

2019

Summary of Benefits

Humana Medicare Employer™ HMO Plan

HMO 076/596

Office of Group Benefits State of Louisiana



Humana®

Our service area includes the following: **Louisiana:** Acadia, Ascension, Assumption, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, East Baton Rouge, East Carroll, East Feliciana, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Lafayette, Lafourche, Lincoln, Livingston, Madison, Morehouse, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Richland, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana

The employer determines where they are going to offer the plan.



Let's talk about **Humana Medicare Employer HMO,**

Find out more about the Humana Medicare Employer HMO plan – including the services it covers – in this easy-to-use guide.

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.

To be eligible

To join Humana Medicare Employer HMO, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Plan name:

Humana Medicare Employer HMO

How to reach us:

Members should call toll-free
1-877-889-9885 for questions
(TTY/TDD 711)

Call Monday – Friday, 7 a.m. – 8 p.m.
Central time.

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

Humana Medicare Employer HMO has a network of doctors, hospitals, and other providers. If you use a provider that is not in our network, neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).



A healthy partnership

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

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Para obtener información adicional, llame a Servicio al cliente al número de teléfono que aparece anteriormente.



Monthly Premium, Deductible and Limits

IN-NETWORK

PLAN COSTS

Monthly premium

You must keep paying your Medicare Part B premium.

For information concerning the actual premiums you will pay, please contact your employer group benefits plan administrator.

Medical deductible

This plan does not have a deductible.

Maximum out-of-pocket responsibility

The most you pay for copays, coinsurance and other costs for medical services for the year.

In-Network Maximum Out-of-Pocket

\$2,500 out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy, Fitness Program ; Health Education Services ; Meal Benefit ; Nursing Hotline ; Smoking Cessation (Additional) ; Web/Phone Based Technologies and the Plan Premium.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.



Covered Medical and Hospital Benefits

IN-NETWORK

ACUTE INPATIENT HOSPITAL CARE

Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

\$50 copay per day for days 1-10

OUTPATIENT HOSPITAL COVERAGE

Outpatient hospital visits **\$0** copay

Ambulatory surgical center **\$0** copay

DOCTOR OFFICE VISITS

Primary care provider (PCP) **\$5** copay

Specialists **\$20** copay

Note: some services require prior authorization and referrals from providers.



Covered Medical and Hospital Benefits

IN-NETWORK

PREVENTIVE CARE

Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings.

Covered at no cost when you see an in-network provider. Any additional preventive services approved by Medicare during the contract year will be covered.

Covered at no cost when you see an in-network provider.

EMERGENCY CARE

Emergency room

If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.

\$50 copay for Medicare-covered emergency room visit(s)

Urgently needed services

Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.

\$5 to \$20 copay

DIAGNOSTIC SERVICES, LABS AND IMAGING

Diagnostic radiology

\$0 to \$20 copay

Lab services

\$0 copay

Diagnostic tests and procedures

\$0 to \$20 copay

Outpatient X-rays

\$0 to \$20 copay

Radiation Therapy

\$0 to \$20 copay

HEARING SERVICES

Medicare covered hearing

\$20 copay

DENTAL SERVICES

Medicare covered dental

\$20 copay

Note: some services require prior authorization and referrals from providers.



Covered Medical and Hospital Benefits

IN-NETWORK

VISION SERVICES

Medicare covered vision services **\$0 to \$20** copay

Diabetic eye exam **\$0** copay

Eyewear (post-cataract) **\$0** copay

MENTAL HEALTH SERVICES

Inpatient **\$25** copay per day for days 1-5

The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility

Outpatient group and individual therapy visits Outpatient therapy visit:
\$5 to \$20 copay

SKILLED NURSING FACILITY

Our plan covers up to 100 days in a SNF. **\$0** copay per day for days 1-20
\$25 copay per day for days 21-100

No 3-day hospital stay is required.
Plan pays \$0 after 100 days

PHYSICAL THERAPY

\$0 to \$25 copay

AMBULANCE

\$50 copay

TRANSPORTATION

Not covered

PART B PRESCRIPTION DRUGS

\$0 copay or **0%** of the cost

ALLERGY

Allergy Shots & Serum **\$5 to \$20** copay

Note: some services require prior authorization and referrals from providers.



Covered Medical and Hospital Benefits

IN-NETWORK

CHIROPRACTIC SERVICES

Medicare covered chiropractic visit(s) **\$20** copay

DIABETES MANAGEMENT TRAINING

\$0 copay

FOOT CARE (PODIATRY)

Medicare covered foot care **\$20** copay

HOME HEALTH CARE

\$0 copay

MEDICAL EQUIPMENT/SUPPLIES

Durable medical equipment (like wheelchairs or oxygen) **0% to 5%** of the cost

Medical Supplies **0% to 5%** of the cost

Prosthetics (artificial limbs or braces) **5%** of the cost

Diabetes monitoring supplies **5%** of the cost

OUTPATIENT SUBSTANCE ABUSE

Outpatient group and individual substance abuse treatment visits Outpatient substance abuse treatment visit: **\$5 to \$20** copay

REHABILITATION SERVICES

Occupational and speech therapy **\$0 to \$25** copay

Cardiac rehabilitation **\$0 to \$25** copay

Pulmonary rehabilitation **\$0 to \$25** copay

RENAL DIALYSIS

Renal dialysis **\$0** copay

Kidney disease education services **\$0** copay

FITNESS AND WELLNESS

SilverSneakers® Fitness Program - Basic fitness center membership including fitness classes.

Note: some services require prior authorization and referrals from providers.



Covered Medical and Hospital Benefits

IN-NETWORK

HOSPICE

You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.

Note: some services require prior authorization and referrals from providers.

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 **1-877-889-9885** 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 **1-877-889-9885** 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 **1-877-889-9885 (TTY: 711)**... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-889-9885 (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 **1-877-889-9885 (TTY: 711)**。... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-889-9885 (TTY: 711)**... 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-889-9885 (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 **1-877-889-9885 (TTY: 711)**... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-889-9885 (телетайп: 711)**... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-889-9885 (TTY: 711)**... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-889-9885 (ATS: 711)**... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-889-9885 (TTY: 711)**... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-889-9885 (TTY: 711)**... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-889-9885 (TTY: 711)**... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-889-9885 (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。 **1-877-889-9885 (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 **1-877-889-9885 (TTY: 711)** تماس بگیرید.

Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih **1-877-889-9885 (TTY: 711)**...

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-889-9885 (رقم هاتف الصم والبكم: 711)**.



Find out **more**



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

Humana is a Medicare Advantage organization with a Medicare contract. This is an advertisement. This information is not a complete description of benefits. Call 1-877-889-9885 (TTY: 711) for more information.

If you want to compare our plan with other Medicare health plans, you can call your employer sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your 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, 7 days a week. TTY users should call 1-877-486-2048.

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(Pending CMS Approval) HMO 076/596