



Group Medicare Advantage Guidebook

Preferred provider organization (PPO) plan

At Humana, we know that people are different, and need our support in different ways. Your Group Medicare Advantage PPO plan will center around you, your health and your goals.

This guidebook doesn't list every service, limitation and exclusion in the plan. After you enroll, we'll mail you an Evidence of Coverage booklet that will have all the plan information and details, including a full list of benefits.

Humana.

Discover a more human way to healthcare

Coverage that fits the way you live

When you become a member of the Humana family, you can expect healthcare designed with you in mind—that meets you where you are today and delivers care that takes you to where you want to be.

Care delivered how and where you need it

We can help you manage complex or chronic health conditions. A Humana nurse can meet you at home, in the hospital, by phone or email to provide valuable support and help you reduce complications.

Benefits that put you first

Our health and well-being tools and resources make it easy to set health goals, chart your progress, strengthen your mind and body and build connections with others. It's about giving you the things you expect from an insurance company—and then finding more ways to help make your life better.

Humana offers you a Medicare Advantage PPO with prescription drug plan

A PPO offers

- All the benefits of Original Medicare, plus extra benefits.
- Maximum out-of-pocket protections.
- Worldwide emergency coverage.
- Programs to help improve health and well-being.
- **A large network.** There are more than 66,000 participating pharmacies in our network.
- **Maximize Your Benefit® Rx.** We want to make sure medication costs aren't keeping you from the care you need.
- **Almost no claims paperwork.** The plan works with your pharmacist to handle claims for you.
- **Pharmacy finder.** An online tool that helps you find pharmacies.

Dedicated team and more

- You can go to any Medicare-approved provider or hospital, but you may save money using in-network providers
- Large network of providers, specialists and hospitals to pick from
- You don't need a referral to see any healthcare provider
- Coverage for office visits, including routine physical exams
- Almost no claim forms to fill out or mail—we take care of that for you
- Dedicated Customer Care specialists who serve only our Group Medicare members

PARTS OF MEDICARE

What is Medicare?

Medicare is a federal health insurance program for U.S. citizens and legal residents who are 65 and older or qualify due to a disability. You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare PPO plan is a Medicare Advantage plan. You must also continue paying Medicare Part B premiums to remain enrolled in this plan.

A

Medicare Part A

HOSPITAL INSURANCE

It helps cover medically necessary inpatient care in a hospital or skilled nursing facility. It also helps cover some home healthcare and hospice care.

B

Medicare Part B

MEDICAL INSURANCE

It helps cover medically necessary providers' services, outpatient care and other medical services and supplies. Part B also helps cover some preventive services.

C

Medicare Part C

MEDICARE ADVANTAGE PLANS

These are available through private insurance companies, such as Humana. Medicare Part C helps cover everything medically necessary that Part A and Part B cover, including hospital and medical services. You still have Medicare if you elect Medicare Part C coverage. You must be entitled to Medicare Part A and enrolled in Part B to be eligible for a Medicare Part C plan.

D

Medicare Part D

PRESCRIPTION DRUG COVERAGE

It helps pay for the medications your provider prescribes and is available in a stand-alone prescription drug plan. Like Part C Medicare Advantage plans, Part D is only available through private companies, such as Humana. Many Part C Medicare Advantage plans include Medicare Part D prescription drug coverage.

Build healthy provider relationships

Your relationship with your provider is important in protecting and managing your health. With the Humana Group Medicare PPO plan, you can use any provider who accepts Medicare and agrees to bill Humana. Your benefit plan coverage remains the same, even if you receive care from an out-of-network provider. Refer to your Summary of Benefits, located in this packet, for more information.

Why choose a Humana network provider?

- Humana Medicare PPO network providers must take payment from Humana for treating plan members.
- Network providers coordinate with Humana, which makes it easier to share information. Patients may have a better experience when providers share information this way.
- Humana supplies in-network providers with information about services and programs available to patients with chronic conditions.

Is your healthcare provider in Humana's provider network?

Humana respects your relationship with your provider. We want you to be able to select a provider who's close to home and who can focus on your specific needs. If you need help finding a provider, call our Group Medicare Customer Care team or use our online directory. Humana's online provider lookup is an easy way to find doctors, hospitals and other healthcare providers in Humana's network:

- Go to **our.Humana.com/kppa**, select "Tools & resources", then select "Find a doctor"
- Get provider phone numbers, addresses and directions
- Customize your search by specialty, location and name

Is your pharmacy in Humana's network?

Your relationship with your pharmacist is important in protecting and managing your health. You must use network pharmacies to enjoy the benefits of our plan except in an emergency. Pharmacies in the network have agreed to work with Humana to fill prescriptions for our members. If you use a pharmacy outside the network, your costs may be higher.

Our pharmacy network includes access to mail delivery, specialty, retail, long-term care, home infusion, and Indian, tribal and urban pharmacies.

You can find a complete list of network pharmacies at MyHumana, your personal, secure online account at **Humana.com** and the MyHumana Mobile app.* Get printable maps and directions, along with many more details to find a pharmacy that fits your needs. Other information at **Humana.com/pharmacy/medicare/tools** includes:

- Printable Drug Lists
- Prior authorization information
- Maximize Your Benefit Rx

Medical preauthorization

For certain services and procedures, your provider or hospital may need to get advance approval from Humana before your plan will cover any costs. This is called prior authorization or preauthorization. Providers or hospitals will submit the preauthorization request to Humana. If your provider hasn't done this, please call our Customer Care team, as Humana may not be able to pay for these services.

*Standard data rates may apply.

VIRTUAL / TELEHEALTH

Connect with a provider virtually

Care when you need it

Your primary care provider may offer virtual visits as another convenient way to be treated by your care team.

What are virtual visits?

Virtual visits connect you with your provider via telephone or video chat using your phone, tablet or computer.* They may allow you to get help with chronic condition management, follow-up care after an in-office visit, medication reviews and refills and much more, just like an in-office visit.

When should I use it?

- For a nonemergency issue, instead of going to the emergency room (ER) or an urgent care center.
- For nonemergency mental and behavioral health conditions a behavioral health specialist may offer virtual visits.

What kinds of conditions can be treated?

Providers may help with chronic condition management, follow-up care after an in-office visit, medication reviews and refills in addition to many other conditions including but not limited to: allergies, fever, cold and flu symptoms, sore throat, constipation, sinus infection, diarrhea, insect bites and depression, anxiety, stress and family and relationship counseling.



Call your provider to find out if they offer virtual visits and if so, what you need to do to get started.

If you don't have a primary care provider or if your PCP doesn't offer virtual visits, you can use the "Find a doctor" tool on **Humana.com** or call the number on the back of your member ID card to get connected with a provider that offers this service.



Remember, when you have a life-threatening injury or major trauma, call 911.

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.

*Standard data rates may apply.

Vaccines: Where you get them determines how much you pay

The Medicare Part D portion of your plan covers all commercially available vaccines—except for those covered by Part B—as long as the vaccine is reasonable and necessary to help prevent illness.

Get vaccines like the ones listed below at your provider's office

The Medicare Part B portion of your plan pays for the following vaccines at your provider's office and at the pharmacy: influenza (flu) vaccine—once per season; pneumococcal vaccines; hepatitis B vaccines for persons at increased risk of hepatitis and vaccines directly related to the treatment of an injury or direct exposure to a disease or condition, such as rabies and tetanus.

Get vaccines like the ones listed below at a network pharmacy

If you get them at your provider's office, you'll pay the full cost of the vaccine out of pocket. Some common vaccines that you should get at your pharmacy, not from your provider, are shingles, Tdap and hepatitis A.

Understanding your diabetes coverage

At Humana, we make it easy for you to understand your benefits and get what you need to help manage your condition.

Diabetes prescriptions and supplies, Part B vs. Part D

Medicare Part B

- Diabetic testing supplies
- Insulin pumps*
- Continuous glucose monitors (CGM)*
- Insulin administered (or used) in insulin pumps

Medicare Part D

- Diabetes medications
- Insulin administered (or used) with syringes or pens
- Syringes, pen needles or other insulin administration devices that are not durable medical equipment (e.g., Omnipod* or VGO)

Diabetic testing supplies

Your Humana Medicare Advantage Plan helps cover a variety of diabetic glucose testing supplies. CenterWell Pharmacy™ is the preferred supplier for the meters listed below and their test strips and lancets:

Accu-Chek Guide Me by RocheDiabetes, Accu-Chek Guide by RocheDiabetes and CenterWell True Metrix AIR by Trividia. To order a meter and supplies from CenterWell Pharmacy, call **888-538-3518 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Your doctor can also 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 at **877-264-7263 (TTY: 711)**, or Trividia Health at **866-788-9618 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

*Available through our preferred durable medical equipment vendors, CCS Medical 877-531-7959 or Edwards Healthcare 888-344-3434.

PHARMACY

You have the choice of pharmacies—CenterWell Pharmacy is one option

More and more Humana members are finding CenterWell Pharmacy™ to be their choice for value, experience, safety, accuracy, convenience and service.

Why choose CenterWell Pharmacy?

- **Savings.** The pharmacy team works with you and your provider to find medications that cost less.
- **Experienced pharmacy team.** Pharmacists are available to answer questions about your medication(s) and our services.
- **Safe and accurate.** Two pharmacists check your new prescriptions to make sure they're safe to take with your other medication(s). The dispensing equipment and heat-sealed bottles with tamper-resistant foil help ensure quality and safety. Plus, your order comes in plain packaging for additional security.
- **Timely reminders.** To help make sure you have the medication(s) and supplies you need when you need them, we can remind you when it's time to refill your medications. Just set your preferences when you sign up at **CenterWellPharmacy.com**.
- **Time-saving mail delivery.** Your medication(s) will be shipped safely and securely to the location of your choice. That means no more trips to the pharmacy. No more waiting in lines to pick up your medication(s). No more hassle. You may be able to order just four times a year and have more time to do the things you enjoy.

Make CenterWell Pharmacy your one source for:

Maintenance medication(s). Medication(s) you take all the time for conditions like high cholesterol, high blood pressure and asthma.

Specialty medication(s). Specialized therapies to treat chronic or complex illnesses like rheumatoid arthritis and cancer.

Visit CenterWellPharmacy.com

After you become a Humana member, you can sign in with your MyHumana identification number or register to get started. You can also sign up by calling **800-379-0092 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Online

CenterWellPharmacy.com. Start a new prescription, order refills, check on your order and get information about how to get started.

Provider

Let your provider know he or she can send prescriptions electronically through e-prescribe. Providers can also fill out the fax form by downloading it from **CenterWellPharmacy.com/forms** and faxing the prescription to CenterWell Pharmacy at **800-379-7617** or CenterWell Specialty Pharmacy™ at **877-405-7940**.

Mail

Download the “Registration & Prescription Order Form” from **CenterWellPharmacy.com/forms** and mail your paper prescriptions to:

CenterWell Pharmacy
P.O. Box 745099
Cincinnati, OH 45274-5099

Phone

For maintenance medication(s), call CenterWell Pharmacy at **800-379-0092 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

For specialty medication(s), call CenterWell Specialty Pharmacy at **800-486-2668 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

CenterWell Pharmacy mobile app

CenterWellPharmacy.com/about/mobile-apps.cmd
Download our CenterWell Pharmacy app from the iTunes App Store or on Google Play. Sign in or select “Transfer Rx as guest” from the home screen.

*Some prescriptions are only available in a 30-day supply.

Prescription drug tiers

Tier 1 – Generic or preferred generic

Essentially the same drugs, usually priced differently

Have the same active ingredients as brand-name drugs and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength, purity and stability as brand-name drugs. Your cost for generic drugs is usually lower than your cost for brand-name drugs.

Tier 2 – Preferred brand

A medication available to you for less than a nonpreferred

Generic or brand-name drugs that Humana offers at a lower cost to you than nonpreferred drugs.

Tier 3 – Nonpreferred drug

A more expensive drug than a preferred

More expensive generic or brand-name prescription drugs that Humana offers at a higher cost to you than preferred drugs.

Tier 4 – Specialty

Drugs for specific uses

Some injectable and other high-cost drugs to treat chronic or complex illnesses like rheumatoid arthritis and cancer.



MEDICATION THERAPY MANAGEMENT

Medication therapy management

As part of your Medicare Part D coverage with Humana, you might be able to take part in a program called Medication Therapy Management (MTM) at no extra cost. MTM may help you to:

- Know more about getting the greatest benefit from your medications
- Reduce risk by learning how to avoid harmful side effects
- Possibly save money by finding lower-cost alternatives to prescribed medications

Who's eligible?

Members are chosen for MTM using the following Centers for Medicare & Medicaid Services (CMS) and Humana criteria:

- Have three of the five multiple chronic conditions:
 - Mental health-Bipolar
 - Hypertension
 - Dyslipidemia (high or low LDL cholesterol)
 - Osteoporosis
 - Chronic obstructive pulmonary disease (COPD)
- Take at least eight chronic/maintenance Part D drugs
- Spend more than \$4,696 on prescription drugs per calendar year

How does the program work?

MTM offers additional information in the SmartSummary that can help to manage medications and drug costs. Members also get a face-to-face or phone consultation with a healthcare professional to talk about their medications.

Scheduling a consultation

If you qualify for MTM, you will receive an invitation letter and see a note in your SmartSummary to call the MTM call center. If you think you qualify but don't see the note, please call the Group Medicare Customer Care phone number. Although the MTM program is a special service offered at no cost to Medicare members, it is not considered a benefit.

It's about giving you more: more time getting to know you, more services—some that you expect and many that you don't—and more ways to help you live the way you want.

Important information about your prescription drug coverage

Some drugs covered by Humana may have requirements or limits on coverage. These requirements and limits may include prior authorization, step therapy or quantity limits. You can visit **Humana.com** to register or sign in and select Pharmacy or call Humana's Group Medicare Customer Care team to check coverage on the medications you take.

Prior authorization

The Humana Group Medicare Plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from the Humana Group Medicare Plan before you fill your prescriptions. The reason a prior authorization is required can vary depending on the medication. Humana will work with your provider when a prior authorization is required.

If your provider prescribes a drug that needs prior authorization, please be sure the prior authorization has been submitted to Humana before the prescription is filled. The Centers for Medicare & Medicaid Services (CMS) requires a turnaround time of 72 hours for a prior authorization. However, an expedited review can be requested by your provider if waiting 72 hours may be harmful to you.

Step therapy

In some cases, the Humana Group Medicare Plan requires that you first try certain drugs to treat your medical condition before coverage is available for a more expensive drug prescribed to treat your medical condition. For example, if Drug A and Drug B both treat your medical condition, the Humana Group Medicare Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Humana Group Medicare Plan can then cover Drug B.

A step therapy prescription can be filled once the necessary requirements are met. If you have already tried other medications that did not provide the desired clinical results, or you had an adverse reaction, your provider may submit this information to Humana for consideration in meeting the step therapy requirements.

Quantity limits

For some drugs, the Humana Group Medicare Plan limits the quantity of the drug that is covered. The Humana Group Medicare Plan might limit how many refills you can get or quantity of a drug you can get each time you fill your prescription. For example, if it's normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Specialty drugs are limited to a 30-day supply regardless of tier placement.

One-time transition fill

For certain drugs typically requiring prior authorization or step therapy, Humana will cover a one-time, 30-day supply of your Part D covered drug during the first 90 days of your enrollment. Once you have received the transition fill* for your prescription requiring a prior authorization or step therapy, you'll receive a letter from Humana telling you about the requirements or limits on the prescription. The letter will also advise that you will need to get approval before future refills will be covered. A prior authorization will need to be approved or other alternative medications should be tried if the medication requires step therapy.

Next steps for you

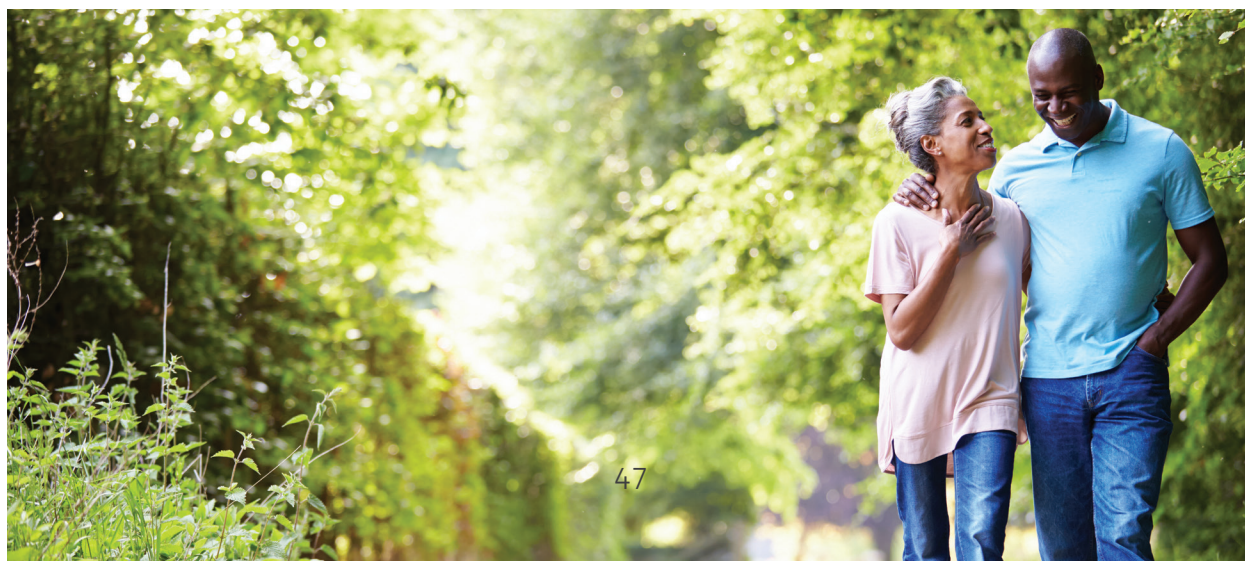
1. Visit **Humana.com/Pharmacy** or call the Customer Care number on the back of your Humana member ID card to see if your medications have quantity limits, or require a prior authorization or step therapy.
2. Talk to your provider about your drugs if they require prior authorization, step therapy is needed or has quantity limits.
3. If you have questions about your prescription drug benefits, please call our Customer Care number on the back of your Humana member ID card.

What should your provider do to meet quantity limits, prior authorization or step therapy drug requirements?

- Go online to **Humana.com/Provider** and visit our provider prior authorization page. This page has a printable form that can be mailed or faxed to Humana.
- Call **800-555-2546 (TTY: 711)** to speak with our Humana Clinical Pharmacy Review team. They are available Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

Remember: Before making a change, you should always talk about treatment options with your provider.

*Some drugs do not qualify for a transitional fill, such as drugs that require a Part B vs D determination, CMS Excluded drugs, or those that require a diagnosis review to determine coverage.



Extras that may help you improve your overall well-being, at no additional cost



SilverSneakers

SilverSneakers® gives you access to exercise equipment, group fitness classes and social events.

- Use thousands of fitness locations nationwide, with weights, swimming, classes and cardio equipment*,†
- Make friends and enjoy social activities
- Work toward improving muscle strength, bone density, flexibility and balance
- Enjoy group fitness classes outside traditional gyms†
- Start workout programs tailored to your level with the SilverSneakers GO™ app
- Try SilverSneakers On-Demand™ online workout videos that feature tips on fitness and nutrition

Visit **SilverSneakers.com/StartHere** to get your SilverSneakers ID number and find a convenient location near you, or call **888-423-4632 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

*Participating locations (“PL”) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

†Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.



Humana Care Management

Humana care management programs support qualifying members to help them remain independent at home, by providing education about chronic conditions and medication adherence, help with discharge instructions, accessing community resources, finding social support and more, all included in the plan at no additional cost.

For more information, call **800-432-4803 (TTY: 711)**, Monday – Friday, 8:30 a.m. – 5:30 p.m., Eastern time.



Humana Well Dine® meal program

After your overnight inpatient stay in a hospital or nursing facility, you’re eligible to receive 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.

For more information, please contact the number on the back of your Humana member ID card.

MYHUMANA AND MYHUMANA MOBILE APP

Your health at your fingertips with MyHumana

Get your personalized health information on MyHumana

As a Humana member, you can set up a secure, online account called MyHumana and always know where to find your plan information. It's convenient and personalized for you. Whether you prefer using a desktop, laptop or smartphone, you can access your information anytime.*

Getting started is easy—just have your Humana member ID card ready and follow these three steps.

1

Create your account.

Visit [Humana.com/registration](https://www.humana.com/registration) and select the “Start activation now” button.

2

Choose your preferences.

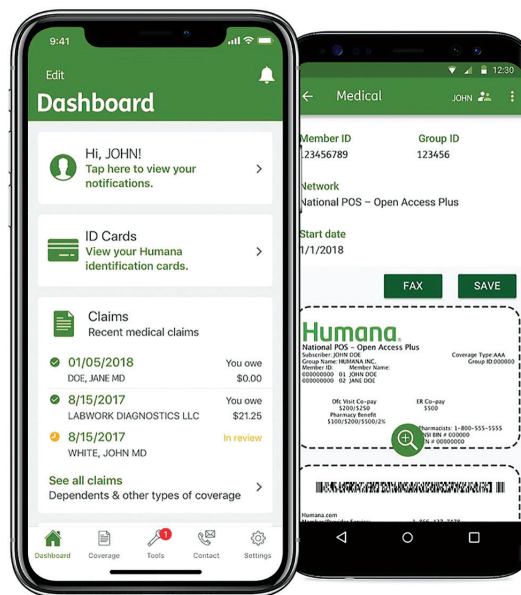
The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.

3

View your plan benefits.

After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.

*Standard data rates may apply.



The MyHumana Mobile app

If you have an iPhone or Android, download the MyHumana Mobile app. You'll have your plan details with you at all times.*

Visit [Humana.com/mobile-apps](https://www.humana.com/mobile-apps) to learn about our many mobile apps, the app features and how to use them.

With MyHumana and the MyHumana Mobile app, you can:

- Review your plan benefits and claims
- Find pharmacies in your network
- Find providers in your network
- Compare drug prices
- Access digital ID cards
- Establish communication preferences

Have questions?

If you need help along the way, select the green “Chat with Us” button or call Customer Care at the number on the back of your Humana member ID card.

Making sure your helpers can help you—so you can focus on living your life

Choose a caregiver to help you

Everyone needs a little help now and then. We're happy to work with you and whomever you designate as a helper. Many people trust a family member or close friend to help them with their healthcare—someone who may help you talk with us about your insurance plan, keep track of your benefits and claims, or ask healthcare questions on your behalf.

Visit [Humana.com/caregiver](https://www.humana.com/caregiver) to learn more about naming a caregiver and how to submit the Consent for Release of Protected Health Information (PHI) form.

Consent forms

We need your permission to share your personal information with someone else. To give your permission, you'll need to read and sign a consent form.

Consent return

- After you complete and sign the form, fax it to **800-633-8188**.
- If you prefer to mail your completed form, mail to:
Humana Insurance Company, P.O. Box 14168, Lexington, KY 40512-4168

A signed consent form allows insurers to share health plan information and protected health information with your designated helper. It's different from granting medical power of attorney, which allows someone to make decisions about your care.



SMART SUMMARY

Your personalized benefits statement

We make it easy for you to understand, track, manage and possibly save money on your healthcare with SmartSummary®

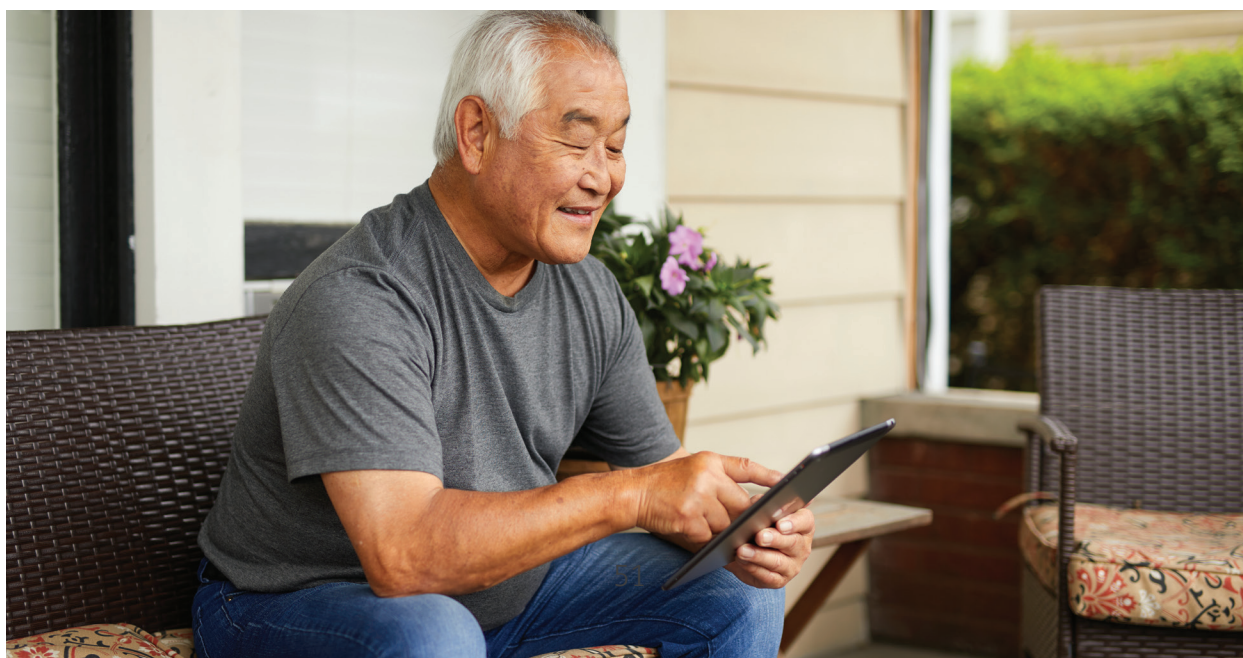
You'll receive this statement after each month you've had a medical and/or prescription claim. You can also sign in to MyHumana and see your past SmartSummary statements anytime.

SmartSummary helps you:

- Understand your total healthcare picture
- Manage your monthly and yearly healthcare costs
- Engage with your providers by having a list of the healthcare services you receive
- Learn about preventive care, health conditions, treatment options and ways to help reduce health expenses

SmartSummary includes:

- Numbers to watch – SmartSummary shows your total drug costs for the month and year-to-date. It also shows how much of these costs your plan paid and how much you paid—so you can see the value of your prescription benefits.
- Personalized messages – SmartSummary gives you tips on saving money on the prescription drugs you take, information about changes in prescription copayments and how to plan ahead.
- Your prescription details – A personalized prescription section tells you more about your prescription medications, including information about dosage and the pharmacy provider. This page can be useful to take to your provider appointments or to your pharmacist.
- Healthcare news relevant for you – SmartSummary personalizes a news section to let you know about things you can do for your health, including medications and treatments for health problems.



FREQUENTLY ASKED QUESTIONS

Do I need to show my red, white and blue Medicare card when I visit the doctor?

No. You'll get a Humana member ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

What should I do if I move or have a temporary address change?

If you move to another area or state, it may affect your plan. It's important to contact your group benefits administrator for details and call to notify Humana of the move.

What should I do if I have to file a claim?

Call Humana Group Medicare Customer Care for more information and assistance. To request reimbursement for a charge you paid for a service, send the provider's itemized receipt and the Health Benefits Claim Form (also available at [Humana.com](https://www.humana.com)) to the claims address on the back of your Humana member ID card. Make sure the receipt includes your name and Humana member ID number.

What if I have other health insurance coverage?

If you have other health insurance, show your Humana member ID card and your other insurance cards when you see a healthcare provider. The Humana Group Medicare plan may be eligible in combination with other types of health insurance coverage you may have. This is called coordination of benefits. Please notify Humana if you have any other medical coverage.

When does my coverage begin?

Your former employer or union decides how and when you enroll. Check with your benefits administrator for the proposed effective date of your enrollment. Be sure to keep your current healthcare coverage until your Humana Group Medicare PPO plan enrollment is confirmed.

What if my service needs a prior authorization?

If your medical service or medication requires a prior authorization, your provider can contact Humana to request it. You can call Customer Care if you have questions regarding what medical services and medications require prior authorization.

What if my provider says they will not accept my plan?

If your provider says they will not accept your PPO plan, you can give your provider the "Group Medicare Provider Information" flyer. It explains how your PPO plan works. You can also call Customer Care and have a Humana representative contact your provider and explain how your PPO plan works.

What should I do if I need prescriptions filled before I receive my Humana member ID card?

If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

How can I get help with my drug plan costs?

People with limited incomes may qualify for assistance from the Extra Help program to pay for their prescription drug costs. To see if you qualify for Extra Help, call **800-MEDICARE (800-633-4227)**, 24 hours a day, seven days a week. If you use a TTY, call **877-486-2048**. You can also call the Social Security Administration at **800-772-1213**. If you use a TTY, call **800-325-0778**. Your state's Medical Assistance (Medicaid) Office may also be able to help, or you can apply for Extra Help online at www.socialsecurity.gov.

MEDICAL INSURANCE TERMS AND DEFINITIONS

Coinsurance

Your share of the cost after deductible

A percentage of your medical and drug costs that you may pay out of your pocket for services after you pay any plan deductible.

Copayment

What you pay at the provider's office for medical services

The set dollar amount you pay when you receive medical services or have a prescription filled.

Deductible

What you pay up front

The amount you pay for healthcare before your plan begins to pay for your benefits.

Exclusions and limitations

Anything not covered or covered under limited situations or conditions

Specific conditions or circumstances that aren't covered under a plan.

Maximum out-of-pocket

The most you'll spend before your plan pays 100% of the cost

The most you would have to pay for services covered by a health plan, including deductibles, copays and coinsurance. If and when you reach your annual out-of-pocket limit, the Humana Group Medicare plan pays 100% of the Medicare-approved amount for most covered medical charges.

Network

Your plan's contracted medical providers

A group of healthcare providers contracted to provide medical services at discounted rates. The providers include doctors, hospitals and other healthcare professionals and facilities.

Plan discount

A way Humana helps you save money

Amount you are not responsible for due to Humana's negotiated rate with provider.

Premium

The regular monthly payment for your plan

The amount you and/or your employer regularly pay for Medicare or Medicare Advantage coverage.

PHARMACY TERMS AND DEFINITIONS

Catastrophic coverage

What you pay for covered drugs after reaching \$7,050

Once your out-of-pocket costs reach the \$7,050 maximum, you pay a small coinsurance or a small copayment for covered drug costs until the end of the plan year.

Coinsurance

Your share of your prescription's cost

This is a percentage of the total cost of a drug you pay each time you fill a prescription.

Copayment

What you pay at the pharmacy for your prescription

The set dollar amount you pay when you fill a prescription.

Deductible

Your cost for Part D prescription drugs before the plan pays

The amount you pay for Part D prescription drugs before the plan begins to pay its share.

Exclusions and limitations

Anything not covered

Specific conditions or circumstances that aren't covered under a plan.

Formulary

Drugs covered under your plan

A list of drugs approved for coverage under the plan. Also called a Drug List.

Out-of-pocket

Portion of costs you pay

Amount you may have to pay for most plans, including deductibles, copays and coinsurance.

NOTES



Humana®

A more human way
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