2027

Annual Notice of Change

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

Illinois

Humana®

Let's review your **2027 plan changes**

Thank you for trusting Humana with your Humana Dual Fully Integrated (HMO D-SNP) and Illinois Medicaid for 2026. Inside, you'll find the Annual Notice of Change, which shows you important Medicare and Medicaid plan changes.

We're here to make it easier for you to navigate your benefits. Though some benefits are changing, we've listened to our members and focused on protecting what matters most. We are committed to stable coverage, individualized care and the trust of members, providers and communities we serve.

Essential benefits you can count on

Dental, vision and hearing

Prescription drug coverage

$0 preventive care screenings*

A closer look at your 2027 plan changes

Get a personalized, interactive look at what's changing with your 2027 Medicare and Medicaid plan. We're providing all the details you need to renew with confidence. You can find highlights of your changes in Section D, Changes to Benefits for next year.

No action needed to keep your plan.

Upcoming dates to explore your options:

- ▶ **Today**
  Compare your 2026 and 2027 Medicare and Medicaid plan details at **Humana.com/PlanDocuments**
- **October 15**
  Medicare Open Enrollment begins
- **December 7**
  Last day for Open Enrollment
- **January 1**
  Plan changes take effect

Here's what you can do next

For your complete, personalized view, **scan the QR code** to sign in or sign up for MyHumana or visit

Humana.com/PlanDocuments

If you'd like to keep your current plan, no action is needed. Your plan will renew on January 1, 2027.

*Applies to covered services from in-network providers.

Humana Dual Fully Integrated (HMO D-SNP) offered by Humana Benefit Plan of Illinois, Inc. (Humana)

Annual Notice of Change for 2027

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.
- 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: 05/31/2029)

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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 Illinois Medicaid program. Enrollment in this Humana plan depends on contract renewal. Our plan also has a written agreement with the Illinois Medicaid program to coordinate your Medicaid benefits.

Humana Healthy Options Allowance is a special supplemental benefit program for members with specific chronic conditions who require intensive care coordination and are at a high risk of hospitalization or other adverse health outcomes. Qualifying conditions may include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. 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. Contact your local HUD office with questions.

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 D** for more information on changes to your benefits for next year.

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 F4**.
- Illinois Medicaid options in **Section F5**.

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 changes to make sure they'll work for you next year.

- Refer to **Section D1** 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 D2** 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 C** 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 E2** 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 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 2027.

Please review the 2027 *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/FindCare** 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.

D. Changes to benefits and costs for next year

D1. Changes to benefits for medical services

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

	2026 (this year)	2027 (next year)
Continuous Glucose Monitor (CGM)	CGM at a pharmacy **isn't** covered	**$0** copayment for Preferred Continuous Glucose Monitors (CGMs) are covered at pharmacies. Preferred CGMs are Dexcom & Freestyle Libre. *Prior authorization may be required
Dental Services **(continued on the next page)**	**DEN198** 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. Your benefit can be used for most dental treatments such as: • Preventive dental services, such as exams, routine cleanings, etc.	**DEN294** Your benefit can be used for most dental treatments such as: • 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. Note: The benefit cannot be used on cosmetic services.

	2026 (this year)	2027 (next year)
Dental Services **(continued)**	• Basic dental services, such as fillings, extractions, etc. • Major dental services, such as periodontal scaling, crowns, dentures, root canals, bridges etc. Note: The allowance cannot be used on fluoride, cosmetic services and implants.	
Hearing Services **(continued on the next page)**	**HER905** • **$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.	**HER090** • **$0** copayment for basic and advanced hearing tests covered when medically necessary. • **$0** copayment for evaluation of auditory rehabilitation status related to cochlear implantation covered when medically necessary. • **$0** copayment for hearing aid-related testing and evaluation, hearing aid counseling, hearing aid fitting covered when medically necessary. • **$0** copayment for hearing aid accessories covered when medically necessary. • **$0** for hearing aid repairs and modifications covered when medically necessary. • **$0** copayment for nondisposable earmolds up to 2 per year. • **$0** copayment for hearing aid batteries up to 16 every 60 days. • **$0** copayment for Assistive Listening Devices (ALDs) covered when medically necessary.

	2026 (this year)	2027 (next year)
Hearing Services **(continued)**		• **$2000** maximum benefit coverage amount for both OTC hearing aids or prescription hearing aids (all types) up to 2 per year.
Humana Well Dine® Meal Program	**$0** copayment for 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.	Humana Well Dine® Meal Program **isn't** covered
Over the Counter (OTC) (Illinois Medicaid covered)	Covered when medically necessary under Illinois Medicaid.	You receive OTC drugs through Humana Healthy Options Allowance®. Please see ***Special Supplemental Benefits for the Chronically Ill** Humana Healthy Options Allowance® within this document or **Chapter 4, Section D** of the *Member Handbook* for additional information.
Personal Emergency Response (Illinois Medicaid covered)	Covered under Illinois Medicaid Home and Community-Based Services (HCBS) Waiver Services **Personal Emergency Response System (PERS)** Electronic device for members 21 and older that enables certain individuals at high risk of Institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility.	You may receive your Personal Emergency Response system through Chronic Condition Care Assistance. Please see **Chapter 4, Section D**, Help with Certain Chronic Conditions row of your *Member Handbook* for details.

	2026 (this year)	2027 (next year)
***Special Supplemental Benefits for the Chronically Ill** Humana Healthy Options Allowance®	**$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. *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.	**$265** 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 severe or disabling 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. *This spending allowance is a special supplemental benefit program for members with specific chronic conditions who require intensive care coordination and are at a high risk of hospitalization or other adverse health outcomes. Qualifying conditions may include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. 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. Contact your local HUD office with questions.

	2026 (this year)	2027 (next year)
Vision care **Routine vision services:**	**VIS780** • **$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.	**VIS603** • **$0** copayment for routine exam up to 1 per year. • **$0** copayment for low vision exam up to 1 every 2 years. • **$0** copayment for medically necessary contact lenses up to 1 per year for certain conditions. • **$200** 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. • **$1,000** maximum benefit coverage amount 1 every 2 years for low vision aids. • Maximum benefit coverage amount is limited to one time use per year for contacts or eyeglasses (lenses and frames) and one time use every 2 years for low vision aids.

	2026 (this year)	2027 (next year)
Vision (Illinois Medicaid covered)	Eye Examinations • 1 per year, limit can be exceeded if the optometrist or physician documents the need for an additional examination. • Lenses • 1 pair of eyeglasses or set of lenses in a 24-month period An additional pair of eyeglasses or set of lenses is allowed within the 24-month period if the member has had a surgical procedure that necessitates a new pair	You receive Vision Services through your Routine vision services. Please see Vision Care, Routine vision services in this document or **Chapter 4, Section D** of your *Member Handbook* for more information.
Uniformity Flexibility Virtual Cardiac Recovery Program	Virtual Cardiac Recovery Program **isn't** covered	**$0** copayment for a virtual cardiac recovery program delivered via telehealth, with up to 36 covered sessions to support recovery and reduce the risk of hospital readmission. Coverage is available Post-Inpatient stays for members with Congestive Heart Failure (CHF), Hypertension, Pneumonia or Respiratory Illness.

D2. Changes to drug coverage

Changes to our *Drug List*

Our *List of Covered Drugs* is also called the *Formulary* or *Drug List*. A copy of our *Drug List* is posted online at **Humana.com/druglist**.

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 that 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'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.

A new exception may need to be submitted. If a drug you take will be taken off our *Drug List* or limited in some way next year, we allow you to ask for an exception before next year. 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 review **Chapter 5, Section D3** of your *Member Handbook* or contact Member Services, at the number at the bottom of the page for more information.

Changes to drug costs

Because you're eligible for Illinois Medicaid, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you don't have this insert, please call Member Services and ask for the "LIS Rider."

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on your level of Extra Help and 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, 2027. 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 **$2,400**. 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.

D3. 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 5 drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

The drug costs shown are for members who qualify for Medicare's Extra Help program. If you no longer receive Extra Help, you may pay more for your prescriptions. You will receive a letter with your new drug costs.

Most adult Part D vaccines are covered at no cost to you. For 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*.

	2026 (this year)	2027 (next year)
Drugs in Tier 1 Preferred Generic 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**.	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**.

	2026 (this year)	2027 (next year)
Drugs in Tier 2 Generic 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**.	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 3 Preferred Brand Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	Copays for drugs may vary based on the level of Extra Help you get. For generic or brand drugs treated like generics: **$0**, **$1.60**, or **$5.10** For brand drugs: **$0**, **$4.90**, or **$12.65**	Copays for drugs may vary based on the level of Extra Help you get. For generic or brand drugs treated like generics: **$0**, **$1.65**, or **$5.80** For brand drugs: **$0**, **$5**, or **$14.40**
Drugs in Tier 4 Non-Preferred Drug Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy	Copays for drugs may vary based on the level of Extra Help you get. For generic or brand drugs treated like generics: **$0**, **$1.60**, or **$5.10** For brand drugs: **$0**, **$4.90**, or **$12.65**	Copays for drugs may vary based on the level of Extra Help you get. For generic or brand drugs treated like generics: **$0**, **$1.65**, or **$5.80** For brand drugs: **$0**, **$5**, or **$14.40**
Drugs in Tier 5 Specialty Tier Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	Copays for drugs may vary based on the level of Extra Help you get. For generic or brand drugs treated like generics: **$0**, **$1.60**, or **$5.10** For brand drugs: **$0**, **$4.90**, or **$12.65**	Copays for drugs may vary based on the level of Extra Help you get. For generic or brand drugs treated like generics: **$0**, **$1.65**, or **$5.80** For brand drugs: **$0**, **$5**, or **$14.40**
Drugs in Tier 6 Select Care Drugs Cost for a one-month supply of a drug in Tier 6 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**.	Not available.

	2026 (this year)	2027 (next year)
Excluded Drug(s) Coverage	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.	Select Erectile Dysfunction drugs: Not Covered Select Prescription Vitamins: Not Covered

The Initial Coverage Stage ends when your total out-of-pocket costs reach **$2,400**. At that point the Catastrophic Coverage Stage begins. The 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 about how much you pay for drugs.

D4. Stage 2: "Catastrophic Coverage Stage"

When you reach the out-of-pocket limit **$2,400** 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*.

E. Choosing a plan

E1. 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 2027.

E2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Illinois Medicaid, you have some choices to end your membership in our plan including 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,
- 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 E2**. By choosing one of these options, you automatically end your membership in our plan.

1. You can change to:	**Here is what to do:**
Another plan that provides your Medicare and most 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.	Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. 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=2026&lang=en. If you need help or more information: • 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 ilaging.illinois.gov/ship **OR** Enroll in a new integrated D-SNP. You'll automatically be disenrolled from our plan when your new plan's coverage begins.

2. You can change to:	**Here is what to do:**
Original Medicare with a separate Medicare drug plan If you leave the Medicare-Medicaid Plan, you'll either get your Medicaid services through fee-for-service or be required to enroll in the Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services. If you're enrolled in an MLTSS program, you'll receive some services that aren't paid for by Medicare primary through fee-for-service and your nursing facility or Home and Community-Based Services Waiver through the MLTSS program. If you aren't in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you'll get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients. If you're in a nursing facility or are enrolled in an HCBS Waiver, you'll be required to enroll in the MLTSS program to get your services. You'll receive other services that aren't paid for by Medicare through fee-for- service. To choose a 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. Tell them you want to leave Humana Dual Fully Integrated (HMO D-SNP) and join a MLTSS health plan. If you don't pick a Managed Long-Term Services and Supports (MLTSS) health plan, you'll be assigned to our company's MLTSS health plan.	Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • 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 ilaging.illinois.gov/ship **OR** Enroll in a new Medicare drug plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. To choose a 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.

3. You can change to:	**Here is what to do:**
Original Medicare without a separate Medicare drug plan if you have a valid disenrollment reason If you leave the Medicare-Medicaid Plan, you'll either get your Medicaid services through fee-for-service or be required to enroll in the Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services. If you're enrolled in an MLTSS program, you'll receive some services that aren't paid for by Medicare primary through fee-for-service and your nursing facility or Home and Community-Based Services Waiver through the MLTSS program. If you aren't in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you'll get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients. If you're in a nursing facility or are enrolled in an HCBS Waiver, you'll be required to enroll in the MLTSS program to get your nursing facility or HCBS waiver services. You'll receive other services that aren't paid for by Medicare through fee- for service. To choose a 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. Tell them you want to leave Humana Dual Fully Integrated (HMO D-SNP) and join MLTSS health plan. If you don't pick a Managed Long-Term Services and Supports (MLTSS) health plan, you'll be assigned to our company's MLTSS health plan.	Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • 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 You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. 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.

3. You can change to: **Original Medicare without a separate Medicare drug plan (continued)** **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. 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.	

4. You can change to:	**Here is what to do:**
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 E2**. If you leave the Medicare-Medicaid Plan, you'll either get your Medicaid services through fee-for-service or be required to enroll in the Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services. If you're enrolled in an MLTSS program, you'll receive some services that aren't paid for by Medicare primary through fee-for-service and your nursing facility or Home and Community-Based Services Waiver through the MLTSS program. If you aren't in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you'll get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients. If you're in a nursing facility or are enrolled in an HCBS Waiver, you'll be required to enroll in the MLTSS program to get your services. You'll receive other services that aren't paid for by Medicare through fee-for service. To choose a 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. Tell them you want to leave Humana Dual Fully Integrated (HMO D-SNP) and join a MLTSS health plan. If you don't pick a Managed Long-Term Services and Supports (MLTSS) health plan, you'll be assigned to our company's MLTSS health plan..	Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. 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=2026&lang=en. If you need help or more information: Call the Senior Health Insurance Program (SHIP) at1-800-252-8966 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 **OR** Enroll in a new Medicare plan. You're automatically disenrolled from our Medicare plan when your new plan's coverage begins. To choose a 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.

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.

F. Getting help

F1. 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 2027. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2027 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at **Humana.com/planinformation**. 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 2027.

Our website

You can visit our website at **Humana.com/planinformation**. 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*).

F2. 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 ilaging.illinois.gov/ship.

F3. 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.

F4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. 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.

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 2027

You can read the *Medicare & You 2027* 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.

F5. 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.

F6. The Medicare Prescription Payment Plan

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. Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, you don't need to do anything to continue participating in 2027. This payment option might help you manage your expenses, but it doesn't save you money or lower your total out-of-pocket drug costs. "Extra Help" from Medicare and help from the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this program please contact us at the phone number at the bottom of this page or visit www.Medicare.gov.

F7. 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

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1444. If you have comments or suggestions for improving this form, write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

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)**.

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

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

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

Bǎsɔ́ɔ̀ [Bassa]: Wudu-xwíníín-mú-zà-zà kǔà, hwòdǒ-fɔ́nɔ́-nyɔ,, kè nyɔ-ɓɔ̌-po-kà ɓě ɓé wa nyuɛsé wídí péè-péèdò kɔ.̌ Ɗá **877-320-1235 (TTY: 711)**.

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

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

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

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

Hrvatski [Croatian]: Dostupne su besplatne jezične usluge, usluge dodatne pomoći i alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

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

Français [French]: Des services gratuits d’assistance linguistique, d’aide auxiliaire et de format alternatif sont disponibles. Appelez le **877-320-1235 (ATS : 711)**.

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

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

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

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

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

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

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

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

日本語 [Japanese]:言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរស័ព្ទទៅលេខ **877-320-1235 (TTY: 711)** ។

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

ພາສາລາວ [Lao]: ມີບໍລິການພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນບໍ່ເສຍຄ່າໃຫ້. ໂທ **877-320-1235 (TTY: 711)**.

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

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

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

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

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

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

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

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

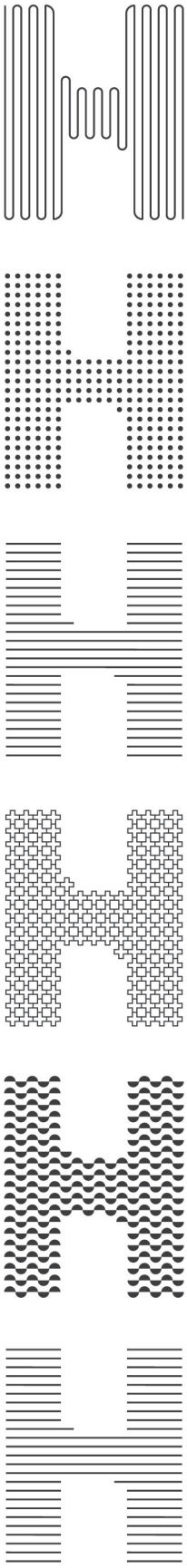
Tiếng Việt [Vietnamese]: Có sẵn miễn phí các dịch vụ ngôn ngữ, hỗ trợ phụ trợ và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

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

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

Notes

Notes



Ready to review?
We're ready to help.

Starting October 15, 2026, you can review 2027 Medicare and Medicaid plan documents. You'll be able to find the information you need quickly with a simple search, including:

- *Member Handbook* with Member Rights and Responsibilities
- Plan details, benefits and costs.
- *Provider and Pharmacy Directory* that lets you search by specialty, location or condition.
- *Drug List* for a list of drugs covered in your plan.

Review your 2027 Medicare and Medicaid plan documents at **Humana.com/PlanDocuments**. To see all of your Humana Medicare and Medicaid plan benefits, go to the *Member Handbook*. Your benefits are in the Benefits Chart (what's covered) in Chapter 4. Your Pharmacy benefits are in Chapter 6.

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 paper copies of these documents, call **800-787-3311 (TTY: 711)**, 24 hours a day, seven days a week. Please have your Humana member ID card handy. When asked for the reason you've called, say "*Member Handbook*" or "*Provider and Pharmacy Directory*." Please allow up to two weeks to receive the documents by mail.

We update our plans annually based on Medicare funding, policy changes and member priorities.

As a Humana member, you may receive calls about other insurance products. To opt out, call the Member Services number on the back of your ID card.

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

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