



Important information about enrollment

Kentucky Public Pensions Authority (KPPA) is offering you a chance 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.

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

This mailing has information about the PPO plan and what it covers, including a Summary of Benefits. Please read this information carefully. **If you want to enroll in this plan, you must complete the enclosed enrollment form and return it to KPPA. Your coverage will start on the date set by your sponsor.**

When you enroll in this plan, it's generally for the whole year. After you enroll, you will no longer be covered by any other Medicare Advantage health plan. The Humana Group Medicare Advantage PPO Plan will send you information on how to view or request a copy of an "Evidence of Coverage". Please read this when you get it. It will explain your benefits and what is covered by your Medicare Advantage Plan.

People with Medicare aren't usually covered under Medicare when they travel out of the country. However, your plan offers worldwide coverage for emergency services only. Once you're a member of the Humana Group Medicare Advantage PPO Plan, you have the right to appeal plan decisions about payment or services. This means that if you don't agree with any decisions made by Humana, you can ask for a review. We'll work with you to answer your questions and fix any problems with your plan.

By joining this plan, you give us permission to share your information with Medicare and other plans when needed. We do this to help you get the treatment you need 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.

When your Humana Group Medicare Advantage PPO Plan begins, you may pay less if you use in-network services. "In-network" means that a doctor or provider is on our list of contracted providers. "Out-of-network" means that a provider isn't contracted with Humana. For emergency care or other services you need right away—including dialysis services—Humana will reimburse all covered benefits. This is true even if you received the services out of network. You must use network pharmacies to access Humana benefits, except under limited, non-routine circumstances when you can't reasonably use network pharmacies.

The Humana Group Medicare Advantage PPO Plan is a Medicare Advantage plan. You must have Medicare Parts A and B to enroll in this plan and continue to pay your Part B premium.

If you do not have Medicare Part B, you will be defaulted to the *Medical Only plan (or another plan offered by KPPA) and your premium amount may be higher. Please contact KPPA if you have any questions. For example, if you have 240 months (100%) of Service Credit-Contribution and you elect the KPPA Premium Plan you would still have an**

additional premium payment of \$204.73.

You can be in only one Medicare Advantage Plan at a time.

You must let us know if you have any other plan that covers any prescription medicines.

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

You may want to join a different Medicare plan. Call 800-MEDICARE (800-633-4227) any time to learn about other Medicare plans, 24 hours a day, 7 days a week. TTY users can call 877-486-2048. Your state may also have counseling services to give you advice about Medicare plan options, including Medicare Supplement plans. They can help you find other Medicare Advantage or Prescription Drug Plans. They may also help you find medical assistance through your state Medicaid program and the Medicare Savings Program.

You don't have to enroll in this plan. If you decide not to enroll, you must still fill out the enclosed KPPA enrollment form and return it to KPPA. If you do not complete and return the enclosed KPPA enrollment form, KPPA will automatically enroll you in the default Medical Only plan. The Medical Only plan does not include pharmacy benefits. If you have questions about this, please call KPPA at 800-928-4646 (TTY: 711). The KPPA office is open Monday through Friday from 8 a.m. to 4:30 p.m. Eastern time.

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

You may change or end your Humana coverage at any time and return to Original Medicare or another Medicare Advantage plan using a special election. If you want to leave this plan at some point, you can send a request to the Humana Group Medicare Advantage PPO Plan, or call 800-MEDICARE, 24 hours a day/7 days a week. TTY users can call 877-486-2048.

A Humana Group Medicare Advantage PPO Plan is generally only for people who live within the plan's designated service area. If you move out of the area, it is important that you make both Kentucky Public Pensions Authority (KPPA) and Humana aware of the move. Because of the way this plan is structured, a move outside of the service area does not mean you will lose coverage with a Kentucky Public Pensions Authority Plan. You will continue to have coverage. If you have questions, please call Humana at 855-267-1935 (TTY: 711).

Remember, if you leave this plan and don't have drug coverage that's as good as Medicare's prescription drug coverage, you may have to pay a penalty fee if you sign up for 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.

*** Administered by Personify Health on Behalf of Humana. Personify Health is a subcontractor and may perform certain services on behalf of Humana.