

Summary of Benefits

Humana Gold Plus SNP-DE H5619-123 (HMO D-SNP)

Arkansas

Select Counties in Arkansas

Our service area includes the following county/counties in Arkansas: Arkansas, Baxter, Benton, Boone, Carroll, Cleburne, Conway, Craighead, Crawford, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hempstead, Hot Spring, Izard, Jefferson, Johnson, Lawrence, Little River, Lonoke, Madison, Marion, Miller, Montgomery, Nevada, Newton, Ouachita, Perry, Pike, Poinsett, Pope, Prairie, Pulaski, Randolph, Saline, Searcy, Sebastian, Sevier, Union, Van Buren, Washington.

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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.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ 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).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. This plan may enroll dual eligibles who are QMB, QMB Plus, SLMB Plus, and FBDE.

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Let's talk about Humana Gold Plus SNP-DE H5619-123 (HMO D-SNP)

Find out more about the Humana Gold Plus SNP-DE H5619-123 (HMO D-SNP) plan - including the health and drug services it covers - in this easy-to-use guide.

Humana Gold Plus SNP-DE H5619-123 (HMO D-SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Arkansas Medicaid. 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".

As a member you must select an in-network doctor to act as your Primary Care Provider (PCP). Humana Gold Plus SNP-DE H5619-123 (HMO D-SNP) 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. You have access to Care Managers. Care Managers are nurses or care coordinators who support your health and well-being by providing additional services including: acute and chronic-care management, telephonic and in-person health support, assistance in coordinating Medicare and Medicaid benefits, educational resources and workshops and support for families and caregivers.

To be eligible

To enroll in Humana Gold Plus SNP-DE H5619-123 (HMO D-SNP), a Dual Eligible Special Needs Plan, you must be entitled to Medicare Part A and enrolled in Medicare Part B, live in our service area and also receive certain levels of assistance from the Arkansas Medicaid. If you receive both Medicare and Medicaid benefits, this means you are a dual eligible.

Humana Gold Plus SNP-DE H5619-123 (HMO D-SNP) may enroll dual eligibles who are QMB, QMB Plus, SLMB Plus, and FBDE.

Plan name:

Humana Gold Plus SNP-DE H5619-123 (HMO D-SNP)

More about Humana Gold Plus SNP-DE H5619-123 (HMO D-SNP)

As a member of this plan, you will not be responsible for cost sharing for plan benefits. The Comprehensive Benefit Chart shows the benefits you will receive from Humana and how Medicaid covers your cost sharing for those plan benefits. The chart also lists some benefits you could receive from Medicaid if you are eligible for full Medicaid benefits. If you are entitled to Medicaid benefits your care coordinator will work with you to assist you in understanding and accessing the Medicare and Medicaid benefits you may be entitled to. Be sure to show the Arkansas 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.

How to reach us:

If you have questions about your benefits or your level of eligibility for assistance from Medicaid, you should contact Humana's Customer Care department or the Arkansas Medicaid for further details.

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**.

For the most current Arkansas Medicaid coverage information, please visit the Arkansas Medicaid website at

<https://medicaid.mmis.arkansas.gov> or call the Medicaid Hotline at 1-833-402-0672 (TTY: 711).



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. The Part B premium may be covered through the Arkansas Medicaid Program.
Medical deductible	This plan does not have a deductible.
Pharmacy (Part D) deductible	This plan does not have a deductible.
Maximum out-of-pocket responsibility	This plan does not have a maximum out-of-pocket responsibility.



Covered Medical and Hospital Benefits

For members protected by the Arkansas Medicaid Program from cost sharing, Medicaid pays coinsurance, copays and deductibles for Original Medicare-covered services. For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. You may be required to pay a small Medicaid copay.

	WHAT YOU PAY ON THIS HUMANA PLAN	MEDICAID USUAL LIMITS AND COPAYS
ACUTE INPATIENT HOSPITAL CARE		
	\$0 copay	For adults age 21 and older, Medicaid will pay for a limited number of days of inpatient hospital care. There is no limit for children younger than 21. The client will have to pay a co pay if he or she is 18 years or older, or has ARKids First-B (CHIP Title XXI funded). The amount of the co-pay depends on the first day's hospital bill.
OUTPATIENT HOSPITAL COVERAGE		
Outpatient surgery at outpatient hospital	\$0 copay	Medicaid and ARKids First will pay for most outpatient hospital care, but the client may have to pay some charges. There is also a limit on the number of visits for adults aged 21 and older. Families with ARKids First-B (CHIP Title XXI funded) will have to pay a co-payment.

You do not need a referral to receive covered services from plan providers. 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 prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

	WHAT YOU PAY ON THIS HUMANA PLAN	MEDICAID USUAL LIMITS AND COPAYS
Outpatient surgery at ambulatory surgical center	\$0 copay	<p>Medicaid and ARKids First pays for covered surgeries in these centers. A referral from the PCP is usually required.</p> <p>If the recipient has ARKids First-B (Title XXI funded), then they will have to pay a co-payment.</p>
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	\$0 copay	<p>If the recipient is 21 or older, there is a limit to the number of doctor visits that Medicaid will pay for each year. If the recipient needs to see the doctor more often, the doctor might be able to get an extension.</p> <p>If the recipient has ARKids First B (CHIP Title XXI funded), they will make a copayment for each doctor visit.</p>
Specialists	\$0 copay	If the recipient needs to see a different doctor for specialized care, a referral is needed from the PCP.

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

You do not need a referral to receive covered services from plan providers. 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 prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

WHAT YOU PAY ON THIS HUMANA PLAN

MEDICAID USUAL LIMITS AND COPAYS

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

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.

\$0 copay

Medicaid and ARKids First cover emergency care only in a medical emergency. A referral is not needed from the PCP.

If the recipient has ARKids First B (CHIP Title XXI funded), they will have to pay a co-payment.

You do not need a referral to receive covered services from plan providers. 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 prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

	WHAT YOU PAY ON THIS HUMANA PLAN	MEDICAID USUAL LIMITS AND COPAYS
Urgently needed services	\$0 copay	
Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.		
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Diagnostic mammography	\$0 copay	Medicaid and ARKids First pay for lab tests and X-rays if the doctor says it is needed. If the recipient needs to go somewhere else for tests or X rays, the PCP must provide a referral. Clients with ARKids First-B (CHIP Title XXI funded) must pay a co-payment. Clients 21 or older have annual limits on the number of some tests and X-rays that Medicaid will cover and on the dollar amount Medicaid will pay for others. The doctor can ask for an extension on the number of X rays covered if medically necessary.
Diagnostic radiology	\$0 copay	
Lab services	\$0 copay	
Diagnostic tests and procedures	\$0 copay	
Outpatient X-rays	\$0 copay	
Radiation therapy	\$0 copay	

You do not need a referral to receive covered services from plan providers. 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 prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

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	WHAT YOU PAY ON THIS HUMANA PLAN	MEDICAID USUAL LIMITS AND COPAYS
HEARING SERVICES		
Medicare-covered hearing	\$0 copay	
Routine hearing	<p>In-network: HER945</p> <ul style="list-style-type: none"> • \$0 copayment for routine hearing exams up to 1 every year. • \$0 copayment for each Advanced level hearing aid up to 1 per ear every 3 years. <p>Hearing aid purchase includes:</p> <ul style="list-style-type: none"> • 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 <p>You must see a TruHearing provider to use this benefit. Call 1-844-255-7144 to schedule an appointment (for TTY, dial 711).</p>	<p>Arkansas Medicaid covers hearing tests and hearing aids for children under age 21 who are enrolled in the Child Health Services EPSDT Program. The services must be prescribed by a doctor. Licensed <i>audiologists</i>, or hearing specialists, may provide hearing tests. If a child needs a hearing aid, he or she gets three follow-up visits to the hearing aid dealer to make sure the hearing aid is working properly.</p> <p>Only the examination used to test the condition of the middle ear, called <i>tympanometry</i>, is covered under ARKids First-B (CHIP Title XXI funded).</p>

You do not need a referral to receive covered services from plan providers. 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 prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

H5619123000

WHAT YOU PAY ON THIS HUMANA PLAN

MEDICAID USUAL LIMITS AND COPAYS

DENTAL SERVICES

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

Medicare-covered dental

\$0 copay

Routine dental

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.

In-network:

DEN181

- **\$0** copayment for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years.
- **\$0** copayment for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.
- **\$0** copayment for complete dentures, partial dentures up to 1 set(s) every 5 years.
- **\$0** copayment for panoramic film or diagnostic x-rays, recementation up to 1 every 5 years.
- **\$0** copayment for bitewing x-rays up to 1 set(s) per year.
- **\$0** copayment for adjustments to dentures, denture reline, intraoral x-rays, root canal up to 1 per year.
- **\$0** copayment for amalgam and/or composite filling, crown, emergency treatment for pain, fluoride treatment, oral surgery, periodic oral exam and/or emergency diagnostic exam, prophylaxis (cleaning) up to 2 per year.
- **\$0** copayment for periodontal maintenance up to 4 per year.
- **\$0** copayment for necessary anesthesia with covered service, simple or surgical extraction up to unlimited per year.
- **\$2500** maximum benefit coverage amount per year for

For children under age 21: Dental care is covered for children with Medicaid, ARKids First-A (Medicaid Title XIX funded) and ARKids First-B (CHIP Title XXI funded). This includes orthodontic care such as braces, if needed for medical reasons. All orthodontic care must be approved by Medicaid before treatment.

If the recipient has ARKids First B (CHIP Title XXI funded), they will need to pay a co-payment.

For adults: Medicaid will pay up to \$500 a year for most dental care, from July 1 to June 30. This includes one office visit, one cleaning, one set of x-rays and one fluoride treatment. If the dentist says it is need it, Medicaid will pay for

- simple tooth pulling
- surgical tooth pulling (if Medicaid approves it first)
- fillings
- one set of dentures (if Medicaid approves it first)

Fees to the Dental Lab for dentures and tooth-pulling do not count toward the \$500 limit but can only get one set of dentures or partial dentures in a lifetime.

You do not need a referral to receive covered services from plan providers. 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 prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

WHAT YOU PAY ON THIS HUMANA PLAN		MEDICAID USUAL LIMITS AND COPAYS
preventive and comprehensive benefits.		
VISION SERVICES		
Medicare-covered vision services	\$0 copay	Medicaid and ARKids First will pay for a limited number of eye exams and eyeglasses. Adults aged 21 and older will have to pay a co-payment.
Medicare-covered diabetic eye exam	\$0 copay	
Medicare-covered glaucoma screening	\$0 copay	
Medicare-covered eyewear (post-cataract)	\$0 copay	
Routine vision	In-network: VIS733	For children under 21, Medicaid and ARKids First will pay for medically necessary replacement or repair of eyeglasses when Medicaid approves ahead of time.
Refraction is only covered when billed as part of the routine vision exam.	<ul style="list-style-type: none"> • \$0 copayment for routine exam up to 1 per year. • \$300 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. 	If the recipient has ARKids First B (Title XXI funded), they will have to pay a copayment.
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.		

You do not need a referral to receive covered services from plan providers. 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 prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

	WHAT YOU PAY ON THIS HUMANA PLAN	MEDICAID USUAL LIMITS AND COPAYS
MENTAL HEALTH SERVICES		
Inpatient Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital	\$0 copay	Medicaid will pay for this only for children under age 21, and only with a doctor's referral. Medicaid must approve these services in advance, except in an emergency, and this is called prior authorization. A co-pay will be rendered if the recipient is ARKids First-B (Title XXI funded). The amount of the co-pay depends on the first day's hospital bill. The care must be provided by a certified Outpatient Behavioral Health Services (OBHS) provider. Medicaid must approve these services before they are provided through an independent assessment process, or Medicaid will not pay. The OBHS provider should handle getting a referral for the assessment and Medicaid's approval. If the person needs more than eight hours of care within a 24 hour period, or needs additional services when benefit is exhausted, the doctor or other provider will need to apply for an extension of benefits for the patient.
Outpatient group and individual therapy visits	\$0 copay	
SKILLED NURSING FACILITY (SNF)		
Your plan covers up to 100 days in a SNF	\$0 copay	
PHYSICAL THERAPY		
	\$0 copay	Medicaid will pay for some rehabilitative services – also called rehab – for people with certain illnesses or injuries.

You do not need a referral to receive covered services from plan providers. 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 prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

	WHAT YOU PAY ON THIS HUMANA PLAN	MEDICAID USUAL LIMITS AND COPAYS
AMBULANCE		
Ambulance	\$0 copay	<p>Medicaid and ARKids First will pay for ambulance service only in certain cases, and only when needed to stay alive or prevent serious damage to your health.</p> <p>Under those circumstances, Medicaid and ARKids First will pay for ambulance service:</p> <ul style="list-style-type: none"> • From the place of an emergency to a hospital emergency room if the patient is admitted. • From a hospital to another hospital. • From the patient's home to a hospital for admission. • From a hospital to the person's home after the person is discharged from the hospital. • From a nursing home to a hospital for admission. • From a nursing home (after being discharged) to the person's home. • From one nursing home to another nursing home, when the original nursing home has been decertified and the transportation is necessary
TRANSPORTATION		
	<p>\$0 copay for plan approved location up to 48 one-way trip(s) per year. This benefit is not to exceed 25 miles per trip.</p> <p>The member <i>must</i> contact transportation vendor to arrange transportation.</p>	

You do not need a referral to receive covered services from plan providers. 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 prior authorization from the plan.



Prescription Drug Benefits

	WHAT YOU PAY ON THIS HUMANA PLAN	MEDICAID USUAL LIMITS AND COPAYS
MEDICARE PART B DRUGS		
Chemotherapy drugs	\$0 copay	
Other Part B drugs	\$0 copay	
PRESCRIPTION DRUGS		
Medicare Part D Drugs	See chart below for plan coverage information for prescription drugs	<p>Medicaid and ARKids First cover most prescription drugs. The pharmacist must give the client a generic drug when one is available. If the client wants a brand-name drug, he or she will have to pay for it. For some drugs, the client's doctor will need to call Medicaid for approval.</p> <p>If the recipient is 21 or older, there is a limit on the number of prescription drugs Medicaid will pay for each month. Birth control pills and other family planning prescriptions do not count toward the monthly limit.</p> <p>People in nursing homes do not have monthly limits or co-payments on their prescription drugs.</p> <p>If the client has ARKids First-B (CHIP Title XXI funded) or is age 18 or older with Medicaid, he or she will have to pay a co-payment.</p>

Deductible This plan does not have a deductible.

Depending on the level of Extra Help you receive, you'll pay one of the following cost-share amounts each time you fill your drug. You will always pay **\$0** for Tier 1 drugs on this plan at a Preferred Cost-Sharing Retail or Preferred Cost-Sharing Mail Order Pharmacy.

Pharmacy options

Preferred cost-sharing	Mail order: Humana Pharmacy® Retail: To find the preferred cost-share retail pharmacies near you, go to Humana.com/pharmacyfinder	
Standard cost-sharing	Mail order: Walmart Mail Retail: All other network retail pharmacies	
For generic drugs (including brand drugs treated as generic), either:	30-day supply	90-day supply
	\$0 copay; or \$1.35 copay; or \$3.95 copay; or 15% of the cost	\$0 copay; or \$1.35 copay; or \$3.95 copay; or 15% of the cost
For all other drugs , either:	\$0 copay; or \$4 copay; or \$9.85 copay; or 15% of the cost	\$0 copay; or \$4 copay; or \$9.85 copay; or 15% of the cost

Other pharmacies are available in our network.

Specialty drugs are limited to a 30-day supply.

ADDITIONAL DRUG COVERAGE

Erectile dysfunction (ED) drugs	This plan also provides coverage for erectile dysfunction drugs. Refer to your "Evidence of Coverage" for more information.
Anti-Obesity drugs	This plan also provides coverage for anti-obesity drugs. Refer to your "Evidence of Coverage" for more information.

Cost sharing may change depending on the pharmacy you choose, when you enter another phase of the Part D benefit and if you qualify for "Extra Help." To find out if you qualify for "Extra Help," please contact the Social Security Office at 1-800-772-1213 Monday — Friday, 7 a.m. — 7 p.m. TTY users should call 1-800-325-0778. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access your "Evidence of Coverage" online.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.

You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.

Days' Supply Available

Unless otherwise specified, you can get your Part D drug in the following days' supply amounts:

- One-month supply (up to 30 days)*
- Two-month supply (31-60 days)
- Three-month supply (61-90 days)

*Long term care pharmacy (one-month supply = 31 days)

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,050**, you pay nothing for all drugs.



Additional Benefits

	WHAT YOU PAY ON THIS HUMANA PLAN	MEDICAID USUAL LIMITS AND COPAYS
Medicare-covered foot care (podiatry)	\$0 copay	If the recipient is 21 or older, there is a limit to the number of visits for which Medicaid will pay. Medicaid and ARKids First will pay for surgery by a podiatrist. If a stay in the hospital for the surgery is needed, the podiatrist may have to get approval from Medicaid beforehand.
Medicare-covered chiropractic services	\$0 copay	Medicaid and ARKids First cover chiropractic care. A referral is needed from the PCP. There is a limit to the number of visits Medicaid will pay for if the recipient is 21 or older. If the recipient has ARKids First-B (CHIP Title XXI funded), they will have to pay a co-payment for each visit.
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment (like wheelchairs or oxygen)	\$0 copay	If the recipient is 21 or older, Medicaid will only pay for certain kinds of equipment. A prescription is needed from the PCP.
Medical Supplies	\$0 copay	Medicaid and ARKids First pay for some medical supplies. A prescription is needed from the PCP. There is a limit on what Medicaid or and ARKids First will pay for supplies each month.
Prosthetics (artificial limbs or braces)	\$0 copay	
Diabetic monitoring supplies	\$0 copay	

	WHAT YOU PAY ON THIS HUMANA PLAN	MEDICAID USUAL LIMITS AND COPAYS
REHABILITATION SERVICES		
Occupational and speech therapy	\$0 copay	Medicaid will pay for some rehabilitative services – also called rehab – for people with certain illnesses or injuries.
Cardiac rehabilitation	\$0 copay	
Pulmonary rehabilitation	\$0 copay	
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	



Additional Medicaid Covered Services

Dual eligible members who meet financial criteria for full Medicaid coverage may also be eligible to receive Medicaid services not covered by Medicare. Humana Gold Plus SNP-DE H5619-123 (HMO D-SNP) may also offer coverage for these services. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits above are covered by Medicare. The benefits described below are covered by Medicaid. For each benefit listed below, you can see what the Arkansas Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to call the Arkansas Medicaid: 1-833-402-0672 (TTY: 711).

BENEFIT	WHAT YOU PAY ON THIS HUMANA PLAN	MEDICAID STATE PLAN
PRODUCTS AND DEVICES		
Dentures	See "Dental" benefit in the "Covered Medical and Hospital Benefits" chart above	
Eyeglasses	See "Vision" benefit in the "Covered Medical and Hospital Benefits" chart above	
Hearing Aids	See "Hearing" benefit in the "Covered Medical and Hospital Benefits" chart above	

TRANSPORTATION

Non-Emergency Medical Transportation Services

See "Transportation" benefit in the "Covered Medical and Hospital Benefits" chart above

If a client has Medicaid or ARKids First-A, the NET service can give a ride to and from doctor appointments and other Medicaid-covered services. There is no charge, but the service provider must follow the NET guidelines.

ARKids First B (Title XXI funded) does not cover NET.

INPATIENT LONG TERM CARE SERVICES

Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services in Institutions for Mental Diseases (IMD), age 65 and older

Not covered

Medicaid pays for nursing home care in a Medicaid-certified nursing home. For Medicaid to pay for nursing home care, a doctor must recommend it.

While in a nursing home, the client does not have to pay co-payments for medical care or prescription drugs.

ARKids First-B (CHIP Title XXI funded) does not cover nursing home care.

Inpatient Psychiatric Services, under age 21

See "Mental Health" benefit in the "Covered Medical and Hospital Benefits" chart above

Intermediate Care Facility Services for Individuals with Intellectual Disabilities

Not Covered

Nursing Facility Services, other than in an Institution for Mental Diseases

See "Skilled Nursing" benefit in the "Covered Medical and Hospital Benefits" chart above

HOME AND COMMUNITY BASED WAIVER SERVICES

Dual eligible members, who meet the financial criteria for full Medicaid coverage, may also be eligible to receive Waiver services. Waiver services are limited to individuals who meet additional waiver eligibility criteria. For information on waiver services and eligibility, contact the Arkansas Medicaid at 1-800-635-2570 (TTY: 711).

****Exemptions.** The following categories of recipients are not required to pay a copayment or coinsurance:

- (a) Individuals under the age of 21 years.
- (b) Pregnant women – for pregnancy – related services, including services for medical conditions that may complicate the pregnancy. This exemption includes the six week period following the end of the pregnancy.
- (c) Individuals receiving services in an inpatient hospital setting, long-term care facility, or other medical institution if, as a condition of receiving services in the institution, that individual is required to spend all of his or her income for medical care costs with the exception of the minimal amount required for personal needs.
- (d) Individuals who require emergency services after the sudden onset of a medical condition which, if left untreated, would place their health in serious jeopardy.
- (e) Individuals receiving services or supplies related to family planning.

The Additional Medicaid Covered Services table above reflects services available on a fee for service basis for dual eligibles who meet the eligibility requirements for full Medicaid benefits.

The Medicaid information included in this section is current as of 7/1/2020. All Medicaid covered services are subject to change at any time. For the most current Arkansas Medicaid coverage information, please visit the Arkansas Medicaid website at

<https://humanservices.arkansas.gov/divisions-shared-services/medical-service/helpful-information-for-providers/manuals/> or call the Medicaid Hotline at (855) 372-1084 (TTY: 711).



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.

Healthy Foods Card

\$50 automatically loaded every month to spend at participating retailers toward the purchase of healthy foods.

Special Supplemental Benefits for the Chronically Ill (SSBCI) Humana Flexible Care Assistance

Humana Flexible Care Assistance is available to chronically ill members who are participating with care management services and meet program criteria. Eligible members may receive medical expenses assistance, primarily health related, and non-primarily health related additional benefits to address specific needs based on the individual's unique situations. Benefits are limited up to **\$500** per year and must be coordinated and authorized by a care manager. There is no cost to participate.

Chiropractic services

Routine chiropractic:

\$0 copay per visit for up to 12 visits.

Smoking cessation program

To further assist in your effort to quit smoking or tobacco product use, we cover one additional counseling quit attempt within a 12-month period as a service with no cost to you. This is in addition to the two counseling attempt provided by Medicare and includes up to four face-to-face visits. This service can be used for either preventive measures or for diagnosis with a tobacco related disease.

Routine foot care

\$0 copay per visit for up to 6 visits.

Humana Well Dine® Meal Program

Humana's meal program for members following an inpatient stay in the hospital or nursing facility.

Special Supplemental Benefits for the Chronically Ill (SSBCI) Worry Free™ Meals

Members diagnosed with Chronic Obstructive Pulmonary Disease (COPD), Diabetes, or Congestive Heart Failure (CHF), participating with care management services, and who meet program criteria may receive 2 meals per day for 12 weeks, 168 meals total. Additional 12 weeks of meals may be available as determined by the plan. Members may qualify for the Worry Free™ Meals program up to two times per plan year. There is no cost to participate. Authorization may be required.

Over-the-Counter (OTC) card

\$50 maximum benefit coverage amount per month for over-the-counter (OTC) card to purchase eligible OTC health and wellness products at participating retailers.

Personal Emergency Response System

The personal emergency response system provides help in emergency situations. The medical alert service comes with an installed in-home communication device and a wearable button. You have the choice between a push button unit (with or without AutoAlert fall detection) or a wrist unit (without AutoAlert).

Personal Home Care

\$0 copay for a minimum of 3 hours per day, up to a maximum of 42 hours per year for certain in-home services to assist individuals with disabilities and/or medical conditions in performing activities of daily living (ADLs) within the home by a qualified aide (e.g., assistance with bathing, dressing, toileting, walking, eating, and preparing meals).

Authorization may be required. Contact the plan for details.

Rewards and Incentives

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

Wigs (related to chemotherapy treatment)

Up to a **\$500** maximum benefit per year.

SilverSneakers® fitness program

Basic fitness center membership including fitness classes.



Find out **more**



You can see our plan's **provider and pharmacy 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.



You can see our plan's **drug guide** at our website at **humana.com/medicaredruglist** 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.

Humana has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2023 based on a review of Humana's Model of Care.

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.

Humana®

Humana.com

[illegible]

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

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Humana Gold Plus SNP-DE H5619-123
(HMO D-SNP)

H5619123000 ENG

Select Counties in Arkansas

