



Humana Inc.  
004/10275  
1100 Employers Blvd  
Green Bay WI 54344

**Group Number:** Group ID  
**Renewal Date:** Month DD, YYYY

Date

Group Name

Attn: Benefits Administrator  
123 Main St.  
City State Zip

### Important changes to your Humana medical plan(s) for 2023

Dear Benefits Administrator,

At Humana, each year we evaluate our plans to meet all regulatory requirements and offer a range of options to fit the needs of your business. As a result, we are recommending a new Humana medical plan for your upcoming plan year.

#### What does this mean for you?

Your current medical plan(s) will no longer be available in 2023, and will end as of Month DD, YYYY. We've enclosed a summary that compares your current and new recommended medical plan(s).

#### What happens next?

Humana will send you a renewal letter that provides the details and rates for your new recommended medical plan(s).

As part of the renewal process, you can choose the new recommended medical plan or from all other medical plans we offer. Please note that **you must take action to select a new medical plan to retain Humana medical coverage** as your current medical plan is not available for renewal and your coverage will end. Within the next few weeks, we will send you a letter with further instructions on next steps.

In the meantime, you can explore other Humana medical plan options by signing in at **Humana.com** and clicking on the Benefits Center tab. You can view plans in the Benefits Center starting 75 days prior to your renewal. If you would like more information about our other medical plans, please contact your agent or Humana representative.



#### Call with questions:

- Contact your agent, Agent Name, at 555-555-5555.
- Contact Humana at 800-232-2006 (TTY: 711), Monday – Friday, 8 a.m. – 6 p.m.

**What to tell your employees:**

Since your current Humana plan will no longer be available, federal regulations require that your employees are notified.

Please share a copy of the enclosed letter with your employees, and if you like the medical plan(s) we recommend, provide a copy of the “Current and new recommended Humana medical plan summary” to let them know about the upcoming change to their medical benefits. This letter also needs to be shared with employees who enroll in benefits between now and the end of the plan year.

Thank you for continuing to allow us to help your employees get and stay well so your business can flourish.

Sincerely,



Leann Hutchinson  
Vice President, Group Business Operations  
Humana

**Enclosures:** Current and new recommended Humana medical plan summary  
Sample letter to distribute to your employees

This material is provided for informational use only and should not be construed as medical, legal, financial, or other professional advice or used in place of consulting a licensed professional. You should consult with an applicable licensed professional to determine what is right for you.

## Current and new recommended Humana medical plan summary for **PlanGroupName**

Please review the summary of key differences between your current Humana medical plan(s) and new recommended Humana medical plan(s). Your 2023 medical plan(s) may also include changes to your cost share for emergency services, urgent care facility services, specialty drug medical benefits, and hospital outpatient surgery facility. Other plan provisions and out-of-pocket costs may apply. Additional changes may include:

- Coupon amounts that are used for certain prescription drugs may not apply to the out-of-pocket limit.

| Benefit Name                     | Current Humana Plan | New Recommended Humana Plan |
|----------------------------------|---------------------|-----------------------------|
| Plan Name                        |                     |                             |
| Network                          |                     |                             |
| Plan Deductibles                 |                     |                             |
| Out-of-Pocket Max                |                     |                             |
| Office Visit Copays              |                     |                             |
| Pharmacy Benefits                |                     |                             |
| Advanced Imaging                 |                     |                             |
| Ambulance                        |                     |                             |
| Behavioral Health - Office Visit |                     |                             |
| Inpatient Hospital               |                     |                             |
| Skilled Nursing Facility         |                     |                             |
| Therapy                          |                     |                             |
| Urgent Care                      |                     |                             |

Offered or insured by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Wisconsin Health Organization Insurance Corporation, Humana Health Plan of Texas, Inc., Humana Health Insurance Company of Florida, Inc., Humana Insurance Company, or Humana Insurance Company of Kentucky.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.



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## Your Humana medical insurance plan is changing

Dear Member and any Covered Dependents:

At Humana, each year we evaluate our plans to meet all regulatory requirements and offer a range of options to fit the needs of our customers. As a result, we want to let you know that your current Humana medical plan will no longer be offered as of **Month DD, YYYY** and will end as of **Month DD, YYYY**.

Your employer will provide details about the changes and coverage options prior to your upcoming enrollment time. Please be sure to check if your providers participate with your new Humana medical plan and network to save on any out-of-pocket costs. In the meantime, you can continue using your current plan just as you always would.

If you have any questions:

- Contact your employer.
- Contact Humana at **800-448-6262 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m.

Sincerely,

A handwritten signature in black ink that reads "Leann Hutchinson".

Leann Hutchinson  
Vice President, Group Business Operations  
Humana

Offered or insured by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Wisconsin Health Organization Insurance Corporation, Humana Health Plan of Texas, Inc., Humana Health Insurance Company of Florida, Inc., Humana Insurance Company, or Humana Insurance Company of Kentucky.

## 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, ethnicity, marital status, religion or language. 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 the number on your ID card 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, **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 the California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. Call the number on your ID card (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. Call the number on your ID card (TTY: 711)

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (**TTY: 711**)... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (**TTY: 711**)... 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (**TTY: 711**)... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (**TTY: 711**)... 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. ID 카드에 적혀 있는 번호로 전화해 주십시오 (**TTY: 711**)... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (**TTY: 711**)... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (**телетайп: 711**)... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (**TTY: 711**)... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (**ATS: 711**)... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (**TTY: 711**)... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (**TTY: 711**)... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (**TTY: 711**)... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (**TTY: 711**)... 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (**TTY: 711**)...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره تلفن روی کارت شناسایی تان تماس بگیرید (**TTY: 711**)...

Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, námboo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' (**TTY: 711**)...

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (**TTY: 711**).