

## HUMANA MEDICARE EMPLOYER LPPO PLAN

2023 LPPO for Standard Plan 079 Option 066 - Passive

Annual Maximum Out-of-Pocket	<ul style="list-style-type: none"> <li>• <b>In-Network: \$1,000 per individual per plan year (excludes Part D Pharmacy, Extra Services and the Plan Premium).</b></li> </ul>		
	<ul style="list-style-type: none"> <li>• <b>Combined In and Out-of-Network: \$1,000 per individual per plan year (excludes Part D Pharmacy, Extra Services, Worldwide Coverage and the Plan Premium).</b></li> </ul>		
Annual Deductible	<ul style="list-style-type: none"> <li>• <b>Combined In and Out-of-Network: NONE</b></li> </ul>		
	<ul style="list-style-type: none"> <li>• <b>Combined In-Network Exclusions: N/A</b></li> </ul>		
	<ul style="list-style-type: none"> <li>• <b>Combined Out-of-Network Exclusions: N/A</b></li> </ul>		
Place of Treatment	Benefit	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):
Primary Care Physician	• Office Visit	100% after \$10 copayment	100% after \$10 copayment
	• Diagnostic Procedures and Tests	100%	100%
	• Lab Services	100%	100%
	• Surgical Procedures	100%	100%
	• Allergy Shots and Injections	100% after \$10 copayment	100% after \$10 copayment
	• Mental Health/Substance Abuse Services	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%
Specialist	• Office Visit	100% after \$20 copayment	100% after \$20 copayment
	• Advanced Imaging Services	100%	100%
	• Diagnostic Procedures and Tests	100%	100%
	• Lab Services	100%	100%
	• Surgical Procedures	100%	100%
	• Diagnostic Colonoscopy	100% after \$20 copayment	100% after \$20 copayment
	• Podiatry Services (Medicare-covered)	100%	100%
	• Chiropractic Services (Medicare-covered)	100% after \$20 copayment	100% after \$20 copayment
	• Cardiac Therapy	100%	100%
	• Supervised Exercise Therapy (SET) Symptomatic Peripheral Artery Disease (PAD) Services	100%	100%
	• Pulmonary Therapy	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%
	• Radiation Therapy	100%	100%
	• Allergy Shots and Injections	100% after \$20 copayment	100% after \$20 copayment
	• Mental Health/Substance Abuse Services	100%	100%
	• Opioid Treatment Services	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%
	• Chemotherapy Drugs	100%	100%
	• Dental Services (Medicare-covered)	100% after \$20 copayment	100% after \$20 copayment
	• Hearing Services (Medicare-covered)	100% after \$20 copayment	100% after \$20 copayment
	• Vision Services (Medicare-covered)	100% after \$20 copayment	100% after \$20 copayment
	• Eyewear for Post-Cataract Surgery	100% •for eyeglasses and contacts following cataract surgery	100% •for eyeglasses and contacts following cataract surgery
	• Diabetic Eye Exam	100%	100%
• Acupuncture (Medicare-covered) • Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. • Limited to 20 combined visit(s) per year	100% after \$20 copayment	100% after \$20 copayment	
Preventive Services	• Abdominal Aortic Aneurysm Screening	100%	100%
	• 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		
	• Diabetes Screening		
	• Diabetes Self-Management Training		
	• Glaucoma Screening		
	• Hepatitis C Screening		
	• HIV Screening		
	• Kidney Disease Education Services		
	• Immunizations		
	• Lung Cancer Screening		
	• Medicare Diabetes Prevention Program		
	• 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			

<b>Inpatient Hospital Services</b>	• Inpatient Care (All Authorized Admissions)	100% per admission	100% per admission
	• Inpatient Physician Services	100%	100%
	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% per admission	100% per admission
<b>Inpatient Psychiatric Facility</b>	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% per admission •190 day lifetime limit in a psychiatric facility	100% per admission •190 day lifetime limit in a psychiatric facility
	• Inpatient Mental Health/Substance Abuse Physician Services	100%	100%
<b>Partial Hospitalization</b>	• Mental Health/Substance Abuse Services	100%	100%
	• Opioid Treatment Services	100%	100%
<b>Outpatient Hospital</b>	• Surgical Services	100%	100%
	• Diagnostic Colonoscopy	100%	100%
	• Advanced Imaging Services	100%	100%
	• Nuclear Medicine Services	100%	100%
	• Diagnostic Procedures and Tests	100%	100%
	• Lab Services	100%	100%
	• Radiation Therapy	100%	100%
	• Cardiac Therapy	100%	100%
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100%	100%
	• Pulmonary Therapy	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%
	• Chemotherapy Drugs	100%	100%
	• Renal Dialysis Services	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%
	• Opioid Treatment Services	100%	100%
• Outpatient Physician Services	100%	100%	
<b>Skilled Nursing Facility (SNF)</b>	• SNF Care (no 3 day hospital stay is required)	100% per day (days 1-100) •Plan pays \$0 after 100 days	100% per day (days 1-100) •Plan pays \$0 after 100 days
	• SNF Physician Services	100%	100%
<b>Urgent Care Center</b>	• Urgently Needed Care	100%	100%
	• Lab Services	100%	100%
<b>Emergency Room</b>	• Emergency Services (2)	100%	100%
	• Emergency Room Physician Services	100%	100%
<b>Ambulance</b>	• Ambulance Services	100% per date of service •Limited to Medicare-covered transportation	100% per date of service •Limited to Medicare-covered transportation
<b>Travel Benefit</b>	• 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
<b>Worldwide Coverage</b>	• 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.
<b>Comprehensive Outpatient Rehabilitation Facility</b>	• Pulmonary Therapy	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%
<b>Freestanding Radiological Facility</b>	• Advanced Imaging Services	100%	100%
	• Nuclear Medicine Services	100%	100%
	• Diagnostic Procedures and Tests	100%	100%
	• Radiation Therapy	100%	100%
<b>Ambulatory Surgical Center</b>	• Surgical Procedures	100%	100%
	• Diagnostic Colonoscopy	100%	100%
<b>Freestanding Laboratory</b>	• Lab Services	100%	100%
<b>Dialysis Center</b>	• Renal Dialysis Services	100%	100%
<b>Home Health</b>	• Home Health Care	100% •excludes Personal Home Care	100% •excludes Personal Home Care
<b>DME Provider</b>	• Durable Medical Equipment	100%	100%
	• Diabetic Monitoring Supplies	100%	100%
<b>Medical Supply Provider</b>	• Medical Supplies	100%	100%
<b>Prosthetics Provider</b>	• Prosthetics	100%	100%
<b>Pharmacy (Part B Only)</b>	• Durable Medical Equipment	100%	100%
	• Medical Supplies	100%	100%
	• Diabetic Monitoring Supplies	100%	100%
	• Medicare-covered Part B Drugs	100%	100%
<b>Additional Telehealth Services</b>	• Primary Care Physician - Virtual Visit	100%	N/A
	• Specialist - Virtual Visit	100% after \$20 copayment	N/A
	• Behavioral Health and Substance Abuse - Virtual Visit	100%	N/A
	• Urgently Needed Care - Virtual Visit	100%	N/A

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.

<b>Extra Benefits (MSB)</b>	• SilverSneakers®	In most service areas members will have free membership to a local fitness center through the SilverSneakers® program.
	• Personal Health Coaching	Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.
	• Smoking Cessation (Additional)	A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.
	• Meal Program	After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are eligible for nutritious meals delivered to their door at no cost.
	• Post-Discharge Transportation Services	After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are provided transportation to plan approved locations by car, van or wheelchair accessible vehicle at no cost.
	• Post-Discharge Personal Home Care	After a member's overnight inpatient stay in a hospital or skilled nursing facility, members may receive assistance performing activities of daily living (ADLs) within the home and Instrumental Activities of Daily living related to personal care. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.
<b>Care Management</b>	<ul style="list-style-type: none"> <li>• <b>Clinical Programs/Disease Management (3)</b></li> <li>- Case Management</li> <li>- Humana at Home®</li> <li>- Chronic Condition Management</li> <li>- Transplant Management</li> <li>- Behavioral Health Care Coordination</li> </ul>	Health education and clinical programs that provide support to members and caregivers to optimize health outcomes.

(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.

<b>Extra Services (VAIS)</b>	<ul style="list-style-type: none"> <li>Complementary and Alternative Medicine and Weight Management - Not available in Puerto Rico</li> </ul>	Discounts for complementary and alternative medicine services including chiropractic, acupuncture, massage therapy and nutrition. Services must be received from participating designated providers.
	<ul style="list-style-type: none"> <li>Dental Discount (Florida GoldPlus) - Available in Florida only</li> </ul>	Discounts on dental services. Services must be received from participating Florida GoldPlus providers.
	<ul style="list-style-type: none"> <li>Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico</li> </ul>	Discounts on dental services. Services must be received from participating HumanaDental providers.
	<ul style="list-style-type: none"> <li>Healthy Hearing Discount (HearUSA) - Available in Florida only</li> </ul>	Discounts on hearing aids, accessories and hearing assistance products.
	<ul style="list-style-type: none"> <li>Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico</li> </ul>	Discounts on hearing aids. Services must be received at a TruHearing hearing center.
	<ul style="list-style-type: none"> <li>Lifeline® Medical Alert Systems</li> </ul>	Lifeline may help members live independently with peace of mind. Personal emergency response services connect members to caregivers and emergency services when an incident occurs. Wireless or landline options available.
	<ul style="list-style-type: none"> <li>Meal Delivery Discount (Freshly) - Not available in Alaska, Hawaii or Puerto Rico</li> </ul>	Discounts on home delivered meals to help support nutritional needs. Purchases may be placed online at Freshly.com or via the app or by calling or texting 1-844-373-7459 (available 24/7).
	<ul style="list-style-type: none"> <li>Meal Delivery Discount (Mom's Meals)</li> </ul>	Discounts on home delivered meals to help support nutritional needs. Purchases may be placed online at MomsMeals.com/welldine or by calling 1-877-347-3438.
	<ul style="list-style-type: none"> <li>Bill Management Service (Silver Bills)</li> </ul>	Discount on bill management services for recurring and/or one-time bills. To learn more visit: silverbills.com or call 1-800-825-1924 anytime, (TTY: 711).
<ul style="list-style-type: none"> <li>Vision Discount (EyeMed)</li> </ul>	Discounts from participating EyeMed Vision Care Select network providers on routine vision services such as: Exam, contact lens fitting and follow-up, lenses, frames and laser vision correction. Discounts are taken at point of sale. Discount and funded benefits cannot be utilized within the same transaction.	

**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.