HUMANA GROUP MEDICARE ADVANTAGE PREFERRED PROVIDER ORGANIZATION (PPO) PLAN & PRESCRIPTION DRUG PLAN (PDP) GUIDE

Learn more about extra programs and services Humana offers

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

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. For more information, call the number on the back of your Humana member ID card.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Humana®

KPPA
Kentucky Public Pensions Authority

What is Medicare?

Medicare is a federal health insurance program for U.S. citizens and legal residents who are 65 and older or those younger than 65 and qualify due to a disability.

How does it work?

Medicare is divided into parts A, B, C and D. Parts A and B are called Original Medicare.

What is a Medicare Advantage plan?

- You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare PPO plan is a Medicare Advantage plan.
- You must also continue paying Medicare Part B premiums to remain enrolled in this plan.

Medicare Part A

Hospital insurance

It helps cover medically necessary inpatient care in a hospital or skilled nursing facility. It also helps cover some home healthcare and hospice care.

Medicare Part B

Medical insurance

It helps cover medically necessary providers' services, outpatient care and other medical services and supplies. Part B also helps cover some preventive services.

Medicare Part C

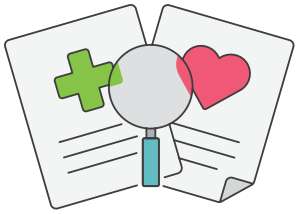
Medicare Advantage plans

These are available through private insurance companies, such as Humana. Medicare Part C helps cover everything medically necessary that Part A and Part B cover, including hospital and medical services. You still have Medicare if you elect Medicare Part C coverage. You must be entitled to Medicare Part A and enrolled in Part B to be eligible for a Medicare Part C plan.

Medicare Part D

Prescription drug coverage

It helps pay for the medications your provider prescribes and is available in a stand-alone prescription drug plan or included in a Medicare Advantage prescription drug plan. Like Part C Medicare Advantage plans, Part D is only available through private companies, such as Humana. Many Part C Medicare Advantage plans include Medicare Part D prescription drug coverage.



How your PPO plan works

Medicare Advantage preferred provider organization (PPO) plans give you the freedom to get care in- or out-of-network. Your benefit plan coverage remains the same, even if you receive care from an out-of-network provider. For more information, refer to your Summary of Benefits located in this packet.

Using a PPO plan

- You'll have a PCP who will help you manage your care, will get to know your overall health history and can guide you toward preventive care to help you be healthy and active.
- You can use any provider who is part of our network, or you can use any provider who accepts Medicare and agrees to bill Humana.
- Your plan doesn't require referrals to see other providers, but your PCP can help guide you when you need specialized care.
- Humana Medicare Advantage PPO network providers must take payment from Humana for treating plan members.
- Humana supplies in-network providers with information about services and programs available to patients with chronic conditions.

Medical prior authorization

What is prior authorization and how does it work?

For certain services and procedures, your provider or hospital may need to get advance approval from Humana before your plan will cover any costs. This is called prior authorization or preauthorization. Providers or hospitals will submit the preauthorization request to Humana. If your provider hasn't done this, please call our Customer Care team, as Humana may not be able to pay for these services.

Why is this necessary?

Humana's prior authorization approach supports optimal health, safety and financial wellness, and ensures that Medicare requirements are met. Here are a few examples where Humana may require prior authorization:

- Home health
- Inpatient admissions
- Physical or occupational therapy
- Advanced imaging, such as MRI or CT scan
- Certain medications
- Skilled nursing facilities

Telehealth

The doctor is in, even if you can't or don't want to go into an office. Telehealth visits allow you to get nonemergency medical care or behavioral healthcare through your phone,* tablet or computer.

Telehealth could be used for chronic condition management, follow-up care after an in-office visit, medication reviews and refills, and much more—just like an in-office visit.

Virtual visits may be offered by your current doctor or other providers in your plan's network. Sign in to your MyHumana account to see if your plan offers these benefits.

Behavioral health

Use telehealth services to connect with a licensed behavioral health specialist. These providers are available when you may need them to coach you through many of life's challenges.

Ask your trusted provider about any virtual behavioral health options they may offer, or visit **Humana.com/findcare** to search for providers who can help with talk therapy, medication and more. To find additional support options available, you can also log-in to your MyHumana account, and click "Get Care".

Home health

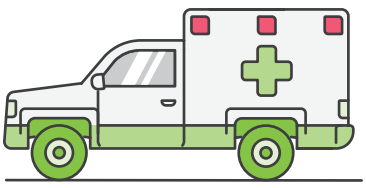
There are certain times in life—like after an injury or illness—when we could use an extra hand with things like bathing, grooming, preparing meals or other activities of daily living.

Specially trained nurses and therapists focus on your specific needs to create a personalized care plan for you. The goal is to help you manage your health with confidence, regain independence and enjoy a healthier, happier life.

To receive home health services, our plan will cover these services for you, provided the Medicare coverage requirements are met and you have a referral from your doctor. To see if you may qualify, call the number on the back of your Humana member ID card.

*Video may be required for telehealth visits. Standard data rates may apply.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any description of when to use telehealth services is for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.



Remember, when you have a life-threatening injury or major trauma, call 911.

Where you get your vaccines may determine how they are covered

Medicare Part B vaccines

The Medicare Part B portion of your plan covers vaccines administered at your provider's office if the vaccine is directly related to the treatment of an injury or direct exposure to a disease or condition, such as:

- hepatitis B
- rabies
- tetanus

The following Medicare Part B vaccines may be obtained at your provider's office or are readily available at a network pharmacy:

- influenza (flu)
- pneumococcal
- COVID-19 vaccine and boosters
- commonly used nebulized medications

Medicare Part B diabetes coverage

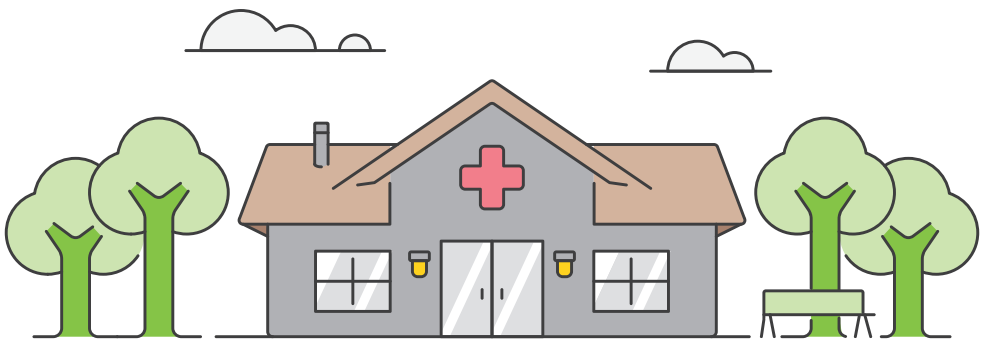
Part B covers certain preventive services for people at risk for diabetes. You must have Part B to get the services and supplies it covers, like:

- diabetic testing supplies including continuous glucose monitors (CGM)*
- insulin pumps*
- insulin administered (or used) in insulin pump

*CGMs are available through participating network retail pharmacies. In addition, CGMs and insulin pumps are available through our preferred durable medical equipment vendors: CCS Medical, 877-531-7959 or Edwards Healthcare, 888-344-3434.

Important information for your pharmacist

Let your pharmacist know to use **BIN 015581** and **PCN 03200000**.
This information is also available on your Member ID Card.



Track your preventive screenings

Below is a list of commonly recommended preventive screenings you may want to discuss with your doctor. Always work with your doctor to decide what's best for you.

Type	Age range	Frequency	Date completed
Vaccines			
Influenza (flu) virus	Discuss with your doctor	Every year	
Pneumococcal (pneumonia)	Discuss with your doctor	One time (may need booster)	
Women's health screenings			
Breast cancer screening	40-74	Every year	
Cervical cancer screening	18-75	Every 3 years	
Bone mineral density test	65-85	Discuss with your doctor	
Men's health screenings			
Prostate exam	50-74	Discuss with your doctor	
Physical exam and health guidance			
Physical exam (includes weight, height, body mass index (BMI) and blood pressure)	18-75	Discuss with your doctor	
Colorectal cancer screening			
Colonoscopy	40-75	Every 10 years	
Flexible sigmoidoscopy	40-75	Every 5 years	
Home test kit (FOBT/FIT)	40-75	Every year	
Multitarget stool DNA test	40-75	Every 3 years	
Diabetes screening and management			
Blood sugar reading by either HbA1c or glucose monitor	18-75	Every year	
Comprehensive eye exam	18-75	Every year	
Urine test	18-75	Every year	

References

List of recommended screenings are from the US Preventive Services Task Force www.USpreventiveservicestaskforce.org/browseRec/Index, last accessed May 6, 2025.

List of recommended immunizations are from the Centers for Disease Control and Prevention www.cdc.gov/vaccines, last accessed May 6, 2025.

Physical exam and health guidance from Centers for Medicare & Medicaid Services www.medicare.gov/coverage/yearly-wellness-visits, last accessed May 6, 2025.

Humana's Medicare Advantage provides extra benefits and services, at no additional cost to you

Go365 by Humana®

A wellness program that rewards you for completing eligible healthy activities like working out or getting your Annual Wellness Visit. You can earn rewards to redeem for gift cards in the Go365 Mall. Rewards must be earned and redeemed within the same plan year. Rewards not redeemed before Dec. 31st will be forfeited.

SilverSneakers®

A health and fitness program designed for senior adults that offers fun and engaging classes and activities. Available at no additional cost through your Humana Medicare Advantage plan.

Humana Health Coaching

Available to all Humana Group Medicare members, our health coaching program provides guidance to help you develop a plan of action that supports your health and well-being goals.

Health and Well-being Assessment

This free, annual detailed health review is conducted in your home to give your physician an extra set of eyes and ears so we can help you get the best care.

Humana Care Management

Humana care management programs support qualifying members to help them remain independent at home, by providing education about chronic conditions and medication adherence, help with discharge instructions, accessing community resources, finding social support and more.

Post-discharge Transportation

After an inpatient stay in a hospital or skilled nursing facility, members are eligible for up to 12 one-way trip(s) to plan approved locations (per facility discharge) by car, van or wheelchair access vehicle.

Post-discharge Personal Home Care Services (PHCS)

After an inpatient stay in a hospital or skilled nursing facility, members may receive certain in-home support services of up to 4 hours per day, up to a maximum of 8 hours total per discharge event. Qualified aides can offer assistance performing activities of daily living (ADLs) within the home (assistance with bathing, dressing, toileting, walking, eating, and preparing meals).

Post-discharge Meal Program

Humana's post-discharge meal program delivers fully prepared meals to eligible plan members. After your overnight inpatient stay in a hospital or nursing facility, you're eligible to receive up to 28 nutritious meals (2 meals per day for 14 days), delivered to your door.

Caregiver support

Everyone needs a little help now and then. Many people trust a family member or close friend to help them with their healthcare—someone who may help you talk with us about your insurance plan, keep track of your benefits and claims, or ask healthcare questions on your behalf. With Humana's resources and tips, caregivers can find the support they need to help their loved ones.

See the **Know Your Numbers** page in the enrollment packet.
It lists phone numbers, hours of operation and website information on the above services.

Medical insurance terms

Deductible (if applicable)

What you pay up front
The amount you pay for healthcare before your plan begins to pay for your benefits.

Coinsurance

Your share of the cost after deductible
A percentage of your medical and medication costs that you may pay out of your pocket for covered services after you pay any plan deductible.

Copayment

What you pay at the provider's office for medical services
The set dollar amount you pay when you receive medical services or have a prescription filled.

Exclusions and limitations

Anything not covered or covered under limited situations or conditions
Specific conditions or circumstances that aren't covered under a plan.

Maximum out-of-pocket

The most you'll spend before your plan pays 100% of the cost
The most you would have to pay for services covered by a health plan, including deductibles, copays and coinsurance. If and when you reach your annual out-of-pocket limit, the Humana Group Medicare plan pays 100% of the Medicare-approved amount for most covered medical charges.

Network

Your plan's contracted medical providers
A group of healthcare providers contracted to provide medical services at discounted rates. The providers include doctors, hospitals and other healthcare professionals and facilities.

Plan discount

A way Humana helps you save money
Amount you are not responsible for due to Humana's negotiated rate with provider.

Premium

The regular monthly payment for your plan
The amount you and/or your employer regularly pay for Medicare or Medicare Advantage coverage.

What is Medicare Part D?

Medicare Part D is a prescription drug plan (PDP) (insurance for your medication needs). You use the insurance carrier's network of pharmacies to purchase your prescription medications. Instead of paying full price, you will pay a copay or percentage of the medication's cost. The insurance company will pay the rest.

How it works

You must use network pharmacies to enjoy the benefits of our plan, except in an emergency. Pharmacies in the network have agreed to work with Humana to fill prescriptions for our members. If you use a pharmacy outside the network, your costs may be higher.

Our pharmacy network includes access to mail delivery, specialty, retail, long-term care, home infusion, and Indian, tribal and urban pharmacies.

Is your pharmacy in Humana's network?

You can find a complete list of network pharmacies at MyHumana, your personal, secure online account at **your.Humana.com/kppa** and the MyHumana Mobile app.* Get printable maps and directions, along with many more details to find a pharmacy that fits your needs.

Pharmacy tools

Scan this QR code with your mobile device for information that includes printable drug lists and network pharmacy options, or visit **your.Humana.com/kppa/tools.**

*Standard data rates may apply.

Prescription drug coverage

Some medications covered by Humana may have requirements or limits on coverage. These requirements and limits may include prior authorization, quantity limits or step therapy. If you have additional questions, please call our Customer Care number on the back of your Humana member ID card.

Prior authorization

The Humana Group Medicare Plan requires you or your provider to get prior authorization for certain medications. This means that you will need to get approval from the Humana Group Medicare Plan before you fill your prescriptions. The reason a prior authorization is required can vary depending on the medication. Humana will work with your provider when a prior authorization is required. The Centers for Medicare & Medicaid Services (CMS) requires a turnaround time of 72 hours for a prior authorization. However, an expedited review can be requested by your provider if waiting 72 hours may be harmful to you.

Quantity limits

For some medications, the Humana Group Medicare Plan limits the quantity of the medication that is covered. The Humana Group Medicare Plan might limit how many refills you can get or quantity of a medication you can get each time you fill your prescription. Specialty medications are limited to a 30-day supply regardless of tier placement.

One-time transition fill

For certain medications typically requiring prior authorization or step therapy, Humana will cover a one-time, 30-day supply of your Part D covered medication during the first 90 days of your enrollment. Once you have received the transition fill* for your prescription requiring a prior authorization or step therapy, you'll receive a letter from Humana telling you about the requirements or limits on the prescription. The letter will also advise that you will need to get approval before future refills will be covered. A prior authorization will need to be approved or other alternative medications should be tried if the medication requires step therapy.

Step therapy

In some cases, the Humana Group Medicare Plan requires that you first try certain medications to treat your medical condition before coverage is available for a more expensive medication prescribed to treat your medical condition.

Talk to your provider about your medications to see if they require prior authorization, have quantity limits or if step therapy is needed.

*Some medications do not qualify for a transition fill, such as medications that require a Part B vs D determination, CMS Excluded medications, or those that require a diagnosis review to determine coverage.

Pharmacy options

Comprehensive pharmacy support for retirees.

Retail pharmacy network

With Humana plans you have a variety of retail and mail-order options to fill your prescription.

- Robust network of retail national and independent pharmacies
- Offers flexibility and convenience
- Find a pharmacy in your network by visiting **your.Humana.com/kppa/tools**

CenterWell Pharmacy™

You have the choice of pharmacies for prescription retail and mail order services, CenterWell Pharmacy is one option.* CenterWell Pharmacy offers:

- Comprehensive pharmacy services
- Convenient mail-order solutions, refill reminders and patient support
- Safe and secure delivery backed by multiple checks by pharmacists

CenterWell Specialty Pharmacy™

CenterWell Specialty Pharmacy offers a variety of specialty therapies that can help treat your condition. CenterWell Specialty Pharmacy offers:

- Outstanding care & patient experience
- Specially-trained associates to provide patient support
- Enhanced experience for cancer, neuromuscular disorders and certain pulmonary conditions

*Other pharmacies are available in the Humana network.

Pharmacy coverage that centers around you

We want you to have an easy experience using your Humana benefit at the pharmacy. The information provided below offers helpful tips on when to use your Humana Group Medicare Plan member ID card for prescriptions and supplies.

Pharmacy (Part D) benefit

You can find a complete list of network pharmacies at **your.Humana.com/kppa/tools**.

Here are some common vaccines that you should get at your pharmacy, not from your provider's office.

- Most medications dispensed by a pharmacy.
- Common vaccines.
- **Shingles:** This vaccine protects against shingles, a virus that causes a painful rash in people who have previously had chickenpox.
- **Tdap:** This booster vaccine protects against tetanus, diphtheria and pertussis (whooping cough). (Medicare Part B coverage will apply when a tetanus shot is related to injury and administered at your provider's office.)
- **RSV:** This vaccine protects against Respiratory Syncytial Virus, a lung and lower airway infection.

Diabetes prescriptions and supplies covered under Part D

Part D typically covers diabetes supplies used to administer insulin. You must be enrolled in a Medicare drug plan to get the supplies Part D covers, like:

- Diabetes medications.
- Insulin administered (or used) with syringes or pens.
- Syringes, pen needles or other insulin administration devices that are not durable medical equipment (e.g. Omnipod or VGO).

Questions?

Because vaccines are covered differently at the provider's office and the pharmacy, you may want to call first to understand how your insurance covers a specific vaccine. Call the Customer Care number on the back of your Humana member ID card or sign in to **MyHumana.com**.

Important information for your pharmacist

Let your pharmacist know to use **BIN 015581** and **PCN 03200000**.
This information is also available on your Member ID Card.

The Medicare Part D portion of your plan covers vaccines that are considered necessary to help prevent illness. Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list[1] will be $0.

[1]For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/acip-recs/hcp/vaccine-specific/index.html.

Pharmacy terms

Deductible (if applicable)

Your cost for Part D prescription medications before the plan pays
The amount you pay for Part D prescription medications before the plan begins to pay its share.

Coinsurance

Your share of your prescription's cost
This is a percentage of the total cost of a medication you pay each time you fill a prescription.

Copayment

What you pay at the pharmacy for your prescription
The set dollar amount you pay when you fill a prescription.

Exclusions and limitations

Anything not covered
Specific conditions or circumstances that aren't covered under a plan.

Formulary

Medications covered under your plan
A list of medications approved for coverage under the plan. Also called a Drug List.

Maximum out-of-pocket

The most you'll spend before your plan pays 100% of the cost
The most you would have to pay for prescriptions covered by a health plan, including deductibles, copays and coinsurance. Once your annual out-of-pocket limit has been reached, the Humana Group Medicare plan pays 100% for most pharmacy charges.

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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A more human way
to healthcare™