

2023 Health Plan Benefits at a Glance

Humana Honor (HMO) H1036-279 South Florida: Broward, Miami-Dade, Palm Beach

Plan Costs		With Medicare Only
Monthly plan premium		\$0
Medicare Part B premium reduction		Your plan will reduce your Monthly Part B premium by up to \$144.
Annual out-of-pocket maximum		\$3,400 in-network
With Medicare only In-Network		
Doctor Office Visits		
Primary care provider (PCP)		\$0 copay
Specialist		\$40 copay
Preventive Care		
Including: Medicare covered screenings		Covered at no cost when you see an in-network provider
Telehealth Services (in addition to Original Medicare)		
Primary care provider (PCP)		\$0 copay
Specialist		\$40 copay
Urgent care services		\$0 copay
Substance abuse or behavioral health services		\$0 copay
Inpatient Care		
Acute inpatient hospital care		\$225 copay per day for days 1-8 \$0 copay per day for days 9-90
Lab Services		
Lab tests from lab facility		\$0 copay
Lab tests from outpatient hospital facility		\$50 copay
Outpatient Care		
Outpatient surgery at ambulatory surgical center		\$125 copay
Physical therapy at therapy facility		\$40 copay
X-rays at outpatient hospital facility		\$110 copay
Diagnostic testing at outpatient hospital facility		\$200 copay

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Mental Health Services

Inpatient psychiatric hospital	\$225 copay per day for days 1-8 \$0 copay per day for days 9-90
Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	

Specialist's office	\$30 copay
Outpatient hospital	\$100 copay
Partial hospitalization	\$40 copay

Emergency Services

Urgently needed services at an urgent care center	\$40 copay
Ground ambulance services	\$240 copay per date of service
Emergency room	\$120 copay

Additional Benefits & Programs

Routine dental services DEN637	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Routine vision services VIS114	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Routine hearing services HER751	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Over-the-Counter (OTC) mail order	\$15 maximum benefit coverage amount per month for select over-the-counter health and wellness products.
Transportation services	\$0 copay for plan approved location up to unlimited one-way trip(s) per year.
SilverSneakers® fitness program	Included
Deliver Fresh Meal Program	Included

If you have questions and are a Humana member, please contact Customer Care at 1-800-457-4708 (TTY: 711). If you are not currently a Humana member, please contact a licensed Humana sales agent at 1-844-775-9622 (TTY: 711), 8 a.m. - 8 p.m. seven days a week from Oct. 1, 2022 - Mar. 31, 2023 and Monday through Friday the rest of the year.

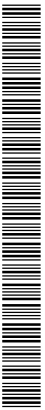
Humana is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

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.



Get all your health plan details at
[Humana.com/Benefits](https://www.humana.com/benefits)



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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you.

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.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。