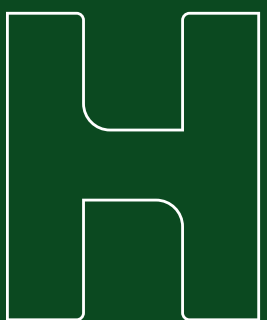
Humana Group Medicare
Humana Inc.
P.O. Box 669
Louisville, KY 40201-0669

2027

Important plan information



Humana®

Your journey to better health, for better retirement

Humana Group Medicare



Humana®

A more human way to healthcare™

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HUMANA GROUP MEDICARE ADVANTAGE PPO PLAN

&

PRESCRIPTION DRUG PLAN

PEEHIP

We're here for you

PEEHIP Humana Group Medicare Customer Care
800-747-0008 (TTY: 711)
Monday – Friday, 7 a.m. – 8 p.m., Central time
your.Humana.com/peehip

Humana is a Medicare Advantage PPO plan and a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **800-747-0008 (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.

Go365 Rewards have no cash value and must be earned and redeemed within the same plan year. Rewards not redeemed before Dec. 31st will be forfeited.

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Humana®

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Humana.

Understanding your benefits and coverage

Inside this packet you'll find:

Welcome to a more human way to healthcare

Your benefits

Know before you enroll

PEEHIP Medical Summary of Benefits

Hearing benefits flyer

Vision benefits flyer

PEEHIP PDP Summary of Benefits

Prescription Drug Guide flyer

What to expect after you enroll

Manage your PEEHIP Humana account online

Find Care tool

Member to Provider—Take this to your Provider

Humana Community Navigator

Know your numbers

Learn more about the benefits, extra programs and services included in your PEEHIP Humana plan

Scan the QR code with your mobile device.

Welcome to Humana

Dear PEEHIP Group Medicare Retiree,

Public Education Employees' Health Insurance Plan (PEEHIP) along with Humana will offer you a Group Medicare Advantage preferred provider organization (PPO) plan and a stand-alone prescription drug plan (PDP). These plans include more benefits than Original Medicare.

It is important to understand your Group Medicare plan and its features. At Humana, we are committed to ensuring that everyone has access to the resources and support necessary to achieve their best health. We remain dedicated to improving our support for your health and wellness needs.

Learn more about the PEEHIP Humana Group Medicare plans
Review the enclosed materials for the PEEHIP Group Medicare Advantage medical and pharmacy coverages that will be provided separately with Humana. These two plans will continue to provide the same benefits but with a lower premium. You will also find information on the extra services Humana offers at no cost such as SilverSneakers®, Go365 by Humana® and our Post-discharge meal program.

- **Questions About Your Premium?** Please contact **PEEHIP** at **334-517-7000 (TTY: 711) or toll-free at 877-517-0020 (TTY: 711)**, Monday – Friday, 8 a.m. – 5 p.m., Central time.
- **Member ID Cards:** You will receive one new Humana member ID card for both medical and pharmacy use. Your Humana member ID card will arrive in the mail shortly after you enroll. You will need to provide your new member ID card to your medical providers and your network pharmacies.
- **Access Your Plan Information:** Sign in or activate your account on MyHumana for safe, immediate access to your plan information. Visit **your.Humana.com/peehip** to register.

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

Sincerely,
Group Medicare Operations

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Your benefits



Get the care you deserve

All the benefits of Original Medicare, plus extra benefits

- Your benefit levels are the same for in-network and out-of-network providers, as long as the provider is eligible to participate in Medicare
- 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 PEEHIP members



Coverage that fits the way you live

Maximum out-of-pocket protections

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

Worldwide emergency coverage

Many Humana Medicare Advantage plans offer worldwide emergency coverage for sudden illnesses or injuries while traveling outside the U.S. and its territories. This coverage is intended for true emergencies—situations where there is a risk of serious harm to life, limb, or health if immediate care is not received. Members may need to pay out-of-pocket and submit claims for reimbursement.



Benefits that put you first

Programs to help improve health and well-being

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

To be eligible for the PEEHIP Humana Group Medicare PPO plan, you must have Medicare Part A and be enrolled in Medicare Part B, as this plan is a Group Medicare Advantage plan.

When does my coverage begin?

Check with PEEHIP at 334-517-7000 or toll-free at 877-517-0020 if there are questions about your enrollment. Be sure to keep your current healthcare coverage until your PEEHIP Humana Group Medicare PPO plan and PDP plan enrollment is confirmed.

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

The custom PEEHIP Humana Group Medicare Advantage medical plan provides the same services in- or out-of-network. You can find a doctor or pharmacy in your network by using Humana's Find Care tool, visit **your.Humana.com/peehip**.

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**.

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. This is called coordination of benefits. Please notify PEEHIP if you have any other medical coverage, such as VA or TRICARE®.

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 PEEHIP Humana Group Medicare Customer Care at **800-747-0008 (TTY: 711)** and have a Humana representative contact your provider and explain how your PPO plan works.

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

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

2027

Summary of Benefits

PEEHIP Humana Group Medicare Advantage PPO Plan
PPO 079/828

PEEHIP

PEEHIP

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 **PEEHIP Humana Group Medicare Advantage PPO** Plan.

Find out more about the PEEHIP 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 PEEHIP 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:

PEEHIP Humana Group Medicare Advantage PPO plan

How to reach us:

Members should call toll-free **1-800-747-0008** for questions **(TTY/TDD: 711)**

Call Monday – Friday, 7 a.m. – 8 p.m., Central time.

Or visit our website: **your.Humana.com/peehip**

PEEHIP Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call PEEHIP Humana Group Medicare Customer Care at **1-800-747-0008**.

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 your PEEHIP premium, please contact PEEHIP at **1-334-517-7000** or toll free at **1-877-517-0020**
Medical deductible	**$283** per year for some combined in- and out-of-network services
Medical Combined In and Out-of-Network Maximum **Maximum out-of-pocket responsibility** The most you pay for copays, coinsurance and other costs for medical services for the year.	**Combined In and Out-of-Network Exclusions:** **$8,850** out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; 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; Smoking Cessation (Additional); Uniform Flexibility Non-Emergency Medical Transportation; Uniform Flexibility Virtual Cardiac Recovery Program; Vision Services (Routine) and the Plan Premium do not apply to the combined maximum out-of-pocket. Out-of-Network Exclusions: Part D Pharmacy, Chiropractic Services (Routine); Fitness Program; Hearing Services (Routine); Meal Benefit; Personal Emergency Response System; Podiatry Services (Routine); Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Uniform Flexibility Non-Emergency Medical Transportation; Uniform Flexibility Virtual Cardiac Recovery Program; 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.

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.	**$200** copay per day for day 1 **$25** copay per day for days 2-5 **$0** copay per day for days 6-365	**$200** copay per day for day 1 **$25** copay per day for days 2-5 **$0** copay per day for days 6-365
OUTPATIENT HOSPITAL COVERAGE		
Diagnostic colonoscopy	**$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.*

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Diagnostic mammography	**$0** copay	**$0** copay
Observation services	**$0** copay	**$0** copay
Surgery services	**$0** copay	**$0** copay
AMBULATORY SURGICAL CENTER		
Diagnostic colonoscopy	**$0** copay	**$0** copay
Surgery services	**$0** copay	**$0** copay
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	**$13** copay	**$13** copay
Specialists	**$18** copay	**$18** 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.*

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) Any additional preventative services approved by Medicare during the contract year will be covered.	**Covered at no cost**	**Covered at no 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.*

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
EMERGENCY CARE		
Emergency room 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.	**$35** copay for Medicare-covered emergency room visit(s)	**$35** copay for Medicare-covered emergency room visit(s)
Urgently needed services		
• Primary care provider (PCP)	**$13** copay	**$13** copay
• Specialist's office	**$18** copay	**$18** copay
• Urgent care center	**$18** copay	**$18** copay
Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.		
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Advanced imaging services (MRI, MRA, PET and CT Scan)		
• Primary care provider (PCP)	**$0** copay	**$0** copay
• Specialist's office	**$0** copay	**$0** copay
• Freestanding radiological facility	**$0** copay	**$0** copay
• Outpatient Hospital	**$0** copay	**$0** copay
Diagnostic mammography		
• Primary care provider (PCP)	**$0** copay	**$0** copay
• Specialist's office	**$0** copay	**$0** copay
• Freestanding radiological facility	**$0** copay	**$0** copay
• Outpatient Hospital	**$0** copay	**$0** copay
Diagnostic procedures and tests		
• Primary care provider (PCP)	**$0** copay	**$0** copay
• Specialist's office	**$0** copay	**$0** copay
• Urgent care center	**$18** copay	**$18** copay
• Freestanding radiological facility	**$0** copay	**$0** copay
• Outpatient Hospital	**$0** copay	**$0** copay
EKG screening		
• Primary care provider (PCP)	**$0** copay	**$0** copay
• Specialist's office	**$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.*

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
• Freestanding radiological facility	**$0** copay	**$0** copay
• Outpatient Hospital	**$0** copay	**$0** copay
Lab services		
• Primary care provider (PCP)	**$0** copay	**$0** copay
• Specialist's office	**$0** copay	**$0** copay
• Urgent care center	**$0** copay	**$0** copay
• Freestanding laboratory	**$0** copay	**$0** copay
• Outpatient Hospital	**$0** copay	**$0** copay
Nuclear medicine services		
• Freestanding radiological facility	**$0** copay	**$0** copay
• Outpatient Hospital	**$0** copay	**$0** copay
Outpatient x-rays		
• Primary care provider (PCP)	**$0** copay	**$0** copay
• Specialist's office	**$0** copay	**$0** copay
• Urgent care center	**$18** copay	**$18** copay
• Freestanding radiological facility	**$0** copay	**$0** copay
• Outpatient Hospital	**$0** copay	**$0** copay
Radiation therapy		
• Specialist's office	**$0** copay	**$0** copay
• Freestanding radiological facility	**$0** copay	**$0** copay
• Outpatient Hospital	**$0** copay	**$0** copay
HEARING SERVICES		
Medicare-covered hearing: diagnostic hearing and balance exams	**$18** copay	**$18** 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.*

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Routine hearing	**$0** copay for routine hearing exams up to 1 per year (includes hearing aid fitting). **$0** copay for follow-up provider visits up to 3 per year. **$500** maximum benefit coverage amount for hearing aid(s) (all types) up to 2 every 3 years. Benefit includes prescription or over-the counter hearing aid(s). Note: Includes 3 years of batteries per non-rechargeable aid (up to 60 cells per ear, per year) and 3 year warranty. Three follow-up provider visits during first year following hearing aid purchase, with the original provider.	**$0** copay for routine hearing exams up to 1 per year (includes hearing aid fitting). **$500** maximum benefit coverage amount for hearing aid(s) (all types) up to 2 every 3 years. Benefit includes prescription or over-the counter hearing aid(s). Note: Includes 3 years of batteries per non-rechargeable aid (up to 60 cells per ear, per year) and 3 year warranty. Three follow-up provider visits during first year following hearing aid purchase, with the original provider. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
DENTAL SERVICES		
Medicare-covered dental	**$18** copay	**$18** copay
VISION SERVICES		
Medicare-covered vision services	**$18** copay	**$18** copay
Medicare-covered diabetic eye exam (1 per year)	**$0** copay	**$0** copay
Medicare-covered glaucoma screening (1 per year)	**$0** copay	**$0** copay
Medicare-covered eyewear (post-cataract)	**$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.*

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Routine vision **EyeMed** is the In-Network provider for the routine vision benefit. Contact Customer Service to locate a provider.	**$0** copay for routine exam (includes refraction) up to 1 per year.	**$0** copay for routine exam (includes refraction) up to 1 per year. **$175** combined maximum benefit coverage amount per year for routine exam (includes refraction). Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
PERSONAL EMERGENCY RESPONSE SYSTEM		
Personal Emergency Response System (PERS)	**$0** copay for either an On The Go Mobile personal help button or an On the Go Mobility personal help button. Both function in and out of the home. On The Go uses two way voice communication & five location seeking technologies to send help quickly to wherever the member is located. On the Go Mobility mobile device offers fall detection remotely activated/deactivated, up to 5 days of battery life, location services, and wandering. Accommodation for Pacemakers and Implanted Devices when worn at the waist with free leather pouch and auto fall detection deactivated.	**95%** coinsurance for personal emergency response systems and subscription. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
MENTAL HEALTH SERVICES		
Inpatient 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.	**$200** copay per day for day 1 **$25** copay per day for days 2-5 **$0** copay per day for days 6-365	**$200** copay per day for day 1 **$25** copay per day for days 2-5 **$0** copay per day for days 6-365
Partial Hospitalization	**$0** copay	**$0** copay
Intensive Outpatient Services	**$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.*

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Outpatient individual therapy visits		
• Primary care provider (PCP)	**$18** copay	**$18** copay
• Specialist's office	**$18** copay	**$18** copay
• Urgent care	**$18** copay	**$18** copay
• Outpatient Hospital	**$18** copay	**$18** copay
Outpatient group therapy visits		
• Primary care provider (PCP)	**$13** copay	**$13** copay
• Specialist's office	**$13** copay	**$13** copay
• Urgent care	**$18** copay	**$18** copay
• Outpatient Hospital	**$13** copay	**$13** copay
SKILLED NURSING FACILITY (SNF)		
This plan covers up to 100 days in a SNF. No 3-day hospital stay is required. Plan pays $0 after 100 days.	**$0** copay per day for days 1-20 **$161** copay per day for days 21-100	**$0** copay per day for days 1-20 **$161** copay per day for days 21-100
AMBULANCE		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	**$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.*

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
TRANSPORTATION		
Uniformity Flexibility Non-Emergency Medical Transportation	**$0** 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 offers unlimited miles per trip.	**95%** coinsurance for plan approved location 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 offers unlimited miles per trip. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
MEDICARE PART B PRESCRIPTION DRUGS		
Chemotherapy drugs		
• Specialist's office	**$0** copay	**$0** copay
• Outpatient Hospital	**$0** copay	**$0** copay
Medicare Part B covered drugs		
• Primary care provider (PCP)	**$0** copay	**$0** copay
• Specialist's office	**$0** copay	**$0** copay
• Outpatient Hospital	**$0** copay	**$0** copay
• Pharmacy	**$0** copay	**$0** copay
Medicare Part B insulin drugs		
• Primary care provider (PCP)	**$0** copay	**$0** copay
• Specialist's office	**$0** copay	**$0** copay
• Outpatient Hospital	**$0** copay	**$0** copay
• Pharmacy	**$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.*

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture visit(s) for chronic low back pain	**$0** copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	**$0** 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.
ALLERGY		
Allergy shots & serum		
• Primary care provider (PCP)	**$0** copay	**$0** copay
• Specialist's office	**$0** copay	**$0** copay
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	**$0** copay	**$0** copay
Routine chiropractic visit(s)	**20%** of the cost for routine chiropractic visits up to 18 combined in and out of network visit(s) per year.	**20%** of the cost for routine chiropractic visits up to 18 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%** of the cost	**0%** of the cost
• Pharmacy	**0%** of the cost	**0%** of the cost
• Preferred Pharmacy	**$0** copay	Not Covered
Diabetes management training		
• Primary care provider (PCP)	**$0** copay	**$0** copay
• Specialist's office	**$0** copay	**$0** copay
• Outpatient hospital	**$0** copay	**$0** copay
Diabetes monitoring supplies		
• Durable medical equipment provider	**$0** copay	**$0** copay
• Pharmacy	**$0** copay	**$0** copay
• Preferred diabetic supplier	**$0** copay	Not Covered
Diabetes screening		
• Primary care provider (PCP)	**$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.*

	IN-NETWORK	OUT-OF-NETWORK
• Specialist's office	**$0** copay	**$0** copay
FOOT CARE (PODIATRY)		
Medicare-covered foot care	**$18** copay	**$18** copay
Routine foot care	**$18** copay for routine podiatry visits up to 6 combined in and out of network visit(s) per year.	**$18** 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.
HOME HEALTH CARE		
	$0 copay	**$0** copay
HOSPICE You must get care from a Medicare-certified hospice. You must consult with your plan at **1-800-747-0008** before you select hospice.		
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment		
• Durable medical equipment provider	**0%** of the cost after combined annual deductible	**0%** of the cost after combined annual deductible
• Pharmacy	**0%** of the cost after combined annual deductible	**0%** of the cost after combined annual deductible
Medical supplies (includes but not limited to: catheters, IV set-up and supplies)		
• Medical supply provider	**0%** of the cost	**0%** of the cost
• Pharmacy	**0%** of the cost	**0%** of the cost
Prosthetics (artificial limbs or braces)		
• Prosthetics provider	**0%** of the cost	**0%** of the cost
COMPRESSION STOCKINGS		
Compression Stockings	**$0** copay for compression stockings up to 4 pair(s) per year.	**$0** copay for compression stockings up to 4 pair(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
OUTPATIENT SUBSTANCE ABUSE		
Outpatient individual substance abuse treatment visits		
• Primary care provider (PCP)	**$18** copay	**$18** 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.*

	IN-NETWORK	OUT-OF-NETWORK
• Specialist's office	**$18** copay	**$18** copay
• Urgent care	**$18** copay	**$18** copay
• Outpatient hospital	**$18** copay	**$18** copay
Outpatient group substance abuse treatment visits		
• Primary care provider (PCP)	**$13** copay	**$13** copay
• Specialist's office	**$13** copay	**$13** copay
• Urgent care	**$18** copay	**$18** copay
• Outpatient hospital	**$13** copay	**$13** copay
REHABILITATION SERVICES		
Audiology Therapy		
• Specialist's office	**$0** copay	**$0** copay
• Comprehensive outpatient rehab facility	**$0** copay	**$0** copay
• Outpatient hospital	**$0** copay	**$0** copay
Cardiac rehabilitation		
• Specialist's office	**$0** copay	**$0** copay
• Outpatient hospital	**$0** copay	**$0** copay
Occupational therapy		
• Specialist's office	**$0** copay	**$0** copay
• Comprehensive outpatient rehab facility	**$0** copay	**$0** copay
• Outpatient hospital	**$0** copay	**$0** copay
Physical therapy		
• Specialist's office	**$0** copay	**$0** copay
• Comprehensive outpatient rehab facility	**$0** copay	**$0** copay
• Outpatient hospital	**$0** copay	**$0** copay
Pulmonary rehabilitation		
• Specialist's office	**$0** copay	**$0** copay
• Comprehensive outpatient rehab facility	**$0** copay	**$0** copay
• Outpatient hospital	**$0** copay	**$0** copay
Speech therapy		
• Specialist's office	**$0** copay	**$0** copay
• Comprehensive outpatient rehab facility	**$0** copay	**$0** copay
• Outpatient hospital	**$0** copay	**$0** copay
RENAL DIALYSIS		
Renal dialysis services		
• Dialysis center	**$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.*

	IN-NETWORK	OUT-OF-NETWORK
• Outpatient hospital	**$0** copay	**$0** copay
Kidney disease education services		
• Primary care provider (PCP)	**$0** copay	**$0** copay
• Specialist's office	**$0** copay	**$0** copay
• Outpatient hospital	**$0** copay	**$0** copay
HUMANA IN-NETWORK TELEHEALTH VENDORS, i.e. MDLive (in addition to Original Medicare)		
Primary care provider (PCP)	**$0** copay	Not Covered
Substance abuse or behavioral health services	**$0** 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.*

Additional Benefits

	IN-NETWORK	OUT-OF-NETWORK
FITNESS AND WELLNESS		
Live a healthier, more active life through fitness and social connection at participating SilverSneakers® locations and online.	**$0** copay	**95%** coinsurance for out-of-network fitness centers. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
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.	**$0** copay	Not Applicable

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.*

Additional Benefits

	IN-NETWORK	OUT-OF-NETWORK
POST-DISCHARGE SERVICES		
• 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 up to 12 one-way trips to plan approved locations by rideshare services, car, van or wheelchair accessible vehicle. This benefit is not to exceed 100 miles per trip. • In-network services must be scheduled by approved vendors, scheduled within 30 days of discharge event and utilized within 60 days of discharge.	**$0** copay per discharge event following each inpatient or skilled nursing facility stay.	**95%** coinsurance for out-of-network post-discharge services. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
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.	**$0** copay	Not Applicable

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.*

	IN-NETWORK	OUT-OF-NETWORK
UNIFORMITY FLEXIBILITY VIRTUAL CARDIAC RECOVERY		
Delivered via telehealth, virtual cardiac recovery program provides up to 36 covered sessions to support recovery and reduce the risk of hospital readmission.	**$0** copay	**95%** coinsurance for cardiac recovery services provided via telehealth under virtual supervision by a physician or qualified practitioner. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. 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.*

Notes

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)**.

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

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

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

Bǎsɔ́ɔ̀ [Bassa]: Wudu-xwíníín-mú-zà-zà kǔà, hwòdǒ-fɔ́nɔ́-nyɔ̀,, kè nyɔ-ɓɔ̌-po-kà ɓě ɓé wa nyuɛsé wídí péè-péèdò kɔ.̌ Ðá **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]: Gen sèvis lengwistik gratis, èd oksilyè, ak lòt fòma sèvis ki disponib. Rele **877-320-1235 (TTY: 711).**

Hrvatski [Croatian]: Dostupne su besplatne jezične usluge, usluge dodatne pomoći i 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 d’assistance linguistique, d’aide auxiliaire et de format alternatif sont disponibles. Appelez le **877-320-1235 (ATS : 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] : મફત ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કૉલ કરો.

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

हिंदी [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)**.

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

GHHNOA2026HUM_0526

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

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 សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ 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]: ມີບໍລິການພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນບໍ່ເສຍຄ່າໃຫ້. ໂທ 877-320-1235 (TTY: 711).

Diné [Navajo]: Saad bee áná'álwo', bee haz'áanii, dóó naaltsoos t'áá ajiłii'ígíí bee ak'e'elyaaígíí t'áá jiik'eh hóló. **877-320-1235 (TTY: 711)** bich'į' hodíílnih.

नेपाली [Nepali]: नि:शुल्क भाषा सेवा, सहायक सामग्री र वैकल्पिक ढाँचाका सेवाहरू उपलब्ध छन् । 877-320-1235 (TTY: 711) मा कल गर्नुहोस् ।

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

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

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ 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]: மொழி,, உதவிப் பொருட்கள் மற்றும் மாற்று வடிவமைப்புச் சேவைகள் இலவசமாகக் கிடைக்கின்றன. **877-320-1235 (TTY: 711)** எண்ணை அழைக்கவும்.

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

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

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

Òyìnbó [Yoruba]: Àwọn iṣẹ́ àtìlẹ́hìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà lárọwọ́tó lọ́fẹ̀ẹ́.
Pe **877-320-1235 (TTY: 711)**.

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

Find out **more**

You can see this plan's provider directory at **your.Humana.com/peehip** or call us at **1-800-747-0008** 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 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®

your.Humana.com/peehip

Routine Hearing

NationsHearing®

$0 exam / $500 allowance

Routine hearing services offered through NationsHearing® include access to a robust network of provider locations across the U.S., offering the latest technology and a wide variety of hearing aid choices in all styles and colors from all major manufacturers.

All plans include three follow-up visits, three years of batteries, a 60-day 100% money-back guarantee, and a comprehensive three-year manufacturer's warranty covering loss, damage, and repairs on hearing aids.

Routine Hearing Benefit Summary

Hearing services	In-network	Out-of-network*
Routine hearing exam (includes hearing aid fitting)	• $0 copayment for routine hearing exams, up to 1 per year	• $0 copayment for routine hearing exams, up to 1 per year, up to $45 maximum benefit coverage
Benefit coverage	• $500 maximum benefit coverage amount for hearing aid(s) (all types), up to 2 every 3 years • Includes prescription or over-the counter hearing aid(s)	• $500 maximum benefit coverage amount for hearing aid(s) (all types), up to 2 every 3 years • Includes prescription or over-the counter hearing aid(s) • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions

Humana®

*Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation.

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

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2027 VIS204

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
Exam (One per calendar year) Routine eye exam (includes refraction)	$0 copay	$0 copay Up to $175
Eyewear benefit Benefit toward the purchase of frame and pair of lenses or contact lenses (conventional or disposable)	Not Covered	Not Covered

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**.

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

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.

Humana®

2027 VIS204

Humana Medicare Insight Network

Additional discounts:

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.

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.

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

Humana®

2027

Prescription Drug

Summary of Benefits

PEEHIP Humana Group Medicare Prescription Drug Plan
PDP 037/395

PEEHIP

PEEHIP

Humana®

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



Let's talk about the **PEEHIP Humana Group Medicare Prescription Drug Plan**.

Find out more about the PEEHIP Humana Group Medicare PDP – 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 PEEHIP Humana Group Medicare PDP, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Plan name:

PEEHIP Humana Group Medicare PDP

How to reach us:

Members should call toll-free **1-800-747-0008** for questions **(TTY/TDD: 711)**

Call Monday – Friday, 7 a.m. – 8 p.m., Central time.

Or visit our website: **your.Humana.com/peehip**

Deductible

Pharmacy (Part D) deductible This plan does not have a deductible.

Prescription Drug Benefits

Initial coverage
You pay the following until your total out-of-pocket drug costs reach **$2,400**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier	Standard Retail Pharmacy
30-day supply	
1 (Generic or Preferred Generic)	**$6** copay
2 (Preferred Brand)	**$40** copay
3 (Non-Preferred Drug)	**$60** copay
4 (Specialty Tier)	**$60** copay
60-day supply	
1 (Generic or Preferred Generic)	**$12** copay
2 (Preferred Brand)	**$80** copay
3 (Non-Preferred Drug)	**$120** copay
4 (Specialty Tier)	N/A
100-day supply	
1 (Generic or Preferred Generic)	**$12** copay
2 (Preferred Brand)	**$120** copay
3 (Non-Preferred Drug)	**$180** copay
4 (Specialty Tier)	N/A

Excluded drug coverage: Additional drugs, vaccines and/or supplies covered on your plan

- Diabetic Supplies
- Preventative Medication

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**, locate Prescription Drug section, select **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 GRP**82**.

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 your PEEHIP Humana Group Medicare Customer Care at **1-800-747-0008** 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.

ADDITIONAL DRUG COVERAGE

Original Medicare excluded drugs	Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Cough/Cold, Dental, Fertility, Senior Care, Vitamins/Minerals drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage. Contact PEEHIP Humana Group Medicare Customer Care at **1-800-747-0008**.

Catastrophic Coverage

After your total out-of-pocket costs reach **$2,400**, you pay **$0** for plan-covered Part D and plan-covered excluded drugs.

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)**.

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

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

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

Bǎsɔ́ɔ̀ [Bassa]: Wudu-xwíníín-mú-zà-zà kǔà, hwòdǒ-fɔ́nɔ́-nyɔ̀,, kè nyɔ-ɓɔ̌-po-kà ɓě ɓé wa nyuɛsé wídí péè-péèdò kɔ.̌ Ðá **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]: Gen sèvis lengwistik gratis, èd oksilyè, ak lòt fòma sèvis ki disponib. Rele **877-320-1235 (TTY: 711).**

Hrvatski [Croatian]: Dostupne su besplatne jezične usluge, usluge dodatne pomoći i 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 d’assistance linguistique, d’aide auxiliaire et de format alternatif sont disponibles. Appelez le **877-320-1235 (ATS : 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] : મફત ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કૉલ કરો.

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

हिंदी [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)**.

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

GHHNOA2026HUM_0526

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

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 សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ 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]: ມີບໍລິການພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນບໍ່ເສຍຄ່າໃຫ້. ໂທ 877-320-1235 (TTY: 711).

Diné [Navajo]: Saad bee áná'álwo', bee haz'áanii, dóó naaltsoos t'áá ajiłii'ígíí bee ak'e'elyaaígíí t'áá jiik'eh hóló. **877-320-1235 (TTY: 711)** bich'į' hodíílnih.

नेपाली [Nepali]: नि:शुल्क भाषा सेवा, सहायक सामग्री र वैकल्पिक ढाँचाका सेवाहरू उपलब्ध छन् । 877-320-1235 (TTY: 711) मा कल गर्नुहोस् ।

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

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

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ 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]: மொழி,, உதவிப் பொருட்கள் மற்றும் மாற்று வடிவமைப்புச் சேவைகள் இலவசமாகக் கிடைக்கின்றன. **877-320-1235 (TTY: 711)** எண்ணை அழைக்கவும்.

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

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

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

Òyìnbó [Yoruba]: Àwọn iṣẹ́ àtìlẹ́hìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà lárọwọ́tó lọ́fẹ̀ẹ́.
Pe **877-320-1235 (TTY: 711)**.

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

Find out **more**

You can see this plan's pharmacy directory at **your.Humana.com/peehip** or call us at **1-800-747-0008** and we will send you one.

You can see this plan's drug formulary at **your.Humana.com/peehip** or call us at **1-800-747-0008** and we will send you one.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

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®

your.Humana.com/peehip

SB037395EN27

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 by 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

View your plan's Prescription Drug Guide at **your.Humana.com/peehip** or scan the QR code with your phone or tablet's camera.

- Scroll to **Coverage and Communications**, select the **plan year tab** and then select the link for your **Prescription Drug Guide**.

*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 PEEHIP Humana Group Medicare Customer Care at **800-747-0008 (TTY: 711),** Monday – Friday, 7 a.m. – 8 p.m., Central time.

Humana®

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What to expect after you enroll

Enrollment confirmation

You'll receive two confirmation of enrollment letters from Humana—one for medical, one for pharmacy—once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.

Humana member ID card

Your PEEHIP Humana member ID card will arrive in the mail shortly after PEEHIP has provided your enrollment information. Once you receive your Humana member 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 **your.Humana.com/peehip**.

Evidence of Coverage (EOC)

You will receive information on how to view or request a copy of the Evidence of Coverage documents (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 these statements 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 or virtually, 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 to schedule your assessment. If you have questions, you may ask when they call, or contact Humana at the phone number listed below.

We're here for you

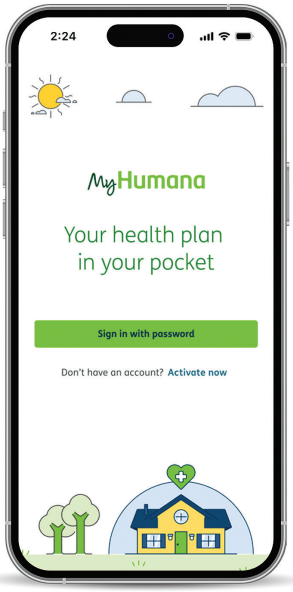
If you have questions or need help, call PEEHIP Humana Group Medicare Customer Care, **800-747-0008 (TTY: 711)**, Monday – Friday, 7 a.m. – 8 p.m., Central time.

Manage your Humana plan online

MyHumana is a secure online portal with tools to manage your plan. Sign in or activate your account to get safe, immediate access to your plan information. Then, take your Humana essentials with you 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 your Humana member ID card** and add it 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**
- **Choose** your preferences
- **Check your wellness rewards** balance and find more ways to earn



Humana mobile apps—an easier way to manage your benefits

Once your Humana plan coverage begins, go to **your.Humana.com/peehip** to activate your account or download the MyHumana mobile app and register. You can find the MyHumana app for iOS and Android in the App Store and Google Play app store.†

Discover Go365 by Humana® in the app

Our wellness and rewards program is personalized to suit your unique needs, with activities and learning opportunities that matter most to you.

Scan this QR Code

Scan this QR code with your mobile device to create your account. Learn more at **Humana.com/member/manage-your-account**.

*Standard data rates may apply.

†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

your.Humana.com/peehip, scroll down to **Find Care.**

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.

Find medical care

- Choose your medical network, **Group Medicare PPO Plus**, from the drop-down menu.
- Select a tab to search by Provider Name, Facility or Specialty.

Find a pharmacy

- Choose your pharmacy network, **Humana Medicare Employer Plan (Medicare Group) Network**, from the drop-down menu.

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.

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

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

Scan this QR code

Scan this QR code with your mobile device to find care near you.

Member to provider—take this to your provider

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

Once you are a member of the PEEHIP 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 PEEHIP 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 PEEHIP 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

For additional information regarding Humana's claims procedures or becoming a contracted provider for the Humana Medicare Employer PPO plan, please contact Provider Relations at 800-626-2741, 8 a.m. – 5 p.m., Central time.

This number is not for patient use.

Patients, please call the PEEHIP Humana Group Medicare Customer Care number at 800-747-0008 (TTY: 711), Monday – Friday, 7 a.m. – 8 p.m., Central time.

Humana Community Navigator®

Humana Community Navigator, powered by findhelp, offers an online directory of community resources providing individuals access to more than 600,000 social service programs across the United States. Find what is available in your area.

Search for and connect to personalized resources

- Access one, easy-to-use directory of community resources at no cost - whether you're a Humana member or not
- Robust directory including food, housing, transportation, education, employment and more
- Review search results in your preferred language
- Save resources that matter most to you by sending them via text, email or print
- All resources are either free, reduced cost or based on a sliding scale

Create and manage your own free account

Access Humana Community Navigator at **Humana.findhelp.com**. Choose 'Sign Up' from the top right corner to create an account; unlocking additional features like the ability to save personalized search results, connect to programs, and write reviews.

Get started

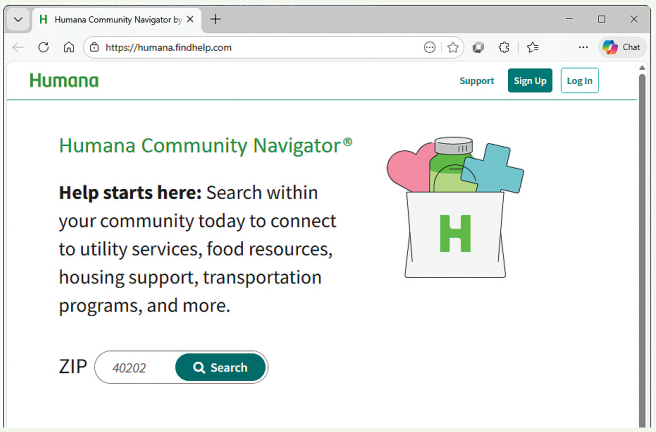
Visit **Humana.findhelp.com**, enter your zip code and click search to access resources.

Review resources

Type in a keyword or select a category to review resources.

Connect now or save for later

Choose the resources that best fit your situation and email, text or print to save.



Scan the QR code on your mobile device

You can also access Humana Community Navigator on your mobile device by scanning the QR code.

Know your numbers

Find important numbers anytime you need them*

PEEHIP Humana Group Medicare Customer Care
800-747-0008 (TTY: 711),
Monday – Friday, 7 a.m. – 8 p.m., Central time

Health and Well-being Assessment
800-747-0008 (TTY: 711),
Monday – Friday, 7 a.m. – 8 p.m., Central time

MyHumana
Sign in to or register for MyHumana to access your personal, secure plan information and check your Go365 wellness rewards balance and find more ways to earn at **your.Humana.com/peehip**.

MyHumana mobile app
MyHumana.com/mobile-apps

Doctors in your network
your.Humana.com/peehip

Telehealth
Contact your local provider to ask about virtual visit options, or use Humana's "Find Care" tool at **your.Humana.com/peehip**, scroll down to Find Care.

SilverSneakers®
888-423-4632 (TTY: 711),
Monday – Friday, 7 a.m. – 7 p.m., Central time
SilverSneakers.com

Humana Care Management
800-558-0187 (TTY: 711),
Monday – Friday, 7:30 a.m. – 4:30 p.m., Central time

Post-discharge Transportation
800-747-0008 (TTY: 711),
Monday – Friday, 7 a.m. – 8 p.m., Central time

Post-discharge Personal Home Care Services (PHCS)
800-747-0008 (TTY: 711),
Monday – Friday, 7 a.m. – 8 p.m., Central time
https://www.humana.com/home-care/home-health-personal-care

Post-discharge Meal Program
800-747-0008 (TTY: 711),
Monday – Friday, 7 a.m. – 8 p.m., Central time
Humana.com/home-care/well-dine

Wellness Coaching
877-567-6450 (TTY: 711),
Monday – Friday, 7 a.m. – 5 p.m., Central time

Caregiver Support
Humana.com/caregiver

Medication Therapy Management
833-349-4114 (TTY: 711), Monday – Friday, 8 a.m. – 4:30 p.m., Central time

CenterWell Specialty Pharmacy™
800-486-2668 (TTY: 711),
Monday – Friday, 7 a.m. – 10 p.m., and Saturday, 7 a.m. – 5:30 p.m., Central 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.*