



# Getting started

Your guide to healthcare that puts you first

## Welcome to Humana Healthy Horizons in Virginia

Achieving your best health takes more than just healthcare coverage. We offer services and benefits that keep you feeling good in mind, body and spirit—even after you leave your provider's office.

By now, you should have received your Humana Healthy Horizons® ID card, along with a letter outlining some important information about your plan. In this quick start guide, we've included even more plan details, as well as simple ways to connect with us so you can get the most out of your benefits.

All medically necessary services, including visits to your primary care provider (PCP), are covered. Other coverage and benefits include:



**Chiropractic care**



**Dental care**



**Enrollment in Go365 for  
Humana Healthy Horizons®**

More at [Humana.com/VirginiaGo365](https://Humana.com/VirginiaGo365)



**Hospitalizations,  
X-rays and lab services**



**Immunizations (vaccines),  
like the flu and COVID-19**



**Pregnancy-related services**



**Transportation to health  
appointments, like doctor visits**

More at [Humana.com/VirginiaRides](https://Humana.com/VirginiaRides)



**Vision care**



**Well-being visits and services  
(called Early and Periodic Screening,  
Diagnostic and Treatment)  
for members under 21**



**24-hour Humana clinical triage line  
(behavioral health/addiction  
recovery treatment services, crisis  
and nurse line)**



For a full list of covered services, details about eligibility and more on how to access each, go to [Humana.com/VirginiaHandbook](https://Humana.com/VirginiaHandbook) or [Humana.com/HealthyVirginia](https://Humana.com/HealthyVirginia).

# Confirm your primary care provider

Your PCP is the doctor or nurse practitioner who takes care of your general health and can coordinate your care with specialists when needed. If you have been assigned a PCP that you aren't happy with, we can help you make a change.



Change your PCP by calling Member Services at **844-881-4482 (TTY: 711)**, 7 days a week, 8 a.m. – 8 p.m., Eastern time.

You can also update your PCP choice 24/7 at **MyHumana.com**. Find out more about accessing your MyHumana account on page 4.

Once you have a PCP you're satisfied with, start off on the right foot by making an appointment for a well check. You can even earn a reward just for attending your checkup.

Be sure to call your PCP to schedule an appointment within the first 90 days of your plan year. For a routine checkup, you should be able to get an appointment within 30 days. For an urgent visit, expect to be seen within 48 hours. To make a change or to cancel, please call at least 24 hours before the appointment.



You can find a list of in-network providers at **Humana.com/FindADoctor**.

## Important contact information for Humana members

### Member Services

**844-881-4482 (TTY: 711)**

8 a.m. – 8 p.m., Eastern time

24-hour Humana clinical triage line (behavioral health/addiction recovery treatment services, crisis and nurse line)

**888-445-8714 (TTY: 711)**

### Pharmacy benefits manager

**844-881-4482 (TTY: 711)**

### Dental benefits

#### DentaQuest

**888-912-3456 (TTY: 800-466-7566)**

For questions about Humana's value-added benefits, call **844-881-4482 (TTY: 711)**.

For Modivcare transportation services, visit **www.modivcare.com** or call

**866-386-8331 (TTY: 866-288-3133)**

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

### Mailing address

**P.O. Box 14359, Lexington, KY 40512**

### Website

**Humana.com/HealthyVirginia**

To report contact information/address changes, visit **common.virginia.gov**, or call **833-522-5582 (TTY: 888-221-1590)**, Monday – Friday, 8 a.m. – 7 p.m., Saturday, 9 a.m. – noon, Eastern time.

# Create your accounts for Go365 for Humana Healthy Horizons and MyHumana

Go365 for Humana Healthy Horizons is a wellness and rewards program that allows you to earn rewards for completing healthy activities. MyHumana is your secure online portal where you can change your doctor, view claims and plan details, and update your account information with us. To get started with both:

- 1 Download** the Go365 for Humana Healthy Horizons and the MyHumana apps from your mobile phone's app store (Apple App Store® or Google Play®).
- 2 Create an account** on the above apps or at **MyHumana.com**.  
You can use the same username and password for all your Humana accounts.  
→ If you already have an account and need help with your username or password, click "Forgot username" or "Forgot password."
- 3 Sign in to Go365 for Humana Healthy Horizons** on the Go365 for Humana Healthy Horizons app.  
→ Note: Members under the age of 18 must have a parent or guardian register on their behalf to use the program. The person completing the registration process for a minor must have the minor's member ID.
- 4 Start earning rewards through Go365 for Humana Healthy Horizons.**  
→ A great way to start is by completing your health screening within 30 days of enrollment to earn \$50 in rewards through Go365 for Humana Healthy Horizons. By completing your health screening, we can better understand your needs and start connecting you to the programs and services that will help keep you feeling your best. You can complete your health screening on the Go365 for Humana Healthy Horizons app or on the paper form in this folder.
- 5 Sign in to MyHumana** from the MyHumana app or **MyHumana.com**.  
→ Choose your PCP, if needed, as described on page 3.



## After-hours care

If you need medical care when your doctor's office is closed, call our 24-hour Humana clinical triage line at **888-445-8714 (TTY: 711)**. You can also visit an urgent care facility.

## In case of emergency

We cover emergency services even when you are away from home. If you have an emergency, call **911** or go to the nearest emergency department. The hospital or facility does not need to be part of our provider network or in our service area. You also don't need to be approved ahead of time to get the care you need.



Be sure to call Member Services at **844-881-4482 (TTY: 711)** when you are able and let us know about your out-of-network emergency care.

## Find more information online

Visit **Humana.com/HealthyVirginia** to find detailed information about covered benefits, health and wellness education, and programs and services offered through Humana Healthy Horizons.

Here, you can also find, review and print copies of your:

- Health screening form, also available in this folder
- Member Handbook
- Over-the-counter drug order form
- Preferred Drug List
- Pharmacy benefit information
- Provider directory

# Specialized behavioral health services

There are times when you may need to speak to a therapist or counselor. We cover many different types of behavioral health services that can help with issues you may be facing. You can call a behavioral health provider for an appointment. You can get help finding a behavioral health provider by:

- Calling **844-881-4482 (TTY: 711)**
- Looking at our physician list
- Going to our website, **Humana.com/HealthyVirginia**

You do not need a referral from your PCP for behavioral health services offered by an in-network provider. In case of a behavioral health emergency or crisis, or if you have questions about Addiction Recovery Treatment Services (ARTS), you can contact our 24-hour Humana clinical triage line anytime at **888-445-8714 (TTY: 711)**. We can help you get the care you need.

## We can help you quit tobacco

We want to help you lead your healthiest life, by supporting your efforts to go tobacco free. The Tobacco & Vaping Cessation Coaching Program helps you do just that. As a participant, you work with a coach over the phone and receive:

- Up to 8 coaching sessions per plan year for members 12 and older
- Nicotine replacement therapies for members 18 and older
- Up to \$50 in rewards for completing the program (Member must opt in to Go365 for Humana Healthy Horizons using the app to be eligible to receive rewards.)



For more information, go to  
**Humana.com/HealthyVirginia.**

# Do you need help communicating?

If you do not speak English, we can help. We have people who help us talk to you in your preferred language. We provide this help for free.



Just call our Member Services at  
**844-881-4482 (TTY: 711)**,  
7 days a week, 8 a.m. – 8 p.m.,  
Eastern time.



For people with disabilities: If you use a wheelchair, are blind, or have trouble hearing or understanding, call us if you need assistance. We can tell you if a provider's office is wheelchair accessible or has devices for communication. We also have services like:



**Help in making or getting to appointments**



**Information and materials in large print, audio (sound) and braille**



**Names and addresses of providers who specialize in your disability**



## **Telecommunications relay service**

This helps people who have trouble hearing or talking make phone calls. Call **711** and give them our Member Services phone number: **844-881-4482**. They will connect you to us. Member Services is available 7 days a week, 8 a.m. – 8 p.m., Eastern time.

## **Know your member rights**

As a Humana plan member, you have certain rights and responsibilities when being treated by Humana network providers. This includes the right to be treated with respect, participate in decisions and be free to make decisions about your healthcare. Learn more about member rights in your Member Handbook: [Humana.com/VirginiaHandbook](https://www.humana.com/VirginiaHandbook).

# How to access your pharmacy benefits



## Pharmacy

Humana Healthy Horizons in Virginia members get prescription drug coverage through Humana Pharmacy Solutions, Virginia's Medicaid Pharmacy Benefit Manager. Our members must use only Humana Pharmacy Solutions network pharmacies to get medications under the pharmacy benefit.



## Copayment

Covered prescriptions are provided at no cost to members. You will not have a copayment.



## Preferred Drug List

Your provider will use the Preferred Drug List (PDL), also known as a formulary, to choose the best medicine to treat you and your condition. Occasionally, your provider may need to get approval if he or she wants you to use a medicine that is not on our PDL. The PDL may change from time to time. You can find the most up to date PDL at [Humana.com/Medicaid/Virginia/Pharmacy](https://www.humana.com/Medicaid/Virginia/Pharmacy).

### Pharmacist prescription questions

**844-918-0115 (TTY: 711)**

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

### Pharmacy Prior Authorizations:

**844-918-0115 (TTY: 711)**

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



## Participating pharmacies

You can fill your prescription at any pharmacy that participates in the Humana Pharmacy Solutions network. Use the online directory to find an in-network pharmacy near you. Make sure to take your member ID card with you to the pharmacy.

Online provider directory: [Humana.com/FindAPharmacy](https://www.humana.com/FindAPharmacy)



## Other questions and concerns you may have

### What if you get a bill for treatment?



If you get a bill for a treatment or service you do not think you should pay for, do not ignore it. Call Member Services at **844-881-4482 (TTY: 711)** right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, Humana Healthy Horizons will contact the provider and help fix the problem for you.

**Humana**  
Healthy Horizons®  
in Virginia

## Complaints, grievances and appeals

We want you to be happy with the care you receive. If at any time you are not happy with anything about us or our providers, let us know right away. This includes if you do not agree with a decision we have made.

### Appeal online

Go to **Humana.com/VirginiaGrievance**

### Call Member Services

**844-881-4482 (TTY: 711),**

7 days a week, 8 a.m. - 8 p.m.,  
Eastern time.

### Write to us

Grievance and Appeals Department

P.O. Box 14163

Lexington, KY 40512-4163

## Reporting fraud and abuse

If you feel you have witnessed or been the victim of Medicaid fraud, waste or abuse:

- You can file a report with Humana's Special Investigations Unit.

File online at **Humana.com/Legal/Fraud-Waste-And-Abuse**, or by phone

at **800-614-4126 (TTY: 711)**, 24 hours a day, 7 days a week.

- You may also report provider fraud to 800-447-8477 (TTY: 800-377-4950).

## How to change plans

If you want to change your health plan, you can through any of the following:

- Online at [www.dmas.virginia.gov/for-members/managed-care-programs](http://www.dmas.virginia.gov/for-members/managed-care-programs)
- By phone at 800-643-2273

If you are unhappy with your health plan, you can change to a different plan within the first 90 days after enrollment. You don't even have to give a reason. Once a year, during open enrollment, all members are able to change plans as they choose. If you need to be disenrolled from Humana Healthy Horizons at any time, please call the **Managed Care Helpline**, at **800-643-2273**.

## You have a right to your medical records

You are entitled to a free copy of your medical records. You also have a right to ask that your medical records be corrected if needed. Your records will be held for five years or longer as required by federal law. Contact your PCP office directly for a copy of your records, or we can get you in touch with the right contact to obtain your records.

# Insurance ACE

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**The privacy of your personal and health information is important. You do not need to do anything unless you have a request or complaint.**

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at [Huma.na/insuranceace](https://Huma.na/insuranceace).

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

### **What is nonpublic personal or health information?**

Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information or demographic information. The term “information” in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

### **How do we collect information about you?**

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus and the Medical Information Bureau.

### **What information do we receive about you?**

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits and Health Risk Screenings.

### **How do we protect your information?**

We have a responsibility to protect the privacy of your information in all formats including electronic and oral information. We have administrative, technical and physical safeguards in

place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures

### **How do we use and disclose your information?**

We use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the secretary of the Department of Health and Human Services

### **We have the right to use and disclose your information:**

- To a doctor, a hospital or other healthcare provider so you can receive medical care.
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities, including processing your enrollment, responding to your inquiries, coordinating your care, improving quality and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary-level health information about you with your plan sponsor in certain situations—for example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- To your family and friends, or any other person you identify. This applies if the information is directly relevant to their involvement with your healthcare or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect or domestic violence.
- In response to a court or administrative order, subpoena, discovery request or other lawful process.
- For law enforcement purposes, to military authorities and as otherwise required by law.
- To help with disaster relief efforts.

- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking or transplantation of organs, eyes or tissue.
- To a coroner, medical examiner or funeral director.

### **Will we use your information for purposes not described in this notice?**

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.

The following uses and disclosures will require your written permission:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of personal and health information

### **What do we do with your information when you are no longer a member?**

Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain confidentiality.

### **What are my rights concerning my information?**

We are committed to responding to your rights request in a timely manner.

- Access: You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.
- Adverse underwriting decision: If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate communications: To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- Disclosure: You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice: You have the right to request and receive a written copy of this notice any time.
- Restriction: You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

### **If I believe that my privacy has been violated, what should I do?**

If you believe that your privacy has been violated, you may file a complaint with us by calling us at **866-861-2762** any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also email your complaint to **OCRComplaint@hhs.gov**. If you elect to file a complaint, your benefits will not be affected, and we will not punish or retaliate against you in any way. We support your right to protect the privacy of your personal and health information.

### **Our responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office and on our website.

### **How do I exercise my rights or obtain a copy of this notice?**

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at **866-861-2762**
- Accessing our website at **Humana.com** and going to the Privacy Practices link
- Sending completed request form to:  
Humana Inc. Privacy Office 003/10911  
101 E. Main Street  
Louisville, KY 40202

## Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **844-881-4482 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **844-881-4482 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **844-881-4482 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **844-881-4482 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **844-881-4482 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **844-881-4482 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **844-881-4482 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **844-881-4482 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **844-881-4482 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **844-881-4482 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **844-881-4482 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **844-881-4482 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **844-881-4482 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **844-881-4482 (TTY: 711)**.

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **844-881-4482 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **844-881-4482 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **844-881-4482 (TTY: 711)**.

This notice is available at [Humana.com/VirginaDocuments](https://humana.com/VirginaDocuments).

VAHMEDKEN

日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**844-881-4482 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយផ្សេងៗដល់សមាជិកប្រជាជន។ ទូរសព្ទទៅលេខ **844-881-4482 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.  
**844-881-4482 (TTY: 711)** 번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ພຣິ.  
ໂທ **844-881-4482 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjì' bee adahodoonílgíí diné bich'ì' anídahazt'i'í, dóó łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjì' hodíilnih **844-881-4482 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **844-881-4482 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **844-881-4482 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸੇਵਾਵਾਂ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **844-881-4482 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **844-881-4482 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **844-881-4482 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **844-881-4482 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **844-881-4482 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **844-881-4482 (TTY: 711)** కి కాల్ చేయండి.

[Urdu]: اردو مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **(TTY: 711) 844-881-4482**

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **844-881-4482 (TTY: 711)**.

አማርኛ [Amharic]: ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችም ይገኛሉ። በ **844-881-4482 (TTY: 711)** ላይ ይደውሉ።

Bàsco [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fańa-nyo, kè nyo-boŭn-po-kà bɛ́ bɛ́ nyuɛɛ se wídí pɛ́ɛ-pɛ́ɛ dǒ ko. **844-881-4482 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **844-881-4482 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọ̀n iṣẹ̀ àtìlẹ̀hìn ìrànlọ́wọ̀ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ̀tó. Pe **844-881-4482 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **844-881-4482 (TTY: 711)** मा कल गर्नुहोस् ।

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  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
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  - Qualified interpreters
  - Information written in other languages.

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- 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)**.

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