

2026

Annual Notice of Changes

Humana Dual Fully Integrated (HMO D-SNP) H4329-001

Illinois

Humana®



It's time to review your Humana Dual Fully Integrated (HMO D-SNP) updates for 2026

Thank you for trusting Humana with your Medicare and Medicaid coverage needs for 2025. Inside, you'll find the Annual Notice of Change. This packet makes it easy to compare your Medicare and Medicaid plan benefits for 2025 and 2026, side by side. It shows you important changes, but keep in mind it does not include a full list of all plan benefits.

Humana is committed to offering plans that give you the benefits and services you rely on most. Our plans this year are no exception. Many of our members will see the same benefits on their plans this year. Some members may see enhanced benefits, too. Plus, we've made other changes to help make it easier to use your plan and get the care you need.



For example, your Dual Eligible Special Needs (D-SNP) plan includes dental, vision, hearing and prescription drug coverage. It also offers \$0 preventive care, including mammograms, colonoscopies and bone density screenings.

Here's how to make sure you're ready for 2026:



Please review the plan changes carefully. Your current plan is not renewing for 2026. If you would like to move to the new Humana Dual Fully Integrated (HMO D-SNP), you don't need to do anything. You will automatically move into our new plan beginning January 1, 2026.



If you have questions, you can find more information by logging in to **www.Humana.com/PlanInformation**.



Beginning October 15, you can go to **www.Humana.com/PlanInformation** or scan the QR code to see a full list of your plan's benefits online in your 2026 *Member Handbook*.

Thank you for being a Humana member. We look forward to supporting your best health in 2026.

Dear Member:

Your Illinois Medicare-Medicaid Alignment Initiative (MMAI) plan Humana Gold Plus Integrated (Medicare-Medicaid Plan) will change. In 2026, you will be enrolled in an Illinois dual eligible special needs plan (D-SNP) for your Medicare and *Medicaid* benefits. This plan is provided by Humana, which is the same company that currently provides your MMAI plan. Your new Humana Dual Fully Integrated (HMO D-SNP) Illinois Dual Eligible Special Needs Plan (D-SNP) will coordinate your Medicare and Medicaid benefits. You will still get the same health care benefits as you do now.

You will continue to get services through MMAI until December 31, 2025. On January 1, 2026, you will automatically start getting services through plan Humana Dual Fully Integrated (HMO D-SNP). You do not need to do anything to enroll and keep your current benefits.

Your new plan will help you with all of your health care needs and will continue to coordinate your benefits and care. This includes medical and home and community-based services. It also includes medical supplies and medications. The plan will include the doctors you use now or help you find a new doctor that you like. You will start getting letters about this change in October 2025. We will send you one set of member materials, such as one Member ID Card and Member Handbook.

You don't have to do anything to keep getting your health care from Humana. If you have questions about your coverage in 2026, contact your current MMAI plan at 800-787-3311. You can find more information on your enrollment options in Section G of the enclosed Annual Notice of Change.

Humana Dual Fully Integrated (HMO D-SNP) offered by Humana

Annual Notice of Change for 2026

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at **Humana.com**. Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in Spanish.
- You can get this *Annual Notice of Change* for free in other formats, such as large print, braille, or audio. Call Member Services at 800-787-3311, TTY 711, between 8 am to 8 pm seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. The call is free.
- If you prefer to receive your written communications in an alternate format such as braille, large font, audio, or another language please contact Member Services at 800-787-3311, TTY 711.
- Once we receive your request, all future state mandated communications will be provided in your chosen format. If we are unable to provide printed materials within your requested format, then you may receive those communications over the phone with an interpreter.
- If you choose to change your standing request, you can call Member Services at 800-787-3311, TTY 711 to have your request updated.

OMB Approval 0938-1444 (Expires: June 30, 2026)



If you have questions, please call Humana Dual Fully Integrated (HMO D-SNP) at 800-787-3311, TTY 711, between 8 am to 8 pm seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. The call is free. **For more information**, visit **Humana.com**.

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A. Disclaimers

Humana Dual Fully Integrated (HMO D-SNP) is a Dual Eligible Special Needs HMO SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in this Humana plan depends on contract renewal.

B. Reviewing your Medicare and Illinois Medicaid (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

New members to Humana Dual Fully Integrated (HMO D-SNP): In most instances you'll be enrolled in Humana Dual Fully Integrated (HMO D-SNP) for your Medicare benefits the 1st day of the month after you request to be enrolled in Humana Dual Fully Integrated (HMO D-SNP). You may still receive your Illinois Medicaid from your previous HealthChoice Illinois Medicaid health plan for one additional month. After that, you'll receive your HealthChoice Illinois Medicaid services through Humana Dual Fully Integrated (HMO D-SNP). There will be no gap in your HealthChoice Illinois Medicaid coverage. Please call us at the number at the bottom of the page if you have any questions.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Illinois Medicaid programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Illinois Medicaid options in **Section G2**.

B1. Information about Humana Dual Fully Integrated (HMO D-SNP)

- Humana Dual Fully Integrated (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says "we," "us," "our," or "our plan," it means Humana Dual Fully Integrated (HMO D-SNP).

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they'll work for you next year.



If you have questions, please call Humana Dual Fully Integrated (HMO D-SNP) at 800-787-3311, TTY 711, between 8 am to 8 pm seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. The call is free. **For more information**, visit **Humana.com**.

- Refer to **Section E1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

If you decide to stay with Humana Dual Fully Integrated (HMO D-SNP):

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Humana Dual Fully Integrated (HMO D-SNP).

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our plan name

On January 1, 2026, our plan name changes from Humana Gold Plus Integrated (Medicare-Medicaid Plan) to Humana Dual Fully Integrated (HMO D-SNP).

You will receive a new ID card in the mail and with the new Humana plan name prior to your effective date. Any plan documents you receive after January 1, 2026 will use the new plan name.



If you have questions, please call Humana Dual Fully Integrated (HMO D-SNP) at 800-787-3311, TTY 711, between 8 am to 8 pm seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. The call is free. **For more information**, visit **Humana.com**.

D. Changes to our network providers and pharmacies

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they’re filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 Provider and Pharmacy Directory to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at **Humana.com/PlanDocuments**. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It’s important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Member Services at the number at the bottom of the page for help.

E. Changes to benefits and costs for next year

E1. Changes to benefits for medical services

We’re changing our coverage for certain medical services next year. The table below describes these changes.

Cost	2025 (this year)	2026 (next year)
Continuous Glucose Monitor (CGM)	Our plan did not cover CGMs at the pharmacy.	Preferred Continuous Glucose Monitors (CGMs) are covered at pharmacies. Preferred CGMs are Dexcom & Freestyle Libre.
Counseling to stop smoking or tobacco use (Medicaid)	Our plan offered 7 additional counseling quit attempts within 12 months period.	Additional smoking cessation not covered.

Cost	2025 (this year)	2026 (next year)
Dental Services	Routine dental isn't covered	<p>DEN198</p> <p>Plan covers up to \$500 allowance every year for non-Medicare covered preventive and comprehensive dental services. You are responsible for any amount above the dental coverage limit. Any amount unused at the end of the year will expire.</p> <p>Your benefit can be used for most dental treatments such as:</p> <ul style="list-style-type: none"> • Preventive dental services, such as exams, routine cleanings, etc. • Basic dental services, such as fillings, extractions, etc. • Major dental services, such as periodontal scaling, crowns, dentures, root canals, bridges etc. <p>Note: The allowance cannot be used on fluoride, cosmetic services and implants.</p>
Hearing Services	Routine hearing isn't covered	<p>HER905</p> <ul style="list-style-type: none"> • \$0 copay for fitting/evaluation, routine hearing exams up to 1 per year. • \$750 maximum benefit coverage amount for the choice of each OTC hearing aids or each prescription hearing aids (all types) up to 1 per ear per year.



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Cost	2025 (this year)	2026 (next year)
Non-Emergency Transportation (Medicaid Covered)	<p>The plan will cover transportation for you to travel to or from your medical appointments if it is a covered service. Types of non-emergency transportation include:</p> <ul style="list-style-type: none"> • Medicare • Non-emergency ambulance • Service car • Taxicab 	Covered through the Illinois fee for service program
Non-Medical Transportation -Social needs(Medicaid Covered)	Isn't Covered	Up to 15 round trips (30 one-way trips) up to 30 miles for non-medical transportation per year to locations such as social support groups, wellness classes, WIC and SNAP appointments, and food banks. This benefit also offers transportation to locations providing social benefits and community integration for members such as community and neighborhood centers, parks, recreation areas, and churches.
Over-The-Counter (OTC) Allowance (MSB)	Up to \$65 per member per quarter. Any unused portions do not roll over to the next quarter.	See Humana Healthy Options Allowance™ benefit in this chart
Personal Care Attendant Services (Medicaid covered)	Personal Care Attendant Services isn't covered	Up to 20 hours of Personal Care Attendant Services per year. A 4 hour minimum is required per use.
Podiatry Services For podiatry services:	<p>Up to 6 annual podiatry visits for the following:</p> <ul style="list-style-type: none"> • Members in need of medical or surgical treatment of injuries and diseases of the foot • Members with conditions affecting the legs, such as diabetes" 	<p>1 initial visit is covered to determine whether foot care is required (Medicaid covered).</p> <p>Routine podiatry isn't covered</p> <p>Medicare-covered podiatry is covered, refer to Chapter 4 of the <i>Member Handbook</i> for additional information.</p>

Cost	2025 (this year)	2026 (next year)
*Special Supplemental Benefits for the Chronically Ill Humana Healthy Options Allowance™	Humana Healthy Options Allowance isn't covered	\$260 monthly allowance on a prepaid spending card. All plan members receive this amount to buy approved over the counter (OTC) health and wellness products at participating retailers or through the plan's approved OTC mail order vendor. Plus, members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria. Any unused amount rolls over each month and expires at the end of the plan year or upon disenrollment, whichever occurs first.

Cost	2025 (this year)	2026 (next year)
<p>*Special Supplemental Benefits for the Chronically Ill</p> <p>Chronic Condition Care Assistance</p>	<p>Humana Chronic Condition Care Assistance isn't covered</p>	<p>Chronic Condition Care Assistance is available to eligible members who demonstrate a need to receive additional assistance with a qualifying medical, primarily health related, or non-primarily health related expense that supports the member's care plan goals. Eligibility will be considered for members with certain qualifying chronic conditions, are currently participating in care management and meet the program criteria. Benefits are limited to \$500 per year and are coordinated by care management. There is no coinsurance, copayment, or deductible to participate.</p> <p>*This spending allowance and Chronic Condition Care Assistance are special programs for members with specific health conditions. Qualifying conditions include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. Some plans require at least two conditions and other requirements apply. See the plan's <i>Member Handbook</i> for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.</p>

Cost	2025 (this year)	2026 (next year)
Vision care Routine vision services:	Routine vision isn't covered	VIS780 <ul style="list-style-type: none"> • \$0 copayment for routine exam up to 1 per year. • \$300 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. • Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. • Maximum benefit coverage amount is limited to one time use per year.
Medically necessary contacts	Routine vision isn't covered	Included as part of the VIS780 allowance listed above.

E2. Changes to drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at **Humana.com/PlanDocuments**. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.



If you have questions, please call Humana Dual Fully Integrated (HMO D-SNP) at 800-787-3311, TTY 711, between 8 am to 8 pm seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. The call is free. **For more information**, visit **Humana.com**.

If you’re affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page or contact your care coordinator to ask for a *List of Covered Drugs* that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 or 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review **Chapter 9** of your *Member Handbook* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

Changes to drug costs

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you’re in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2026. You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches **\$2,100**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you’ll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program don’t count toward out-of-pocket costs.

E3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

We moved some of the drugs on our *Drug List* to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our *Drug List*.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our 6 drug tiers. These amounts apply **only** during the time when you’re in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you. For information about the costs of vaccines, or information about the costs for a long-term supply; or at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions go to **Chapter 6, Section D** of your *Member Handbook*.

	2025 (this year)	2026 (next year)
Drugs in Tier 1 Generic (2025) Preferred Generic (2026) Cost for a one-month supply of a drug in Tier 1 that’s filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 . Your copay for a one-month (30-day) mail-order prescription is \$0 .	If you receive Extra Help, the amount you pay depends on the level of Extra Help you receive. Refer to your LIS Rider insert for your cost sharing amounts. If you do not receive Extra Help, your copay for a one-month (30-day) supply is \$0 . Your copay for a one-month (30-day) preferred mail-order prescription is \$0 .
Drugs in Tier 2 Brand (2025) Generic (2026) Cost for a one-month supply of a drug in Tier 2 that’s filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 . Your copay for a one-month (30-day) mail-order prescription is \$0 .	If you receive Extra Help, the amount you pay depends on the level of Extra Help you receive. Refer to your LIS Rider insert for your cost sharing amounts. If you do not receive Extra Help, your copay for a one-month (30-day) supply is \$0 . Your copay for a one-month (30-day) preferred mail-order prescription is \$0 .



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	2025 (this year)	2026 (next year)
Drugs in Tier 3 Non-Medicare Rx (2025) Preferred Brand (2026) Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 . Your copay for a one-month (30-day) mail-order prescription is \$0 .	If you receive Extra Help, the amount you pay depends on the level of Extra Help you receive. Refer to your LIS Rider insert for your cost sharing amounts. If you do not receive Extra Help, your coinsurance for a one-month (30-day) supply is 25% . Your coinsurance for a one-month (30-day) preferred mail-order prescription is 25% .
Drugs in Tier 4 Non-Medicare Over-the-Counter (2025) Non-Preferred Drug (2026) Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 . Your copay for a one-month (30-day) mail-order prescription is \$0 .	If you receive Extra Help, the amount you pay depends on the level of Extra Help you receive. Refer to your LIS Rider insert for your cost sharing amounts. If you do not receive Extra Help, your coinsurance for a one-month (30-day) supply is 25% . Your coinsurance for a one-month (30-day) preferred mail-order prescription is 25% .
Drugs in Tier 5 Specialty Tier (2026) Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	Not available.	If you receive Extra Help, the amount you pay depends on the level of Extra Help you receive. Refer to your LIS Rider insert for your cost sharing amounts. If you do not receive Extra Help, your coinsurance for a one-month (30-day) supply is 28% . Your coinsurance for a one-month (30-day) preferred mail-order prescription is 28% .



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	2025 (this year)	2026 (next year)
Drugs in Tier 6 Select Care Drugs (2026) Cost for a one-month supply of a drug in Tier 6 that's filled at a network pharmacy	Not available.	If you receive Extra Help, the amount you pay depends on the level of Extra Help you receive. Refer to your LIS Rider insert for your cost sharing amounts. If you do not receive Extra Help, your copay for a one-month (30-day) supply is \$0 . Your copay for a one-month (30-day) preferred mail-order prescription is \$0 .
Excluded Drug(s) Coverage	Select Erectile Dysfunction drugs: Not Covered Select Prescription Vitamins: Not Covered	Select Erectile Dysfunction drugs are covered at a Tier 1 cost-share based on location. Select Prescription Vitamins are covered at a Tier 1 cost-share based on location.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,100**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your Part D and excluded drugs that are covered under our enhanced benefit until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

E4. Stage 2: "Catastrophic Coverage Stage"

When you reach the out-of-pocket limit **\$2,100** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6, Section E** of your *Member Handbook*.

F. Administrative changes

	2025 (this year)	2026 (next year)
Referrals	For certain services, your plan requires referrals from your provider.	Referrals from your provider are not required.

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December).	The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. To learn more about this program, please contact us at the number at the bottom of the page or visit www.medicare.gov .
Monthly Medicare Part D summary	We do not send you a monthly Medicare Part D summary.	<i>SmartSummary™</i> We will send you a monthly Medicare Part D summary called the SmartSummary. This document includes information about Medicare Part D drugs you have received as a member of our plan.

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Illinois Medicaid, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,



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- your eligibility for Illinois Medicaid or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.

<p>1. You can change to:</p> <p>Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE), to find out if you're eligible and if there's a PACE program near you, search for PACE plans in your area at www.medicare.gov/plan-compare/#/pace?year=2025&lang=en.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. TTY 1-888-206-1327 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. For more information or to find a local SHIP office in your area, please visit https://ilaging.illinois.gov/ship.html <p>OR</p> <p>Enroll in a new integrated D-SNP.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins.</p>
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<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare drug plan</p> <p>If you leave the Medicare-Medicaid Plan, you'll get your Medicaid services through fee-for-service.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. TTY 1-888-206-1327 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. For more information or to find a local SHIP office in your area, please visit https://ilaging.illinois.gov/ship.html <p>OR</p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576.</p>
<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare drug plan</p> <p>If you leave the Medicare-Medicaid Plan, you'll get your Medicaid services through fee-for-service.</p> <p>NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Senior Health Insurance Program (SHIP) at 1-800-252-8966, Monday – Friday 8:30 a.m. – 5 p.m. The call is free. TTY 1-888-206-1327 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. You can visit the website at ilaging.illinois.gov/ship.html.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call The Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. TTY 1-888-206-1327 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. You can visit the website at https://ilaging.illinois.gov/ship.html <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576.</p>

<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.</p> <p>If you leave the Medicare-Medicaid Plan, you'll get your Medicaid services through fee-for-service.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE), to find out if you're eligible and if there's a PACE program near you, search for PACE plans in your area at www.medicare.gov/plan-compare/#/pace?year=2025&lang=en.</p> <p>If you need help or more information:</p> <p>Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. TTY 1-888-206-1327 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. You can visit the website at https://ilaging.illinois.gov/ship.html</p> <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576.</p>
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Your Illinois Medicaid services

For questions about how to get your Illinois Medicaid services after you leave our plan, contact the Health Benefits Hotline at 1-800-226-0768 from 8:00 am to 5:00 pm Monday through Friday. TTY users should call 1-877-204-1012. Ask how joining another plan or returning to Original Medicare affects how you get your Illinois Medicaid coverage.

H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2026 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at **Humana.com/PlanDocuments**. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2026.

Our website

You can visit our website at **Humana.com/PlanDocuments**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

H2. Senior Health Insurance Program

You can also call the state health insurance program (SHIP). In Illinois the SHIP is called the Senior Health Insurance Program. SHIP can help you understand your plan choices and answer questions about switching plans. SHIP isn't connected with us or with any insurance company or health plan. SHIP has trained counselors in every county and services are free. SHIP's phone number is 1-800-252-8966 TTY 1-888-206-1327 For more information or to find a local SHIP office in your area, please visit <https://ilaging.illinois.gov/ship.html>.

H3. Home Care Ombudsman Program

The Ombudsperson Program can help you if you have a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is 1-800-252-8966.

H4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.



If you have questions, please call Humana Dual Fully Integrated (HMO D-SNP) at 800-787-3311, TTY 711, between 8 am to 8 pm seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. The call is free. **For more information**, visit **Humana.com**.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2026

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

H5. Illinois Medicaid

Medicaid is a program run by the federal government and the state that helps people with limited incomes and resources pay for long-term services and supports and medical costs. It covers extra services and drugs not covered by Medicare.

Each state decides:

- what counts as income and resources,
- who qualifies,
- what services are covered, **and**
- the cost for services.

States can decide how to run their programs, as long as they follow the federal rules.

Medicare and the state of Illinois approved our plan. You can get Medicare and Medicaid services through our plan as long as:

- we choose to offer the plan, **and**
- Medicare and the state of Illinois allow us to continue to offer this plan.

Even if our plan stops operating in the future, your eligibility for Medicare and Medicaid services won't be affected.

H6. The Medicare Prescription Payment Plan



If you have questions, please call Humana Dual Fully Integrated (HMO D-SNP) at 800-787-3311, TTY 711, between 8 am to 8 pm seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. The call is free. **For more information**, visit **Humana.com**.

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit www.Medicare.gov.

H7. Additional Resources

Aids Drug Assistance Program (ADAP)

The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria; including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call the ADAP program (the contact information for this organization are listed below). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

Ryan White CARE and HOPWA Services

Address:

Illinois Medication Assistance Program

525 W. Jefferson Street, 1st Floor

Springfield, IL 62761

Phone Number: 800-825-3518

FAX: 217-785-8013

Website: <https://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/ryan-white-care-and-hopwa-services>



If you have questions, please call Humana Dual Fully Integrated (HMO D-SNP) at 800-787-3311, TTY 711, between 8 am to 8 pm seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. The call is free. **For more information,** visit Humana.com.

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members:

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

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

Notice of Availability - Auxiliary Aids and Services Notice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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。

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

GHHNOA2025HUM_0425

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

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

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

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

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

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

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

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

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

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

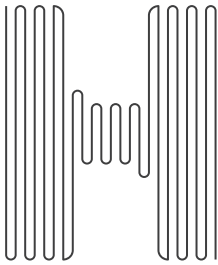
አማርኛ [Amharic]: ቋንቋ፣ አገዥ ማዳመጫ እና አማራጭ ቅርፅ ሆላቸው አገልግሎቶችዎ ይገኛሉ። በ
877-320-1235 (TTY: 711) ላይ ይደውሉ።

Bàsà` [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fáńa-nyo, kè nyo-baŭn-po-kà bɛ́ bɛ́
nyuɛɛ se wídí pɛ̀ɛ-pɛ̀ɛ dò ko. **877-320-1235 (TTY: 711)** dá.

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

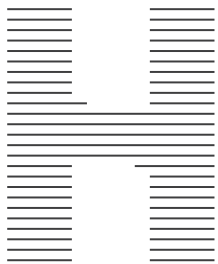
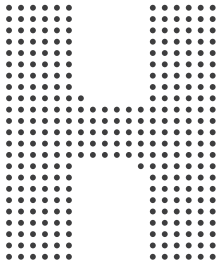
Òyìnbó [Yoruba]: Àwọn isẹ̀ àtilẹ̀hìn ìrànłọ̀wọ̀ èdè, àti ọ̀nà kíkà mírán wà lárọ̀wọ̀tọ̀. Pe
877-320-1235 (TTY: 711).

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

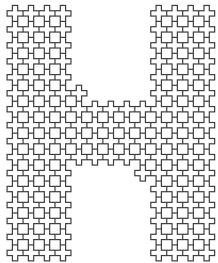


You can view these 2026 plan documents starting October 15, 2025 at [**www.Humana.com/PlanDocuments**](https://www.Humana.com/PlanDocuments). Here you can see the most up-to-date information about your plan. It's easy to search, so you can find what you are looking for quickly.

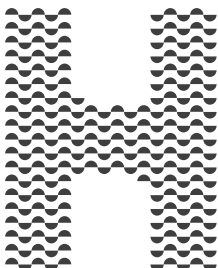
- See your *Member Handbook* for your plan's specific details, benefits and costs.
- Review the *Drug List* which includes the drugs covered by your plan.
- View the *Provider and Pharmacy Directory* to see a list of providers and specialists in your plan's network.



To get paper copies of these documents by mail, make your request online at the website above, or call **800-787-3311 (TTY: 711)**, 24 hours a day, seven days a week. Please have your Humana member ID card ready when you call. When asked why you've called, say "*Member Handbook*," "*Drug List*" and/or "*Provider and Pharmacy Directory*." Please allow up to two weeks to receive the documents by mail.



We're here for you. If you need help using these online tools, please call the number on the back of your Humana member ID card for support.



As a Humana member, we may call you to offer other insurance-related products. You can opt out of those future calls by calling the Member Services number on the back of your ID card.

Important information about changes to your
Medicare Advantage and prescription drug plan

