

**Humana Group Medicare**  
Humana Inc.  
P.O. Box 669  
Louisville, KY 40201-0669

## **Important plan information**



## **2026 Humana Group Medicare**

Your journey to better health, for better retirement







# Humana®

A more human way  
to healthcare™



## HUMANA GROUP MEDICARE ADVANTAGE PPO PLAN

IAMAW



### We're here for you

Humana Group Medicare Customer Care

**800-733-9064 (TTY: 711)**

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

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **800-733-9064 (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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## Let's get started understanding your benefits and coverage

### Learn more about extra programs and services Humana offers

Scan the QR code with your  
mobile device.



## Inside this packet you'll find:

Welcome to a more human way to healthcare

Your benefits include

Know before you enroll

What to expect after you enroll

Manage your Humana account online

Find Care tool

Take this to your Provider

Know your numbers

Medical Summary of Benefits

Dental Benefits

Hearing Benefits

Vision Benefits

Rx Summary of Benefits

Important Prescription Drug Information

Commonly Prescribed Medications List

Enrollment Forms

Business Reply Envelope







# IAMAW Group Medicare PPO Plan

Dear IAMAW Medicare Eligible Retirees:

We are excited and proud to offer a Group Medicare Advantage PPO plan with prescription drug coverage for IAMAW retirees. This Medicare plan was negotiated exclusively for our IAMAW Brothers and Sisters. This Medicare plan is also available to spouses, surviving spouses and Medicare eligible dependents.

The IAMAW Medicare Plan has been designed specifically for you and offers exclusive, expansive coverage that is very competitive vs. many individual plans available on the open market.

We suggest you compare your current individual plan with the benefits of this new IAMAW Group Medicare Plan.

- Monthly premium is \$196.83 per person
- Review all the enclosed materials. This packet includes information on your new Group Medicare plan with extra services available to you.
- If you have questions about the plan, please call the TLC Retiree Service Center at 833-469-0515 (TTY: 711), Monday – Friday, 9 a.m. – 5 p.m., Eastern time, and identify yourself as a “Machinist from the IAMAW Union.”

## How to enroll

- To begin your new Humana Group coverage, please enroll before your effective date by using one of the options below:

### — Retirees only—3 ways to enroll:

- 1) Online by visiting [IAMAW.HumanaApp.com](http://IAMAW.HumanaApp.com) to complete your application.
- 2) Complete the enrollment form in the back of this book and mailing it in the enclosed envelope.
- 3) Over the phone by calling TLC Retiree Service Center at 833-469-0515 (TTY: 711), Monday – Friday, 9 a.m. – 5 p.m., Eastern time, and identify yourself as a “Machinist from the IAMAW Union.”

### — Spouses and Dependents—2 ways to enroll:

- 1) You must complete a separate application for each family member eligible for your plan. The enrollment form is in the back of this book with the envelope enclosed for mailing.
  - 2) If you have questions or wish to enroll a spouse or Medicare-eligible dependent, call TLC Retiree Service Center at 833-469-0515 (TTY: 711), Monday – Friday, 9 a.m. – 5 p.m., Eastern time.
- Please keep a copy of your application for your records.

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Your union wants you to be aware that these benefits exist and that they may be helpful to you. Your union, however, is not party to any agreement entered into by you and Employee Benefit Systems, TLC Insurance Group or Humana, and is not responsible in any way for the operation or administration of any plans.

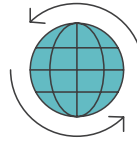
## Your benefits include:



**All the benefits of Original Medicare, plus extra benefits**



**Maximum out-of-pocket protections**



**Worldwide emergency coverage**



**Programs to help improve health and well-being**

### Get the care you deserve

- Your benefit levels are the same for in-network and out-of-network providers
- A network of providers, specialists and hospitals to choose from
- There are more than 61,000 participating pharmacies in our network
- 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

### Coverage that fits the way you live

When you become a member of the Humana family, you can expect healthcare designed with you in mind—that meets you where you are today and delivers care that takes you to where you want to be.

### Care delivered how and where you need it

Humana offers a variety of programs for patients who need care for complex medical situations or support for chronic conditions. Through these programs, care managers collaborate with physicians and other healthcare professionals to help patients manage their healthcare needs at home, in the hospital, by phone or email.

### Benefits that put you first

Our health and well-being tools and resources make it easy to set health goals, chart your progress, strengthen your mind and body and build connections with others. It's about giving you the things you expect from an insurance company—and then finding more ways to help make your life better.

## Know before you enroll

**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.**

### **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.

### **Is your provider and pharmacy in-network or out-of-network?**

You can find a doctor or pharmacy in your network by using Humana's Find Care tool, visit [Humana.com/findcare](https://www.humana.com/findcare).

### **What does insurance cover?**

- Every health plan is different. Check coverage details before you see a doctor, use services or have procedures.
- Sometimes, your plan may not cover procedures and treatments, or may require prior authorization. Knowing what is and is not covered may save you time and money.
- See if your prescription medication is covered and if you have any open transfers that need to occur.

### **What if I have other health insurance coverage?**

You can enroll in only one Medicare Advantage plan and one Medicare prescription drug plan at a time. Enrollment in this plan will cancel your enrollment in a different Medicare Advantage plan and Medicare prescription drug plan.

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 plans 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.

### **Do I need to show my red, white and blue Medicare ID 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 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 "Member to Provider" information page in this packet. It explains how your PPO plan works. You can also call Humana Customer Care to 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.



## 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. Once you receive your ID card, you can create a MyHumana profile. Having access to your important health documents online, all in one place, is a great way to stay organized, and you can get to your information at any time. To activate your account, visit **[Humana.com/Registration](https://www.humana.com/Registration)**.

- **Evidence of Coverage (EOC)**

You will receive information on how to view or request a copy of the 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.

- **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 in which you've had a claim processed. You can also sign in to your MyHumana account and see your past SmartSummary statements anytime.

- **Health and Well-being Assessment (HWA)**

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 HWA 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,

**800-733-9064 (TTY: 711),**

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

## Manage your Humana plan online

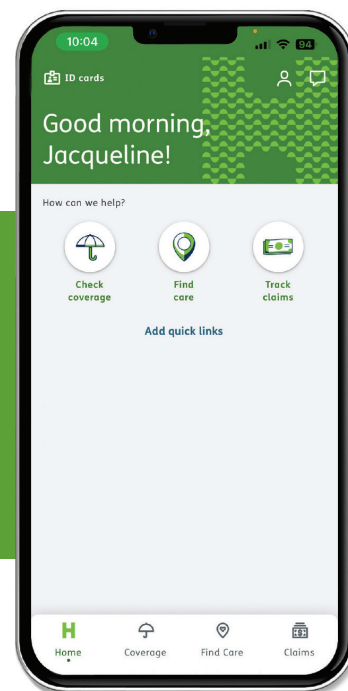
### MyHumana on the go

Get the most out of your plan with a MyHumana account and take your Humana essentials wherever you go with the MyHumana mobile app.

### Depending on your plan, you can use the MyHumana mobile app to:

- Explore coverage and benefit details the moment you need them
- Get Humana member ID cards and add them to your phone's wallet
- Find care close to you and get directions on your phone's map app
- Review claims status
- Access your exclusive member discounts

Once your Humana plan coverage begins, go to **MyHumana.com** to activate your account or download and register on the MyHumana app for iOS and Android.\* Learn more at [Humana.com/member/manage-your-account](https://www.humana.com/member/manage-your-account).



### Getting started is easy— just have your Humana member ID card and follow these three steps:

- 1 Create your account.**  
Visit [Humana.com/registration](https://www.humana.com/registration) and select the “Start activation now” button.
- 2 Choose your preferences.**  
The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.
- 3 View your plan benefits.**  
After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.



### Scan this QR code

Scan this QR code with your mobile device to create your account.

\*App Store and Google Play app store are registered trademarks of Apple Inc. and Google. All rights reserved. Apple and Google are not participants in or sponsors of this promotion.

## Find a doctor using Humana's Find Care search tool

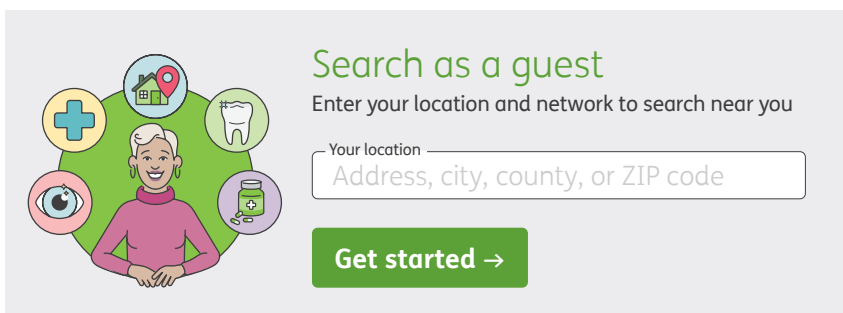
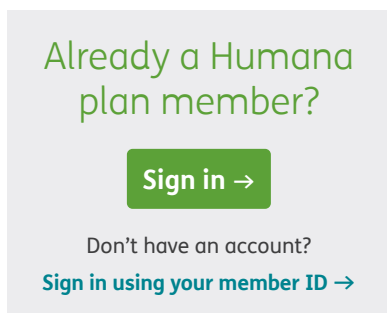
Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find Care search tool to find in-network doctors, pharmacies, and more.

### Go to

**Humana.com/FindCare**

### Search as a Member or Guest

- Sign in to your secure MyHumana account to conduct a search, or
- Search as a guest by entering your location.



### Choose the type of care you are looking for

Use the tabs to help you search for a doctor or pharmacy.

### Choose your medical network

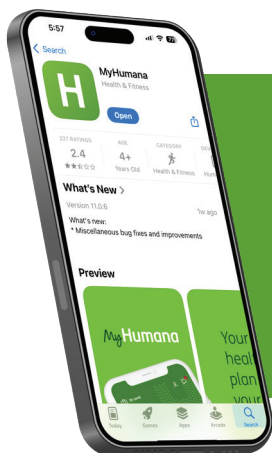
Select a lookup method from the drop-down menu.

### Find medical care

Select a tab to search by Provider Name, Facility or Specialty.

### Select the “Search” button for your results

Have you found the doctor or facility that you're looking for? If you need to revise your search, you can search again without leaving the results page.



### Find Care on the MyHumana mobile app

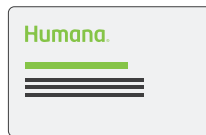
Once you are enrolled with Humana, you can download and use the MyHumana mobile app to find care near you. On the app dashboard, locate the “Find Care” section.

Call our Customer Care team at **800-733-9064 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

## If your healthcare provider says they do not accept Humana insurance, give them this page

### Member to provider information

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 member 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 member 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.



## Know your numbers

Find important numbers anytime you need them\*

### **Humana Group Medicare Customer Care**

**800-733-9064 (TTY: 711),**

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

### **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/findcare**

### **Telehealth**

Please contact your local provider to ask about virtual visit opportunities, or access nationwide Humana in-network telehealth options by using the “Find Care” 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.

### **Array behavioral health**

**888-410-0405 (TTY: 711)**

**Arraybc.com/patients/Humana**

### **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**

**800-733-9064 (TTY: 711),**

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

**Humana.com/home-care**

### **Post-discharge Meal Program**

**800-733-9064 (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

### **Caregiver Support**

**Humana.com/caregiver**

### **CenterWell Pharmacy™**

**800-379-0092 (TTY: 711),**

Monday – Friday, 8 a.m. – 11 p.m., and

Saturday, 8 a.m. – 6:30 p.m., Eastern time

**CenterWellPharmacy.com**

### **CenterWell Specialty Pharmacy™**

**800-486-2668 (TTY: 711),**

Monday – Friday, 8 a.m. – 11 p.m., and

Saturday, 8 a.m. – 6:30 p.m., Eastern time

**CenterWellSpecialtyPharmacy.com**

### **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.



2026

# Summary of Benefits

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**Humana Group Medicare Advantage PPO Plan  
PPO 079/699**

**International Association of Machinists & Aerospace Workers**

**Humana®**

Our service area includes specific counties within the United States, Puerto Rico and all other major U.S. territories.





# Let's talk about the **Humana Group Medicare Advantage PPO Plan.**

Find out more about the Humana Group Medicare Advantage PPO plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage."

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## **To be eligible**

To join the Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call Humana Group Medicare Customer Care.

## **Plan name:**

Humana Group Medicare Advantage PPO plan



## **A healthy partnership**

Get more from this plan — with extra services and resources provided by Humana!

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## **How to reach us:**

Members should call toll-free  
**1-800-733-9064** for questions  
(TTY/TDD: 711)

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

Or visit our website:  
**<https://your.Humana.com/iamaw>**



## Monthly Premium, Deductible and Limits

### PLAN COSTS

**Monthly premium**

You must keep paying your Medicare Part B premium.

For information concerning the actual premiums you will pay, please contact Humana.

**Medical deductible**

This plan does not have a deductible.

**Medical Maximum out-of-pocket responsibility**

The most you pay for copays, coinsurance and other costs for medical services for the year.

**In-Network Maximum Out-of-Pocket**

**\$4,750** out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Dental Services (Routine); Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Uniform Flexibility Non-Emergency Medical Transportation; Vision Services (Routine) and the Plan Premium do not apply to the in-network maximum out-of-pocket.

If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

**Combined In and Out-of-Network Maximum Out-of-Pocket**

**\$4,750** out-of-pocket limit for Medicare-covered services.  
In-Network Exclusions: Part D Pharmacy; Dental Services (Routine); Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Uniform Flexibility Non-Emergency Medical Transportation; Vision Services (Routine) and the Plan Premium do not apply to the combined maximum out-of-pocket.  
Out-of-Network Exclusions: Part D Pharmacy, Dental Services (Routine); Hearing Services (Routine); Vision Services (Routine); Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.

Your limit for services received from in-network providers will count toward this limit.

If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ACUTE INPATIENT HOSPITAL CARE</b>		
This plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	<b>\$195</b> copay per day for days 1-5	<b>\$195</b> copay per day for days 1-5
<b>OUTPATIENT HOSPITAL COVERAGE</b>		
<b>Diagnostic colonoscopy</b>	<b>\$245</b> copay	<b>\$245</b> copay
<b>Diagnostic mammography</b>	<b>\$90</b> copay	<b>\$90</b> copay
<b>Observation services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Surgery services</b>	<b>\$245</b> copay	<b>\$245</b> copay
<b>AMBULATORY SURGICAL CENTER</b>		
<b>Diagnostic colonoscopy</b>	<b>\$220</b> copay	<b>\$220</b> copay
<b>Surgery services</b>	<b>\$220</b> copay	<b>\$220</b> copay
<b>DOCTOR OFFICE VISITS</b>		
<b>Primary care provider (PCP)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Specialists</b>	<b>\$35</b> copay	<b>\$35</b> copay

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



# Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>PREVENTIVE CARE</b>		
<p>This plan covers all Medicare preventative services including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screening &amp; counseling</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening</li> <li>• Cardiovascular disease behavioral therapy</li> <li>• Cardiovascular disease screening</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes self-management training</li> <li>• Diabetes screening</li> <li>• Glaucoma screening</li> <li>• Hepatitis C screening</li> <li>• HIV screening</li> <li>• Kidney disease education services</li> <li>• Lung cancer screening</li> <li>• Medical nutrition therapy</li> <li>• Obesity screening and therapy</li> <li>• Physical exams (routine)</li> <li>• Prostate cancer screening exam</li> <li>• Smoking and tobacco use cessation</li> <li>• STI screening and counseling</li> <li>• "Welcome to Medicare" preventative visit</li> </ul>	<b>Covered at no cost</b>	<b>Covered at no cost</b>
<ul style="list-style-type: none"> <li>• Immunizations</li> <li>• Medicare diabetes prevention program (MDPP)</li> </ul> <p>Any additional preventative services approved by Medicare during the contract year will be covered.</p>	<b>Covered at no cost</b>	<b>Covered at no cost</b>

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



# Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>EMERGENCY CARE</b>		
<b>Emergency room</b> If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	<b>\$110</b> copay for Medicare-covered emergency room visit(s)	<b>\$110</b> copay for Medicare-covered emergency room visit(s)
<b>Urgently needed services</b> • Primary care provider (PCP) • Specialist's office • Urgent care center Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	<b>\$0</b> copay <b>\$35</b> copay <b>\$45</b> copay	<b>\$0</b> copay <b>\$35</b> copay <b>\$45</b> copay
<b>DIAGNOSTIC SERVICES, LABS AND IMAGING</b>		
<b>Advanced imaging services (MRI, MRA, PET and CT Scan)</b> • Primary care provider (PCP) • Specialist's office • Freestanding radiological facility • Outpatient Hospital	<b>\$0</b> copay <b>\$45</b> copay <b>\$180</b> copay <b>\$245</b> copay	<b>\$0</b> copay <b>\$45</b> copay <b>\$180</b> copay <b>\$245</b> copay
<b>Diagnostic mammography</b> • Primary care provider (PCP) • Specialist's office • Freestanding radiological facility • Outpatient Hospital	<b>\$0</b> copay <b>\$30</b> copay <b>\$45</b> copay <b>\$90</b> copay	<b>\$0</b> copay <b>\$30</b> copay <b>\$45</b> copay <b>\$90</b> copay
<b>Diagnostic procedures and tests</b> • Primary care provider (PCP) • Specialist's office • Urgent care center • Freestanding radiological facility • Outpatient Hospital	<b>\$0</b> copay <b>\$35</b> copay <b>\$45</b> copay <b>\$45</b> copay <b>\$90</b> copay	<b>\$0</b> copay <b>\$35</b> copay <b>\$45</b> copay <b>\$45</b> copay <b>\$90</b> copay
<b>EKG screening</b> • Primary care provider (PCP) • Specialist's office	<b>\$0</b> copay <b>\$0</b> copay	<b>\$0</b> copay <b>\$0</b> copay

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
• Freestanding radiological facility	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient Hospital	<b>\$0</b> copay	<b>\$0</b> copay
<b>Lab services</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Urgent care center	<b>\$0</b> copay	<b>\$0</b> copay
• Freestanding laboratory	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient Hospital	<b>\$45</b> copay	<b>\$45</b> copay
<b>Nuclear medicine services</b>		
• Freestanding radiological facility	<b>\$90</b> copay	<b>\$90</b> copay
• Outpatient Hospital	<b>\$245</b> copay	<b>\$245</b> copay
<b>Outpatient x-rays</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$35</b> copay	<b>\$35</b> copay
• Urgent care center	<b>\$45</b> copay	<b>\$45</b> copay
• Freestanding radiological facility	<b>\$45</b> copay	<b>\$45</b> copay
• Outpatient Hospital	<b>\$90</b> copay	<b>\$90</b> copay
<b>Radiation therapy</b>		
• Specialist's office	<b>\$35</b> copay	<b>\$35</b> copay
• Freestanding radiological facility	<b>20%</b> of the cost	<b>20%</b> of the cost
• Outpatient Hospital	<b>20%</b> of the cost	<b>20%</b> of the cost
<b>HEARING SERVICES</b>		
<b>Medicare-covered hearing: diagnostic hearing and balance exams</b>	<b>\$35</b> copay	<b>\$35</b> copay
<b>Routine hearing</b>  TruHearing Provider must be used. Contact Customer Service to locate a provider.	<b>\$0</b> copay for routine hearing exams up to 1 per year. <b>\$500</b> maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear per year. Note: Includes 80 batteries per aid and 3 year warranty.	The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.
<b>DENTAL SERVICES</b>		
<b>Medicare-covered dental</b>	<b>\$35</b> copay	<b>\$35</b> copay
<b>Routine dental</b>		

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Covered Medical Benefits

IN-NETWORK	OUT-OF-NETWORK
<p><b>0%</b> of the cost for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.</p> <p><b>0%</b> of the cost for panoramic film or diagnostic x-rays up to 1 every 5 years.</p> <p><b>0%</b> of the cost for bitewing x-rays up to 1 set(s) per year.</p> <p><b>0%</b> of the cost for emergency diagnostic exam, intraoral x-rays up to 1 per year.</p> <p><b>0%</b> of the cost for amalgam and/or composite filling, fluoride treatment, periodic oral exam, prophylaxis (cleaning) up to 2 per year.</p> <p><b>0%</b> of the cost for periodontal maintenance up to 4 per year.</p> <p><b>0%</b> of the cost for simple or surgical extraction up to unlimited per year.</p> <p><b>0%</b> of the cost for necessary anesthesia (inhalation of nitrous oxide/analgesia, anxiolysis) with covered service up to as needed with covered codes per year.</p> <p><b>\$500</b> combined maximum benefit coverage amount per year for all preventive and comprehensive benefits.</p>	<p><b>0%</b> of the cost for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.</p> <p><b>0%</b> of the cost for panoramic film or diagnostic x-rays up to 1 every 5 years.</p> <p><b>0%</b> of the cost for bitewing x-rays up to 1 set(s) per year.</p> <p><b>0%</b> of the cost for emergency diagnostic exam, intraoral x-rays up to 1 per year.</p> <p><b>0%</b> of the cost for amalgam and/or composite filling, fluoride treatment, periodic oral exam, prophylaxis (cleaning) up to 2 per year.</p> <p><b>0%</b> of the cost for periodontal maintenance up to 4 per year.</p> <p><b>0%</b> of the cost for simple or surgical extraction up to unlimited per year.</p> <p><b>0%</b> of the cost for necessary anesthesia (inhalation of nitrous oxide/analgesia, anxiolysis) with covered service up to as needed with covered codes per year.</p> <p><b>\$500</b> combined maximum benefit coverage amount per year for all preventive and comprehensive benefits.</p> <p>Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.</p>

Limitations and exclusions may apply. Please see your Evidence of Coverage (EOC) for additional details. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Dental benefits under this plan may not cover all ADA procedure codes. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire. Information regarding each plan is available at [Humana.com/sb](https://www.humana.com/sb).

In-network dentists have agreed to provide covered services at contracted rates (per the in-network fee schedules, or INFS). If a member visits a participating network dentist, the member cannot be billed for charges that exceed the negotiated fee schedule (but any applicable coinsurance payment still applies). Visiting an in-network provider may result in significant savings.

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Covered Medical Benefits

### IN-NETWORK

### OUT-OF-NETWORK

Out-of-network dentists have not agreed to provide services at contracted fees. The out-of-network provider may bill the member for more than what the plan pays, even for services listed with no member cost share. Members are responsible for this difference between Humana's reimbursement and the out-of-network provider's charges. This is known as balance billing. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Please see below for provider locator instructions. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, you may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS)/usual-customary and reasonable fees in your area. See Chapter 2 Payment Requests Contact Information or visit [Humana.com](https://www.humana.com) for information on requesting reimbursement.

The Mandatory Supplemental Dental benefits are provided through the Humana Dental Medicare Network. Contact Customer Service to locate a provider.

#### VISION SERVICES

<b>Medicare-covered vision services</b>	<b>\$35</b> copay	<b>\$35</b> copay
<b>Medicare-covered diabetic eye exam (1 per year)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered glaucoma screening (1 per year)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered eyewear (post-cataract)</b>	<b>\$35</b> copay	<b>\$35</b> copay
<b>Routine vision</b>  EyeMed is the In-Network provider for the routine vision benefit. Contact Customer Service to locate a provider.	<b>\$0</b> copay for routine exam (includes refraction) up to 1 per year. <b>\$100</b> combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).	<b>\$175</b> combined maximum benefit coverage amount per year for routine exam (includes refraction). <b>\$0</b> copay for routine exam (includes refraction) up to 1 per year. <b>\$100</b> combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames). Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).





## Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>MENTAL HEALTH SERVICES</b>		
<b>Inpatient</b> The inpatient hospital care limit applies to inpatient mental services provided in a general hospital or a psychiatric facility. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility.	<b>\$195</b> copay per day for days 1-5	<b>\$195</b> copay per day for days 1-5
<b>Partial Hospitalization</b>	<b>\$55</b> copay	<b>\$55</b> copay
<b>Intensive Outpatient Services</b>	<b>\$55</b> copay	<b>\$55</b> copay
<b>Outpatient group and individual therapy visits</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$35</b> copay	<b>\$35</b> copay
• Urgent care	<b>\$45</b> copay	<b>\$45</b> copay
• Outpatient Hospital	<b>\$35</b> copay	<b>\$35</b> copay
<b>SKILLED NURSING FACILITY</b>		
This plan covers up to 100 days in a SNF.	<b>\$0</b> copay per day for days 1-20 <b>\$196</b> copay per day for days 21-100	<b>\$0</b> copay per day for days 1-20 <b>\$196</b> copay per day for days 21-100
No 3-day hospital stay is required.		
Plan pays \$0 after 100 days.		
<b>AMBULANCE</b>		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	<b>\$265</b> copay	<b>\$265</b> copay

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



# Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>TRANSPORTATION</b>		
<b>Uniform Flexibility Non-Emergency Medical Transportation</b>	<b>\$0</b> copay for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer Diagnosis. This benefit is not to exceed 50 miles per trip.	The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.
<b>MEDICARE PART B PRESCRIPTION DRUGS</b>		
<b>Chemotherapy drugs</b>		
• Specialist's office	<b>20%</b> of the cost	<b>20%</b> of the cost
• Outpatient Hospital	<b>20%</b> of the cost	<b>20%</b> of the cost
<b>Medicare Part B covered drugs</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient Hospital	<b>\$0</b> copay	<b>\$0</b> copay
• Pharmacy	<b>20%</b> of the cost	<b>20%</b> of the cost
<b>Medicare Part B insulin drugs</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient Hospital	<b>\$0</b> copay	<b>\$0</b> copay
• Pharmacy	<b>20%</b> of the cost	<b>20%</b> of the cost
You will pay no more than \$35 for a one-month (up to 30-day) supply for all Part B insulin covered by our plan, and if your plan has a deductible it does not apply to Part B insulin.		
<b>ACUPUNCTURE SERVICES</b>		
<b>Medicare-covered acupuncture visit(s) for chronic low back pain</b>	<b>\$35</b> copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	<b>\$35</b> copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ALLERGY</b>		
<b>Allergy shots &amp; serum</b>		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$35 copay	\$35 copay
<b>CHIROPRACTIC SERVICES</b>		
<b>Medicare-covered chiropractic visit(s)</b>	\$15 copay	\$15 copay
<b>DIABETES SERVICES AND SUPPLIES</b>		
<b>Continuous glucose monitor (CGM)</b>		
• Durable medical equipment provider	20% of the cost	20% of the cost
• Pharmacy	20% of the cost	20% of the cost
<b>Diabetes management training</b>		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
<b>Diabetes monitoring supplies</b>		
• Durable medical equipment provider	20% of the cost	20% of the cost
• Pharmacy	20% of the cost	20% of the cost
• Preferred diabetic supplier	\$0 copay	Not Covered
<b>Diabetes screening</b>		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
<b>FOOT CARE (PODIATRY)</b>		
<b>Medicare-covered foot care</b>	\$35 copay	\$35 copay
<b>HOME HEALTH CARE</b>		
	\$0 copay	\$0 copay
<b>HOSPICE</b>		
You must get care from a Medicare-certified hospice. You must consult with this plan before you select hospice.		
<b>MEDICAL EQUIPMENT/SUPPLIES</b>		
<b>Durable medical equipment</b>		
• Durable medical equipment provider	20% of the cost	20% of the cost
• Pharmacy	20% of the cost	20% of the cost

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>Medical supplies</b> (includes but not limited to: catheters, IV set-up and supplies)		
• Medical supply provider	20% of the cost	20% of the cost
• Pharmacy	20% of the cost	20% of the cost
<b>Prosthetics (artificial limbs or braces)</b>		
• Prosthetics provider	20% of the cost	20% of the cost
<b>OUTPATIENT SUBSTANCE ABUSE</b>		
<b>Outpatient group and individual substance abuse treatment visits</b>		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$35 copay	\$35 copay
• Urgent care	\$45 copay	\$45 copay
• Outpatient hospital	\$35 copay	\$35 copay
<b>REHABILITATION SERVICES</b>		
<b>Audiology Therapy</b>		
• Specialist's office	\$35 copay	\$35 copay
• Comprehensive outpatient rehab facility	\$35 copay	\$35 copay
• Outpatient hospital	\$40 copay	\$40 copay
<b>Cardiac rehabilitation</b>		
• Specialist's office	\$35 copay	\$35 copay
• Outpatient hospital	\$35 copay	\$35 copay
<b>Occupational therapy</b>		
• Specialist's office	\$35 copay	\$35 copay
• Comprehensive outpatient rehab facility	\$35 copay	\$35 copay
• Outpatient hospital	\$40 copay	\$40 copay
<b>Physical therapy</b>		
• Specialist's office	\$35 copay	\$35 copay
• Comprehensive outpatient rehab facility	\$35 copay	\$35 copay
• Outpatient hospital	\$40 copay	\$40 copay
<b>Pulmonary rehabilitation</b>		
• Specialist's office	\$15 copay	\$15 copay
• Comprehensive outpatient rehab facility	\$15 copay	\$15 copay
• Outpatient hospital	\$15 copay	\$15 copay

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>Speech therapy</b>		
• Specialist's office	<b>\$35</b> copay	<b>\$35</b> copay
• Comprehensive outpatient rehab facility	<b>\$35</b> copay	<b>\$35</b> copay
• Outpatient hospital	<b>\$40</b> copay	<b>\$40</b> copay
<b>RENAL DIALYSIS</b>		
<b>Renal dialysis services</b>		
• Dialysis center	<b>20%</b> of the cost	<b>20%</b> of the cost
• Outpatient hospital	<b>20%</b> of the cost	<b>20%</b> of the cost
<b>Kidney disease education services</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient hospital	<b>\$0</b> copay	<b>\$0</b> copay
<b>HUMANA IN-NETWORK TELEHEALTH VENDORS, i.e. MDLive (in addition to Original Medicare)</b>		
<b>Primary care provider (PCP)</b>	<b>\$0</b> copay	Not Covered
<b>Specialist</b>	<b>\$35</b> copay	Not Covered
<b>Urgent care services</b>	<b>\$0</b> copay	Not Covered
<b>Substance abuse or behavioral health services</b>	<b>\$0</b> copay	Not Covered

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Additional Benefits

### FITNESS AND WELLNESS

Live a healthier, more active life through fitness and social connection at participating SilverSneakers® locations and online.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

### HEALTH EDUCATION SERVICES

Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

### POST-DISCHARGE SERVICES

**\$0** copay for the following benefits per discharge event following each inpatient or skilled nursing facility stay:

- Assistance from a qualified aid to help perform activities of daily living within the home. Minimum of 4 hours per day, up to a maximum of 8 hours. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.
- 2 meals per day for 14 days, up to 28 meals delivered to your door.
- Transportation to plan approved locations by rideshare services, car, van or wheelchair accessible vehicle.

Services must be provided by approved vendors, scheduled within 30 days of discharge event and utilized within 60 days of discharge.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

### SMOKING CESSATION (ADDITIONAL)

A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).

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# Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**.

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at <https://www.humana.com/legal/multi-language-support>.

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日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយប្រភេទផ្សេងៗដល់សហគមន៍កម្ពុជា។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.  
**877-320-1235 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ຊ່ວຍກ່ອນຊ່ວຍເຫຼືອ ແລະ ຊ່ວຍແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ໄດ້.  
ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahji' bee adahodoonííígíí diné bich'í' anídahazt'i'í, dóó łahgo át'éego bee hada' dilyaaígíí bee bika'aanída'awo'í dahóló. Kohji' hodílnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyon pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

**877-320-1235 (TTY: 711)** اردو: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bàsà [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fóhó-nyo, kè nyo-boŭn-po-kà bé bé nyuεε se wíqí pée-pée dǒ kǒ. **877-320-1235 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn ọṣẹ àtìlẹ̀hìn ìrànlọ́wọ̀ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ̀tọ̀. Pe **877-320-1235 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।



## Find out **more**

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You can see this plan's provider directory at **<https://your.Humana.com/iamaw>** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to compare this plan with other Medicare health plans, you can call your employer or union sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

**Humana**<sup>®</sup>

<https://your.Humana.com/iamaw>

SB079699EN26

# 2026 DEN413

## HumanaDental® Medicare Network

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the annual maximum benefit coverage amount. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

### Contact Information

**Members:** For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. to 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

**Providers:** For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. to 8 p.m., Eastern time.

### Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but any applicable coinsurance payment still applies). Visiting an in-network provider may result in significant savings. The provider locator for our nationwide network can be found at **Humana.com/FindCare**.
- Out-of-network dental providers have not agreed to provide services at contracted fees. **The out-of-network provider may bill the member for more than what the plan pays, even for services listed with no member cost share. Members are responsible for this difference between Humana's reimbursement and the out-of-network provider's charges. This is known as balance billing.** Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in the member's area.
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.



# 2026 DEN413

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$500
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	100%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	100%
Additional Exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic radiographic image		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Anesthesia – nitrous oxide/analgesia (in conjunction with covered services, subject to plan limitations and exclusions, subject to clinical review)				
D9230	Administration of nitrous oxide	As needed with covered codes	100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	100%	100%
D2150	Amalgam – two surfaces, primary or permanent		100%	100%
D2160	Amalgam – three surfaces, primary or permanent		100%	100%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	100%
D2330	Resin-based composite – one surface, anterior (front)		100%	100%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	100%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	100%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	100%
D2391	Resin-based composite – one surface, posterior (back)		100%	100%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	100%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	100%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	100%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100%	100%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	100%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	100%

Current Dental Terminology © 2026 American Dental Association. All rights reserved.



# Routine Hearing

## TruHearing® (Choice)

\$0 exam / \$500 allowance

Routine hearing services offered through TruHearing® includes a fully-managed network of provider locations across the U.S. There are hearing aid styles to meet all members' hearing needs with the lowest pricing amongst industry-leading technology.

All plans include a full 3 year manufacturer warranty on every device, 80 free batteries per hearing aid and unlimited follow-up provider visits during the first year following a TruHearing® hearing aid purchase.

Routine Hearing Benefit Summary		
Hearing services	In-network	Out-of-network
Routine hearing exam	\$0 copayment for routine hearing exams up to 1 per year.	N/A
Benefit coverage	\$500 maximum benefit coverage amount for hearing aid(s) (all types) up to 1 per ear per year.	N/A

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

Humana is a Medicare Advantage organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.



## Humana Medicare Insight Network

When members receive necessary routine vision services, they will be covered according to the following schedule.

Vision care services	In-network member cost	Out-of-network reimbursement
<b>Exam</b> (One per calendar year)  Routine eye exam (includes refraction)	\$0 copay	\$0 copay Up to \$175
<b>Eyewear benefit</b> (One per calendar year)  Benefit toward the purchase of frame and pair of lenses or contact lenses (conventional or disposable)	Any retail amount over \$100 allowance	Up to \$100

The network of providers for your supplemental vision benefits through **Humana Medicare Insight Network** may be different than the network of providers for the Medicare-covered vision benefits. The provider locator for routine or Medicare-covered vision can be found at [Humana.com/FindCare](https://www.humana.com/FindCare).

**The benefit can only be used one time. Any remaining benefit dollars do not "roll over" to a future purchase.**

Eyeglass lens options may be available with the maximum benefit coverage amount up to one pair per year. Maximum benefit coverage amount is limited to one-time use per year.

Benefit allowance is applied toward the retail price. Member is responsible for any costs above the plan-approved amount. Lost or broken materials are not covered. Benefits are offered on a calendar basis. Any amount unused at the end of the year will expire.

# 2026 VIS200

## Additional discounts:

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Member may receive a 20% discount on items not covered by the plan at in-network locations. Discount does not apply to provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see our online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.

Members may receive a 40% discount off complete-pair eyeglass purchases and may receive a 15% discount off conventional contact lenses once the funded benefit has been used.

Member may receive a 15% discount off the retail price or may receive 5% off any promotional price of Lasik or photorefractive keratectomy (PRK) laser vision correction procedures. Lasik or PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Please note that since Lasik and PRK vision correction are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your immediate location, so members should first call **844-608-2020** for the nearest facility and to receive authorization for the discount.

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

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 may apply to out-of-network services.

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Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

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2026

# **Prescription Drug Summary of Benefits**

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**Humana Group Medicare Advantage Plan  
Rx 564**

**International Association of Machinists & Aerospace Workers**

**Humana®**

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# Let's talk about the **Humana Group Medicare Advantage Rx Plan.**

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage."

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## Deductible

### Pharmacy (Part D) deductible

This plan does not have a deductible.



## Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total out-of-pocket drug costs reach **\$2,100**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier	Standard Retail Pharmacy	Standard Mail Order
<b>30-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$5</b> copay	<b>\$5</b> copay
<b>2 (Preferred Brand)</b>	<b>\$35</b> copay	<b>\$35</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>\$80</b> copay	<b>\$80</b> copay
<b>4 (Specialty Tier)</b>	25% of the cost	25% of the cost
<b>90-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$15</b> copay	<b>\$0</b> copay
<b>2 (Preferred Brand)</b>	<b>\$105</b> copay	<b>\$70</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>\$240</b> copay	<b>\$160</b> copay
<b>4 (Specialty Tier)</b>	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit [www.humana.com/SearchResources](http://www.humana.com/SearchResources), locate Prescription Drug section, select [www.humana.com/MedicareDrugList](http://www.humana.com/MedicareDrugList) link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP2.

**Important Message About What You Pay for Vaccines** – This plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Humana Group Medicare Customer Care for more information.

**Important Message About What You Pay for Insulin** – You won't pay more than **\$35** for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it's on. Note: Not all tiers may include insulin. Please refer to your Prescription Drug Guide to confirm insulin coverage.

### Catastrophic Coverage

After your total out-of-pocket costs reach **\$2,100**, you pay **\$0** for plan-covered Part D drugs.

[illegible]

# Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**.

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at <https://www.humana.com/legal/multi-language-support>.

GHHNOA2025HUM\_0425



日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយប្រភេទផ្សេងៗដល់សហគមន៍កម្ពុជា។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.  
**877-320-1235 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ຊ່ວຍກ່ອນຊ່ວຍເຫຼືອ ແລະ ຊ່ວຍແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ພຣີ.  
ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjì' bee adahodooníílgíí diné bich'í' anídahazt'i'í, dóó łahgo át'éego bee hada' dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjì' hodílnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyon pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

**877-320-1235 (TTY: 711)** اردو: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፅ ያላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bàsà̀ [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fóhó-nyo, kè nyo-boŭn-po-kà bɛ́ bɛ́ nyuɛɛ se wídí pɛ́ɛ-pɛ́ɛ dò kò. **877-320-1235 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn ọ̀ṣẹ àtìlẹ̀hìn ìrànlọ̀wọ̀ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ̀tó. Pe **877-320-1235 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।



## Find out **more**

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You can see this plan's pharmacy directory at **<https://www.Humana.com/finder/pharmacy/>** or call us at the number listed at the beginning of this booklet and we will send you one.



You can see this plan's drug formulary at **[www.Humana.com/medicaredruglist](https://www.Humana.com/medicaredruglist)** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

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**Humana**<sup>®</sup>

<https://your.Humana.com/iamaw>

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## Get to know your coverage with your Prescription Drug Guide

Your Humana Medicare Advantage plan includes prescription coverage—and plenty of support. One way we help you make the most of your plan is with your Prescription Drug Guide, also called a formulary or drug list. It's the robust list of prescription drugs or medications that your plan covers. That way, you can confirm coverage for the medication you need.



Complete list of generic and brand-name drugs covered in your plan.



Created and regularly updated by doctors and pharmacists.



Can be printed from, viewed on and downloaded to your phone, tablet or computer.\*



Available in multiple languages.

### View your plan's Prescription Drug Guide

Visit [Humana.com/pharmacy/medicare-drug-list](https://www.humana.com/pharmacy/medicare-drug-list) or scan the QR code with your phone or tablet's camera.

- Scroll to “**Required Fields**”; from the “**Select plan type**” menu, choose “**Group Medicare**”; then “**Select plan year**” and then select the “**Find Drug Guide**” button.
- Scroll and locate PDG **GRP 02** within the drug list.

\*Standard data rates may apply.



### Scan this QR code

Scan this QR code with your mobile device to view your plan's prescription drug guide.

### Have questions?

If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

# Humana®

# Prescription drug coverage for commonly prescribed medications

## Learn more about your prescription drug coverage for commonly prescribed medications

The commonly prescribed medication list is a guide to medications in select therapeutic categories. You and your provider can use this list to determine if there are lower cost or covered alternatives available for a medication you are currently taking.



**Partial list of common generic and brand-name medications in select therapeutic categories that are covered by your plan.**



**Can be printed from, viewed on and/or downloaded to your phone, tablet or computer.\***

This is not a complete list. For a complete medication listing, please review “Get to know your coverage with your Prescription Drug Guide”.

**To view a list of commonly prescribed medications, scan the QR code with your phone or tablet’s camera, or by visiting [Humana.com/CPML26800](https://www.humana.com/CPML26800).**



If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

\*Standard data rates may apply.

# Humana®

# 2026 Enrollment Form

**Humana Group Medicare**  
PPO (Preferred Provider Organization)  
A Medicare Advantage plan

Follow these easy steps to become  
a Humana Medicare member



## **Have your Medicare card ready**

Each individual applying must fill out  
a separate form.



## **Sign and date the enrollment form**

If the enrollment form is not completed  
and returned within the allotted time  
period, the enrollment could be denied.

Please don't send in the same  
enrollment form or apply to the  
same plan more than once.



## **Call us with questions**

If you have questions, please call a licensed  
Humana sales agent at **1-800-824-8242**  
**(TTY: 711)**. We're available Monday - Friday,  
8 a.m. - 8 p.m. Eastern Time.

# Humana®

# Additional Notes

**Asterisks (\*) indicate required fields**  
Answering non-required fields is your choice. You can't be denied coverage if you don't complete them.

## Instructions

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- Completely fill the ovals.
- Use black ink only.
- Print only one clear number or capital block letter in each box.
- If you make a mistake, fix it by crossing out the box with an X. Put in the correct letter or number above or below the box as shown:

**Correct numbers and letters**

1 2 3 S M I <sup>T</sup>~~X~~ H

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When inputting your Medicare Number on the enrollment form, print it exactly as it is on your Medicare card. N indicates a number, A indicates an alphabetic character, and E indicates either a number or alphabetic character. Medicare numbers will not start with a zero or contain the letters B, I, L, O, S or Z.

## 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 **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 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, **877-320-1235 (TTY: 711)**, or **[accessibility@humana.com](mailto: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)**.

### California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **[Civilrights@dhcs.ca.gov](mailto:Civilrights@dhcs.ca.gov)**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)**.

This notice is available at **[www.humana.com/legal/non-discrimination-disclosure](http://www.humana.com/legal/non-discrimination-disclosure)**.

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# Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર ફોન કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**.

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at <https://www.humana.com/legal/multi-language-support>.

GHHNOA2025HUM\_0425

日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយផ្សេងៗដល់អ្នកមានការពិការភាព។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.  
**877-320-1235 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ພຣີ.  
ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahji' bee adahodoonííígíí diné bich'í' anídahazt'i'í, dóó łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohji' hodíilnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

**877-320-1235 (TTY: 711)** اردو: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: ቋንቋ፣ ኢንፎርሜሽን ማዳመጫ እና አማራጭ ቅርፅ ያላቸው አገልግሎቶችን ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bàsco [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fónó-nyo, kè nyo-boŭn-po-kà bě bé nyuεε se wídí p'éè-p'éè dǒ ko. **877-320-1235 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn ìṣẹ àtìlẹ̀hìn ìrànlowọ̀ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ̀tó. Pe **877-320-1235 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।



Stamp Date

Asterisks (\*) indicate required fields

## Humana Group Medicare PPO Enrollment Form

**EMPLOYER OR UNION SPONSOR NAME\*** Please use the Employer/Union name listed with your mailing address on your materials.

Please print this information exactly  
as it is on your Medicare card.

ADMIN ORG

PROPOSED EFFECTIVE DATE\*

M M - 0 1 - 2 0 Y Y


PLAN OPTION\*

/

You can find the plan option number on the  
front page of your Summary of Benefits in the  
bottom right hand corner.

CATEGORY OF APPLICANT\*

- ☐ Medicare Eligible Retiree  
☐ Medicare Eligible Spouse  
☐ Medicare Eligible Dependent

**MEDICARE HEALTH INSURANCE**

LAST NAME\*  
FIRST NAME\* MI  
MEDICARE NUMBER\*  
N A E N - A E N - A A N N  
IS ENTITLED TO EFFECTIVE DATE  
HOSPITAL (PART A) M M - 0 1 - Y Y Y Y  
MEDICAL (PART B) M M - 0 1 - Y Y Y Y

DATE OF BIRTH\* M M - D D - Y Y Y Y

SEX\* ☐ F ☐ M

RESIDENTIAL ADDRESS\* P.O. Box not allowed.

☐ Experiencing homelessness

APT or STE

CITY\*

ST\*

ZIP\*

COUNTY\*

MAILING ADDRESS Your residential address confirms your service area. Print your mailing address/P.O. Box  
here, if applicable. If your mailing address is your residential address, please fill this oval.

APT or STE

CITY

ST

ZIP



Asterisks (\*) indicate required fields

APPLICANT MEDICARE NUMBER\*

N A E N - A E N - A A N N

It is important that we can reach you to help you stay informed and take care of your health. Please provide your telephone number and email address.

TELEPHONE

( ) -

TELEPHONE TYPE

Cellphone

Home (landline)

There may be times when Humana will use an automated system to call or text you. When that happens we will be sure to use the telephone number you provided.

EMAIL By providing your email address, you authorize Humana to send you health information to this address.

**PLEASE SELECT ONE PREMIUM PAYMENT OPTION.** You may pay your monthly plan premium and/or late enrollment penalty via automatic deduction from your bank account or credit or debit card. You may also choose to pay by mail using a coupon book. **If you do not select a payment option below, you may be defaulted to coupon book.**

**Automatic bank account deduction**

Bank account information (Only complete this section if you selected Automatic bank account deduction as your payment option).

Checking account

Savings account

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

FOR  
00 1 9 2 5 0 9 7 2 3 7 7 5 7 1 0 5 1 8 6

Routing number

Account number

**Automatic credit or debit card deduction**

Credit or debit card information (Only complete this section if you selected Automatic credit or debit card deduction as your payment option).

Mastercard

Visa

Discover

American Express

CREDIT OR DEBIT CARD NUMBER

EXPIRATION DATE

M M - 2 0 Y Y

**Coupon book**

You can visit **Humana.com/pay** to make your monthly premium payments online. If you have selected coupon book as your payment option, you can pay as far in advance as you like. You can also log in to your secure MyHumana account (click Register if you haven't signed up yet) or download the MyHumana mobile app to take advantage of other premium-related services.

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 premium. Do NOT pay Humana the Part D-IRMAA.



Asterisks (\*) indicate required fields

APPLICANT MEDICARE NUMBER\*

N A E N - A E N - A A N N

If you will have other prescription drug coverage (like VA, TRICARE) in addition to this plan for which you are applying, please fill this oval.\* ☐ I will have other prescription drug coverage

Please provide your other prescription drug coverage details here, if applicable.

NAME OF OTHER COVERAGE

ID NUMBER FOR THIS COVERAGE

GROUP NUMBER FOR THIS COVERAGE

Once enrolled, will you or your spouse work?

☐ Yes ☐ No

PRIMARY CARE PHYSICIAN (PCP)

PCP ID NUMBER

Are you already a patient of the physician you chose?

☐ Yes ☐ No

You can obtain the PCP ID number on our website at [Finder.Humana.com](https://finder.humana.com).

Preferred Written Language (when available)

☐ English ☐ Spanish ☐ Chinese ☐ Korean ☐ Other \_\_\_\_\_

Preferred Verbal Language

☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese  
☐ Korean ☐ Other \_\_\_\_\_

If an accessible format is needed, please select one option. If none are selected, you will receive standard font, printed materials.

☐ Audio ☐ Large print ☐ Accessible screen reader PDF  
☐ Oral over the phone ☐ Braille ☐ Data CD

Please call **1-877-320-1235 (TTY:711)** if you need information in another format or language.





## PLEASE READ THIS IMPORTANT INFORMATION

### **By completing this enrollment form, I agree to the following:**

The Humana Group Medicare PPO plan is a Medicare Advantage plan that has a contract with the federal government and I will need to keep my Medicare Parts A and B to stay in the plan. I must continue to pay my Medicare Part B premium. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare Advantage health plan. It is my responsibility to inform Humana of any prescription drug coverage that I have or may get in the future. **I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.** I understand that if I leave this Humana plan, I may not be eligible to return to the group plan or change plans outside of the group's open enrollment period. I can receive details of my options by calling my plan administrator or customer service.

I understand that when my Humana coverage begins, I must get all of my medical, and prescription drug benefits when applicable, from Humana. Benefits and services provided by Humana and contained in my "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Humana will pay for benefits or services that are not covered. Benefits and services must be obtained from Humana in order to be covered as Medicare benefits, with the exception of hospice and kidney acquisition costs for transplants, which are covered by Medicare. I will abide by the rules of my Evidence of Coverage.

This Humana plan serves a specific service area. If I move out of the area that this Humana plan serves, I need to notify Humana as I may have to disenroll and find a new plan in my new area. Emergency coverage (both within and outside the plan's service area) and urgent care are always covered.

Sales agents/brokers may be compensated if they are helping the applicant enroll.

I understand that I am enrolling into a Humana Medicare Advantage plan and not a Medicare Supplement, Medigap, Medicare Select or Medicaid plan.

The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

### **Release of Information:**

By joining this Medicare plan, I acknowledge that Humana will share my information with the U.S. Department of Health and Human Services (HHS), who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below).

### **Privacy Act Statement:**

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. **Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.**

### **Individuals experiencing homelessness:**

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security benefit checks) may be considered and used in the residential address field as your permanent residence address.





Asterisks (\*) indicate required fields

APPLICANT MEDICARE NUMBER\*

N A E N - A E N - A A N N

I have read and understand the important information on the preceding pages. I have reviewed and received a copy of the Summary of Benefits.

SIGNATURE OF APPLICANT\* or authorized legal representative (including valid Power of Attorney, Legal Guardian, etc.)

SIGNATURE DATE\*

M M - D D - 2 0 Y Y

I understand that my signature (or the signature of the individual legally authorized to act on my behalf) on this enrollment form means that I have read and understand the contents of this enrollment form. If signed by an authorized representative (as described above), the signature certifies that: 1) this individual is authorized under state law to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.

If you are the authorized legal representative, you **MUST** sign above and provide the following information:\*

LAST NAME

FIRST NAME

MI

STREET ADDRESS

CITY

ST

ZIP

TELEPHONE

RELATIONSHIP TO APPLICANT

( ) -

#### FOR INDIVIDUALS HELPING AN APPLICANT WITH COMPLETING THIS FORM ONLY

Complete this section if you're an individual (e.g. agents, brokers, SHIP counselors, family members, or other third parties) helping an applicant fill out this form.

NAME

SIGNATURE

RELATIONSHIP TO APPLICANT

NATIONAL PRODUCER NUMBER (AGENTS/BROKERS ONLY)

#### INTERNAL MARKETPOINT AGENTS ONLY

WRITING AGENT NAME\*

AGENT NUMBER (SAN)\*

DATE\*

REFERRING AGENT NAME

REFERRING AGENT NUMBER (SAN)



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

# 2026 Enrollment Form

**Humana Group Medicare**  
PPO (Preferred Provider Organization)  
A Medicare Advantage plan

Follow these easy steps to become  
a Humana Medicare member



## **Have your Medicare card ready**

Each individual applying must fill out  
a separate form.



## **Sign and date the enrollment form**

If the enrollment form is not completed  
and returned within the allotted time  
period, the enrollment could be denied.

Please don't send in the same  
enrollment form or apply to the  
same plan more than once.



## **Call us with questions**

If you have questions, please call a licensed  
Humana sales agent at **1-800-824-8242**  
**(TTY: 711)**. We're available Monday - Friday,  
8 a.m. - 8 p.m. Eastern Time.

# Humana®

# Additional Notes

**Asterisks (\*) indicate required fields**  
Answering non-required fields is your choice. You can't be denied coverage if you don't complete them.

## Instructions

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- Completely fill the ovals.
- Use black ink only.
- Print only one clear number or capital block letter in each box.
- If you make a mistake, fix it by crossing out the box with an X. Put in the correct letter or number above or below the box as shown:

**Correct numbers and letters**

1 2 3 S M I ~~X~~ H

T

---

When inputting your Medicare Number on the enrollment form, print it exactly as it is on your Medicare card. N indicates a number, A indicates an alphabetic character, and E indicates either a number or alphabetic character. Medicare numbers will not start with a zero or contain the letters B, I, L, O, S or Z.

## 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 **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 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, **877-320-1235 (TTY: 711)**, or **[accessibility@humana.com](mailto: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)**.

### California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **[Civilrights@dhcs.ca.gov](mailto:Civilrights@dhcs.ca.gov)**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)**.

This notice is available at **[www.humana.com/legal/non-discrimination-disclosure](http://www.humana.com/legal/non-discrimination-disclosure)**.

GHHNDN2025HUM



# Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર ફોન કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**.

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at <https://www.humana.com/legal/multi-language-support>.

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日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយផ្សេងៗសម្រាប់អ្នកប្រើប្រាស់។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **877-320-1235 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ພຣີ. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahji' bee adahodooníłgíí diné bich'í' anídahazt'í'í, dóó łahgo át'éego bee hada'dilyaałgíí bee bika'aanída'awo'í dahóló. Kohji' hodíłnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

**877-320-1235 (TTY: 711)** اردو: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: ቋንቋ፣ አገዥ ማዳመጫ እና አማራጭ ቅርፅ ያላቸው አገልግሎቶችዎ ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bàsco [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fónó-nyo, kè nyo-boŭn-po-kà bě bé nyuεε se wídí p'éè-p'éè dǒ ko. **877-320-1235 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn ìṣẹ̀ àtìlẹ̀hìn ìrànlọ̀wọ̀ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ̀tó. Pe **877-320-1235 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।



Stamp Date

Asterisks (\*) indicate required fields

## Humana Group Medicare PPO Enrollment Form

**EMPLOYER OR UNION SPONSOR NAME\*** Please use the Employer/Union name listed with your mailing address on your materials.

Please print this information exactly  
as it is on your Medicare card.

ADMIN ORG

PROPOSED EFFECTIVE DATE\*

M M - 0 1 - 2 0 Y Y


PLAN OPTION\*

/

You can find the plan option number on the  
front page of your Summary of Benefits in the  
bottom right hand corner.

CATEGORY OF APPLICANT\*

- ☐ Medicare Eligible Retiree  
☐ Medicare Eligible Spouse  
☐ Medicare Eligible Dependent

**MEDICARE HEALTH INSURANCE**

LAST NAME\*  
FIRST NAME\* MI  
MEDICARE NUMBER\*  
N A E N - A E N - A A N N  
IS ENTITLED TO EFFECTIVE DATE  
HOSPITAL (PART A) M M - 0 1 - Y Y Y Y  
MEDICAL (PART B) M M - 0 1 - Y Y Y Y

DATE OF BIRTH\* M M - D D - Y Y Y Y

SEX\* ☐ F ☐ M

RESIDENTIAL ADDRESS\* P.O. Box not allowed.

☐ Experiencing homelessness

APT or STE

CITY\*

ST\*

ZIP\*

COUNTY\*

MAILING ADDRESS Your residential address confirms your service area. Print your mailing address/P.O. Box  
here, if applicable. If your mailing address is your residential address, please fill this oval.

APT or STE

CITY

ST

ZIP



Asterisks (\*) indicate required fields

APPLICANT MEDICARE NUMBER\*

N A E N - A E N - A A N N

It is important that we can reach you to help you stay informed and take care of your health. Please provide your telephone number and email address.

TELEPHONE

( ) -

TELEPHONE TYPE

Cellphone

Home (landline)

There may be times when Humana will use an automated system to call or text you. When that happens we will be sure to use the telephone number you provided.

EMAIL By providing your email address, you authorize Humana to send you health information to this address.

**PLEASE SELECT ONE PREMIUM PAYMENT OPTION.** You may pay your monthly plan premium and/or late enrollment penalty via automatic deduction from your bank account or credit or debit card. You may also choose to pay by mail using a coupon book. **If you do not select a payment option below, you may be defaulted to coupon book.**

**Automatic bank account deduction**

Bank account information (Only complete this section if you selected Automatic bank account deduction as your payment option).

Checking account

Savings account

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

FOR  
001925097 237757103 186

Routing number

Account number

**Automatic credit or debit card deduction**

Credit or debit card information (Only complete this section if you selected Automatic credit or debit card deduction as your payment option).

Mastercard

Visa

Discover

American Express

CREDIT OR DEBIT CARD NUMBER

EXPIRATION DATE

M M - 2 0 Y Y

**Coupon book**

You can visit **Humana.com/pay** to make your monthly premium payments online. If you have selected coupon book as your payment option, you can pay as far in advance as you like. You can also log in to your secure MyHumana account (click Register if you haven't signed up yet) or download the MyHumana mobile app to take advantage of other premium-related services.

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 premium. Do NOT pay Humana the Part D-IRMAA.



Asterisks (\*) indicate required fields

APPLICANT MEDICARE NUMBER\*

N A E N - A E N - A A N N

If you will have other prescription drug coverage (like VA, TRICARE) in addition to this plan for which you are applying, please fill this oval.\* ☐ I will have other prescription drug coverage

Please provide your other prescription drug coverage details here, if applicable.

NAME OF OTHER COVERAGE

ID NUMBER FOR THIS COVERAGE

GROUP NUMBER FOR THIS COVERAGE

Once enrolled, will you or your spouse work?

☐ Yes ☐ No

PRIMARY CARE PHYSICIAN (PCP)

PCP ID NUMBER

Are you already a patient of the physician you chose?

☐ Yes ☐ No

You can obtain the PCP ID number on our website at [Finder.Humana.com](https://finder.humana.com).

Preferred Written Language (when available)

☐ English ☐ Spanish ☐ Chinese ☐ Korean ☐ Other \_\_\_\_\_

Preferred Verbal Language

☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese  
☐ Korean ☐ Other \_\_\_\_\_

If an accessible format is needed, please select one option. If none are selected, you will receive standard font, printed materials.

☐ Audio ☐ Large print ☐ Accessible screen reader PDF  
☐ Oral over the phone ☐ Braille ☐ Data CD

Please call **1-877-320-1235 (TTY:711)** if you need information in another format or language.





## PLEASE READ THIS IMPORTANT INFORMATION

### **By completing this enrollment form, I agree to the following:**

The Humana Group Medicare PPO plan is a Medicare Advantage plan that has a contract with the federal government and I will need to keep my Medicare Parts A and B to stay in the plan. I must continue to pay my Medicare Part B premium. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare Advantage health plan. It is my responsibility to inform Humana of any prescription drug coverage that I have or may get in the future. **I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.** I understand that if I leave this Humana plan, I may not be eligible to return to the group plan or change plans outside of the group's open enrollment period. I can receive details of my options by calling my plan administrator or customer service.

I understand that when my Humana coverage begins, I must get all of my medical, and prescription drug benefits when applicable, from Humana. Benefits and services provided by Humana and contained in my "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Humana will pay for benefits or services that are not covered. Benefits and services must be obtained from Humana in order to be covered as Medicare benefits, with the exception of hospice and kidney acquisition costs for transplants, which are covered by Medicare. I will abide by the rules of my Evidence of Coverage.

This Humana plan serves a specific service area. If I move out of the area that this Humana plan serves, I need to notify Humana as I may have to disenroll and find a new plan in my new area. Emergency coverage (both within and outside the plan's service area) and urgent care are always covered.

Sales agents/brokers may be compensated if they are helping the applicant enroll.

I understand that I am enrolling into a Humana Medicare Advantage plan and not a Medicare Supplement, Medigap, Medicare Select or Medicaid plan.

The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

### **Release of Information:**

By joining this Medicare plan, I acknowledge that Humana will share my information with the U.S. Department of Health and Human Services (HHS), who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below).

### **Privacy Act Statement:**

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. **Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.**

### **Individuals experiencing homelessness:**

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security benefit checks) may be considered and used in the residential address field as your permanent residence address.





Asterisks (\*) indicate required fields

APPLICANT MEDICARE NUMBER\*

N A E N - A E N - A A N N

I have read and understand the important information on the preceding pages. I have reviewed and received a copy of the Summary of Benefits.

SIGNATURE OF APPLICANT\* or authorized legal representative (including valid Power of Attorney, Legal Guardian, etc.)

SIGNATURE DATE\*

M M - D D - 2 0 Y Y

I understand that my signature (or the signature of the individual legally authorized to act on my behalf) on this enrollment form means that I have read and understand the contents of this enrollment form. If signed by an authorized representative (as described above), the signature certifies that: 1) this individual is authorized under state law to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.

If you are the authorized legal representative, you **MUST** sign above and provide the following information:\*

LAST NAME

FIRST NAME

MI

STREET ADDRESS

CITY

ST

ZIP

TELEPHONE

( )

-

RELATIONSHIP TO APPLICANT

#### FOR INDIVIDUALS HELPING AN APPLICANT WITH COMPLETING THIS FORM ONLY

Complete this section if you're an individual (e.g. agents, brokers, SHIP counselors, family members, or other third parties) helping an applicant fill out this form.

NAME

SIGNATURE

RELATIONSHIP TO APPLICANT

NATIONAL PRODUCER NUMBER (AGENTS/BROKERS ONLY)

#### INTERNAL MARKETPOINT AGENTS ONLY

WRITING AGENT NAME\*

AGENT NUMBER (SAN)\*

DATE\*

M M - D D - 2 0 Y Y

REFERRING AGENT NAME

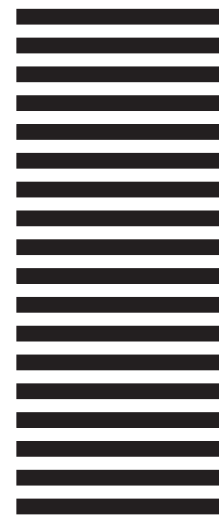
REFERRING AGENT NUMBER (SAN)



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