



We're here for you

Humana Group Medicare Customer Care

866-396-8810 (TTY: 711)

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

your.humana.com/nmrhca

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **866-396-8810 (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 service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Humana[®]

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We've got you covered

Take action to enroll

Dear Group Medicare Beneficiary,

We're excited to let you know that **New Mexico Retiree Health Care Authority** has asked Humana to offer you a Medicare Advantage Preferred Provider Organization (PPO) and Prescription Drug Plan that gives you more benefits than Original Medicare.

Your health is more important than ever. That's why Humana has a variety of tools, programs and resources to help you stay on track. At Humana, helping you achieve lifelong well-being is our mission. During our over 30 years of experience with Medicare, we've learned how to be a better partner in health.

Get to know your plan

Review the enclosed materials. This packet includes information on your Group Medicare healthcare option along with extra services Humana provides.

- If you have questions about your premium, please call NMRHCA at **800-233-2576 (TTY: 711)**, Monday – Friday, 8 a.m. – 5 p.m., Mountain time.
- A list of drugs covered by your Humana Group Medicare PPO plan is also available at your.Humana.com/nmrhca/coverage. You will find the formulary under the “Summary of Benefits” section of the web page.
- Use Humana's Find a doctor tool at **Humana.com/FindaDoctor** for a list of network providers.

Enrollment Information

- For enrollment information, please refer to the document titled “Important Enrollment Information,” located in this packet.

We look forward to serving you now and for many years to come.

Sincerely,
Group Medicare Operations

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Important Enrollment Information

New Mexico Retiree Health Care Authority is offering you the option to enroll in the Humana Group Medicare Advantage preferred provider organization (PPO) plan. If you want to enroll in this plan, please follow the instructions below. Your plan will start on the date set by your benefit administrator. **Enrollment in this plan will cancel your enrollment in a different Medicare Advantage or a Medicare Prescription Drug (Part D) plan. However, if you are currently enrolled in a Medicare Supplement plan, you will have to take action to cancel your enrollment.**

How do I enroll?

If you want to enroll in this Group Medicare Advantage health plan, New Mexico Retiree Health Care Authority will be mailing you a switch enrollment packet.

Please select the Humana plan on the form you receive from New Mexico Retiree Health Care Authority and return it to one of the addresses below:

**6300 Jefferson St. NE, Suite 150
Albuquerque, NM 87109**

**33 Plaza La Prensa
Santa Fe, NM 87507**

What do I need to know as a member of the Humana Group Medicare PPO plan?

This enrollment packet includes important information about this plan and what it covers, including a Summary of Benefits document. Please review this information carefully.

Once enrolled, you will receive information on how to view or request a copy of an Evidence of Coverage document (also known as a member contract or subscriber agreement) from the Humana Group Medicare PPO plan. Please read the document to learn about the plan's coverage and services. As a member of the Humana Group Medicare PPO plan, you can appeal plan decisions about payment or services if you disagree. Enrollment in this plan is generally for the entire year.

When your Humana Group Medicare PPO plan begins, Humana will cover all medically necessary items and services, even if you get the services out of network. However, your member cost share may be lower if you use in-network providers. "In-network" means that your doctor or provider is on our list of participating providers. "Out-of-network" means that you are using someone who isn't on this list. The exception is for emergency care, out of area dialysis services, or urgently needed services.

You must use network pharmacies to access Humana benefits, except under limited, non-routine circumstances when you can't reasonably use network pharmacies.

You must keep Medicare Parts A and B as the Humana Group Medicare plan is a Medicare Advantage plan. **You must also continue to pay your Part B premium. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan**

- continued on next page -

premium. You can enroll in only one Medicare Advantage plan at a time. You must let us know if you think you might be enrolled in a different Medicare Advantage plan or a Medicare prescription drug plan and inform us of any prescription drug coverage that you may get in the future.

What happens if I don't join the Humana Group Medicare PPO plan?

You aren't required to be enrolled in this plan. If you don't want to enroll or have enrollment questions, please contact NMRHCA at 800-233-2576, 8 a.m. – 5 p.m., Mountain time for more information regarding other group sponsored options.

If you choose to join a different Medicare plan, you can contact **800-MEDICARE** anytime, 24 hours a day, 7 days a week, for help in learning how. TTY users can call **877-486-2048**. Your state may have counseling services through the State Health Insurance Assistance Program (SHIP). They can provide you with personalized counseling and assistance when selecting a plan, including Medicare Supplement plans, Medicare Advantage plans and prescription drug plans. They can also help you find medical assistance through your state Medicaid program and the Medicare Savings Program.

What if I want to leave the Humana Group Medicare PPO plan?

You can change or cancel your Humana coverage at any time and return to Original Medicare or another Medicare Advantage plan by using a special election. You can send a request to the Humana Group Medicare plan. Please call NMRHCA at 800-233-2576, 8 a.m. – 5 p.m., Mountain time. You can also call **800-MEDICARE** anytime, 24 hours a day, 7 days a week. TTY users can call **877-486-2048**.

What happens if I move?

The Humana Group Medicare PPO plan serves a specific service area. **If you move to another area or state, it may affect your plan.** Please call NMRHCA at 800-233-2576, 8 a.m. – 5 p.m., Mountain time. Please also call Humana Group Medicare Customer Care at **866-396-8810 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time, to notify of the new address and phone number.

If you leave this plan and don't have creditable prescription drug coverage (as good as Medicare's prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Release of Information

By joining this Medicare Advantage plan, you give us permission to share your information with Medicare and other plans when needed for treatment, payment and health care operations. We do this to make sure you get the best treatment and to make sure that it is covered by the plan. Medicare may also use this information for research and other reasons allowed by Federal law.

What to expect after you enroll

- **Enrollment confirmation**

You'll receive a letter from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.

- **Humana member ID card**

Your Humana member ID card will arrive in the mail shortly after you enroll.

- **Evidence of Coverage (EOC)**

You will receive information on how to view or request a copy of an Evidence of Coverage document (also known as a member contract or subscriber agreement). Please read the document to learn about the plan's coverage and services. This will also include your privacy notice.

- **Take your Medicare Health Assessment**

CMS requires Humana to ask new members to complete a health survey within their first few months of enrollment.

It's nine simple questions about your health. Your answers will help us guide you to tools and resources available to help you reach your health goals. The information you provide will not affect your plan premiums or benefits or what you pay for them.

Once you have received your Humana member ID card or after your plan is effective, you can call our automated voice service anytime to take this survey at **888-445-3389 (TTY: 711)**. When you call, you'll be asked to provide your eight-digit member ID number located on the front of your Humana member ID card, so have your ID card handy.

You may also take the survey online at **MyHumana.com** after activating your online account.

- **In-home Health and Well-being Assessment (IHWA)**

This is a yearly detailed health review conducted in the comfort of your home, providing an extra set of eyes and ears for your doctor so you can feel more in control of your health and well-being.

You may receive a call from one of our IHWA vendors, Signify Health or Matrix Medical Network, to schedule your assessment. If you have questions, you may ask when they call, or contact Humana at the phone number listed on the back of your member ID card.

We're here for you

If you have questions or need help, call Humana Group Medicare Customer Care,
866-396-8810 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Get the hassle-free care you deserve

The Humana Medicare Advantage PPO with prescription drug plan offers you:



All the benefits of Original Medicare, plus extra benefits



Maximum out-of-pocket protections



Nationwide emergency coverage



Programs to help improve health and well-being

A large network

There are more than 62,000 participating pharmacies in our network.

Almost no claims paperwork

The plan works with your pharmacist to handle claims for you.

Pharmacy finder

An online tool that helps you find in-network pharmacies. It also tells you how far they are from you, the hours they're open, if they have a drive-through available, if they offer emergency Rx, delivery options and if they have bilingual employees.

Details you need to know

If you're in a Medicare Advantage plan that has prescription drug coverage and you join a separate prescription drug plan, you could be disenrolled from your Medicare Advantage plan and returned to Original Medicare. Call the Group Medicare Customer Care phone number if you have any questions.

A dedicated team and more...

- Your benefit levels are the same for in-network and out-of-network providers
- Large network of providers, specialists and hospitals to choose from
- You don't need a referral to see any healthcare provider
- Coverage for office visits, including routine physical exams
- Almost no claim forms to fill out or mail—we take care of that for you
- Dedicated Customer Care specialists who serve only our Group Medicare members

Humana®

Going beyond your expectations

At Humana, what we do is more than health insurance. It's human care—care that works harder, goes farther and digs deeper. **All for you.**

Your Group Medicare Advantage plan guide

Understanding your Medicare plan and how it works is important. Humana believes everyone should have access to the tools and support needed to have a fair and just opportunity to be as healthy as possible.

Inside this guide you'll find

What is Medicare?.....	10
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Plan specific information

- Medical Summary of Benefits
- Hearing Benefits
- Vision Benefits
- Rx Summary of Benefits
- Commonly Prescribed Medication List



What is Medicare?

Medicare is a federal health insurance program for U.S. citizens and legal residents who are 65 and older or those younger than 65 and qualify due to a disability.



Medicare Part A

Hospital insurance

It helps cover medically necessary inpatient care in a hospital or skilled nursing facility. It also helps cover some home healthcare and hospice care.



Medicare Part B

Medical insurance

It helps cover medically necessary providers' services, outpatient care and other medical services and supplies. Part B also helps cover some preventive services.



Medicare Part C

Medicare Advantage plans

These are available through private insurance companies, such as Humana. Medicare Part C helps cover everything medically necessary that Part A and Part B cover, including hospital and medical services. You still have Medicare if you elect Medicare Part C coverage. You must be entitled to Medicare Part A and enrolled in Part B to be eligible for a Medicare Part C plan.



Medicare Part D

Prescription drug coverage

It helps pay for the medications your provider prescribes and is available in a stand-alone prescription drug plan or included in a Medicare Advantage prescription drug plan. Like Part C Medicare Advantage plans, Part D is only available through private companies, such as Humana. Many Part C Medicare Advantage plans include Medicare Part D prescription drug coverage.

How does it work?

- Medicare is divided into parts A, B, C and D.
- Parts A and B are called Original Medicare.
- You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare PPO plan is a Medicare Advantage plan.
- You must also continue paying Medicare Part B premiums to remain enrolled in this plan.

How your PPO plan works

Preferred provider organization (PPO) plans give you the freedom to get care in- or out-of-network. Your benefit plan coverage remains the same, even if you receive care from an out-of-network provider. For more information, refer to your Summary of Benefits located in this packet.

Using a PPO plan

- You'll have a PCP who will help you manage your care, will get to know your overall health history and can guide you toward preventive care to help you be healthy and active.
- You can use any provider who is part of our network, or you can use any provider who accepts Medicare and agrees to bill Humana.
- Your plan doesn't require referrals to see other providers, but your PCP can help guide you when you need specialized care.
- Humana Medicare PPO network providers must take payment from Humana for treating plan members.
- Humana supplies in-network providers with information about services and programs available to patients with chronic conditions.



In-network



Out-of-network

Medical preauthorization

For certain services and procedures, your provider or hospital may need to get advance approval from Humana before your plan will cover any costs. This is called prior authorization or preauthorization. Providers or hospitals will submit the preauthorization request to Humana. If your provider hasn't done this, please call our Customer Care team, as Humana may not be able to pay for these services.

MyHumana and MyHumana mobile app

Get your personalized health information on MyHumana

A valuable part of your Humana plan is a secure online account called MyHumana where you can keep track of your claims and benefits, find providers, view important plan documents and more.

Whether you prefer using a desktop, laptop, tablet, or smartphone, you can access your account anytime by visiting [Humana.com/registration](https://www.humana.com/registration) to create your MyHumana account.*

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



MyHumana mobile app

Download the MyHumana mobile app on your smartphone or tablet.* You'll have your plan details with you at all times.

Visit [Humana.com/mobile-apps](https://www.humana.com/mobile-apps) to learn about our many mobile apps, the app features and how to use them.

Have questions?

If you need help using MyHumana, call Customer Care at the number listed on the back of your Humana member ID card.

*Standard data rates may apply

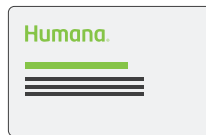
Use Humana's Find care tool on the MyHumana mobile app

Once your plan begins you can use the MyHumana mobile app to find a provider near you, wherever you are. Select "Find care" at the bottom of the app.

Having a provider you're happy with can play an important role in your health and meeting your needs

If your healthcare provider says they do not accept Humana insurance, give them this flyer.

Once you are a member of the Humana Group Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.



Don't forget to take your Humana member ID card to your first appointment.

A message for your provider

Humana will provide coverage for this retiree under a Group Medicare PPO plan. The in-network and out-of-network benefits are structured the same for any member of this plan. This means you can provide services to this retiree or any member of this plan if you are a provider who is eligible to participate in Medicare.



Contracted healthcare providers

If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

Out-of-network healthcare providers

Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.

Claims process for providers

If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at **800-626-2741**, Monday – Friday, 9 a.m. – 6 p.m., Eastern time. **This number is not for patient use.**

Patients, please call the Group Medicare Customer Care number on the back of your Humana member ID card.

Telehealth

The doctor is in, even if you can't or don't want to go into an office. Telehealth visits allow you to get nonemergency medical care or behavioral healthcare through your phone,* tablet or computer.

Telehealth could be used for chronic condition management, follow-up care after an in-office visit, medication reviews and refills, and much more—just like an in-office visit.

Ask your trusted provider if they offer telehealth visits and if so, what you need to do to get started.

Behavioral health

Use telehealth services to connect with a licensed behavioral health specialist. These providers are available when you may need them to coach you through many of life's challenges.

Ask your trusted provider about any virtual behavioral health options they may offer, or visit [mentalwellness.humana.com](https://www.mentalwellness.humana.com) to search for providers who can help with talk therapy, medication and more. To find additional support options available, you can also log-in to your MyHumana account, and click "Get Care".

Home health

There are certain times in life—like after an injury or illness—when we could use an extra hand with things like bathing, grooming, preparing meals or other activities of daily living. With Humana's Personal Home Care Services (PHCS) benefit, you may qualify for care that makes things easier for you.

Specially trained nurses and therapists focus on your specific needs to create a personalized care plan for you. The goal is to help you manage your health with confidence, regain independence and enjoy a healthier, happier life.

To receive home health services, you must have a referral from your doctor. To see if you may qualify, call the number on the back of your Humana member ID card.



Remember, when you have a life-threatening injury or major trauma, call 911.

*Video may be required for telehealth visits. Standard data rates may apply.

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 description 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.

Prescription drug coverage

Some medications covered by Humana may have requirements or limits on coverage. These requirements and limits may include prior authorization, quantity limits or step therapy. You can visit [Humana.com/Pharmacy](https://www.humana.com/Pharmacy) to view your prescription drug guide, it will provide information on quantity limits, step therapy or if a prior authorization is required. If you have additional questions, please call our Customer Care number on the back of your Humana member ID card.

Prior authorization

The Humana Group Medicare Plan requires you or your provider to get prior authorization for certain medications. This means that you will need to get approval from the Humana Group Medicare Plan before you fill your prescriptions. The reason a prior authorization is required can vary depending on the medication. Humana will work with your provider when a prior authorization is required. The Centers for Medicare & Medicaid Services (CMS) requires a turnaround time of 72 hours for a prior authorization. However, an expedited review can be requested by your provider if waiting 72 hours may be harmful to you.

Quantity limits

For some medications, the Humana Group Medicare Plan limits the quantity of the medication that is covered. The Humana Group Medicare Plan might limit how many refills you can get or quantity of a medication you can get each time you fill your prescription. Specialty medications are limited to a 30-day supply regardless of tier placement.

One-time transition fill

For certain medications typically requiring prior authorization or step therapy, Humana will cover a one-time, 30-day supply of your Part D covered medication during the first 90 days of your enrollment. Once you have received the transition fill* for your prescription requiring a prior authorization or step therapy, you'll receive a letter from Humana telling you about the requirements or limits on the prescription. The letter will also advise that you will need to get approval before future refills will be covered. A prior authorization will need to be approved or other alternative medications should be tried if the medication requires step therapy.

Step therapy

In some cases, the Humana Group Medicare Plan requires that you first try certain medications to treat your medical condition before coverage is available for a more expensive medication prescribed to treat your medical condition.

*Some medications do not qualify for a transition fill, such as medications that require a Part B vs D determination, CMS Excluded medications, or those that require a diagnosis review to determine coverage.

Talk to your provider about your medications to see if they require prior authorization, have quantity limits or if step therapy is needed.

Medicare Part D prescription medication tiers

Tier 1 – Generic or preferred generic

Essentially the same medications, usually priced differently

Have the same active ingredients as brand-name medications and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generic medications to have the same quality, strength, purity and stability as brand-name medications. Your cost for generic medications is usually lower than your cost for brand-name medications.

Tier 2 – Preferred brand

A medication available to you for less than a nonpreferred

Generic or brand-name medications that Humana offers at a lower cost to you than nonpreferred medications.

Tier 3 – Nonpreferred medication

A more expensive medication than a preferred

More expensive generic or brand-name prescription medications that Humana offers at a higher cost to you than preferred medications.

Tier 4 – Specialty

Medications for specific uses

Some injectable and other high-cost medications to treat chronic or complex illnesses like rheumatoid arthritis and cancer.



Pharmacy options

Comprehensive pharmacy support for retirees.

Retail pharmacy network

With Humana plans you have a variety of retail and mail-order options to fill your prescription.

- Robust network of retail national and independent pharmacies
- Offers flexibility and convenience

CenterWell Pharmacy™

You have the choice of pharmacies for prescription retail and mail order services, CenterWell Pharmacy is one option.*

CenterWell Pharmacy offers:

- Comprehensive pharmacy services
- Convenient mail-order solutions, refill reminders and patient support
- Safe and secure delivery backed by multiple checks by pharmacists

CenterWell Specialty Pharmacy™

CenterWell Specialty Pharmacy offers a variety of specialty therapies that can help treat your condition.

CenterWell Specialty Pharmacy offers:

- Outstanding care & patient experience
- Specially-trained associates to provide patient support
- Enhanced experience for cancer, neuromuscular disorders and certain pulmonary conditions

*Other pharmacies are available in the Humana network.





Online

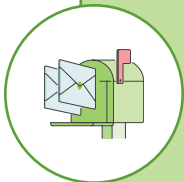
After you become a Humana member, you can sign in to **CenterWellPharmacy.com** with your MyHumana identification number and start a new prescription, order refills or check on an order.*



Phone

For maintenance medication(s), call CenterWell Pharmacy at **800-379-0092 (TTY: 711)**, Mon. – Fri., 8 a.m. – 11 p.m., and Sat., 8 a.m. – 6:30 p.m., Eastern time.

For specialty medication(s), call CenterWell Specialty Pharmacy at **800-486-2668 (TTY: 711)**, Mon. – Fri., 8 a.m. – 11 p.m., and Sat., 8 a.m. – 6:30 p.m., Eastern time.



Mail

Download the “Registration & Prescription Order Form” from **CenterWellPharmacy.com/forms** and mail your paper prescriptions to: CenterWell Pharmacy, P.O. Box 745099, Cincinnati, OH 45274-5099



Provider

Your provider can send prescriptions electronically through e-prescribe or by downloading the fax form from **CenterWellPharmacy.com/forms** and faxing the prescription to CenterWell Pharmacy at **800-379-7617** or CenterWell Specialty Pharmacy at **877-405-7940**.

*Other pharmacies are available in the network.

Where you get your vaccines may determine how they are covered

Part B

Medicare Part B vaccines

The Medicare Part B portion of your plan covers vaccines administered at your provider's office if the vaccine is directly related to the treatment of an injury or direct exposure to a disease or condition, such as hepatitis B, rabies, and tetanus.

The following Medicare Part B vaccines may be obtained at your provider's office or are readily available at a network pharmacy:

- influenza (flu)
- pneumococcal
- COVID-19 vaccine and boosters

Medicare Part B diabetes coverage

Part B covers certain preventive services for people at risk for diabetes. You must have Part B to get the services and supplies it covers, like:

- diabetic testing supplies
- insulin pumps*
- continuous glucose monitors (CGM)*
- insulin administered (or used) in insulin pumps

*CGMs are available through participating retail pharmacies. In addition, CGMs and insulin pumps are available through our preferred durable medical equipment vendors: CCS Medical, 877-531-7959 or Edwards Healthcare, 888-344-3434.

Part D

Medicare Part D vaccines

The Medicare Part D portion of your plan covers vaccines that are considered necessary to help prevent illness. Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list[†] will be \$0.

Some common vaccines that you should get at your pharmacy, not from your provider's office, include:

- shingles
- Tdap
- RSV

Medicare Part D diabetes coverage

Part D typically covers diabetes supplies used to administer insulin. You must be enrolled in a Medicare drug plan to get the supplies Part D covers, like:

- 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)

[†]For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html.

Your personalized benefits statement

Humana's SmartSummary provides a comprehensive overview of your health benefits and healthcare spending. **You'll receive this statement after each month you've had a claim processed.** You can also sign in to your MyHumana account and see your past SmartSummary statements anytime.

SmartSummary helps you:

- Understand your total healthcare picture
- Manage your monthly and yearly healthcare costs
- Engage with your providers by having a list of the healthcare services you receive
- Learn about preventive care, health conditions, treatment options and ways to help reduce health expenses

SmartSummary includes:

- **Numbers to watch.** SmartSummary shows your total drug costs for the month and year-to-date. It also shows how much of these costs your plan paid and how much you paid—so you can see the value of your prescription benefits.
- **Personalized messages.** SmartSummary gives you tips on saving money on the prescription drugs you take, information about changes in prescription copayments and how to plan ahead.
- **Your prescription details.** A personalized prescription section tells you more about your prescription medications, including information about dosage and the pharmacy provider. This page can be useful to take to your provider appointments or to your pharmacist.
- **Information relevant for you.** SmartSummary personalizes an informational section with tips on topics that may be helpful for your health.

SmartSummary[®]

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


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.**

Humana.

FIRSTNAME A LASTNAME
Member ID: H12345678
Plan name: Humana Group Medicare LPPD
Rx PCN or Rx Group number: 03200000

OVERVIEW OF YOUR FEBRUARY CLAIMS

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

Total billed charges this month	\$90.01
Humana discounts	- \$0.01
Benefit exclusions	- \$0.00
Other insurance	- \$0.00
Amount Humana paid	- \$90.00

Medicare Advantage provides additional support, at no additional cost to you

Go365 by Humana®

A wellness program that rewards you for completing eligible healthy activities like working out or getting your Annual Wellness Visit. You can earn rewards to redeem for gift cards in the Go365 Mall.

SilverSneakers®

A health and fitness program designed for senior adults that offers fun and engaging classes and activities. Available at no additional cost through your Humana Medicare Advantage plan.

Humana Health Coaching

Available to all Humana Group Medicare members, our health coaching program provides guidance to help you develop a plan of action that supports your health and well-being goals.

In-home Health and Well-being Assessment

This free, annual detailed health review is conducted in your home to give your physician an extra set of eyes and ears so we can help you get the best care.

Humana Care Management

Humana care management programs support qualifying members to help them remain independent at home, by providing education about chronic conditions and medication adherence, help with discharge instructions, accessing community resources, finding social support and more.

Advance Care Planning with MyDirectives®

An online advance care plan platform, MyDirectives helps you ensure your wishes are met in case unexpected medical emergencies happen or as illnesses progress. With MyDirectives, you can identify the people you trust to speak for you.

Post-discharge Transportation

After an inpatient stay in a hospital or skilled nursing facility, members are eligible for up to 12 one-way trip(s) to plan approved locations (per facility discharge) by car, van or wheelchair access vehicle.

Post-discharge Personal Home Care Services (PHCS)

After an inpatient stay in a hospital or skilled nursing facility, members may receive certain in-home support services of up to 4 hours per day, up to a maximum of 8 hours total per discharge event. Qualified aides can offer assistance performing activities of daily living (ADLs) within the home (assistance with bathing, dressing, toileting, walking, eating, and preparing meals).

Post-discharge Meal Program

Humana's post-discharge meal program delivers fully prepared meals to eligible plan members. After your overnight inpatient stay in a hospital or nursing facility, you're eligible to receive up to 28 nutritious meals (2 meals per day for 14 days), delivered to your door.

For more information on any of these services, visit [Humana.com](https://www.humana.com), login to your secure account at [MyHumana.com](https://www.myhumana.com) or call the number on the back of your Humana member ID card.

Frequently asked questions

Do I need to show my red, white and blue Medicare card when I visit the doctor?

No. You'll get a Humana member ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

What should I do if I move or have a temporary address change?

If you move to another area or state, it may affect your plan. It's important to contact your group benefits administrator for details and call to notify Humana of the move.

What should I do if I have to file a claim?

Call Humana Group Medicare Customer Care for more information and assistance. To request reimbursement for a charge you paid for a service, send the provider's itemized receipt and the Health Benefits Claim Form (also available at **Humana.com**) to the claims address on the back of your Humana member ID card. Make sure the receipt includes your name and Humana member ID number.

What if I have other health insurance coverage?

If you have other health insurance, show your Humana member ID card and your other insurance cards when you see a healthcare provider. The Humana Group Medicare plan may be eligible in combination with other types of health insurance coverage you may have. This is called coordination of benefits. Please notify Humana if you have any other medical coverage.

When does my coverage begin?

Your former employer or union decides how and when you enroll. Check with your benefits administrator for the proposed effective date of your enrollment. Be sure to keep your current healthcare coverage until your Humana Group Medicare PPO plan enrollment is confirmed.

What if my service needs a prior authorization?

If your medical service or medication requires a prior authorization, your provider can contact Humana to request it. You can call Customer Care if you have questions regarding what medical services and medications require prior authorization.

Your provider can go to **Humana.com/Provider** and select "Preauthorizations." This page has a printable form that can be mailed or faxed to Humana. They can also call **800-555-2546 (TTY: 711)** to speak with our Humana Clinical Pharmacy Review team, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

What if my provider says they will not accept my plan?

If your provider says they will not accept your PPO plan, you can give your provider the "Group Medicare Provider Information" flyer on page 13. It explains how your PPO plan works. You can also call Customer Care and have a Humana representative contact your provider and explain how your PPO plan works.

What should I do if I need prescriptions filled before I receive my Humana member ID card?

If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

How can I get help with my drug plan costs?

People with limited incomes may qualify for assistance from the Extra Help program to pay for their prescription drug costs. To see if you qualify for Extra Help, call **800-MEDICARE (800-633-4227)**, 24 hours a day, seven days a week. If you use a TTY, call **877-486-2048**. You can also call the Social Security Administration at **800-772-1213**. If you use a TTY, call **800-325-0778**. Your state's Medical Assistance (Medicaid) Office may also be able to help, or you can apply for Extra Help online at **www.ssa.gov**.

Medical insurance terms

Deductible (if applicable)

What you pay up front

The amount you pay for healthcare before your plan begins to pay for your benefits.

Coinsurance

Your share of the cost

A percentage of your medical and medication costs that you may pay out of your pocket for covered services.

Copayment

What you pay at the provider's office for medical services

The set dollar amount you pay when you receive medical services or have a prescription filled.

Exclusions and limitations

Anything not covered or covered under limited situations or conditions

Specific conditions or circumstances that aren't covered under a plan.

Maximum out-of-pocket

The most you'll spend before your plan pays 100% of the cost

The most you would have to pay for services covered by a health plan, including deductibles, copays and coinsurance. If and when you reach your annual out-of-pocket limit, the Humana Group Medicare plan pays 100% of the Medicare-approved amount for most covered medical charges.

Network

Your plan's contracted medical providers

A group of healthcare providers contracted to provide medical services at discounted rates. The providers include doctors, hospitals and other healthcare professionals and facilities.

Plan discount

A way Humana helps you save money

Amount you are not responsible for due to Humana's negotiated rate with provider.

Premium

The regular monthly payment for your plan

The amount you and/or your employer regularly pay for Medicare or Medicare Advantage coverage.

Pharmacy terms

Deductible (if applicable)

Your cost for Part D prescription medications before the plan pays

The amount you pay for Part D prescription medications before the plan begins to pay its share.

Coinsurance

Your share of your prescription's cost

This is a percentage of the total cost of a medication you pay each time you fill a prescription.

Copayment

What you pay at the pharmacy for your prescription

The set dollar amount you pay when you fill a prescription.

Exclusions and limitations

Anything not covered

Specific conditions or circumstances that aren't covered under a plan.

Formulary

Medications covered under your plan

A list of medications approved for coverage under the plan. Also called a Drug List.

Maximum out-of-pocket

The most you'll spend before your plan pays 100% of the cost

The most you would have to pay for prescriptions covered by a health plan, including deductibles, copays and coinsurance. Once your annual out-of-pocket limit has been reached, the Humana Group Medicare plan pays 100% for most pharmacy charges.

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care

866-396-8810 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Medicare Health Assessment

888-445-3389 (TTY: 711), daily

MyHumana

Sign in to or register for MyHumana to access your personal and secure plan information at **Humana.com**

MyHumana mobile app

Humana.com/mobile-apps

Doctors in your network

Humana.com/FindaDoctor

Telehealth

Please contact your local provider to ask about virtual visit opportunities, or access nationwide Humana in-network telehealth options by using the “Find a doctor” tool on **Humana.com** or call the number on the back of your member ID card to get connected with a provider that offers this service.

CenterWell Pharmacy™

800-379-0092 (TTY: 711),

Mon. – Fri., 8 a.m. – 11 p.m., and
Sat., 8 a.m. – 6:30 p.m., Eastern time

CenterWellPharmacy.com

CenterWell Specialty Pharmacy™

800-486-2668 (TTY: 711),

Mon. – Fri., 8 a.m. – 11 p.m., and
Sat., 8 a.m. – 6:30 p.m., Eastern time

CenterWellSpecialtyPharmacy.com

Humana Clinical Pharmacy Review Team

800-555-2546 (TTY: 711),

Monday – Friday, 8 a.m. – 8 p.m., Eastern time

SilverSneakers®

888-423-4632 (TTY: 711),

Monday – Friday, 8 a.m. – 8 p.m., Eastern time

SilverSneakers.com

Go365 by Humana®

Go365.com

Humana Care Management

866-396-8810 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Humana.com/home-care

Humana Well Dine®

866-396-8810 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Humana.com/home-care/well-dine

Humana Health Coaching

877-567-6450 (TTY: 711),

Monday – Friday, 8 a.m. – 6 p.m., Eastern time

State health insurance program offices

800-633-4227 (TTY: 711), daily

www.cms.gov/apps/contacts/#

*You must be a Humana member to use these 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. If you need help filing a grievance, call **866-396-8810 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you.

866-396-8810 (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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