2027

HUMANA GROUP MEDICARE ADVANTAGE PLAN GUIDE

PREFERRED PROVIDER ORGANIZATION (PPO) PLAN & PRESCRIPTION DRUG PLAN (PDP)

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 and a stand-alone prescription drug 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

Humana®

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

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.

Medication Therapy Management

Provides comprehensive medication reviews by telephone or in person to address medication regimen safety and efficacy. Consultations focus on optimizing therapeutic outcomes by reviewing safety, effectiveness, lower-cost alternatives (if available) and adherence. Members gain a better understanding of their medications during this one-on-one consultation, thereby enabling the member to take an active role in medication and chronic condition self-management.

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. This plan covers virtual visits 100% for both in- and out-of-network providers.

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. For groups with mail order benefits, CGMs are covered at $0 member cost share at CenterWell Pharmacy®. CGMs require prior authorization approval across all three channels, regardless of provider.

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

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.

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 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.

Please keep in mind that your prescription maximum out-of-pocket is different than your medical maximum out-of-pocket. Once the covered prescription out-of-pocket costs you pay reaches $2,400, your drugs are covered at 100% which means you will not pay coinsurance or copayments for covered drugs.

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

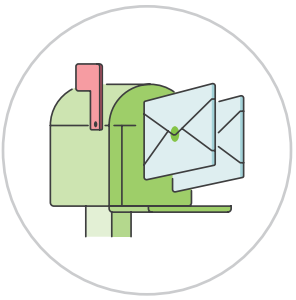
A way Humana helps you save money
Amount you are not responsible for due to Humana's negotiated rate with provider.

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 the full price, you will pay either a copay which is a fixed dollar amount, or coinsurance which is a 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 by logging in to your personal, secure online account at **your.Humana.com/ncshp**, the MyHumana Mobile app or **FindCare.Humana.com**.* Get printable maps and directions, along with many more details to find a pharmacy that fits your needs.

*Standard data rates may apply.

Comprehensive pharmacy options for members

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/ncshp**

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 member support
- Safe and secure delivery backed by multiple checks by pharmacists
- Connect with CenterWell Pharmacy by visiting **CenterWellPharmacy.com**

CenterWell Specialty Pharmacy™

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

- Outstanding care & member experience
- Specially-trained associates to provide member support
- Enhanced experience for cancer, neuromuscular disorders and certain pulmonary conditions
- Connect with CenterWell Specialty Pharmacy by visiting **CenterWellSpecialtyPharmacy.com**

†Other pharmacies are available in the Humana network.

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. You can visit **your.Humana.com/ncshp**, scroll to "Coverage and communications" and click the State Health Plan Prescription Drug Formulary link. You can also visit **MyHumana.com** to register or sign in and select Pharmacy or call Humana's Group Medicare Customer Care team at **888-700-2263 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time, to check coverage on the medications you take.

Prior authorization

The Humana Group Medicare plan requires you or your provider to get prior authorization for certain medications. This means that you may 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.

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.

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.

*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.

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

Pharmacy coverage that centers around you

Pharmacy (Part D) benefit

Your pharmacy (Part D) benefit covers the following:

- 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).

Important information for your pharmacist

Let your pharmacist know to use **BIN 015581** and **PCN 03200000** when filling your prescription for items covered under Part D.
This information is also available on your Humana member ID card.

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

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**.

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

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

Portion of prescription costs you pay

Once your prescription out-of-pocket costs reach the $2,400 maximum, you pay $0 for covered medications until the end of the plan year.

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™

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