

# 2023 Health Plan Benefits at a Glance

HumanaChoice Florida SNP-DE H7284-010 (PPO D-SNP) Southeast Florida

<b>Plan Costs</b>	<b>Without Medicare &amp; State Cost-Share Protection</b>	<b>With Medicare &amp; State Cost-Share Protection</b>	
Monthly plan premium	\$35.90	\$0	
Annual out-of-pocket maximum	\$5,000 in-network \$8,950 combined out-of-network	\$0	

	<b>Without Medicare &amp; State Cost-Share Protection In-Network</b>	<b>Without Medicare &amp; State Cost-Share Protection Out-of-Network</b>	<b>With Medicare &amp; State Cost-Share Protection</b>
<b>Doctor Office Visits</b>			
Primary care provider (PCP)	\$0 copay	40% of the cost	\$0 copay
Specialist	\$0 copay	40% of the cost	\$0 copay
<b>Preventive Care</b>			
Including: Medicare covered screenings	Covered at no cost	Covered at no cost	\$0 copay
<b>Telehealth Services (in addition to Original Medicare)</b>			
Primary care provider (PCP)	\$0 copay	Not covered	\$0 copay
Specialist	\$0 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
<b>Inpatient Care</b>			
Acute inpatient hospital care	\$1,000 copay per stay	40% of the cost	\$0 copay
<b>Lab Services</b>			
Lab tests from lab facility	\$0 copay	\$0 copay	\$0 copay
Lab tests from outpatient hospital facility	20% of the cost	40% of the cost	\$0 copay

Continued:



## Outpatient Care

Outpatient surgery at ambulatory surgical center	20% of the cost	40% of the cost	\$0 copay
Physical therapy at therapy facility	20% of the cost	40% of the cost	\$0 copay
X-rays at outpatient hospital facility	20% of the cost	40% of the cost	\$0 copay
Diagnostic testing at outpatient hospital facility	20% of the cost	40% of the cost	\$0 copay

## Mental Health Services

Inpatient psychiatric hospital	\$1,000 copay per stay	40% of the cost	\$0 copay
Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.			
Specialist's office	\$0 copay	40% of the cost	\$0 copay
Outpatient hospital	20% of the cost	40% of the cost	\$0 copay
Partial hospitalization	\$55 copay	40% of the cost	\$0 copay

## Emergency Services

Urgently needed services at an urgent care center	\$60 copay	\$60 copay	\$0 copay
Ambulance services	20% of the cost	20% of the cost	\$0 copay
Emergency room	\$90 copay	\$90 copay	\$0 copay

## Additional Benefits & Programs

Humana Healthy Options Allowance	<b>\$150</b> 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.		
Routine dental services DEN145	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.		
Routine vision services VIS703	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.		

## Additional Benefits & Programs (continued)

Routine hearing services HER835	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Post Discharge Personal Home Care Services	Included
Papa Pals	Included
Transportation services	<b>\$0</b> copay for plan approved location up to unlimited one-way trip(s) per year.
SilverSneakers® fitness program	Included
Personal Emergency Response System	Included
Deliver Fresh Meal Program	Included



# 2023 Prescription Drug Benefits at a Glance

HumanaChoice Florida SNP-DE H7284-010 (PPO D-SNP) Southeast Florida

## **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

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

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 Florida Medicaid program. Enrollment in this Humana plan depends on contract renewal.

Your provider may choose to submit to the Florida Medicaid for consideration of additional secondary payment for an amount applied to deductibles, coinsurance, or copayments. Providers are required by federal regulation to accept HumanaChoice Florida SNP-DE H7284-010 (PPO D-SNP) primary payment and the Florida Medicaid secondary payment as payment in full for covered Medicare Part A and Part B services – even when the Medicaid payment is zero or a provider chooses to not submit to Medicaid.

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If you are cost-share protected by the Florida Medicaid, HumanaChoice Florida SNP-DE H7284-010 (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.

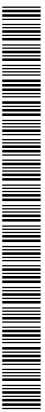
Sponsored by HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. and the State of Florida, Agency for Health Care Administration.

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)**



## Important

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### 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。