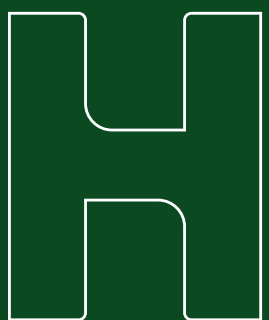
Humana Group Medicare
Humana Inc.
P.O. Box 669
Louisville, KY 40201-0669

2027

Important plan information



Humana®

Your journey to better health, for better retirement

Humana Group Medicare



Humana®

A more human way to healthcare™

Y0040_GHHL9PNEN_27_C
BC27



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.

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.

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

Humana®

This page intentionally left blank.

Humana.

Understanding your benefits and coverage

Inside this packet you'll find:

Welcome to a more human way to healthcare

Your benefits include

Know before you enroll

Important enrollment information

What to expect after you enroll

Manage your Humana account online

Find Care tool

Member to Provider—Take this to your Provider

Humana Community Navigator

Know your numbers

Medical Summary of Benefits

Continuous Glucose Monitors Flyer

Diabetic Supplies Flyer

Go365 Flyer

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

Scan the QR code with your mobile device.

Welcome to a more human way to healthcare

You will be automatically enrolled

Dear Group Medicare Beneficiary,

Pfizer has partnered with Humana to offer you a Group Medicare Advantage preferred provider organization (PPO) plan. This plan includes 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.

Review the enclosed materials
This packet gives you information about your Group Medicare plan and the extra services that Humana offers.

- 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.
- If you do not want to be enrolled in this plan, 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, to opt out of this plan. You will receive additional details in your Personal Fact Sheet from the Pfizer Benefits Center.
- Please see the Find Care page in this packet for instructions on finding a list of network providers.

Enrollment Information
- For enrollment information, please refer to the document titled “Important enrollment information,” located in this packet.

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

Sincerely,
Group Medicare Operations

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
- 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

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 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?

Your former employer or union decides how and when you enroll. Check with your benefits administrator for the proposed effective date of your enrollment. Be sure to keep your current healthcare coverage until your Humana Group Medicare PPO plan enrollment is confirmed.

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

You can find a doctor in your network by using Humana's Find Care tool, visit **FindCare.Humana.com.**

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 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 ID card when I visit the doctor?

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

What if my provider says they will not accept my plan?

If your provider says they will not accept your PPO plan, you can give your provider the "Member to Provider" information page in this packet. It explains how your PPO plan works. You can also call Humana Customer Care to have a Humana representative contact your provider and explain how your PPO plan works.

Important enrollment information

Pfizer is enrolling you in the Humana Group Medicare Advantage preferred provider organization (PPO) plan. You do not need to do anything to be automatically enrolled in this Medicare health plan. If you do not want to join this plan, you can follow the instructions included below. You must do this before the date set by your benefit administrator. **Enrollment in this plan will cancel your enrollment in a different Medicare Advantage plan. However, if you are currently enrolled in a Medicare Supplement plan, you will have to take action to cancel your enrollment.**

What do I need to know as a member of the Humana Group Medicare PPO plan?
This enrollment packet includes important information about this plan and what it covers, including a Summary of Benefits document. Please review this information carefully.

Once enrolled, 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) from the Humana Group Medicare PPO plan. Please read the document to learn about the plan's coverage and services. As a member of the Humana Group Medicare PPO plan, you can appeal plan decisions about payment or services if you disagree. Enrollment in this plan is generally for the entire year.

When your Humana Group Medicare PPO plan begins, Humana will cover all medically necessary items and services that are covered by the plan, even if you get the services out of network. However, your member cost share may be lower if you use in-network providers. "In-network" means that your doctor or provider is on our list of participating providers. "Out-of-network" means that you are using someone who isn't on this list. The exception is for emergency care, out of area dialysis services, or urgently needed services.

You must keep Medicare Parts A and B as the Humana Group Medicare plan is a Medicare Advantage plan. **You must also continue to pay your Part B premium.** You can enroll in only one Medicare Advantage plan at a time. You must let us know if you think you might be enrolled in a different Medicare Advantage plan.

What happens if I don't join the Humana Group Medicare PPO plan?
You aren't required to be enrolled in this plan. If you do not want to be enrolled in this plan, 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, to opt out of this plan. You will receive additional details in your Personal Fact Sheet from the Pfizer Benefits Center.

If you choose to join a different Medicare plan, you can contact **800-MEDICARE** anytime, 24 hours a day, 7 days a week, for help in learning how. TTY users can call **877-486-2048**. Your state may have counseling services through the State Health Insurance Assistance Program (SHIP). They can provide you with personalized counseling and assistance when selecting a plan, including Medicare Supplement plans, Medicare Advantage plans and prescription drug plans. They can also help you find medical assistance through your state Medicaid program and the Medicare Savings Program.

What if I want to leave the Humana Group Medicare PPO plan?
You can change or cancel your Humana coverage at any time and return to Original Medicare or another Medicare Advantage plan by using a special election. You can send a request to Humana Group Medicare. If you do not want to be enrolled in this plan, 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, to opt out of this plan. You will receive additional details in your Personal Fact Sheet from the Pfizer Benefits Center. You can also call **800-MEDICARE** anytime, 24 hours a day, 7 days a week. TTY users can call **877-486-2048**.

What happens if I move?
The Humana Group Medicare PPO plan serves a specific service area. **If you move to another area or state, it may affect your plan.** If you move, please go to netbenefits.com or 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 also call Humana Group Medicare Customer Care at **800-654-1092 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time, to notify of the new address and phone number.

If you don't have Medicare prescription drug coverage, or drug coverage that's as good as Medicare's prescription drug coverage, you may have to pay a penalty if you sign up for Medicare prescription drug coverage in the future.

Release of Information
By joining this Group Medicare Advantage plan, you give us permission to share your information with Medicare and other plans when needed for treatment, payment and health care operations. We do this to make sure you get the best treatment and to make sure that it is covered by the plan. Medicare may also use this information for research and other reasons allowed by Federal law.

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 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 **Humana.com/Registration**.

Evidence of Coverage (EOC)

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

Your personalized benefits statement

Humana's SmartSummary® provides a comprehensive overview of your health benefits and healthcare spending. You'll receive this statement after each month 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 on the back of your member ID card.

We're here for you

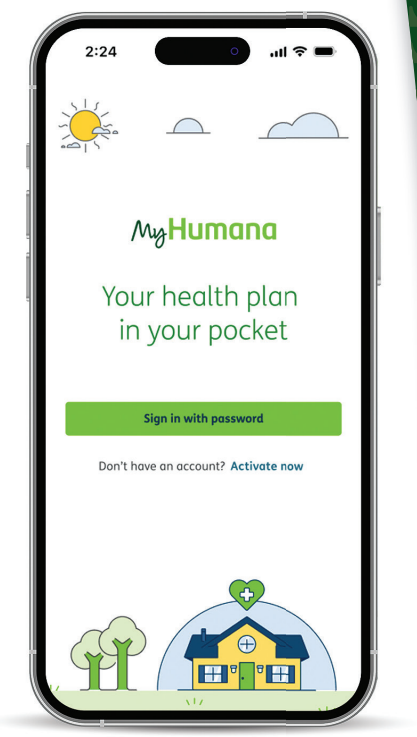
If you have questions or need help, call Humana Group Medicare Customer Care, **800-654-1092 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Manage your Humana plan online

MyHumana 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 **MyHumana.com** 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.†

go365 by Humana®

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.

Go to

FindCare.Humana.com

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.

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.

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 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

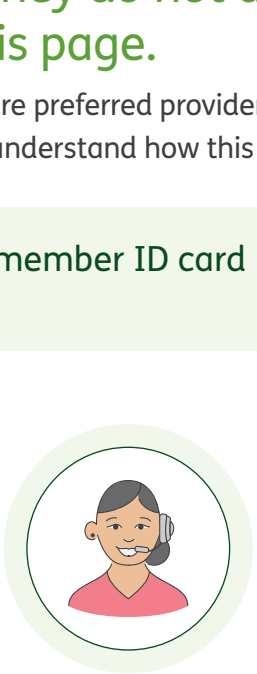
Humana will provide coverage for this member under a Group Medicare PPO plan. The in-network and out-of-network benefits are structured the same for any member of this plan. This means you can provide services to this member or any member of this plan if you are a provider who is eligible to participate 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

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, 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.

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

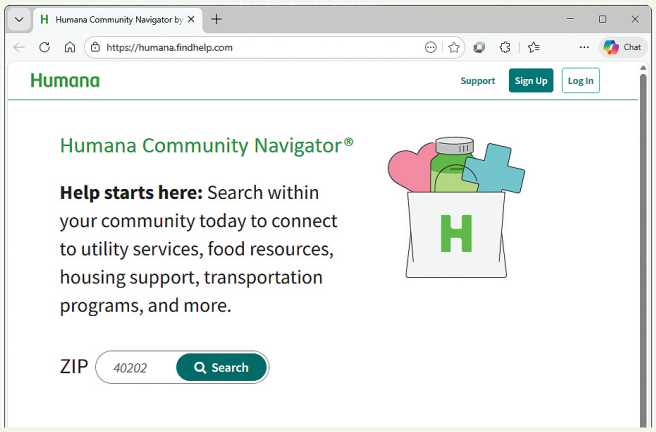
Visit **Humana.findhelp.com**, enter your zip code and click search to access resources.

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*

Humana Group Medicare Customer Care
800-654-1092 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Health and Well-being Assessment
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, secure plan information and check your Go365 wellness rewards balance and find more ways to earn at **MyHumana.com**.

MyHumana mobile app
MyHumana.com/mobile-apps

Doctors in your network
FindCare.Humana.com

Telehealth
Contact your local provider to ask about virtual visit options, or use Humana's "Find Care" tool at **FindCare.Humana.com**. You can also call the number on the back of your member ID to connect with a provider offering telehealth services.

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

Humana Care Management
800-558-0187 (TTY: 711),
Monday – Friday, 8:30 a.m. – 5:30 p.m., Eastern time

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

Post-discharge Personal Home Care Services (PHCS)
800-654-1092 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
https://www.humana.com/home-care/home-health-personal-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

Wellness Coaching
877-567-6450 (TTY: 711),
Monday – Friday, 8 a.m. – 6 p.m., Eastern time

Caregiver Support
Humana.com/caregiver

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.*

2027

Summary of Benefits

Humana Group Medicare Advantage PPO Plan
PPO 079/830

Pfizer - MA

Humana®

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

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

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

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

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; Uniform Flexibility Virtual Cardiac Recovery Program; 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; 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, 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.*

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		
Diagnostic colonoscopy	**$350** copay	**$350** copay
Diagnostic mammography	**$25** copay	**$25** copay
Observation services	**$0** copay	**$0** copay
Surgery services	**$350** copay	**$350** copay
AMBULATORY SURGICAL CENTER		
Diagnostic colonoscopy	**$350** copay	**$350** copay
Surgery services	**$350** copay	**$350** copay
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	**$25** copay	**$25** copay
Specialists	**$40** copay	**$40** 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.	**$125** copay for Medicare-covered emergency room visit(s)	**$125** copay for Medicare-covered emergency room visit(s)
Urgently needed services		
• Primary care provider (PCP)	**$25** copay	**$25** copay
• Specialist's office	**$40** copay	**$40** copay
• Urgent care center	**$50** copay	**$50** 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)	**$25** copay	**$25** copay
• Specialist's office	**$25** copay	**$25** copay
• Freestanding radiological facility	**$25** copay	**$25** copay
• Outpatient Hospital	**$25** copay	**$25** copay
Diagnostic mammography		
• Primary care provider (PCP)	**$25** copay	**$25** copay
• Specialist's office	**$40** copay	**$40** copay
• Freestanding radiological facility	**$25** copay	**$25** copay
• Outpatient Hospital	**$25** copay	**$25** copay
Diagnostic procedures and tests		
• Primary care provider (PCP)	**$25** copay	**$25** copay
• Specialist's office	**$40** copay	**$40** copay
• Urgent care center	**$50** copay	**$50** copay
• Freestanding radiological facility	**$25** copay	**$25** copay
• Outpatient Hospital	**$25** copay	**$25** copay
EKG screening		
• Primary care provider (PCP)	**0%** of the cost	**0%** of the cost
• Specialist's office	**0%** of the cost	**0%** 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.*

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
• Freestanding radiological facility	**0%** of the cost	**0%** of the cost
• Outpatient Hospital	**0%** of the cost	**0%** of the cost
Lab services		
• Primary care provider (PCP)	**$25** copay	**$25** copay
• Specialist's office	**$25** copay	**$25** copay
• Urgent care center	**$25** copay	**$25** copay
• Freestanding laboratory	**$25** copay	**$25** copay
• Outpatient Hospital	**$25** copay	**$25** copay
Nuclear medicine services		
• Freestanding radiological facility	**$25** copay	**$25** copay
• Outpatient Hospital	**$25** copay	**$25** copay
Outpatient x-rays		
• Primary care provider (PCP)	**$25** copay	**$25** copay
• Specialist's office	**$40** copay	**$40** copay
• Urgent care center	**$50** copay	**$50** copay
• Freestanding radiological facility	**$25** copay	**$25** copay
• Outpatient Hospital	**$25** copay	**$25** copay
Radiation therapy		
• Specialist's office	**$25** copay	**$25** copay
• Freestanding radiological facility	**$25** copay	**$25** copay
• Outpatient Hospital	**$25** copay	**$25** copay
HEARING SERVICES		
Medicare-covered hearing: diagnostic hearing and balance exams	**$20** copay	**$20** 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. **$1,500** maximum benefit coverage amount for hearing aid(s) (all types) up to 2 every 3 years. 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.	**95%** of the cost for routine hearing exams up to 1 per year. **95%** of the cost for follow-up provider visits up to 3 per year. **95%** of the cost for each prescription hearing aid up to 2 every 3 years. 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.
DENTAL SERVICES		
Medicare-covered dental	**$20** copay	**$20** copay
VISION SERVICES		
Medicare-covered vision services	**$20** copay	**$20** copay
Medicare-covered diabetic eye exam (1 per year)	**$0** copay	**$0** copay
Medicare-covered glaucoma screening (1 per year)	**0%** of the cost	**0%** of the cost
Medicare-covered eyewear (post-cataract)	**0%** of the cost	**0%** 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.*

	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 calendar year. **$400** maximum benefit coverage amount toward eyeglass lenses and frames OR **$150** maximum benefit coverage amount toward the purchase of contact lenses (1 per calendar year). Lens options include single vision, lined bifocal and trifocal lenses, ultraviolet protection and scratch resistant coating.	**$0** copay for routine exam (includes refraction) up to 1 per calendar year. **$175** maximum benefit coverage amount per year for routine exam (includes refraction). **$400** maximum benefit coverage amount toward eyeglass lenses and frames OR **$150** maximum benefit coverage amount toward the purchase of contact lenses (1 per calendar year). Lens options include single vision, lined bifocal and trifocal lenses, ultraviolet protection and scratch resistant coating. 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.

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
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. 190 day lifetime limit in a psychiatric facility.	**$500** per admit	**$500** per admit
Partial Hospitalization	**$55** copay	**$55** copay
Intensive Outpatient Services	**$55** copay	**$55** copay
Outpatient group and individual therapy visits		
• Primary care provider (PCP)	**$25** copay	**$25** copay
• Specialist's office	**$25** copay	**$25** copay
• Urgent care	**$50** copay	**$50** copay
• Outpatient Hospital	**$25** copay	**$25** 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 **$75** copay per day for days 21-100	**$0** copay per day for days 1-20 **$75** copay per day for days 21-100
AMBULANCE		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	**$100** copay	**$100** 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
TRANSPORTATION		
Routine transportation	**$0** copay for plan approved location up to 12 one-way trip(s) per year. This benefit is not to exceed 50 miles per trip.	**95%** of the cost for plan approved location up to 12 one-way trip(s) per year. This benefit is not to exceed 50 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.
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 is not to exceed 50 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. 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	**$35** copay	**$35** 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 Hospital	**$35** copay	**$35** copay
Medicare Part B covered drugs		
• Primary care provider (PCP)	**20%** of the cost	**20%** of the cost
• Specialist's office	**20%** of the cost	**20%** of the cost
• Outpatient Hospital	**20%** of the cost	**20%** of the cost
• Pharmacy	**20%** of the cost	**20%** of the cost
Medicare Part B insulin drugs		
• Primary care provider (PCP)	**20%** of the cost	**20%** of the cost
• Specialist's office	**20%** of the cost	**20%** of the cost
• Outpatient Hospital	**20%** of the cost	**20%** of the cost
• Pharmacy	**20%** of the cost	**20%** of the cost
You will pay no more than $35 for a one-month (up to 30-day) supply for all Part B insulin covered by our plan, and if your plan has a deductible it does not apply to Part B insulin.		
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)	**20%** of the cost	**20%** of the cost
• Specialist's office	**20%** of the cost	**20%** of the cost

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

Covered Medical Benefits

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

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
HOME HEALTH CARE		
	0% of the cost	**0%** of the cost
HOSPICE You must get care from a Medicare-certified hospice. You must consult with this plan before you select hospice.		
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment		
• Durable medical equipment provider	**20%** of the cost	**20%** of the cost
• Pharmacy	**20%** of the cost	**20%** of the cost
Medical supplies (includes but not limited to: catheters, IV set-up and supplies)		
• Medical supply provider	**20%** of the cost	**20%** of the cost
• Pharmacy	**20%** of the cost	**20%** of the cost
Prosthetics (artificial limbs or braces)		
• Prosthetics provider	**20%** of the cost	**20%** of the cost
OUTPATIENT SUBSTANCE ABUSE		
Outpatient group and individual substance abuse treatment visits		
• Primary care provider (PCP)	**$25** copay	**$25** copay
• Specialist's office	**$25** copay	**$25** copay
• Urgent care	**$50** copay	**$50** copay
• Outpatient hospital	**$25** copay	**$25** copay
PRIVATE DUTY NURSING		
Private Duty Nursing	**$0** copay for private duty nursing services. **$1,500** combined in and out of network maximum benefit coverage amount per year for private duty nursing services.	**$0** copay for private duty nursing services. **$1,500** combined in and out of network maximum benefit coverage amount per year for private duty nursing services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
REHABILITATION SERVICES		
Audiology Therapy		
• Specialist's office	**$25** copay	**$25** 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
• Comprehensive outpatient rehab facility	**$25** copay	**$25** copay
• Outpatient hospital	**$25** copay	**$25** copay
Cardiac rehabilitation		
• Specialist's office	**$25** copay	**$25** copay
• Outpatient hospital	**$25** copay	**$25** copay
Occupational therapy		
• Specialist's office	**$25** copay	**$25** copay
• Comprehensive outpatient rehab facility	**$25** copay	**$25** copay
• Outpatient hospital	**$25** copay	**$25** copay
Physical therapy		
• Specialist's office	**$25** copay	**$25** copay
• Comprehensive outpatient rehab facility	**$25** copay	**$25** copay
• Outpatient hospital	**$25** copay	**$25** copay
Pulmonary rehabilitation		
• Specialist's office	**$20** copay	**$20** copay
• Comprehensive outpatient rehab facility	**$20** copay	**$20** copay
• Outpatient hospital	**$20** copay	**$20** copay
Speech therapy		
• Specialist's office	**$25** copay	**$25** copay
• Comprehensive outpatient rehab facility	**$25** copay	**$25** copay
• Outpatient hospital	**$25** copay	**$25** copay
RENAL DIALYSIS		
Renal dialysis services		
• Dialysis center	**20%** of the cost	**20%** of the cost
• Outpatient hospital	**20%** of the cost	**20%** of the cost
Kidney disease education services		
• Primary care provider (PCP)	**0%** of the cost	**0%** of the cost
• Specialist's office	**0%** of the cost	**0%** of the cost
• Outpatient hospital	**0%** of the cost	**0%** of the cost
HUMANA IN-NETWORK TELEHEALTH VENDORS, i.e. MDLive (in addition to Original Medicare)		
Primary care provider (PCP)	**$0** copay	Not Covered
Specialist	**$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.*

Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Urgent care services	**$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

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

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. • 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.*

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

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:

Bǎsóò [Bassa]: Wudu-xwíníín-mú-zà-zà kǔà, hwòdǒ-fónɔ́-nyɔ̀,, kè nyɔ-bɔ̌-po-kà ɓě ɓé wa nyuɛsé wídí péè-péèdò kɔ̀. Ɓá **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 **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®

https://your.humana.com/pfizer

SB079830EN27

Continuous glucose monitors

Therapeutic continuous glucose monitors and supplies are covered under Part B of your Humana Group Medicare Advantage plan.



Do you use a continuous glucose monitoring system?

Medicare-covered therapeutic continuous glucose monitors (CGMs) and related supplies, including Dexcom and FreeStyle Libre, are covered under your Humana Group Medicare Part B medical benefit. These items may be obtained through a Medicare-approved durable medical equipment (DME) provider that accepts Medicare assignment and bills your insurance, through a participating retail pharmacy, or CenterWell Pharmacy®*.

If you are a new member using a CGM, please contact a DME provider, participating retail pharmacy, or CenterWell Pharmacy* as soon as you receive your Humana member ID card for assistance obtaining your device and supplies.

How do I obtain a continuous glucose monitor?

CGMs are available through participating network retail pharmacies. In addition, CGMs and insulin pumps are available through our preferred DME vendors. For groups with mail order benefits, CGMs are covered at $0 member cost share at CenterWell Pharmacy. CGMs require prior authorization approval across all three channels, regardless of provider.

Have questions?

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

Humana preferred DME providers

CCS Medical

877-531-7959 (TTY: 711)
Monday – Friday, 8 a.m. – 6 p.m., Eastern time

Edwards Healthcare

888-344-3434 (TTY: 711)
Monday – Friday, 8:30 a.m. – 5 p.m., Eastern time

*For groups with mail order benefits.

Humana®

Y0040_GHHLRFWEN_27_C
CGMFLY

Diabetic testing

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



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?

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

Request a no-cost meter

Trividia Health
866-788-9618 (TTY: 711)
Roche
877-264-7263 (TTY: 711)
Monday – Friday, 8 a.m. – 8 p.m.,
Eastern time

Humana®

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

Y0040_GHHMRYVEN_27_C
DSFLY

Only for Humana members

Earn up to $260 in rewards

How to earn rewards with Go365 by Humana in 2027

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 **MyHumana.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, log in to see eligible activities you can complete to earn rewards and details on how to track your actions. If not, log in to MyHumana and activate your profile.

Track your exercise the easy way

Earn rewards each month for completing **12 or more workouts**. Here is how to track and earn:

1. **Log your workouts online** in your Go365 account or use a paper workout tracker to record your exercise. Eligible activities include participating in a SilverSneakers® fitness class, yoga, dance, gardening, cycling, pickleball, strength training and more. Submit your workout within **90 days** of completion.
2. **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 Google Health and Garmin. For a full list, sign in to your Go365 account.

Activity	Go365 rewards	Activity limit
GET HEALTHY: Preventive screenings		
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
Mammogram	$30 in rewards	1 per year
Medication usage survey	$10 in rewards	1 per year
Diabetic eye exam	$25 in rewards	1 per year
For members with diabetes: complete all 3 screenings to be rewarded – HbA1c, kidney urine test, kidney blood test.	$25 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.		
GET INVOLVED: Connect and learn		
Attend a health education or art class, participate in an athletic event, social club, or religious gathering or event.*	$5 per activity 90 days to submit activity ($10 annual maximum)	
Add medications as part of digital onboarding (via **Humana.com**).		
GET ACTIVE: Exercise and fitness		
12 or more workouts a month.	$5 per month 90 days to submit activity ($60 annual maximum)	

*One event per calendar month.

This is not a comprehensive list of activities. Activities are subject to change at any time.

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.

This communication does not guarantee benefits and does not indicate all services received will be covered by your plan. Please refer to your Evidence of Coverage or call Customer Care at the number on the back of your Humana ID card to confirm that the service will be covered by your plan.