

2023 Health Plan Benefits at a Glance

HumanaChoice SNP-DE H5525-036 (PPO D-SNP) North Carolina

Plan Costs		Without Medicare & State Cost-Share Protection	With Medicare & State Cost-Share Protection
Monthly plan premium		\$38.40	\$0
Annual out-of-pocket maximum		\$8,300 in-network \$12,450 combined out-of-network	\$0
	Without Medicare & State Cost-Share Protection In-Network	Without Medicare & State Cost-Share Protection Out-of-Network	With Medicare & State Cost-Share Protection
Doctor Office Visits			
Primary care provider (PCP)	\$0 copay	\$0 copay	\$0 copay
Specialist	\$15 copay	\$15 copay	\$0 copay
Preventive Care			
Including: Medicare covered screenings	Covered at no cost	Covered at no cost	\$0 copay
Telehealth Services (in addition to Original Medicare)			
Primary care provider (PCP)	\$0 copay	Not covered	\$0 copay
Specialist	\$15 copay	Not covered	\$0 copay
Urgent care services	\$0 copay	Not covered	\$0 copay
Substance abuse or behavioral health services	\$0 copay	Not covered	\$0 copay
Inpatient Care			
Acute inpatient hospital care	\$370 copay per day for days 1-6 \$0 copay per day for days 7-90	\$370 copay per day for days 1-6 \$0 copay per day for days 7-90	\$0 copay
Lab Services			
Lab tests from lab facility	\$0 copay	\$0 copay	\$0 copay
Lab tests from outpatient hospital facility	20% of the cost	20% of the cost	\$0 copay

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Outpatient Care

Outpatient surgery at ambulatory surgical center	\$320 copay	\$320 copay	\$0 copay
Physical therapy at therapy facility	20% of the cost	20% of the cost	\$0 copay
X-rays at outpatient hospital facility	\$75 copay	\$75 copay	\$0 copay
Diagnostic testing at outpatient hospital facility	20% of the cost	20% of the cost	\$0 copay

Mental Health Services

Inpatient psychiatric hospital Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	\$370 copay per day for days 1-5 \$0 copay per day for days 6-90	\$370 copay per day for days 1-5 \$0 copay per day for days 6-90	\$0 copay
Specialist's office	\$15 copay	\$15 copay	\$0 copay
Outpatient hospital	\$65 copay	\$65 copay	\$0 copay
Partial hospitalization	\$15 copay	\$15 copay	\$0 copay

Emergency Services

Urgently needed services at an urgent care center	20% of the cost	20% of the cost	\$0 copay
Ambulance services	\$300 copay per date of service	\$300 copay per date of service	\$0 copay
Emergency room	\$95 copay	\$95 copay	\$0 copay



Additional Benefits & Programs

Humana Healthy Options Allowance	\$175 every month to use toward the purchase of food, over-the-counter (OTC) products, and home supplies from a national network of retailers. Additional uses include payment for utilities, internet, and pet care services. Please refer to the Summary of Benefits for more details. Unused amount expires at the end of the month. Allowance is available on the Humana Spending Account Card.
Special Supplemental Benefits for the Chronically Ill (SSBCI) Humana Flexible Care Assistance	A needs based benefit included for chronically ill members who meet eligibility criteria, and are participating in care management. Please refer to the Summary of Benefits for additional details.
Routine dental services DEN468	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Routine vision services VIS711	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Routine hearing services HER953	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Personal Home Care	Included
Transportation services	\$0 copay for plan approved location up to 48 one-way trip(s) per year. This benefit is not to exceed 75 miles per trip.
SilverSneakers® fitness program	Included
Personal Emergency Response System	Included
Special Supplemental Benefits for the Chronically Ill (SSBCI) Worry Free™ Meals	Included for members diagnosed with Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Congestive Heart Failure (CHF), or Depression, participating with care management services, and who meet program criteria. Please refer to the Summary of Benefits for additional details.

2023 Prescription Drug Benefits at a Glance

HumanaChoice SNP-DE H5525-036 (PPO D-SNP) North Carolina

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month (up to 30-day) supply of each Part D insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. Please see your Prescription Drug Guide to find all Part D insulins covered by your plan.

\$0 Rx Copay Benefit If you qualify for "Extra Help", you will pay **\$0** for all Medicare Part D covered prescription drugs on your formulary, for all tiers, and through all stages. If you do not receive "Extra Help" refer to Chapter 6 of the Evidence of Coverage for more details on the prescription drug benefit.

Pharmacy options

Mail Order	Mail Order cost-sharing \$0	CenterWell Pharmacy™ Walmart Mail, PillPack Other pharmacies are available in our network. To find pharmacy mail order options, go to Humana.com/pharmacyfinder
Retail	Retail cost-sharing	All network retail pharmacies
For generic drugs (including brand drugs treated as generic), either:	30-day supply	90-day supply*
	\$0	\$0
For all other drugs , either:	\$0	\$0

You can get more out of your plan by doing the following:

- **Stay in-network.** You'll pay less for your drugs at in-network pharmacies.

Other pharmacies are available in our network.

*Some drugs are limited to a 30-day supply.

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 Coordinated Care (PPO D-SNP) plan with a Medicare contract and a contract with the North Carolina Medicaid Division of Health Benefits program. Enrollment in this Humana plan depends on contract renewal.

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If you are cost-share protected by the North Carolina Medicaid Division of Health Benefits, HumanaChoice SNP-DE H5525-036 (PPO D-SNP) providers aren't allowed to collect or bill you for services and items covered under Medicare Part A and Part B, including deductibles, coinsurance, and copayments – even when Medicaid payment is zero or a provider chooses to not submit to Medicaid. If a provider asks you to pay, that's against the law. You may however be responsible for a small Medicaid copayment.

If you are cost-share protected and you are billed or asked to pay the provider for deductibles, coinsurance, or copayments on covered Medicare Part A and Part B services tell your provider you are cost-share protected and can't be charged. If you have already made payment you have the right to a refund. If your provider will not stop billing, you can call Customer Care at 1-844-775-9622 or you can call Medicare at 1-800-Medicare (1-800-633-4227), (TTY 1-877-486-2048). Customer Care or Medicare can ask your provider to stop billing you and refund any payment you have made.

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.

Out-of-network/non-contracted providers are under no obligation to treat Humana members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions 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。