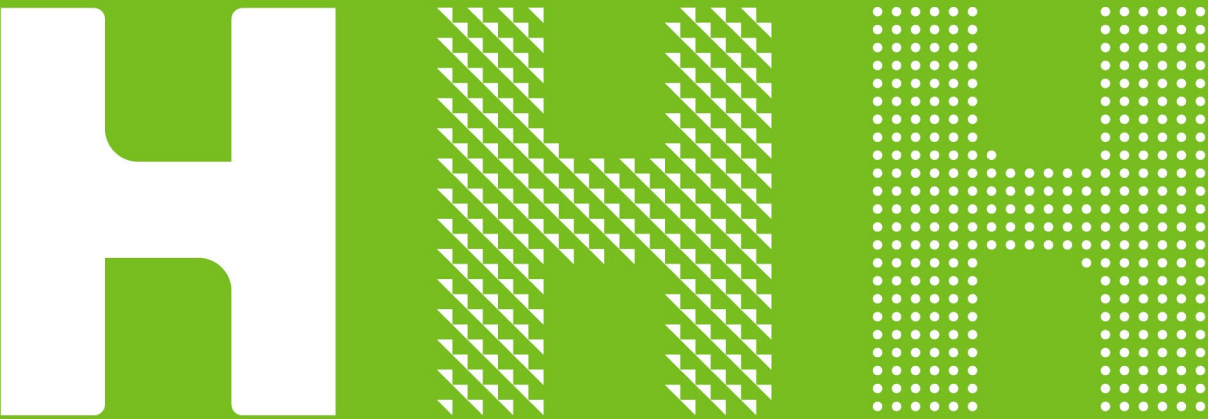


The purpose of this communication is the solicitation of insurance.
Contact will be made by an insurance agent/producer
or insurance company.



2023 Humana Achieve Medicare Supplement Insurance Plans

Insured by CompBenefits Insurance Company (Humana)

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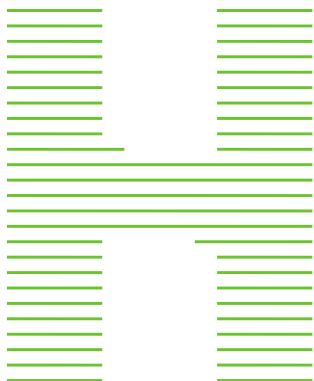
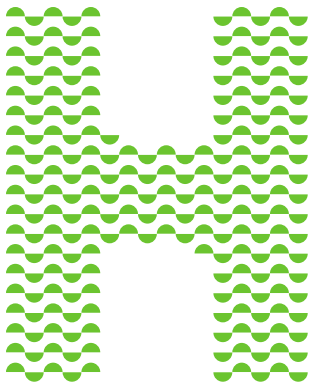
A Medicare Supplement insurance plan isn't only about the security

It's about the care.

Medicare Supplement insurance plans provide coverage to help pay healthcare costs that are covered but 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.



Humana

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.

Dedication to the community

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

Financial stability

- Fortune 100 company*

National coverage

- Providing Medicare Supplement plans in 50 states, Puerto Rico and the District of Columbia

* 2022 Fortune 500 List issued by Fortune Magazine
<https://fortune.com/fortune500>





Let's talk about ...

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

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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.

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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?

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Medicare Supplement plans

- Health insurance 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.

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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

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Benefits – standardized plans

All standardized plans are listed for illustration purposes.

| A | B | D | G/G [†] | C | F/F [†] |
|---|---|---|---|---|---|
| Basic benefits, including 100% Part B coinsurance | Basic benefits, including 100% Part B coinsurance | Basic benefits, including 100% Part B coinsurance | Basic benefits, including 100% Part B coinsurance | Basic benefits, including 100% Part B coinsurance | Basic benefits, including 100% Part B coinsurance |
| | | Skilled nursing facility coinsurance | Skilled nursing facility coinsurance | Skilled nursing facility coinsurance | Skilled nursing facility coinsurance |
| | Medicare Part A deductible | Medicare Part A deductible | Medicare Part A deductible | Medicare Part A deductible | Medicare Part A deductible |
| | | | | Medicare Part B deductible | Medicare Part B deductible |
| | | | Medicare Part B excess charge (100%) | | Medicare Part B excess charge (100%) |
| | | Foreign travel emergency | Foreign travel emergency | Foreign travel emergency | Foreign travel emergency |
| | | | † Out-of-pocket annual deductible of \$2,700 before plan pays | | † Out-of-pocket annual deductible of \$2,700 before plan pays |

Individuals who attain the age of 65, or those who become eligible for Medicare on January 1, 2020 or after, may not purchase a Plan C, F, or high-deductible Plan F.

Benefits – standardized plans (continued)

| K | L | M | N |
|--|--|---|--|
| Hospitalization and preventive care paid at 100%; other basic benefits paid at 50% | Hospitalization and preventive care paid at 100%; other basic benefits paid at 75% | Basic benefits, including 100% Part B coinsurance | Basic benefits, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 for ER |
| 50% skilled nursing facility coinsurance | 75% skilled nursing facility coinsurance | Skilled nursing facility coinsurance | Skilled nursing facility coinsurance |
| 50% Medicare Part A deductible | 75% Medicare Part A deductible | 50% Medicare Part A deductible | Medicare Part A deductible |
| | | | |
| | | | |
| | | Foreign travel emergency | Foreign travel emergency |
| Out-of-pocket annual limit \$6,940; paid at 100% after limit reached | Out-of-pocket annual limit \$3,470; paid at 100% after limit reached | | |

Benefits – example plan F*

| Services | Medicare pays | Medicare Supplement plan pays | Policyholder pays |
|---|---------------------------|---|--|
| Hospitalization (first 60 days) | All but Part A deductible | Part A deductible | \$0 |
| Skilled nursing facility (21–100 days) | All but \$200 per day | Up to \$200 per day | \$0 |
| Blood – Medicare Part A | \$0 | Three pints | \$0 |
| Medical expenses (including outpatient hospital treatment) First \$226 of Medicare approved amounts | \$0 | \$226 (Part B deductible) | \$0 |
| Medical expenses – remainder of Medicare amounts | Generally pays 80% | Generally pays 20% | \$0 |
| Blood – Medicare Part B (three pints) | \$0 | 100% | \$0 |
| Blood – Medicare Part B (remainder amounts) | 80% | 20% | \$0 |
| Home healthcare durable medical equipment (after Part B deductible) | 80% | 20% | \$0 |
| Foreign travel – emergency care (after you pay \$250 deductible) | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime max |
| Medicare Part B excess charges** | \$0 | 100% | \$0 |

*Plan F is also offered as a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of \$2,700 before your policy pays anything.

** Difference between Medicare's approved payment and a provider's actual charge subject to Medicare limiting charge.

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Benefits – example plan G*

| Services | Medicare pays | Medicare Supplement plan pays | Policyholder pays |
|---|---------------------------|---|--|
| Hospitalization (first 60 days) | All but Part A deductible | Part A deductible | \$0 |
| Skilled nursing facility (21–100 days) | All but \$200 per day | Up to \$200 per day | \$0 |
| Blood – Medicare Part A | \$0 | Three pints | \$0 |
| Medical expenses (including outpatient hospital treatment) First \$226 of Medicare approved amounts | \$0 | \$0 | \$226 (Part B deductible) |
| Medical expenses – remainder of Medicare amounts | Generally pays 80% | Generally pays 20% | \$0 |
| Blood – Medicare Part B (three pints) | \$0 | 100% | \$0 |
| Blood – Medicare Part B (remainder amounts) | 80% | 20% | \$0 |
| Home healthcare durable medical equipment (after Part B deductible) | 80% | 20% | \$0 |
| Foreign travel – emergency care (after you pay \$250 deductible) | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime max |
| Medicare Part B excess charges** | \$0 | 100% | \$0 |

*Plan G is also offered as a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of \$2,700 before your policy pays anything.

** Difference between Medicare's approved payment and a provider's actual charge subject to Medicare limiting charge.



Benefits – example plan N

| Services | Medicare pays | Medicare Supplement plan pays | Policyholder pays |
|---|---------------------------|---|---|
| Hospitalization (first 60 days) | All but Part A deductible | Part A deductible | \$0 |
| Skilled nursing facility (21–100 days) | All but \$200 per day | Up to \$200 per day | \$0 |
| Blood – Medicare Part A | \$0 | Three pints | \$0 |
| Medical expenses (including outpatient hospital treatment) First \$226 of Medicare approved amounts | \$0 | \$0 | \$226 (Part B deductible) |
| Medical expenses – remainder of Medicare amounts | Generally 80% | Generally pays balance* | Up to \$20/office visit and up to \$50/ER visit** |
| Blood – Medicare Part B (three pints) | \$0 | 100% | \$0 |
| Blood – Medicare Part B (remainder amounts) | 80% | 20% | \$0 |
| Home healthcare durable medical equipment (after Part B deductible) | 80% | 20% | \$0 |
| Foreign travel – emergency care (after you pay \$250 deductible) | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime max |
| Medicare Part B excess charges*** | \$0 | \$0 | 100% |

* The plan will pay the balance, other than up to \$20 per office visit and up to \$50 per emergency room visit.

** The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.

*** The difference between Medicare's approved payment and a provider's actual charge is subject to the Medicare limiting charge.

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 CompBenefits 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 Humana for complete details of coverage or costs. We will not pay benefits for: (1) expenses incurred while coverage is not in force, (2) services for non-Medicare eligible expenses unless specifically covered under the policy, (3) Any expense that duplicates a benefit paid by Medicare, or (4) expenses incurred for outpatient prescription drugs, other than drugs covered by Medicare Part B. AN OUTLINE OF COVERAGE MAY BE REQUESTED BY CONTACTING HUMANA. 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.

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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 qualified 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™

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 nhận 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): Ligue 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。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك