

# Humana Medicare plans

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# Medicare overview

## What is Medicare?

Medicare is a health insurance program run by the federal government.

### Medicare has 4 parts:

- Part A: hospital coverage
- Part B: medical coverage
- Part C: combines Parts A and B—plus other benefits
- Part D: prescription coverage

Together, Part A and Part B are called “Original Medicare.”

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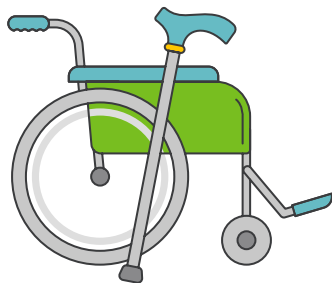
# Original Medicare eligibility

You're eligible for Original Medicare (Parts A and B) if:



You're at least 65 years of age  
(even if you still work)

OR



You're under 65 and qualify  
due to a disability or other  
special circumstance

AND



You're a U.S. citizen or a legal  
resident who has lived in the U.S.  
for at least 5 consecutive years



# Understanding your Medicare options

To help you decide the best fit for you, here is an overview of the Medicare options and what each one covers.

Step  
1

Enroll in Original Medicare—offered by the federal government.



**Part A** helps pay for hospital stays and inpatient care.



**Part B** helps pay for doctor visits and outpatient care.

- If you don't enroll in Part B when first eligible, you'll pay a penalty if you sign up later. The penalty increases yearly and is for life.
- If you cancel Part B coverage, you won't be able to re-enroll until the next January—and re-enrollment may come with a penalty.

# Understanding your Medicare options

Step  
2

After enrolling in Original Medicare, you can enroll in a plan with additional coverage—offered by private companies.

**Option 1:** Choose a Medicare Advantage plan.

OR

**Option 2:** Add one or both of the following to Original Medicare.



## **Medicare Part C (Medicare Advantage)**

is made up of Part A, Part B and can include Part D (prescription drug coverage) as well as additional coverage.



## **Medicare Part D**

is a stand-alone prescription drug plan.



## **Medicare Supplement insurance (Medigap)**

plans help pay for some of Original Medicare's out-of-pocket costs.

# Beyond Original Medicare

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A decorative border at the bottom of the slide consisting of a repeating pattern of small, interlocking triangles in various shades of green.



# Beyond Original Medicare

You have the chance to get even more beyond Original Medicare with Medicare Parts C and D.

|  |           |   |             |  |            |
|--|-----------|---|-------------|--|------------|
| <b>Part C</b><br>Medicare Advantage plan   | <b>MA</b> | <b>Parts C and D</b><br>Medicare Advantage prescription drug plan   | <b>MAPD</b> | <b>Part D</b><br>Prescription drug plan  | <b>PDP</b> |
| <ul style="list-style-type: none"><li>• Medicare Advantage (MA) plans are offered by private companies under contract with Medicare.</li><li>• Companies may offer plans with different levels of coverage.</li><li>• Check the plan's medical coverage.</li></ul> |           | <ul style="list-style-type: none"><li>• Medicare Advantage prescription drug (MAPD) plans are offered by private companies under contract with Medicare.</li><li>• Companies may offer plans with different levels of coverage.</li><li>• Check the plan's medical coverage, drug list and cost for the drugs you take.</li></ul> |             | <ul style="list-style-type: none"><li>• Stand-alone prescription drug plans (PDPs) are offered by private companies under contract with Medicare.</li><li>• Companies may offer plans with different levels of coverage.</li><li>• Check the plan's drug list and cost for the drugs you take.</li></ul> |            |
| →  |           | →   |             | →  |            |

MA

MAPD

PDP

# About Part C coverage

[Skip ahead to Part D coverage on page 16. →](#)

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# Types of MA and MAPD plans

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If you choose a Medicare Advantage or Medicare Advantage prescription drug plan, you'll get to pick from a variety of plan types:

- [Health maintenance organization \(HMO\) →](#)
- [Preferred provider organization \(PPO\) →](#)
- [Private fee-for-service \(PFFS\) →](#)
- [Special Needs Plan \(SNP\), if you qualify →](#)



Plan options may vary by geographic location. In some instances, you may need to meet certain criteria to be eligible for a given plan.

# Health maintenance organization

MA

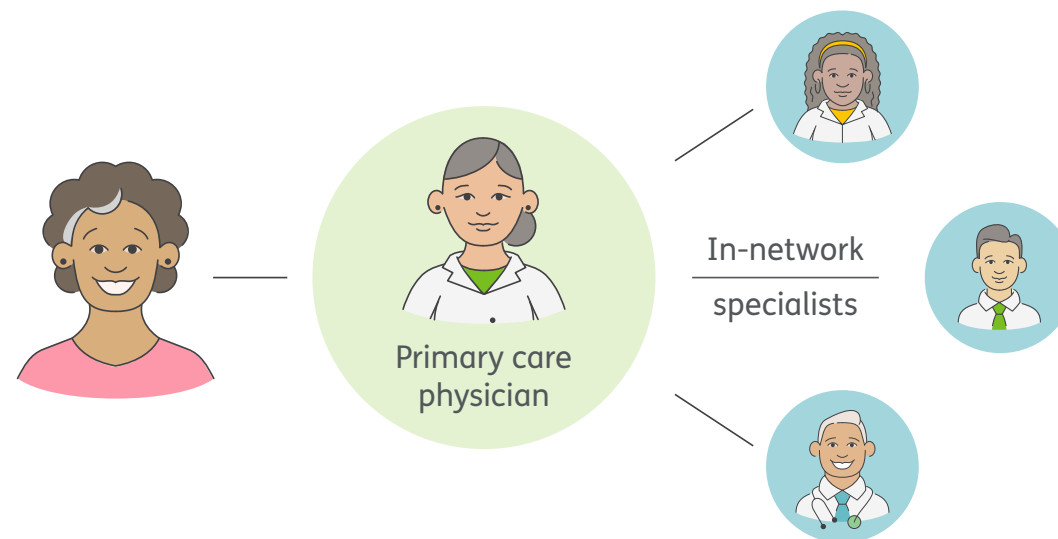
MAPD

PDP

Health maintenance organization (HMO) plans have their own network of doctors, hospitals and providers. You receive care in the HMO network. In general, your monthly premium is lower than a preferred provider organization, or PPO, plan. You may also expect to pay less out of pocket.

## Using an HMO plan

- You pick an in-network primary care physician (PCP) to manage your care.
- On most plans, you need a referral from your PCP to see a specialist.
- Out-of-pocket costs may not be covered for non-network providers and facilities, except for emergency care. In some cases, the costs are the same in and out of network.
- Select HMO plans include point-of-service benefits. If that's the case for your plan, you may use out-of-network providers.





# Preferred provider organization

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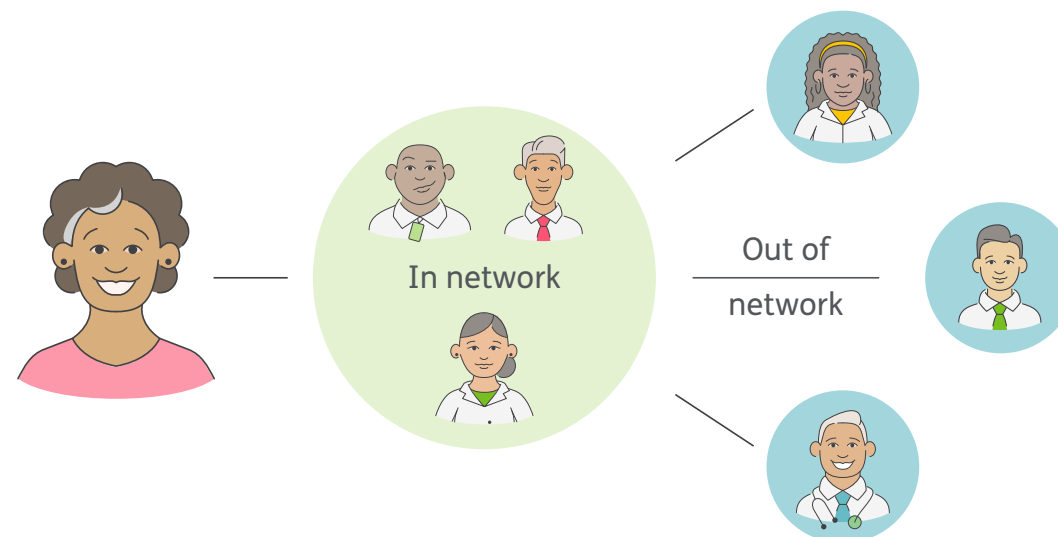
MAPD

PDP

Preferred provider organization (PPO) plans give you the freedom to get care in or out of network. PPO plans often have higher premiums each month than health maintenance organization, or HMO, plans. However, copays and coinsurance can be more predictable.

## Using a PPO plan

- PPO plans often have emergency coverage when you travel worldwide.
- You can go to any doctor, specialist or hospital that accepts Medicare and the plan terms—no referral from your primary care physician (PCP) needed.
- There may be higher cost sharing or no coverage from the plan if you receive care from out-of-network providers, except for emergency care. In some cases, the costs are the same in and out of network.



# Private fee-for-service

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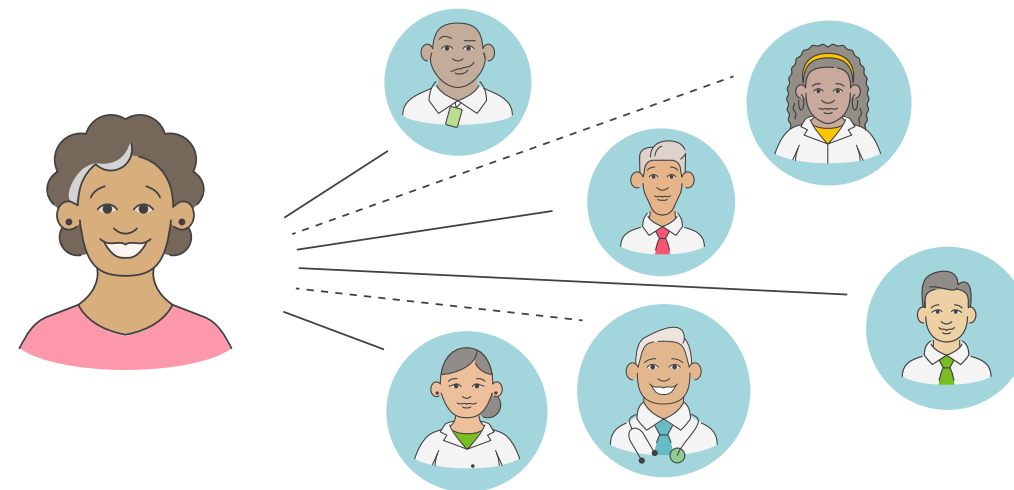
MAPD

PDP

Private fee-for-service (PFFS) plans give you the flexibility to see almost any Medicare-approved doctor, as long as the doctor accepts Humana's terms and conditions. PFFS plans determine the amount you pay for care from doctors, hospitals and other providers.

## Using a PFFS plan

- This plan may offer more freedom to choose providers.
- You don't need a referral from your primary care physician (PCP) to see a specialist.
- Providers must be Medicare approved, accept Medicare and bill the plan per its terms and conditions.
- Be sure to always take your member ID card with you and clarify coverage before you receive services.



# Special Needs Plans

If you have Original Medicare and meet certain requirements, you may be eligible for a Special Needs Plan (SNP). SNPs are a type of Medicare Advantage plan to meet specific needs.

| Plan        | Dual Eligible Special Needs plan (DSNP)  | Chronic Condition Special Needs plan (CSNP)  | Institutional Special Needs plan (ISNP)   |
|-------------|--|--|---|
| Eligibility | Have both Medicare and Medicaid  | Have an eligible condition like diabetes, congestive chronic heart failure, cardiovascular disease and/or chronic lung disorder  | Be MA eligible and receiving—or expected to need—the level of services a long-term care skilled nursing facility provides for at least 90 days  |
| Benefits    | <ul style="list-style-type: none"><li>• Offers additional benefits to supplement your Medicaid coverage</li><li>• Includes enhanced care management services</li><li>• Typically requires you to use in-network providers, except for out-of-area emergency or urgent care</li></ul> | <ul style="list-style-type: none"><li>• Includes enhanced care management services</li><li>• Offers large network of providers</li><li>• Typically requires you to use in-network providers, except in emergencies</li></ul> | <ul style="list-style-type: none"><li>• Gives you care where you live for comfort and safety</li><li>• Includes extra benefits and enhanced care management services</li><li>• Offers support and peace of mind for caregivers</li><li>• Covers dental, vision, emergency, and in-home and hospital care—for less confusion and paperwork</li><li>• Helps with chronic disease management and education</li></ul> |

Special Needs Plans are not available nationwide. Eligibility requirements must be met.  
Humana is a Coordinated Care HMO SNP, PPO SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in this Humana plan depends on contract renewal.

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# About Part D coverage

[Skip ahead to plan resources on page 23. →](#)

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# How to get prescription drug coverage

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## You have 2 options for getting Part D coverage:

Join a Medicare Advantage plan that includes prescription coverage, like an MAPD plan.

OR

Add a stand-alone prescription drug plan to your Original Medicare or to some MA plans.‡

Enroll in a plan that includes Part D coverage, like the options above, during your Initial Enrollment Period to avoid a late enrollment penalty (LEP).\*\*



‡ You cannot combine a stand-alone PDP with an MA HMO or PPO, even if the HMO or PPO does not include prescription drug coverage.

\*\* If you have questions about LEP, please contact your licensed sales agent or the Customer Care phone number on the back of your Humana member ID card.

# Humana PDP options

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| Plan                          | What it offers  |
|-------------------------------|---|
| Humana Walmart Value Rx Plan™ | <ul style="list-style-type: none"><li>• Large network of preferred cost-sharing retail pharmacies</li><li>• Designed to keep costs consistent and predictable</li></ul> |
| Humana Premier Rx Plan™       | <ul style="list-style-type: none"><li>• Our most comprehensive plan</li><li>• Over 3,700 covered medications</li></ul>  |
| Humana Basic Rx Plan™         | <ul style="list-style-type: none"><li>• Competitive costs at many cost-sharing retail pharmacies</li><li>• Great option for those who qualify for Extra Help</li></ul>  |

# What to know about prescription drug coverage

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## Step therapy

Even if the medications you take are included on the plan's drug list, you may need to try certain drugs first to treat your health problem before moving to more expensive drugs.



## Prior authorization

Some medications may require your doctor to get approval (prior authorization) from your plan before they can be prescribed.



## Preferred cost sharing

You pay a lower cost by using network pharmacies with preferred cost sharing. For these plans, CenterWell Pharmacy® is the preferred cost-sharing, mail-order pharmacy.

# What to know about prescription drug coverage

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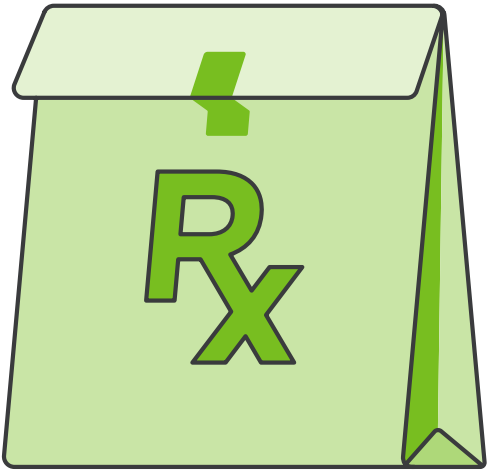
PDP

## Drug tiers

Prescription drugs are organized into tiers according to cost. Tier 1 is the lowest cost and Tier 5 is the highest cost. Plans may offer their best pricing on Tier 1 and 2 drugs.

| Drug tiers <sup>††</sup> |                   |            |
|--------------------------|-------------------|------------|
| Tier 1                   | Preferred generic | \$         |
| Tier 2                   | Generic           | \$\$       |
| Tier 3                   | Preferred brand   | \$\$\$     |
| Tier 4                   | Nonpreferred      | \$\$\$\$   |
| Tier 5                   | Specialty tier    | \$\$\$\$\$ |
| Tier 6                   | Select Care drugs | \$         |

†† Certain plans may include a 6<sup>th</sup> tier. Please refer to the Summary of Benefits for more information.





# What to know about prescription drug coverage

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## The 4 coverage stages

There are 4 coverage stages over the year that may affect how much you pay out of pocket for your medicines. The cycle starts over at the beginning of each plan year. Depending on the medications you are on, you may not go through all of the stages.

### Stage 1

#### Deductible

You pay 100% of your prescription costs until you meet your plan's deductible. You may have a reduced deductible or no deductible depending on the plan you choose in your area.

### Stage 2

#### Initial coverage

You are generally responsible for copays or coinsurance, and your plan covers the rest until your shared drug costs total a certain amount.

### Stage 3

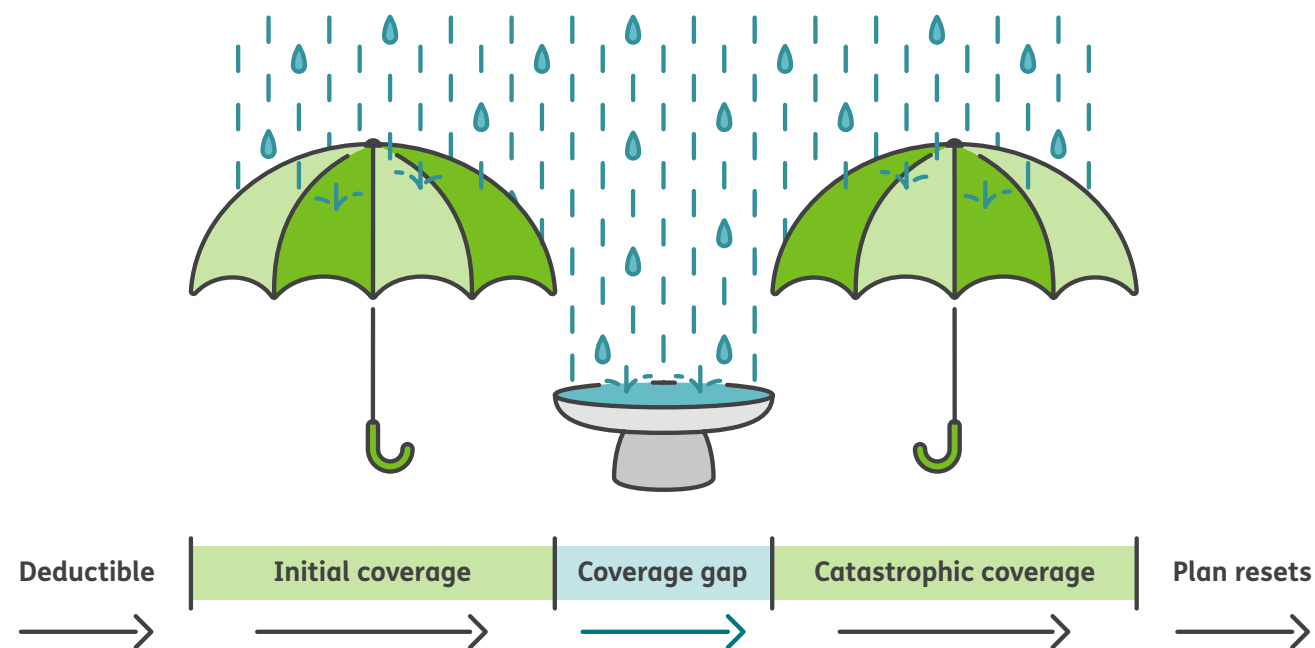
#### Coverage gap (donut hole)

When you are out of the initial coverage stage, the coverage gap begins. You may have to pay a higher percentage of your prescription costs until your total out-of-pocket costs reach a specified amount.

### Stage 4

#### Catastrophic coverage

Once you reach the coverage gap limit, you pay \$0 for the remainder of the year.



The Centers for Medicare & Medicaid Services sets the limit for each of these stages annually.

## Extra Help

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Extra Help is a government program to help some people pay for their prescriptions. It's also called the Low-Income Subsidy, or LIS. You may be able to use it for Medicare prescription drug program costs like premiums, deductibles and coinsurance. To learn more or apply, contact:

### **Medicare**

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

**(TTY: 1-877-486-2048)**

24 hours a day, 7 days a week

[www.medicare.gov](http://www.medicare.gov)

### **The Social Security Administration**

**800-772-1213**

**(TTY: 800-325-0778)**

Monday – Friday, 7 a.m. – 7 p.m., Eastern time

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# Plan resources and services

# Home healthcare

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Get healthcare from the comfort of home. That includes primary and urgent care, as well as care for more serious conditions.

- **Comfort:** Have peace of mind being at home, where you are most at ease.
- **Convenience:** No need to travel, sit in a waiting room or transfer to another location.
- **Personalized care:** Get one-on-one time with providers. They can treat you, prescribe medicine and help you get back to feeling your best.
- **Safety:** Help lower the risk of falling after surgery or being exposed to illness.
- **Cost:** Instead of a longer hospital stay, get care at home. Home-based services have the same copays as seeing a provider in an office or urgent care center.

For more information, visit [Humana.com/Home-Care](https://www.humana.com/home-care). Or talk to your licensed sales agent about home-care services offered in your area. (Available in select markets.)

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# Virtual visits

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You can get a checkup, sick visit or wellness visit—without leaving home. Virtual care lets you connect with a doctor over your computer, tablet or phone. (Internet access is required.)

Sometimes, this service is called telehealth or telemedicine. It's an easy way to:

- Get treatment for nonemergency injury or illness.
- Order lab tests.
- Refill your prescriptions.
- Work with your PCP to manage certain chronic conditions.

Visit [Humana.com/VirtualVisits](https://www.humana.com/VirtualVisits) to learn more.



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 descriptions of when to use telehealth services are 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.

# Find a Doctor with Care Highlight

Need help finding a doctor? Visit our Find a Doctor page at [Humana.com/FindADoctor](https://www.humana.com/FindADoctor).

This tool includes information on provider location, language, accessibility, accreditation and more. We can also help you make sure the provider you've found is the right one for you. Care Highlight® ratings in clinical quality and cost-efficiency can help you make more informed choices about your healthcare.

Ratings can be found on the Humana Find a Doctor tool.†† Ratings only appear when we have enough information to measure a doctor's clinical quality and cost-efficiency. Care Highlight has received accreditation from the National Committee for Quality Assurance (NCQA).

## This system is built on 2 graphic icons: a heart and a badge



Highest rating



Lowest rating

**Clinical quality** is based on quality of care, or the effectiveness of treatment that members received.



Highest rating



Lowest rating

**Cost efficiency** is based on the cost of treatment that members received compared to the cost of treatment by similar physicians.

## Learn more at [Humana.com/CareHighlight](https://www.humana.com/CareHighlight).

Care Highlight is intended for informational purposes only. Quality of care and cost-efficiency ratings are available in most (but not all) states and are not available for all specialists. Members have access to all physicians in the Humana network whether or not the physician has received a Care Highlight rating. Ratings should not be the sole basis for selecting a doctor. Humana does not give performance-based payments to doctors based on these ratings. Ratings do not guarantee the quality or outcome of healthcare services.

†† Ratings are not available in Alaska.

## Add more benefits

Humana offers optional supplemental benefits (OSBs) on some Medicare Advantage plans—extra benefits like dental and vision not included with Original Medicare. They can help control costs and customize your plan to your needs.

- OSBs may be added when you enroll in MA or MAPD, or during any time of the year.
- They have an additional premium that can be combined with your MA or MAPD premium, so you only have one payment.
- Enrollees must continue to pay the Medicare Part B premium, their Humana plan premium and the OSB premium.

Explore OSBs at [Humana.com/SB](https://www.humana.com/SB).

## Stay connected with your plan benefits

Many plans may include resources that help you make the most of your benefits, like:

- Access to preferred cost-sharing, mail-delivery pharmacies like CenterWell Pharmacy®
- SmartSummary®, a personalized benefit update
- Anytime access to your plan information with your secure MyHumana account

Other pharmacies are available in the Humana network

Humana MyOption optional supplemental benefits (OSB) are only available to members of certain Humana Medicare Advantage (MA) plans. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Benefits may change on January 1st each year. Enrollees must continue to pay the Medicare Part B premium, their Humana plan premium, and the OSB premium.



# Enrollment

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## When can I enroll?

|   |  |
|---|--|
| <b>INITIAL ENROLLMENT PERIOD</b><br>3 months before and 3 months after your 65th birthday month | <p>If you're enrolling in Medicare for the first time, you have an Initial Enrollment Period (IEP) that begins 3 months before and ends 3 months after you turn 65.</p> <p>You may enroll in Part A, Part B or both. You may also choose to enroll in a Medicare Advantage plan (Part C) or a prescription drug plan (Part D).</p> <p>Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This is called the late enrollment penalty, or LEP. It's incurred if there is a continuous period of 63 days or more at any time after the end of your IEP during which you were eligible to enroll but were not enrolled in a Medicare Part D plan.</p> |
| <b>LEARN ABOUT NEW PLANS</b><br>Oct. 1 – Oct. 14, 2023  | Compare plans so you'll be ready to enroll beginning on Oct. 15. You cannot enroll before the 15th.  |
| <b>ANNUAL ENROLLMENT PERIOD</b><br>Oct. 15 – Dec. 7, 2023                                       | During the Annual Enrollment Period (AEP), if you are eligible, you can enroll in a Medicare Advantage plan with or without prescription drug coverage. Or you may choose to enroll in a stand-alone prescription drug plan.   |
| <b>OPEN ENROLLMENT PERIOD</b><br>Jan. 1 – March 31, 2024  | If you already have a Medicare Advantage plan, you may enroll in another Medicare Advantage plan or return to Original Medicare during the Open Enrollment Period (OEP). You may only make one change within the period.   |
| <b>SPECIAL ELECTION PERIOD</b>  | <p>There are Special Election Periods (SEPs) outside of the usual IEP, AEP or OEP when an individual may enroll in, drop or change their plan. This period lasts 2 months after a qualifying life event. (Dates may vary by person.) Qualifying life events might include:</p> <ul style="list-style-type: none"><li>• You qualify for Extra Help.</li><li>• You're retiring and losing employer coverage.</li><li>• Your plan is not renewing its contract with the Centers for Medicare &amp; Medicaid Services (CMS) or intends to stop providing benefits in your area at the end of the year.</li></ul>   |



## If you qualify and enroll today, here's what will happen next

### TODAY

- Complete an application.
- Choose to receive your member materials by mail or online.

### IN THE NEXT FEW WEEKS

- Humana will confirm your eligibility and process your application.
- Medicare will confirm your enrollment.
- After your application is confirmed, we'll mail your Humana member ID card.
- You'll also receive a Summary of Benefits. If you choose the mail option, it will arrive in the mail. If you choose the online option, you'll get an email with instructions on using your secure online MyHumana account. MyHumana makes it easy to access important plan documents and information from **Humana.com**.

### IN THE MONTHS TO COME

- Your licensed Humana sales agent will call you after 30, 60 and 90 days. They'll make sure that all is going well and answer your questions.
- If you have a drug claim, you'll receive your SmartSummary statements monthly.

# Star Rating program

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A plan's Star Rating can help you find a trusted option.

The CMS Star Rating program is a quality rating system. It measures recent members' experiences with their Medicare Advantage plans and prescription drug plans. That way, you can see a snapshot of a plan's satisfaction rates and quality, as determined by members and CMS.

**Every year, Medicare evaluates plans on a 5-star rating system. One star is the lowest and five is the highest.**



Highest rating



Lowest rating

Humana®

**Thanks for  
your time and  
attention**

**Humana®**



Humana is a Medicare Advantage PPO, HMO and PFFS organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

The Humana Premier RX (PDP) and the Humana Walmart Value RX (PDP) Prescription Drug Plan pharmacy networks include limited lower-cost, preferred pharmacies in urban areas of AR, CT, DE, IA, IN, KY, ME, MI, MN, MO, MS, ND, NY, OH, PR, RI, SD, TN, VT, WI, WV; suburban areas of CT, HI, MA, ME, MI, MT, ND, NJ, NY, OH, PA, PR, RI, WV; and rural areas of IA, MN, MT, ND, NE, SD, VT, WY. There are an extremely limited number of preferred cost share pharmacies in urban areas in the following states: AR, DE, ME, MI, MN, MS, ND, NY, OH, RI, and SD; suburban areas of MT and ND; and rural areas of ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Care at **800-281-6918 (TTY: 711)** or consult the online pharmacy directory at Humana.com.

## Important

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### 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, **877-320-1235 (TTY: 711)**.

### 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.

### 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。