



# Humana Medicare Advantage patients can earn rewards for making healthy choices

GET HEALTHY: Preventive screenings	
Activity	Reward value*
Annual Wellness Visit <sup>†, **</sup>	\$25
Mammogram <b>or</b> colorectal screening procedure <sup>‡, **</sup>	\$50 for completion of either screening
Diabetic bundle <sup>††</sup> • Kidney urine test <sup>†††</sup> • Kidney blood test <sup>†††</sup> • Eye exam • Hemoglobin HbA1c test <sup>††</sup>	\$40 for completion of all four screenings
GET ACTIVE: Exercise and fitness	
Complete a minimum of 12 workouts per month tracked via SilverSneakers®, fitness device, online or paper-based tracker (minimum 5,000 steps per day). Other physical activities may include golfing, cycling, swimming, Zumba, yoga, strength training, etc.	
\$5 per quarter with 2 months of documented workouts	 <b>\$20</b> annual maximum
Must report activities within 90 days	

**GET INVOLVED: Connect and learn<sup>\*\*\*</sup>**

Attend a health education or art class, participate in an athletic event, social club or religious gathering once per month.

Complete enrollment and onboard at **Humana.com** (new members only).

Must report activities within 90 days

**\$5**  
annual maximum



Go365 by Humana® members redeem their rewards for gift cards to retailers they know and love.



These gift cards cannot be used to purchase prescription drugs or medical services covered by Medicare, Medicaid or other federal healthcare programs; alcohol; tobacco; e-cigarettes; or firearms. This card must not be converted to cash.

\* The reward value, or dollar amounts shown above, represent the value of the reward earned for completing the activity. Patients must redeem their earned rewards through the Go365 Mall. Rewards can be redeemed for gift cards to popular retailers in the Go365 Mall. Patients' rewards will show up automatically in their Go365® account if billed through their Humana medical or pharmacy plan. This can take up to 90 days.

† Based on the patient's plan, this is the minimum they will be rewarded for the Annual Wellness Visit.

\*\* The screening is included in the Medicare Advantage Model Practice and Medical Home PCP Quality Recognition Program.

‡ Rewardable colorectal screening procedures involve direct inspection of the colon (eg. colonoscopy). Indirect methods, such as fecal immunohistochemistry (FIT), may satisfy certain quality measures but are not rewardable under the 2024 Go365 program.

†† Rewards for preventive diabetic screenings result from clinical triggers; not all Medicare Advantage patients will be eligible for rewards associated with these activities.

††† Must complete both a urine test and a blood test during the measurement year: A serum eGFR test -and- A uACR test or a urine Albumin test +urine creatinine with service dates 4 days apart or fewer.

†† At least one HbA1c or glucose management indicator (GMI) test in current measurement year with the resulting level reported.

\*\*\* Patients must fill out and submit a Go365 activity form to receive rewards for these activities. The forms can be found when they sign in at Humana.com or patients can request paper materials.

Humana is a Medicare Advantage HMO, PPO, PFFS organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

## Important

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

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

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **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, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

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

### Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

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

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

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك