

Summary of Benefits

Optional Supplemental Benefits

Humana Honor (HMO) H5619-121

Central/Southern California
Select Counties in California

Our service area includes the following county/counties in California: Fresno, Kern, Kings, Madera, Riverside, San Bernardino, Stanislaus, Tulare, Ventura.

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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.

Understanding Important Rules

- You do not pay a separate monthly plan premium for this Humana plan but, 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, 2023.
- 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).

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Let's talk about Humana Honor (HMO)

Find out more about the Humana Honor (HMO) plan - including the health and drug services it covers - in this easy-to-use guide.

Humana Honor (HMO) is a Medicare Advantage HMO plan with a Medicare contract. 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".

To be eligible

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

Plan name:

Humana Honor (HMO)

How to reach us:

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](https://www.humana.com/medicare)

More about Humana Honor (HMO)

Do you have Medicare and Medicaid? If you are a dual-eligible beneficiary enrolled in both Medicare and the state's program, you may not have to pay the medical costs displayed in this booklet.

If you have Medicaid, be sure to show your Medicaid ID card in addition to your Humana membership card to make your provider aware that you may have additional coverage. Your services are paid first by Humana and then by Medicaid.

As a member you must select an in-network doctor to act as your Primary Care Provider (PCP). Humana Honor (HMO) 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.



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 You must keep paying your Medicare Part B premium.
Part B premium reduction	Your plan will reduce your Monthly Part B premium by up to \$75
Medical deductible	This plan does not have a deductible.
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

Acute inpatient hospital care	\$1,460 copayment per admit Your plan covers an unlimited number of days for an inpatient stay.
Outpatient hospital coverage	<ul style="list-style-type: none"> • Outpatient surgery at Outpatient Hospital: 20% of the cost • Outpatient surgery at Ambulatory Surgical Center: 20% of the cost
Doctor visits	<ul style="list-style-type: none"> • Primary care provider: \$20 copay • Specialist: \$50 copay

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.)

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)
- 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

\$90 copay

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.

Urgently needed services

\$30 copay at an urgent care center

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

OUTPATIENT CARE AND SERVICES

Diagnostic services, labs and imaging

Cost share may vary depending on the service and where service is provided

- Diagnostic mammography: **\$0** copay
- Diagnostic radiology: **\$0** to **\$150** copay
- Lab services: **\$0** to **\$15** copay
- Diagnostic tests and procedures: **\$0** to **\$50** copay or **20%** of the cost
- Outpatient X-rays: **\$0** copay
- Radiation therapy: **20%** of the cost

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Covered Medical and Hospital Benefits (cont.)

Hearing

Medicare-covered hearing exam: **\$50** copay

Routine hearing:

In-Network:

HER939

- **\$0** copayment for routine hearing exams up to 1 per year.
- **\$499** copayment for each Advanced level hearing aid up to 1 per ear per year.
- **\$799** copayment for each Premium level hearing aid up to 1 per ear per year.

Hearing aid purchase includes:

- Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase
- 60-day trial period
- 3-year extended warranty
- 80 batteries per aid for non-rechargeable models

You must see a TruHearing provider to use this benefit. Call 1-844-255-7144 to schedule an appointment (for TTY, dial 711).

Dental

Medicare-covered dental services: **\$50** copay

Routine dental:

The cost-share indicated below is what you pay for the covered service.

In-Network:

DEN185

- **0%** coinsurance for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.
- **0%** coinsurance for panoramic film or diagnostic x-rays up to 1 every 5 years.
- **0%** coinsurance for bitewing x-rays up to 1 set(s) per year.
- **0%** coinsurance for intraoral x-rays up to 1 per year.
- **0%** coinsurance for fluoride treatment, periodic oral exam and/or emergency diagnostic exam, prophylaxis (cleaning) up to 2 per year.
- **0%** coinsurance for necessary anesthesia with covered service up to unlimited per year.
- **50%** coinsurance for recementation up to 1 every 5 years.
- **50%** coinsurance for amalgam and/or composite filling, emergency treatment for pain up to 2 per year.
- **50%** coinsurance for simple or surgical extraction up to unlimited per year.
- **70%** coinsurance for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years.
- **70%** coinsurance for complete dentures, partial dentures up to 1 set(s) every 5 years.
- **70%** coinsurance for adjustments to dentures, denture reline, root canal up to 1 per year.
- **70%** coinsurance for crown, oral surgery up to 2 per year.

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Covered Medical and Hospital Benefits (cont.)

- **70%** coinsurance for periodontal maintenance up to 4 per year.
- **\$2000** maximum benefit coverage amount per year for preventive and comprehensive benefits.

Dental benefits may not cover all American Dental Association procedure codes. Information regarding each plan is available at **Humana.com/sb**.

Use the HumanaDental 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 HumanaDental Medicare.

Vision

- Medicare-covered vision services: **\$50** copay
- Medicare-covered diabetic eye exam: **\$0** copay
- Medicare-covered glaucoma screening: **\$0** copay
- Medicare-covered eyewear (post-cataract): **\$0** copay

Routine vision:

In-Network:

VIS734

- **\$0** copayment for routine exam up to 1 per year.
- **\$100** maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames.
- Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year.
- Maximum benefit coverage amount is limited to one time use per year.

Refraction is only covered when billed as part of the routine vision exam.

The provider locator for routine vision can be found at **Humana.com** > Find a Doctor > select Vision care icon > Vision coverage through Medicare Advantage plans.

Mental health services

Inpatient:

- **\$1,260** copayment per admit
- Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.

Outpatient (group and individual therapy visits): **14%** to **20%** of the cost

Cost share may vary depending on where service is provided.

Skilled nursing facility (SNF)

- **\$0** copay per day for days 1-20
- **\$178** copay per day for days 21-100
- Your plan covers up to 100 days in a SNF

Physical Therapy

- **20%** of the cost

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Covered Medical and Hospital Benefits (cont.)

ADDITIONAL BENEFITS

Ambulance (ground)	\$265 copay per date of service
Ambulance (air)	20% of the cost
Transportation	Not covered



Prescription Drug Benefits

Medicare Part B drugs	<ul style="list-style-type: none"> Chemotherapy drugs: 20% of the cost Other Part B drugs: 20% of the cost
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PRESCRIPTION DRUGS

Your plan covers Part B drugs including, but not limited to, chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.



Additional Benefits

Medicare-covered foot care (podiatry)	\$50 copay
Medicare-covered chiropractic services	20% of the cost
Medical equipment/ supplies Cost share may vary depending on the service and where service is provided	<ul style="list-style-type: none"> Durable medical equipment (like wheelchairs or oxygen): 20% of the cost Medical supplies: 20% of the cost Prosthetics (artificial limbs or braces): 20% of the cost Diabetic monitoring supplies: \$0 copay or 10% of the cost
Rehabilitation services Cost share may vary depending on the service and where service is provided.	<ul style="list-style-type: none"> Occupational and speech therapy: 20% of the cost Cardiac rehabilitation: \$50 copay or 20% of the cost Pulmonary rehabilitation: \$30 copay or 9% of the cost
Telehealth services (in addition to Original Medicare)	<ul style="list-style-type: none"> Primary care provider (PCP): \$0 copay Specialist: \$50 copay Urgent care services: \$0 copay Substance abuse and behavioral health services: \$0 copay

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More benefits with **your plan**

Enjoy some of these extra benefits included in your plan.

COVID-19 Testing and Treatment

\$0 copay for testing and treatment services for COVID-19.

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.

Rewards and Incentives

Go365 by Humana® a Rewards and Incentive program for completing certain preventive health screenings and health and wellness activities.



Optional **Supplemental Benefits**

Customize your coverage for an extra monthly premium when you enroll. You can choose from the following to help create your Medicare plan.

\$15

MyOption Fitness

A basic fitness membership at any SilverSneakers® participating location in the country. Members have access to locations across the nation.

Humana MyOption optional supplemental benefits (OSB) are only available to members of certain Humana Medicare Advantage (MA) plans. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Benefits may change on January 1 each year. Enrollees must use network providers for specific OSBs when stated in the Evidence of Coverage (EOC); otherwise, covered services may be received from non-network providers at a higher cost. Enrollees must continue to pay the Medicare Part B premium, their Humana plan premium and the OSB premium.



Find out **more**



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

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.

Medicare-covered eye refractions during a specialist medical visit are not covered.

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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

2022

Optional Supplemental Benefits

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Humana[®]

My Options, My Choice

Adding Benefits to Your Plan

You're unique and have unique needs. That's why Humana offers optional supplemental benefits (OSB). For an extra monthly premium you can customize your Humana Medicare Advantage plan.

The information in this booklet will tell you about the benefits you can add to your plan. You can add these extra benefits when you sign up for your Medicare Advantage plan. You can also add these benefits after Medicare open enrollment ends on December 7 by contacting your agent or calling OSB sales at 1-888-413-7026. OSB sales is available from 8 a.m. – 8 p.m. local time, seven days a week October 1 – March 31, and Monday through Friday April 1 – September 30.

MyOptionSM Fitness

The MyOptionSM Fitness benefit helps you pay for your fitness needs. This benefit covers the cost of a basic membership at any SilverSneakers[®] fitness center anywhere in the country.

You can reach your health, wellness, and fitness goals with SilverSneakers classes. The monthly premium for this OSB is **\$15**. Here's how the benefit works:

Covered services

- Fitness center membership at any participating SilverSneakers fitness center.
- Tools for tracking your physical activity.

Fitness Center memberships

- Use of exercise equipment, pool, and sauna where available. Not every fitness center has all of these options.
- Attend SilverSneakers classes designed to help improve your strength, flexibility, balance, and endurance.
- Attend events to help you work towards being healthy.
- Find online support that can help you lose weight or start an exercise program.
- Meet with a trained Program Advisor[™] at the fitness center to help you get started.
- Any nonstandard fitness center services that usually have an extra fee are not included in your membership.

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[Humana.com](https://www.humana.com)

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 jii'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Humana Honor (HMO)

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Select Counties in California



[Humana.com](https://www.humana.com)

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