

2022 Health Plan Benefits at a Glance

Humana Honor (HMO) H5619-121 Central/Southern California

Plan Costs		With Medicare only In-Network
Monthly plan premium		\$0
Medicare Part B premium reduction		Your plan will reduce your Monthly Part B premium by up to \$75.
Annual out-of-pocket maximum		\$6,700
Doctor Office Visits		
Primary care provider (PCP)		\$20 copay
Specialist		\$50 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		\$50 copay
Urgent care services		\$0 copay
Substance abuse or behavioral health services		\$0 copay
Inpatient Care		
Acute inpatient hospital care		\$1,460 copayment per stay
Lab Services		
Lab tests from lab facility		\$0 copay
Lab tests from outpatient hospital facility		\$15 copay
Outpatient Care		
Outpatient surgery at ambulatory surgical center		20% of the cost
Physical therapy at therapy facility		20% of the cost
X-rays at outpatient hospital facility		\$0 copay
Diagnostic testing at outpatient hospital facility		20% of the cost
Mental Health Services		
Inpatient psychiatric hospital		\$1,260 copayment per stay
Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.		
Specialist's office		20% of the cost

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Outpatient hospital	20% of the cost
Partial hospitalization	14% of the cost
Emergency Services	
Urgently needed services at an urgent care center	\$30 copay
Ground ambulance services	\$265 copay per date of service
Emergency room	\$90 copay
Additional Benefits & Programs	
Routine dental services DEN185	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Routine vision services VIS734	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Over-the-Counter (OTC) mail order	\$50 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products. Unused quarterly funds carry over to the next quarter and expire at the end of the plan year.
Meal Program	Included
Routine hearing services HER939	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.

If you have questions and are a Humana member, please contact Customer Care at 1-800-457-4708 (TTY: 711). If you are not currently a Humana member, please contact a licensed Humana sales agent at 1-844-775-9622 (TTY: 711), 8 a.m. - 8 p.m. seven days a week from Oct. 1, 2021 - Mar. 31, 2022 and Monday through Friday the rest of the year.

Humana is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

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.



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



Important!

At Humana, it is important you are treated fairly.

Humana Inc. 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 **1-877-320-1235** 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 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>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (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.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (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