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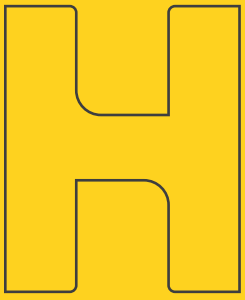
HUMANA GROUP MEDICARE ADVANTAGE PLAN GUIDE

PREFERRED PROVIDER ORGANIZATION (PPO) PLAN

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 Plan Guide

Humana Group Medicare

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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 the enrollment 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 members 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 prior authorization request to Humana. If your provider has not requested prior authorization, please contact Customer Care. Without prior authorization, these services may not be covered.

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

Humana's Medicare clinical programs

Humana's educational programs and health support services can complement your doctor's care. These programs reinforce how important it is to follow your physician's treatment plan and promote healthy living. The following are descriptions of some of Humana's programs available to qualifying members.

Humana's Care Management

Managed by Humana nurses, social workers and other professionals specially trained in care management, Humana's Care Management supports qualifying members with medical, behavioral health, and social determinants of health issues such as food insecurity, social isolation, loneliness, transportation and housing instability.

A dedicated team of caring people is chosen to meet your unique health needs, and may include nurses, pharmacists, social workers, behavioral/integrated medical health consultants, dietitians, and more. These clinical professionals can help provide support for your specific health needs, extra assistance when things change, and help you live independently with confidence.

Behavioral healthcare coordination and consultation

Short-term care coordination includes solution-focused consultation with members to guide resource referrals, education and matching of healthcare benefits with suitable qualification for all Humana programs. If there is an issue with finding a suitable in-network behavioral health practitioner, care coordinators will locate an appropriate healthcare provider, including substance use treatment providers. For benefits questions, please call the number on the back of your Humana member ID card.

Wellness Coaching

Humana personal health coaches assist by providing individuals with expert guidance, support and personal attention needed to make positive, healthy changes and bring balance to their lives. This benefit is available to Medicare-covered members whose plan includes the health coaching options. Through coaching, individuals develop a plan for success and create healthy habits that help them maintain new and healthy lifestyles. Typically areas of focus include weight management, nutrition, fitness, tobacco cessation and stress management, frequently addressed in conjunction with the management of blood pressure, cholesterol, blood glucose and back pain.

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

Primary care and preventive services

Primary care helps your healthcare provider identify any medical problems before they may become major. Preventive services can detect and fight against illnesses and diseases in earlier, more treatable stages. Together, they may help lower the risk of illness and help you save on medical care costs.

Virtual visits (telehealth)

Get quality care for minor illnesses or behavioral health issues without leaving your home. When you're sick and can't visit your regular healthcare provider, or you need emotional well-being support, help is just a call away. With virtual visits, also called telemedicine or telehealth, you may be able to connect with your own doctor or another medical professional anytime.* Some providers may offer virtual visits 24 hours a day, 7 days a week. Sign in to your MyHumana account to see if your plan offers these benefits.

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.



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

*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.

Medicare Part B vaccines and diabetes coverage

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 vaccines and boosters

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
- Continuous glucose monitors (CGM)*
- Insulin pumps*
- Insulin administered (or used) in insulin pumps

*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 610649** and **PCN 03200004** when filling your prescription for items covered under Part B.
This information is also available on your Humana 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
Immunizations/Vaccines			
Influenza (flu)	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 and vaginal cancer screening	18-75	Every 3 years	
Bone mass measurement	65-85	Discuss with your doctor	
Men's health screenings			
Prostate cancer screening exam/ Prostate cancer screenings	50-74	Discuss with your doctor	
Physical exam and health guidance			
Annual Wellness Visit (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 April 21, 2026.

List of recommended immunizations are from the Centers for Disease Control and Prevention www.cdc.gov/vaccines, last accessed April 21, 2026.

Physical exam and health guidance from Centers for Medicare & Medicaid Services www.medicare.gov/coverage/yearly-wellness-visits, last accessed April 21, 2026.

Extra benefits and services

Humana's Group Medicare Advantage plan 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 December 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.

Post-discharge Transportation

Members are eligible for transportation at no cost after an overnight stay in the hospital or a skilled nursing facility. Transportation is provided to plan approved locations by rideshare services, car, van or a wheelchair accessible vehicle for each qualifying post-discharge event up to 12 one-way trip(s) to plan approved locations (per facility discharge), not to exceed 50 miles per trip.

Post-discharge Personal Home Care Services (PHCS)

Members may receive personal home care services for certain in-home support services to assist individuals with disabilities and/or medical conditions in performing activities of daily living (ADLs) within the home by a qualified aide. ADL activities may include bathing or showering, dressing, getting in and out of bed or a chair, walking, toileting and eating. A minimum of 4 hours per day, up to a maximum of 8 hours total per discharge for certain in-home support services following a discharge from a skilled nursing facility or from an inpatient hospitalization.

Post-discharge Meal Program

Members are eligible to receive 2 meals per day for 14 days, up to 28 meals delivered to member's home after an inpatient stay in a hospital or nursing facility. Meal delivery must be scheduled within 30 days of discharge event.

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/or 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.

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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