

2024

Annual Notice of Changes

Humana Gold Plus
SNP-DE H5619-082 (HMO D-SNP)
SC Statewide
South Carolina

Humana[®]



Thank you for being a Humana member

Inside you will find a comparison of your 2023 benefits to your 2024 benefits, along with more information about your 2024 plan coverage.

All 2024 Humana Dual Eligible Special Needs Plans (with Medicare and Medicaid) include a Humana Spending Account Card with a Healthy Options allowance that rolls over. Any money you don't spend is yours to use the next month. Unused funds will expire at the end of the year.

All 2024 Humana plans offer dental, vision and hearing coverage. Plus, \$0 copays on common prescriptions.

If you'd like to keep your current Humana plan, you don't need to do anything. It will automatically renew on Jan. 1, 2024.

Plan for the 2024 Medicare Annual Election Period



See how your plan is different. Review this Annual Notice of Changes (ANOC) document for changes to your medical coverage, prescription drug coverage, in-network pharmacies, and costs like premium, copays, deductibles and coinsurance.



This booklet doesn't include all your benefits. The ANOC shows plan changes, but it isn't a full list of your plan benefits. Starting October 15, see your 2024 Evidence of Coverage (EOC) at [Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments) for a complete listing. See the inside back panel for more instructions.



Keep your current Humana member ID card and Humana Spending Account Card. If you select a different plan or your card information changes, you will receive a new member ID card.

Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP) offered by Arcadian Health Plan, Inc., a Humana company.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. **Please see page 6 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments). You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug Guide" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP).
- Look in section 2.2, page 15 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Care number at 1-800-457-4708 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. seven days a week from October 1 - March 31 and 8 a.m. to 8 p.m. Monday-Friday from April 1 - September 30. This call is free.
- This information is available in different formats, including braille, large print, and audio. Please call Customer Care at the number listed above if you need plan information in another format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP)

- Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP) is a Coordinated Care plan with a Medicare contract and a contract with the South Carolina Medicaid program. Enrollment in this Humana plan depends on contract renewal. The plan also has a written agreement with the South Carolina Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means Arcadian Health Plan, Inc., a Humana company. When it says "plan" or "our plan," it means Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.**

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|--|
| | In-Network | In-Network |
| Monthly plan premium | \$0 or up to \$37.80 | \$0 or up to \$44.80 |
| Deductible | \$0 | \$0 |
| Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | \$8,300 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. | \$8,850 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. |
| Doctor office visits | Primary care visits: \$0 copayment per visit Specialist visits: \$0 copayment per visit | Primary care visits: \$0 copayment per visit Specialist visits: \$0 copayment per visit |
| Inpatient hospital stays | \$0 copayment per stay | \$0 copayment per stay |
| Part D prescription drug coverage (See Section 1.5 for details.) | \$0 Rx Copay Benefit applies if you receive “Extra Help”. You will pay the following for all Plan-Covered Part D Drugs on your formulary for the entire calendar year: Deductible: \$0 Copayment during the Initial Coverage Stage: For retail and mail-order pharmacy cost-sharing: <ul style="list-style-type: none"> All Plan Covered Part D Drugs: \$0 \$0 Rx Copay Benefit does not apply if you do not receive “Extra Help”. You will pay the following: | \$0 Rx Copay Benefit applies if you receive “Extra Help”. You will pay the following for all Plan-Covered Part D Drugs on your formulary for the entire calendar year: Deductible: \$0 Copayment during the Initial Coverage Stage: For retail and mail-order pharmacy cost-sharing: <ul style="list-style-type: none"> All Plan Covered Part D Drugs: \$0 \$0 Rx Copay Benefit does not apply if you do not receive “Extra Help”. You will pay the following: |

| Cost | 2023 (this year) | 2024 (next year) |
|------|--|--|
| | In-Network | In-Network |
| | Deductible: \$505 except for covered insulin products and most adult Part D vaccines. | Deductible: \$545 except for covered insulin products and most adult Part D vaccines. |
| | Coinsurance during the Initial Coverage Stage: | Coinsurance during the Initial Coverage Stage: |
| | For a 30-day supply from a retail pharmacy : <ul style="list-style-type: none"> • All Plan Covered Part D Drugs: 25% You pay 25% per prescription except for each covered insulin, you will pay \$35 per month supply. | For a 30-day supply from a retail pharmacy : <ul style="list-style-type: none"> • All Plan Covered Part D Drugs: 25% You pay 25% per prescription except for each covered insulin, you will pay \$35 per month supply. |
| | For a 90-day supply from a mail-order pharmacy with standard cost-sharing: <ul style="list-style-type: none"> • All Plan Covered Part D Drugs: 25% You pay 25% per prescription except for each covered insulin, you will pay \$105 per 3-month supply. | For a 90-day supply from a mail-order pharmacy with standard cost-sharing: <ul style="list-style-type: none"> • All Plan Covered Part D Drugs: 25% You pay 25% per prescription except for each covered insulin, you will pay \$105 per 3-month supply. |
| | Catastrophic Coverage: <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.) | Catastrophic Coverage: <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost of your covered Part D drugs. You pay nothing. |

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 - Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|--|-----------------------------|-----------------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by South Carolina Department of Health and Human Services (Medicaid).) | \$0 or up to \$37.80 | \$0 or up to \$44.80 |

Section 1.2 - Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost | 2023 (this year) | 2024 (next year) |
|--|-------------------------|---|
| | In-Network | In-Network |
| Maximum out-of-pocket amount Because our members also get assistance from South Carolina Department of Health and Human Services (Medicaid), very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | \$8,300 | \$8,850 Once you have paid \$8,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. |

Section 1.3 - Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments). You may also call Customer Care for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Provider Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Care so we may assist.

Section 1.4 - Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Services received at Rural Health Clinics, Federally Qualified Health Clinics, and Critical Access Hospitals may be subject to the Primary Care Physician or Specialist copay or coinsurance, as applicable, for 2024.

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|---|
| | In-Network | In-Network |
| Dental services • Supplemental dental benefits: | DEN158 \$0 copayment for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years. \$0 copayment for comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years. \$0 copayment for complete dentures, crown recementation, panoramic film or diagnostic x-rays, partial dentures up to 1 every 5 years. \$0 copayment for crown, root canal, root canal retreatment up to 1 per tooth per lifetime. | DEN093 \$0 copayment for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years. \$0 copayment for comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years. \$0 copayment for complete dentures, crown recementation, panoramic film or diagnostic x-rays, partial dentures up to 1 every 5 years. \$0 copayment for crown, other restorative services - core buildup and prefabricated post and core, root canal, root canal |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|--|
| | In-Network | In-Network |
| | <p>\$0 copayment for bitewing x-rays, intraoral x-rays up to 1 set(s) per year.</p> <p>\$0 copayment for adjustments to dentures, denture rebase, denture relines, denture repair, emergency diagnostic exam, tissue conditioning up to 1 per year.</p> <p>\$0 copayment for emergency treatment for pain, fluoride treatment, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year.</p> <p>\$0 copayment for periodontal maintenance up to 4 per year.</p> <p>\$0 copayment for amalgam and/or composite filling, necessary anesthesia with covered service, simple or surgical extraction up to unlimited per year.</p> <p>\$5,000 maximum benefit coverage amount per year for all preventive and comprehensive benefits.</p> | <p>retreatment up to 1 per tooth per lifetime.</p> <p>\$0 copayment for bitewing x-rays, intraoral x-rays up to 1 set(s) per year.</p> <p>\$0 copayment for adjustments to dentures, denture rebase, denture relines, denture repair, emergency diagnostic exam, tissue conditioning up to 1 per year.</p> <p>\$0 copayment for emergency treatment for pain, fluoride treatment, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year.</p> <p>\$0 copayment for periodontal maintenance up to 4 per year.</p> <p>\$0 copayment for amalgam and/or composite filling, necessary anesthesia with covered service, simple or surgical extraction up to unlimited per year.</p> <p>\$3,500 maximum benefit coverage amount per year for all preventive and comprehensive benefits.</p> |
| Hospital services in the home: Facility referred | <p>Provides an acute level of care in the home with a 30 day model of care from an emergency department referral. Member must have emergency department visit within the 30 day episode of care. Care begins after you're evaluated, determined to be eligible, and your provider refers you.</p> | Not Covered |
| Humana Well Dine® meal program | Covered | Not Covered |
| NationsMarket® Fresh, Prepared Meal Program | Not Covered | Covered |
| Personal emergency response system | Covered | Not Covered |
| Personal Home Care (PHC) | \$0 copayment for a minimum of 4 hours per day, up to a | \$0 copayment for a minimum of 4 hours per day, up to a |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|---|
| | In-Network | In-Network |
| | <p>maximum of 104 hours per year for certain in-home support services to assist individuals with disabilities and/or medical conditions in performing activities of daily living (ADLs) and Instrumental Activities of Daily living (IADLs) within the home by a qualified aide. Activities of daily living are activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating. Instrumental Activities of Daily Living are activities related to independent living. They include preparing meals, shopping on behalf of the member for groceries or personal items, performing light housework, laundry, dishes, and/or using a telephone. A member must be receiving assistance with a minimum of one ADL to receive assistance with any IADL.</p> | <p>maximum of 104 hours per year for certain in-home support services to assist individuals with disabilities and/or medical conditions in performing activities of daily living (ADLs) and Instrumental Activities of Daily living (IADLs) within the home by a qualified aide. Activities of daily living are activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating. Instrumental Activities of Daily Living are activities related to independent living. They include preparing meals, picking up pre-paid curbside/drive-through orders, performing light housework, laundry, dishes, and/or using a telephone. A member must be receiving assistance with a minimum of one ADL to receive assistance with any IADL.</p> |
| <p>Podiatry services</p> <ul style="list-style-type: none"> For each routine visit | <p>\$0 copayment for routine podiatry visits up to 6 visit(s) per year.</p> | <p>\$0 copayment for routine podiatry visits up to 12 visit(s) per year.</p> |
| <p>Smoking cessation program</p> | <p>Covered</p> | <p>Not Covered</p> |
| <p>Special Supplemental Benefits for the Chronically Ill</p> <ul style="list-style-type: none"> Chronic Condition Care Assistance | <p>Humana Flexible Care Assistance is available to chronically ill members who are participating with care management services and meet program criteria. Eligible members may receive medical expenses assistance, primarily health related, and</p> | <p>Chronic Condition Care Assistance is available to eligible members who demonstrate a need to receive additional assistance with a qualifying medical, primarily health related, or non-primarily health related</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|--|
| | In-Network | In-Network |
| | <p>non-primarily health related additional benefits to address specific needs based on the individual's unique situations. Benefits are limited up to \$500 per year and must be coordinated and authorized by a care manager. There is no coinsurance, copayment, or deductible to participate.</p> | <p>expense that supports the member's care plan goals. Eligibility will be considered for members with certain qualifying chronic conditions, are currently participating in care management services and meet the program criteria. Benefits are limited to \$500 per year and are coordinated by care management. There is no coinsurance, copayment, or deductible to participate.</p> |
| Transportation | <p>\$0 copayment for plan approved location up to unlimited one-way trip(s) per year. This benefit is not to exceed 75 miles per trip.</p> | <p>\$0 copayment for plan approved location up to 48 one-way trip(s) per year. This benefit is not to exceed 75 miles per trip.</p> |
| <p>Vision care</p> <ul style="list-style-type: none"> Routine vision services: | <p>VIS787 \$0 copayment for routine exam up to 1 per year. \$500 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.</p> | <p>VIS787 \$0 copayment for routine exam up to 1 per year. \$500 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. \$550 maximum benefit coverage amount per year at PLUS Provider for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.</p> |
| Wigs (related to chemotherapy treatment) | Covered | Not Covered |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|--|
| | In-Network | In-Network |
| <p>Humana Spending Account Card</p> <p>The Humana Spending Account Card is what you use to spend allowances included in this plan. If your previous plan had a Humana Spending Account card, please keep using the same card. If your previous plan did not have a Humana Spending Account card, please activate your card as soon as you receive it in the mail. Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply.</p> | <p>Your card-based allowance(s) include:</p> <ul style="list-style-type: none"> • Healthy Options Allowance | <p>Your card-based allowance(s) include:</p> <ul style="list-style-type: none"> • Healthy Options Allowance |

Section 1.5 - Changes to Part D Prescription Drug Coverage

Changes to Our "Drug Guide"

Our list of covered drugs is called a Formulary or "Drug Guide." A copy of our "Drug Guide" is provided electronically. **You can also get the "Drug Guide"** by calling Customer Care (see the back cover) or visiting our website (Humana.com/PlanDocuments).

We made changes to our "Drug Guide," which could include removing or adding drugs or changing the restrictions that apply to our coverage for certain drugs. **Review the "Drug Guide" to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the "Drug Guide" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug Guide" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Care for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs does not apply to you.**

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

| Stage | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your drugs until you have reached the yearly deductible. The deductible does not apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p> | <p>If you receive "Extra Help", for all Plan-Covered Part D Drugs on your formulary for the entire calendar year, the deductible is \$0. During this stage, you pay \$0 for all Plan-Covered Part D Drugs.</p> <p>If you do not receive "Extra Help", the deductible is \$505.</p> | <p>If you receive "Extra Help", for all Plan-Covered Part D Drugs on your formulary for the entire calendar year, the deductible is \$0. During this stage, you pay \$0 for all Plan-Covered Part D Drugs.</p> <p>If you do not receive "Extra Help", the deductible is \$545.</p> |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The cost in these rows are for a one-month (up to a 30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> | <p>If you receive "Extra Help", you will pay \$0 for all Plan-Covered Part D Drugs on your formulary for the entire calendar year.</p> <p>If you do not receive "Extra Help", your cost for a one-month (up to a 30-day) supply filled at a network pharmacy is below:</p> | <p>If you receive "Extra Help", you will pay \$0 for all Plan-Covered Part D Drugs on your formulary for the entire calendar year.</p> <p>If you do not receive "Extra Help", your cost for a one-month (up to a 30-day) supply filled at a network pharmacy is below:</p> |
| | <p>All Plan-Covered Part D Drugs: You pay 25% per prescription except for each covered insulin, you will pay \$35 per month supply.</p> | <p>All Plan-Covered Part D Drugs: You pay 25% per prescription except for each covered insulin, you will pay \$35 per month supply.</p> |
| | <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> | <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p> |

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose**Section 2.1 - If you want to stay in Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP)**

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP).

Section 2.2 - If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Care if you need more information on how to do so.
 - or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 3 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have South Carolina Department of Health and Human Services (Medicaid), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call your State Health Insurance Assistance Program at the number listed in "Exhibit A" in the back of this document.

For questions about your South Carolina Department of Health and Human Services (Medicaid) benefits, contact South Carolina Department of Health and Human Services (Medicaid). Ask how joining another plan or returning to Original Medicare affects how you get your South Carolina Department of Health and Human Services (Medicaid) coverage. You can call South Carolina Department of Health and Human Services (Medicaid) at the number listed in "Exhibit A" in the back of this document.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** Because you have South Carolina Department of Health and Human Services (Medicaid), you are already enrolled in "Extra Help," also called the Low Income Subsidy. If you receive "Extra Help," it pays some or all of your prescription drug premiums and annual deductibles and your costs per prescription, depending on the level of help you get. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about "Extra Help", call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria; including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP program (the name and phone numbers for this organization are listed in "Exhibit A" in the back of this document).

SECTION 6 Questions?

Section 6.1 - Getting Help from Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP)

Questions? We're here to help. Please call Customer Care at 1-800-457-4708. (TTY only, call 711.) We are available for phone calls from 8 a.m. to 8 p.m., seven days a week from Oct. 1 – Mar. 31 and 8 a.m. to 8 p.m. Monday-Friday from Apr. 1 - Sept. 30. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at **Humana.com/PlanDocuments**. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at **Humana.com/PlanDocuments**. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *list of covered drugs* (*Formulary/"Drug Guide"*).

Section 6.2 - Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2024

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 6.3 - Getting Help from Medicaid

To get information from Medicaid, you can call South Carolina Department of Health and Human Services (Medicaid) at the numbers listed in "Exhibit A" in the back of this document.

Exhibit A - State Agency Contact Information**Exhibit A- State Agency Contact Information**

This section provides the contact information for the state agencies referenced in this Annual Notice of Changes. If you have trouble locating the information you seek, please contact Customer Care at the phone number on the back cover of this booklet.

| SOUTH CAROLINA | |
|--|--|
| SHIP Name and Contact Information | (I-CARE) Insurance Counseling Assistance and Referrals for Elders 1301 Gervais Street Suite 350 Columbia, SC 29201 1-800-868-9095 (toll free) 1-803-734-9900 (local) 1-803-734-9886 (fax) https://aging.sc.gov/ |
| Quality Improvement Organization | KEPRO 5201 W. Kennedy Blvd. Suite 900 Tampa, FL 33609 1-888-317-0751 711 (TTY) 1-844-878-7921 (Fax) https://www.keproqio.com/ |
| State Medicaid Office | South Carolina Department of Health and Human Services (Medicaid) P.O. Box 8206 Columbia, SC 29202-8206 1-888-549-0820 (toll free) 1-803-898-2500 (local) 1-888-842-3620 (TTY) http://www.scdhhs.gov |
| AIDS Drug Assistance Program | South Carolina AIDS Drug Assistance Program (ADAP) DHEC Constituent Services 2600 Bull Street Columbia, SC 29211 1-800-856-9954 (toll free) https://scdhec.gov/aids-drug-assistance-program |

Insurance ACE

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You do not need to do anything unless you have a request or complaint.

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at <https://huma.na/insuranceace>

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is nonpublic personal or health information?

Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information, or demographic information. The term “information” in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

How do we collect information about you?

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

What information do we receive about you?

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

How do we protect your information?

We have a responsibility to protect the privacy of your information in all formats including electronic, and oral information. We have administrative, technical, and physical safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures

How do we use and disclose your information?

We use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care.

- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities, including processing your enrollment, responding to your inquiries, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform, plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- To your family and friends, or any other person you identify. This applies if the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- For law enforcement purposes, to military authorities and as otherwise required by law.
- To help with disaster relief efforts.
- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner, or funeral director.

Will we use your information for purposes not described in this notice?

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.

The following uses and disclosures will require your written permission:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of personal and health information

What do we do with your information when you are no longer a member?

Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

We are committed to responding to your rights request in a timely manner

- Access - You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.
- Adverse Underwriting Decision - If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate Communications - To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- Amendment - You have the right to request correction of any of this personal information through amendment

or deletion. Within 60 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. If we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.*

- Disclosure - You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice - You have the right to request and receive a written copy of this notice any time.
- Restriction - You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

* This right applies only to our Massachusetts residents in accordance with state regulations.

If I believe that my privacy has been violated, what should I do?

If you believe that your privacy has been violated you may file a complaint with us by calling us at 1-866-861-2762 any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also e-mail your complaint to OCRComplaint@hhs.gov. If you elect to file a complaint, your benefits will not be affected and we will not punish or retaliate against you in any way.

We support your right to protect the privacy of your personal and health information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office, and on our web site.

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at 1-866-861-2762
- Accessing our Website at **Humana.com** and going to the Privacy Practices link
- Send completed request form to:

Humana Inc.
Privacy Office 003/10911
101 E. Main Street
Louisville, KY 40202

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 **1-877-320-1235** 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, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (听障专线：711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (聽障專線：711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخطتنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

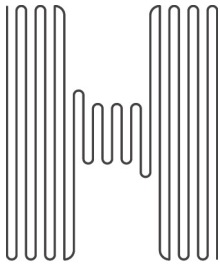
Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

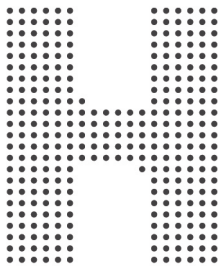
Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY:711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。

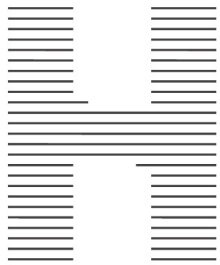


You can view these 2024 plan documents starting October 15, 2023 at [Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments). Here you can see the most up-to-date information about your plan. It's easy to search, so you can find what you are looking for quickly.

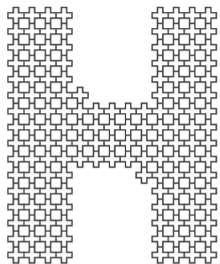
- See your Evidence of Coverage for your plan's specific details, benefits and costs.
- Review the drug list which includes the drugs covered by your plan.
- View the provider directory to see a list of providers and specialists in your plan's network.



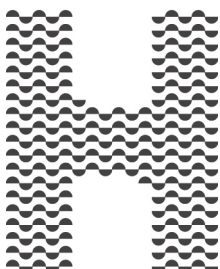
We're here for you. If you need help using these online tools, please call the number on the back of your Humana member ID card for support.



To get paper copies of these documents by mail, make your request online at the website above, or call **1-800-457-4708 (TTY: 711)**, 24 hours a day, seven days a week. Please have your Humana member ID card ready when you call. When asked why you've called, say "Evidence of Coverage," "drug list" and/or "provider directory." Please allow up to two weeks to receive the documents by mail.



As a Humana member, we may call you to offer other insurance-related products. You can opt out of those future calls by calling the Customer Care number on the back of your ID card



Humana Inc.
PO Box 14168
Lexington, KY 40512-4168



H5619082000ANOC24

Important information about changes to your
Medicare Advantage and prescription drug plan



Look inside

Here's a summary of your **Humana Gold Plus SNP-DE H5619-082 (HMO D-SNP)** that takes effect on January 1, 2024.

Humana[®]

Humana.com
1-800-457-4708 (TTY: 711)