OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

Humana Medicare Supplement Plans

for Massachusetts residents Medicare supplement benefit plans: Core, Supplement 1 and Supplement 1A

Insured by Humana Insurance Company

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Humana®

Humana Insurance Company Outline of Medicare Supplement Coverage - Cover Page: Benefit Plans Core, Supplement 1 and Supplement 1A

Medicare Supplement Insurance can be sold in only three standard plans. This chart shows the benefits included in each plan. Every company must make available the "Core" plan. Only applicants **first** eligible for Medicare before 2020 may purchase the Supplement 1 plan. Companies may add certain benefits to the standard benefits, if approved by the Commissioner. Look at each company's materials to find out what benefits, if any, the company has added to the standard benefits for each plan it offers.

Basic Benefits: Included in All Plans.

- **Hospitalization:** Part A coinsurance coverage for the first 90 days per benefit period (not including the Medicare Part A deductible) and the 60 Medicare lifetime reserve days, plus coverage for 365 additional days after Medicare benefits end. This shall also include benefits for biologically-based mental disorders.
- **Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses) or, in the case of hospital outpatient department services paid under a prospective payment system, applicable copayments. This shall also include benefits for biologically-based mental disorders.
- **Blood:** First three pints of blood each year.

CORE STANDARD BENEFITS	SUPPLEMENT 1 STANDARD BENEFITS	SUPPLEMENT 1A STANDARD BENEFITS
Basic Benefits	**Basic Benefits**	**Basic Benefits**
Hospitalization: For biologically-based mental disorders, stays in a licensed mental hospital, less Part A deductibles; for other mental disorders, stays in a licensed mental hospital for at least 60 days per calendar year less days covered by Medicare or already covered by plan in that calendar year for the other mental disorders, less Part A deductibles.	Hospitalization: For biologically-based mental disorders, stays in a licensed mental hospital; for other mental disorders, stays in a licensed mental hospital for a minimum 120 days per benefit period (at least 60 days per calendar year) less days covered by Medicare or already covered by plan in that calendar year for the other mental disorders.	Hospitalization: For biologically-based mental disorders, stays in a licensed mental hospital; for other mental disorders, stays in a licensed mental hospital for a minimum 120 days per benefit period (at least 60 days per calendar year) less days covered by Medicare or already covered by plan in that calendar year for the other mental disorders.
	Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance
	Part A deductible	Part A deductible
	Part B deductible	Foreign travel
	Foreign travel	
HUMANA MEDICARE SUPPLEMENT STATEWIDE MONTHLY PREMIUMS **Effective Date: 12-01-2022**		
Coupon book - $204.82	Coupon book - $340.64	Coupon book - $329.62
Automatic withdrawal - $202.82	Automatic withdrawal - $338.64	Automatic withdrawal - $327.62

Medicare Supplement Discounts*

ACH Discount

Save $2 on your monthly premium by electing to make payments electronically. If you wish to take advantage of this discount be sure to select an automatic payment option in Section 5 of your enrollment application.

Household Discount**

Save 5% on your monthly premium when more than one member of your household enrolls or is enrolled in a Humana Medicare Supplement plan. To apply for the discount, please include the name and Medicare claim number of the person enrolled or enrolling in a Humana Medicare Supplement policy living at your address in Section 4 of your enrollment application.

Early Enrollment Discount

Save on your monthly premium by purchasing a Humana Medicare Supplement Plan during the six month period when first becoming eligible for Medicare. You must be age 65 or older to qualify for the discount. You will receive a 15% premium discount which will decrease by 5% each year. You will receive a discount for a total of three years.

Policyholders who do not apply during the six month period when first becoming eligible for Medicare or are under the age of 65 will not receive the early enrollment discount.

Calculate Your Premium

Base monthly premium (please refer to page 1): _____

ACH Discount (applied to base premium): _____

Household Discount (applied to base premium): _____

Early Enrollment Discount (applied to base premium): _____

Premium Quote (base premium minus discounts): _____

* We reserve the right to make changes to the premium discount structure. If a change to the discount structure occurs to your policy, it will affect all policies we issue like yours.

** The household premium discount will be removed if the other Medicare supplement policyholder whose policy status entitles you to the discount no longer resides with you. However, if that person becomes deceased, your discount will still apply. This premium change will occur on the billing cycle following the date we learn your eligibility has ended. Household is defined as a condominium unit, a single family home, or an apartment unit within an apartment complex.

Massachusetts Medicare Supplement Insurance Outline Of Coverage
Humana Insurance Company

Medicare Supplement Core (MAMESM10CORE)
Medicare Supplement 1 (MAMESM10PLUS1)
Medicare Supplement 1A (MAMESM10PLUS1A)
Policy Category: MEDICARE SUPPLEMENT INSURANCE

"NOTICE TO BUYER: This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations."

Premium Information

We, Humana Insurance Company, can only raise your premium if we raise the premium for all policies like yours in Massachusetts, and if approved by the Commissioner of Insurance. If you choose to pay your premium in advance, upon your death we will refund the unearned portion of the premium paid. If you choose to pay your premium in advance, and you cancel your policy, we will refund the unearned portion of the premium paid. In the case of death or your cancellation of the policy the unearned portion of the premium will be refunded on a pro-rata basis.

Premium discounts may be applied or discontinued based on eligibility.

Disclosure

Use this outline to compare benefits and premiums among policies.

Read your policy very carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to return policy

If you find that you are not satisfied with your policy, you may return it to:

Humana Insurance Company
Attn: Medicare Enrollments
P.O. Box 14168
Lexington, KY 40512-4168

If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments less any claims paid.

Policy replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

If you newly enroll in a Medicare Supplement 1 plan and you became Medicare Eligible before January 1, 2020, you will not be able to switch into the same company's Medicare Supplement 1A plan until you have been covered under the Medicare Supplement 1 plan for a period of at least 12 months.

Notice

This policy may not fully cover all of your medical costs.

Neither Humana Insurance Company nor its agents are connected with Medicare.

This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the "Medicare & You" handbook for more details.

Complete answers are very important

When you fill out the application for the new policy, be sure to truthfully and completely answer all questions. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Massachusetts Summary

The Commissioner of Insurance has set standards for the sale of Medicare Supplement insurance policies. Such policies help you pay hospital and doctor bills, and some other bills, that are not covered in full by Medicare. Please note that the benefits provided by Medicare and this Medicare Supplement insurance policy may not cover all of the costs associated with your treatment. It is important that you become familiar with the benefits provided by Medicare and your Medicare Supplement Insurance policy. This policy summary outlines the different coverages you have if, in addition to this policy, you are also covered by Part A (hospital bills, mainly) and Part B (doctors' bills, mainly) of Medicare.

Under M.G.L. c. 112, § 2, no physician who agrees to treat a Medicare beneficiary may charge to or collect from that beneficiary any amount in excess of the reasonable charge for that service as determined by the United States Secretary of Health and Human Services. This prohibition is commonly referred to as the ban on balance billing. A physician is allowed to charge you or collect from your insurer a copayment or coinsurance for Medicare-covered services. However, if your physician charges you or attempts to collect from you an amount which together with your copayment or coinsurance is greater than the Medicare-approved amount, please contact the Board of Registration in Medicine at 617-654-9800.

We cannot explain everything here. Massachusetts law requires that personal insurance policies be written in easy-to-read language. So, if you have questions about your coverage not answered here, read your policy. If you still have questions, ask your agent or company. You may also wish to get a copy of "Medicare & You," a small book put out by Medicare that describes Medicare benefits.

The Benefits-To-Premium Ratio For Each Core Policy Sold Is 73%.

This means that during the anticipated life of your policy and others just like it, Humana expects to pay out $73.00 in claims made by you and all other policyholders for every $100.00 we collect in premiums. The minimum loss ratio for policies of this type is 65%. A higher ratio is to your advantage as long as it allows the company a reasonable return so that the product remains available.

The Benefits-To-Premium Ratio For Each Supplement 1 Policy Sold Is 73%.

This means that during the anticipated life of your policy and others just like it, Humana expects to pay out $73.00 in claims made by you and all other policyholders for every $100.00 we collect in premiums. The minimum loss ratio for policies of this type is 65%. A higher ratio is to your advantage as long as it allows the company a reasonable return so that the product remains available.

The Benefits-To-Premium Ratio For Each Supplement 1A Policy Sold Is 73%.

This means that during the anticipated life of your policy and others just like it, Humana expects to pay out $73.00 in claims made by you and all other policyholders for every $100.00 we collect in premiums. The minimum loss ratio for policies of this type is 65%. A higher ratio is to your advantage as long as it allows the company a reasonable return so that the product remains available.

Complaints

If you have a complaint, call us at 1-800-866-0581, Monday through Friday, from 8 a.m. to 8 p.m. If you are speech or hearing impaired and have access to TDD equipment, call 711. Or, you may call your agent. If you are not satisfied, you may write the Massachusetts Division of Insurance, 1000 Washington Street, Boston, MA 02118-6200, or call 617-521-7794 (Boston) or toll free (877)-563-4467.

Core

Medicare (Part A) - Hospital Services - Per Benefit Period

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general hospital nursing and miscellaneous services and licensed mental hospital stays for biologically-based mental disorders or other mental disorders prior to the 190-day Medicare lifetime maximum			
First 60 days of a benefit period	All but $1,600	$0	$1,600 (Part A deductible)
61st through 90th day of a benefit period	All but $400 a day	$400 a day	$0
91st day and after of a benefit period: while using 60 lifetime reserve days	All but $800 a day	$800 a day	$0
once lifetime reserve days are used: • additional 365 days	$0	100% of Medicare eligible expenses	$0**
• beyond the additional 365 days	$0	$0	All costs
Licensed mental hospital stays for biologically-based mental disorders NOT COVERED BY MEDICARE			
First 60 days of a benefit period	$0	All but $1,600	$1,600 (Part A deductible)
61st through 90th day of a benefit period	$0	100% of Medicare eligible expenses	$0
91st day and after of a benefit period while using 60 lifetime reserve days	$0	100% of Medicare eligible expenses	$0
once lifetime reserve days are used: • additional 365 days	$0	100% of Medicare eligible expenses	$0
• beyond the additional 365 days	$0	$0	All costs
Licensed mental hospital stays for other mental disorders - NOT COVERED BY MEDICARE			
First 60 days per calendar year less days covered by Medicare or already covered by plan in that calendar year for other mental disorders	$0	All but $1,600	$1,600 (Part A deductible)
61st day and after of a benefit period	$0	100% of Medicare eligible expenses	$0
Days after 60 days per calendar year less days covered by Medicare or plan in that calendar year	$0	$0	All costs

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Core

Medicare (Part A) - Hospital Services - Per Benefit Period *(continued)*

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Skilled Nursing Facility Care* (Participating with Medicare) You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $200 a day	$0	Up to $200 a day
101st day and after	$0	$0	All costs
Blood			
First three pints	$0	Three pints	$0
Additional amounts	100%	$0	$0
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but limited coinsurance for outpatient drugs and inpatient respite care	Coinsurance	$0

Core

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Outpatient treatment for biologically-based mental disorders (for services covered by Medicare)			
First $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Outpatient treatment for biologically-based mental disorders (for services not covered by Medicare)	$0	100%	$0
Outpatient treatment for other mental health disorders (for services covered by Medicare)			
First $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Outpatient treatment for other mental health disorders (for services not covered by Medicare)	$0	100%	$0
Blood			
First three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Core

Medicare (Part B) - Medical Services - Per Calendar Year *(continued)*

* Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Clinical Laboratory Services			
BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0
Special Medical Formulas Mandated By Law COVERED BY MEDICARE			
First $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
NOT COVERED BY MEDICARE	$0	All allowed charges	Balance

Medicare (Parts A and B)

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment First $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits - Not Covered By Medicare

Services	Medicare Pays	Plan Pays	You Pay
Outpatient Prescription Drugs			
NOT COVERED BY MEDICARE	$0	$0	All Costs

Supplement 1

Medicare (Part A) - Hospital Services - Per Benefit Period

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general hospital nursing and miscellaneous services and supplies and licensed mental hospital stays for biologically-based mental disorders or other mental disorders prior to the 190-day Medicare lifetime maximum			
First 60 days of a benefit period	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day of a benefit period	All but $400 a day	$400 a day	$0
91st day and after of a benefit period: while using 60 lifetime reserve days	All but $800 a day	$800 a day	$0
once lifetime reserve days are used: • additional 365 days	$0	100% of Medicare eligible expenses	$0**
• beyond the additional 365 days	$0	$0	All costs
Licensed mental hospital stays for biologically-based mental disorders NOT COVERED BY MEDICARE			
First 60 days of a benefit period	$0	100% of Medicare eligible expenses	$0
61st through 90th day of a benefit period	$0	100% of Medicare eligible expenses	$0
91st day and after of a benefit period while using 60 lifetime reserve days	$0	100% of Medicare eligible expenses	$0
once lifetime reserve days are used: • additional 365 days	$0	100% of Medicare eligible expenses	$0
• beyond the additional 365 days	$0	$0	All costs

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Supplement 1

Medicare (Part A) - Hospital Services - Per Benefit Period *(continued)*

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* *(continued)* Licensed mental hospital stays for other mental disorders - NOT COVERED BY MEDICARE			
First 120 days per benefit period (at least 60 days per calendar year) less days covered by Medicare or already covered by plan in that calendar year for other mental disorders			
First 60 days of a benefit period	$0	100% of Medicare eligible expenses	$0
61st through 120th day of a benefit period	$0	100% of Medicare eligible expenses	$0
Days after 120 days per benefit period (or 60 days per calendar year) less days covered by Medicare or plan in that calendar year	$0	$0	All costs
Skilled Nursing Facility Care* (Participating with Medicare) You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $200 a day	Up to $200 a day	$0
101st day through 365th day of a benefit period	$0	$10 a day	Balance
Beyond the 365th day of a benefit period	$0	$0	All costs
(Nonparticipating with Medicare) You must meet Medicare's requirements, including having been in a hospital for at least three days and transferred to the facility within 30 days after leaving the hospital.			
1st day through 365th day of a benefit period	$0	$8 a day	Balance
Beyond the 365th day of a benefit period	$0	$0	All costs

Supplement 1

Medicare (Part A) - Hospital Services - Per Benefit Period *(continued)*

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Blood			
First three pints	$0	Three pints	$0
Additional amounts	100%	$0	$0
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but limited coinsurance for outpatient drugs and inpatient respite care	Coinsurance	$0

Supplement 1

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $226 of Medicare-approved amounts*	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Outpatient treatment for biologically-based mental disorders (for services covered by Medicare)			
First $226 of Medicare-approved amounts*	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Outpatient treatment for biologically-based mental disorders (for services not covered by Medicare)	$0	100%	$0
Outpatient treatment for other mental health disorders (for services covered by Medicare)			
First $226 of Medicare-approved amounts*	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Outpatient treatment for other mental health disorders (for services not covered by Medicare)	$0	100%	$0
Blood			
First three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts*	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Supplement 1

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Clinical Laboratory Services			
BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0
Special Medical Formulas Mandated By Law COVERED BY MEDICARE			
First $226 of Medicare-approved amounts*	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
NOT COVERED BY MEDICARE	$0	All allowed charges	Balance

Medicare (Parts A and B)

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment First $226 of Medicare-approved amounts*	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits - Not Covered By Medicare

Services	Medicare Pays	Plan Pays	You Pay
Foreign Travel **Not covered by Medicare**			
Only the services listed above while traveling outside of the United States	$0	Remainder of charges (including portion normally paid by Medicare)	$0
Outpatient Prescription Drugs			
NOT COVERED BY MEDICARE	$0	$0	All Costs

Supplement 1A

Medicare (Part A) - Hospital Services - Per Benefit Period

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general hospital nursing and miscellaneous services and supplies and licensed mental hospital stays for biologically-based mental disorders or other mental disorders prior to the 190-day Medicare lifetime maximum			
First 60 days of a benefit period	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day of a benefit period	All but $400 a day	$400 a day	$0
91st day and after of a benefit period: while using 60 lifetime reserve days	All but $800 a day	$800 a day	$0
once lifetime reserve days are used: • additional 365 days	$0	100% of Medicare eligible expenses	$0**
• beyond the additional 365 days	$0	$0	All costs
Licensed mental hospital stays for biologically-based mental disorders NOT COVERED BY MEDICARE			
First 60 days of a benefit period	$0	100% of Medicare eligible expenses	$0
61st through 90th day of a benefit period	$0	100% of Medicare eligible expenses	$0
91st day and after of a benefit period while using 60 lifetime reserve days	$0	100% of Medicare eligible expenses	$0
once lifetime reserve days are used: • additional 365 days	$0	100% of Medicare eligible expenses	$0
• beyond the additional 365 days	$0	$0	All costs

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Supplement 1A

Medicare (Part A) - Hospital Services - Per Benefit Period *(continued)*

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* *(continued)* Licensed mental hospital stays for other mental disorders - NOT COVERED BY MEDICARE			
First 120 days per benefit period (at least 60 days per calendar year) less days covered by Medicare or already covered by plan in that calendar year for other mental disorders			
First 60 days of a benefit period	$0	100% of Medicare eligible expenses	$0
61st through 120th day of a benefit period	$0	100% of Medicare eligible expenses	$0
Days after 120 days per benefit period (or 60 days per calendar year) less days covered by Medicare or plan in that calendar year	$0	$0	All costs
Skilled Nursing Facility Care* (Participating with Medicare) You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $200 a day	Up to $200 a day	$0
101st day through 365th day of a benefit period	$0	$10 a day	Balance
Beyond the 365th day of a benefit period	$0	$0	All costs
(Nonparticipating with Medicare) You must meet Medicare's requirements, including having been in a hospital for at least three days and transferred to the facility within 30 days after leaving the hospital.			
1st day through 365th day of a benefit period	$0	$8 a day	Balance
Beyond the 365th day of a benefit period	$0	$0	All costs

Supplement 1A

Medicare (Part A) - Hospital Services - Per Benefit Period *(continued)*

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Blood			
First three pints	$0	Three pints	$0
Additional amounts	100%	$0	$0
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but limited coinsurance for outpatient drugs and inpatient respite care	Coinsurance	$0

Supplement 1A

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Outpatient treatment for biologically-based mental disorders (for services covered by Medicare)			
First $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Outpatient treatment for biologically-based mental disorders (for services not covered by Medicare)	$0	100%	$0
Outpatient treatment for other mental health disorders (for services covered by Medicare)			
First $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Outpatient treatment for other mental health disorders (for services not covered by Medicare)	$0	100%	$0
Blood			
First three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Supplement 1A

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Clinical Laboratory Services			
BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0
Special Medical Formulas Mandated By Law COVERED BY MEDICARE			
First $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
NOT COVERED BY MEDICARE	$0	All allowed charges	Balance

Medicare (Parts A and B)

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment First $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits - Not Covered By Medicare

Services	Medicare Pays	Plan Pays	You Pay
Foreign Travel **Not covered by Medicare**			
Only the services listed above while traveling outside of the United States	$0	Remainder of charges (including portion normally paid by Medicare)	$0
Outpatient Prescription Drugs			
NOT COVERED BY MEDICARE	$0	$0	All Costs

Notes

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides 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.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235（聽障專線：711）**。辦公時間：東部時間上午 8 時至晚上 8 時。