



2024 State Health Plan Humana Group Medicare Advantage Plan

Understanding your Medicare plan and how it works is important. Your healthcare plan should help you on your journey to better health, which may help you achieve the retirement you want—so you can spend more time doing what you love most.

Inside this guide you'll find:

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Get the hassle-free care you deserve

The State Health Plan Group Medicare Advantage PPO with prescription drug plan offers you:

- All the benefits of Original Medicare, plus extra benefits
- Maximum out-of-pocket protections
- Worldwide emergency coverage
- Programs to help improve health and well-being

A dedicated team and more...

- Your benefit levels are the same for in-network and out-of-network providers
- Large network of providers, specialists and hospitals to pick from
- You don't need a referral to see any healthcare provider
- Coverage for office visits, including routine physical exams
- Almost no claim forms to fill out or mail—we take care of that for you
- Dedicated Customer Care specialists who serve only our Group Medicare members

Compare your 2024 State Health Plan Medicare-Eligible Retiree Coverage Options

The State Health Plan offers Medicare-eligible retirees three options for healthcare coverage. There are two Medicare Advantage plans offered through Humana—a PPO Base Plan (90/10)* and a PPO Enhanced Plan (90/10)*—and the Base PPO Plan (70/30), administered by Blue Cross and Blue Shield of North Carolina.

It's important to compare benefits among these plan options to ensure you are getting the best value and the right healthcare coverage for you. In several instances, the Humana plans offer more plan features and extra programs and services than the Base PPO Plan (70/30), administered by Blue Cross and Blue Shield of North Carolina. The below chart illustrates the plan features and program and services' differences between the plan options.

Plan features and extra programs and services	Humana MAPD PPO plan (90/10)*	Base PPO plan (70/30)
NO deductible	✓	✗
Medicare-eligible dependent coverage for \$4/month (Base Plan)	✓	✗
Out-of-network provider visits for the same copay or coinsurance as in-network (provider must participate in Medicare and agree to bill Humana)	✓	✗
\$0 copay for dialysis services at dialysis center and outpatient facility	✓	✗
\$0 copay for lab services at urgent care facilities	✓	✗
\$0 copay for one routine hearing exam per year; includes \$500 hearing aid allowance	✓	✗
\$0 copay for post-discharge benefits including transportation and in-home personal care	✓	✗
Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list [†] will be \$0	✓	✗
\$0 copay for Medicare-covered therapeutic continuous glucose monitors (CGMs) and supplies	✓	✗
\$0 copay for preferred blood glucose meters and supplies	✓	✗
\$0 copay for Part D diabetic supplies and administration supplies	✓	✗
Coverage for routine services—vision exam, podiatry, chiropractic, private duty nursing	✓	✗
Access to the SilverSneakers® fitness program	✓	✗
Humana Well Dine®, which includes up to 28 meals delivered following an inpatient hospital or nursing facility stay	✓	✗
Go365 by Humana™ wellness and rewards program to earn gift cards for completing eligible activities [‡]	✓	✗

*The Humana Group Medicare Advantage Plans have a benefit value equivalent to a 90/10 plan.

†For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html.

‡Rewards have no cash value and can only be redeemed in the Go365 Mall. Rewards must be earned and redeemed within the same program year. Rewards not redeemed before Dec. 31 will be forfeited. Gift cards cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid or other federal healthcare programs, alcohol, tobacco, e-cigarettes, or firearms. Gift cards must not be converted to cash.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618. If you need help filing a grievance, call **888-700-2263 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you.

Please call our customer service number at 888-700-2263 (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.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。

2024 North Carolina State Health Plan

HUMANA GROUP MEDICARE ADVANTAGE PPO PLAN HIGHLIGHTS

This is a short description of plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage which can be found online at your.humana.com/ncshp. You may also contact the dedicated State Health Plan Humana Customer Care Team at **888-700-2263 (TTY:711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

	Base PPO Plan In-network and out-of-network	Enhanced PPO Plan In-network and out-of-network
Annual maximum out-of-pocket	This plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$4,000 per individual per plan year (excludes Part D pharmacy, extra services and plan premium)	This plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,300 per individual per plan year (excludes Part D pharmacy, extra services and plan premium)
Annual deductible	\$0	\$0
Benefits covered by Original Medicare and your plan		
Doctor's office visit	<ul style="list-style-type: none"> Primary care physician: \$20 copay Specialist: \$40 copay \$0 copay for virtual visit For virtual visit only: provider must have the ability and be qualified to offer virtual medical visits	<ul style="list-style-type: none"> Primary care physician: \$10 copay Specialist: \$35 copay \$0 copay for virtual visit For virtual visit only: provider must have the ability and be qualified to offer virtual medical visits
Dialysis services (at dialysis center and outpatient facility)	\$0 copay	\$0 copay
Inpatient hospital care	\$160 copay per day (days 1-10); \$0 copay per day after day 10	\$125 copay per day (days 1-10); \$0 copay per day after day 10
Outpatient surgery	\$250 copay	\$250 copay
Outpatient rehabilitation	\$20 copay (physical, occupational or speech/language therapy)	\$20 copay (physical, occupational or speech/language therapy)
Diagnostic radiology services (such as MRIs, CT scans)	\$100 copay	\$100 copay
Lab services	\$40 copay	\$10 copay
Lab services (at urgent care facility)	\$0 copay	\$0 copay

	Base PPO Plan In-network and out-of-network	Enhanced PPO Plan In-network and out-of-network
Diabetic monitoring supplies	\$0 copay	\$0 copay
Continuous glucose monitors (CGMs)	\$0 copay (Medicare-covered therapeutic CGMs and supplies)	\$0 copay (Medicare-covered therapeutic CGMs and supplies)
Durable medical equipment	20% of the cost	20% of the cost
Urgent care	\$50 copay	\$40 copay
Emergency care	\$65 copay (waived if admitted within 24 hours)	\$65 copay (waived if admitted within 24 hours)
Additional benefits and programs not covered by Original Medicare but are covered by your plan		
Hearing (routine services)	<ul style="list-style-type: none">• \$0 copay for fitting/evaluation, routine hearing exams up to 1 per year• \$500 combined in- and out-of-network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2, every 3 years	
Vision (routine services)	\$40 copay; routine eye exam, includes refraction (1 exam per year)	\$35 copay; routine eye exam, includes refraction (1 exam per year)
Foot care (podiatry routine services)	\$40 copay; maximum of 6 combined visits per year	\$35 copay; maximum of 6 combined visits per year
Chiropractic (routine services)	\$20 copay	\$20 copay
Private duty nursing	20% of the cost; \$5,000 combined maximum benefit per year	20% of the cost; \$5,000 combined maximum benefit per year
Medicare-covered Acupuncture	\$40 copay; limit 20 combined visits per year	\$35 copay; limit 20 combined visits per year
SilverSneakers®	A fitness membership with access to more than 15,000 locations nationwide, with use of all basic amenities plus SilverSneakers group fitness classes	
Go365 by Humana®	A Humana wellness program that rewards you with gift cards for making healthier choices	
Benefits available post-discharge after inpatient hospital or nursing facility stay		
Post-discharge transportation	\$0 copay for plan approved location up to 12 one-way trip(s) by car, van or wheelchair accessible vehicle (not to exceed 50 miles per trip)	
In-home personal care	\$0 copay for a minimum of 4 hours per day, up to a maximum of 8 hours for certain in-home support services	
Humana Well Dine®	Receive a total of 28 meals (2 meals per day for 14 days), delivered to member's home	

	Base PPO Plan Prescription Drugs In-network only	Enhanced PPO Plan Prescription Drugs In-network only
Annual drug out-of-pocket maximum	\$2,500	\$2,500
Retail (30-day supply)		
Tier 1 Generic or Preferred generic	\$10 copay	\$10 copay
Tier 2 Preferred brand	\$40 copay	\$40 copay
Tier 3 Non-preferred drug	\$64 copay	\$50 copay
Tier 4 Specialty	25% of the cost (\$100 maximum out-of-pocket per prescription)	25% of the cost (\$100 maximum out-of-pocket per prescription)
Retail and mail delivery (90-day supply)		
Tier 1 Generic or Preferred generic	\$24 copay	\$24 copay
Tier 2 Preferred brand	\$80 copay	\$80 copay
Tier 3 Non-preferred drug	\$128 copay	\$100 copay
Tier 4* Specialty	25% of the cost (\$300 maximum out-of-pocket per prescription)	25% of the cost (\$200 maximum out-of-pocket per prescription)
Additional information		

- Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list[†] will be \$0.
- Member cost share of this plan's covered Part D insulin products will be no more than \$35 for every one-month (up to a 30-day) supply.
- Most Part D diabetic supplies are covered 100%.
- This plan includes coverage for certain cough and cold, weight loss, fertility medications, and vitamins and minerals with a prescription.

*Some Tier 4 medications are available at 90-day supply.

[†]For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html.

Humana is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

What is Medicare?

Medicare is a federal health insurance program for U.S. citizens and legal residents who are 65 and older or those younger than 65 and qualify due to a disability.

How does it work?

Medicare is divided into parts A, B, C and D. Parts A and B are called Original Medicare. You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare PPO plan is a Medicare Advantage plan. You must also continue paying Medicare Part B premiums to remain enrolled in this plan.



Medicare Part A

Hospital insurance

It helps cover medically necessary inpatient care in a hospital or skilled nursing facility. It also helps cover some home healthcare and hospice care.



Medicare Part B

Medical insurance

It helps cover medically necessary providers' services, outpatient care and other medical services and supplies. Part B also helps cover some preventive services.



Medicare Part C

Medicare Advantage plans

These are available through private insurance companies, such as Humana. Medicare Part C helps cover everything medically necessary that Part A and Part B cover, including hospital and medical services. You are still in the Medicare program if you elect Medicare Part C coverage. You must be entitled to Medicare Part A and enrolled in Part B to be eligible for a Medicare Part C plan. Your NC State Health Plan Group Medicare Advantage offering is a Medicare Part C plan that includes prescription drug coverage (Part D).



Medicare Part D

Prescription drug coverage

It helps pay for the medications your provider prescribes and is available in a stand-alone prescription drug plan or included in a Medicare Advantage prescription drug plan. Like Part C Medicare Advantage plans, Part D is only available through private companies, such as Humana. Many Part C Medicare Advantage plans include Medicare Part D prescription drug coverage.

Your health at your fingertips with MyHumana

Get your personalized health information on MyHumana

A valuable part of your Humana plan is a secure online account called MyHumana where you can keep track of your claims and benefits, find providers, view important plan documents and more.

Get the most out of MyHumana by keeping your account profile up to date. Whether you prefer using a desktop, laptop, or smartphone, you can access your account anytime.*

Getting started is easy—just have your Humana member ID card ready and follow these three steps:

1

Create your account.

Visit your.humana.com/ncshp and click on the green box in the top right hand corner to sign in to MyHumana.

2

Choose your preferences.

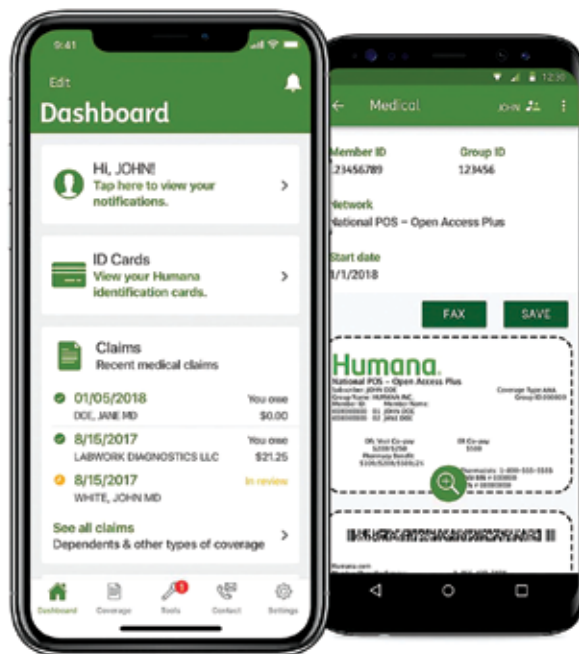
The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.

3

View your plan benefits.

After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.

*Standard data rates may apply.



The MyHumana mobile app

If you have an iPhone or Android, download the MyHumana mobile app. You'll have your plan details with you at all times.*

With MyHumana and the MyHumana mobile app, you can:

- Review your plan benefits and claims
- Find pharmacies in your network
- Find providers in your network
- Lookup and compare medication prices
- View or update your medication list
- View or print your Humana member ID card

Have questions?

If you need help using MyHumana, try our Chat feature or call Customer Care at the number listed on the back of your Humana member ID card.

Building healthy provider relationships

Having a relationship with your primary care provider (PCP) is an important step in protecting and managing your health.

With the Humana Group Medicare PPO plan, you can use any provider who is part of our network, or you can use any provider who accepts Medicare and agrees to bill Humana. Your benefit plan coverage remains the same, even if you receive care from an out-of-network provider. For more information, refer to your Summary of Benefits located in this packet.

Why choose a Humana network provider?

- Your PCP will get to know your overall health history and can guide you toward preventive care to help you be healthy and active.
- Your plan doesn't require referrals to see other providers, but your PCP can help guide you when you need specialized care.
- Humana Medicare PPO network providers must take payment from Humana for treating plan members.
- Network providers coordinate with Humana, which makes it easier to share information. Patients may have a better experience when providers share information this way.
- Humana supplies in-network providers with information about services and programs available to patients with chronic conditions.

Is your healthcare provider in Humana's provider network?

Humana respects your relationship with your provider. We want you to be able to select a provider who's close to home and who can focus on your specific needs. If you need help finding a provider, call our Group Medicare Customer Care team or use our online directory at your.Humana.com/ncshp/tools-and-resources and select "Find a doctor." You can also find a complete list of network providers and pharmacies at MyHumana, your personal,

secure online account at MyHumana.com or at your.Humana.com/ncshp/tools-and-resources using the "Find a doctor" option or on the MyHumana mobile app.*

Is your pharmacy in Humana's network?

Your relationship with your pharmacist is important in protecting and managing your health. You must use network pharmacies to enjoy the benefits of our plan except in an emergency.

Pharmacies in the network have agreed to work with Humana to fill prescriptions for our members. If you use a pharmacy outside the network, your costs may be higher.

Our pharmacy network includes access to mail delivery, specialty, retail, long-term care, home infusion, and Indian, tribal and urban pharmacies.

You can find a complete list of network pharmacies at MyHumana, your personal, secure online account at your.Humana.com/ncshp and the MyHumana mobile app.* Get printable maps and directions, along with many more details to find a pharmacy that fits your needs.

Visit your.Humana.com/ncshp/coverage-and-documents and click the "State Health Plan Prescription Drug Formulary" link. The prescription drug formulary will provide information on quantity limits, step therapy or if a prior authorization is required.

*Standard data rates may apply.

Medical preauthorization

For certain services and procedures, your provider or hospital may need to get advance approval from Humana before your plan will cover any costs. This is called prior authorization or preauthorization. Providers or hospitals will submit the preauthorization request to Humana. If your provider hasn't done this, please call our Customer Care team, as Humana may not be able to pay for these services.

Use Humana's Find a Doctor tool to search for a provider near you

Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find a Doctor tool to search for an in-network provider near you.

1

Go to your.humana.com/ncshp/tools-and-resources.

2

Find a doctor or pharmacy

Use the tabs to help you search for a doctor or pharmacy.

3

Location

Enter a ZIP code and the distance radius you want to search.

4

Options

Select a lookup method from 3 options:

- 1) Coverage type—Choose “Medicare PPO”,
- 2) Member ID, or
- 3) Sign in to MyHumana for more accurate results in finding your network.

5

Select the “Search” button for your results

Have you found the doctor or facility that you're looking for? If you need to revise your search, you can search again without leaving the results page.



Find a doctor on the MyHumana mobile app

Once you are enrolled with Humana, you can use the MyHumana mobile app to find a provider near you. On the app dashboard, locate the “Find Care” section.

Call our Customer Care team at **888-700-2263 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Having a provider you're happy with can play an important role in your health and meeting your needs

If your healthcare provider says they do not accept Humana insurance, give them this flyer.

Once you are a member of the Humana Group Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.



Don't forget to take your Humana member ID card to your first appointment and present it at the time of service.

A message for your provider

Humana will provide coverage for this retiree under a Group Medicare PPO plan. The in-network and out-of-network benefits are structured the same for any member of this plan. This means you can provide services to this retiree or any member of this plan if you are a provider who is eligible to participate in Medicare.

Contracted healthcare providers

If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

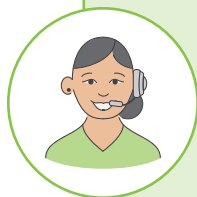
Out-of-network healthcare providers

Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.

Claims process

If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call **Provider Relations at 800-626-2741**, Monday – Friday, 9 a.m. – 6 p.m., Eastern time. **This number is not for patient use.**

Patients, please call our Customer Care team at 888-700-2263 (TTY: 711), Monday – Friday, 8 a.m. – 9 p.m., Eastern time.



Telehealth visits are available through your Humana plan

The doctor is in, even if you can't or don't want to go into an office. Telehealth visits allow you to get nonemergency medical care or behavioral healthcare through your phone,* tablet or computer.†

Virtual care where you're most comfortable

Telehealth could be used for chronic condition management, follow-up care after an in-office visit, medication reviews and refills, and much more—just like an in-office visit.

When should I use it? For a nonemergency issue, instead of going to the emergency room (ER) or an urgent care center.

Ask your trusted provider if they offer telehealth visits and if so, what you need to do to get started.

If you don't have a primary care provider or if your PCP doesn't offer virtual visits, you can use the "Find a doctor" tool on your.humana.com/ncshp/tools-and-resources or call the number on the back of your member ID card to get connected with a provider that offers this service.

Connect with someone who cares

Use telehealth services to connect with a licensed behavioral health specialist. These providers are available when you may need them to coach you through many of life's challenges. These providers can:

- Discuss healthy ways you can deal with stress, anxiety or sadness
- Listen without judgment as you talk about your life, relationships and feelings
- Help you set and meet behavioral and emotional goals
- Assist you in developing strategies for living a fuller, healthier life

Ask your trusted provider about any virtual behavioral health options they may offer. One option is Array, a national in-network virtual behavioral health provider. Visit [Arraybc.com/patients/Humana](https://arraybc.com/patients/Humana) or call **888-410-0405 (TTY: 711)** to learn more.

Delivering the care you need securely, conveniently and on your terms—that's human care.



Remember, when you have a life-threatening injury or major trauma, call 911.

*Depending on the initial consultation, video may be required for telehealth visits.

†Standard data rates may apply.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any description of when to use telehealth services is for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

Medicare Part D prescription medication tiers

Tier 1 – Generic or preferred generic

Essentially the same medications, usually priced differently

Have the same active ingredients as brand-name medications and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generic medications to have the same quality, strength, purity and stability as brand-name medications. Your cost for generic medications is usually lower than your cost for brand-name medications.

Tier 2 – Preferred brand

A medication available to you for less than a nonpreferred

Generic or brand-name medications that Humana offers at a lower cost to you than nonpreferred medications.

Tier 3 – Nonpreferred medication

A more expensive medication than a preferred

More expensive generic or brand-name prescription medications that Humana offers at a higher cost to you than preferred medications.

Tier 4 – Specialty

Medications for specific uses

Some injectable and other high-cost medications to treat chronic or complex illnesses like rheumatoid arthritis and cancer.

Important information about your prescription medication coverage

Some medications covered by Humana may have requirements or limits on coverage. These requirements and limits may include prior authorization, quantity limits or step therapy. You can visit your.humana.com/ncshp/coverage-and-documents and click the State Health Plan Prescription Drug Formulary link. You can also visit **MyHumana.com** to register or sign in and select Pharmacy or call Humana's Group Medicare

Customer Care team at **888-700-2263 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time, to check coverage on the medications you take.

Prior authorization

The Humana Group Medicare Plan requires you or your provider to get prior authorization for certain medications. This means that you will need to get approval from the Humana Group Medicare Plan before you fill your prescriptions. The reason a prior authorization is required can vary depending on the medication. Humana will work with your provider when a prior authorization is required. If your provider prescribes a medication that needs prior authorization, please be sure the prior authorization has been submitted to Humana before the prescription is filled. The Centers for Medicare & Medicaid Services (CMS) requires a turnaround time of 72 hours for a prior authorization. However, an expedited review can be requested by your provider if waiting 72 hours may be harmful to you.

Quantity limits

For some medications, the Humana Group Medicare Plan limits the quantity of the medication that is covered. The Humana Group Medicare Plan might limit how many refills you can get or quantity of a medication you can get each time you fill your prescription. For example, if it's normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

One-time transition fill

For certain medications typically requiring prior authorization or step therapy, Humana will cover a one-time, 30-day supply of your Part D covered medication during the first 90 days of your enrollment. Once you have received the transition fill* for your prescription requiring a prior authorization or step therapy, you'll receive a letter from Humana telling you about the requirements or limits on the prescription. The letter will also advise that you will need to get

approval before future refills will be covered. A prior authorization will need to be approved or other alternative medications should be tried if the medication requires step therapy.

Step therapy

In some cases, the Humana Group Medicare Plan requires that you first try certain medications to treat your medical condition before coverage is available for a more expensive medication. For example, if Medication A and Medication B both treat your medical condition, the Humana Group Medicare Plan may not cover Medication B unless you try Medication A first. If Medication A does not work for you, the Humana Group Medicare Plan can then cover Medication B.

Next steps for you

1. Visit your.humana.com/ncshp/coverage-and-documents and click the State Health Plan Prescription Drug Formulary link. The prescription drug formulary will provide information on quantity limits, step therapy or if a prior authorization is required. If you have additional questions, please call our Customer Care number on the back of your Humana member ID card.
2. Talk to your provider about your medications if they require prior authorization, have quantity limits or if step therapy is needed.

Next steps for your provider

1. Go online to Humana.com/Provider and visit our provider prior authorization page. This page has a printable form that can be mailed or faxed to Humana.
2. Call **800-555-2546 (TTY: 711)** to speak with our Humana Clinical Pharmacy Review team, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

*Some medications do not qualify for a transitional fill, such as medications that require a Part B vs D determination, CMS Excluded medications, or those that require a diagnosis review to determine coverage.

How to find the list of medications covered by your Humana Group Medicare plan

View the most complete and current Drug Guide information online.

Humana's Drug List, also called "formulary," lists the most widely prescribed medications covered by Humana and is updated regularly by doctors and pharmacists in our medical committee. Updates to this year's formulary are posted monthly. New medications are added as needed, and medications that are deemed unsafe by the Food and Drug Administration (FDA) or a drug's manufacturer are immediately removed. We will communicate changes to the Drug List to members based on the Drug List notification requirements established by each state.

If a specific medication you need is not on the list, please call the Customer Care number on the back of your Humana member ID card.

You may access this plan's drug list online by following these steps:

- Go to your.humana.com/ncshp/coverage-and-documents.
- Click on "2024 State Health Plan Prescription Drug Formulary" link to open the drug list. You must have Adobe Reader to view and print this document.
- On your keyboard, press the CTRL button and "F" button at the same time and a "Find" box will appear. You may type in the name of your drug in the box and then hit "Next" to locate your drug.

If you have questions about your drugs or need assistance, please contact Humana Group Medicare Customer Care at **888-700-2263 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Where you get your vaccines may determine how it is covered

Medicare Part B vaccines

The Medicare Part B portion of your plan covers vaccines administered at your provider's office if the vaccine is directly related to the treatment of an injury or direct exposure to a disease or condition, such as hepatitis B, rabies, and tetanus.

The following Medicare Part B vaccines may be obtained at your provider's office or are readily available at a network pharmacy: influenza (flu), pneumococcal, and COVID-19 vaccine and boosters.

Medicare Part D vaccines

The Medicare Part D portion of your plan covers vaccines that are considered necessary to help prevent illness. **Some common vaccines that you should get at your pharmacy, not from your provider, include shingles, Tdap and hepatitis A.**

Diabetes coverage

Medicare Part B

Part B covers certain preventive services for people at risk for diabetes. You must have Part B to get the services and supplies it covers, like:

- diabetic testing supplies
- insulin pumps*
- continuous glucose monitors (CGM)*
- insulin administered (or used) in insulin pumps

Medicare Part D

Part D typically covers diabetes supplies used to administer insulin. You must be enrolled in a Medicare drug plan to get the supplies Part D covers, like:

- diabetes medications
- insulin administered (or used) with syringes or pens
- syringes, pen needles or other insulin administration devices that are not durable medical equipment (e.g., Omnipod or VGO)



Diabetic testing supplies

Your Humana Medicare Advantage Plan helps cover a variety of diabetic glucose testing supplies. The following meters along with their test strips and lancets are covered at \$0 through CenterWell Pharmacy™.

- CenterWell TRUE METRIX® AIR by Trividia
- Accu-Chek Guide Me® by Roche
- Accu-Chek Guide® by Roche

To order a meter and supplies from CenterWell Pharmacy, call **888-538-3518 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Your doctor can also send prescriptions for meters and other testing supplies by fax or e-prescribe.

You can also request a no-cost meter from the manufacturer by calling Roche at **877-264-7263 (TTY: 711)**, or Trividia Health at **866-788-9618 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Enhanced vaccine and insulin coverage

Part B

Part B medications: Some Medicare members may see lower out-of-pocket costs for certain Part B medications as determined by CMS.

\$35 insulin copay: Members who administer insulin via an insulin pump will pay **no more than \$35** for every one-month (up to a 30-day) supply. If your plan has a deductible, the deductible does not apply to Part B insulin.

Part D

\$0 vaccines: Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list† will be **\$0**.

\$35 insulin copay: Member cost share of this plan's covered Part D insulin products will be **no more than \$35** for every one-month (up to a 30-day) supply.

Do you use a continuous glucose monitoring system?

Your State Health Plan Humana Group Medicare Advantage PPO plan covers therapeutic continuous glucose monitors and supplies under Part B of your plan at \$0 copay.

Medicare-covered therapeutic continuous glucose monitors (CGMs) and supplies, such as Dexcom or Freestyle Libre, are covered under your Humana Group Medicare Part B medical benefit. CGMs and supplies can be obtained from a durable medical equipment (DME) provider that accepts Medicare and will bill your insurance. **Additionally, CGMs and supplies can now be obtained at participating retail pharmacies.**

If you are a new member utilizing a CGM, as soon as you receive your Humana ID card, contact a DME provider or participating retail pharmacy for assistance with obtaining a CGM and supplies. We have listed DME providers that will work with you and your healthcare provider to obtain all necessary clinical information for coverage.

If you have questions about your coverage, call Humana Group Medicare Customer Care at **888-700-2263 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Humana preferred DME providers

CCS Medical

877-531-7959, Mon. – Fri., 8 a.m. – 6 p.m., ET

Edwards Healthcare

888-344-3434, Mon. – Fri., 8:30 a.m. – 5 p.m., ET

*CGMs are available through participating retail pharmacies. In addition, CGMs and Insulin pumps are available through our preferred durable medical equipment vendors, CCS Medical, 877-531-7959 or Edwards Healthcare, 888-344-3434.

†For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html.

Comprehensive medication review

A one-on-one review with a pharmacist or other trained healthcare provider

As part of your Medicare Part D coverage with Humana, you may be eligible to set up a one-on-one review of your medications with a pharmacist or other healthcare provider trained in medication therapy management (MTM). This review is called a comprehensive medication review (CMR) and is offered at no extra cost to members meeting eligibility requirements. MTM may help you to:

- Know more about getting the greatest benefit from your medications
- Reduce risk by learning how to avoid harmful side effects
- Possibly save money by finding lower-cost alternatives to prescribed medications

Who's eligible?

Humana determines eligibility quarterly by looking at your medication claims information. Once you qualify, you remain in the program for the rest of the calendar year. You will have to re-qualify for the next calendar year.*

Humana's criteria:

- Have three or more select chronic conditions
- Take at least eight chronic/maintenance (Part D) drugs
- Meet annual Part D medication cost threshold

Scheduling a consultation

If you qualify for MTM, you will receive an invitation letter and see a note in your SmartSummary to call the MTM call center. If you think you qualify but don't see the note, please call the Group Medicare Customer Care phone number. Although the MTM program is a special service offered at no cost to Medicare members, it is not considered a benefit.



What you need for your review

- Your medication bottles (with the pharmacy's label) or a complete list of the medications you take, including any over-the-counter medications or any herbal remedies
- A pen and paper for taking notes
- Your doctors' names

A Humana pharmacist or other trained healthcare provider is available to help you complete your CMR, call **888-686-4486 (TTY: 711)**, Monday – Friday, 8 a.m. – 7 p.m., Eastern time, or visit [Humana.com/mtm](https://www.humana.com/mtm).

*Program eligibility is dependent upon your membership contract.

CenterWell Pharmacy

You have the choice of pharmacies for prescription retail and mail order services, CenterWell Pharmacy™ is one option.*



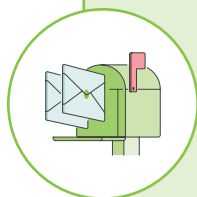
Online

After you become a Humana member, you can sign in to [CenterWellPharmacy.com](https://www.CenterWellPharmacy.com) with your MyHumana identification number and start a new prescription, order refills or check on an order.



Provider

Your provider can send prescriptions electronically through e-prescribe or by downloading the fax form from [CenterWellPharmacy.com/forms](https://www.CenterWellPharmacy.com/forms) and faxing the prescription to CenterWell Pharmacy at **800-379-7617** or CenterWell Specialty Pharmacy™ at **877-405-7940**.



Mail

Download the “Registration & Prescription Order Form” from [CenterWellPharmacy.com/forms](https://www.CenterWellPharmacy.com/forms) and mail your paper prescriptions to: CenterWell Pharmacy, P.O. Box 745099, Cincinnati, OH 45274-5099



Phone

For maintenance medication(s), call CenterWell Pharmacy at **800-379-0092 (TTY: 711)**, Mon. – Fri., 8 a.m. – 11 p.m., and Sat., 8 a.m. – 6:30 p.m., Eastern time.

For specialty medication(s), call CenterWell Specialty Pharmacy at **800-486-2668 (TTY: 711)**, Mon. – Fri., 8 a.m. – 11 p.m., and Sat., 8 a.m. – 6:30 p.m., Eastern time.

*Other pharmacies are available in the network.

SmartSummary helps you:

- ## SmartSummary includes:

- ## SmartSummary®

Your Pharmacy, Medical, and Hospital claims processed in February 2023

THIS IS NOT A BILL

This summary is your "Explanation of Benefits" (EOB) and claim payments for your medical, hospital and your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. **This is not a bill.**

OVERVIEW OF YOUR FEBRUARY CLAIMS

1

Medical, hospital and Part B pharmacy (see page 3)

Total billed charges this month	\$90.01
Humana discounts	- \$0.01
Benefit exclusions	- \$0.00
Other insurance	- \$0.00
Amount Humana paid	- \$90.00
Your share	\$0.00

Humana.

JOHN DOE
 Member ID: H12345678
 Plan name: Humana Group Medicare LPPO
 Rx PCN or Rx Group number: 03200000

2

Part D prescription drug claims (see page 9)

Total cost this month	\$1,452.09
Other payments	- \$0.00
Amount Humana paid	- \$1,146.09
Your share	\$306.00


You are currently in Stage Two of your Part D Drug Payment Plan. (see page 6)



Questions

CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.





Page 3 of 16
John Doe

Your personal prescription and medical benefits statement



Details for medical and hospital claims processed in February 2023



What does Your share mean in your SmartSummary?
Your share: This is the amount you may owe or may have paid to your providers.

Medical and hospital claims

Service Date: 06/29/2023	Amount the provider billed the plan	\$0.00
Claim # 5555555555555555	Humana discounts	- \$0.00
HEALTH CARE INC	Benefit exclusions	- \$0.00
-Home health prospective payment system (HHG)	Other insurance	- \$0.00
In-network (billing code 023)	Total cost (amount the plan pays)	\$0.00
	Amount Humana paid	- \$0.00
	Your share	\$0.00
Service Date: 06/29/2023	Amount the provider billed the plan	\$90.00
Claim # 5555555555555555	Humana discounts	- \$0.00
HEALTH CARE INC	Benefit exclusions	- \$0.00
-Skilled Nursing-Visit Charge	Other insurance	- \$0.00

Making sure your caregiver can help you—so you can focus on living your life

Everyone needs a little help now and then. Many people trust a family member or close friend to help them with their healthcare—someone who may help you talk with us about your insurance plan, keep track of your benefits and claims, or ask healthcare questions on your behalf.

We'll need your permission to share your personal information. To give your permission, you'll need to read and sign a consent form. (The form needs to be renewed every 2 years.)

A signed consent form allows insurers to share health plan information and protected health information with your designated caregiver. It's different from granting medical power of attorney, which allows someone to make decisions about your care.

Visit [Humana.com/caregiver](https://www.humana.com/caregiver) to learn more about naming a caregiver and how to submit the Consent for Release of Protected Health Information (PHI) form.

You may also call Humana Customer Care at **888-700-2263 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.



Extras that may help you improve your overall well-being, at no additional cost

SilverSneakers

SilverSneakers® is a health and fitness program designed for senior adults that offers fun and engaging classes and activities. The program concentrates on improving strength and flexibility so daily living activities become easier. Available at no additional cost through your Humana Medicare Advantage plan, SilverSneakers has online and in-person sessions at any pace—sit, stand, walk or run. Visit [SilverSneakers.com/StartHere](https://www.silversneakers.com/) to get your SilverSneakers ID number and find a location near you, or call SilverSneakers at **888-423-4632 (TTY: 711)**.

Go365

Go365 by Humana® is a wellness program that rewards you for completing eligible healthy activities like working out or getting your Annual Wellness Visit. You can earn rewards to redeem for gift cards in the Go365 Mall.

If you have a MyHumana account, you can use the same information to log in to [Go365.com](https://www.go365.com/). If not, activate your profile at [MyHumana.com](https://www.mychumana.com/). Once you log into Go365, you'll see eligible activities you can complete to earn rewards and details on how to track your actions.

Humana Care Management

Humana care management programs support qualifying members to help them remain independent at home, by providing education about chronic conditions and medication adherence, help with discharge instructions, accessing community resources, finding social support and more, all included in the plan at no additional cost. For more information, please contact the number on the back of your Humana member ID card or visit [Humana.com/home-care](https://www.humana.com/home-care).

Humana Well Dine® meal program

After your overnight inpatient stay in a hospital or nursing facility, you're eligible to receive up to 28 nutritious meals (2 meals per day for 14 days). The meals will be delivered to your door at no additional cost to you. For more information, please contact the number on the back of your Humana member ID card or visit [Humana.com/home-care/well-dine](https://www.humana.com/home-care/well-dine).

Advance care planning with MyDirectives

MyDirectives®, an online advance care plan platform, helps you ensure your wishes are met in case unexpected medical emergencies happen or as illnesses progress. With MyDirectives, you can make your exact wishes known and identify the people you trust to speak for you as well. Sign in to [MyHumana.com](https://www.mychumana.com/), go to MyHealth tab, in the drop down select MyHealth Overview and then select MyDirectives under Resources.

Humana Health Coaching

Available to all Humana Group Medicare members, our health coaching program provides guidance to help you develop a plan of action that supports your health and well-being goals. A health coach works with you to create a personal vision for your health and well-being, brings clarity to your goals and priorities and provides accountability and support. Get started by calling **877-567-6450 (TTY: 711)**.

Humana Neighborhood Center

Humana Neighborhood Centers offer a variety of classes in-person and online. Watch daily online classes like cooking demos, crafts, and meditation. To see a full list of virtual activities and to RSVP for classes and other events, visit [HumanaNeighborhoodCenter.com](https://www.humana.com/ncshp/tools-and-resources.html). Go to [your.Humana.com/ncshp/tools-and-resources.html](https://www.humana.com/ncshp/tools-and-resources.html) to find a Humana Neighborhood Center near you.

Frequently asked questions

Do I need to show my red, white and blue Medicare card when I visit the doctor?

No. You'll get a Humana member ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

What should I do if I move or have a temporary address change?

If you move to another area or state, it's important to advise the State Health Plan's Eligibility and Enrollment Support Center of the address change by calling **855-859-0966 (TTY: 711)** to notify Humana of the move.

What should I do if I have to file a claim?

Call Humana Group Medicare Customer Care for more information and assistance. To request reimbursement for a charge you paid for a service, send the provider's itemized receipt and the Health Benefits Claim Form (also available at your.humana.com/ncshp) to the claims address on the back of your Humana member ID card. Make sure the receipt includes your name and Humana member ID number.

What if I have other health insurance coverage?

If you have other health insurance, show your Humana member ID card and your other insurance cards when you see a healthcare provider. The Humana Group Medicare plan may be eligible in combination with other types of health insurance coverage you may have. This is called coordination of benefits. Please notify Humana if you have any other medical coverage.

When does my coverage begin?

The State Health Plan will let you know how and when you may enroll. Check with the State Health Plan's Eligibility and Enrollment Support Center by calling **855-859-0966 (TTY: 711)** for the proposed effective date of your enrollment.

What if my service needs a prior authorization?

If your medical service or medication requires a prior authorization, your provider can contact Humana to request it. You can call Customer Care if you have questions regarding what medical services and medications require prior authorization.

What if my provider says they will not accept my plan?

If your provider says they will not accept your PPO plan, you can give your provider the "Group Medicare Provider Information" flyer, located on page 12 of this guide. It explains how your PPO plan works. You can also call Customer Care and have a Humana representative contact your provider and explain how your PPO plan works.

What should I do if I need prescriptions filled before I receive my Humana member ID card?

If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

How can I get help with my drug plan costs?

People with limited incomes may qualify for assistance from the Extra Help program to pay for their prescription drug costs. To see if you qualify for Extra Help, call **800-MEDICARE (800-633-4227)**, 24 hours a day, seven days a week. If you use a TTY, call **877-486-2048**. You can also call the Social Security Administration at **800-772-1213**. If you use a TTY, call **800-325-0778**. Your state's Medical Assistance (Medicaid) Office may also be able to help, or you can apply for Extra Help online at www.ssa.gov.

Medical insurance terms

Coinsurance

Your share of the cost after deductible

A percentage of your medical and drug costs that you may pay out of your pocket for covered services after you pay any plan deductible.

Copayment

What you pay at the provider's office for medical services

The set dollar amount you pay when you receive medical services or have a prescription filled.

Exclusions and limitations

Anything not covered or covered under limited situations or conditions

Specific conditions or circumstances that aren't covered under a plan.

Maximum out-of-pocket

The most you'll spend before your plan pays 100% of the cost

The most you would have to pay for services covered by a health plan, including copays and coinsurance. If and when you reach your annual out-of-pocket limit, the Humana Group Medicare plan pays 100% of the Medicare-approved amount for most covered medical charges.

Please keep in mind that your prescription maximum out-of-pocket is different than your medical maximum out-of-pocket. Once the covered prescription out-of-pocket costs you pay reaches \$2,500, your drugs are covered at 100% which means you will not pay coinsurance or copayments for covered drugs.

Network

Your plan's contracted medical providers

A group of healthcare providers contracted to provide medical services at discounted rates. The providers include doctors, hospitals and other healthcare professionals and facilities.

Plan discount

A way Humana helps you save money

Amount you are not responsible for due to Humana's negotiated rate with provider.

Premium

The regular monthly payment for your plan

The amount you and/or your employer regularly pay for Medicare or Medicare Advantage coverage.

Pharmacy terms

Catastrophic coverage

What you pay for covered drugs after reaching \$2,500

Once your out-of-pocket costs reach the \$2,500 maximum, you pay \$0 until the end of the plan year.

Coinsurance

Your share of your prescription's cost

This is a percentage of the total cost of a medication you pay each time you fill a prescription.

Copayment

What you pay at the pharmacy for your prescription

The set dollar amount you pay when you fill a prescription.

Exclusions and limitations

Anything not covered

Specific conditions or circumstances that aren't covered under a plan.

Formulary

Medications covered under your plan

A list of medications approved for coverage under the plan. Also called a Drug List.

Out-of-pocket

Portion of costs you pay

Amount you may have to pay for most plans, including deductibles, copays and coinsurance.

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care

888-700-2263 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Medicare Health Assessment

888-445-3389 (TTY: 711),

24 hours a day, 7 days a week

MyHumana

Visit your.humana.com/ncshp and click on “Register now as a new user” in the MyHumana box to access your personal and secure plan information.

Doctors in your network

your.humana.com/ncshp/tools-and-resources, then click “Find a doctor”

Telehealth (Virtual visits)

Please contact your local provider to ask about virtual visit opportunities, or access nationwide Humana in-network telehealth options by using the “Find a doctor” tool on your.humana.com/ncshp/tools-and-resources or call the number on the back of your member ID card to get connected with a provider that offers this service.

Array behavioral health

888-410-0405 (TTY: 711)

[Arraybc.com/patients/Humana](https://arraybc.com/patients/Humana)

CenterWell Pharmacy™

800-379-0092 (TTY: 711),

Mon. – Fri., 8 a.m. – 11 p.m., and

Sat., 8 a.m. – 6:30 p.m., Eastern time

[CenterWellPharmacy.com](https://centerwellpharmacy.com)

CenterWell Specialty Pharmacy™

800-486-2668 (TTY: 711),

Mon. – Fri., 8 a.m. – 11 p.m., and

Sat., 8 a.m. – 6:30 p.m., Eastern time

[CenterWellSpecialtyPharmacy.com](https://centerwellspecialtypharmacy.com)

Humana Clinical Pharmacy Review Team

800-555-2546 (TTY: 711),

Monday – Friday, 8 a.m. – 8 p.m., Eastern time

SilverSneakers®

888-423-4632 (TTY: 711),

Monday – Friday, 8 a.m. – 8 p.m., Eastern time

[SilverSneakers.com](https://sillersneakers.com)

Go365 by Humana™

[Humana.com/go365](https://humana.com/go365)

Humana Care Management

888-700-2263 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

[Humana.com/home-care](https://humana.com/home-care)

Humana Well Dine®

888-700-2263 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

[Humana.com/home-care/well-dine](https://humana.com/home-care/well-dine)

Humana Health Coaching

877-567-6450 (TTY: 711)

Humana Neighborhood Centers

[Humana.com/Humana-neighborhood-centers](https://humana.com/Humana-neighborhood-centers)

State health insurance program offices

800-633-4227 (TTY: 711), daily

www.cms.gov/contacts

*You must be a Humana member to use these services.

We're here for you

Humana Group Medicare Customer Care

888-700-2263 (TTY: 711)

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

your.Humana.com/ncshp

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **888-700-2263 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.



Dale R. Folwell, CPA
DALE R. FOLWELL, CPA
DALE R. FOLWELL, CPA

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618. If you need help filing a grievance, call **888-700-2263 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you.

Please call our customer service number at 888-700-2263 (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.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。