2023 **Health Plan Benefits** at a Glance

Humana Gold Choice H8145-089 (PFFS) Select Counties in IA, MN, MT, ND, SD, WY

Plan Costs	With Medicare Only	With Medicare & State Cost-Share Protection
Monthly plan premium	$95	If you receive premium assistance, your plan premium may be reduced.
Annual out-of-pocket maximum	$6,700 combined in-network $6,700 combined out-of-network	$0

	With Medicare only In-Network	With Medicare only Out-of-Network	With Medicare & State Cost-Share Protection
Doctor Office Visits			
Primary care provider (PCP)	$20 copay	30% of the cost	$0 copay
Specialist	$50 copay	30% of the cost	$0 copay
Preventive Care			
Including: Medicare covered screenings	Covered at no cost when you see an in-network provider	Many preventive screenings covered at no cost when you see an in-network provider.	$0 copay
Telehealth Services (in addition to Original Medicare)			
Primary care provider (PCP)	$0 copay	Not covered	$0 copay
Specialist	$50 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	$454 copay per day for days 1-4 $0 copay per day for days 5-90	30% of the cost	$0 copay
Lab Services			
Lab tests from lab facility	$0 copay	30% of the cost	$0 copay

Continued:

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Lab Services (continued)			
Lab tests from outpatient hospital facility	$40 copay	30% of the cost	$0 copay
Outpatient Care			
Outpatient surgery at ambulatory surgical center	$200 copay	30% of the cost	$0 copay
Physical therapy at therapy facility	$40 copay	30% of the cost	$0 copay
X-rays at outpatient hospital facility	$100 copay	30% of the cost	$0 copay
Diagnostic testing at outpatient hospital facility	$100 copay	30% 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.	$405 copay per day for days 1-4 $0 copay per day for days 5-90	30% of the cost	$0 copay
Specialist's office	$0 copay	30% of the cost	$0 copay
Outpatient hospital	$100 copay	30% of the cost	$0 copay
Partial hospitalization	$60 copay	30% of the cost	$0 copay
Emergency Services			
Urgently needed services at an urgent care center	$25 copay	$25 copay	$0 copay
Ground ambulance services	$290 copay per date of service	$290 copay per date of service	$0 copay
Emergency room	$95 copay	$95 copay	$0 copay

Additional Benefits & Programs	
Routine dental services DEN080	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.
Over-the-Counter (OTC) mail order	**$225** maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
SilverSneakers® fitness program	Included
Humana Well Dine® Meal Program	Included

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2023 **Prescription Drug Benefits** at a Glance

Humana Gold Choice H8145-089 (PFFS) Select Counties in IA, MN, MT, ND, SD, WY

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.

If you don't receive "Extra Help" for your drugs, you'll pay the following:

Deductible This plan has a **$465** deductible. You pay the full cost of your drugs until you reach $465. Then, you only pay your cost-share.

Initial Coverage You pay the following until your total yearly drug costs reach **$4,660**. Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.

Mail Order Cost-Sharing

Pharmacy options **Get more value with cost-share options in bold**	**Standard** Walmart Mail, PillPack Other pharmacies are available in our network. To find the pharmacy mail order options, go to **Humana.com/pharmacyfinder**		**Preferred** CenterWell Pharmacy™	
	30-day supply	**100-day supply***	**30-day supply**	**100-day supply***
Tier 1: Preferred Generic	$10	$30	$2	**$0**
Tier 2: Generic	$20	$60	$7	**$0**
Tier 3: Preferred Brand	25%	25%	25%	**25%**
Tier 4: Non-Preferred Drug	25%	25%	25%	**25%**
Tier 5: Specialty Tier	25%	N/A	25%	N/A

Retail Cost-Sharing

Pharmacy options	**Retail** All network retail pharmacies. To find the retail pharmacies near you, go to **Humana.com/pharmacyfinder**	
	30-day supply	**100-day supply***
Tier 1: Preferred Generic	$2	$6
Tier 2: Generic	$7	$21

Continued:

Tier 3: Preferred Brand	25%	25%
Tier 4: Non-Preferred Drug	25%	25%
Tier 5: Specialty Tier	25%	N/A

Once your total yearly drug costs—what is paid both by you and our plan—reach **$4,660** the costs of your drugs may go up. Please refer to the Summary of Benefits for more information.

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.
- **Use your preferred mail order cost–sharing pharmacies.** They offer a lower cost-share than standard mail order cost-sharing pharmacies for most drugs (your cost-share for specialty drugs is the same at any in-network pharmacy).
- **Get a 100-day supply of many of the drugs you take all of the time.** You'll get more and may pay less, especially when you fill at a preferred cost-sharing mail-order pharmacy.

If you receive "Extra Help" for your drugs, you'll pay the following:

Deductible You may pay **$0** or **$104** depending on your level of "Extra Help". If your deductible is **$104**, you pay the full cost of your drugs until you reach **$104**. Then, you only pay your cost-share.

Pharmacy cost-sharing		
For generic drugs (including brand drugs treated as generic), either:	**30-day supply**	**100-day supply***
	$0 copay; or $1.45 copay; or $4.15 copay; or 15% of the cost	$0 copay; or $1.45 copay; or $4.15 copay; or 15% of the cost
For all other drugs, either:	$0 copay; or $4.30 copay; or $10.35 copay; or 15% of the cost	$0 copay; or $4.30 copay; or $10.35 copay; or 15% of the cost

Other pharmacies are available in our network.

*Some drugs are limited to a 30-day supply and others may be eligible for up to a 100-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 Medicare Advantage PFFS plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

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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.

Get all your health plan details at
Humana.com/Benefits

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。

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