

Stay in network to avoid extra costs



Choosing doctors, hospitals and other providers out of Humana's network can cost you more money. Using providers in the Humana network whenever possible can help keep your healthcare costs lower. When you use an out-of-network provider, they may charge you more and they could bill you (where permitted) for the difference your Humana plan doesn't cover. That's called balance billing.

What is balance billing?

Balance billing is when an out-of-network provider bills you for the difference between their charge and what your Humana health plan will allow. For example, let's say an out-of-network doctor charges \$100 to review your MRI, but your plan will only cover and pay for \$70. The doctor may bill you for the remaining \$30 in addition to what you may owe for your deductible or coinsurance.

The **No Surprises Act** does not allow an out-of-network provider to balance bill you for the following:

- Emergency services
- Physician services in an in-network facility (like a radiologist or an anesthesiologist)
- Air ambulance

Note: Any balance bill you may pay will not apply to your deductible or maximum out-of-pocket limit for the plan year.

What is an out-of-network provider?

An out-of-network provider is a doctor or care professional (like a nurse practitioner or anesthesiologist) or facility (such as a hospital, lab processing facility or ambulatory surgery center) that isn't part of your health plan's network.

Humana negotiates with healthcare providers and facilities to provide services at lower rates, and that's how doctors and hospitals become part of the network. Out-of-network providers do not have contracts with Humana.

What happens when I use an out-of-network hospital or provider?

Your out-of-pocket costs (like copayments, coinsurance and deductibles) may be higher. That's because you're charged the full price for a service and not the lower, negotiated rate you'd pay through the Humana network.

I've gone to an in-network hospital. All of the providers there are in network, right?

Not necessarily. For example, if you go to a network hospital to get an MRI, the doctor reading the MRI may not be in the network. That doctor may charge the full price for the service, not the lower negotiated rate allowed for a network provider. The **No Surprises Act** protects you from being balance billed the difference between what the provider charged and what your Humana plan allows.

What if I have an emergency?

You should visit the nearest emergency room. If you receive emergency services from an out-of-network doctor or hospital, your costs may be more than they would be from a network provider. The **No Surprises Act** protects you from being balance billed the difference between what the provider charged and what your Humana plan allows.

What is an allowable charge?

An allowable charge (sometimes called the allowed amount) is the amount Humana pays for a covered healthcare service.

For services not covered under the **No Surprises Act**: The amount Humana allows an out-of-network provider to charge Humana for a covered service is called a maximum allowable fee.*

For services covered under the **No Surprises Act**: The amount Humana allows is the qualified payment amount.

**Referred to as “usual and customary” amount in some products.*

Use network doctors and facilities

You can access “Find a doctor or pharmacy” by signing in to **MyHumana**, your secure online account at **Humana.com**. You can also call the number on the back of your Humana member ID card to check if a provider is in network.

.....

This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional. If you are in a life-threatening or emergency medical situation, please dial 9-1-1 and seek medical attention immediately.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

Humana group medical plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, Humana Health Plan of Texas, Inc., insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority. For Arizona residents: offered by Humana Health Plan, Inc., or insured by Humana Insurance Company. Administered by Humana Insurance Company.



How can I avoid extra costs?



Talk to your doctor

Before you have a healthcare screening or procedure, be sure to talk to your doctor. Ask him or her about the facility and any other specialists who may be involved so that you can make sure they participate in the network before you receive care.



What if I receive a balance bill from an out-of-network doctor or facility?

If you believe you have been wrongly billed for services covered under the **No Surprises Act**, you may contact the No Surprises Help Desk (NSHD) at: **1-800-985-3059** or visit cms.gov/nosurprises.

Understand your benefits



You should review your Summary Plan Description to make sure you fully understand your health plan benefits.

Here's how you can access it:

1. **Sign in** – MyHumana at **Humana.com**
2. **Select** the Coverage tab under “Plan Benefits”
3. **Scroll down** – click “Coverage Details”
4. **Download** – your “Summary Plan Description”

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

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 béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك