

**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







A more human way  
to healthcare™

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BC26



## We're here for you

Humana Group Medicare Customer Care

**800-654-1092 (TTY: 711)**

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

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

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **800-654-1092 (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**<sup>®</sup>

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# Join us and learn more about the move to a Humana Group Medicare health plan and other plan changes in 2026

A Humana representative will be available to answer questions about the benefits and services available to Humana Group Medicare members.



Register for a webinar at  
<https://aet.na/pfizermeetings26>.

**Thurs., Oct. 16, 2025, 9:30 – 11 a.m.**

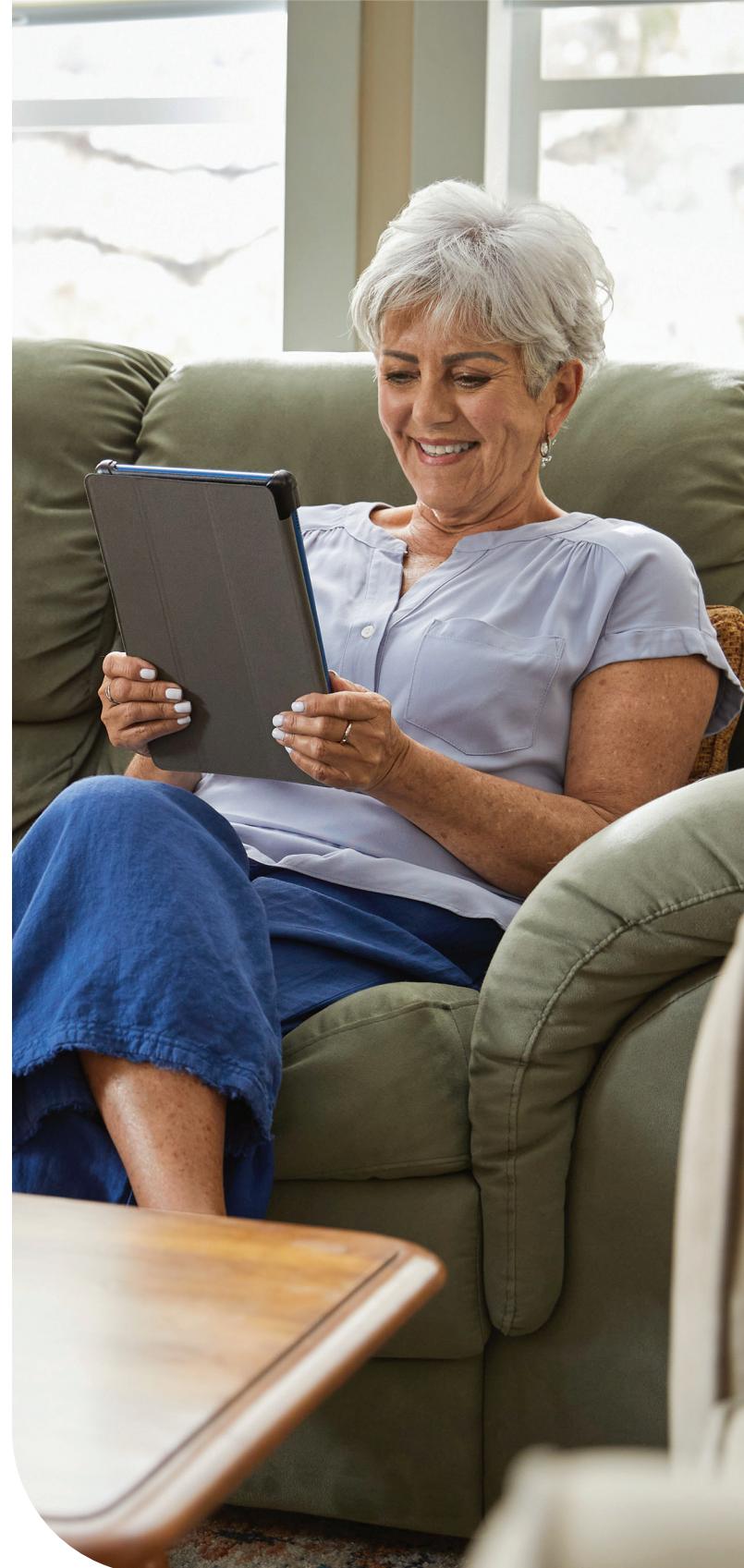
**Tues., Oct. 21, 2025, 3 – 4:30 p.m.**

**Wed., Oct. 29, 2025, 1 – 2:30 p.m.**

Webinar link is case sensitive.

Join from a PC, Mac, iPad or Android.

All times are Eastern time.



Humana is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. For more information, call Humana Group Medicare Customer Care at **800-654-1092 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

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SINVITEFLY





## 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

Frequently asked questions

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

Continuous Glucose Monitors Flyer

Diabetic Supplies Flyer

Go365 Flyer





## Welcome to a more human way to healthcare

Dear Humana Member,

We're excited to inform you that **Pfizer** has partnered with Humana to offer you a Medicare Advantage Preferred Provider Organization (PPO) Plan that provides more benefits than Original Medicare.

Understanding your Medicare plan and how it works is important. Humana believes everyone should have access to the tools and support needed to have a fair and just opportunity to be as healthy as possible. During our over 30 years of experience with Medicare, we've learned how to be a better partner in health.

### **Review the enclosed materials**

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

- If you have questions about your premium, please call Fidelity at the Pfizer Benefits Center at **877-208-0950 (TTY: 711)**, Monday – Friday, 8:30 a.m. – 12 a.m., Eastern time.
- Please see the Find Care page in this packet for instructions on finding a list of network providers.

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

Sincerely,  
Group Medicare Operations



# 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
- 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.

# Frequently asked questions

**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 Fidelity at the Pfizer Benefits Center 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 in-network or out-of-network?**

You can find a doctor who's in your network by using Humana's Find Care tool, visit [Humana.com/findcare](http://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.
- All the details about your coverage may be found in your Evidence of Coverage (EOC) or by signing in to your MyHumana account at [Humana.com/PlanDocuments](http://Humana.com/PlanDocuments).

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

You can enroll in only one Medicare Advantage plan at a time. Enrollment in this plan will cancel your enrollment in a different Medicare Advantage 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 plan may be eligible in combination with other types of health insurance coverage you may have. This is called coordination of benefits. Please notify Humana if you have any other medical coverage.

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

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

## **What 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 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, 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](http://Humana.com/Registration).

- **Evidence of Coverage (EOC)**

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

- **Your personalized benefits statement**

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

- **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,

**800-654-1092 (TTY: 711),**

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

# Manage your Humana plan online

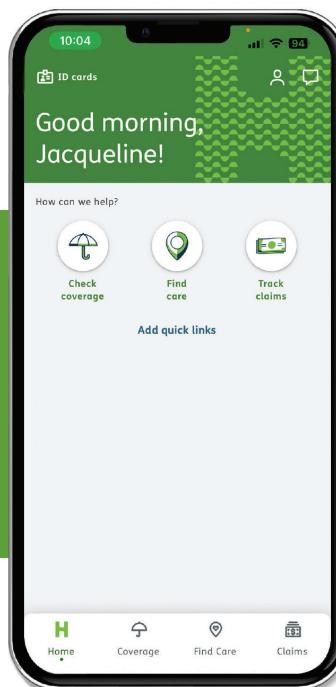
## MyHumana on the go

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**.



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

#### 1 Create your account.

Visit [Humana.com/registration](http://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

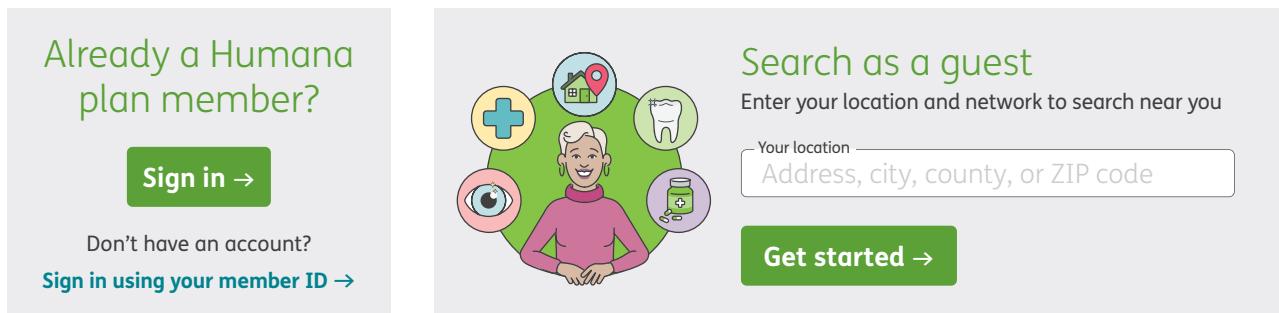
Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find Care search tool to find in-network doctors.

## Go to

[Humana.com/FindCare](https://www.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.

## 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 **800-654-1092 (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**

**800-654-1092 (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](http://Humana.com)

### **MyHumana mobile app**

[Humana.com/mobile-apps](http://Humana.com/mobile-apps)

### **Doctors in your network**

[Humana.com/findcare](http://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](http://Humana.com) or call the number on the back of your member ID card to get connected with a provider that offers this service.

### **SilverSneakers®**

**888-423-4632 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time

[SilverSneakers.com](http://SilverSneakers.com)

### **Go365 by Humana®**

[Go365.com](http://Go365.com)

### **Humana Care Management**

**800-654-1092 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time

[Humana.com/home-care](http://Humana.com/home-care)

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

**800-654-1092 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time

[Humana.com/home-care/well-dine](http://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](http://Humana.com/caregiver)

### **State health insurance program offices**

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

[www.cms.gov/apps/contacts/#](http://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 079/830**

**Pfizer - MA**

**Humana**<sup>®</sup>

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."

## **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.

## **Plan name:**

Humana Group Medicare Advantage PPO plan

## **How to reach us:**

Members should call toll-free  
**1-800-654-1092** for questions  
(TTY/TDD: 711)

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

Or visit our website:  
<https://your.humana.com/pfizer>

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.



## **A healthy partnership**

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



# 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 your employer group benefits plan administrator.

### Medical deductible

**\$150** per year for some combined in- and out-of-network services

### 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

**\$3,500** out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Acupuncture; Chiropractic Services (Routine); Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; Personal Emergency Response System; Podiatry Services (Routine); Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Private Duty Nursing; Smoking Cessation (Additional); Transportation (Routine); 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

**\$3,500** out-of-pocket limit for Medicare-covered services.

In-Network Exclusions: Part D Pharmacy; Acupuncture; Chiropractic Services (Routine); Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; Personal Emergency Response System; Podiatry Services (Routine); Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Private Duty Nursing; Smoking Cessation (Additional); Transportation (Routine); 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, Acupuncture; Chiropractic Services (Routine); Hearing Services (Routine); Personal Emergency Response System; Podiatry Services (Routine); Private Duty Nursing; Transportation (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](http://Humana.com/PAL).



# Covered Medical Benefits

## IN-NETWORK

## OUT-OF-NETWORK

### ACUTE INPATIENT HOSPITAL CARE

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.

**\$500** per admit

**\$500** per admit

### OUTPATIENT HOSPITAL COVERAGE

|                               |                    |                    |
|-------------------------------|--------------------|--------------------|
| <b>Diagnostic colonoscopy</b> | <b>\$350</b> copay | <b>\$350</b> copay |
| <b>Diagnostic mammography</b> | <b>\$25</b> copay  | <b>\$25</b> copay  |
| <b>Observation services</b>   | <b>\$0</b> copay   | <b>\$0</b> copay   |
| <b>Surgery services</b>       | <b>\$350</b> copay | <b>\$350</b> copay |

### AMBULATORY SURGICAL CENTER

|                               |                    |                    |
|-------------------------------|--------------------|--------------------|
| <b>Diagnostic colonoscopy</b> | <b>\$350</b> copay | <b>\$350</b> copay |
| <b>Surgery services</b>       | <b>\$350</b> copay | <b>\$350</b> copay |

### DOCTOR OFFICE VISITS

|                                    |                   |                   |
|------------------------------------|-------------------|-------------------|
| <b>Primary care provider (PCP)</b> | <b>\$25</b> copay | <b>\$25</b> copay |
| <b>Specialists</b>                 | <b>\$40</b> copay | <b>\$40</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](http://Humana.com/PAL).

 **Covered Medical Benefits****IN-NETWORK****OUT-OF-NETWORK****PREVENTIVE CARE**

This plan covers all Medicare preventative services including:

- Abdominal aortic aneurysm screening
- Alcohol misuse screening & counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening
- Cardiovascular disease behavioral therapy
- Cardiovascular disease screening
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes self-management training
- Diabetes screening
- Glaucoma screening
- Hepatitis C screening
- HIV screening
- Kidney disease education services
- Lung cancer screening
- Medical nutrition therapy
- Obesity screening and therapy
- Physical exams (routine)
- Prostate cancer screening exam
- Smoking and tobacco use cessation
- STI screening and counseling
- "Welcome to Medicare" preventative visit

**Covered at no cost****Covered at no cost**

- Immunizations
- Medicare diabetes prevention program (MDPP)

**Covered at no cost****Covered at no cost**

Any additional preventative services approved by Medicare during the contract year will be 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](http://Humana.com/PAL).



# Covered Medical Benefits

|   | IN-NETWORK  | OUT-OF-NETWORK  |
|---|---|---|
| <b>EMERGENCY CARE</b>   |   |   |
| <b>Emergency room</b><br>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>\$125</b> copay for Medicare-covered emergency room visit(s)                                       | <b>\$125</b> copay for Medicare-covered emergency room visit(s)                                       |
| <b>Urgently needed services</b><br>Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.  | <b>\$25</b> copay<br><b>\$40</b> copay<br><b>\$50</b> copay   | <b>\$25</b> copay<br><b>\$40</b> copay<br><b>\$50</b> copay   |
| <b>DIAGNOSTIC SERVICES, LABS AND IMAGING</b>  |   |   |
| <b>Advanced imaging services (MRI, MRA, PET and CT Scan)</b>  |   |   |
| • Primary care provider (PCP)<br>• Specialist's office<br>• Freestanding radiological facility<br>• Outpatient Hospital   | <b>\$25</b> copay<br><b>\$25</b> copay<br><b>\$25</b> copay<br><b>\$25</b> copay                      | <b>\$25</b> copay<br><b>\$25</b> copay<br><b>\$25</b> copay<br><b>\$25</b> copay                      |
| <b>Diagnostic mammography</b>   |   |   |
| • Primary care provider (PCP)<br>• Specialist's office<br>• Freestanding radiological facility<br>• Outpatient Hospital   | <b>\$25</b> copay<br><b>\$40</b> copay<br><b>\$25</b> copay<br><b>\$25</b> copay                      | <b>\$25</b> copay<br><b>\$40</b> copay<br><b>\$25</b> copay<br><b>\$25</b> copay                      |
| <b>Diagnostic procedures and tests</b>  |   |   |
| • Primary care provider (PCP)<br>• Specialist's office<br>• Urgent care center<br>• Freestanding radiological facility<br>• Outpatient Hospital   | <b>\$25</b> copay<br><b>\$40</b> copay<br><b>\$50</b> copay<br><b>\$25</b> copay<br><b>\$25</b> copay | <b>\$25</b> copay<br><b>\$40</b> copay<br><b>\$50</b> copay<br><b>\$25</b> copay<br><b>\$25</b> copay |
| <b>EKG screening</b>  |   |   |
| • Primary care provider (PCP)<br>• Specialist's office  | <b>0%</b> of the cost<br><b>0%</b> of the cost  | <b>0%</b> of the cost<br><b>0%</b> 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](http://Humana.com/PAL).



## Covered Medical Benefits

|   | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>  |
|---|--|--|
| • Freestanding radiological facility                                  | <b>0%</b> of the cost  | <b>0%</b> of the cost  |
| • Outpatient Hospital   | <b>0%</b> of the cost  | <b>0%</b> of the cost  |
| <b>Lab services</b>   |  |  |
| • Primary care provider (PCP)   | <b>\$25</b> copay  | <b>\$25</b> copay  |
| • Specialist's office   | <b>\$25</b> copay  | <b>\$25</b> copay  |
| • Urgent care center  | <b>\$25</b> copay  | <b>\$25</b> copay  |
| • Freestanding laboratory   | <b>\$25</b> copay  | <b>\$25</b> copay  |
| • Outpatient Hospital   | <b>\$25</b> copay  | <b>\$25</b> copay  |
| <b>Nuclear medicine services</b>                                      |  |  |
| • Freestanding radiological facility                                  | <b>\$25</b> copay  | <b>\$25</b> copay  |
| • Outpatient Hospital   | <b>\$25</b> copay  | <b>\$25</b> copay  |
| <b>Outpatient x-rays</b>  |  |  |
| • Primary care provider (PCP)   | <b>\$25</b> copay  | <b>\$25</b> copay  |
| • Specialist's office   | <b>\$40</b> copay  | <b>\$40</b> copay  |
| • Urgent care center  | <b>\$50</b> copay  | <b>\$50</b> copay  |
| • Freestanding radiological facility                                  | <b>\$25</b> copay  | <b>\$25</b> copay  |
| • Outpatient Hospital   | <b>\$25</b> copay  | <b>\$25</b> copay  |
| <b>Radiation therapy</b>  |  |  |
| • Specialist's office   | <b>\$25</b> copay  | <b>\$25</b> copay  |
| • Freestanding radiological facility                                  | <b>\$25</b> copay  | <b>\$25</b> copay  |
| • Outpatient Hospital   | <b>\$25</b> copay  | <b>\$25</b> copay  |
| <b>HEARING SERVICES</b>   |  |  |
| <b>Medicare-covered hearing: diagnostic hearing and balance exams</b> | <b>\$20</b> copay  | <b>\$20</b> copay  |
| <b>Routine hearing</b>  | <b>\$0</b> copay for routine hearing exams up to 1 per year.<br><b>\$1,500</b> maximum benefit coverage amount for hearing aid(s) (all types) up to 2 every 3 years.<br>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>\$20</b> copay  | <b>\$20</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](http://Humana.com/PAL).



# Covered Medical Benefits

|   | IN-NETWORK  | OUT-OF-NETWORK   |
|---|---|--|
| <strong>VISION SERVICES</strong>  |   |  |
| <strong>Medicare-covered vision services</strong>   | <strong>\$20</strong> copay   | <strong>\$20</strong> copay  |
| <strong>Medicare-covered diabetic eye exam (1 per year)</strong>  | <strong>\$0</strong> copay  | <strong>\$0</strong> copay   |
| <strong>Medicare-covered glaucoma screening (1 per year)</strong>   | <strong>0%</strong> of the cost   | <strong>0%</strong> of the cost  |
| <strong>Medicare-covered eyewear (post-cataract)</strong>   | <strong>0%</strong> of the cost   | <strong>0%</strong> of the cost  |
| <strong>Routine vision</strong><br><br>EyeMed is the In-Network provider for the routine vision benefit. Contact Customer Service to locate a provider. | <strong>\$0</strong> copay for routine exam (includes refraction) up to 1 per calendar year.<br><strong>\$400</strong> maximum benefit coverage amount toward eyeglass lenses and frames OR <strong>\$150</strong> maximum benefit coverage amount toward the purchase of contact lenses (1 per calendar year).<br>Lens options include single vision, lined bifocal and trifocal lenses, ultraviolet protection and scratch resistant coating. | <strong>\$175</strong> maximum benefit coverage amount per year for routine exam (includes refraction).<br><strong>\$0</strong> copay for routine exam (includes refraction) up to 1 per calendar year.<br><strong>\$400</strong> maximum benefit coverage amount toward eyeglass lenses and frames OR <strong>\$150</strong> maximum benefit coverage amount toward the purchase of contact lenses (1 per calendar year).<br>Lens options include single vision, lined bifocal and trifocal lenses, ultraviolet protection and scratch resistant coating.<br>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](http://Humana.com/PAL).



# Covered Medical Benefits

|   | IN-NETWORK   | OUT-OF-NETWORK  |
|---|--|---|
| <b>PERSONAL EMERGENCY RESPONSE SYSTEM</b>   |  |   |
| <b>Personal Emergency Response System (PERS)</b>  | <p><b>\$0</b> copay for either an On The Go Mobile personal help button or an On the Go Mobility personal help button.</p> <p>Both function in and out of the home.</p> <p>On The Go uses two way voice communication &amp; five location seeking technologies to send help quickly to wherever the member is located.</p> <p>On the Go Mobility mobile device offers fall detection remotely activated/deactivated, up to 5 days of battery life, location services, and wandering.</p> <p>Accommodation for Pacemakers and Implanted Devices when worn at the waist with free leather pouch and auto fall detection deactivated.</p> | The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges |
| <b>MENTAL HEALTH SERVICES</b>   |  |   |
| <b>Inpatient</b>  | <b>\$500</b> per admit   | <b>\$500</b> per admit  |
| 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.<br>190 day lifetime limit in a psychiatric facility. |  |   |
| <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>\$25</b> copay  | <b>\$25</b> copay   |
| • Specialist's office   | <b>\$25</b> copay  | <b>\$25</b> copay   |
| • Urgent care   | <b>\$50</b> copay  | <b>\$50</b> copay   |
| • Outpatient Hospital   | <b>\$25</b> copay  | <b>\$25</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](http://Humana.com/PAL).



# Covered Medical Benefits

|   | IN-NETWORK  | OUT-OF-NETWORK   |
|---|---|--|
| <b>SKILLED NURSING FACILITY</b>   |   |  |
| This plan covers up to 100 days in a SNF.<br><br>No 3-day hospital stay is required.<br>Plan pays \$0 after 100 days. | <b>\$0</b> copay per day for days 1-20<br><b>\$75</b> copay per day for days 21-100   | <b>\$0</b> copay per day for days 1-20<br><b>\$75</b> copay per day for days 21-100  |
| <b>AMBULANCE</b>  |   |  |
| Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.                    | <b>\$100</b> copay  | <b>\$100</b> copay   |
| <b>TRANSPORTATION</b>   |   |  |
| <b>Routine Transportation</b>   | <b>\$0</b> copay for plan approved location up to 12 one-way trip(s) per year.<br><br>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>Uniform Flexibility</b><br><b>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.<br><br>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>\$35</b> copay   | <b>\$35</b> copay  |
| • Outpatient Hospital   | <b>\$35</b> copay   | <b>\$35</b> copay  |
| <b>Medicare Part B covered drugs</b>  |   |  |
| • Primary care provider (PCP)   | <b>20%</b> of the cost  | <b>20%</b> of the cost   |
| • 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   |
| • 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>20%</b> of the cost  | <b>20%</b> of the cost   |
| • Specialist's office   | <b>20%</b> of the cost  | <b>20%</b> 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](http://Humana.com/PAL).



# Covered Medical Benefits

- Outpatient Hospital
- Pharmacy

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.

## IN-NETWORK

**20%** of the cost  
**20%** of the cost

## OUT-OF-NETWORK

**20%** of the cost  
**20%** of the cost

## ACUPUNCTURE SERVICES

### Medicare-covered acupuncture visit(s) for chronic low back pain

**\$20** copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.

**\$20** 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.

### Routine acupuncture

**\$20** copay for acupuncture visits up to 20 combined in and out of network visit(s) per year.

**\$20** copay for acupuncture 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.

## ALLERGY

### Allergy shots & serum

- Primary care provider (PCP)
- Specialist's office

**20%** of the cost  
**20%** of the cost

**20%** of the cost  
**20%** of the cost

## CHIROPRACTIC SERVICES

### Medicare-covered chiropractic visit(s)

**\$20** copay

**\$20** copay

### Routine chiropractic visit(s)

**\$20** copay for routine chiropractic visits up to 20 combined in and out of network visit(s) per year.

**\$20** copay for routine chiropractic 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.

## DIABETES SERVICES AND SUPPLIES

### Continuous glucose monitor (CGM)

- Durable medical equipment provider

**\$0** copay

**\$0** 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](http://Humana.com/PAL).



# Covered Medical Benefits

|   | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b>  |
|---|---|--|
| • Pharmacy  | <b>\$0</b> copay  | <b>\$0</b> copay   |
| <b>Diabetes management training</b>   |   |  |
| • Primary care provider (PCP)   | <b>0%</b> of the cost   | <b>0%</b> of the cost  |
| • Specialist's office   | <b>0%</b> of the cost   | <b>0%</b> of the cost  |
| • Outpatient hospital   | <b>0%</b> of the cost   | <b>0%</b> of the cost  |
| <b>Diabetes monitoring supplies</b>   |   |  |
| • Durable medical equipment provider  | <b>20%</b> of the cost  | <b>20%</b> of the cost   |
| • Pharmacy  | <b>0%</b> of the cost   | <b>0%</b> of the cost  |
| • Preferred diabetic supplier   | <b>\$0</b> copay  | Not Covered  |
| <b>Diabetes screening</b>   |   |  |
| • Primary care provider (PCP)   | <b>0%</b> of the cost   | <b>0%</b> of the cost  |
| • Specialist's office   | <b>0%</b> of the cost   | <b>0%</b> of the cost  |
| <b>Diabetic shoes and inserts</b>   |   |  |
| • Prosthetics provider  | <b>20%</b> of the cost  | <b>20%</b> of the cost   |
| • Durable medical equipment provider  | <b>20%</b> of the cost  | <b>20%</b> of the cost   |
| <b>FOOT CARE (PODIATRY)</b>   |   |  |
| <b>Medicare-covered foot care</b>   | <b>\$20</b> copay   | <b>\$20</b> copay  |
| <b>Routine foot care</b>  | <b>\$20</b> copay for routine podiatry visits up to 6 combined in and out of network visit(s) per year. | <b>\$20</b> copay for routine podiatry visits up to 6 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. |
| <b>HOME HEALTH CARE</b>   |   |  |
|   | <b>0%</b> of the cost   | <b>0%</b> of the cost  |
| <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  | <b>20%</b> of the cost  | <b>20%</b> of the cost   |
| • Pharmacy  | <b>20%</b> of the cost  | <b>20%</b> 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](http://Humana.com/PAL).



# Covered Medical Benefits

|  | IN-NETWORK             | OUT-OF-NETWORK         |
|--|------------------------|------------------------|
| <b>Medical supplies<br/>(includes but not limited to:<br/>catheters, IV set-up and<br/>supplies)</b> |                        |                        |
| • Medical supply provider  | <b>20%</b> of the cost | <b>20%</b> of the cost |
| • Pharmacy   | <b>20%</b> of the cost | <b>20%</b> of the cost |
| <b>Prosthetics (artificial limbs or<br/>braces)</b>  |                        |                        |
| • Prosthetics provider   | <b>20%</b> of the cost | <b>20%</b> of the cost |
| <b>OUTPATIENT SUBSTANCE ABUSE</b>  |                        |                        |
| <b>Outpatient group and individual<br/>substance abuse treatment<br/>visits</b>                      |                        |                        |
| • Primary care provider (PCP)  | <b>\$25</b> copay      | <b>\$25</b> copay      |
| • Specialist's office  | <b>\$25</b> copay      | <b>\$25</b> copay      |
| • Urgent care  | <b>\$50</b> copay      | <b>\$50</b> copay      |
| • Outpatient hospital  | <b>\$25</b> copay      | <b>\$25</b> copay      |
| <b>PRIVATE DUTY NURSING</b>  |                        |                        |
| • Member's home  | <b>\$0</b> copay       | <b>\$0</b> copay       |
| • Inpatient Hospital   |                        |                        |
| <b>\$1,500</b> combined In &<br>Out-of-Network maximum<br>benefit coverage amount per<br>year        |                        |                        |
| <b>REHABILITATION SERVICES</b>   |                        |                        |
| <b>Audiology Therapy</b>   |                        |                        |
| • Specialist's office  | <b>\$25</b> copay      | <b>\$25</b> copay      |
| • Comprehensive outpatient<br>rehab facility   | <b>\$25</b> copay      | <b>\$25</b> copay      |
| • Outpatient hospital  | <b>\$25</b> copay      | <b>\$25</b> copay      |
| <b>Cardiac rehabilitation</b>  |                        |                        |
| • Specialist's office  | <b>\$25</b> copay      | <b>\$25</b> copay      |
| • Outpatient hospital  | <b>\$25</b> copay      | <b>\$25</b> copay      |
| <b>Occupational therapy</b>  |                        |                        |
| • Specialist's office  | <b>\$25</b> copay      | <b>\$25</b> copay      |
| • Comprehensive outpatient<br>rehab facility   | <b>\$25</b> copay      | <b>\$25</b> copay      |
| • Outpatient hospital  | <b>\$25</b> copay      | <b>\$25</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](http://Humana.com/PAL).



# Covered Medical Benefits

|   | IN-NETWORK             | OUT-OF-NETWORK         |
|---|------------------------|------------------------|
| <b>Physical therapy</b>   |                        |                        |
| • Specialist's office   | <b>\$25</b> copay      | <b>\$25</b> copay      |
| • Comprehensive outpatient rehab facility   | <b>\$25</b> copay      | <b>\$25</b> copay      |
| • Outpatient hospital   | <b>\$25</b> copay      | <b>\$25</b> copay      |
| <b>Pulmonary rehabilitation</b>   |                        |                        |
| • Specialist's office   | <b>\$20</b> copay      | <b>\$20</b> copay      |
| • Comprehensive outpatient rehab facility   | <b>\$20</b> copay      | <b>\$20</b> copay      |
| • Outpatient hospital   | <b>\$20</b> copay      | <b>\$20</b> copay      |
| <b>Speech therapy</b>   |                        |                        |
| • Specialist's office   | <b>\$25</b> copay      | <b>\$25</b> copay      |
| • Comprehensive outpatient rehab facility   | <b>\$25</b> copay      | <b>\$25</b> copay      |
| • Outpatient hospital   | <b>\$25</b> copay      | <b>\$25</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> of the cost  | <b>0%</b> of the cost  |
| • Specialist's office   | <b>0%</b> of the cost  | <b>0%</b> of the cost  |
| • Outpatient hospital   | <b>0%</b> of the cost  | <b>0%</b> of the cost  |
| <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>\$0</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](http://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](http://Humana.com/PAL).

## Notes

# 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 مجاناً. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլնտրանսլային ծևառափի ծառայություններ: Չանգահարեք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যসে 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 fòma 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]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

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

हिन्दी [Hindi]: निःशुल्क 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]: សេវាកម្មផ្លូវការភាសា ជំនួយ និង សេវាកម្មជាគម្រោងមេដ្ឋានជំនួយអាជារណានៅ 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, ອົບປະກອນລ່ວມເຫັນ 110 ລະຫວ່າງລົດກົ່ນໃຫ້ໄວ້ຝັດ. ລົບ 877-320-1235 (TTY: 711).

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjí' bee adahodoonílgíí diné bich'í' anídahazt'i'i, dóó lahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'i dahólq. Kohjí' 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]: ਮੁੜਤ ਭਾਸ਼ਾ, 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) ஜி அழைக்கவும்.

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

اردو [Urdu]: مفت زبان، معلوم امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال (877-320-1235 (TTY: 711))

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]: አንድ: አገዛ ማቅረብ እና አማርኛ ቁጥር ፩፭፻፭ የለችው አገልግሎቶችም ይገኛል:: ፩ 877-320-1235 (TTY: 711) ላይ ይደምላ::

Bāsəɔ̄́ [Bassa]: Wuqu-xwíñíñ-mú-zà-zà kùà, Hwòdò-fíñó-ñyó, kè nyó-boññ-po-kà bě bé nyuee se wíqdí pèè-péè dò kò. 877-320-1235 (TTY: 711) dá.

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

Òyìnbó [Yoruba]: Àwọn isé àtìlèhìn ìrànlówó èdè, àti ọnà kíkà míràn wà lárówótó. 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/pfizer>** 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/pfizer>

SB079830EN26



### Scan this QR code

Scan this QR code with your mobile device to learn more.

### Humana preferred DME providers

**CCS Medical**

877-531-7959

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

**Edwards Healthcare**

888-344-3434

Monday – Friday, 8:30 a.m. – 5 p.m.,  
Eastern time

## Your Humana Group Medicare Advantage plan covers therapeutic continuous glucose monitors and supplies under Part B of your plan

### Do you use a continuous glucose monitoring system?

Medicare-covered therapeutic continuous glucose monitors (CGMs) and supplies, such as Dexcom or Freestyle Libre, are covered under your Humana Group Medicare Part B medical benefit. CGMs and supplies can be obtained from a durable medical equipment (DME) provider that accepts Medicare and will bill your insurance. Additionally, CGMs and supplies can be obtained at participating retail pharmacies.

If you are a new member utilizing a CGM, as soon as you receive your Humana ID card, contact a DME provider or participating retail pharmacy for assistance with obtaining a CGM and supplies. We have listed DME providers that will work with you and your healthcare provider to obtain all necessary clinical information for coverage.

### Have questions?

If you have questions about your coverage, call Humana Group Medicare Customer Care at the number on the back of your Humana ID card, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

**Humana**<sup>®</sup>

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CGMFLY



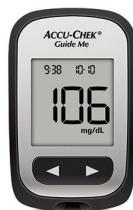
# Your Humana Group Medicare Advantage Plan covers the diabetic testing supplies that fit your needs and may make your life easier

One option is CenterWell Pharmacy™. CenterWell Pharmacy offers the meters listed below, and their test strips and lancets at a \$0 cost share.<sup>1,2</sup>



## CenterWell TRUE METRIX® AIR by Trividia

- Bluetooth® technology
- No coding
- Tiny, 0.5-microliter sample size
- Results in 4 seconds



## Accu-Chek Guide Me® by Roche

- Large, easy to read display
- Bluetooth® technology
- Small, 0.6-microliter sample size
- Results in 4 seconds
- No coding required
- Automatically log blood glucose test results to your Android or iOS device with the mySugr app



## Accu-Chek Guide® by Roche

- Simple to see, day or night
- Bluetooth® technology
- Small, 0.6-microliter sample size
- Results in 4 seconds
- No coding required
- Automatically log blood glucose test results to your Android or iOS device with the mySugr app

Did you know your diabetic supplies are covered under your medical benefit, even though you get them from the pharmacy?

To order a meter and supplies from CenterWell Pharmacy, call **888-538-3518 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Your doctor can send prescriptions for meters and other testing supplies by fax or e-prescribe.

You can request a no-cost meter from the manufacturer by calling Roche at **877-264-7263 (TTY: 711)**, or Trividia Health at **866-788-9618 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

<sup>1</sup>Other pharmacies are available in our network.

<sup>2</sup>You can also receive the meter and test strips through other durable medical equipment providers or pharmacies, but standard Part B coinsurance will apply.

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





# How to earn rewards with Go365 by Humana in 2026

## It's part of your Humana Medicare Advantage plan

### Taking care of your health can be rewarding

Go365 by Humana® makes wellness fun and easy. We can help you reach your physical and emotional health goals. Track your activity and redeem rewards:

- By going online at [Go365.com](https://Go365.com)
- By filling out and mailing in paper forms

## Earn rewards you can redeem for gift cards

### More healthy activities = more gift cards for you

Complete eligible healthy activities like walking or getting your Annual Wellness Visit to earn rewards to redeem for gift cards. Once you've earned at least \$10 in rewards, choose your gift cards in the Go365 Mall.

## Activate your Go365 Profile

### Now it's time to get going with Go365

If you have a MyHumana account, you can use the same information to log in to Go365.com. If not, activate your profile at MyHumana.com. Once you log in to Go365, you'll see eligible activities you can complete to earn rewards, and details on how to track your actions.

## Track your exercise the easy way

Earn \$5 in rewards a month for completing **12 or more workouts**. Here is how to track and earn:

1. **Attend a participating SilverSneakers® Fitness class** to earn rewards automatically if your plan includes SilverSneakers. Your rewards may take up to 45 days to show up in your Go365 account.
2. **Log your workouts online** in your Go365 account or use a paper workout tracker to record your exercise. Eligible activities include yoga, dance, gardening, cycling, pickleball, strength training and more. Submit your workout within **90 days** of completion.
3. **Connect a compatible activity tracker to Go365** to earn rewards automatically when you take at least 5,000 steps a day.

Go365 is compatible with activity trackers from a variety of manufacturers like Fitbit and Garmin. For a full list, sign in to your Go365 account.

**Earn \$5 in rewards monthly when you track your eligible workouts in any of the three ways listed above.**

| Activity  | Go365 rewards   | Activity limit  |
|---|-----------------|---|
| <b>GET HEALTHY: Preventive screenings</b>   |                 |   |
| Annual Wellness Visit   | \$25 in rewards | 1 per year  |
| Bone density screening  | \$20 in rewards | 1 per year  |
| Colonoscopy   | \$55 in rewards | 1 per year  |
| Flu shot  | \$5 in rewards  | 1 per year  |
| Mammogram   | \$30 in rewards | 1 per year  |
| Medication usage survey   | \$10 in rewards | 1 per year  |
| For members with diabetes: complete all 4 screenings to be rewarded – HbA1c, diabetic eye exam, kidney urine test, kidney blood test  | \$40 in rewards | 1 per year  |
| Your reward will show up automatically in your Go365 account if billed through your Humana medical or pharmacy plan. This can take up to 90 days.   |                 |   |
| <b>GET INVOLVED: Connect and learn</b>  |                 |   |
| Attend a health education or art class, participate in an athletic event, social club, or religious gathering or event.*  | \$5 in rewards  | 90 days to submit activity (\$10 annual maximum)                  |
| Staying connected socially is important to your overall health and well-being. Social and cognitive activities may help contribute to better long-term mental health, and may help ward off dementia and depression. <sup>1,2</sup> |                 |   |
| <b>GET ACTIVE: Exercise and fitness</b>   |                 |   |
| 12 or more workouts a month.  | \$5 in rewards  | \$5 per month<br>90 days to submit activity (\$60 annual maximum) |
| The Centers for Disease Control and Prevention recommends 150 minutes of activity a week to help manage or prevent health problems and maintain independence. <sup>3</sup>  |                 |   |

\*One event per calendar month.

Sources:

1. "Cognitive Health and Older Adults" NIA National Institute on Aging, NIH National Institutes of Health, World Health Organization, last accessed October 11, 2024, <https://www.nia.nih.gov/health/brain-health/cognitive-health-and-older-adults>
2. "Health Effects of Social Isolation and Loneliness" Centers for Disease Control and Prevention (CDC), last accessed October 11, 2024, <https://www.cdc.gov/social-connectedness/risk-factors/index.html>
3. "Older Adult Activity: An Overview" Centers for Disease Control and Prevention (CDC), last accessed October 11, 2024, <https://www.cdc.gov/physical-activity-basics/guidelines/older-adults.html>

Reward amounts shown represent the value of the reward, not actual dollars. Rewards have no cash value and must be earned and redeemed within the same program year. Any rewards not redeemed by December 31 will expire. Gift cards and denominations are subject to change at any time without notice.