

Humana Dual Eligible Special Needs Plan

Humana®

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Giving you more of what matters— in the big moments and in the small ones too

No matter where your health journey takes you, Humana will be right by your side. We'll be there to ask how you're doing—and to listen to what you need. Then, we'll go above and beyond to help you get it. We call that human care.



Let's talk about ...

- What a Dual Eligible Special Needs Plan (DSNP) is
- Eligibility requirements and when you can enroll
- Advantages of a Humana DSNP



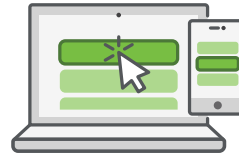
What is a DSNP?

- In order to be eligible, you must have both Medicare and Medicaid.
- These plans bring Medicare and Medicaid coverage into one plan. They may also offer extra benefits.
- Enhanced care management services are included.
- Your primary care provider manages your care.
- In most cases, you must use network providers, except for out-of-area emergency or urgent care.
- We offer health maintenance organization (HMO) plans in all states with DSNPs. We offer preferred provider organization (PPO) plans in most states with DSNPs.
- Every Humana DSNP includes the Healthy Options allowance. This gives members a monthly or yearly allowance for certain items. That includes healthy food, home supplies and over-the-counter (OTC) items. Members can also use it to help pay for bills, rent and utilities.
- Humana DSNP members will pay a \$0 copay for covered prescriptions—even brand-name ones.

You may be able to choose a DSNP if:



**You are turning or
have turned 65
(even if you still work)**



**You are enrolled
in Medicaid and
Medicare Part A
and Part B**



**You have a permanent
residence in a DSNP plan
service area**

OR



**You are eligible for Medicare and
have end-stage renal disease (ESRD)**

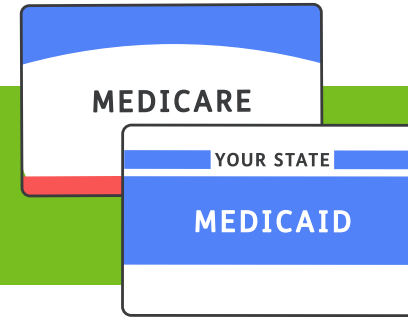
When can I enroll in a DSNP?

- You're likely first eligible to enroll in Original Medicare beginning 3 months before you turn 65, and ending 3 months after the month you turn 65 (a 7-month period). Some people may qualify by disability.
- If you're enrolled in Medicaid, once you also enroll in Original Medicare (Parts A and B), you have the option to enroll in a DSNP, which may offer more benefits than Medicaid and Original Medicare alone.

If you're eligible for both Medicare and Medicaid, follow these 2 steps to get started

Step
1

Enroll in Original Medicare and Medicaid



Original Medicare Part A helps pay for hospital stays and inpatient care.



Original Medicare Part B helps pay for doctor visits and outpatient care.



Medicaid offers benefits that Medicare doesn't normally cover, like nursing home care and personal care services.

Step
2

After enrolling in Original Medicare and Medicaid, you can enroll in a DSNP with additional coverage—offered by private companies



Medicare Part C (Medicare Advantage) is made up of Part A, Part B and can include Part D (prescription drug benefits). It may also give you extra benefits like hearing, dental and vision.

Ask your licensed sales agent about other plan types that may be available to you.

Advantages of a Humana DSNP



Many plans offer medical and prescription drug coverage in one plan, as well as routine dental and vision coverage.



Get care without leaving home. You can get virtual visits over a phone, computer or tablet if your doctor offers telehealth services.



Medicare Advantage plans may have lower out-of-pocket costs than Original Medicare.



Extra resources and services such as:

- Access to mail delivery of prescriptions through a preferred cost-sharing mail-order pharmacy
- Care management programs*
- Hearing aid coverage

* Members must meet eligibility requirements for care management programs.

Humana DSNP benefits

Availability varies by plan

Plans may include:

- Access to preferred cost-sharing mail-delivery pharmacies, like CenterWell Pharmacy[†]
- Coverage for safe and remote virtual visits
- SmartSummary[®]
- Anytime access to your plan information with your secure MyHumana account at **Humana.com**

† Other pharmacies are available in the Humana network.



Healthy Options allowance

Money each year to buy items and pay bills so you can stay in your best health

We know your health is more than doctor visits. That's why the Healthy Options allowance comes with every Humana DSNP and many other plans. The allowance will be added to your Humana Spending Account Card each month.

You'll be able to use it at participating stores. That includes Kroger®, Walmart®, Dollar General®, Walgreens®, Publix® and more.



Pay for eligible items like:

- Rent or mortgage payments
- Internet, phone, and utility bills like water or electricity
- OTC items (vitamins, first aid supplies, etc.)
- Healthy food
- Cleaning supplies
- Pet supplies
- Personal hygiene and wellness items
- Bathroom safety devices
- Assistive devices
- Disaster relief kits and products
- Taxis, rideshare services and public transportation
- Living expenses
- Aging support
- Pest control

Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply.

Which Humana plan is right for you?

HMO

- HMOs have a defined network of providers.
- If the HMO includes point-of-service benefits, you may use out-of-network providers.
- Out-of-pocket costs may be higher for non-network providers and facilities.‡
This does not apply to emergency care.

‡ In some cases, the costs are the same in and out of network.

HMO



Which Humana plan is right for you?

PPO

- PPOs have a defined network of providers.
- You may see out-of-network providers who are eligible to participate in Medicare. There is no referral needed.
- Out-of-pocket costs may be higher for non-network providers and facilities, except for emergency care.‡
- The PPO national network helps you travel easily. It offers in-network coverage for doctors, specialists, hospitals and other providers across the U.S.

‡ In some cases, the costs are the same in and out of network.



PPO

Plan ratings, network information and more

Star Rating program

The Centers for Medicare & Medicaid Services' Star Rating program is a quality rating system. It measures members' experiences with their Medicare Advantage plans and prescription drug plans. One star is the lowest and five is the highest.

Every year, Medicare evaluates plans based on a 5-star rating system.



Highest rating



Lowest rating

Plan ratings, network information and more

Find a Doctor with Care Highlight

Need help finding a doctor? Our Find a Doctor page at [Humana.com/FindADoctor](https://www.humana.com/FindADoctor) can help. Plus, we can help you make sure it's the right doctor for you. We use a physician rating system that has earned National Committee for Quality Assurance accreditation.

Care Highlight® helps show doctor practices that meet quality and cost-efficiency guidelines. That way, you can make more informed choices. You can find a doctor's ratings** on the Humana Find a Doctor tool. Ratings only appear if we have enough data to measure a doctor's quality and cost efficiency.

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



Highest rating



Lowest rating

Clinical quality is based on quality of care. That means 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.

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. Patients 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.

Plan ratings, network information and more

In-network providers

No insurer can guarantee that your provider is in or will remain in network

Find out whether your provider accepts your Humana Medicare Advantage plan:



Call your provider's billing department and ask if the doctor is in network for the plan you're considering.



Visit **Humana.com/FindADoctor** to see if your provider accepts the plan you're considering.

The most accurate way to find out if your provider is in network is to consult the Humana Provider Directory.

Plan ratings, network information and more

Extra Help



Low-Income Subsidy, or Extra Help, is money the federal government has set aside to help people with Medicare pay for their prescriptions. To see if you qualify, call:

- **1-800-MEDICARE (800-633-4227)**, 24 hours a day, 7 days a week; TTY users should call **1-877-486-2048**
 - The Social Security Administration at **800-772-1213**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time; TTY users should call **800-325-0778**
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Add more benefits

Humana offers plans with Optional supplemental benefits (OSBs). That way, you may be able to get even more coverage through your plan for things like dental, vision and more.

OSBs are extra benefits not offered with Original Medicare. They may help control costs and help you get the coverage you want.

- OSBs may be added when you enroll in a Medicare Advantage plan, or during any time of the year.
- They have an additional premium. It can be combined with your Medicare Advantage plan 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.

Humana MyOption OSBs are only available to members of certain Humana Medicare Advantage plans. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Benefits may change on Jan. 1 each year.

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

TODAY

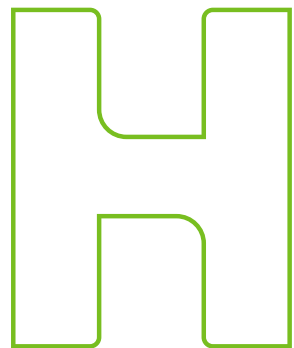
- Complete an application.
- Choose how to receive your member materials. You can get them by mail or use our simple online option.

IN THE NEXT FEW WEEKS

- Humana will confirm your eligibility and process your application. Also, Medicare will confirm your enrollment.
- After your enrollment application is confirmed, we'll mail your Humana member ID card. You will also receive a Summary of Benefits in the mail. If you choose the online option, we'll send an email with instructions on how to access your plan documents safely online through your MyHumana account on **Humana.com**.

IN THE MONTHS TO COME

- Your licensed Humana sales agent will call you at 30 days, 60 days and 90 days. They will ensure that all is going well and answer your questions.
- If you have a medical or prescription drug claim, you'll receive your SmartSummary statements monthly.
- You should schedule necessary preventive screenings. Many of these are covered as part of your plan.



Thanks for your time and attention

Questions? Here's where to find more information:

- “Medicare and You” 2024 handbook
- www.medicare.gov
- Your State Health Insurance Program
- **Humana.com**

We'll be glad to answer any questions you have.



Humana is a Coordinated Care plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in any Humana plan depends on contract renewal.

Benefits vary by plan. Plans may not be available in all states.

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

NOTICE FOR TENNESSEE: TennCare is not responsible for payment for these benefits, except for appropriate cost-sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any reference to more, extra, or additional Medicare benefits is applicable to Medicare only and does not indicate increased Medicaid benefits.

NOTICE FOR FLORIDA: Sponsored by Humana Medical Plan, Inc. and the State of Florida, Agency For Health Care Administration.

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.

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, **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。