Everyone offers coverage, Humana delivers human care

Major program features

We know that in order to achieve your best health, you need more than just good benefits. You need care that sees you as a whole person, with services and offerings that 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 post-natal care
- Hospital services
- Prescriptions
- No referrals for in-network providers
- Dental benefits
- Vision benefits for adults
- Behavioral health care and counseling services
- Care management

For more information about your benefits, find the Member Handbook at **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/FindCare**, where you can compare doctors in our extensive provider network. To select or change your PCP, you can call our Member Services at **800-444-9137 (TTY: 711).**

Important contact information for Humana Healthy Horizons

Member 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**

Humana Healthy Horizons® in Kentucky

Better health, better care, better value

At Humana Healthy Horizons®, the health of our members 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 and care management to housing assistance, we understand that our members 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 benefits like:

- Rewards for healthy behaviors
- Haircuts for kids
- Sports physical
- Youth academic support
- Youth development and recreation
- Doula services
- Baby and me meals
- Convertible car seat or portable crib
- Disaster preparedness meals
- Workforce development program
- Criminal expungement services
- GED testing
- Housing assistance
- Post-discharge meals
- Smartphone services
- Smartphone app for diabetes management
- Self-monitoring devices – blood pressure monitoring kit
- Self-monitoring devices – weight scale

For more information about your benefits, find the Member Handbook at **Humana.com/HealthyKentucky**.

Care management and population health services

We offer care coordination services to all members who can benefit from this service. Members 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 (TTY: 711)** or email KYMCDCaseManagement@humana.com.
- For assistance with community resources, call **866-331-1577 (TTY: 711)** or email KYMCDpopulationhlth@humana.com.

Digital support and information

Humana Healthy Horizons website

Your member website, located at **Humana.com/HealthyKentucky**, provides links to educational materials to help you improve your health and take care of yourself:

- Member Handbook
- Provider Directory
- Newsletters
- Pharmacy and over-the-counter drug list
- 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 Member 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 member ID card instantly with a single tap.
- Find a provider by specialty or location. The MyHumana app can even use your current location to find the closest in-network provider—no matter where you are.*

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

* May require location sharing enabled on your phone.

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

Using MyHumana on the web

How to sign in

When you go to **Humana.com**, sign in with your username and password to get access to key coverage information as well as useful member tools and resources.

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 Member Services for more information.)

- Go to **Humana.com** and select the "Activate online account" button and fill out the member information.
- Choose Medicaid as your member type. You'll need to enter your member 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 your email 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

Smartphones can provide easy access to health-related information and enable members to stay connected to their care team and health plan. Humana members who qualify for the Federal Lifeline program are eligible to receive a free smartphone with monthly talk minutes, text and data.

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.

How to earn and redeem rewards

- Download the Go365 for Humana Healthy Horizons app from the App Store or Google Play on a mobile device.

  - 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.
  - If you don't already have a MyHumana account, create an account in the Go365 for Humana Healthy Horizons app.
  - Members 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.
  - Members who are 18 and older can register to create a Go365 for Humana Healthy Horizons account. You must have your Medicaid member ID.
- Once registered for the app, complete healthy activities, like getting a flu shot or completing your Health Risk Assessment, to earn 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 Member Handbook at **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 Member Services

800-444-9137 (TTY: 711)

Write to us

P.O. Box 1454
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 Member 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

You have options when it comes to getting help quitting tobacco. Every person's journey is unique and what works for someone else may not work for you.

For most people, it can take multiple efforts to quit, so if at first you don't succeed, try again!

Here are a few options for you to choose from on your personal journey to say goodbye to tobacco for good.

Go365 program

As part of the Go365 program, you have access to resources that can help you quit tobacco for good.

After logging in to the Go365 for Humana Healthy Horizons app, navigate to the Wellness Library to find expert-led courses, articles and podcasts. Topics include:

- Before You Quit: Find Your Why
- Before You Quit: Find Your Urge Expert
- Before You Quit: Learn How to Deal with Unhelpful Thoughts
- Explore Quit Smoking Medications

Quit Now Kentucky

Based on proven strategies to help you quit, Quit Now Kentucky is a free, self-paced program that lets you decide how often to speak with a quit coach and whether you use quit medications. Staffed by trained coaches, Quit Now is operated by National Jewish Health, the leading respiratory hospital in the United States.

Learn more about Quit Now at https://www.quitnowkentucky.org/en-US

Truth Initiative

The EX® Program was developed over 15 years ago by Truth Initiative, in collaboration with the Mayo Clinic. Sign up for a free account to get access to a flexible, personalized program to help you change your patterns and get support.

Learn more at https://truthinitiative.org/exprogram

Go365 for Humana Healthy Horizons is available to all who meet the requirements of the program. Rewards are not used to direct you to select a certain provider.

Finding providers in your plan

You will find a list of in-network providers in our Provider Directory. If you would like a copy of the Provider Directory, call **800-444-9137 (TTY: 711)** or visit our website at **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 Member 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 and substance use 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 Provider Directory.
- 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.

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, 8 a.m. – 4 p.m., Eastern time.

Know your member rights

As a recipient of Medicaid and a member 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 records and request to have information added or corrected in your records, if needed.

For a full list of your rights as a Humana member, refer to your Member Handbook at **Humana.com/HealthyKentucky.**

You'll be receiving a Humana member 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 member 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

Insurance ACE
Notice of Privacy Practices

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 do not need to do anything unless you have a request or complaint.

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at **https://huma.na/insuranceace.**

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including 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 nonpublic personal or health information?

Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information, or demographic information. The term "information" in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

How do we collect information about you?

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

What information do we receive about you?

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

How do we protect your information?

We have a responsibility to protect the privacy of your information in all formats including electronic and oral information. We have administrative, technical, and physical 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 employees about our privacy program and procedures

How do we use and disclose your information?

We 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

We have the right to use and disclose your information:

- To a doctor, a 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, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we 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. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- 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. This applies if the information is directly relevant to their involvement with your healthcare or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that 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 help with 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 and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner, or funeral director.

Additional restrictions on use and disclosure for specific types of information:

- Some federal and state laws may restrict the use and disclosure of certain sensitive health information such as: Substance Use Disorder ("SUD") subject to 42 CFR Part 2 ("Part 2") records; Biometric Information; Child or Adult Abuse or Neglect including Sexual Assault; Communicable Diseases; Genetic Information; HIV/AIDS; Mental Health; Reproductive Health; and Sexually Transmitted Diseases.

If we receive SUD Part 2 records, we will not use or disclose such records, or provide testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceeding against you unless such disclosure is based on your written consent (separate from your consent for any other use or disclosure), or a court order after notice and an opportunity to be heard is provided to you, as provided by Part 2. A court order authorizing the use or disclosure of SUD Part 2 Records must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Will we use your information for purposes not described in this notice?

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.

The following uses and disclosures will require your written permission:

- Most uses and disclosures of psychotherapy notes and SUD counseling notes
- Marketing purposes
- Sale of personal and health information
- Medical information that is disclosed pursuant to this Notice to an entity that is not a HIPAA-covered entity or business associate, may be subject to disclosure by the recipient and may no longer be protected by federal or state privacy laws (such as HIPAA).

What do we do with your information when you are no longer a member?

Your information may continue to be used for purposes described in this notice. This includes when 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?

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. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.
- Adverse Underwriting Decision - If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate Communications - To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. 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 60 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. If 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. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice – You have the right to request and receive a written copy of this notice anytime.
- Restriction - You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

If I believe that my privacy has been violated, what should I do?

If you believe that your privacy has been violated, you may file a complaint with us by calling us at **1-866-861-2762** anytime.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also email your complaint to **OCRComplaint@hhs.gov**. If you elect to file a complaint, your benefits will not be affected, and we will not punish or retaliate against you in any way.

We support your right to protect the privacy of your personal and health information.

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

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office, and on our website.

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 forms. You may obtain any of the forms by:

- Contacting us at **1-866-861-2762**
- Accessing our website at **Humana.com** and going to the Privacy Practices link
- Send completed request form to:
  Humana Inc. Privacy Office 003/10911
  101 E. Main Street
  Louisville, KY 40202

If you have any questions, please visit **Humana.com** or call the number on the back of your member ID card.

Auxiliary aids and services, free of charge, are available to you. **800-444-9137 (TTY: 711)**, Monday through Friday, from 7 a.m. to 7 p.m., Eastern time.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Srpsko-hrvatski (Serbo-Croatian): Nazovite gore navedeni broj ako želite besplatne usluge jezične pomoći.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Deitsch (Pennsylvania Dutch): Ruf die Nummer owwe fer koschdefrei Hilf in dei eegni Schprooch.

नेपाली (Nepali): नि:शुल्क भाषासम्बन्धी सहयोग सेवाहरू प्राप्त गर्नका लागि माथिको नम्बरमा फोन गर्नुहोस् ।

Oroomiffa (Oromo): Tajaajila gargaarsa afaan argachuudhaf bilbila armaan oli irratti bilbilaa.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Ikirundi (Bantu – Kirundi): Hamagara izo numero ziri hejuru uronswe ubufasha kwa gusa bw'uwugusobanurira mu rurimi wumva.

This notice is available at **Humana.com/KentuckyDocuments**.

Humana Healthy Horizons in Kentucky is a Medicaid Product of Humana Health Plan Inc.

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **800-444-9137 (TTY: 711)**, Monday through Friday, from 7 a.m. to 7 p.m., Eastern time. If you believe that Humana, Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail, or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618**, 800-444-9137 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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 Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

This notice is available at **Humana.com/KentuckyDocuments**.

Humana Healthy Horizons in Kentucky is a Medicaid Product of Humana Health Plan Inc.

Humana
Healthy Horizons®
in Kentucky