

HUMANA MEDICARE EMPLOYER LPPO PLAN

2023 LPPO for Standard Plan 079 Option 058 - Traditional

		2022		2023		
Annual Maximum Out-of-Pocket		• In-Network: \$2,500 per individual per plan year (excludes Part D Pharmacy, COVID-19 Testing, COVID-19 Treatment, Extra Services and the Plan Premium).		• In-Network: \$2,500 per individual per plan year (excludes Part D Pharmacy, Extra Services and the Plan Premium).		
		• Combined In and Out-of-Network: \$5,000 per individual per plan year (excludes Part D Pharmacy, COVID-19 Testing, COVID-19 Treatment, Extra Services, Worldwide Coverage and the Plan Premium).		• Combined In and Out-of-Network: \$5,000 per individual per plan year (excludes Part D Pharmacy, Extra Services, Worldwide Coverage and the Plan Premium).		
Annual Deductible		• Combined In and Out-of-Network: NONE		• Combined In and Out-of-Network: NONE		
		• Combined In-Network Exclusions: N/A		• Combined In-Network Exclusions: N/A		
		• Combined Out-of-Network Exclusions: N/A		• Combined Out-of-Network Exclusions: N/A		
Place of Treatment	Benefit	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):	
Primary Care Physician	• Office Visit	100% after \$5 copayment	70%	100% after \$5 copayment	70%	
	• Diagnostic Procedures and Tests	100% after \$5 copayment	70%	100% after \$5 copayment	70%	
	• Lab Services	100%	70%	100%	70%	
	• Surgical Procedures	100% after \$5 copayment	70%	100% after \$5 copayment	70%	
	• Allergy Shots and Injections	100% after \$5 copayment	70%	100% after \$5 copayment	70%	
	• Mental Health/Substance Abuse Services	100% after \$5 copayment	70%	100% after \$5 copayment	70%	
	• Administration of Drugs in a Physician's Office	80%	70%	80%	70%	
Specialist	• Office Visit	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Advanced Imaging Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Diagnostic Procedures and Tests	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Lab Services	100%	70%	100%	70%	
	• Surgical Procedures	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Diagnostic Colonoscopy	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Podiatry Services (Medicare-covered)	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Chiropractic Services (Medicare-covered)	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Cardiac Therapy	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Supervised Exercise Therapy (SET) Symptomatic Peripheral Artery Disease (PAD) Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Pulmonary Therapy	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Radiation Therapy	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Allergy Shots and Injections	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Mental Health/Substance Abuse Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Opioid Treatment Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Administration of Drugs in a Physician's Office	80%	70%	80%	70%	
	• Chemotherapy Drugs	95%	70%	95%	70%	
	• Dental Services (Medicare-covered)	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Hearing Services (Medicare-covered)	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Vision Services (Medicare-covered)	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	• Eyewear for Post-Cataract Surgery	100%	100%	100%	100%	
	• Diabetic Eye Exam	100%	70%	100%	70%	
	• Acupuncture (Medicare-covered) • Limited to 20 combined visit(s) per year • Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.	100% after \$15 copayment	70%	100% after \$15 copayment	70%	
	Preventive Services	• Abdominal Aortic Aneurysm	100%	70%	100%	70%
		• Alcohol Misuse Screening and Counseling				
• Annual Wellness Visit						
• Bone Mass Measurement						
• Breast Cancer Screening						
• Cardiovascular Disease Behavioral Therapy						
• Cardiovascular Disease Screening						
• Cervical and Vaginal Cancer Screening						
• Colorectal Cancer Screening						
• Depression Screening						

	<ul style="list-style-type: none"> Diabetes Screening Diabetes Self-Management Training Glaucoma Screening Hepatitis C Screening HIV Screening Kidney Disease Education Services Lung Cancer Screening Medical Nutrition Therapy Obesity Screening and Therapy Physical Exams (Routine) Prostate Cancer Screening Exam Smoking and Tobacco Use Cessation STI Screening and Counseling "Welcome to Medicare" Preventive Visit 				
	<ul style="list-style-type: none"> Immunizations Medicare Diabetes Prevention Program 	100%	100%	100%	100%
Inpatient Hospital Services	<ul style="list-style-type: none"> Inpatient Care (All Authorized Admissions) 	100% after \$175 copayment per admission	70% per admission	100% after \$175 copayment per admission	70% per admission
	<ul style="list-style-type: none"> Inpatient Physician Services 	100%	70%	100%	70%
	<ul style="list-style-type: none"> Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions) 	100% after \$175 copayment per admission	70% per admission	100% after \$175 copayment per admission	70% per admission
Inpatient Psychiatric Facility	<ul style="list-style-type: none"> Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions) 	100% after \$175 copayment per admission •190 day lifetime limit in a psychiatric facility	70% per admission •190 day lifetime limit in a psychiatric facility	100% after \$175 copayment per admission •190 day lifetime limit in a psychiatric facility	70% per admission •190 day lifetime limit in a psychiatric facility
	<ul style="list-style-type: none"> Inpatient Mental Health/Substance Abuse Physician Services 	100%	70%	100%	70%
Partial Hospitalization	<ul style="list-style-type: none"> Mental Health/Substance Abuse Services 	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	<ul style="list-style-type: none"> Opioid Treatment Services 	100% after \$15 copayment	70%	100% after \$15 copayment	70%
Outpatient Hospital	<ul style="list-style-type: none"> Surgical Services 	100% after \$50 copayment	70%	100% after \$50 copayment	70%
	<ul style="list-style-type: none"> Diagnostic Colonoscopy 	100% after \$50 copayment	70%	100% after \$50 copayment	70%
	<ul style="list-style-type: none"> Advanced Imaging Services 	100% after \$50 copayment	70%	100% after \$50 copayment	70%
	<ul style="list-style-type: none"> Nuclear Medicine Services 	100% after \$50 copayment	70%	100% after \$50 copayment	70%
	<ul style="list-style-type: none"> Diagnostic Procedures and Tests 	100% after \$50 copayment	70%	100% after \$50 copayment	70%
	<ul style="list-style-type: none"> Lab Services 	100%	70%	100%	70%
	<ul style="list-style-type: none"> Radiation Therapy 	100% after \$50 copayment	70%	100% after \$50 copayment	70%
	<ul style="list-style-type: none"> Cardiac Therapy 	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	<ul style="list-style-type: none"> Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services 	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	<ul style="list-style-type: none"> Pulmonary Therapy 	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	<ul style="list-style-type: none"> Therapies (Occupational, Physical, Audiology, and Speech) 	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	<ul style="list-style-type: none"> Chemotherapy Drugs 	95%	70%	95%	70%
	<ul style="list-style-type: none"> Renal Dialysis Services 	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	<ul style="list-style-type: none"> Mental Health/Substance Abuse Services 	100% after \$40 copayment	70%	100% after \$40 copayment	70%
<ul style="list-style-type: none"> Opioid Treatment Services 	100% after \$40 copayment	70%	100% after \$40 copayment	70%	
<ul style="list-style-type: none"> Outpatient Physician Services 	100%	70%	100%	70%	
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> SNF Care (no 3 day hospital stay is required) 	100% per day (days 1-20); \$50 copayment per day (days 21-100) •Plan pays \$0 after 100 days	70% per day (days 1-100) •Plan pays \$0 after 100 days	100% per day (days 1-20); \$50 copayment per day (days 21-100) •Plan pays \$0 after 100 days	70% per day (days 1-100) •Plan pays \$0 after 100 days
	<ul style="list-style-type: none"> SNF Physician Services 	100%	70%	100%	70%
Urgent Care Center	<ul style="list-style-type: none"> Urgently Needed Care 	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	<ul style="list-style-type: none"> Lab Services 	100%	70%	100%	70%
Emergency Room	<ul style="list-style-type: none"> Emergency Services (2) 	100% after \$65 copayment • Waived if admitted within 24 hours	100% after \$65 copayment • Waived if admitted within 24 hours	100% after \$65 copayment • Waived if admitted within 24 hours	100% after \$65 copayment • Waived if admitted within 24 hours
	<ul style="list-style-type: none"> Emergency Room Physician Services 	100%	100%	100%	100%
Ambulance	<ul style="list-style-type: none"> Ambulance Services 	100% after \$50 copayment per date of service •Limited to Medicare-covered transportation	100% after \$50 copayment per date of service •Limited to Medicare-covered transportation	100% after \$50 copayment per date of service •Limited to Medicare-covered transportation	100% after \$50 copayment per date of service •Limited to Medicare-covered transportation
Travel Benefit	<ul style="list-style-type: none"> US Travel Benefit 	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	N/A	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	N/A
Worldwide Coverage	<ul style="list-style-type: none"> Emergency Services and Urgently Needed Care Only 	N/A	80% coinsurance limited to emergency Medicare-covered services. \$100 deductible per year, \$25,000 Maximum Benefit per year or 60 consecutive days, whichever is reached first.	N/A	80% coinsurance limited to emergency Medicare-covered services. \$100 deductible per year, \$25,000 Maximum Benefit per year or 60 consecutive days, whichever is reached first.
Comprehensive Outpatient Rehabilitation Facility	<ul style="list-style-type: none"> Pulmonary Therapy 	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	<ul style="list-style-type: none"> Therapies (Occupational, Physical, Audiology, and Speech) 	100% after \$15 copayment	70%	100% after \$15 copayment	70%

Freestanding Radiological Facility	• Advanced Imaging Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Nuclear Medicine Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Diagnostic Procedures and Tests	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Radiation Therapy	100% after \$15 copayment	70%	100% after \$15 copayment	70%
Ambulatory Surgical Center	• Surgical Procedures	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Diagnostic Colonoscopy	100% after \$15 copayment	70%	100% after \$15 copayment	70%
Freestanding Laboratory	• Lab Services	100%	70%	100%	70%
Dialysis Center	• Renal Dialysis Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
Home Health	• Home Health Care	100% •excludes Personal Home Care	70% •excludes Personal Home Care	100% •excludes Personal Home Care	70% •excludes Personal Home Care
DME Provider	• Durable Medical Equipment	80%	50%	80%	50%
	• Diabetic Monitoring Supplies	100%	50%	100%	50%
Medical Supply Provider	• Medical Supplies	80%	50%	80%	50%
Prosthetics Provider	• Prosthetics	80%	50%	80%	50%
Pharmacy (Part B Only)	• Durable Medical Equipment	80%	50%	80%	50%
	• Medical Supplies	80%	50%	80%	50%
	• Diabetic Monitoring Supplies	100%	50%	100%	50%
	• Medicare-covered Part B Drugs	80%	80%	80%	80%
Additional Telehealth Services	• Primary Care Physician - Virtual Visit	100%	N/A	100%	N/A
	• Specialist - Virtual Visit	100% after \$15 copayment	N/A	100% after \$15 copayment	N/A
	• Behavioral Health and Substance Abuse - Virtual Visit	100%	N/A	100%	N/A
	• Urgently Needed Care - Virtual Visit	100%	N/A	100%	N/A
Other Benefits	• COVID-19 Testing and Treatment - Based on Place of Treatment (POT)	• 100%	• 100%	• Available	• Available

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor.

Extra Benefits (MSB)	• SilverSneakers®	Available	Available
	• Personal Health Coaching	Available	Available
	• Smoking Cessation (Additional)	Available	Available
	• Meal Program	Available	Available
	• Post-Discharge Transportation Services	Available	Available
	• Post-Discharge Personal Home Care	Available	Available
Care Management	• Clinical Programs/Disease Management (3) - Case Management - Humana at Home® - Chronic Condition Management - Transplant Management - Behavioral Health Care Coordination	Available	Available

(1) All coinsurance percentages are based on the Medicare fee schedule and not billed charges. All copayments are on a 'per visit' basis, unless otherwise noted.

(2) Emergency room copayment waived if admitted or if hospital is outside the U.S.

(3) We have provided examples of various Health Education and clinical programs. Actual programs may vary by market.

2023 COVID-19 Testing and Treatment Update: Plan specific cost share is applicable to hospitalization, medical services, and FDA approved Rx with confirmed COVID-19 diagnosis.

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor. The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of your Humana membership card. CMS does not permit discussing the below services with potential enrollees prior to enrollment.

Extra Services (VAIS)	• Complementary and Alternative Medicine and Weight Management - Not available in Puerto Rico	Available	Available
	• Dental Discount (Florida GoldPlus) - Available in Florida only	Available	Available
	• Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico	Available	Available
	• Healthy Hearing Discount (HearUSA) - Available in Florida only	Available	Available
	• Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico	Available	Available
	• Lifeline® Medical Alert Systems	Available	Available
	• Meal Delivery Discount (Freshly) - Not available in Alaska, Hawaii or Puerto Rico	Not Available	Available
	• Meal Delivery Discount (Mom's Meals)	Available	Available
	• Bill Management Service (Silver Bills)	Not Available	Available
	• Vision Discount (EyeMed)	Available	Available

Go365® by Humana is included in this plan

Go365 is a wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help them establish and maintain a healthy lifestyle. As they achieve manageable health goals, Go365 keeps members engaged and motivated by acknowledging their efforts. By completing healthy activities like walking, getting and Annual Wellness Exam, or volunteering, members earn rewards they can redeem for gift cards in the Go365 Mall.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. Certain services under the plan require authorization by network providers. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.