The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent/producer or insurance company.



#### 2023 Humana Achieve Medicare Supplement Insurance Plans

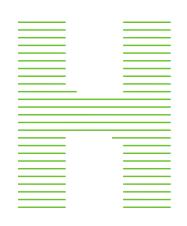
Issued and underwritten by Emphesys Insurance Company, a subsidiary of Humana

Humana

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### A Medicare Supplement insurance plan isn't only about the security

It's about the care.

Medicare Supplement insurance plans provide coverage to help pay healthcare costs not paid for by Medicare Parts A and B.

As with any health plan, I match the right Humana Achieve Medicare Supplement Insurance Plan to your needs and your budget. And it's not just what I do but how we at Humana do it.

Humana gets to know its policyholders and what would make their lives better—then works on making that happen. That can mean guiding you to programs to help you maintain your health, removing barriers to healthcare and helping clarify your plan choice.

### Experience behind the coverage

Humana is a leading healthcare company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being. Emphesys Insurance Company, the issuer of the Humana Achieve Medicare Supplement Plans, is a subsidiary of Humana Inc.

#### **Dedication to the community**

• Over 50 years of helping people during their pre-retirement and retirement years

#### **Financial stability**

- Fortune 100 company\*
- \* 2022 Fortune 500 List issued by Fortune Magazine https://fortune.com/fortune500

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#### Let's talk about ...

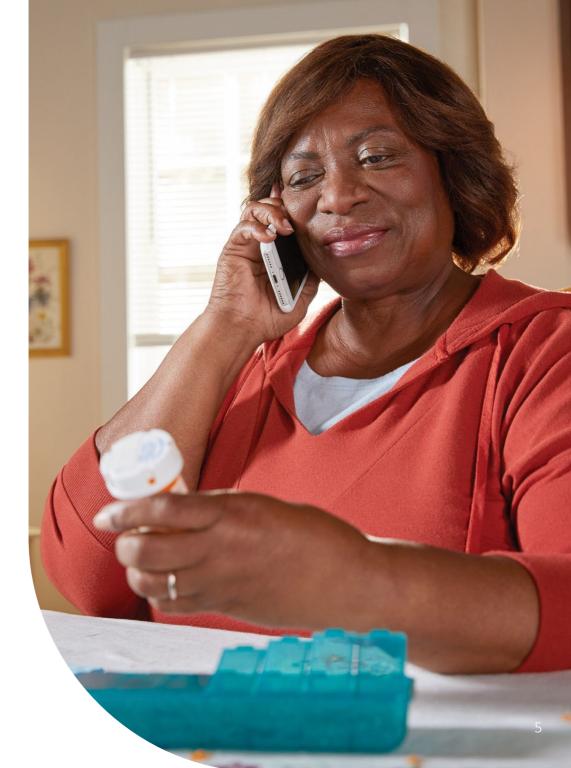
- What Humana has to offer
- Choosing healthcare coverage
- Medicare Supplement plans
- Humana Achieve Medicare
   Supplement Insurance Plans
- How to apply

# What to consider when choosing a plan

- What type of plan do I have now?
- What do I like about my current coverage?
- What would I change about my current coverage?
- Does my current plan include a prescription drug plan?
- Do I need a Part D prescription drug plan?

**Note:** An application may be subject to medical underwriting and not approved unless it qualifies for guaranteed acceptance.





#### What are my needs?

- Coverage when I travel anywhere in all 50 states, Puerto Rico and D.C.
- Freedom to choose any doctor, hospital or other provider that accepts Medicare patients.
- Not having to pay for some out-of-pocket expenses found with Medicare Parts A and B.
- Do I need referrals to see a specialist?
- What premium and out-of-pocket expenses make sense to me?
- Do I rely on anyone to assist me in making these types of decisions?
- Do I want a plan that is guaranteed not to be cancelled as long as I pay my premium?





#### **Medicare Supplement plans**

- Health insurance plans sold by private insurance companies to help you pay a portion of the costs not covered by Parts A and B of Medicare.
- Depending on the plan you choose, Medicare Supplement plans pay most, if not all, of the deductibles, coinsurance and copayments under Medicare Parts A and B.
- Several standardized benefit plans are available with different levels of coverage and premiums.

### With Medicare Supplement plans

- Choose any doctor or hospital that accepts Medicare patients.
- Easy to use with little or no paperwork.
- Guaranteed renewable plan as long as premium is paid, even if you move.
- Several premium levels based on coverage are available.
- Discounts that may be available on your monthly premium with a Humana Medicare Supplement plan:
  - Electronic payment discount
  - Household discount



### Basic Benefits Included in Medicare Supplement Policies

Only applicants first eligible for Medicare before 2020 may purchase the Medicare Part B Deductible Optional Rider. •Inpatient Hospital Care: Covers the Medicare Part A coinsurance.

Medical Costs: Covers the Medicare Part B coinsurance (generally 20% of the Medicare-approved payment amount.)\*
Blood: Covers the first three pints of blood each year.

Medigap Benefits	Basic Plan	Optional Riders	
Basic Benefits	$\checkmark$	<ul> <li>The following additional riders are available:</li> <li>Medicare Part A Deductible</li> <li>Additional Home Health Care (365 visits including those paid by Medicare)</li> </ul>	
Medicare Part A: Skilled Nursing Facility Coinsurance	$\checkmark$		
Inpatient Mental Health Coverage	175 days per lifetime in addition to Medicare		
Home Health Care	40 visits in addition to those paid by Medicare	<ul> <li>Medicare Part B Deductible</li> <li>Medicare Part B Excess Charges</li> </ul>	
Medicare Part B: Coinsurance	$\checkmark$	Foreign Travel Emergency	
Outpatient Mental Health	$\checkmark$	Part B Copayment or Coinsurance	

## Humana

\*Once you have been billed \$226 of Medicare-approved amounts for covered services your Part B deductible will have been met for the calendar year

#### Extra value and services

- Prescription drug discount
- Vision discounts
- Hearing discounts
- 24-hour HumanaFirst<sup>®</sup> Nurse Advice Line
- Humana Well Dine<sup>®</sup> meal program
- Online tools at Humana.com

**Note:** The programs and services described in this section are not insurance and are neither contractually offered nor guaranteed under our Medicare Supplement insurance policies. These programs and services may be provided by a third party, discontinued at any time, and are subject to geographic availability.



#### Next steps

Let's review the Outline of Coverage to find the plan that suits you best.

Here are some key considerations:

- Coverage level desired
- Premium level
- Available discounts (examples: payment method, household)
- Ask your agent if you are interested in learning more about a prescription drug plan (PDP).



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# Not connected with or endorsed by the U.S. government or the federal Medicare program

PLEASE NOTE: Medicare Supplement insurance is available to those age 65 and older enrolled in Medicare Parts A and B and to those under age 65 eligible for Medicare due to disability or end-stage renal disease.

Insured by Emphesys Insurance Company.

Coverage is guaranteed renewable and can only be cancelled for non-payment of premiums or material misrepresentation. Coverage is limited to Medicare-eligible expenses. Benefits vary by plan and the premium will vary with the amounts of benefits selected. Depending on the plan chosen you may be responsible for deductibles and coinsurance before benefits are payable. These policies have exclusions and limitations; please call your agent/producer or Emphasys Insurance Company for complete details of coverage or costs. AN OUTLINE OF COVERAGE MAY BE REQUESTED BY CONTACTING EMPHESYS INSURANCE COMPANY. Policy form series: AIMES or state equivalent.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this plan depends on contract renewal.



#### Important

#### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

• You may file a complaint, also known as a grievance: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618

If you need help filing a grievance, call **800-866-0581**, or if you use a **TTY**, call **711**.

 You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through their Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,

#### or at U.S. Department of Health and Human Services,

200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at

- https://www.hhs.gov/ocr/office/file/index.html.
- California residents: You may also call California Department of Insurance toll-free hotline number: 800-927-HELP (4357), to file a grievance.

#### Auxiliary aids and services, free of charge, are available to you. 800-866-0581 (TTY: 711)

Humana provides free auxiliary aids and services, such as gualified 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.

### Humana A more human way to healthcare<sup>™</sup>

#### Language assistance services, free of charge, are available to you. 800-866-0581 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística. 繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。 **Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhân được các dịch vụ hỗ trợ ngôn ngữ miễn phí. 한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오. Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad. Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода. Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis. Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique. Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer. Português (Portuguese): Lique para o número acima indicado para receber serviços linguísticos, grátis. Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti. Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten. 日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお 電話ください。 (Farsi) فارسی

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید. Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé niká'adoowoł.

#### (Arabic) العربية

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك