

Humana Healthy Horizons® in Kentucky

Everyone offers coverage, Humana delivers human care

Major program features

We know that in order to achieve their best health, people need more than just good benefits. They need care that sees them as a whole person, with services and offerings that still keep you feeling good, even after you leave the doctor's office. So we are pleased to provide you with the following medical, behavioral health and pharmacy benefits, plus an array of additional benefits that will help keep you feeling your best.

- Doctor office visits
- Pre- and postnatal care
- Hospital services
- Prescriptions
- No referrals for in-network providers
- Dental benefits
- Vision benefits for adults
- Smoking cessation program
- Behavioral health care and counseling services

For more information about your benefits, find the enrollee handbook at [Humana.com/HealthyKentucky](https://www.humana.com/HealthyKentucky).

It is important that you select a doctor and make regular visits to maintain your health

It's important that your primary care physician (PCP) is close to your home or work and is able to meet your health needs as well as cultural needs, such as language preference. Visit our physician finder at [Humana.com](https://www.humana.com), where you can compare doctors in our extensive provider network. To select or change your PCP, you can call our Enrollee Services at **800-444-9137 (TTY: 711)**

Important contact information for Humana

Enrollee Services	800-444-9137 (TTY: 711)
24-hour Nurse Advice Line	800-648-8097 (TTY: 711)
Behavioral health crisis line	833-801-7355 (TTY: 711)
MedImpact (pharmacy)	800-210-7628
Mailing address	P.O. Box 14823 Lexington, KY 40512
Address of KY Market Office	Kentucky Market Office, 101 E. Main St., Louisville, KY 40202
Website	Humana.com/HealthyKentucky

Better health, better care, better value

At Humana Healthy Horizons®, the health of our enrollees is at the heart of all we do. We encourage you to connect with us and put your health and wellness first. By conducting a Health Risk Assessment (HRA), we can understand your overall needs and connect you with the programs and services that will help keep you feeling your best. From smoking cessation to care management to housing assistance, we understand that our enrollees need more than just health insurance. They need a partner who can see them through the difficult times and point them toward that light at the end of the tunnel.

We care about you and strive to bring you solutions for the problems you face day to day by providing value-added services like:

- Rewards program for healthy behaviors
- Digital tools to help you manage your health
- Weight management program
- GED prep and test assistance
- Criminal expungement services
- Tobacco cessation program

Care Management and Population Health services

We care about you and strive to bring you solutions for the problems you face day to day. We offer care coordination services to all enrollees who can benefit from this service. Enrollees can self-refer, too. Children and adults with special healthcare needs often can benefit from care management. We have registered nurses, social workers and other outreach workers who can work with you one-on-one to help coordinate your healthcare. This may include helping you find community resources you need.

To learn more about how you can get extra support to manage your health:

- Talk to your PCP.
- Call our Care Management Support Services at 888-285-1121 or email KYMCDCaseManagement@humana.com.
- For assistance with community resources call 866-331-1577 or email KYMCDpopulationhlth@humana.com.

Digital support and information



Humana's website

Your enrollee website, located at [Humana.com/HealthyKentucky](https://www.humana.com/HealthyKentucky), provides links to educational materials to help you improve your health and take care of yourself:

- Enrollee Handbook
- Physician List
- Newsletters
- Over-the-counter (OTC) information
- Find a doctor and more

You can download and print copies of the items mentioned above at any time. To obtain printed copies and alternative formats of all materials—at no cost—call Enrollee Services at **800-444-9137 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time.

Access personalized plan information with the MyHumana app

You're always on the go. That's why Humana has created the MyHumana app where you can:

- Review your health services history.
- Access your Humana enrollee ID card instantly with a single tap.
- Find a provider by specialty or location. The MyHumana app can even use your current location to locate the closest in-network provider—no matter where you are.*

Download the MyHumana app for iPhone or Android by going to the Apple App Store® or Google Play®.

* May require location sharing enabled on your phone.

Using MyHumana on the web



How to sign in

When you go to **Humana.com**, sign in with your username and get access to key coverage information as well as useful enrollee tools and resources. To get started, select the “sign in” button at the top.



How to register for MyHumana

If you have not registered for MyHumana, you’ll need to create an account. (If you are under 18, please call Enrollee Services for more information.)

- Go to **Humana.com/LogOn** and select the “register now” link below the “not registered?” heading.
- Select the “get started” button on the “select your registration type” page.
- Choose Medicaid as your member type, and fill out the member information. You’ll need to enter your enrollee ID number, date of birth and ZIP code. Select “Continue” when you’re ready.
- Now, you’ll get to set up your account information. Enter your email address, create a username and password, and choose a security question. Select “Submit” when you are done.
- A confirmation email will be sent to you to confirm your email address. Select the link in the email you receive to finish setting up your account.

You’re all set! Now you can sign in to your MyHumana account using your username and password.



Stay connected with your smartphone

You may be entitled to free cell phone benefits to help you stay connected.

- Choose a new smartphone and receive unlimited texts, unlimited calls to Humana, 4.5 GB of data monthly and 350 minutes monthly.

If interested, please contact SafeLink® at **877-631-2550**. Enrollees who are under 18 will need a parent or guardian to sign up.



Earn rewards with Go365 for Humana Healthy Horizons

With Go365 for Humana Healthy Horizons[®], you have the opportunity to earn rewards for taking care of yourself, like getting key preventive screenings and taking other healthy actions. Participating in healthy activities and earning rewards is easy.

How to earn and redeem rewards

- Download the Go365 for Humana Healthy Horizons app from iTunes/Apple App Store or Google Play on a mobile device.
- Create an account for Go365 for Humana Healthy Horizons.
- Enrollees under the age of 18 must have a parent or guardian register on their behalf to participate and engage with the program. The person completing the registration process on behalf of a minor must have the minor's Medicaid Member ID.

Enrollees who are 18 and older can register to create a Go365 for Humana Healthy Horizons account. You must have your Medicaid Member ID.

If you have a MyHumana account, you can use the same login information to access Go365 for Humana Healthy Horizons, after you download the app.

- Once registered for the app, you can begin to complete healthy activities, like getting a flu shot or completing your health risk assessment, to earn Go365 for Humana Healthy Horizons rewards. Those rewards can then be redeemed for e-gift cards to popular retailers in the Go365[®] Mall.

Find more information about the details of the Go365 for Humana Healthy Horizons offerings in the Enrollee Handbook at [Humana.com/HealthyKentucky](https://www.humana.com/HealthyKentucky).

Complaints, grievances and plan appeals

We want you to be happy with us and the care you receive from our providers. Let us know right away if at any time you are not happy with anything about us or our providers. This includes if you do not agree with a decision we have made.



Call Enrollee Services

800-444-9137 (TTY: 711)



Write to us

P.O. Box 14546

Lexington, KY 40512-4546

Do you need help communicating?

If you do not speak English, we can help. We have people who help us talk to you in your language. We provide this help for free.

For people with disabilities: If you use a wheelchair, or are blind, or have trouble hearing or understanding, call us if you need assistance. We can tell you if a provider's office is wheelchair accessible or has devices for communication. Also, we have services like:

- Telecommunications relay service. This helps people who have trouble hearing or talking to make phone calls. Call **711** and give them our Enrollee Services phone number. It is **800-444-9137**. They will connect you to us.
- Information and materials in large print, audio (sound) and braille.
- Help in making or getting to appointments.
- Names and addresses of providers who specialize in your disability.

All of these services are provided to you for free.

We can help you quit smoking

We want to help you lead your healthiest life, so we give you access to our wellness coaching team using Go365 for Humana Healthy Horizons for participation in the tobacco and vaping cessation program.

- For all enrollees age 12 and older, up to eight health coaching/cessation support calls within 12 months of the first coaching session
- For enrollees age 18 and older, nicotine replacement therapy upon request

Finding providers in your plan

You will find a list of in-network providers in our Physician List. If you would like a copy of the Physician List, call **800-444-9137 (TTY: 711)** or visit our website at **[Humana.com/HealthyKentucky](https://www.humana.com/HealthyKentucky)**.

How to get care after hours

If you need nonemergency care after business hours, you can contact our 24-hour Nurse Advice Line at **800-648-8097** or you can contact your PCP's office. If it's an emergency, call **911** or go to the emergency room.

What to do in case of an emergency

Emergency services are those services that you get when you are very ill or injured. These services try to keep you alive or keep you from getting worse. They are usually delivered in a hospital emergency room.

If your condition is severe, call **911** or go to the nearest emergency facility right away. You can go to any hospital or emergency facility. If you are not sure if it is an emergency, call your PCP. Your PCP will tell you what to do.

The hospital or facility does not need to be part of our provider network or in our service area. You also do not need to get approval ahead of time to get emergency care or for the services that you receive in an emergency room to treat your condition.

If you have an emergency when you are away from home, get the medical care you need. Be sure to call Enrollee Services when you are able and let us know.

Accessing your behavioral health services

There are times when you may need to speak to a therapist or counselor.

We cover many different types of behavioral health services that can help with issues you may be facing. You can call a behavioral health provider for an appointment. You can get help finding a behavioral health provider by:

- Calling **800-444-9137 (TTY: 711)**
- Looking at our Physician List
- Going to our website, **Humana.com/HealthyKentucky**

You do not need a referral from your PCP for behavioral health services offered by an in-network provider.

In case of a behavioral health emergency, you can contact our behavioral health crisis line anytime at **833-801-7355**. They can help you get the care you need.

Virtual visits from MDLIVE®

Can't see your regular doctor immediately? A virtual visit may be the right solution. You can connect with board-certified doctors 24 hours a day, seven days a week, via virtual visits with MDLIVE®.

MDLIVE can provide treatment for a variety of healthcare needs including cold and flu symptoms, skin conditions, prescription refills and medication adjustments, all from the comfort of your own home or while traveling.



Getting started is easy

Use your computer, smartphone, tablet or telephone to receive care (data rates may apply). You have three ways to receive care:*

1. Visit www.MDLIVE.com/HumanaMedicaid.
2. Call **844-403-0556 (TTY: 711)**.
3. Download the MDLIVE mobile app from the Apple App Store or Google Play.

* Internet access required. Check your Enrollee Handbook for more information.

Fraud/abuse/overpayment in the Medicaid program

To report suspected fraud or abuse to the Kentucky Department of Health, call the Recipient Fraud Complaint Hotline toll-free at **877-228-7384**, or complete a Medicaid Recipient Fraud Form, which is available online at www.chfs.ky.gov. You can also report fraud and abuse to us directly by contacting the Special Investigations Unit Hotline at **800-614-4126 (TTY: 711)**, Monday – Friday, 7 a.m. – 3 p.m., Eastern time.

Know your member rights

As a recipient of Medicaid and an enrollee in a plan, you have the right to get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, disability or source of payment.

You have the right to get a copy of your bill and have the charges explained to you. You also have the right to get a copy of your medical record and request to have information added or corrected in your record, if needed.

For a full list of your rights as a Humana enrollee, refer to your Enrollee Handbook at Humana.com/HealthyKentucky.

You'll be receiving a Humana enrollee ID card in the mail. When you receive it, look at the information on it and call us at **800-444-9137 (TTY: 711)** to choose your PCP if you did not pick the one listed on your ID card. When you visit your doctor, be sure to take your Humana enrollee ID card with you.

Let us know how we can best help you with your health goals



Phone
800-444-9137
(TTY: 711)



Web
Humana.com/HealthyKentucky

Notice of Privacy Practices

For your personal health information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by law. This includes the right to make changes in our privacy practices and the revised terms of our notice effective for all personal and health information we maintain. This includes information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is personal and health information?

Personal and health information—from now on referred to as “information”—includes both medical information and individually identifiable information, like your name, address, telephone number or Social Security number. The term “information” in this notice includes any personal and health information created or received by a healthcare provider or health plan that relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare. We protect this information in all formats including electronic, written and oral information.

How do you protect my information?

In keeping with federal and state laws and our own policy, we have a responsibility to protect the privacy of your information. We have safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our associates about company privacy policies and procedures

How do you use and disclose my information?

We must use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

Where required, by law we have the right to use and disclose your information:

- To a doctor, hospital or other healthcare provider so you can receive medical care
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments
- For healthcare operation activities including processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting

medical management, improving quality, reviewing the competence of healthcare professionals, and determining premiums

- For performing underwriting activities (will not use any results of genetic testing or ask questions regarding family history)
- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment and disenrollment activities; may share summary level health information about you with your plan sponsor in certain situations, such as to allow your plan sponsor to obtain bids from other health plans, but will not share detailed health information with your plan sponsor unless you provide us your permission or your plan sponsor has certified they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you if you have not opted out as described below
- To your family and friends if you are unavailable to communicate, such as in an emergency
- To your family and friends or any other person you identify, provided the information is directly relevant to their involvement with your healthcare or payment for that care; for example, may confirm whether a claim has been received and paid with a family member who has prior knowledge of the claim.
- To provide payment information to the subscriber for Internal Revenue Service substantiation

- To public health agencies if we believe there is a serious health or safety threat
- To appropriate authorities when there are issues about abuse, neglect or domestic violence
- In response to a court or administrative order, subpoena, discovery request or other lawful process
- For law enforcement purposes, to military authorities and as otherwise required by law
- To assist in disaster relief efforts
- For compliance programs and health oversight activities
- To fulfill our obligations under any workers' compensation law or contract
- To avert a serious and imminent threat to your health or safety or the health or safety of others
- For research purposes in limited circumstances
- For procurement, banking or transplantation of organs, eyes or tissue
- To a coroner, medical examiner or funeral director

Will you use my information for purposes not described in this notice?

In all situations other than described in this notice, we will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not use or disclose your information for any reason not described in this notice without your permission. The following uses and disclosures will require an authorization:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of protected health information

What do you do with my information when I am no longer a member or I do not obtain coverage through you?

Your information may continue to be used for purposes described in this notice when your membership is terminated or you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

The following are your rights with respect to your information. We are committed to responding to your rights request in a timely manner:

- Access: You have the right to review and obtain a copy of your information that may be used to make decisions about you, such as claims and case or medical management records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for the labor for copying, supplies for creating the copy (paper or electronic), postage, and for preparing the information being requested by you.
- Adverse underwriting decision: You have the right to be provided a reason for denial or adverse underwriting decision if we decline your application or insurance.*
- Alternate communications: You have the right to receive confidential communications of information in

a different manner or at a different place to avoid a life threatening situation. We will accommodate your request if it is reasonable.

- Amendment: You have the right to request correction of any of this personal information through amendment or deletion. Within 30 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. In the event that we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.
- Disclosure: You have the right to receive a listing of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, health plan operations and certain other activities. We maintain this information and make it available to you for a period of six years at your request. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- Notice: You have the right to receive a written copy of this notice any time you request.

- **Restriction:** You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

* This right applies only to our Massachusetts residents in accordance with state regulations.

What types of communications can I opt out of that are made to me?

- Appointment reminders
- Treatment alternatives or other health-related benefits or services
- Fundraising activities

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable privacy rights request forms. You may obtain any of the forms by:

- Contacting us at **866-861-2762** at any time
- Accessing our Website at **Humana.com** and going to the privacy practices link
- Emailing us at privacyoffice@humana.com
- Sending your completed request form to:
Humana Inc.
Privacy Office 003/10911
101 E. Main St.
Louisville, KY 40202

What should I do if I believe my privacy has been violated?

If you believe your privacy has been violated in any way, you may file a complaint with us by calling us at **866-861-2762** anytime.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You also have the option to email your complaint to OCRComplaint@hhs.gov. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.

We follow all federal and state laws, rules and regulations addressing the protection of personal and health information. In situations when federal and state laws, rules and regulations conflict, we follow the law, rule or regulation which provides greater member protection.

We are required by law to abide by the terms of this notice currently in effect.

What will happen if my private information is used or disclosed inappropriately?

We are required by law to provide individuals with notice of our legal duties and privacy practices with respect to protected information, and will notify you in a timely manner if a breach of unsecured protected health information occurs.

The following affiliates and subsidiaries also adhere to our privacy policies and procedures:*

- American Dental Plan of North Carolina, Inc.
- American Dental Providers of Arkansas, Inc.
- Arcadian Health Plan, Inc.

- CarePlus Health Plans, Inc.
- Cariten Health Plan, Inc.
- Cariten Insurance Company
CHA HMO, Inc.
- CompBenefits Company
- CompBenefits Dental, Inc.
- CompBenefits Insurance Company
- CompBenefits of Alabama, Inc.
- CompBenefits of Georgia, Inc.
- Corphealth Provider Link, Inc.
- DentiCare, Inc.
- Emphesys, Inc.
- Emphesys Insurance Company
- HumanaDental Insurance Company
- Humana AdvantageCare Plan, Inc. fna
Metcare Health Plans, Inc.
- Humana Behavioral Health
- Humana Benefit Plan of Illinois, Inc. fna
OSF Health Plans, Inc.
- Humana Employers Health Plan
of Georgia, Inc.
- Humana Health Benefit Plan
of Louisiana, Inc.
- Humana Health Company
of New York, Inc.
- Humana Health Insurance Company
of Florida, Inc.
- Humana Health Plan of California, Inc.
- Humana Health Plan of Ohio, Inc.
- Humana Health Plan of Texas, Inc.
- Humana Health Plan, Inc.
- Humana Health Plans of Puerto Rico, Inc.
- Humana Insurance Company
- Humana Insurance Company of Kentucky
- Humana Insurance Company of New York
- Humana Insurance of Puerto Rico, Inc.
- Humana MarketPOINT, Inc.
- Humana MarketPOINT of Puerto Rico, Inc.
- Humana Medical Plan, Inc.
- Humana Medical Plan of Michigan, Inc.
- Humana Medical Plan
of Pennsylvania, Inc.
- Humana Medical Plan of Utah, Inc.
- Humana Pharmacy, Inc.
- Humana Regional Health Plan, Inc.
- Humana Wisconsin Health Organization
Insurance Corporation
- Kanawha Insurance Company* Managed
Care Indemnity, Inc.
- Preferred Health Partnership
of Tennessee, Inc.
- The Dental Concern, Inc.
- The Dental Concern, Ltd.

Effective February 2022

* These affiliates and subsidiaries are only covered by the Privacy Notice Concerning Financial Information section.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Medical Plan, Inc.

Discrimination is against the law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. See our website for more information.

Humana Inc. and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Enrollee Services at **800-444-9137 (TTY: 711)**.

If you believe that Humana Inc. or its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances

P.O. Box 14618
Lexington, KY 40512 – 4618
800-444-9137 or if you use a TTY, call **711**.

You can file a grievance by mail or phone. If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Ave., SW, Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **800-444-9137 (TTY: 711)**.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **800-444-9137 (TTY: 711)**.

繁體中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **800-444-9137 (TTY: 711)**

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **800-444-9137 (TTY: 711)**.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **800-444-9137 (TTY: 711)**.

العربية (Arabic)

كل رفاوتت ةىوغلللا ةدعاسملا تامدخ نإف، ةغلللا ركذا ثدحتت تنك اذا: ةظوحلم - **1-800-444-9137** مكبلا او مصللا فتاه - **TTY: 711** م قرب لصتا. ن اجملاب

Srpsko-hrvatski (Serbo-Croatian) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **800-444-9137 (TTY- Telefon za osobe sa oštećenim govornom ili sluhom: 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**800-444-9137 (TTY: 711)**まで、お電話にてご連絡ください。

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **800-444-9137 (ATS : TTY: 711)**.

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **800-444-9137 (TTY: 711)**번으로 전화해 주십시오.

Deutsch (Pennsylvania Dutch) Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call **800-444-9137 (TTY: 711).**

नेपाली (Nepali) ध्यान दनुहोस्: ध्यान दनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमिर्तभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **800-444-9137 (टटिवाइ: TTY: 711)** ।

Oroomiffa (Oromo) XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **800-444-9137 (TTY: 711)**.

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **800-444-9137 (телетайп: TTY: 711)**.

Tagalog (Tagalog – Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **800-444-9137 (TTY: 711)**.

ICITONDERWA (Bantu): Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona **800-444-9137 (TTY: 711)**.

Humana
Healthy Horizons.
in Kentucky