2026

Humana Dual Integrated (HMO D-SNP) H0963-001 | 2026 Summary of Benefits

Humana Dual Integrated (HMO D-SNP) H0963-001

This is a Highly Integrated Dual Eligible (HIDE) Special Needs Plan.

Detroit

Our service area includes the following county/counties in Michigan: Macomb and Wayne.

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Humana®

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member services representative at **800-833-2364 between 8 am to 8 pm EST, seven days a week. The call is free. Please note that our automated phone system may answer your call during weekends and holidays (TTY: 711).**

Understanding the Benefits

- ☐ The *Member Handbook* provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **Humana.com/medicare** or call **800-833-2364 (TTY: 711)** to view a copy of the *Member Handbook*.
- ☐ Review the *Provider and Pharmacy Directory* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the *Provider and Pharmacy Directory* to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the *List of Covered Drugs (Drug List)* to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. Part A/ Part B premiums may be paid for by the Michigan Department of Health & Human Services (Medicaid).
- ☐ Benefits, premiums and/or copays/coinsurance may change on January 1, 2027.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid . This plan may enroll FBDE, QMB+, SLMB+.

Humana Dual Integrated (HMO D-SNP) | 2026 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Humana Dual Integrated (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Humana Dual Integrated (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers....4

B. Frequently asked questions (FAQ) 5

C. List of covered services 8

D. Benefits covered outside of Humana Dual Integrated (HMO D-SNP) 24

E. Services that Humana Dual Integrated (HMO D-SNP), Medicare, and Medicaid do not cover....25

F. Your rights as a member of the plan 25

G. How to file a complaint or appeal a denied service....26

H. What to do if you suspect fraud 27

A. Disclaimers

This is a summary of health services covered by Humana Dual Integrated (HMO D-SNP) for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. Visit **Humana.com/PlanDocuments** to view a copy of the *Member Handbook* or call 855-281-6070, TTY 711.

- Humana Dual Integrated (D-SNP) is a Dual Eligible Special Needs Plan (D-SNP) with a Medicare contract and a Medicaid contract with the Michigan Department of Health & Human Services (Medicaid). Enrollment in this Humana plan depends on contract renewal.

- Humana Dual Integrated (HMO D-SNP) H0963-001 has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2028 based on a review of Humana Dual Integrated (HMO D-SNP) H0963-001 Model of Care.

- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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

- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- For more information about Humana Dual Integrated (HMO D-SNP), you can check the Michigan Medicaid website at **www.michigan.gov/medicaid**, the Beneficiary Help Line: 1-800-642-3195 or email at **beneficiarysupport@michigan.gov**, or the Michigan Healthcare Help Line: 1-855-789-5610 (TTY 1-866-501-5656) from 8:00 AM to 7:00PM, Monday through Friday (except holidays) or contact the MICH Office of the Ombudsman for free help. The MI Community, Home, and Health Ombudsman (MI CHHO) can help you with questions about or problems with the MICH program or our plan. The MI Community, Home, and Health Ombudsman (MI CHHO) is an independent program and isn't connected with this plan. The phone number is 1-888-746-6456. You can also visit the MI Community, Home, and Health Ombudsman (MI CHHO)'s website at **MI-CHHO@meji.org**.

- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 855-281-6070, TTY 711. You can call us seven days a week from 8 a.m. to 8 p.m.. Please note that our automated phone system may answer your call during weekends and holidays. Someone that speaks your language can help you. This is a free service.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 855-281-6070, TTY 711, between 8 am to 8 pm, seven days a week. The call is free.

- This document is available for free in Spanish.

- We want to ensure that you receive your communications from Humana in the format that best suits your needs.
  - 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 855-281-6070, TTY 711. You can call us seven days a week from 8 a.m. to 8 p.m.. Please note that our automated phone system may answer your call during weekends and holidays.

- 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 the member will receive those communications over the phone with an interpreter.
- If a member choses to change their standing request, members can call Member Services at 855-281-6070, TTY 711 to have their request updated.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a highly integrated special needs plan called MI Coordinated Health (MICH)?	MI Coordinated Health is a highly integrated dual eligible (HIDE) special needs plan (SNP) that provides benefits of both Medicare and Medicaid to enrollees. It's for people with both Medicare and Michigan Medicaid. A HIDE SNP Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage your providers and services. They all work together to provide the care you need.
Will I get the same Medicare and Medicaid benefits in Humana Dual Integrated (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Humana Dual Integrated (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor care manager's assessment. You may also get other benefits outside of your health plan the same way you do now directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services. When you enroll in Humana Dual Integrated (HMO D-SNP), you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Humana Dual Integrated (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Humana Dual Integrated (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers in the footer of this document. If you're currently getting services for mental health, substance use, or intellectual/developmental disability needs, you'll continue to get these services the same way you do now. When you enroll in Humana Dual Integrated (HMO D-SNP), you and your care team will work together to develop a Care Plan to address your health and support needs.

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	That is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Humana Dual Integrated (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Humana Dual Integrated (HMO D-SNP)'s network.** If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Humana Dual Integrated (HMO D-SNP)'s plan. You must use network providers to get your medical care and services. If you go elsewhere without proper authorization you will have to pay in full. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Humana Dual Integrated (HMO D-SNP) authorizes use of out-of-network providers. • You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your Care Plan is being completed. If you're currently under treatment with a provider that's out of Humana Dual Integrated (HMO D-SNP)'s network, or have an established relationship with a provider that's out of Humana Dual Integrated (HMO D-SNP)'s network, call Member Services to check about staying connected. To find out if your providers are in the plan's network, call Member Services at the numbers in the footer of this document or read Humana Dual Integrated (HMO D-SNP)'s *Provider and Pharmacy Directory* on the plan's website at **Humana.com/PlanDocuments**. If Humana Dual Integrated (HMO D-SNP) is new for you, we'll work with you to develop Individualized Care Plan to address your needs.
What's a Humana Dual Integrated (HMO D-SNP) care manager?	A Care Coordinator is a health professional who will help you get care and services that affect your health and wellbeing. You're assigned a Care Coordinator when you enroll with Humana Dual Integrated (HMO D-SNP). Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you're getting from us, you can call your Care Coordinator. **Your Care Coordinator is your "go-to" person** for Humana Dual Integrated (HMO D-SNP). Our goal in Humana Dual Integrated (HMO D-SNP) is to meet your needs in a way that works for you. This is why we call our program "person-centered." The person-centered planning process is when you work with your Care Coordinator to create a care plan that's about **your** goals, choices, and abilities. When you create your care plan, you're welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-Term Services and Supports (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but they could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care team will work with that agency.
What happens if I need a service but no one in Humana Dual Integrated (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Humana Dual Integrated (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where is Humana Dual Integrated (HMO D-SNP) available?	The service area for this plan includes: Macomb and Wayne Counties, Michigan. You must live in one of these areas to join the plan. Call Member Services at the numbers in the footer of this document for more information about whether the plan is available where you live.
What's prior authorization?	Prior authorization means that you must get an approval from Humana Dual Integrated (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Humana Dual Integrated (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** Humana Dual Integrated (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Humana Dual Integrated (HMO D-SNP) before the service is provided. Refer to **Chapter 3**, of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Member Handbook* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers in the footer of this document for help.
What's a referral?	A referral means that your care team must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your care team, Humana Dual Integrated (HMO D-SNP) may not cover the services. Humana Dual Integrated (HMO D-SNP) can provide you with a list of services that require you to get a referral from your care team before the service is provided. You don't need a referral for certain specialists, such as women's health specialists. Refer to the *Member Handbook* **Chapter 3** to learn more about when you'll need to get a referral from your care team.
Do I pay a monthly amount (also called a premium) under Humana Dual Integrated (HMO D-SNP)?	No. Because you have Medicaid, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage. You'll be required to keep paying any monthly Freedom to Work program premium you have if applicable. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting **www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00**.

Frequently Asked Questions	Answers
Do I pay a deductible as a member of Humana Dual Integrated (HMO D-SNP)?	No. You don't pay deductibles in Humana Dual Integrated (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Humana Dual Integrated (HMO D-SNP)?	There is no cost sharing for medical services in Humana Dual Integrated (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care **(continued on the next page)**	Inpatient hospital stay	$0	Humana Dual Integrated (HMO D-SNP) includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day. You are covered for an unlimited number of medically necessary inpatient hospital days. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered inpatient hospital care services. Prior authorization requirements may apply.
	Outpatient hospital services, including observation	$0	Humana Dual Integrated (HMO D-SNP) covers medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered outpatient hospital care services. Unless the provider has written an order to admit you as an inpatient to the hospital, you are an outpatient and pay the cost-sharing amounts for outpatient hospital services. Even if you stay in the hospital overnight, you might still be considered an outpatient. If you are not sure if you are an outpatient, you should ask the hospital staff. Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care **(continued)**	Ambulatory surgical center (ASC) services	$0	If you're having surgery in a hospital facility, you should check with your Primary Care Provider (PCP) about whether you'll be an inpatient or outpatient. Unless the provider writes an order to admit you as an inpatient to the hospital, you're an outpatient and pay the cost-sharing amounts for outpatient surgery. Even if you stay in the hospital overnight, you might still be considered an outpatient. Prior authorization requirements may apply.
	Long-Term Care Acute Hospital services (LTACH) (Michigan Medicaid covered)	$0	Long-term acute care hospital services (LTACH) generally provide services like (but not limited to) respiratory therapy, head trauma treatment, and pain management. Member must meet level of care requirements.
	Doctor or surgeon care	$0	Humana Dual Integrated (HMO D-SNP) covers medically-necessary services you get from a network doctor or surgeon while you are in a hospital for treatment of an illness or injury. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered inpatient doctor or surgeon care services. Prior authorization requirements may apply.
You want a doctor **(continued on the next page)**	Visits to treat an injury or illness	$0	Humana Dual Integrated (HMO D-SNP) covers medically-necessary services you get from a network doctor or surgeon for treatment of an illness or injury. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered health care provider services. Prior authorization requirements may apply.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Humana Dual Integrated (HMO D-SNP) covers all preventive services covered at no cost under Original Medicare, also at no cost to you.
	Wellness visits, such as a physical	$0	If you've had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This is covered once every 12 months. Your first annual wellness visit can't take place within 12 months of your *Welcome to Medicare* preventive visit. However, you don't need to have had a *Welcome to Medicare* visit to be covered for annual wellness visits after you've had Part B for 12 months.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor **(continued)**	"Welcome to Medicare" (preventive visit one time only)	$0	Humana Dual Integrated (HMO D-SNP) covers the one-time *Welcome to Medicare* preventive visit. The visit includes a review of your health, as well as education and counseling about preventive services you need (including certain screenings and shots), and referrals for other care if needed. Important: We cover the *Welcome to Medicare* preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor's office know you would like to schedule your *Welcome to Medicare* preventive visit.
	Specialist care	$0	Humana Dual Integrated (HMO D-SNP) covers medically-necessary services you get from a network specialist for treatment of an illness or injury. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered specialists care services. Prior authorization requirements may apply.
	Services to help manage your disease	$0	
You need emergency care	Emergency room services	$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network. You are covered for emergency care world-wide under your Humana Dual Integrated (HMO D-SNP). If you have an emergency outside of the U.S. and its territories, you will be responsible to pay for the services rendered upfront. You must submit proof of payment to Humana for reimbursement. For more information please see **Chapter 7** of the *Member Handbook*. We may not reimburse you for all out of pocket expenses. This is because our contracted rates may be lower than provider rates outside of the U.S. and its territories. You are responsible for any costs exceeding our contracted rates as well as any applicable member cost share.
	Urgent care	$0	Urgently needed services are not emergency care. You do not need prior authorization and the urgent care center does not have to be in-network.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Humana Dual Integrated (HMO D-SNP) covers medically necessary diagnostic radiology services you get from a network provider for treatment of an illness or injury. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered diagnostic radiology services. Prior authorization requirements may apply.
	Lab tests and diagnostic procedures, such as blood work	$0	Humana Dual Integrated (HMO D-SNP) covers medically-necessary lab tests and diagnostic procedures you get from a network provider for treatment of an illness or injury. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered lab test and diagnostic procedure services. Prior authorization requirements may apply.
	Screening for tests, such as tests to check for cancer	$0	Prior authorization requirements may apply.
You need hearing/ auditory services	Hearing screenings	$0	Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. Prior authorization requirements may apply.
	Hearing aid evaluation and fitting	$0	
	Hearing aids	$0	Up to 2 TruHearing-branded prescription hearing aids every 3 years (1 per ear every 3 years). Benefit is limited to the TruHearing Advanced prescription hearing aids, which come in various styles and colors. Hearing aid purchase includes: • Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase • 60-day trial period • 3-year extended warranty • 80 batteries per aid for non-rechargeable models Advanced hearing aids are available in rechargeable style options. **You must see a TruHearing provider to use this benefit. Call 1-844-255-7144 Monday - Friday, 9 a.m. to 9 p.m., EST to schedule an appointment (for TTY, dial 711).**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planning, and other periodontal maintenance	$0	• Scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years. • Comprehensive oral evaluation or periodontal exam, scaling for moderate inflammation up to 1 every 3 years. • Panoramic film or diagnostic x-rays up to 1 every 5 years. • Bitewing x-rays, intraoral x-rays up to 1 set(s) per year. • Emergency diagnostic exam up to 1 per year. • Periodic oral exam, prophylaxis (cleaning) up to 2 per year. • Periodontal maintenance up to 4 per year. • Necessary anesthesia with covered service up to as needed with covered codes per year. • Amalgam and/or composite filling up to unlimited per year. • **$2,000** maximum benefit coverage amount per year for all diagnostic/preventive and comprehensive benefits.
	Restorative and emergency dental care	$0	
You need eye care **(continued on the next page)**	Eye exams	$0	Humana Dual Integrated (HMO D-SNP) covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.
	Glasses or contact lenses	$0	Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefit. Eyewear Benefit (1 per calendar year) at a Humana Medicare Insight Network optical provider **$0** copayment for routine exam up to 1 per year. **$400** 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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care **(continued)**	Other vision care	$0	Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Original Medicare doesn't cover routine eye exams (eye refractions) for eyeglasses/contacts.
You need behavioral health services	Behavioral health services	$0	Humana Dual Integrated (HMO D-SNP) provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered Behavioral Health Services. Certain telehealth mental health specialty services may be covered under physician/ practitioner services. Behavioral health services are provided through the plan or by a program other than Humana Dual Integrated (HMO D-SNP). Humana Dual Integrated (HMO D-SNP) Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs.
	Inpatient and outpatient care and community-based services for people who need Mental Health Services	$0	Humana Dual Integrated (HMO D-SNP) provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment. Specialty behavioral health care services may be provided by a program other than Humana Dual Integrated (HMO D-SNP). Your Humana Dual Integrated (HMO D-SNP) Care Manager can assist you in obtaining those services and coordinate them with the rest of your health care needs.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	$0	Humana Dual Integrated (HMO D-SNP) includes inpatient and outpatient substance use disorder services as well as Opioid treatment program services (OYD). See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered substance use disorder services. Substance use disorder services may be provided by a program other than Humana Dual Integrated (HMO D-SNP). Your Humana Dual Integrated (HMO D-SNP) Care Manager can assist you in obtaining those services and coordinate them with the rest of your health care needs. Prior authorization requirements may apply for your Humana Dual Integrated (HMO D-SNP) benefits.
You need a place to live with people available to help you	Skilled nursing care	$0	Humana Dual Integrated (HMO D-SNP) provides coverage for skilled and intermediate nursing facility care. You are covered for up to 100 medically necessary days per benefit period. Prior hospital stay is not required. A new benefit period will begin on day one when you first enroll in a Medicare Advantage plan, or when you have been discharged from skilled care in a skilled nursing facility for 60 consecutive days. Prior authorization requirements may apply.
	Nursing home care	$0	Prior authorization requirements may apply.
	Adult Foster Care and Group Adult Foster Care	$0	Prior authorization requirements may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs). Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services **(continued on the next page)**	Ambulance services	$0	Humana Dual Integrated (HMO D-SNP) covered ambulance services, whether for an emergency or non-emergency situation, include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care if they're furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by our plan. If the covered ambulance services aren't for an emergency situation, it should be documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered ambulance services. Ambulance services for other cases (non-emergent) must be approved by us. In cases that are not emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health. Prior authorization requirements may apply.
	Emergency transportation	$0	Humana Dual Integrated (HMO D-SNP) covered ambulance services, whether for an emergency or non-emergency situation, include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care if they're furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by our plan. If the covered ambulance services aren't for an emergency situation, it should be documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered ambulance services. In emergency situations includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services **(continued)**	Non-Emergency Medical Transportation (NEMT) (Michigan Medicaid covered)	$0	Trips are covered to and from: • All medical covered services (one-time or ongoing); • Ancillary service providers (e.g., pharmacies, durable medical equipment, prosthetics, orthotics, and supplies [DMEPOS] providers) to obtain a service or item Medicaid covers; • Medical care, treatment or services that have been prior authorized; • Appointments to obtain medical evidence (for eligibility verification purposes only); and • Facilities providing services Medicaid covers that do not charge for care
You need drugs to treat your illness or condition	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs.
	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier	$0 for a 30-day supply of Tier 1 and Tier 2 medications at a network retail pharmacy. Copays for other drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to Humana Dual Integrated (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Once you or others on your behalf pay $2,100, you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the Member Handbook for more information on this stage. You can get up to 100-day supply* of most of your drugs through network retail and mail-order pharmacies. *Some drugs are limited to a 30-day supply.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Humana Dual Integrated (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. This plan does cover certain OTC benefits under the Healthy Options Allowance (see Healthy Options section in Additional services).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs **(continued on the next page)**	Rehabilitation services	$0	Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs). Prior authorization requirements may apply.
	Community Health Workers (CHW) (Michigan Medicaid covered)	$0	• Health system navigation and resource coordination • Health promotion and education • Screening and assessment 2 hours (8 units) per day and 16 visits per month; for a maximum of 32 hours (128) units per month, per member. • Limit may be exceeded based on medical necessity • Group services are limited to 8 unique members at one time
	Targeted Case Management (TCM) Services - Recuperative Care (Michigan Medicaid Covered	$0	Short-term transitional program for members experiencing homelessness and are discharging from an inpatient hospital admission.
	Medical equipment for home care	$0	Humana Dual Integrated (HMO D-SNP) covered items include, but aren't limited to, wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, IV infusion pumps, speech generating devices, oxygen equipment, nebulizers, and walkers. We cover all medically necessary DME covered by Original Medicare. If our supplier in your area doesn't carry a particular brand or manufacturer, you can ask them if they can special order it for you. The most recent list of suppliers is available on our website **Humana.com/findadoctor**. Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs **(continued)**	Maternal and related health services (Michigan Medicaid covered)	$0	You may be eligible to receive the following services: • Breast pumps • Doula services • Maternal and Infant Health Program (MIHP) services • Parenting and birthing classes See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for additional coverage and limitations.
	Dialysis services	$0	Certain drugs for dialysis are covered under your Medicare Part B drug benefit. For information about coverage for Part B Drugs, please go to the section, Medicare Part B prescription drugs. Covered services include: * Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area, as explained in **Chapter 3** of the *Member Handbook*, or when your provider for this service is temporarily unavailable or inaccessible) * Inpatient dialysis treatments (if you're admitted as an inpatient to a hospital for special care) * Self-dialysis training (includes training for you and anyone helping you with your home dialysis treatments) * Home dialysis equipment and supplies * Certain home support services (such as, when necessary, visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and check your dialysis equipment and water supply) Prior authorization requirements may apply.
You need foot care **(continued on the next page)**	Podiatry services	$0	Covered services include: • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) • Routine foot care for members with certain medical conditions affecting the lower limbs Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care **(continued)**	Orthotic services	$0	Humana Dual Integrated (HMO D-SNP) covers Orthotics (other than dental) that replace all or part of a body part or function. These include but aren't limited to testing, fitting, or training in the use of prosthetic and orthotic devices; as well as colostomy bags and supplies directly related to colostomy care, pacemakers, braces, prosthetic shoes, artificial limbs, and breast prostheses (including a surgical brassiere after a mastectomy). Includes certain supplies related to prosthetic and orthotic devices, and repair and/or replacement of prosthetic and orthotic devices. Also includes some coverage following cataract removal or cataract surgery – go to Vision Care in the *Member Handbook* for more detail. Prior authorization requirements may apply.
You need durable medical equipment (DME) **Note:** This is not a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*.	Wheelchairs, crutches, and walkers	$0	Humana Dual Integrated (HMO D-SNP) provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits. We cover all medically necessary DME covered by Original Medicare. If our supplier in your area doesn't carry a particular brand or manufacturer, you can ask them if they can special order it for you. The most recent list of suppliers is available on our website **Humana.com/findadoctor**. Prior authorization requirements may apply.
	Nebulizers	$0	Prior authorization requirements may apply.
	Oxygen equipment and supplies	$0	Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Home health services	$0	Prior authorization requirements may apply.
	Activities of Daily Living (ADLs): Eating, toileting, bathing, grooming, dressing, mobility, and transferring" and Instrumental Activities of Daily Living (IADLs): Personal laundry, light housekeeping, shopping, meal preparation and clean up, and medication administration	$0	In-home ADL and IADL services requiring hands-on assistance are provided through the MICH program. These services are called State Plan Personal Care Services. In-home ADL and IADL services requiring prompting, cueing, guiding, teaching, observing, or reminding to complete Activities of Daily Living (ADLs) are available to individuals who qualify and are enrolled in the MICH 1915 (c) waiver. These services are called Expanded Community Living Supports. Prior authorization requirements may apply.
	1915 (c) Waiver Home and Community Based Services: Adaptive Medical Equipment and Supplies Adult Day Program Assistive Technology Chore Services Environmental Modifications Expanded Community Living Supports Fiscal Intermediary Home Delivered Meals Individual Directed Goods and Services Non-Medical Transportation Personal Emergency Response System Preventive Nursing Private Duty Nursing Respite Vehicle Modifications	$0	These services are designed to help individuals remain in their homes as opposed to receiving nursing home care. They are provided by the plan and are only available to individuals who meet nursing facility level of care, who have qualifying service need, and who are enrolled in the MICH 1915 (c) waiver. Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services **(continued on the next page)**	Chiropractic services	$0	We cover only manual manipulation of the spine to correct subluxation. Other services performed by a chiropractor are not covered. Prior authorization requirements may apply.
	Diabetes supplies and services	$0	Humana Dual Integrated (HMO D-SNP) covers diabetes self-management training, diabetic services, and supplies for all people who have diabetes (insulin and non-insulin users. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered diabetes supplies and services. For all people who have diabetes (insulin and non-insulin users). Prior authorization requirements may apply.
	Prosthetic services	$0	Devices (other than dental) that replace all or part of a body part or function. Prior authorization requirements may apply.
	Radiation therapy	$0	Humana Dual Integrated (HMO D-SNP) covers radiation (radium and isotope) therapy including technician materials and supplies services. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered radiation therapy services. Prior authorization requirements may apply.
	Services to help manage your disease	$0	Care management services are provided to all Humana Dual Integrated (HMO D-SNP) enrollees. Care management provides a more intensive level of service if your health requires it.
	Meal Benefit	$0	Humana Well Dine® meal program. After your inpatient stay in either a hospital or a nursing facility, you may be eligible to receive 2 home delivered meals per day for 7 days (up to 14 meals). Meals must be requested within 30 days of discharge from your inpatient stay. Limited to 4 times per year.
	HMO Travel	$0	Covered services must be provided by providers within the National Medicare HMO or SNP network. If you are planning to travel outside of your service area and anticipate needing to use the HMO Travel Benefit, it is recommended that you notify your primary care provider.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services **(continued)**	Service animal stipend (Michigan Medicaid covered)	$0	A monthly stipend of up to $20 for service dogs of people with disabilities. Under the American Disabilities Act (ADA) titles II and III, special provisions allow for the use of a miniature horse.
	Routine medical transportation	$0	The member must contact transportation vendor 72 hours (3 business days) in advance of their appointment to arrange transportation and should contact Member Services to be directed to their plan's specific transportation provider. The member receives up to 48 one way trips per year, not to exceed 50 miles per trip, to medical appointments and pharmacies. Routine medical transportation is not for use in emergencies. This benefit is separate from Medicaid transportation.
	Non-Medical Transportation - Social Needs (Michigan Medicaid covered)	$0	Up to 15 round trips (or 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.
	Uniformity Flexibility Routine medical transportation	$0	The member must contact transportation vendor 72 hours (3 business days) in advance of their appointment to arrange transportation and should contact Member Services to be directed to their plan's specific transportation provider. Members with Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or a Cancer Diagnosis receive unlimited one way trips per year, not to exceed 50 miles per trip, to medical appointments and pharmacies. Uniformity flexibility routine medical transportation is not for use in emergencies. This benefit is separate from Medicaid transportation.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services **(continued)**	*Humana Healthy Options Allowance™	$0	**$245** 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. 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. • Allowance is available to use at the beginning of every month. • Limitations and restrictions may apply. *This spending allowance is a special program 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 *Member Handbook* 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.
	Rewards and Incentives Go365 by Humana®	$0	Complete eligible healthy activities, like preventive screenings and exams, and get rewarded with Go365 Advanced.
	SilverSneakers® fitness program	$0	Basic fitness center membership including in person and digital fitness classes.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services **(continued)**	Smoking and Tobacco Use Cessation	$0	If you use tobacco, don't have signs or symptoms of tobacco-related disease, and want or need to quit: • We pay for two quit attempts in a 12-month period as a preventive service. This service is free for you. Each quit attempt includes up to four face-to-face counseling visits. If you use tobacco and have been diagnosed with a tobacco-related disease or are taking medicine that may be affected by tobacco: • We pay for two counseling quit attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. To further assist in your effort to quit smoking or tobacco product use, we cover one additional counseling quit attempt within a 12-month period as a service with no cost to you. This is in addition to the two counseling attempts provided by Medicare and includes up to four face-to-face visits. This service can be used for either preventive measures or for diagnosis with a tobacco related disease. The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.
	Wigs Related to Chemotherapy Treatment	$0	Up to a $500 maximum benefit per year.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Humana Dual Integrated (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Humana Dual Integrated (HMO D-SNP) Member Services at the numbers in the footer of this document to get one. If you have questions, you can also call Member Services or visit **Humana.com**.

D. Benefits covered outside of Humana Dual Integrated (HMO D-SNP)

There are some services that you can get that aren't covered by Humana Dual Integrated (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about these services.

Other services covered directly by Medicare or Medicaid	Your costs
Specialty behavioral health services may be provided by Michigan's Prepaid Insurance Health Plans (PIHPs).	$0
Community Transition Services (CTS) are provided through MDHHS.	$0
Certain hospice care services covered outside of Humana Dual Integrated (HMO D-SNP)	$0

E. Services that Humana Dual Integrated (HMO D-SNP), Medicare, and Medicaid do not cover

This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about other excluded services.

Services Humana Dual Integrated (HMO D-SNP), Medicare, and Medicaid do not cover	
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television	Cosmetic surgery or procedures

F. Your rights as a member of the plan

As a member of Humana Dual Integrated (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care manager
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it

- Ask for a second opinion. Humana Dual Integrated (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - Ask for an IMR of Medicaid services or items that are medical in nature
  - Ask for a State Fair Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Humana Dual Integrated (HMO D-SNP) Member Services at the numbers in the footer of this document.

You can also call the Michigan Long Term Care Ombudsman Program for assistance. An "ombudsman" is an advocate who can assist you to resolve problems with plan coverage, plan benefits, health care, behavioral health care and long-term care services and supports. You can contact the Ombudsman at 866-485-9393 (TTY users call 711).

G. How to file a complaint or appeal a denied service

If you have a complaint or think Humana Dual Integrated (HMO D-SNP) should cover something we denied, call Member Services at the numbers in the footer of this document. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook.* You can also call Humana Dual Integrated (HMO D-SNP) Member Services at the numbers in the footer of this document.

For complaints, grievances, appeals, as well as the complaint process, please contact Humana at:

PO Box 14163
Lexington, KY 40512-4163
855-281-6070 (TTY 711)

How to file a complaint or appeal a denied service:

If Humana Dual Integrated (HMO D-SNP) denies an appeal for a Medicare covered service or a Medicare/Medicaid overlap service, we will automatically forward the appeal to the Independent Review Entity (IRE) for review. If the IRE denies the appeal, you can request a hearing with an Administrative Law Judge (ALJ) for Medicare benefits, or you can request a Medicaid State Fair Hearing for Medicaid covered benefits. You can submit a request for a State Fair Hearing to Michigan Office of Administrative Hearings and Rules (MOAHR) within 120 calendar days from the date on Humana's notice of adverse appeal determination letter.

If the ALJ denies an appeal request for Medicare covered services, then you can request review by the Departmental Appeals Board. Any further review of Medicare covered services would be requested to the federal court. If the State Fair Hearing Officer denies an appeal request for Medicaid covered services, then you can request review through the court system.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Humana Dual Integrated (HMO D-SNP) Member Services. Phone numbers are in the footer of this document.
- Or, call the Michigan Department of Health & Human Services (Medicaid) Member Services Center at 800-642-3195. TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE [800-242-2873], by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at **secure.ag.state.mi.us/complaints/medicaid.aspx**.

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**.

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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: Զանգահարե՛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 fòma sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

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

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

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

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

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

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

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

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। 8**77-320-1235 (TTY: 711)** पर कॉल करें।

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

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

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

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។ ទូរសព្ទទៅ លេខ **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, ຊຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ຟຣີ. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t’áá jiik’eh, t’áadoole’é binahjį’ bee adahodooníłígíí diné bich’į’ anídahazt’i’í, dóó łahgo át’éego bee hada’dilyaaígíí bee bika’aanída’awo’í dahólǫ. Kohjį’ hodíilnih **877-320-1235 (TTY: 711)**.

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

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

ਪੰਜਾਬੀ [Punjabi]: 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.

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

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

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

Bǎsɔ́ [Bassa]: Wuɖu-xwíníín-mú-zà-zà kǔà, Hwòɖǒ-fɔńɔ-ńnɔ,́ kè nyɔ-bɔǔn-po-kà bě bé nyuɛɛ se wídí pɛ́è-pɛ́è ɖò kɔ.̀ **877-320-1235 (TTY: 711)** ɖá.

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

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

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

Humana®

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Humana Dual Integrated (HMO D-SNP) Customer Care:

855-281-6070
Calls to this number are free between 8 am to 8 pm, seven days a week.
Customer Care also has free language interpreter services available for non-English speakers.

TTY, call 711
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Calls to this number are free between 8 am to 8 pm, seven days a week.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
If your PCP's office is closed, you can also call 24-Hour Clinical Triage Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The number for the 24-Hour Clinical Triage Line is:

866-220-4102
Calls to this number are free. 24 hours per day, 7 days per week.
Humana Dual Integrated (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY, call 711
Calls to this number are free. 24 hours per day, 7 days per week.

If you need immediate behavioral health care, please call the 24-Hour Clinical Triage Line:

866-220-4102
Calls to this number are free. 24 hours per day, 7 days per week.
Humana Dual Integrated (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY, call 711
Calls to this number are free. 24 hours per day, 7 days per week.