2022

Summary of Benefits

Optional Supplemental Benefits

Humana Gold Choice H8145-126 (PFFS)

Texas
Select Counties in Texas

Humana®

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

- ☐ In addition to your monthly plan premium, 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.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.

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Our service area includes the following county/counties in Texas: Bandera, Bee, Bexar, Brazos, Burleson, Cameron, Camp, Coke, Collin, Cooke, Dallas, El Paso, Falls, Frio, Harris, Hidalgo, Hill, Jefferson, Jim Wells, Kendall, Kleberg, Lamb, Lee, Lubbock, Lynn, Medina, Midland, Nueces, Potter, Randall, Refugio, San Jacinto, Swisher, Tarrant, Taylor, Tyler, Van Zandt, Walker, Willacy, Wilson, Wood, Zavala.

Let's talk about Humana Gold Choice H8145-126 (PFFS)

Find out more about the Humana Gold Choice H8145-126 (PFFS) plan - including the health and drug services it covers - in this easy-to-use guide.

Humana Gold Choice H8145-126 (PFFS) is a Medicare Advantage PFFS 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 Gold Choice H8145-126 (PFFS), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Plan name:

Humana Gold Choice H8145-126 (PFFS)

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

More about Humana Gold Choice H8145-126 (PFFS)

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 it's a good idea to select a doctor as your Primary Care Provider (PCP). Humana Gold Choice H8145-126 (PFFS) has a network of doctors, hospitals, pharmacies and other providers. If you use providers who aren't in our network, you may be subject to higher copayments/coinsurance.

A healthy partnership

Get more from your plan — with extra services and resources provided by Humana!

Monthly Premium, Deductible and Limits

PLAN COSTS	
Monthly plan premium You must keep paying your Medicare Part B premium.	**$30** If you receive premium assistance, your plan premium may be reduced.
Medical deductible	This plan does not have a deductible.
Maximum out-of-pocket responsibility The most you pay for copays, coinsurance and other costs for medical services for the year.	**$6,700** combined in- and out-of-network

Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUTE INPATIENT HOSPITAL CARE		
	$360 copay per day for days 1-5 **$0** copay per day for days 6-90 Your plan covers an unlimited number of days for an inpatient stay.	**$360** copay per day for days 1-5 **$0** copay per day for days 6-90
OUTPATIENT HOSPITAL COVERAGE		
Outpatient surgery at outpatient hospital	**$360** copay	**30%** of the cost
Outpatient surgery at ambulatory surgical center	**$225** copay	**30%** of the cost
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	**$10** copay	**$20** copay
Specialists	**$45** copay	**$50** copay

Covered Medical and Hospital Benefits (cont.)

	IN-NETWORK	OUT-OF-NETWORK
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	**$0** copay or **30%** of the cost, depending on the service and where service is provided Any additional preventive services approved by Medicare during the contract year will be covered.

Covered Medical and Hospital Benefits (cont.)

	IN-NETWORK	OUT-OF-NETWORK
	Any additional preventive services approved by Medicare during the contract year will be covered.	
EMERGENCY CARE		
Emergency room	**$90** copay	**$90** copay
Urgently needed services Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	**$35** copay at an urgent care center	**30%** of the cost at an urgent care center
OUTPATIENT CARE AND DIAGNOSTIC SERVICES, LABS AND IMAGING Cost share may vary depending on the service and where service is provided		
Diagnostic mammography	**$45** to **$50** copay	**$50** copay or **30%** of the cost
Diagnostic radiology	**$180** to **$250** copay or **20%** of the cost	**30%** of the cost
Lab services	**$0** to **$50** copay	**$20** to **$50** copay or **30%** of the cost
Diagnostic tests and procedures	**$0** to **$50** copay	**$20** to **$50** copay or **30%** of the cost
Outpatient X-rays	**$10** to **$50** copay	**$20** to **$50** copay or **30%** of the cost
Radiation therapy	**$45** copay or **20%** of the cost	**30%** of the cost
HEARING SERVICES		
Medicare-covered hearing	**$45** copay	**$50** copay
DENTAL SERVICES Additional dental benefits are available with a separate monthly premium. Please see the "Optional Supplemental Benefits" page for details.		
Medicare-covered dental	**$45** copay	**$50** copay
VISION SERVICES		
Medicare-covered vision services	**$45** copay	**$50** copay
Medicare-covered diabetic eye exam	**$0** copay	**$50** copay
Medicare-covered glaucoma screening	**$0** copay	**30%** of the cost

Covered Medical and Hospital Benefits (cont.)

	IN-NETWORK	OUT-OF-NETWORK
Medicare-covered eyewear (post-cataract)	**$0** copay	**30%** of the cost
Routine vision 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.	**VIS776** • **$0** copayment for routine exam up to 1 per year. • **$130** combined maximum benefit coverage amount per year for routine exam.	**VIS776** • **$0** copayment for routine exam up to 1 per year. • **$130** combined maximum benefit coverage amount per year for routine exam. • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
MENTAL HEALTH SERVICES		
Inpatient Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital	**$360** copay per day for days 1-4 **$0** copay per day for days 5-90	**$360** copay per day for days 1-4 **$0** copay per day for days 5-90
Outpatient group and individual therapy visits Cost share may vary depending on where service is provided.	**$40** to **$50** copay	**$50** copay or **30%** of the cost
SKILLED NURSING FACILITY (SNF)		
Your plan covers up to 100 days in a SNF	**$0** copay per day for days 1-20 **$172** copay per day for days 21-100	**$0** copay per day for days 1-20 **$172** copay per day for days 21-100
PHYSICAL THERAPY		
Cost share may vary depending on the service and where service is provided.	**$25** copay	**$50** copay or **30%** of the cost
AMBULANCE		
Ambulance (ground)	**$265** copay per date of service	**$265** copay per date of service
Ambulance (air)	**20%** of the cost	**20%** of the cost
TRANSPORTATION		
	Not covered	Not covered

Prescription Drug Benefits

MEDICARE PART B DRUGS		
Chemotherapy drugs	**20%** of the cost	**20%** of the cost
Other Part B drugs	**20%** of the cost	**30%** of the cost
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

	IN-NETWORK	OUT-OF-NETWORK
Medicare-covered foot care (podiatry)	**$45** copay	**$50** copay
Medicare-covered chiropractic services	**$20** copay	**$50** copay
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment (like wheelchairs or oxygen)	**20%** of the cost	**20%** of the cost
Medical Supplies	**20%** of the cost	**20%** of the cost
Prosthetics (artificial limbs or braces)	**20%** of the cost	**20%** of the cost
Diabetic monitoring supplies Cost share may vary depending on where service is provided.	**$0** copay or **10%** to **20%** of the cost	**20%** of the cost
REHABILITATION SERVICES		
Occupational and speech therapy Cost share may vary depending on the service and where service is provided.	**$25** copay	**$50** copay or **30%** of the cost
Cardiac rehabilitation Cost share may vary depending on the service and where service is provided.	**$30** copay	**$50** copay or **30%** of the cost
Pulmonary rehabilitation Cost share may vary depending on the service and where service is provided.	**$30** copay	**$50** copay or **30%** of the cost
TELEHEALTH SERVICES (in addition to Original Medicare)		
Primary care provider (PCP)	**$0** copay	Not Covered
Specialist	**$45** copay	Not Covered

Urgent care services	**$0** copay	Not Covered
Substance abuse or behavioral health services	**$0** copay	Not Covered

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.

Humana Well Dine® Meal Program

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

Over-the-Counter (OTC) mail order

$10 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.

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.

$16.70

MyOption Dental - High DEN838

Includes benefits for preventive, basic, and major services at both in-network (HumanaDental Medicare network) and out-of-network dentists. These benefits have an additional monthly premium.

$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.

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2022

Optional Supplemental Benefits

Humana Gold Choice H8145-126 (PFFS)

Texas
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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.

MyOption℠ Dental – High (DEN838)

The MyOption℠ Dental – High benefit helps make it easy for you to plan for your dental care.

Here's how the benefit works:

Monthly Premium	**$16.70**		
Maximum Benefit	Humana pays up to **$2,000** per calendar year		
Covered Dental Services	**In-Network* You Pay**	**Out-Of-Network** You Pay**	**Benefit Limitations Per Calendar Year**
Preventive and Diagnostic Dental Services			
Periodic oral examinations	**0%**	**50%**	Two per year
Emergency diagnostic exam	**0%**	**50%**	
Periodontal exam	**0%**	**50%**	One procedure every three years
Comprehensive oral evaluation	**0%**	**50%**	
Dental prophylaxis (cleanings)	**0%**	**50%**	Two per year
Fluoride treatment	**0%**	**50%**	Two per year
Bitewing X-ray	**0%**	**50%**	One set per year
Intraoral X-ray	**0%**	**50%**	One per year
Panoramic or diagnostic X-ray	**0%**	**50%**	One procedure every three years
Periodontal Maintenance	**0%**	**50%**	Four procedures per calendar year
Basic Dental Services (Minor Restorative)			
Amalgam restorations (silver fillings)	**50%**	**55%**	Two per year
Composite resin restorations (white fillings)	**50%**	**55%**	

OPTIONAL SUPPLEMENTAL BENEFITS (continued)

Covered Dental Services	In-Network* You Pay	Out-Of-Network** You Pay	Benefit Limitations Per Calendar Year
Basic Dental Services (Minor Restorative)			
Extractions (pulling teeth), simple or surgical	**50%**	**55%**	Two per year
Recementation – Crown	**50%**	**55%**	One procedure every five years
Emergency treatment for pain	**50%**	**55%**	Two per year
Anesthesia	**0%**	**50%**	Unlimited procedures per year
Major Dental Services (Endodontics, Periodontics, and Oral Surgery)			
Crowns	**70%**	**75%**	Two per year
Periodontal scaling and root planing (deep cleaning)	**70%**	**75%**	One procedure for each quadrant every three years
Scaling – generalized inflammation	**70%**	**75%**	One procedure every three years

Covered dental services are subject to conditions, limitations, exclusions, and maximums. Please see your Evidence of Coverage for details.

*Network dentists have agreed to provide services at a negotiated rate. If you see a network dentist, you can't be billed more than that rate.

**Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. You may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider.

Some covered services may consider prior tooth history and procedures in conjunction with frequency limitations noted above. Dental benefits may not cover all American Dental Association procedure codes. Information regarding each plan is available at **Humana.com/sb**.

The Humana Optional Supplemental Dental benefits are provided through the Humana Dental Medicare Network. The provider locator can be found at **Humana.com > Find a Doctor > select the Dentist icon from the menu > from the distance drop down select preferred distance > enter zip code > from the look up method select all dental networks > then select HumanaDental Medicare.**

MyOption℠ Fitness

The MyOption℠ 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.

Humana is a Medicare Advantage PFFS plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. 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 1st 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 premium, and the OSB premium.

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Notes

Notes

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): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę́ niká'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Humana Gold Choice H8145-126 (PFFS)

H8145126000 ENG

Select Counties in Texas

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H8145126000SB22