

# Michigan State University 2025 Open Enrollment Presentation

**Humana**<sup>®</sup>






**MICHIGAN STATE**  
UNIVERSITY



# Humana Group Medicare Advantage



## About Humana:

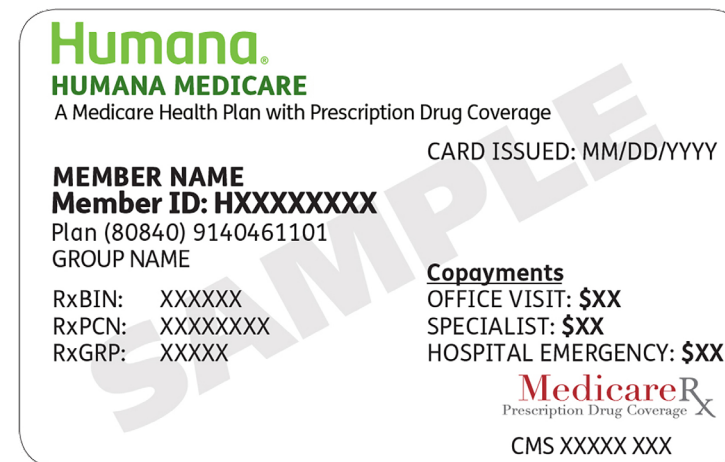
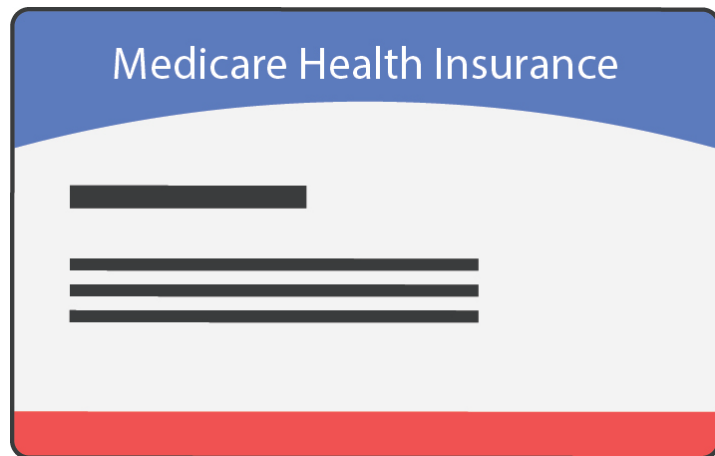
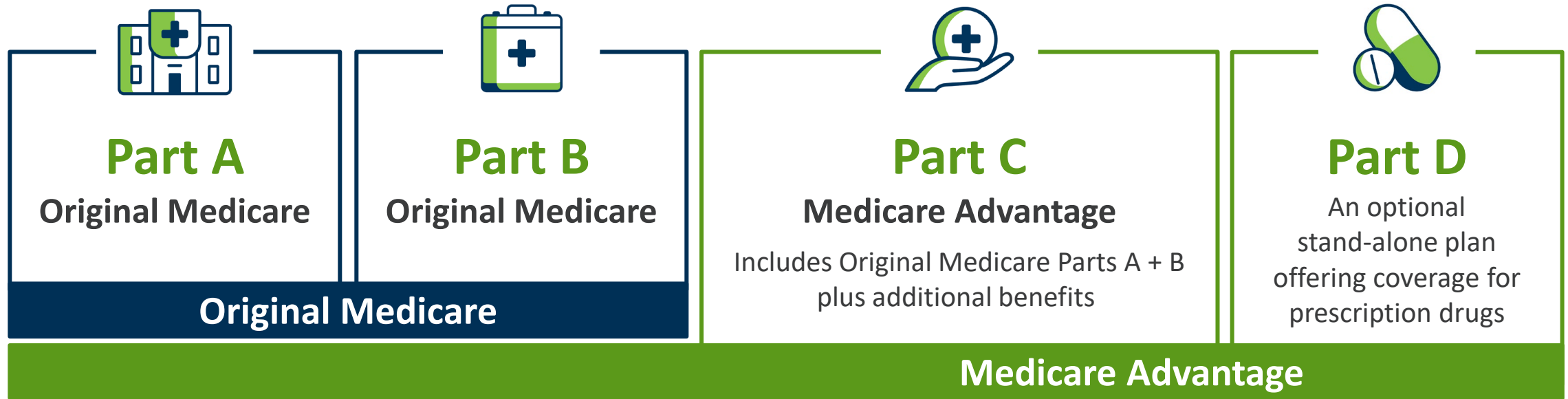
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- Dedicated to communities around the country for more than 30 years
  - Over 8.7 million Medicare members just like you, across all 50 states<sup>1</sup>
  - Nationwide network of providers
  - 2024 Best Overall Medicare Advantage Plan Company and Best Company for Member Experience<sup>2</sup>
  - Providing Medicare plans to beneficiaries since 1987

<sup>1</sup>Humana Inc. 2023 Annual Report, February 2024

<sup>2</sup>U.S. News Announces the 2024 Best Insurance Companies for Medicare Advantage, Press Room, U.S. News (usnews.com)

# What is Group Medicare Advantage?

Different “parts” of Medicare pay for different types of coverage

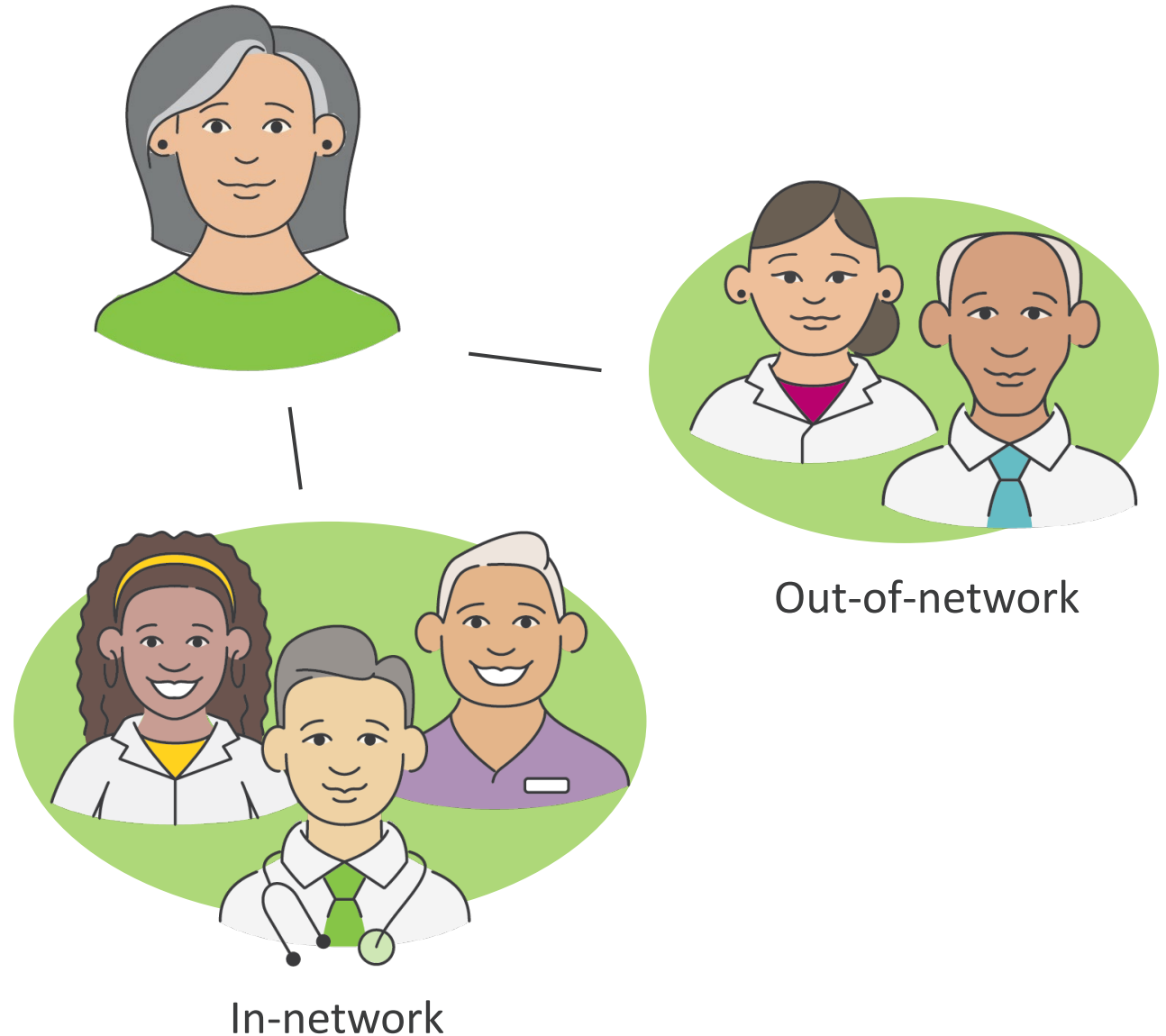


# Medicare Part C

## Medicare Advantage plan

### Preferred Provider Organization

- Your choice of any provider that accepts Medicare and agrees to bill the plan.
- No referrals required
- Most preventative care is covered at 100%
- Nationwide emergency coverage
- **Cost share is the same** for care from both in- and out-of-network providers



# Your PPO benefits

## Your PPO plan

<b>Annual deductible</b>	<b>\$192</b>
<b>Annual maximum out-of-pocket</b>	<b>\$1200</b>

## Hospital care

Outpatient hospital visits	<b>\$0 copay</b>
Inpatient hospital	<b>\$0 per admit</b>

## Physician and facility services

Primary care provider	<b>4% of the cost</b>
Specialist	<b>4% of the cost</b>
Durable medical equipment	<b>0% to 4% of the cost</b>

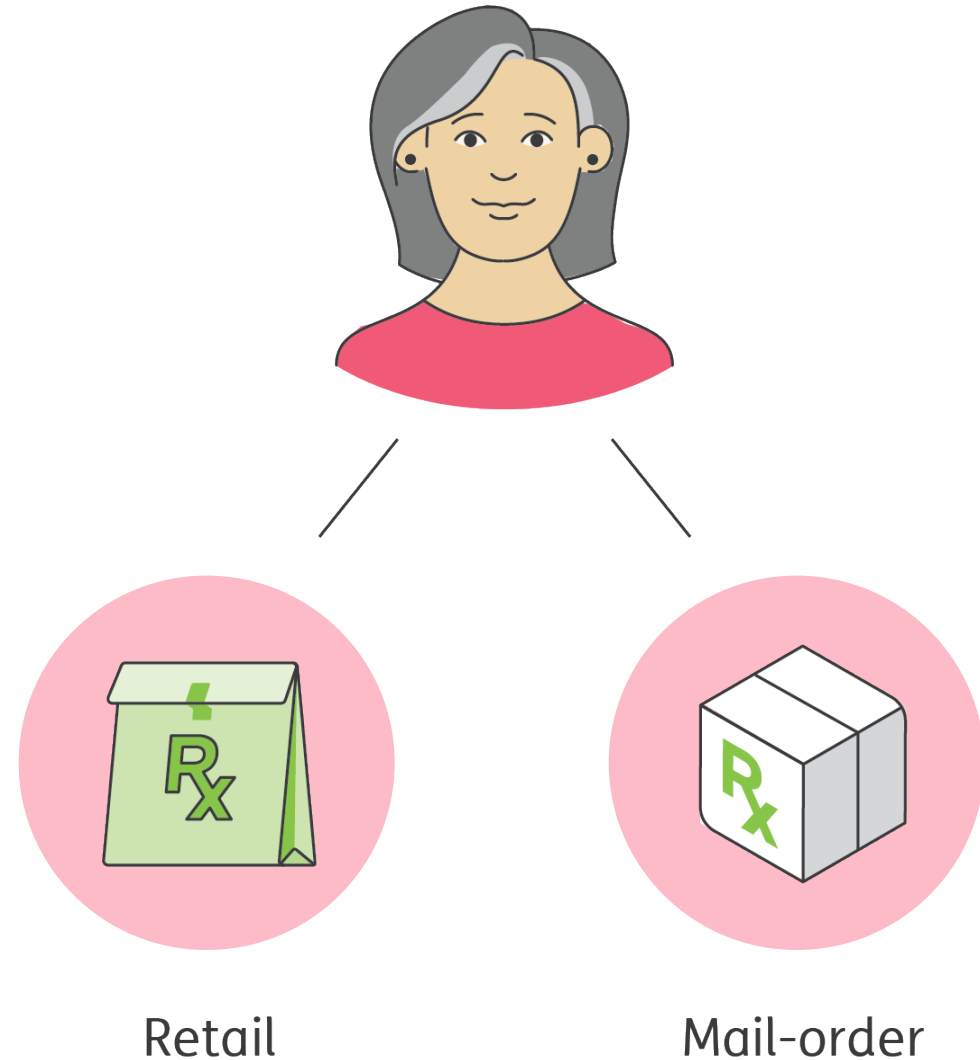
## Emergency services

Emergency room care	<b>\$50 copay</b>
Urgent care	<b>4% of the cost</b>

# Medicare Part D

## Prescription Drug Plan

- Prescription drug coverage is available as a part of your Medicare Advantage plan with prescription drug coverage (MAPD)
- Generic, brand and specialty drug coverage
- List of covered drugs may vary by plan
- Access to mail-order pharmacies



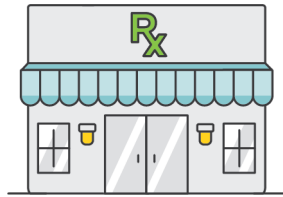
## Your Part D benefits

Humana's Part D coverage is spread among four groupings based on the drug type—also called “tiers”.

Maximum-Out-Of-Pocket: \$1,000

Tiers	Standard retail (30-day supply)	Standard mail order (90-day supply)
<b>Tier 1</b> Generic/preferred generic	<b>\$10 copay</b>	<b>\$20 copay</b>
<b>Tier 2</b> Preferred brand	<b>\$30 copay</b>	<b>\$60 copay</b>
<b>Tier 3</b> Nonpreferred drug	<b>\$60 copay</b>	<b>\$120 copay</b>
<b>Tier 4</b> Specialty	<b>\$75 copay</b>	<b>N/A</b>

# Pharmacy options

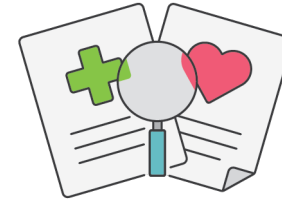


## Retail pharmacy network

- Robust network
- Flexibility and convenience



- Patient assistance program
- Clinical support
- Specially-trained associates



- Comprehensive pharmacy services
- Convenient mail-order solutions
- Safe and secure delivery

Other pharmacies are available in the Humana network.



# Part B vs. Part D coverage



## Part B

- Injectable/IV drugs given in provider's office
- Diabetic testing supplies, insulin pumps, insulin for insulin pump and CGMs
- Vaccines covered under Part B



## Part D

- Diabetes medications
- Insulin administered (or used) with syringes or pens
- Syringes, pen needles or other insulin administration devices that are not durable medical equipment (e.g., Omnipod or VGO).
- Covers most medications
- Vaccines

# MyHumana and MyHumana mobile app

Get your personalized health information on MyHumana

## With MyHumana and the MyHumana mobile app, you can:

- Review your plan benefits
- Find in-network providers or pharmacies
- Lookup and compare medication prices
- View your Humana member ID card
- Check claims
- View your SmartSummary
- One-click to access Go365

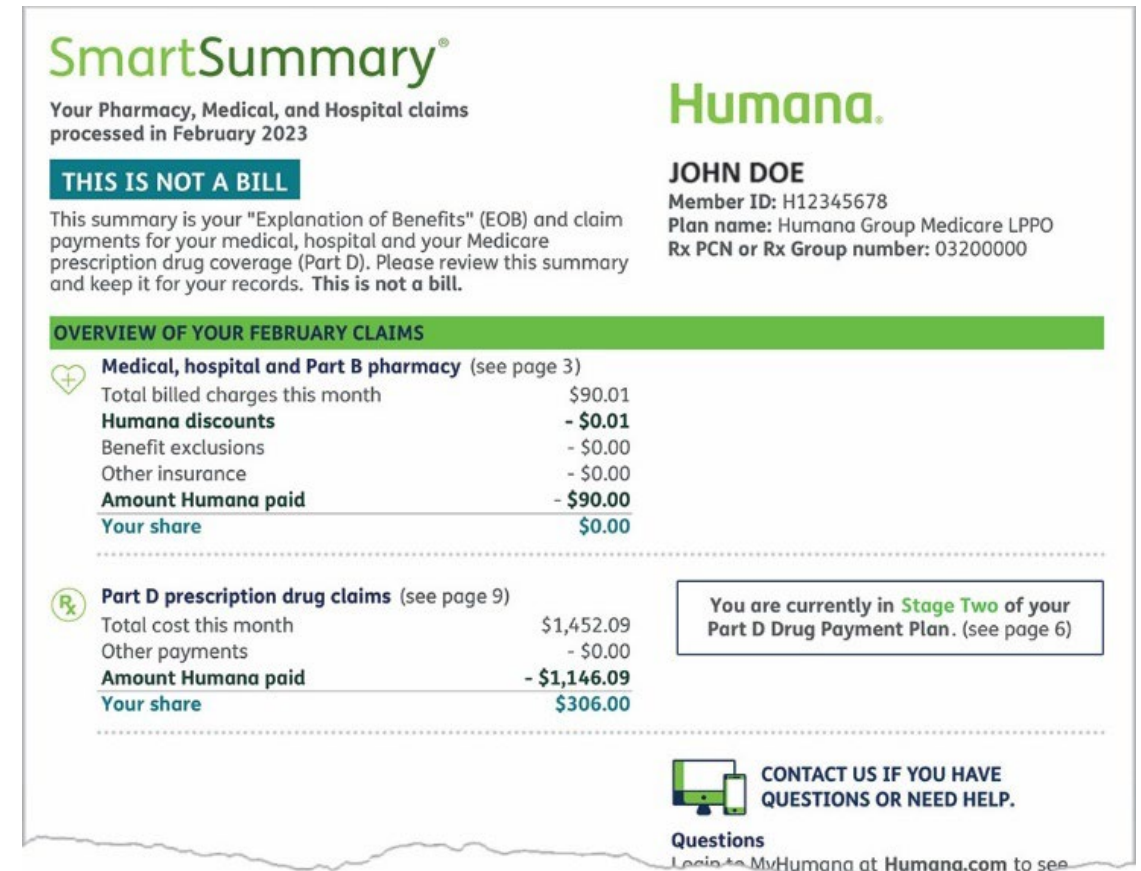
\*Standard data rates may apply



# SmartSummary

Your personalized benefits statement

- Comprehensive overview of your health benefits and healthcare spending
- Statement sent each month after you've had a claim
- View statements anytime on MyHumana
- Go Green via MyHumana if you prefer electronic delivery



**SmartSummary**  
Your Pharmacy, Medical, and Hospital claims processed in February 2023

**Humana.**

**JOHN DOE**  
Member ID: H12345678  
Plan name: Humana Group Medicare LPPO  
Rx PCN or Rx Group number: 03200000

**THIS IS NOT A BILL**

This summary is your "Explanation of Benefits" (EOB) and claim payments for your medical, hospital and your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. **This is not a bill.**

**OVERVIEW OF YOUR FEBRUARY CLAIMS**

**Medical, hospital and Part B pharmacy** (see page 3)

Total billed charges this month	\$90.01
<b>Humana discounts</b>	<b>- \$0.01</b>
Benefit exclusions	- \$0.00
Other insurance	- \$0.00
<b>Amount Humana paid</b>	<b>- \$90.00</b>
<b>Your share</b>	<b>\$0.00</b>

**Part D prescription drug claims** (see page 9)

Total cost this month	\$1,452.09
Other payments	- \$0.00
<b>Amount Humana paid</b>	<b>- \$1,146.09</b>
<b>Your share</b>	<b>\$306.00</b>

You are currently in **Stage Two** of your Part D Drug Payment Plan. (see page 6)

**CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.**

**Questions**  
Login to MyHumana at [Humana.com](https://www.humana.com) to see

# The Humana Difference

Medicare Advantage provides additional support, included in your plan



## Find a Doctor

You can use Humana's Find a Doctor tool to search for an in-network provider near you.

**[Humana.com/FindaDoctor](https://www.humana.com/FindaDoctor)**



## Telehealth

Telehealth visits allow you to connect with your provider online from the comfort and safety of your own home.

# How to Find a Doctor

1 GO TO Humana.com and select Find a Doctor

2 ENTER Zip code & SELECT Distance

3 SELECT a Lookup Method

- Under Coverage Type select Medicare or Medicare-Medicaid
- Click Network and select “Medicare PPO”
- Select Search category  
Enter All, Name, Specialty, Condition

Select a lookup method Close X

Enter your member ID or sign in for more accurate results.

Coverage Type Member ID Sign in

\* Required

Coverage type\*

Insurance through your employer

Medicare or Medicare - Medicaid

Medicaid

Network \*

Select a Network

Select a Network

Employer HMO

Gold Choice PFFS DME, LAB

Gold Plus HMO

Humana Honor PPO

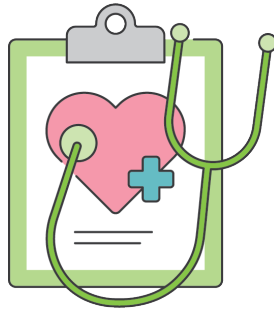
HumanaGoldChoice Mark PFFS

Medicare PPO

Medicare PPO/Employer PPO Plus

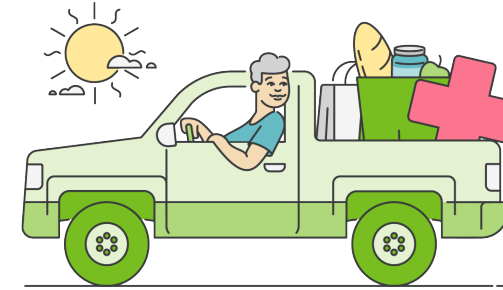
# The Humana Difference

Medicare Advantage provides additional support, included in your plan



## Clinical support

- In-home wellness assessments
- Education and resource support
- Care management for eligible members
- Primary care
- MyDirectives® advance care planning



## Post-hospitalization support

- Post-discharge personal home care
  - Up to 8 hrs of support with clinical care
- Post-discharge transportation
  - 12 one-way trips, up to 50 miles per trip
- Post-discharge meal program
  - 2 per day for 14 days

# The Humana Difference

Medicare Advantage provides additional support, included in your plan



## Go365 by Humana®

Your wellness program that rewards you  
for making healthier choices

[Go365.com](https://www.Go365.com)



## SilverSneakers®

A fitness program to improve your health, gain  
confidence and connect with your community

[SilverSneakers.com](https://www.SilverSneakers.com)

# Continuous glucose monitors and diabetic supplies

- Covered under your Humana Group Medicare Part B medical benefit
- Obtained from a participating retail pharmacy or a durable medical equipment (DME) provider that accepts Medicare and will bill your insurance

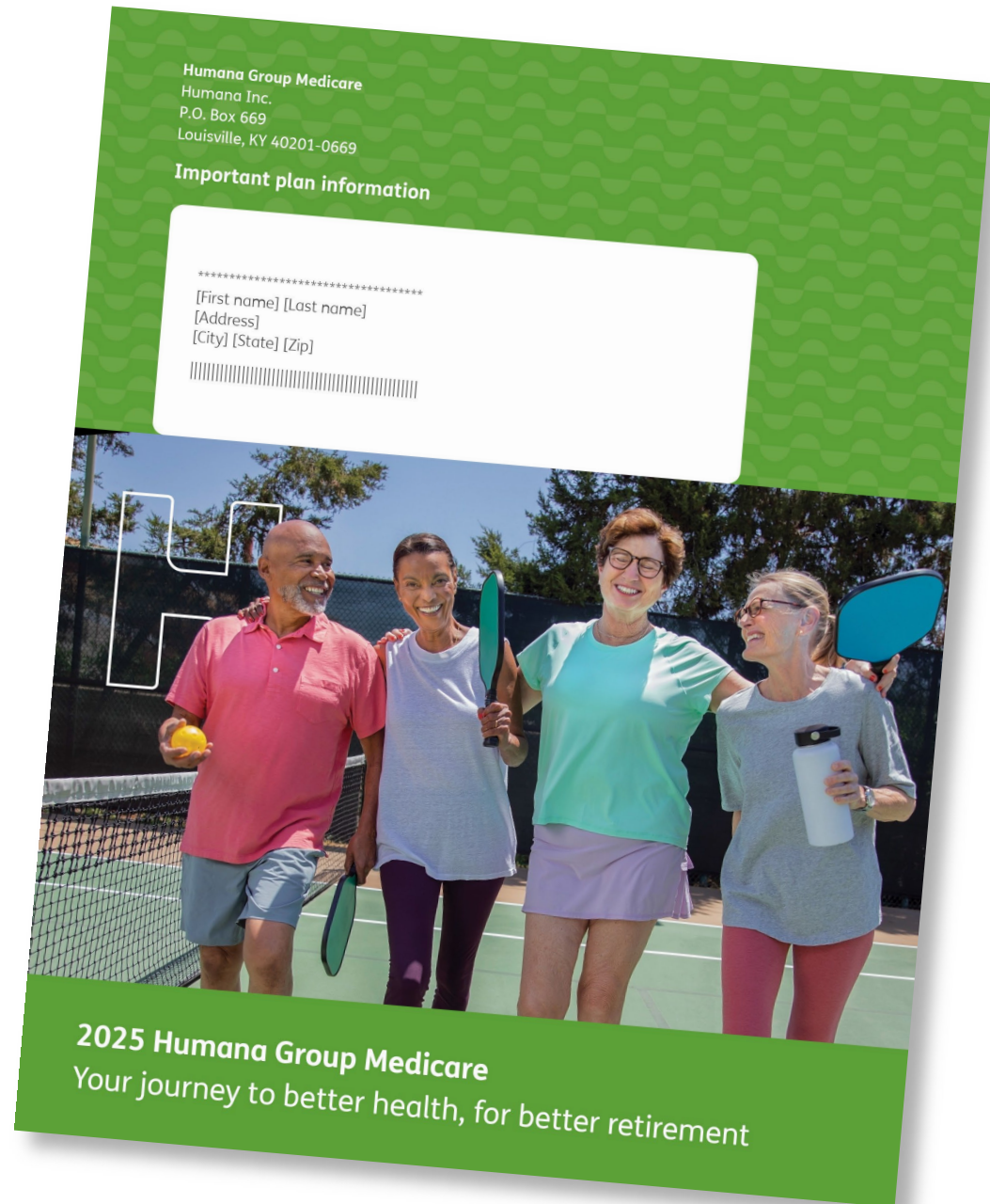




# How to enroll

- Through your employer

**Michigan State University (MSU)** will get your plan information and enroll you in the Humana plan.



# What to expect after you enroll

- Enrollment confirmation
- Humana member ID card
- Access to Evidence of Coverage (EOC)
- Medicare Health Assessment
- In-home Health and Well-being Assessment (IHWA)



**Humana.**

**HUMANA MEDICARE (EMPLOYER PPO)**

A Medicare Health Plan with Prescription Drug Coverage

CARD ISSUED: 1/1/20DD/YYYY

**MEMBER NAME**

**Member ID: HXXXXXXXXX**

Plan (80840) 9140461101

GROUP NAME

RxBIN: XXXXXX

RxPCN: XXXXXXXX

RxGRP: XXXXX

**Copayments**

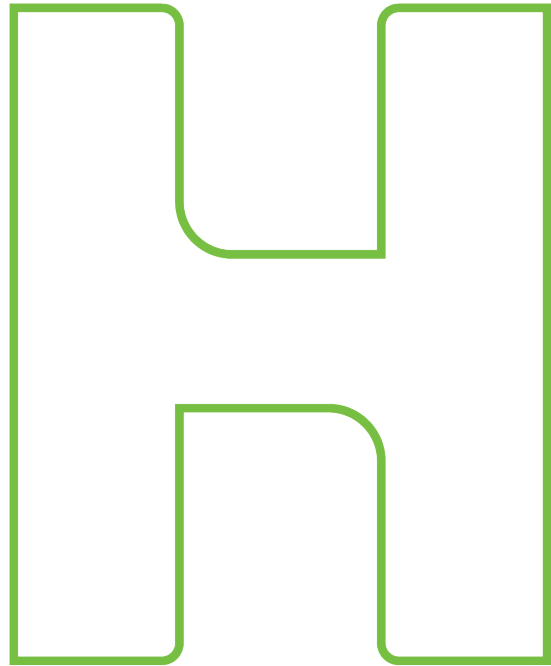
OFFICE VISIT: \$XX

SPECIALIST: \$XX

HOSPITAL EMERGENCY: \$XX

**Medicare<sup>Rx</sup>**  
Prescription Drug Coverage <sup>Rx</sup>

CMS XXXXX XXX



**Humana**®

**Thanks for your time  
and attention, stay  
connected with Humana**

For more information:

Call Humana Group Medicare Customer Care  
team for anything related to your Humana plan  
at **800-273-2509 (TTY: 711)**,  
Monday – Friday, 8 a.m. – 8 p.m., Eastern time.



Humana is a Medicare Advantage PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Call **800-273-2509 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

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 is 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.

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

Other pharmacies are available in our network.

**Humana**®

## 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。

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