



Going beyond your expectations

At Humana, what we do is more than health insurance. It's human care—care that works harder, goes farther and digs deeper.

All for you.

2027 State Health Plan Humana Group Medicare Advantage Plan

Understanding your Medicare plan and how it works is important. Humana believes everyone should have access to the tools and support needed to have a fair and just opportunity to be as healthy as possible.

Inside this guide you'll find

Your benefits include

Compare your 2027 State Health Plan
Medicare-Eligible Retiree Coverage Options

2027 Plan Highlights (comparison chart)

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Find Care tool

Member to Provider—take this to your provider

Humana Community Navigator

Know your numbers

**Learn more about extra programs
and services Humana offers**

Scan the QR
code with your
mobile device.



Your benefits include:



All the benefits of Original Medicare, plus extra benefits



Maximum out-of-pocket protections



Worldwide emergency coverage



Programs to help improve health and well-being

Get the care you deserve

- Your benefit levels are the same for in-network and out-of-network providers
- A network of providers, specialists and hospitals to choose from
- There are more than 61,000 participating pharmacies in our network
- You don't need a referral to see any healthcare provider
- Coverage for office visits, including routine physical exams
- Almost no claim forms to fill out or mail—we take care of that for you
- Dedicated Customer Care specialists who serve only our Group Medicare members

Coverage that fits the way you live

Maximum out-of-pocket protections

When you become a member of the Humana family, you can expect healthcare designed with you in mind—that meets you where you are today and delivers care that takes you to where you want to be.

Care delivered how and where you need it

Worldwide emergency coverage

Your Humana Medicare Advantage plans offer worldwide emergency coverage for sudden illnesses or injuries while traveling outside the U.S. and its territories. This coverage is intended for true emergencies—situations where there is a risk of serious harm to life, limb, or health if immediate care is not received. Members may need to pay out-of-pocket and submit claims for reimbursement.

Benefits that put you first

Programs to help improve health and well-being

Our health and well-being tools and resources make it easy to set health goals, chart your progress, strengthen your mind and body and build connections with others. It's about giving you the things you expect from an insurance company—and then finding more ways to help make your life better.

Compare your 2027 State Health Plan Medicare-Eligible Member Coverage Options

The State Health Plan offers Medicare-eligible members three options for healthcare coverage:

- Humana Group Medicare Advantage PPO & Prescription Drug Base Plans
- Humana Group Medicare Advantage PPO & Prescription Drug Enhanced Plans
- 70/30 Plan, administered by Aetna

It's important to compare benefits among these plan options to ensure you are getting the best value and the right healthcare coverage for you. In several instances, the Humana plans offer more plan features and extra programs and services than the 70/30 Plan, administered by Aetna. The below chart illustrates the plan features and program and services' differences between the plan options.

Plan features and extra programs and services	Humana PPO/PDP Plans	70/30 Plan
NO deductible	✓	✗
Out-of-network provider visits for the same copay or coinsurance as in-network (provider must participate in Medicare and agree to bill Humana)	✓	✗
\$0 copay for dialysis services at dialysis center and outpatient facility	✓	✗
\$0 copay for lab services at urgent care facilities	✓	✗
\$0 copay for virtual visits for both in and out of network providers	✓	✗
\$0 copay for one routine hearing exam per year; includes \$500 hearing aid allowance	✓	✗
\$0 copay for post-discharge benefits including transportation, in home personal care and the Humana Well Dine® meal program	✓	✗
\$0 copay for all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list†	✓	✗
\$0 copay for Medicare-covered therapeutic continuous glucose monitors (CGMs) and supplies	✓	✗
\$0 copay for preferred blood glucose meters and supplies	✓	✗
\$0 copay for Part D diabetic supplies and administration supplies	✓	✗
\$0 copay for routine transportation benefits for plan approved locations for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer diagnosis.	✓	✗
\$0 copay for virtual cardiac recovery program that provides up to 36 covered sessions to support recovery and reduce the risk of hospital readmission	✓	✗
Coverage for routine services—vision exam, podiatry, chiropractic, private duty nursing	✓	✗
Enrollment in the SilverSneakers® fitness program at no extra cost	✓	✗
Go365 by Humana™ wellness and rewards program‡	✓	✗

†For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/vaccines.

‡Rewards have no cash value and can only be redeemed in the Go365 Mall. Rewards must be earned and redeemed within the same program year. Rewards not redeemed before Dec. 31 will be forfeited. Gift cards cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid or other federal healthcare programs, alcohol, tobacco, e-cigarettes, or firearms. Gift cards must not be converted to cash.

2027 North Carolina State Health Plan

HUMANA GROUP MEDICARE ADVANTAGE PPO AND PRESCRIPTION DRUG PLANS HIGHLIGHTS

This is a short description of plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage which can be found online at your.humana.com/ncshp. You may also contact the dedicated State Health Plan Humana Customer Care Team at **888-700-2263 (TTY:711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

	Base PPO Plan In-network and out-of-network	Enhanced PPO Plan In-network and out-of-network
Annual maximum out-of-pocket	This plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$4,500 per individual per plan year (excludes Part D pharmacy, extra services and plan premium)	This plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,700 per individual per plan year (excludes Part D pharmacy, extra services and plan premium)
Annual medical deductible	\$0	\$0
Benefits covered by Original Medicare and your plan		
Doctor's office visit	- Primary care physician: \$20 copay - Specialist: \$50 copay \$0 copay for virtual visit For virtual visit only: provider must have the ability and be qualified to offer virtual medical visits	- Primary care physician: \$10 copay - Specialist: \$45 copay \$0 copay for virtual visit For virtual visit only: provider must have the ability and be qualified to offer virtual medical visits
Acute inpatient hospital care	\$200 copay per day (days 1-10); \$0 copay per day after day 10	\$150 copay per day (days 1-10); \$0 copay per day after day 10
Outpatient hospital surgery service	\$250 copay	\$250 copay
Rehabilitation services	\$30 copay (physical, occupational or speech/language/audiology therapy)	\$20 copay (physical, occupational or speech/language/audiology therapy)
Advanced imaging services (MRI, MRA, PET and CT Scan) at Outpatient Hospital	\$175 copay	\$150 copay
Lab services at Freestanding laboratory and Outpatient Hospital	\$40 copay	\$10 copay
Lab services (at urgent care facility)	\$0 copay	\$0 copay

	Base PPO Plan In-network and out-of-network	Enhanced PPO Plan In-network and out-of-network
Medicare Part B Covered Drugs* at Outpatient Hospital	\$50 copay	\$50 copay
Medicare Part B Insulin Drugs**	\$35 copay	\$35 copay
Diabetic monitoring supplies	\$0 copay	\$0 copay
Continuous glucose monitors (CGMs)	\$0 copay (Medicare-covered therapeutic CGMs and supplies)	\$0 copay (Medicare-covered therapeutic CGMs and supplies)
Durable medical equipment	20% of the cost	20% of the cost
Medicare-covered Acupuncture	\$50 copay; limit 20 combined visits per year [†]	\$45 copay; limit 20 combined visits per year [†]
Urgently needed services at Urgent Care Center	\$50 copay	\$40 copay
Emergency care at emergency room	\$65 copay (waived if admitted within 24 hours)	\$65 copay (waived if admitted within 24 hours)
Skilled Nursing Facility (SNF) This plan covers up to 100 days in a SNF. No 3-day hospital stay is required. Plan pays \$0 after 100 days.	\$0 copay per day for days 1-20; \$50 copay per day for days 21-100	\$0 copay per day for days 1-20; \$50 copay per day for days 21-100
Additional benefits and programs not covered by Original Medicare but are covered by your plan		
Routine hearing	\$0 copay for fitting/evaluation, routine hearing exams up to 1 per year \$500 combined in- and out-of-network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2, every 3 years[†]	
Routine vision	\$40 copay; routine eye exam, includes refraction (1 exam per year) [†]	\$35 copay; routine eye exam, includes refraction (1 exam per year) [†]
Routine foot care (Podiatry)	\$40 copay; maximum of 6 combined visits per year [†]	\$35 copay; maximum of 6 combined visits per year [†]
Routine chiropractic visit(s)	\$20 copay for routine chiropractic visits up to unlimited visit(s) per year [†]	\$20 copay for routine chiropractic visits up to unlimited visit(s) per year [†]
Private duty nursing	20% of the cost; \$5,000 combined maximum benefit per year [†]	20% of the cost; \$5,000 combined maximum benefit per year [†]

*Medicare Part B drugs are outpatient prescription medications and biologicals that are not usually self-administered. They are typically administered by a healthcare professional in a clinical setting.

**Member cost share of this plan's covered Part B insulin products is no more than \$35 for every one-month (up to a 30-day) supply.

[†]Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

	Base PPO Plan	Enhanced PPO Plan
Go365 by Humana®	Humana’s wellness and rewards program. Reward amounts represent the value of the reward, not actual dollars. Rewards have no cash value and must be earned and redeemed within the same program year. Any rewards not redeemed by December 31 will expire. Gift cards and denominations are subject to change at any time without notice.	
	Base PPO Plan In-network	Enhanced PPO Plan In-network
Non-Emergency Medical Transportation	\$0 copay for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer diagnosis. This benefit is not to exceed 50 miles per trip.†	
Virtual Cardiac Recovery	\$0 copay for virtual cardiac recovery program that provides up to 36 covered sessions to support recovery and reduce the risk of hospital readmission.†	
SilverSneakers®	A fitness membership with access to participating SilverSneaker locations nationwide, available at no extra charge.†	
Benefits available post-discharge after inpatient hospital or nursing facility stay		
Post-discharge transportation services	\$0 copay for plan approved location up to 12 one-way trip(s) by rideshare services, car, van or wheelchair accessible vehicle (not to exceed 50 miles per trip).†	
Post-discharge In-home personal care services	\$0 copay for a minimum of 4 hours per day, up to a maximum of 8 hours total per discharge, for certain in-home support services.†	
Post-discharge meal program services	\$0 copay for Humana Well Dine® meal program. Receive a total of 28 meals (2 meals per day for 14 days), delivered to member’s home. Meal delivery must be scheduled within 30 days of discharge event.†	

†95% coinsurance for these services if received out-of-network. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

	Base PPO Plan Prescription Drugs In-network only	Enhanced PPO Plan Prescription Drugs In-network only
Annual pharmacy maximum out-of-pocket	\$2,400	\$2,400
Retail (30-day supply)		
Tier 1 Generic or Preferred generic	\$15 copay	\$10 copay
Tier 2 Preferred brand	\$50 copay	\$40 copay
Tier 3 Non-preferred drug	\$70 copay	\$50 copay
Tier 4 Specialty	25% of the cost (\$150 maximum out-of-pocket per prescription)	25% of the cost (\$100 maximum out-of-pocket per prescription)
Retail and mail delivery (90-100 day supply)		
Tier 1 Generic or Preferred generic	\$36 copay	\$24 copay
Tier 2 Preferred brand	\$100 copay	\$80 copay
Tier 3 Non-preferred drug	\$140 copay	\$100 copay
Tier 4* Specialty	25% of the cost (\$300 maximum out-of-pocket per prescription)	25% of the cost (\$200 maximum out-of-pocket per prescription)

Additional information

- \$0 copay for all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list[†].
- Member cost share of this plan's covered Part D insulin products are no more than \$35 for every one month (up to a 30-day) supply.
- Most Part D diabetic supplies are covered 100%.

*Some Tier 4 medications are available at 100-day supply.

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

Humana is a Medicare Advantage PPO plan and a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.



your.Humana.com/ncshp

Routine Hearing and Routine Vision

	Base PPO Plan In-network and out-of-network	Enhanced PPO Plan In-network and out-of-network
Hearing (routine services)	• \$0 copay for fitting/evaluation, routine hearing exams up to 1 per year • \$500 combined in- and out-of-network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2, every 3 years	
Vision (routine services)	\$40 copay; routine eye exam, includes refraction (1 exam per year)	\$35 copay; routine eye exam, includes refraction (1 exam per year)

Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

Humana is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.



Manage your Humana plan online

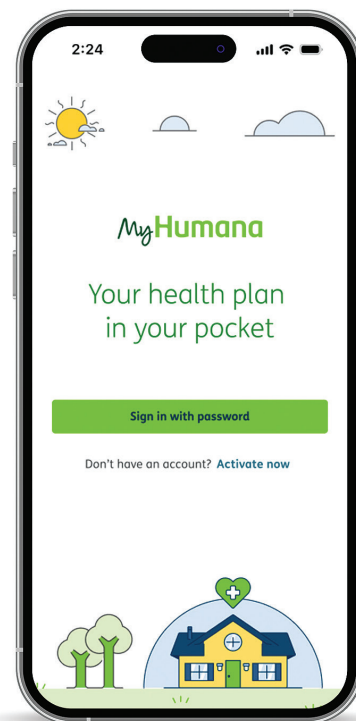
MyHumana is a secure online portal with tools to manage your plan. Sign in or activate your account to get safe, immediate access to your plan information. Then, take your Humana essentials with you wherever you go with the MyHumana mobile app.*

Depending on your plan, you can use the MyHumana mobile app to:

- **Explore coverage and benefit details** the moment you need them
- **Get your Humana member ID card** and add it to your phone's wallet
- **Find care close to you** and get directions on your phone's map app
- **Review claims status**
- **Access your exclusive member discounts**
- **Choose** your preferences
- **Check your wellness rewards** balance and find more ways to earn

Humana mobile apps—an easier way to manage your benefits

Once your Humana plan coverage begins, go to your.humana.com/ncshp to activate your account or download the MyHumana mobile app and register. You can find the MyHumana app for iOS and Android in the App Store and Google Play app store.†



Discover Go365 by Humana® in the app

Our wellness and rewards program is personalized to suit your unique needs, with activities and learning opportunities that matter most to you.



Scan this QR Code

Scan this QR code with your mobile device to create your account. Learn more at your.humana.com/ncshp.

*Standard data rates may apply.

†App Store and Google Play app store are registered trademarks of Apple Inc. and Google. All rights reserved. Apple and Google are not participants in or sponsors of this promotion.

Find a doctor using Humana's Find Care search tool

Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find Care search tool to find in-network doctors, pharmacies, and more.

Go to

your.humana.com/ncshp

Search as a Member or Guest

- Sign in to your secure MyHumana account to conduct a search, or
- Search as a guest by entering your location.

Choose the type of care you are looking for

Use the tabs to help you search for a doctor or pharmacy.

Find medical care

- Choose your medical network, **Group Medicare PPO Plus**, from the drop-down menu.
- Select a tab to search by Provider Name, Facility or Specialty.

Find a pharmacy

- Choose your pharmacy network, **Humana Medicare Employer Plan (Medicare Group) Network**, from the drop-down menu.

Select the “Search” button for your results

Have you found the doctor or facility that you're looking for? If you need to revise your search, you can search again without leaving the results page.

Use Humana's Find Care tool on the MyHumana mobile app

Once your plan begins you can use the MyHumana mobile app to find a provider near you, wherever you are. Select “Find Care” at the bottom of the app.



Scan this QR code

Scan this QR code with your mobile device to find care near you.

Member to provider—take this to your provider

If your healthcare provider says they do not accept Humana insurance, give them this page.

Once you are a member of the Humana Group Medicare preferred provider organization (PPO) plan, sharing this information can help your provider understand how this plan works.



Don't forget to take your Humana member ID card to your first appointment.

A message for your provider

Humana will provide coverage for this member under a Group Medicare PPO plan. The in-network and out-of-network benefits are structured the same for any member of this plan. This means you can provide services to this member or any member of this plan if you are a provider who is eligible to participate in Medicare.

Contracted healthcare providers

If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

Out-of-network healthcare providers

Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.



Claims process for providers

For additional information regarding Humana's claims procedures or becoming a contracted provider for the Humana Medicare Employer PPO plan, please contact Provider Relations at 800-626-2741, 9 a.m. – 6 p.m., Eastern time.

This number is not for patient use.

Patients, please call the Group Medicare Customer Care number on the back of your Humana member ID card.

Humana Community Navigator®

Humana Community Navigator, powered by findhelp, offers an online directory of community resources providing individuals access to more than 600,000 social service programs across the United States. Find what is available in your area.

Search for and connect to personalized resources

- Access one, easy-to-use directory of community resources at no cost - whether you're a Humana member or not
- Robust directory including food, housing, transportation, education, employment and more
- Review search results in your preferred language
- Save resources that matter most to you by sending them via text, email or print
- All resources are either free, reduced cost or based on a sliding scale

Create and manage your own free account

Access Humana Community Navigator at [Humana.findhelp.com](https://humana.findhelp.com). Choose 'Sign Up' from the top right corner to create an account; unlocking additional features like the ability to save personalized search results, connect to programs, and write reviews.

Get started

Visit [Humana.findhelp.com](https://humana.findhelp.com), enter your zip code and click search to access resources.

Review resources

Type in a keyword or select a category to review resources.

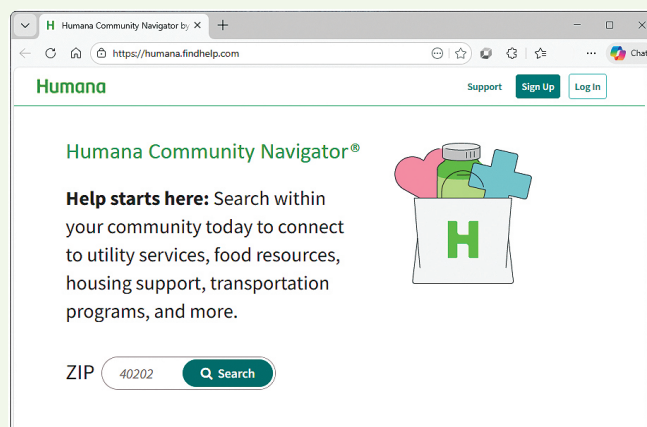
Connect now or save for later

Choose the resources that best fit your situation and email, text or print to save.



Scan the QR code on your mobile device

You can also access Humana Community Navigator on your mobile device by scanning the QR code.



Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care

888-700-2263 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Health and Well-being Assessment

800-555-7997 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

MyHumana

Sign in to or register for MyHumana to access your personal, secure plan information and check your **Go365** wellness rewards balance and find more ways to earn at [MyHumana.com](https://www.mychumana.com).

MyHumana mobile app

[MyHumana.com/mobile-apps](https://www.mychumana.com/mobile-apps)

Doctors in your network

[FindCare.Humana.com](https://www.findcare.humana.com)

Virtual visits (telehealth)

Contact your local provider to ask about virtual visit opportunities, or access nationwide Humana in-network telehealth options by using the “Find Care” tool on [your.Humana.com/ncshp](https://your.humana.com/ncshp) and scroll to “Tools and resources” or call the number on the back of your Humana member ID card to get connected with a provider that offers this service.

SilverSneakers®

888-423-4632 (TTY: 711),

Monday – Friday, 8 a.m. – 8 p.m., Eastern time

[SilverSneakers.com](https://www.silversneakers.com)

Humana Care Management

800-558-0187 (TTY: 711),

Monday – Friday, 8:30 a.m. – 5:30 p.m., Eastern time

Post-discharge Transportation

888-700-2263 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Post-discharge Personal Home Care Services (PHCS)

888-700-2263 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

www.humana.com/home-care/home-health-personal-care

Post-discharge Meal Program

888-700-2263 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

[Humana.com/home-care/well-dine](https://www.humana.com/home-care/well-dine)

Wellness Coaching

877-567-6450 (TTY: 711),

Monday – Friday, 8 a.m. – 6 p.m., Eastern time

Caregiver Support

[Humana.com/caregiver](https://www.humana.com/caregiver)

Medication Therapy Management

833-349-4114 (TTY: 711), Monday – Friday,

9 a.m. – 5:30 p.m., Eastern time

CenterWell Pharmacy™

800-379-0092 (TTY: 711),

Monday – Friday, 8 a.m. – 11 p.m., and

Saturday, 8 a.m. – 6:30 p.m., Eastern time

[CenterWellPharmacy.com](https://www.centerwellpharmacy.com)

CenterWell Specialty Pharmacy™

800-486-2668 (TTY: 711),

Monday – Friday, 8 a.m. – 11 p.m., and

Saturday, 8 a.m. – 6:30 p.m., Eastern time

[CenterWellSpecialtyPharmacy.com](https://www.centerwellspecialtypharmacy.com)

State health insurance program offices

800-633-4227 (TTY: 711), daily

www.cms.gov/apps/contacts/#

Visit our website at [your.Humana.com/ncshp](https://your.humana.com/ncshp) to access your account and find more information on the above programs.

**You must be a Humana member to use these services.*

†Other pharmacies are available in the network.

We're here for you

Humana Group Medicare Customer Care

888-700-2263 (TTY: 711)

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

your.humana.com/ncshp

Humana is a Medicare Advantage PPO plan and a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

Call **888-700-2263 (TTY: 711)** for more information.

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.

Go365 Rewards have no cash value and must be earned and redeemed within the same plan year. Rewards not redeemed before Dec. 31st will be forfeited.

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