

Kentucky Public Pensions Authority (KPPA)

Medical Only Plan (No prescription coverage through KPPA)

Plan benefits for covered services are applicable after Medicare Parts A & B benefits have been applied. Plan pays for services that are Medicare covered. If you don't have Part B, your premium amount may be higher. Please contact KPPA if you have questions. Note: Humana will estimate Part B and pay accordingly. If you don't have Part B, you are responsible for what Medicare would have paid (i.e., 80% for most services).

Benefits	Medical Only Member Costs
Annual Deductible	\$500 includes the annual Medicare Part B Deductible
Out-of-Pocket Maximum for Parts A & B	\$500, then 0% includes annual deductible
Inpatient Hospital Care (per admission)*	0% Days 1-150; <i>*this plan pays your Medicare Part A Deductible for the first 60 days of hospitalization and your Medicare Part A Coinsurance for days 61-150"</i>
Additional Inpatient Hospital Care Note:*	20% Hospital Care Beyond 150 Days During a Benefit Period of the semi-private room rate. Maximum of 365 Additional Days Per Lifetime. <i>The 60 day Medicare Lifetime Reserve Days must be used before the plan will pay benefits.</i>
Inpatient Mental Health Care	0% 190-day lifetime limit
Skilled Nursing Facility*	0% after deductible days 1-100; then 20% days 101-365 (after 3-day hospital stay) <i>"this plan pays 100% of your Medicare Part A Coinsurance for the 21st to 100th day"</i>
Other Medicare-Approved Part A Services	This plan pays 100% of your Coinsurance amount for other Medicare- Approved Part A services.
Private Duty Nursing	20% after deductible (\$2,500 benefit per year)
Home Health Care	0% after deductible
Doctor Office Visits	0% after deductible
Chiropractic Services	0% after deductible
Podiatry Services	0% after deductible
Outpatient Mental Health Care	0% after deductible
Outpatient Substance Abuse Care	0% after deductible
Outpatient Services/Surgery	0% after deductible
Ambulance Services	0% after deductible
Emergency Care	0% after deductible
Foreign Travel Emergency	20% (\$5,000 annual benefit)
Immediate Care Facility (urgent)	0% after deductible
Outpatient Rehabilitation Services	0% after deductible
Durable Medical Equipment	0% after deductible
Prosthetic Devices	0% after deductible

Benefits	Medical Only Member Costs
Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies	0% after deductible
Diagnostic Tests, X-Rays	0% after deductible
Lab Services	0% after deductible
Preventive Routine Physical	0% after deductible
Preventive Bone Mass Measurement	0% after deductible
Preventive colorectal Screening Exams	0% after deductible
Immunizations	0% after deductible
Preventive Mammograms	0% after deductible
Prev. Pap Smears & Pelvic Exams	0% after deductible
Preventive Prostate Cancer Screening	0% after deductible
End-Stage Renal Disease	0% after deductible

Prior authorization - Humana sometimes requires preauthorization for some services and procedures your physician or other provider may recommend for you. Humana does this solely to determine whether the service or procedure qualifies for payment under your benefit plan. You and your health care provider decide whether you should have such services or procedures. Humana's preauthorization determination relates solely to payment by Humana. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at [Humana.com/members/tools](https://www.humana.com/members/tools) or call Customer Service.

Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits. Your health care practitioner should call Customer Service to obtain preauthorization.

Primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

To be covered, expenses must be medically necessary and specified as covered. Medicare must pay first for it to be covered on this plan. VA services are excluded from this plan. Please see your Summary Plan Description for more information on medical necessity and other specific plan benefits.

The amount of benefit provided depends upon the plan selected. Premiums will vary according to the selection made. For general questions about the plan, contact Humana at 855-267-1935 (TTY: 711).

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