

HUMANA MEDICARE EMPLOYER HMO PLAN

2023 HMO for Standard Plan 076 Option 649 - Florida Only

		2022	2023
Annual Maximum Out-of-Pocket		<ul style="list-style-type: none"> • In-Network: \$2,500 per individual per plan year (excludes Part D Pharmacy, Acupuncture (Routine), COVID-19 Testing, COVID-19 Treatment, Dental Services (Routine), Extra Services, Hearing Services (Routine), OTC Drugs and Supplies, Podiatry Services (Routine), Transportation (Routine), Vision Services (Routine) and the Plan Premium). 	<ul style="list-style-type: none"> • In-Network: \$1,000 per individual per plan year (excludes Part D Pharmacy, Acupuncture (Routine), Dental Services (Routine), Extra Services, Hearing Services (Routine), OTC Drugs and Supplies, Podiatry Services (Routine), Transportation (Routine), Vision Services (Routine) and the Plan Premium).
Annual Deductible		<ul style="list-style-type: none"> • In-Network: NONE • In-Network Exclusions: N/A 	<ul style="list-style-type: none"> • In-Network: NONE • In-Network Exclusions: N/A
Place of Treatment	Benefit	Network Coverage Plan Pays (1):	Network Coverage Plan Pays (1):
Primary Care Physician	• Office Visit	100%	100%
	• Diagnostic Procedures and Tests	100%	100%
	• Lab Services	100%	100%
	• Surgical Procedures	100%	100%
	• Allergy Shots and Injections	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%
Specialist	• Office Visit	100%	100%
	• Advanced Imaging Services	100% after \$40 copayment	100% after \$40 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
	• Diagnostic Colonoscopy	100% after \$5 copayment	100% after \$5 copayment
	• Podiatry Services (Medicare-covered)	100%	100%
	• Chiropractic Services (Medicare-covered)	100%	100%
	• 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% after \$5 copayment	100% after \$5 copayment
	• Allergy Shots and Injections	100%	100%
	• 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 \$5 copayment	100% after \$5 copayment
	• Hearing Services (Medicare-covered)	100% after \$5 copayment	100% after \$5 copayment
	• Vision Services (Medicare-covered)	100% after \$5 copayment	100% after \$5 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) • Limited to 20 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%	100%
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		

	<ul style="list-style-type: none"> 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 		
Inpatient Hospital Services	• 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
Inpatient Psychiatric Facility	• 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%
Partial Hospitalization	• Mental Health/Substance Abuse Services	100%	100%
	• Opioid Treatment Services	100%	100%
Outpatient Hospital	• Surgical Services	100% after \$40 copayment	100% after \$40 copayment
	• Diagnostic Colonoscopy	100% after \$40 copayment	100% after \$40 copayment
	• Advanced Imaging Services	100% after \$40 copayment	100% after \$40 copayment
	• Nuclear Medicine Services	100% after \$40 copayment	100% after \$40 copayment
	• Diagnostic Procedures and Tests	100% after \$25 copayment	100%
	• Lab Services	100% after \$25 copayment	100%
	• Radiation Therapy	100% after \$25 copayment	100% after \$25 copayment
	• Cardiac Therapy	100% after \$25 copayment	100%
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100% after \$25 copayment	100% after \$25 copayment
	• Pulmonary Therapy	100% after \$25 copayment	100% after \$20 copayment
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after \$25 copayment	100%
	• Chemotherapy Drugs	80%	80%
	• Renal Dialysis Services	80%	80%
	• Mental Health/Substance Abuse Services	100% after \$25 copayment	100%
	• Opioid Treatment Services	100% after \$25 copayment	100%
	• Outpatient Physician Services	100%	100%
Skilled Nursing Facility (SNF)	• 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%
Urgent Care Center	• Urgently Needed Care	100%	100%
	• Lab Services	100% after \$5 copayment	100% after \$5 copayment
Emergency Room	• Emergency Services (2)	100% after \$120 copayment • Waived if admitted within 24 hours	100% after \$120 copayment • Waived if admitted within 24 hours
	• Emergency Room Physician Services	100%	100%
Ambulance	• Ambulance Services	100% per date of service •Limited to Medicare-covered transportation	100% per date of service •Limited to Medicare-covered transportation
Worldwide Coverage	• Emergency Services and Urgently Needed Care Only	100% after \$120 copayment • Waived if admitted within 24 hours	100% after \$120 copayment • Waived if admitted within 24 hours
Comprehensive Outpatient Rehabilitation Facility	• Pulmonary Therapy	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%
Freestanding Radiological Facility	• Advanced Imaging Services	100% after \$40 copayment	100% after \$40 copayment
	• Nuclear Medicine Services	100%	100%
	• Diagnostic Procedures and Tests	100%	100%
	• Radiation Therapy	100%	100%
Ambulatory Surgical Center	• Surgical Procedures	100% after \$40 copayment	100% after \$40 copayment
	• Diagnostic Colonoscopy	100% after \$40 copayment	100% after \$40 copayment
Freestanding Laboratory	• Lab Services	100%	100%
Dialysis Center	• Renal Dialysis Services	80%	80%
Home Health	• Home Health Care	100% •excludes Personal Home Care	100% •excludes Personal Home Care
DME Provider	• Durable Medical Equipment	100%	100%
	• Diabetic Monitoring Supplies	100%	100%
	• Diabetic Shoes & Inserts	100%	100%
Medical Supply Provider	• Medical Supplies	100%	100%
Prosthetics Provider	• Prosthetics	100%	100%
	• Diabetic Shoes & Inserts	100%	100%
Pharmacy (Part B Only)	• Durable Medical Equipment	100%	100%
	• Medical Supplies	100%	100%
	• Diabetic Monitoring Supplies	100%	100%
	• Medicare-covered Part B Drugs	100%	100%

Additional Telehealth Services	• Primary Care Physician - Virtual Visit	100%	100%
	• Specialist - Virtual Visit	100%	100%
	• Behavioral Health and Substance Abuse - Virtual Visit	100%	100%
	• Urgently Needed Care - Virtual Visit	100%	100%
Other Benefits	• Acupuncture (Routine) -25 visit limit per plan year	•100%	•100%
	• COVID-19 Testing and Treatment - Based on Place of Treatment (POT)	•100%	•N/A
	• Dental Services (Routine)	•100% for periodontal scaling and root planing up to 1 per quadrant every 3 years. •100% for complete or partial dentures up to 1 set every 5 years. •100% for denture relines, panoramic film or diagnostic x-rays, root canal, scaling for moderate inflammation up to 1 per year. •100% for bitewing x-rays up to 2 set(s) per year. •100% for crown, periodic oral exam and/or comprehensive oral evaluation, prophylaxis (cleaning) up to 2 per year. •100% for amalgam and/or composite filling, periodontal maintenance up to 4 per year. •100% for necessary anesthesia with covered service, simple or surgical extraction up to unlimited per year. - DEN210	•Plan covers up to \$4,000 allowance every year for non-Medicare covered preventive and comprehensive dental services. You are responsible for any amount above the dental coverage limit. Any amount unused at the end of the year will expire. •Your benefit can be used for most dental treatments such as: •Preventive dental services, such as exams, routine cleanings, etc. •Basic dental services, such as fillings, extractions, etc. •Major dental services, such as periodontal scaling, crowns, dentures, root canals, bridges, implants, etc. Note: The allowance cannot be used on cosmetic services. - DEN510
	• Hearing Services (Routine)	•100% for fitting/evaluation, routine hearing exams up to 1 per year. •\$600 maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear per year. Note: Includes 1 month battery supply and 2 year warranty. - HER902	•100% for fitting/evaluation, routine hearing exams up to 1 per year. •\$600 maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear per year. Note: Includes 1 month battery supply and 2 year warranty. - HER210
	• Hyperbaric Oxygen Treatment (Outpatient Hospital)	•100% after \$25 copayment	•100% after \$25 copayment
	• Over-the-Counter Drugs	•\$150 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products. Unused quarterly funds carry over to the next quarter and expire at the end of the plan year. - OTC127	•\$150 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products. Unused quarterly funds carry over to the next quarter and expire at the end of the plan year. - OTC308
	• Podiatry Services (Routine)	•100% after \$5 copayment	•100% after \$5 copayment
	• Sleep Study (Member's Home)	•100%	•100%
	• Sleep Study (Specialist)	•100% after \$25 copayment	•100% after \$25 copayment
	• Sleep Study (Outpatient Hospital)	•100% after \$25 copayment	•100% after \$25 copayment
	• Transportation (Routine)	•100% for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle. - TRN097	•100% for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle. - TRN306
	• Vision Services (Routine)	•100% for routine exam up to 1 per year. •\$300 maximum benefit coverage amount per year for contact lenses, eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames or 2 pairs of select eyeglasses at no cost. •Eyeglasses include ultraviolet protection and scratch resistant coating. - VIS132	•100% for routine exam (includes refraction) up to 1 per year. •\$300 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) or 2 pairs of select eyeglasses at no cost. - VIS233
	• Wound Care (Outpatient Hospital)	•100% after \$25 copayment	•100% after \$25 copayment

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
	• Healthy Hearing Discount (HearUSA) - Available in Florida only	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. Members residing in some states can get coverage for most services without a referral or approval ahead of time from their PCP. ‘Self-referred’ means members get services on their own from network specialists. 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 HMO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.