

2022 Health Plan Benefits at a Glance

Humana Gold Plus SNP-DE H4007-016 (HMO D-SNP) Puerto Rico

Plan Costs		In-Network
Monthly plan premium		\$0
Medicare Part B premium reduction		Your plan will reduce your Monthly Part B premium by up to \$20.
Medical deductible		\$0
Annual out-of-pocket maximum		\$3,400
Doctor Office Visits		
Primary care provider (PCP)		\$0 copay
Specialist		\$0 copay
Preventive Care		
Including: Medicare covered screenings		Covered at no cost when you see an in-network provider
Telehealth Services (in addition to Original Medicare)		
Primary care provider (PCP)		\$0 copay
Specialist		\$0 copay
Urgent care services		\$0 copay
Substance abuse or behavioral health services		\$0 copay
Inpatient Care		
Acute inpatient hospital care		\$0 copayment per stay
Lab Services		
Lab tests from lab facility		\$0 copay
Lab tests from outpatient hospital facility		\$0 copay
Outpatient Care		
Outpatient surgery at ambulatory surgical center		\$0 copay
Physical therapy at therapy facility		\$0 copay
X-rays at outpatient hospital facility		\$0 copay
Diagnostic testing at outpatient hospital facility		\$0 copay
Mental Health Services		
Inpatient psychiatric hospital		\$0 copayment per stay
Specialist's office		\$0 copay
Outpatient hospital		\$0 copay
Partial hospitalization		\$0 copay

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Emergency Services

Urgently needed services at an urgent care center	\$0 copay
Ambulance services	\$0 copay per date of service
Emergency room	\$0 copay

Additional Benefits & Programs

Humana Extra Debit Card**	\$25 monthly debit card allowance that may be used to purchase needed goods and services, pay monthly expenses, and/or withdraw cash at ATMs, as necessary. Please refer to the Summary of Benefits for additional details.
Blood pressure monitor	You may receive one blood pressure monitor every five (5) years.
Bathroom safety device	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Routine dental services DEN410	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Routine vision services VIS323	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Transportation services	\$0 copay for plan approved location up to unlimited one-way trip(s) per year.
Over-the-Counter (OTC) mail order	\$50 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Over-the-Counter (OTC)	\$200 maximum benefit coverage amount per month for adult diapers (briefs, pull-up), underpads, disposable gloves, wipes, creams and lotions to prevent dry/cracked skin and decrease risk of ulcers, nutritional drinks through contracted provider. Members must meet medical criteria. Brands according to exclusive contracted DME provider.
SilverSneakers® fitness program	Included
Humana Well Dine® Meal Program	Included



2022 Prescription Drug Benefits at a Glance

Humana Gold Plus SNP-DE H4007-016 (HMO D-SNP) Puerto Rico

Deductible This plan does not have a deductible.

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.

Standard cost-sharing

Pharmacy options Get more value with cost-share options in bold	Retail To find the retail pharmacies near you, go to Humana.com/pharmacyfinder		Mail Order Humana Pharmacy® Walmart Mail	
	30-day supply	90-day supply*	30-day supply	90-day supply*
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$0	\$0
Tier 3: Preferred Brand	\$0	\$0	\$0	\$0
Tier 4: Non-Preferred Drug	\$0	\$0	\$0	\$0
Tier 5: Specialty Tier	\$0	N/A	\$0	N/A
Tier 6: Select Care Drugs	\$0	\$0	\$0	\$0

All covered drugs will process at \$0 for members 0-20 years old and adults in Medicaid Coverage Code 100

Once your total yearly drug costs—what is paid both by you and our plan—reach **\$4,430**, 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.

Other pharmacies are available in our network.

*Some drugs are limited to a 30-day supply.

If you have questions and are a Humana member, please contact Customer Care at 1-866-773-5959 (TTY: 711). If you are not currently a Humana member, please contact a licensed Humana sales agent at 1-844-775-9623 (TTY: 711), 8 a.m. - 8 p.m. seven days a week from Oct. 1, 2021 - Mar. 31, 2022 and Monday through Friday 8 a.m. - 8 p.m. or Saturday from 7:00 a.m. to 6:00 p.m. the rest of the year.

Humana Gold Plus SNP-DE H4007-016 (HMO D-SNP) is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Medicaid Program in Puerto Rico. Enrollment in this Humana plan depends on contract renewal.

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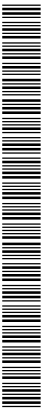
Telehealth services shown are in addition to the Original Medicare covered telehealth. Your cost may be different for Original Medicare telehealth.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

**Humana encourages use of the Humana Extra Debit Card towards items and services that promote improved health, and prevention of injury and illness. Humana and its subsidiaries are not liable for member purchase decisions using the Humana Extra Debit Card. For questions regarding your plan benefits, please call Customer Care at 1-866-773-5959 (TTY: 711).



Get all your health plan details at
[Humana.com/Benefits](https://www.humana.com/Benefits)



Important!

At Humana Health Plans of Puerto Rico, Inc. ("Humana"), it is important you are treated fairly.

Humana and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
If you need help filing a grievance, call **1-866-773-5959** 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 their Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or 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>.

Auxiliary aids and services, free of charge, are available to you.

1-866-773-5959 (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.

Language assistance services, free of charge, are available to you.

1-866-773-5959 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'éh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك