

# PEEHIP Humana Group Medicare Advantage PPO Plan

For PEEHIP Retirees  
with Medicare

**Humana**



**PEEHIP**



# PEEHIP Humana Group Medicare Advantage PPO

At Humana, we are here to help you make the most of your benefits.

## About Humana:



Dedicated to communities around the country for **more than 30 years**



**Over 8.5 million Medicare members** just like you, across **all 50 states**<sup>1</sup>



More than **424,000** members in Alabama, **152,000** with Medicare

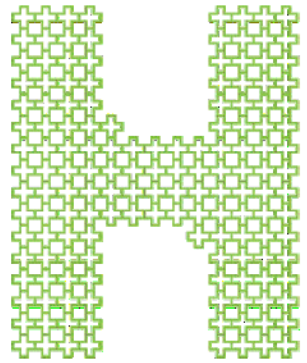
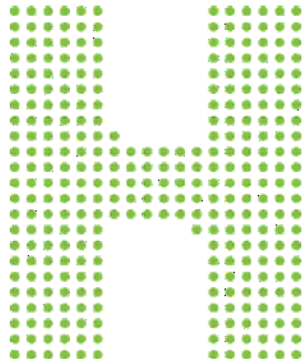
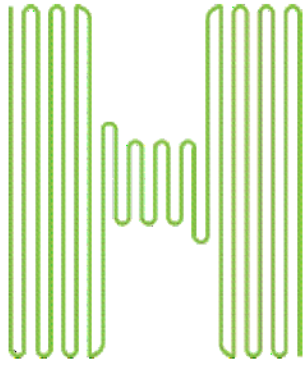


Providing Medicare plans to beneficiaries **since 1987**

<sup>1</sup>Humana Inc. 2019 Annual Report, February 2020

**Humana.**





**Humana.**

# What we will discuss today

- 01 | What is a Medicare Advantage Plan?
- 02 | Your plan benefits
- 03 | Extra benefits and resources
- 04 | Enrollment into this Humana plan
- 05 | What's next?
- 06 | Questions?



**PEEHIP**

# What is a Medicare Advantage Plan?

How does my Medicare Advantage Plan work, and how is it different from Original Medicare?



# Medicare 101



## Hospital insurance

- Hospital stays
- Skilled nursing
- Home health



## Medical insurance

- Doctor visits
- Outpatient care
- Screenings and shots



## Medicare Advantage has all the benefits of

- Parts A & B and
- Extra benefits bundled with the plan



## Prescription drug

- Included in the PEEHIP Humana Group Medicare Advantage Plan

# Original Medicare and Medicare Advantage

Medicare Advantage Plans (Part C) are provided through private insurers like Humana. They include Part A and Part B coverage and often Part D- all in one plan. Medicare Advantage Plans also offer additional benefits beyond what traditional Medicare offers.

## Original Medicare



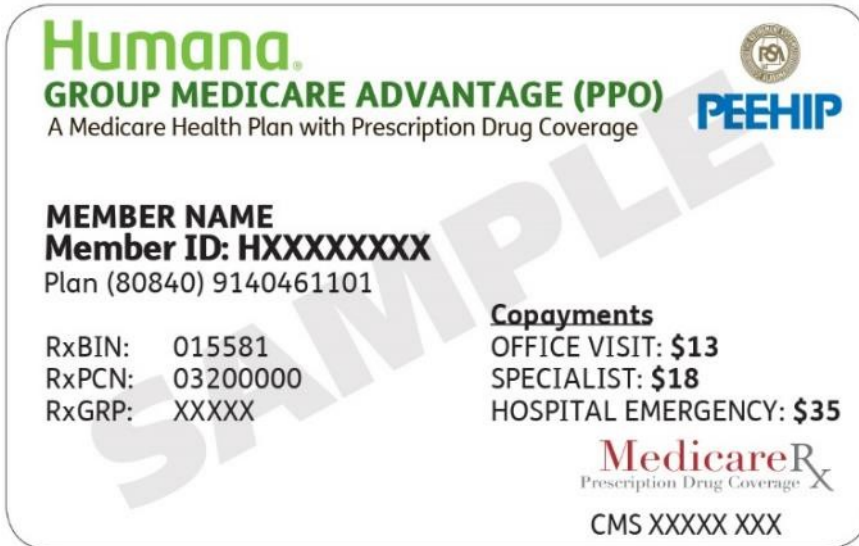
- Possible to have up to 3 different cards

## Medicare Advantage

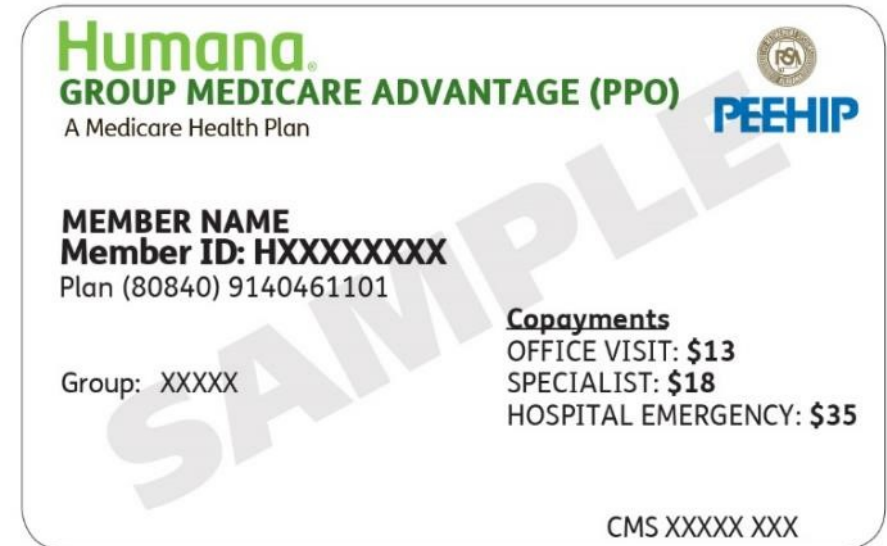


- One card and one place to call with questions
- All of the parts of Medicare will be covered under one single plan through PEEHIP Humana Group Medicare Advantage PPO

# Your PEEHIP Humana Group Medicare Advantage PPO Plan ID Card



Medicare Advantage  
with Prescription Drug Coverage



Medicare Advantage  
without Prescription Drug Coverage

# Your plan benefits





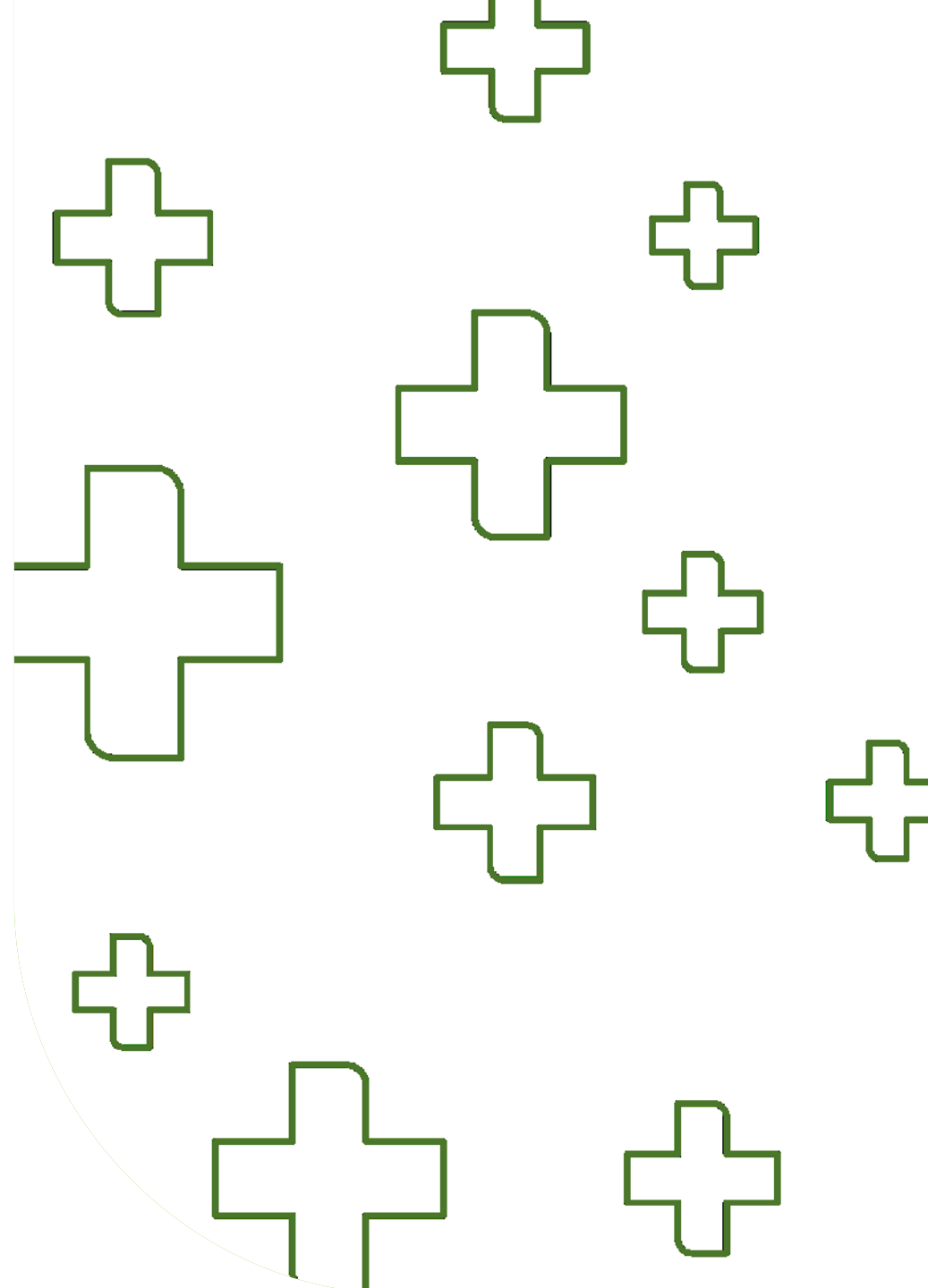
## Your plan benefits

- You will pay the same amount both in- and out-of-network for care
- 2022 Medical Part B deductible \$203
- All preventive services have a \$0 copay and do not apply to the annual Part B deductible
- Medical out of pocket maximum is \$6,700 (the most you will pay in the plan year)
- Worldwide emergency coverage

# Providers

- Large network of physicians, specialists and hospitals
- Your physicians may already be a part of the Humana network. To find out if your provider is in the network or if you need help finding a doctor visit **[our.Humana.com/peehip](https://our.Humana.com/peehip)** or call **1-800-747-0008 (TTY: 711)**, Monday – Friday, 7 a.m. – 8 p.m., Central Time

**Humana.**



# Your benefit highlights

With your PPO plan, you will pay the same amounts for both in- and out-of-network services.

| Your plan benefit coverage             | Your cost share                                    |
|--|--|
| 2022 annual Part B deductible          | \$203  |
| <b>Hospital care</b>                   |  |
| Outpatient hospital visits             | \$0 copay  |
| Inpatient hospitalization              | \$200 per admission and \$25 per day for days 2-5* |
| <b>Physician and facility services</b> |  |
| Primary care provider                  | \$13 copay   |
| Specialist                             | \$18 copay   |
| Outpatient ambulatory surgical center  | \$0 copay  |
| Durable medical equipment              | \$0 copay  |

\*Benefit is excluded from the annual Part B deductible

# Your benefit highlights

With your PPO plan, you will pay the same amounts for both in- and out-of-network services.

| Emergency services                               | Your cost share |
|--|-----------------|
| Ambulance  | \$0             |
| Emergency room care                              | \$35 copay*     |
| Urgent care                                      | \$18 copay*     |
| Your plan benefit coverage                       |                 |
| Annual routine physical or Annual Wellness Visit | \$0*            |
| Immunization (flu, pneumonia, shingles**)        | \$0*            |
| Preventive services                              | \$0*            |

\*Benefit is excluded from the annual Part B deductible

\*\* Medicare covers the shingles vaccine under the Part D or pharmacy portion of the Plan. Please receive your Shingles vaccination(s) at the pharmacy and not your medical provider's office

# Your benefit highlights

With your PPO plan, you will pay the same amounts for both in- and out-of-network services.

| Your plan benefit coverage                                    | Your cost share  |
|---|------------------|
| <b>Routine podiatry services (routine 6 visits per year)</b>  | \$18 copay*      |
| <b>Medicare covered chiropractic service</b>                  | \$0              |
| <b>Routine chiropractic services (18 visits per year)</b>     | 20% coinsurance* |
| <b>Chemotherapy and other Part B drugs</b>                    | \$0 copay        |
| <b>Occupational, physical and speech therapy</b>              | \$0 copay        |
| <b>Routine vision services – eye exam (1 every 12 months)</b> | \$18*            |

\*Benefit is excluded from the annual Part B deductible

# Routine hearing services

## Routine hearing exam\*

- \$0 copayment
- 1 exam every 12 months

## Hearing aids\*

- \$500 maximum benefit allowance for hearing aids (all types), every 3 years

\*Benefit is excluded from the annual Part B deductible

# Diabetic meters and supplies

Humana prefers the following diabetic meters

- Trividia
- Accu-Chek

All other diabetic meters are not covered

- Exceptions may be requested for those with a clinical need

# Humana preferred diabetic meters and supplies



## HP® TRUE METRIX® AIR by Trividia

- Bluetooth® technology
- No coding
- Tiny, 0.5-microliter sample size
- Results in 4 seconds



## Roche Accu-Chek Guide Me®

- Bluetooth technology
- Small, 0.6-microliter sample size
- Results in 4 seconds



## Roche Accu-Chek Guide®

- Bluetooth technology
- Small, 0.6-microliter sample size
- Results in 4 seconds

- Diabetic supplies are covered under your medical benefit.
- You can receive the meter and test strips through a pharmacy or durable medical equipment provider.
- Your doctor can send prescriptions for meters and other testing supplies by fax or e-prescribe.
- You can also request a no-cost meter from the manufacturer by calling Roche Group Medicare Customer Care at **1-877-264-7263 (TTY: 711)**, or Trividia Health **1-866-788-9618 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.



# What is Part D coverage?

Your plan includes prescription drug coverage

- Generic, brand and specialty drug coverage
- 90 day supply allowed for various maintenance medications\*
- PEEHIP custom prescription drug formulary can be found at:

**[our.humana.com/peehip/plan-documents](https://our.humana.com/peehip/plan-documents)**

\*Some medications are only available in a 30-day supply

**Humana.**



# Your Part D benefits

Humana’s Part D coverage is spread among four groupings based on the drug type—also called “tiers” (copays).

| Tiers                          | Standard retail cost sharing (30-day supply) | Maintenance drug standard retail cost sharing (31-60 day supply) | Maintenance drug standard retail cost sharing (61-90 day supply) |
|--------------------------------|--|--|--|
| Tier 1<br>(Preferred Generic)  | \$6  | \$12   | \$12   |
| Tier 2<br>(Preferred brand)    | \$40   | \$80   | \$120  |
| Tier 3<br>(Non-preferred drug) | \$60   | \$120  | \$180  |
| Tier 4<br>(Specialty)          | \$60   | N/A  | N/A  |

# Extra benefits and resources



# Extra benefits and resources



A total health and physical activity program included in your plan at no extra cost.

[www.silversneakers.com](http://www.silversneakers.com)

- SilverSneakers® gives you access to exercise equipment, group fitness classes and social events.
- Work towards improving muscle strength, bone density, flexibility and balance.
- Use thousands of fitness locations nationwide, with weights, swimming, classes and cardio equipment.\*
- Enjoy group fitness classes outside of traditional gyms.
- Start workout programs tailored to your level with the SilverSneakers GO™ app. For more information, or to find a location near you, visit [www.silversneakers.com](http://www.silversneakers.com) or call **1-888-423-4632 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
- Current SilverSneakers members will have no change to their account or ID card—these will remain the same.
- Try SilverSneakers On-Demand™ online workout videos that feature tips on fitness and nutrition.

\*Equipment and classes vary by location

# Extra benefits and resources



A wellness program just for Humana members, included in your plan at no extra cost.

[Go365.com](https://www.go365.com)

| Activity                         | Reward Amount | Activity limit      |
|----------------------------------|---------------|---------------------|
| Annual Wellness Exam             | \$25          | 1 per year          |
| Mammogram                        | \$30          | 1 per year          |
| Colorectal screening             | \$30          | 1 per year*         |
| Cardiovascular disease screening | \$10          | 1 per year          |
| Bone density screening           | \$20          | Once every 2 years* |
| Flu shot                         | \$10          | 1 per year          |

Your reward for these activities will show up automatically in your Go365 account, if billed through your Humana medical or pharmacy plan. This can take up to 90 days. Please note: rewards have no cash value and can only be redeemed for gift cards in the Go365 Mall. Rewards must be earned and redeemed within the same plan year.

\*If applicable

# Extra benefits and resources



A wellness program just for Humana members, included in your plan at no extra cost.

**Go365.com**

**It's rewarding.** You'll earn rewards for completing eligible activities that you can redeem for gift cards\* in the Go365 Mall.

Redeem your rewards for gift cards:

**1) Online:** Sign in at **Go365.com/shop**

-OR-

**2) Phone:** Call **1-866-677-0999 (TTY: 711)**

\* Gift card options are subject to change.

# Extra benefits and resources

## Humana Care Management

If you are eligible, your care manager can help you:

- Understand your doctor's advice
- Learn about and find ways to help you afford your medicine
- Make arrangements to get to medical appointments
- Make your home a safer place to live
- Provide ways to help you get meals and groceries

# Extra benefits and resources

## Health resources

- Case management
- Disease management
- Transplant management
- Health planning and support nurses

To see if you're eligible for these health resources, please contact your PEEHIP Humana Group Medicare Customer Care team at **1-800-747-0008 (TTY: 711)**.



# Extra benefits and resources

## In-home Assessment

### What is an In-home Health and Well-being Assessment?



As part of your Humana plan, a doctor or nurse practitioner will come to your home to do the In-home Health and Well-being Assessment. You are welcome to invite a friend or family member to be with you during the appointment if you wish.



#### **The doctor or nurse practitioner will:**

- Check your blood pressure and other vital signs
- Review any medicines and over-the-counter vitamins and supplements you take
- Assess the safety of your home
- Get a brief medical history



The doctor or nurse practitioner will answer your questions and talk about your health concerns. The In-home Health and Well-being Assessment takes about an hour.

# Extra benefits and resources

## In-home Assessment



### **Why should you have an In-home Health and Well-being Assessment?**

With your permission, we'll share information from the In-home Health and Well-being Assessment with your primary care doctor. And you'll receive a health summary you can use the next time you see your regular doctor. In addition, it may help Humana to identify any plan programs and services that may be right for you. Coordinating care in this way may lead to better quality care.

## Extra benefits and resources

### Humana Well Dine®

After your overnight inpatient stay in a hospital or skilled nursing facility, you're eligible for up to 28 nutritious meals (2 meals per day for 14 days). The meals will be delivered to your door at no additional cost to you.

### Humana Well Dine meal plans include:

General wellness

Vegetarian

Renal friendly

Heart friendly

Diabetes friendly

Gluten-free

Lower sodium

Pureed

Cancer support

# Extra benefits and resources

## MyHumana.

Whether you prefer using a desktop, laptop or smartphone, you can access your healthcare information in one convenient place.

- View your plan and coverage details
- Check the status of your claims
- View electronic versions of letters sent to you
- Track your healthcare spending
- Find providers in your network
- Get tips for staying healthy

To activate your MyHumana account, go to [our.humana.com/peehip](https://our.humana.com/peehip)



Visit PEEHIP [PEEHIP](#) Humana.com [Humana.com](#)

**PEEHIP**

**PEEHIP Humana Group Medicare Advantage PPO plan**

Welcome to your Humana Group Medicare Advantage PPO plan. As a PEEHIP retiree, your plan from Humana helps support you and your family's medical needs.

If you have questions, please call 1-800-747-0008 (Monday – Friday, 7 a.m. – 8 p.m. Central time) to speak with one of our representatives.

**Coverage and plan documents**

When you need detailed information about your healthcare plan, it's right at your fingertips.

[Learn More](#)

PEEHIP Humana Group Medicare Advantage PPO Coverage and Plan Documents [→](#)

Tools & Resources [→](#)

Additional Information [→](#)

Extra Benefits [→](#)

Contact us [→](#)

Phone: 1-800-747-0008  
Hours: Monday – Friday,  
7 a.m. – 8 p.m. Central

**Important Dates**

2019-2020 PEEHIP

# SmartSummary®

An overview of your health benefits and health spending on medical and prescriptions throughout the year.

- Stay informed
- Clear and detailed financials
- Information you can share with your provider
- Prescription information

You can access your SmartSummary online with your MyHumana account.

**Go Green**—update your member preferences to receive your SmartSummary statement electronically.



**SmartSummary®**  
Your Pharmacy, Medical, and Hospital claims processed in January 2020

**THIS IS NOT A BILL**  
This is your "Explanation of Benefits" (EOB) and claim payments for medical, hospital and your Medicare prescription drug coverage (Part D). Please review this and keep it for your records. This is not a bill.

**Humana.**  
**PEEHIP**

**JANE A. DOE**  
Member ID: H12345670  
Plan name: PEEHIP Humana Group Medicare Advantage PPO Plan  
Rx PCN or Rx Group number: 03200000

**OVERVIEW OF YOUR JANUARY CLAIMS**

|  |               |
|--|---------------|
| <b>Medical, hospital and Part B pharmacy</b> |               |
| Total billed charges this month              | \$0.00        |
| Humana discounts                             | -\$0.00       |
| Benefit exclusions                           | -\$0.00       |
| Other Insurance                              | -\$0.00       |
| Amount Humana Paid                           | -\$0.00       |
| <b>Your Share</b>                            | <b>\$0.00</b> |

---

|   |                |
|---|----------------|
| <b>Part D prescription drug claims (see page 5)</b> |                |
| Total cost this month                               | \$57.52        |
| Other Payments                                      | -\$0.00        |
| Amount Humana Paid                                  | -\$43.40       |
| <b>Your Share</b>                                   | <b>\$14.12</b> |

**YOU ARE CURRENTLY IN PART D DRUG PAYMENT STAGE** 1 2

**CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.**

**Benefit questions**  
Visit our [humana.com/PEEHIP](http://humana.com/PEEHIP) or call **1-800-747-0008** (TTY 711). Calls to these numbers are free.  
**Hours of operation**  
Monday to Friday 7 a.m. - 8 p.m. CST.

**For large print or another format**  
To get this material in other formats, or ask for language translation services, call PEEHIP Humana Group Medicare Customer Care at the number on this page.

© 2020 Humana Inc.  
Y0040\_GHHKPGTEN\_C

© 2019 Humana Inc.  
Y00-D-C-HKSVTEN\_C



# Stay connected with Humana

You will have a dedicated customer care team to help you with anything related to your PEEHIP Humana plan.

**1-800-747-0008 (TTY: 711)**

Monday – Friday, 7 a.m. – 8 p.m., Central Time

*My***Humana**®

Use MyHumana as an online tool at **[our.humana.com/peehip](https://our.humana.com/peehip)** to access your benefits information anytime.

Or use the MyHumana app.



**Humana**®



# Enrollment

What do I have to do to enroll in this plan?



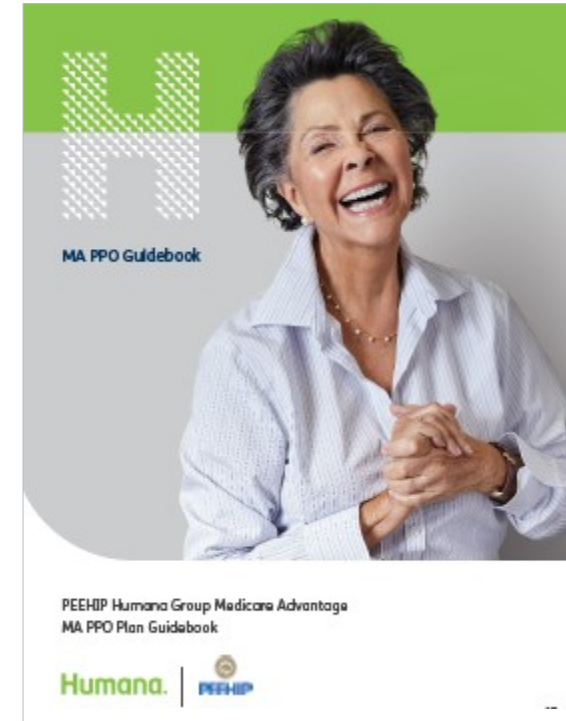
# Learn about enrollment

If you are already enrolled and wish to remain enrolled, you do not need to take any action. Your enrollment will automatically continue.

If you are not enrolled when you become eligible for the plan PEEHIP will provide Humana with your information and you will be automatically enrolled.

To be eligible for this plan, as a reminder, you **must** be enrolled in both **Medicare Parts A and B**. If you do not have Medicare Part A and Part B you will not be eligible for this PEEHIP Humana Medicare Advantage Plan.

**Humana.**





**What's next?**



# What to expect when you first enroll



## Informational kit

Important information about your PEEHIP Humana Group Medicare Advantage PPO plan benefits will be mailed to you approximately 60 days prior to your eligibility for the PEEHIP plan.



## Enrollment confirmation

You will receive a letter after your enrollment information is received and completed in the Humana system.



## Humana member ID card

You will receive your ID card approximately two weeks after you are enrolled.



## Medicare Health Survey

Humana will send you a postcard with instructions on how to complete the survey.



## Evidence of Coverage (EOC)

Members will receive their detailed benefit booklet in the mail.



# What to expect for members currently enrolled



## Annual Notice of Change (ANOC)

This notice gives a summary of any changes in your plan's cost and coverage that will take effect January 1 of the next year.



## Humana member ID card

You will continue to use the same ID card.\*



## Medicare Health Survey

Humana will send you a postcard with instructions on how to complete the survey.

\*In some instances a new ID card may generate due to how Humana is filed with Medicare. A small percentage of current members may receive a new ID card. If you do, please use it at your first visit in 2022 and please discard the old card. If you move during the plan year you may also receive a new ID card. Regardless of where you live in the United States while on the PEEHIP Humana Medicare Advantage Plan, your benefits remain the same.



# As a Reminder...

## If you would like to remain on PEEHIP's plan

- You must continue to have Medicare Part A and Part B.
- Please do not sign up for another Medicare Advantage or standalone Part D plan if you wish to continue PEEHIP coverage.
- All enrollment materials for PEEHIP's plan is co-branded with Humana.

You will likely receive a lot of information regarding other Medicare Advantage plans from various carriers. If you do not want to make any changes to your current enrollment with PEEHIP Humana, you do not need to take any action.

# Thank you for your time and attention

## Questions?

For more information:

- Refer to your informational kit
- Visit [our.Humana.com/PEEHIP](https://our.Humana.com/PEEHIP)
- Call your dedicated PEEHIP Humana Group Medicare Customer Care Team at **1-800-747-0008 (TTY: 711)**

**Humana**®



# Thank you

Humana is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Call **1-800-747-0008 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our PEEHIP Humana Group Medicare Customer Care number or see your Evidence of Coverage for more information.

Other providers are available in our network. The provider network may change at any time. You will receive notice when necessary.

## 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 **1-800-747-0008** 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.

**1-800-747-0008 (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. 1-800-747-0008 (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 resewwa 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 beésh bee hani'í bee wolta'ígíí bich'í' hódílnih éí bee t'áá jii'eh saad bee áká'ánída'áwo'déé nika'adoowot.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك