

HUMANA MEDICARE EMPLOYER LPPO PLAN
2023 LPPO for Standard Plan 079 Option 120 - Passive - Access Only

Annual Maximum Out-of-Pocket	<ul style="list-style-type: none"> In-Network: \$5,200 per individual per plan year (excludes Part D Pharmacy, Dental Services (Routine), Hearing Services (Routine), OTC Drugs and Supplies, Vision Services (Routine), Extra Services and the Plan Premium). 		
	<ul style="list-style-type: none"> Combined In and Out-of-Network: \$8,950 per individual per plan year (excludes Part D Pharmacy, Dental Services (Routine), Hearing Services (Routine), OTC Drugs and Supplies, Vision Services (Routine), Worldwide Coverage and the Plan Premium). 		
Annual Deductible	<ul style="list-style-type: none"> Combined In and Out-of-Network: NONE 		
	<ul style="list-style-type: none"> Combined In-Network Exclusions: N/A 		
	<ul style="list-style-type: none"> Combined Out-of-Network Exclusions: N/A 		
Place of Treatment	Benefit	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):
Primary Care Physician	• Office Visit	100% after \$5 copayment	100% after \$5 copayment
	• Diagnostic Procedures and Tests	100% after \$5 copayment	100% after \$5 copayment
	• Lab Services	100%	100%
	• Surgical Procedures	100% after \$5 copayment	100% after \$5 copayment
	• Allergy Shots and Injections	100% after \$5 copayment	100% after \$5 copayment
	• Mental Health/Substance Abuse Services	100% after \$5 copayment	100% after \$5 copayment
	• Administration of Drugs in a Physician's Office	100%	100%
Specialist	• Office Visit	100% after \$40 copayment	100% after \$40 copayment
	• Advanced Imaging Services	100% after \$180 copayment	100% after \$180 copayment
	• Diagnostic Procedures and Tests	100% after \$40 copayment	100% after \$40 copayment
	• Lab Services	100%	100%
	• Surgical Procedures	100% after \$40 copayment	100% after \$40 copayment
	• Diagnostic Colonoscopy	100% after \$40 copayment	100% after \$40 copayment
	• Podiatry Services (Medicare-covered)	100% after \$40 copayment	100% after \$40 copayment
	• Chiropractic Services (Medicare-covered)	100% after \$20 copayment	100% after \$20 copayment
	• Cardiac Therapy	100% after \$20 copayment	100% after \$20 copayment
	• Supervised Exercise Therapy (SET) Symptomatic Peripheral Artery Disease (PAD) Services	100% after \$20 copayment	100% after \$20 copayment
	• Pulmonary Therapy	100% after \$20 copayment	100% after \$20 copayment
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after \$20 copayment	100% after \$20 copayment
	• Radiation Therapy	100% after \$40 copayment	100% after \$40 copayment
	• Allergy Shots and Injections	100% after \$40 copayment	100% after \$40 copayment
	• Mental Health/Substance Abuse Services	100% after \$40 copayment	100% after \$40 copayment
	• Opioid Treatment Services	100% after \$40 copayment	100% after \$40 copayment
	• Administration of Drugs in a Physician's Office	100%	100%
	• Chemotherapy Drugs	80%	80%
	• Dental Services (Medicare-covered)	100% after \$40 copayment	100% after \$40 copayment
	• Hearing Services (Medicare-covered)	100% after \$40 copayment	100% after \$40 copayment
	• Vision Services (Medicare-covered)	100% after \$40 copayment	100% after \$40 copayment
	• Eyewear for Post-Cataract Surgery	100% after \$40 copayment •for eyeglasses and contacts following cataract surgery	100% after \$40 copayment •for eyeglasses and contacts following cataract surgery
	• Diabetic Eye Exam	100%	100%
	• Acupuncture Services (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 \$40 copayment	100% after \$40 copayment
Preventive Services	<ul style="list-style-type: none"> Abdominal Aortic Aneurysm Screening 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 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 	100%	100%
	<ul style="list-style-type: none"> Immunizations Medicare Diabetes Prevention Program 	100%	100%

Inpatient Hospital Services	• Inpatient Care (All Authorized Admissions)	100% after \$295 copayment per day (days 1-5)	100% after \$295 copayment per day (days 1-5)
	• Inpatient Physician Services	100%	100%
	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% after \$295 copayment per day (days 1-5)	100% after \$295 copayment per day (days 1-5)
Inpatient Psychiatric Facility	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% after \$295 copayment per day (days 1-5) •190 day lifetime limit in a psychiatric facility	100% after \$295 copayment per day (days 1-5) •190 day lifetime limit in a psychiatric facility
	• Inpatient Mental Health/Substance Abuse Physician Services	100%	100%
Partial Hospitalization	• Mental Health/Substance Abuse Services	100% after \$40 copayment	100% after \$40 copayment
	• Opioid Treatment Services	100% after \$40 copayment	100% after \$40 copayment
Outpatient Hospital	• Surgical Services	100% after \$260 copayment	100% after \$260 copayment
	• Diagnostic Colonoscopy	100% after \$260 copayment	100% after \$260 copayment
	• Advanced Imaging Services	100% after \$195 copayment	100% after \$195 copayment
	• Nuclear Medicine Services	100% after \$195 copayment	100% after \$195 copayment
	• Diagnostic Procedures and Tests	80%	80%
	• Lab Services	100%	100%
	• Radiation Therapy	80%	80%
	• Cardiac Therapy	100% after \$10 copayment	100% after \$10 copayment
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100% after \$10 copayment	100% after \$10 copayment
	• Pulmonary Therapy	100% after \$10 copayment	100% after \$10 copayment
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after \$20 copayment	100% after \$20 copayment
	• Chemotherapy Drugs	80%	80%
	• Renal Dialysis Services	80%	80%
	• Mental Health/Substance Abuse Services	100% after \$40 copayment	100% after \$40 copayment
	• Opioid Treatment Services	100% after \$40 copayment	100% after \$40 copayment
	• Outpatient Physician Services	100%	100%
Skilled Nursing Facility (SNF)	• SNF Care (no 3 day hospital stay is required)	100% per day (days 1-20); \$178 copayment per day (days 21-100) •Plan pays \$0 after 100 days	100% per day (days 1-20); \$178 copayment per day (days 21-100) •Plan pays \$0 after 100 days
	• SNF Physician Services	100%	100%
Urgent Care Center	• Urgently Needed Care	100%	100%
	• Lab Services	100%	100%
Emergency Room	• Emergency Services (2)	100% after \$90 copayment • Waived if admitted within 24 hours	100% after \$90 copayment • Waived if admitted within 24 hours
	• Emergency Room Physician Services	100%	100%
Ambulance	• Ambulance Services	100% after \$265 copayment per date of service •Limited to Medicare-covered transportation	100% after \$265 copayment per date of service •Limited to Medicare-covered transportation
Travel Benefit	• 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
Worldwide Coverage	• Emergency Services and Urgently Needed Care Only	N/A	• \$100 deductible, 80% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.
Comprehensive Outpatient Rehabilitation Facility	• Pulmonary Therapy	100% after \$20 copayment	100% after \$20 copayment
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after \$20 copayment	100% after \$20 copayment
Freestanding Radiological Facility	• Advanced Imaging Services	100% after \$180 copayment	100% after \$180 copayment
	• Nuclear Medicine Services	80%	80%
	• Diagnostic Procedures and Tests	100% after \$40 copayment	100% after \$40 copayment
	• Radiation Therapy	80%	80%
Ambulatory Surgical Center	• Surgical Procedures	100% after \$195 copayment	100% after \$195 copayment
	• Diagnostic Colonoscopy	100% after \$195 copayment	100% after \$195 copayment
Freestanding Laboratory	• Lab Services	100%	100%
Dialysis Center	• Renal Dialysis Services	80%	80%
Home Health	• Home Health Care	100%	100%
		•excludes Personal Home Care	•excludes Personal Home Care
DME Provider	• Durable Medical Equipment	80%	80%
	• Diabetic Monitoring Supplies	82%	82%
	• Diabetic Shoes & Inserts	100% after \$10 copayment	100% after \$10 copayment
Medical Supply Provider	• Medical Supplies	80%	80%
Prosthetics Provider	• Prosthetics	80%	80%
	• Diabetic Shoes & Inserts	100% after \$10 copayment	100% after \$10 copayment
Pharmacy (Part B Only)	• Durable Medical Equipment	80%	80%
	• Medical Supplies	80%	80%
	• Diabetic Monitoring Supplies	90%	90%
	• Medicare-covered Part B Drugs	80%	80%

Additional Telehealth Services	• Primary Care Physician - Virtual Visit	100%	N/A
	• Specialist - Virtual Visit	100% after \$40 copayment	N/A
	• Behavioral Health and Substance Abuse - Virtual Visit	100%	N/A
	• Urgently Needed Care - Virtual Visit	100%	N/A
Other Benefits	• Dental Services (Routine) - DEN947	<ul style="list-style-type: none"> • 100% for bitewing x-rays up to 1 set(s) per year. • 100% for amalgam filling, oral evaluation, prophylaxis (cleaning) up to 1 per year. 	<ul style="list-style-type: none"> • 100% for bitewing x-rays up to 1 set(s) per year. • 100% for amalgam filling, oral evaluation, prophylaxis (cleaning) up to 1 per year. • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
	• Hearing Services (Routine) - HER003	• 100% for routine hearing exams up to 1 per year.	<ul style="list-style-type: none"> • 100% for routine hearing exams up to 1 per year. • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
	• Over-the-Counter Drugs - OTC250	• \$75 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	N/A
	• Vision Services (Routine) - VIS921	<ul style="list-style-type: none"> • \$40 combined maximum benefit coverage amount per year for routine exam (includes refraction) up to 1 per year. • \$100 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames). 	<ul style="list-style-type: none"> • \$40 combined maximum benefit coverage amount per year for routine exam (includes refraction) up to 1 per year. • \$100 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames). • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

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®	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.
Care Management	• 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 within the home. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.
	• Clinical Programs/Disease Management (3) <ul style="list-style-type: none"> - Case Management - Humana at Home® - Chronic Condition Management - Transplant Management - Behavioral Health Care Coordination 	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.

Extra Services (VAIS)	<ul style="list-style-type: none"> Complementary and Alternative Medicine and Weight Management - Not available in Puerto Rico 	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"> Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico 	Discounts on dental services. Services must be received from participating HumanaDental providers.
	<ul style="list-style-type: none"> Dental Discount (Florida GoldPlus) - Available in Florida only 	Discounts on dental services. Services must be received from participating Florida GoldPlus providers
	<ul style="list-style-type: none"> Healthy Hearing Discount (HearUSA) - Available in Florida only 	Discounts on hearing aids, accessories and hearing assistance products.
	<ul style="list-style-type: none"> Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico 	Discounts on hearing aids. Services must be received at a TruHearing hearing center.
	<ul style="list-style-type: none"> Lifeline® Medical Alert Systems 	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"> Meal Delivery Discount 	Discounts on home delivered meals to help support nutritional needs. Purchases may be placed online at MomsMeals.com/wellline or by calling 1.877.347.3438.
	<ul style="list-style-type: none"> Vision Discount (EyeMed) 	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.