medicaid Managed Care plan and a D-SNP plan in Florida. For members protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, copays and deductibles for Original Medicare covered services.

	WHAT YOU PAY ON THIS HUMANA PLAN	COMPARED TO TRADITIONAL FLORIDA MEDICAID BENEFITS (MEDICAID MANAGED CARE PLAN BENEFITS MAY BE DIFFERENT)
ACUTE INPATIENT HOSPITAL CARE		
	$0 or **$150** copay per day for days 1-5 **$0** copay per day for days 6-90 If you are cost-share protected by the State (QMB) you pay nothing	• **$3** copay for each admission*
OUTPATIENT HOSPITAL COVERAGE		
Outpatient surgery at outpatient hospital	**$0** or **$75** copay If you are cost-share protected by the State (QMB) you pay nothing	
Outpatient surgery at ambulatory surgical center	**$0** or **$25** copay If you are cost-share protected by the State (QMB) you pay nothing	

Your primary care provider (PCP) will work with you to coordinate the care you need with specialists or certain other providers in the network. This is called a "referral." Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a referral and/or prior authorization from the plan.

Covered Medical and Hospital Benefits (cont.)

	WHAT YOU PAY ON THIS HUMANA PLAN	COMPARED TO TRADITIONAL FLORIDA MEDICAID BENEFITS (MEDICAID MANAGED CARE PLAN BENEFITS MAY BE DIFFERENT)
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	**$0** copay	• Provider services include physicians, nurse practitioners and physician assistants – **$2** copay per provider/group, per day* • Services provided in federally qualified health centers (FQHC's), clinics, and rural health centers – **$3** copay per clinic, per day*
Specialists	**$0** copay	
PREVENTIVE CARE		
	Our plan covers many preventive services at no cost when you see an in-network provider including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA)	

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Covered Medical and Hospital Benefits (cont.)

	WHAT YOU PAY ON THIS HUMANA PLAN	COMPARED TO TRADITIONAL FLORIDA MEDICAID BENEFITS (MEDICAID MANAGED CARE PLAN BENEFITS MAY BE DIFFERENT)
	• Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including flu shots, hepatitis B shots, pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Annual Wellness Visit • Lung cancer screening • Routine physical exam • Medicare diabetes prevention program **Any additional preventive services approved by Medicare during the contract year will be covered.**	
EMERGENCY CARE		
Emergency room If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for the emergency care.	**$0** or **$90** copay If you are cost-share protected by the State (QMB) you pay nothing	Medicaid recipients using the hospital emergency room for non-emergency services are responsible for a **5%** coinsurance on the first **$300** of the Florida Medicaid payment (maximum **$15**).*
Urgently needed services Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	**$0** copay at an urgent care center	

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Covered Medical and Hospital Benefits (cont.)

	WHAT YOU PAY ON THIS HUMANA PLAN	COMPARED TO TRADITIONAL FLORIDA MEDICAID BENEFITS (MEDICAID MANAGED CARE PLAN BENEFITS MAY BE DIFFERENT)
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Diagnostic Mammography	**$0** to **$75** copay If you are cost-share protected by the State (QMB) you pay nothing	
Diagnostic radiology	**$0** to **$75** copay If you are cost-share protected by the State (QMB) you pay nothing	
Lab services	**$0** to **$75** copay If you are cost-share protected by the State (QMB) you pay nothing	
Diagnostic tests and procedures	**$0** to **$75** copay If you are cost-share protected by the State (QMB) you pay nothing	
Outpatient X-rays	**$0** to **$75** copay If you are cost-share protected by the State (QMB) you pay nothing	
Radiation Therapy	**$0** to **$60** copay If you are cost-share protected by the State (QMB) you pay nothing	
HEARING SERVICES		
Medicare covered hearing	**$0** copay	• Limited to one evaluation for the purpose of determining hearing aid candidacy, per recipient, every three years from the date of the last evaluation. • Cochlear implants are limited to one in either ear, but not both and must be prior authorized.
Routine hearing HER751	• **$0** copayment for fitting/evaluation, routine hearing exam up to 1 per year. • **$500** maximum benefit coverage amount per ear per year for hearing aids (all types). Note: includes one month battery supply and two year warranty.	

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Covered Medical and Hospital Benefits (cont.)

	WHAT YOU PAY ON THIS HUMANA PLAN	COMPARED TO TRADITIONAL FLORIDA MEDICAID BENEFITS (MEDICAID MANAGED CARE PLAN BENEFITS MAY BE DIFFERENT)
DENTAL SERVICES The cost-share indicated below is what you pay for the covered service.		
Medicare covered dental	**$0** copay	• **$0** copay • Limited adult dental services for recipients ages 21 and over.
Routine dental DEN135 Use the CAREington Medicare network for the Mandatory Supplemental Dental. The provider locator can be found at Humana.com > Find a Doctor > from the Search Type drop down select Dental > under Coverage Type select All Dental Networks > enter zip code > from the network drop down select CAREington Medicare.	• **$0** copayment for scaling and root planing (deep cleaning) up to 1 every 2 years. • **$0** copayment for panoramic film or diagnostic x-rays up to 1 every 3 years. • **$0** copayment for bitewing x-rays up to 1 set(s) per year. • **$0** copayment for amalgam or composite filling up to 1 per year. • **$0** copayment for periodic oral exam and/or comprehensive oral evaluation, prophylaxis (cleaning) up to 2 per year. • **$0** copayment for simple or surgical extraction up to 3 per year. • **$0** copayment for necessary anesthesia with covered service up to unlimited per year.	

Your primary care provider (PCP) will work with you to coordinate the care you need with specialists or certain other providers in the network. This is called a "referral." Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a referral and/or prior authorization from the plan.

Covered Medical and Hospital Benefits (cont.)

	WHAT YOU PAY ON THIS HUMANA PLAN	COMPARED TO TRADITIONAL FLORIDA MEDICAID BENEFITS (MEDICAID MANAGED CARE PLAN BENEFITS MAY BE DIFFERENT)
VISION SERVICES		
Medicare covered vision services	**$0** copay	• **$2** copay for optometrist services, per provider/group, per day* • Does not reimburse for screening of visual acuity or for an evaluation and management visit and a general ophthalmologic visit on the same day for the same recipient.
Diabetic eye exam	**$0** copay	
Glaucoma screening	**$0** copay	
Eyewear (post-cataract)	**$0** copay	
Routine vision VIS093 Search for Vision providers in the Medical network of this Medicare Advantage plan.	• **$0** copayment for routine exam, refraction up to 1 per year. • **$180** maximum benefit coverage amount per year for contact lenses or eyeglasses - lenses and frames (includes fitting). Eyeglasses will include ultraviolet protection and scratch resistant coating.	
MENTAL HEALTH SERVICES		
Inpatient Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital	**$0** or **$150** copay per day for days 1-5 **$0** copay per day for days 6-90 If you are cost-share protected by the State (QMB) you pay nothing	• **$3** copay per admission
Outpatient group and individual therapy visits	**$0** to **$75** copay If you are cost-share protected by the State (QMB) you pay nothing	• **$3** copay per outpatient hospital visit
SKILLED NURSING FACILITY (SNF)		
Your plan covers up to 100 days in a SNF	**$0** copay per day for days 1-20 **$0** or **$155** copay per day for days 21-100 If you are cost-share protected by the State (QMB) you pay nothing	

Your primary care provider (PCP) will work with you to coordinate the care you need with specialists or certain other providers in the network. This is called a "referral." Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a referral and/or prior authorization from the plan.

Covered Medical and Hospital Benefits (cont.)

	WHAT YOU PAY ON THIS HUMANA PLAN	COMPARED TO TRADITIONAL FLORIDA MEDICAID BENEFITS (MEDICAID MANAGED CARE PLAN BENEFITS MAY BE DIFFERENT)
PHYSICAL THERAPY		
	$0 to **$40** copay	• Physical therapy services for recipients under the age of 21 years: • One initial therapy evaluation per year, per recipient • One therapy re-evaluation every five months, per recipient **$0** copay
AMBULANCE		
Ambulance (ground)	**$0** or **$200** per date of service If you are cost-share protected by the State (QMB) you pay nothing	
TRANSPORTATION		
	$0 copay for up to 16 one-way trips to plan approved locations The member *must* contact transportation vendor to arrange transportation.	**$0** copay for emergency transportation

Prescription Drug Benefits

	WHAT YOU PAY ON THIS HUMANA PLAN	COMPARED TO TRADITIONAL FLORIDA MEDICAID BENEFITS (MEDICAID MANAGED CARE PLAN BENEFITS MAY BE DIFFERENT)
MEDICARE PART B DRUGS		
Chemotherapy drugs	**$0** copay	
Other part B drugs	**$0** copay	
PRESCRIPTION DRUGS		
Medicare Part D Drugs	See chart below for plan coverage information for prescription drugs	Medicaid may cover some drugs that are not covered by Part D. Contact your Medicaid agency for questions on drug coverage. • **$0** copay for Medicaid covered prescription drugs not covered by a Medicare Prescription Drug Plan.

Your primary care provider (PCP) will work with you to coordinate the care you need with specialists or certain other providers in the network. This is called a "referral." Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a referral and/or prior authorization from the plan.

Deductible You may pay **$0** or **$85** depending on your level of Extra Help (only for Tier 2, Tier 3, Tier 4, Tier 5 drugs). 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. 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.

Pharmacy options		
Preferred cost-sharing	**Mail order:** Humana Pharmacy® **Retail:** To find the preferred cost-share retail pharmacies near you, go to **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**	**90-day supply**
	$0 copay; or **$1.25** copay; or **$3.40** copay; or **15%** of the cost	**$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

Specialty drugs are limited to a 30 day supply.

Cost sharing may change depending on the pharmacy you choose, when you enter another phase of the Part D benefit and if you qualify for "Extra Help." To find out if you qualify for "Extra Help," please contact the Social Security Office at 1-800-772-1213 Monday — Friday, 7 a.m. — 7 p.m. TTY users should call 1-800-325-0778. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our "Evidence of Coverage" online.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.

You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.

Days' Supply Available
Unless otherwise specified, you can get your Part D drug in the following days' supply amounts:
- One month supply (up to 30 days)*
- Two month supply (31-60 days)
- Three month supply (61-90 days)

*Long term care pharmacy (one month supply = 31 days)

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **$5,100**, your share of the cost for a covered drug will be either:

- **$0** or **$3.40** for generic (including brand drugs treated as generic) and a **$0** or **$8.50** copayment for all other drugs

Additional benefits

	WHAT YOU PAY ON THIS HUMANA PLAN	COMPARED TO TRADITIONAL FLORIDA MEDICAID BENEFITS (MEDICAID MANAGED CARE PLAN BENEFITS MAY BE DIFFERENT)
Medicare-covered foot care (podiatry)	**$0** copay	• Podiatrist services **$2** copay per provider, per day
Medicare-covered chiropractic services	**$0** copay	• **$1** copay per provider/group, per day
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment (like wheelchairs or oxygen)	**$0** copay	**$0** copay
Medical Supplies	**$0** copay	
Prosthetics (artificial limbs or braces)	**$0** copay	
Diabetic monitoring supplies	**$0** copay	

	WHAT YOU PAY ON THIS HUMANA PLAN	COMPARED TO TRADITIONAL FLORIDA MEDICAID BENEFITS (MEDICAID MANAGED CARE PLAN BENEFITS MAY BE DIFFERENT)
REHABILITATION SERVICES		
Physical, occupational and speech therapy	**$0** to **$40** copay	• Occupational therapy services • One initial therapy evaluation per year, per recipient. • One therapy re-evaluation every five months per recipient • **$0** copay • Physical therapy services for recipients under the age of 21 years: • One initial therapy evaluation per year, per recipient. • One therapy re-evaluation every five months per recipient • **$0** copay Speech-language pathology services for recipients under the age of 21 years: • One initial speech-language pathology evaluation per year, per recipient • One speech-language re-evaluation every five months, per recipient • **$0** copay
Cardiac rehabilitation	**$0** to **$50** copay	
Pulmonary rehabilitation	**$0** to **$30** copay If you are cost-share protected by the State (QMB) you pay nothing	

Additional Medicaid Covered Services

Dual eligible members who meet financial criteria for full Medicaid coverage may also be eligible to receive all Medicaid services not covered by Medicare. Humana Gold Plus may also offer coverage for these services. The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what the Florida Agency for Health Care Administration (AHCA) Program covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to call: 1-888-419-3456 (TTY: 711).

BENEFIT	WHAT YOU PAY ON THIS HUMANA PLAN	MEDICAID STATE PLAN
PRODUCTS AND DEVICES		
Dentures	See "Dental" benefit in the "Covered Medical and Hospital Benefits" chart above	• Dentures and related procedures are covered for recipients 21 years of age or older. • Partial dentures must be prior authorized.
Eyeglasses	See "Vision" benefit in the "Covered Medical and Hospital Benefits" chart above	• **$0** copay • For person 21 years of age or older, eyeglass frames are limited to one pair per recipient, every two years, and eyeglass lenses are limited to one pair every 365 days, based on medical necessity. A second set of frames may be dispensed during the two year period with prior approval.
Hearing Aids	See "Hearing" benefit in the "Covered Medical and Hospital Benefits" chart above	• **$0** copay • Limited to one hearing aid per ear, per recipient, every three years. • Does not reimburse for routine maintenance, batteries, cord or wire replacement, or cleaning. • Does not reimburse for repairs until after the manufacturer's warranty has expired.
TRANSPORTATION		
Non-Emergency Medical Transportation Services	See "Transportation" benefit in the "Covered Medical and Hospital Benefits" chart above	• **$1** copay per one way trip
INPATIENT LONG TERM CARE SERVICES		
Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services in Institutions for Mental Diseases (IMD), age 65 and older	Not covered	• **$0** copay
Inpatient Psychiatric Services, under age 21	Not covered	• **$0** copay

Intermediate Care Facility Services for Individuals with Intellectual Disabilities	Not Covered	• **$0** copay • Limited to fifteen days per hospital stay • Limited to forty-five days per Florida fiscal year (July 1 through June 30) for therapeutic leave.
Nursing Facility Services, other than in an Institution for Mental Diseases	Not covered	• **$0** copay • Limited to eight days per hospital stay and sixteen days per Florida state fiscal year (July 1 through June 30) for therapeutic home visits. • Swing bed services cannot exceed 60 days unless a longer stay has been prior authorized. • Hospital-based skilled nursing unit services cannot exceed 30 days, unless one 15-day extension is prior authorized.
Other Medicaid Covered Services		
Assistive Care Services	Not covered	• **$0** copay • Care to eligible recipients living in congregate living facilities and requiring integrated services on a 24-hour per day basis.

Mental Health Targeted Case Management	Not covered	• Limited to adults who have a severe and persistent mental illness and children and adolescents who have a serious emotional disturbance and are in need of service coordination among multiple providers. • Medicaid will reimburse: Up to 344 units of mental health targeted case management per month, per recipient. Up to 48 units of intensive team services per recipient, per day, per case management team. Fifteen minutes equals one unit of service. If multiple units are provided on the same day, the actual time spent must be totaled and rounded to the nearest fifteen minute increment.
Over-the-Counter (OTC) Benefits	See “Over-the-Counter benefits” on the “More benefits with your plan” page	Select over-the-counter items, contained in the Medicaid drug list.
AIDS related Durable Medical Equipment and Medical Supplies	See "Durable medical equipment" benefit in the "Additional benefits" chart above	Specialized medical equipment and supplies (e.g., incontinence supplies) to enrollees with a diagnosis of AIDS, and who have had a history of an AIDS-related opportunistic infection.
AIDS related Therapy Services	See "Physical Therapy" benefit in the "Covered Medical and Hospital Benefits" chart above	Medical massage therapy services to enrollees diagnosed with AIDS, and who have had a history of an AIDS-related opportunistic infection for the treatment of peripheral neuropathy or severe neuromuscular pain and lymphedema.

HOME AND COMMUNITY BASED WAIVER SERVICES

Dual eligible members, who meet the financial criteria for full Medicaid coverage, may also be eligible to receive Waiver services. Waiver services are limited to individuals who meet additional waiver eligibility criteria. For information on waiver services and eligibility, contact Medicaid at 1-888-419-3456 (TTY: 711).

*Exemptions. The following categories of recipients are not required to pay a copayment or coinsurance:
(a) Individuals under the age of 21 years.
(b) Pregnant women – for pregnancy-related services, including services for medical conditions that may complicate the pregnancy. This exemption includes the six week period following the end of the pregnancy.
(c) Individuals receiving services in an inpatient hospital setting, long-term care facility, or other medical institution if, as a condition of receiving services in the institution, that individual is required to spend all of his or her income for medical care costs with the exception of the minimal amount required for personal needs.
(d) Individuals who require emergency services after the sudden onset of a medical condition which, if left untreated, would place their health in serious jeopardy.
(e) Individuals receiving services or supplies related to family planning.

The Additional Medicaid Covered Services table above reflects Medicaid services available on a fee for service basis for dual eligibles who meet the eligibility requirements for full Medicaid benefits.

The Medicaid information included in this section is current as of 7/1/2018. All Medicaid covered services are subject to change at any time. For the most current Florida Medicaid coverage information, please visit the Florida Medicaid website at http://ahca.myflorida.com/ or call the Medicaid Hotline at **1-888-419-3456 (TTY: 711)**.

More benefits with **your plan**

Enjoy some of these extra benefits included in your plan.

Acupuncture
$0 copay per visit up to 25 visits every 12 months

Authorization rules apply after 8 visits

Smoking cessation program
To further assist in your effort to quit smoking or tobacco product use, we cover one additional counseling quit attempt within a 12-month period as a service with no cost to you. This is in addition to the two counseling attempt provided by Medicare and includes up to four face-to-face visits. This service can be used for either preventive measures or for diagnosis with a tobacco related disease.

Enhanced Nutrition Therapy
Additional one-on-one nutrition therapy counseling.

Routine foot care
$0 copay per visit for up to 6 visits

Well Dine Meal Program
Humana's meal program for members following an inpatient stay in the hospital or nursing facility

HumanaFirst® Nurse Hotline
Health advice from a registered nurse, available 24 hours a day, seven days a week.

Over-the-Counter (OTC) mail order
Up to **$30** monthly value for the purchase of OTC supplies from Humana Pharmacy mail delivery.

Virtual Visits – Mental and Behavioral Health
Access to doctors and other mental health professionals via phone and/or video technology for diagnosis and treatment of certain non-emergency mental or behavioral issues.

You pay a **$0** copay to receive a remote mental and behavioral consultation.

Wigs (related to chemotherapy treatment)
Up to a **$500** maximum benefit per year.

Go365™ by Humana
Rewards for completing certain preventive health screenings and health and wellness activities.

SilverSneakers® fitness program
Basic fitness center membership including fitness classes.

Find out **more**

You can see our plan's **provider and pharmacy directory** at our website at **www.humana.com/members/tools** or call us at the number listed at the beginning of this booklet and we will send you one.

You can see our plan's **drug list** at our website at **www.humana.com/medicare/medicare_prescription_drugs/medicare_drug_tools/medicare_drug_list/** or call us at the number listed at the beginning of this booklet and we will send you one.

This information is not a complete description of benefits. Call 1-800-457-4708 (TTY: 711) for more information.

To find out more about the coverage and costs of Original Medicare, look in the current "Medicare & You" handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

This information is available in a different format, including Braille, large print, and audio tapes. Please call Customer Care at the number listed in the beginning of this document if you need plan information in another format.
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-833-2364 (TTY: 711).

Humana has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2020 based on a review of Humana's Model of Care.

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

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

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.

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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. با 1-877-320-1235 تماس بگیرید. **(TTY: 711)**

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 1-877-320-1235 **(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)**.

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H1036245000 ENG
Bay, Escambia, Santa Rosa and Walton counties

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