

Humana Group Medicare
Humana Inc.
P.O. Box 669
Louisville, KY 40201-0669

Important plan information



Your journey to
better health, for
better retirement
Humana Group Medicare



Beyond healthcare

At Humana, we give you everything you expect from a healthcare plan, but that's just our starting point. We then find more ways to help, and more ways to support your health and your goals. That's human care, and it's just the way things ought to be.

Humana®

A more human way
to healthcare™

County of Rensselaer

We're here for you

Humana Group Medicare Customer Care

866-396-8810 (TTY: 711)

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

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **866-396-8810 (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.

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Group Medicare Advantage plan guide

Understanding your Medicare plan and how it works is important. Your healthcare plan should help you on your journey to better health, which may help you achieve the retirement you want—so you can spend more time doing what you love most.

Inside this guide you'll find:

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Plan specific information

- Medical Summary of Benefits
- Dental Benefits
- Hearing Benefits
- Vision Benefits
- Rx Summary of Benefits
- Enrollment Form





Get the hassle-free care you deserve

Humana Medicare Advantage PPO with prescription drug plan offers you:

- 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

A dedicated team and more...

- Your benefit levels are the same for in-network and out-of-network providers
- Large network of providers, specialists and hospitals to pick from
- 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

Welcome to a more human way to healthcare

Take action to enroll

Dear Group Medicare Beneficiary,

We're excited to let you know that **County of Rensselaer** has asked Humana to offer you a Medicare Advantage and Prescription Drug Plan that gives you more benefits than Original Medicare.

Your health is more important than ever. That's why Humana has a variety of tools, programs and resources to help you stay on track. At Humana, helping you achieve lifelong well-being is our mission. During our over 30 years of experience with Medicare, we've learned how to be a better partner in health.

Get to know your plan

Review the enclosed materials. This packet includes information on your Group Medicare healthcare option along with extra services Humana provides.

- Go to **Humana.com**, "Member Resources" and select "Humana Drug List" then scroll to "Required Fields" to find a list of drugs covered by your Humana Group Medicare plan. For **Rx 450** choose **GRP 23**.
- Use Humana's Find a doctor tool at **Humana.com/FindaDoctor** for a list of network providers.
- If you have questions about your premium, please visit the website: <https://info.benetechadvantage.com/rensco> or email Benetech, Inc. at rensco@benetechadvantage.com.

Enrollment Information

- For enrollment information, please refer to the document titled "Important Enrollment Information," located in this packet.

What to expect after you enroll

- **Enrollment confirmation**
You'll receive a letter from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.
- **Humana member ID card**
Your Humana member ID card will arrive in the mail shortly after you enroll.
- **Evidence of Coverage (EOC)**
You will receive information on how to view or request a copy of an Evidence of Coverage document (also known as a member contract or subscriber agreement). Please read the document to learn about the plan's coverage and services. This will also include your privacy notice.

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- **Take your Medicare Health Assessment**

CMS requires Humana to ask new members to complete a health survey within their first few months of enrollment.

It's nine simple questions about your health. Your answers will help us guide you to tools and resources available to help you reach your health goals. The information you provide will not affect your plan premiums or benefits or what you pay for them.

Once you have received your Humana member ID card or after your plan is effective, you can call our automated voice service anytime to take this survey at **888-445-3389 (TTY: 711)**. When you call, you'll be asked to provide your eight-digit member ID number located on the front of your Humana member ID card, so have your ID card handy.

You may also take the survey online at **MyHumana.com** after activating your online account.

- **In-home Health and Well-being Assessment (IHWA)**

This is a yearly detailed health review conducted in the comfort of your home, providing an extra set of eyes and ears for your doctor so you can feel more in control of your health and well-being.

You may receive a call from one of our IHWA vendors, Signify Health or Matrix Medical Network, to schedule your assessment. If you have questions, you may ask when they call, or contact Humana at the phone number listed on the back of your member ID card.

We look forward to serving you now and for many years to come.

Sincerely,
Group Medicare Operations

County of Rensselaer is offering you the option to enroll in the Humana Group Medicare Advantage preferred provider organization (PPO) plan. If you want to enroll in this plan, please follow the instructions below. Your plan will start on the date set by your benefit administrator. **Enrollment in this plan will cancel your enrollment in a different Medicare Advantage or a Medicare Prescription Drug (Part D) plan. However, if you are currently enrolled in a Medicare Supplement plan, you will have to take action to cancel your enrollment.**

How do I enroll?

If you want to enroll in this Group Medicare health plan, please enroll before your effective date by filling out the enclosed enrollment form and mailing it to: Benetech, Inc., Attn: Enrollment, 1 Dodge Street, Wynantskill, NY 12198. You must complete a separate application for each family member eligible for your plan. Please keep a copy of your application. If you have enrollment questions, please contact Benetech, Inc. at 518-283-8500 or toll free at 800-698-4753. You can also send your questions via email to rensco@benetechadvantage.com. This is the only Medicare plan offered through the County. If you choose not to enroll, you will lose your eligibility for retiree health benefits now and in the future.

What do I need to know as a member of the Humana Group Medicare PPO plan?

This enrollment packet includes important information about this plan and what it covers, including a Summary of Benefits document. Please review this information carefully.

Once enrolled, you will receive information on how to view or request a copy of an Evidence of Coverage document (also known as a member contract or subscriber agreement) from the Humana Group Medicare PPO plan. Please read the document to learn about the plan's coverage and services. As a member of the Humana Group Medicare PPO plan, you can appeal plan decisions about payment or services if you disagree. Enrollment in this plan is generally for the entire year.

When your Humana Group Medicare PPO plan begins, Humana will cover all medically necessary items and services, even if you get the services out of network. However, your member cost share may be lower if you use in-network providers. "In-network" means that your doctor or provider is on our list of participating providers. "Out-of-network" means that you are using someone who isn't on this list. The exception is for emergency care, out of area dialysis services, or urgently needed services.

You must use network pharmacies to access Humana benefits, except under limited, non-routine circumstances when you can't reasonably use network pharmacies.

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You must keep Medicare Parts A and B as the Humana Group Medicare plan is a Medicare Advantage plan. **You must also continue to pay your Part B premium. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium.** You can enroll in only one Medicare Advantage plan at a time. You must let us know if you think you might be enrolled in a different Medicare Advantage plan or a Medicare prescription drug plan and inform us of any prescription drug coverage that you may get in the future.

What happens if I don't join the Humana Group Medicare PPO plan?

You aren't required to be enrolled in this plan. If you don't want to enroll or have enrollment questions, please call Benetech, Inc. at 518-283-8500 or toll free 800-698-4753. You can also send via email to rensco@benetechadvantage.com. This is the only Medicare Plan offered through the county. If you choose not to enroll, you will lose your eligibility for retiree health benefits now and in the future.

If you choose to join a different Medicare plan, you can contact **800-MEDICARE** anytime, 24 hours a day, 7 days a week, for help in learning how. TTY users can call **877-486-2048**. Your state may have counseling services through the State Health Insurance Assistance Program (SHIP). They can provide you with personalized counseling and assistance when selecting a plan, including Medicare Supplement plans, Medicare Advantage plans and prescription drug plans. They can also help you find medical assistance through your state Medicaid program and the Medicare Savings Program.

What if I want to leave the Humana Group Medicare PPO plan?

You can change or cancel your Humana coverage at any time and return to Original Medicare or another Medicare Advantage plan by using a special election. You can send a request to the Humana Group Medicare plan. If you choose to disenroll, please contact Benetech, Inc. at 518-283-8500 or toll free at 1-800-698-4753. You can also send via email to rensco@benetechadvantage.com. You can also call **800-MEDICARE** anytime, 24 hours a day, 7 days a week. TTY users can call **877-486-2048**.

What happens if I move?

The Humana Group Medicare PPO plan serves a specific service area. **If you move to another area or state, it may affect your plan.** It's important to contact your benefits administrator Benetech, Inc. at 518-283-8500 or toll free 800-698-4753. You can also send via email to rensco@benetechadvantage.com. Please also call Humana Group Medicare Customer Care at **866-396-8810 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time, to notify of the new address and phone number.

If you don't have Medicare prescription drug coverage, or drug coverage that's as good as Medicare's prescription drug coverage, you may have to pay a late enrollment penalty if you sign up for Medicare prescription drug coverage in the future.

Your health at your fingertips with MyHumana

Get your personalized health information on MyHumana

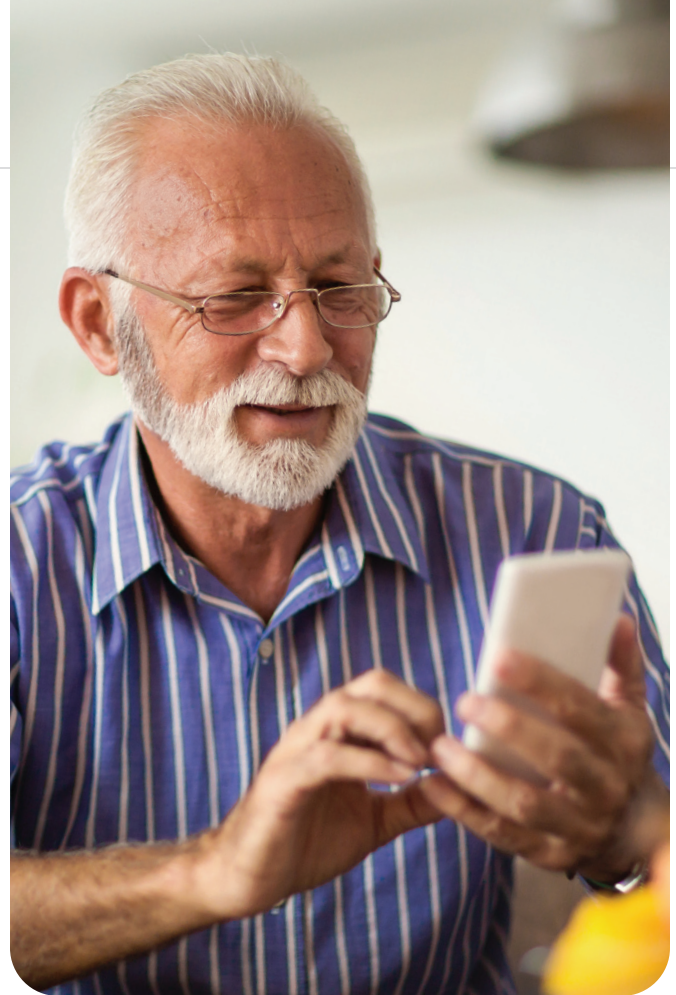
A valuable part of your Humana plan is a secure online account called MyHumana where you can keep track of your claims and benefits, find providers, view important plan documents and more.

Get the most out of MyHumana by keeping your account profile up to date. Whether you prefer using a desktop, laptop, or smartphone, you can access your account anytime.*

Getting started is easy—just have your Humana member ID card ready and follow these three steps:

- 1 Create your account.**
Visit [Humana.com/registration](https://www.humana.com/registration) and select the “Start activation now” button.
- 2 Choose your preferences.**
The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.
- 3 View your plan benefits.**
After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.

*Standard data rates may apply.



The MyHumana mobile app

If you have an iPhone or Android, download the MyHumana mobile app. You'll have your plan details with you at all times.*

Visit [Humana.com/mobile-apps](https://www.humana.com/mobile-apps) to learn about our many mobile apps, the app features and how to use them.

With MyHumana and the MyHumana mobile app, you can:

- Review your plan benefits and claims
- Find pharmacies in your network
- Find providers in your network
- Lookup and compare medication prices
- View or update your medication list
- View or print your Humana member ID card

Have questions?

If you need help using MyHumana, try our Chat feature or call Customer Care at the number listed on the back of your Humana member ID card.

Building healthy provider relationships

Having a relationship with your primary care provider (PCP) is an important step in protecting and managing your health.

With the Humana Group Medicare PPO plan, 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 benefit plan coverage remains the same, even if you receive care from an out-of-network provider. For more information, refer to your Summary of Benefits located in this packet.

Why choose a Humana network provider?

- Your PCP will get to know your overall health history and can guide you toward preventive care to help you be healthy and active.
- Your plan doesn't require referrals to see other providers, but your PCP can help guide you when you need specialized care.
- Humana Medicare PPO network providers must take payment from Humana for treating plan members.
- Network providers coordinate with Humana, which makes it easier to share information. Patients may have a better experience when providers share information this way.
- Humana supplies in-network providers with information about services and programs available to patients with chronic conditions.

Is your healthcare provider in Humana's provider network?

If you need help finding a provider, call our Group Medicare Customer Care team or use our online directory at [Humana.com/Findadoctor](https://www.humana.com/Findadoctor). You can also find a complete list of network providers and pharmacies at MyHumana, your personal, secure online account at [MyHumana.com](https://www.MyHumana.com) or on the MyHumana mobile app (standard data rates may apply).



Medical preauthorization

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

Use Humana's Find a Doctor tool to search for a provider near you

Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find a Doctor tool to search for an in-network provider near you.

- 1** Go to [Humana.com/FindaDoctor](https://www.humana.com/FindaDoctor).
- 2 Find a doctor or pharmacy**
Use the tabs to help you search for a doctor or pharmacy.
- 3 Location**
Enter a ZIP code and the distance radius you want to search.
- 4 Options**
Select a lookup method from 3 options:
 - 1) Coverage type—choose Medicare or Medicare-Medicaid then select the network that represents your plan,
 - 2) Member ID, or
 - 3) Sign in to MyHumana for more accurate results in finding your network.
- 5 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.



Find a doctor on the MyHumana mobile app

Once you are enrolled with Humana, you can use the MyHumana mobile app to find a provider near you. On the app dashboard, locate the “Find Care” section.

Call our Customer Care team at **866-396-8810 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Telehealth visits are available through your Humana plan

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

Virtual care where you're most comfortable

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

When should I use it? For a nonemergency issue, instead of going to the emergency room (ER) or an urgent care center.

Ask your trusted provider if they offer telehealth visits and if so, what you need to do to get started.

If you don't have a primary care provider or if your PCP doesn't offer virtual visits, you can use the "Find a doctor" tool on **Humana.com** or call the number on the back of your member ID card to get connected with a provider that offers this service.

Connect with someone who cares

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

- Discuss healthy ways you can deal with stress, anxiety or sadness
- Listen without judgment as you talk about your life, relationships and feelings
- Help you set and meet behavioral and emotional goals
- Assist you in developing strategies for living a fuller, healthier life

Ask your trusted provider about any virtual behavioral health options they may offer. One option is Array, a national in-network virtual behavioral health provider. Visit [Arraybc.com/patients/Humana](https://arraybc.com/patients/Humana) or call **888-410-0405 (TTY: 711)** to learn more.

Delivering the care you need securely, conveniently and on your terms—that's human care.



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

*Depending on the initial consultation, 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.

Having a provider you're happy with can play an important role in your health and meeting your needs

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

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 retiree 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 retiree 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

If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at **800-626-2741**, Monday – Friday, 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.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **866-396-8810 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 866-396-8810 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。

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Medicare Part D prescription medication tiers

Tier 1 – Generic or preferred generic

Essentially the same medications, usually priced differently

Have the same active ingredients as brand-name medications and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generic medications to have the same quality, strength, purity and stability as brand-name medications. Your cost for generic medications is usually lower than your cost for brand-name medications.

Tier 2 – Preferred brand

A medication available to you for less than a nonpreferred

Generic or brand-name medications that Humana offers at a lower cost to you than nonpreferred medications.

Tier 3 – Nonpreferred medication

A more expensive medication than a preferred

More expensive generic or brand-name prescription medications that Humana offers at a higher cost to you than preferred medications.

Tier 4 – Specialty

Medications for specific uses

Some injectable and other high-cost medications to treat chronic or complex illnesses like rheumatoid arthritis and cancer.

Important information about your prescription medication 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 [Humana.com](https://www.humana.com) to register or sign in and select Pharmacy or call Humana's Group Medicare Customer Care team 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 will need to get approval from the Humana Group Medicare Plan before you fill your prescriptions. The reason a prior authorization is required can vary depending on the medication. Humana will work with your provider when a prior authorization is required. The Centers for Medicare & Medicaid Services (CMS) requires a turnaround time of 72 hours for a prior authorization. However, an expedited review can be requested by your provider if waiting 72 hours may be harmful to you.

Quantity limits

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

One-time transition fill

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

*Some medications do not qualify for a transitional 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.

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.

Next steps for you

1. Visit **Humana.com/Pharmacy** to view your prescription drug guide. The prescription drug guide will provide information on quantity limits, step therapy or if a prior authorization is required. If you have additional questions, please call our Customer Care number on the back of your Humana member ID card.
2. Talk to your provider about your medications if they require prior authorization, have quantity limits or if step therapy is needed.

Next steps for your provider

1. Go online to **Humana.com/Provider** and visit our provider prior authorization page. This page has a printable form that can be mailed or faxed to Humana.
2. Call **800-555-2546 (TTY: 711)** to speak with our Humana Clinical Pharmacy Review team, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.



How to find the list of medications covered by your Humana Group Medicare plan

View the most complete and current Drug Guide information online.

Humana’s Drug List, also called “formulary,” lists the most widely prescribed medications covered by Humana and is updated regularly by doctors and pharmacists in our medical committee. Updates to this year’s formulary are posted monthly. New medications are added as needed, and medications that are deemed unsafe by the Food and Drug Administration (FDA) or a drug’s manufacturer are immediately removed. We will communicate changes to the Drug List to members based on the Drug List notification requirements established by each state.

If a specific medication you need is not on the list, please call the Customer Care number on the back of your Humana member ID card.

To find a list of drugs, use the GRP# provided within the Welcome Letter.

- Go to **Humana.com**
- Hover over the tab, “**Member Resources**” and then select “**Humana Drug List**”
- Scroll to “**Required Fields**”, from the “**Select plan type**” choose **Group Medicare** in the drop-down menu, select “**plan year**” and then select the “**Find Drug Guide**” button
- Scroll and locate your GRP # within the drug list

You can print out the full list of drugs covered under your Humana plan, called the Prescription Drug Guide. (You must have Adobe Reader to view and print these documents.)

CenterWell Pharmacy

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



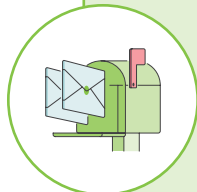
Online

After you become a Humana member, you can sign in to **CenterWellPharmacy.com** with your MyHumana identification number and start a new prescription, order refills or check on an order.



Provider

Your provider can send prescriptions electronically through e-prescribe or by downloading the fax form from **CenterWellPharmacy.com/forms** and faxing the prescription to CenterWell Pharmacy at **800-379-7617** or CenterWell Specialty Pharmacy™ at **877-405-7940**.



Mail

Download the “Registration & Prescription Order Form” from **CenterWellPharmacy.com/forms** and mail your paper prescriptions to: CenterWell Pharmacy, P.O. Box 745099, Cincinnati, OH 45274-5099



Phone

For maintenance medication(s), call CenterWell Pharmacy at **800-379-0092 (TTY: 711)**, Mon. – Fri., 8 a.m. – 11 p.m., and Sat., 8 a.m. – 6:30 p.m., Eastern time.

For specialty medication(s), call CenterWell Specialty Pharmacy at **800-486-2668 (TTY: 711)**, Mon. – Fri., 8 a.m. – 11 p.m., and Sat., 8 a.m. – 6:30 p.m., Eastern time.

*Other pharmacies are available in the network.

Where you get your vaccines may determine how it is covered

Medicare Part B vaccines

The Medicare Part B portion of your plan covers vaccines administered at your provider's office if the vaccine is directly related to the treatment of an injury or direct exposure to a disease or condition, such as hepatitis B, rabies, and 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, and COVID-19 vaccine and boosters.

Medicare Part D vaccines

The Medicare Part D portion of your plan covers vaccines that are considered necessary to help prevent illness. Some common vaccines that you should get at your pharmacy, not from your provider, include shingles, Tdap and hepatitis A.

Diabetes coverage

Medicare Part B

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

Medicare 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)



Diabetic testing supplies

Your Humana Medicare Advantage Plan helps cover a variety of diabetic glucose testing supplies. The following meters along with their test strips and lancets are covered at \$0 through CenterWell Pharmacy™.

- CenterWell TRUE METRIX® AIR by Trividia
- Accu-Chek Guide Me® by Roche
- Accu-Chek Guide® by Roche

To order a meter and supplies from CenterWell Pharmacy, call **888-538-3518 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Sat., 8 a.m. – 6:30 p.m., Eastern time.

Your doctor can also send prescriptions for meters and other testing supplies by fax or e-prescribe.

You can also request a no-cost meter from the manufacturer by calling Roche at **877-264-7263 (TTY: 711)**, or Trividia Health at **866-788-9618 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.



Enhanced vaccine and insulin coverage

Part B

Part B medications: Some Medicare members may see lower out-of-pocket costs for certain Part B medications as determined by CMS.

\$35 insulin copay: Members who administer insulin via an insulin pump will pay **no more than \$35** for every one-month (up to a 30-day) supply. If your plan has a deductible, the deductible does not apply to Part B insulin.

Part D

\$0 vaccines: Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list[†] will be **\$0**.

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

Giving you **support** with **less stress** matters to us, because when your plan gives you **peace of mind**, you're free to **put yourself, and your health, first**.

*CGMs are available through participating 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 more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html.

Your personalized benefits statement

Humana's SmartSummary provides a comprehensive overview of your health benefits and healthcare spending. **You'll receive this statement after each month you've had a claim processed.** You can also sign in to your MyHumana account and see your past SmartSummary statements anytime.

SmartSummary helps you:

- Understand your total healthcare picture
- Manage your monthly and yearly healthcare costs
- Engage with your providers by having a list of the healthcare services you receive
- Learn about preventive care, health conditions, treatment options and ways to help reduce health expenses

SmartSummary includes:

- **Numbers to watch.** SmartSummary shows your total drug costs for the month and year-to-date. It also shows how much of these costs your plan paid and how much you paid—so you can see the value of your prescription benefits.
- **Personalized messages.** SmartSummary gives you tips on saving money on the prescription drugs you take, information about changes in prescription copayments and how to plan ahead.
- **Your prescription details.** A personalized prescription section tells you more about your prescription medications, including information about dosage and the pharmacy provider. This page can be useful to take to your provider appointments or to your pharmacist.
- **Information relevant for you.** SmartSummary personalizes an informational section with tips on topics that may be helpful for your health.

SmartSummary®
Your Pharmacy, Medical, and Hospital claims processed in February 2023

THIS IS NOT A BILL

This summary is your "Explanation of Benefits" (EOB) and claim payments for your medical, hospital and your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. **This is not a bill.**

OVERVIEW OF YOUR FEBRUARY CLAIMS

Medical, hospital and Part B pharmacy (see page 3)

Total billed charges this month	\$90.01
Humana discounts	-\$0.01
Benefit exclusions	-\$0.00
Other insurance	-\$0.00
Amount Humana paid	-\$90.00
Your share	\$0.00

Part D prescription drug claims (see page 9)

Total cost this month	\$1,452.09
Other payments	-\$0.00
Amount Humana paid	-\$1,146.09
Your share	\$306.00

Humana.

JOHN DOE
Member ID: H12345678
Plan name: Humana Group Medicare LPPO
Rx PCN or Rx Group number: 03200000

You are currently in **Stage Two** of your Part D Drug Payment Plan. (see page 6)

CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.

Questions
Go to MyHumana at [Humana.com](#) to see

SmartSummary®
Your personal prescription and medical benefits statement

Medical and hospital deductible and yearly limits

Yearly limits - These limits give you financial protection

These limits tell the **most** you will have to pay in 2023 in "out-of-pocket" costs (copays, coinsurance, and your deductible) for medical and hospital services covered by the plan.

These yearly limits are called your "out-of-pocket maximums." They put a limit on how much you have to pay, but they do not put a limit on how much care you can get. This means:

- Once you have reached a limit in out-of-pocket costs, **you stop paying medical claims costs.**
- You keep getting your covered services as usual, and **the plan will pay the full cost** for the rest of the year.

2023 Combined Annual Plan Out-of-pocket

This statement contains claims that were processed in a prior plan year. Below is the adjusted limit information.

In 2023, \$8,850.00 is the most you will have to pay for covered services from providers.

Your Combined Annual Plan Out-of-pocket is:	\$8,850.00
As of February 28, 2023 you have paid:	\$1,822.90
Your remaining amount is:	\$7,027.10

2023 Individual In-network Out-of-pocket

Page 2 of 16
John Doe

21%

SmartSummary®
Your personal prescription and medical benefits statement

Details for medical and hospital claims processed in February 2023

What does Your share mean in your SmartSummary?
Your share: This is the amount you may owe or may have paid to your providers.

Medical and hospital claims

Service Date: 06/29/2023	Amount the provider billed the plan	\$0.00
Claim # 5555555555555555	Humana discounts	-\$0.00
HEALTH CARE INC	Benefit exclusions	-\$0.00
-Home health prospective payment system (HRG)	Other insurance	-\$0.00
In-network (billing code 023) ₁	Total cost (amount the plan approved)	\$0.00
	Amount Humana paid	-\$0.00
	Your share	\$0.00
Service Date: 06/29/2023	Amount the provider billed the plan	\$90.00
Claim # 5555555555555555	Humana discounts	-\$0.00
HEALTH CARE INC	Benefit exclusions	-\$0.00
-Skilled Nursing-Visit Charge	Other insurance	-\$0.00
(Billing code 551) ₁		

Page 3 of 16
John Doe

Extras that may help you improve your overall well-being, at no additional cost

SilverSneakers

SilverSneakers® is a health and fitness program designed for senior adults that offers fun and engaging classes and activities. The program concentrates on improving strength and flexibility so daily living activities become easier. Available at no additional cost through your Humana Medicare Advantage plan, SilverSneakers has online and in-person sessions at any pace—sit, stand, walk or run. Visit [SilverSneakers.com/StartHere](https://www.silversneakers.com/starthere) to get your SilverSneakers ID number and find a location near you, or call SilverSneakers at **888-423-4632 (TTY: 711)**.

Go365

Go365 by Humana® is 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.

If you have a MyHumana account, you can use the same information to log in to [Go365.com](https://www.go365.com). If not, activate your profile at [MyHumana.com](https://www.myhumana.com). Once you log into Go365, you'll see eligible activities you can complete to earn rewards and details on how to track your actions.

Humana Care Management

Humana care management programs support qualifying members to help them remain independent at home, by providing education about chronic conditions and medication adherence, help with discharge instructions, accessing community resources, finding social support and more, all included in the plan at no additional cost. For more information, please contact the number on the back of your Humana member ID card or visit [Humana.com/home-care](https://www.humana.com/home-care).

Humana Well Dine® meal program

After your overnight inpatient stay in a hospital or nursing facility, you're eligible to receive up to 28 nutritious meals (2 meals per day for 14 days). The meals will be delivered to your door at no additional cost to you. For more information, please contact the number on the back of your Humana member ID card or visit [Humana.com/home-care/well-dine](https://www.humana.com/home-care/well-dine).

Advance care planning with MyDirectives

MyDirectives®, an online advance care plan platform, helps you ensure your wishes are met in case unexpected medical emergencies happen or as illnesses progress. With MyDirectives, you can make your exact wishes known and identify the people you trust to speak for you as well. Sign in to [MyHumana.com](https://www.myhumana.com), go to MyHealth tab, in the drop down select MyHealth Overview and then select MyDirectives under Resources.

Humana Health Coaching

Available to all Humana Group Medicare members, our health coaching program provides guidance to help you develop a plan of action that supports your health and well-being goals. A health coach works with you to create a personal vision for your health and well-being, brings clarity to your goals and priorities and provides accountability and support. Get started by calling **877-567-6450 (TTY: 711)**.

Humana Neighborhood Center

Humana Neighborhood Centers offer a variety of classes in-person and online. Watch daily online classes like cooking demos, crafts, and meditation. To see a full list of virtual activities and to RSVP for classes and other events, visit [HumanaNeighborhoodCenter.com](https://www.humana.com/neighborhood-center). To find a Humana Neighborhood Center near you, visit [Humana.com/Humana-neighborhood-centers](https://www.humana.com/humana-neighborhood-centers).

Frequently asked questions

Do I need to show my red, white and blue Medicare card when I visit the doctor?

No. You'll get a Humana member ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

What should I do if I move or have a temporary address change?

If you move to another area or state, it may affect your plan. It's important to contact your group benefits administrator for details and call to notify Humana of the move.

What should I do if I have to file a claim?

Call Humana Group Medicare Customer Care for more information and assistance. To request reimbursement for a charge you paid for a service, send the provider's itemized receipt and the Health Benefits Claim Form (also available at [Humana.com](https://www.humana.com)) to the claims address on the back of your Humana member ID card. Make sure the receipt includes your name and Humana member ID number.

What if I have other health insurance coverage?

If you have other health insurance, show your Humana member ID card and your other insurance cards when you see a healthcare provider. The Humana Group Medicare plan may be eligible in combination with other types of health insurance coverage you may have. This is called coordination of benefits. Please notify Humana if you have any other medical coverage.

When does my coverage begin?

Your former employer or union decides how and when you enroll. Check with your benefits administrator for the proposed effective date of your enrollment. Be sure to keep your current healthcare coverage until your Humana Group Medicare PPO plan enrollment is confirmed.

What if my service needs a prior authorization?

If your medical service or medication requires a prior authorization, your provider can contact Humana to request it. You can call Customer Care if you have questions regarding what medical services and medications require prior authorization.

What if my provider says they will not accept my plan?

If your provider says they will not accept your PPO plan, you can give your provider the "Group Medicare Provider Information" flyer on page 11. It explains how your PPO plan works. You can also call Customer Care and have a Humana representative contact your provider and explain how your PPO plan works.

What should I do if I need prescriptions filled before I receive my Humana member ID card?

If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

How can I get help with my drug plan costs?

People with limited incomes may qualify for assistance from the Extra Help program to pay for their prescription drug costs. To see if you qualify for Extra Help, call **800-MEDICARE (800-633-4227)**, 24 hours a day, seven days a week. If you use a TTY, call **877-486-2048**. You can also call the Social Security Administration at **800-772-1213**. If you use a TTY, call **800-325-0778**. Your state's Medical Assistance (Medicaid) Office may also be able to help, or you can apply for Extra Help online at www.socialsecurity.gov.

Medical insurance terms

Coinsurance

Your share of the cost after deductible

A percentage of your medical and drug 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.

Deductible

What you pay up front

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

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.

Pharmacy terms

Catastrophic coverage

What you pay for covered drugs after reaching \$8,000

Once your out-of-pocket costs reach the \$8,000 maximum, you pay \$0 until the end of the plan year.

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.

Deductible

Your cost for Part D prescription medications before the plan pays

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

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.

Out-of-pocket

Portion of costs you pay

Amount you may have to pay for most plans, including deductibles, copays and coinsurance.

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care
866-396-8810 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Medicare Health Assessment
888-445-3389 (TTY: 711), daily

MyHumana
Sign in to or register for MyHumana to access your personal and secure plan information at [Humana.com](https://www.humana.com)

MyHumana mobile app
[Humana.com/mobile-apps](https://www.humana.com/mobile-apps)

Doctors in your network
[Humana.com/FindaDoctor](https://www.humana.com/FindaDoctor)

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

Array behavioral health
888-410-0405 (TTY: 711)
[Arraybc.com/patients/Humana](https://www.arraybc.com/patients/Humana)

CenterWell Pharmacy™
800-379-0092 (TTY: 711),
Mon. – Fri., 8 a.m. – 11 p.m., and
Sat., 8 a.m. – 6:30 p.m., Eastern time
[CenterWellPharmacy.com](https://www.CenterWellPharmacy.com)

CenterWell Specialty Pharmacy™
800-486-2668 (TTY: 711),
Mon. – Fri., 8 a.m. – 11 p.m., and
Sat., 8 a.m. – 6:30 p.m., Eastern time
[CenterWellSpecialtyPharmacy.com](https://www.CenterWellSpecialtyPharmacy.com)

Humana Clinical Pharmacy Review Team
800-555-2546 (TTY: 711),
Monday – Friday, 8 a.m. – 8 p.m., Eastern time

SilverSneakers®
888-423-4632 (TTY: 711),
Monday – Friday, 8 a.m. – 8 p.m., Eastern time
[SilverSneakers.com](https://www.SilverSneakers.com)

Go365 by Humana™
[Go365.com](https://www.Go365.com)

Humana Care Management
866-396-8810 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
[Humana.com/home-care](https://www.humana.com/home-care)

Humana Well Dine®
866-396-8810 (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)

Humana Health Coaching
877-567-6450 (TTY: 711)

Humana Neighborhood Centers
[Humana.com/Humana-neighborhood-centers](https://www.humana.com/Humana-neighborhood-centers)

State health insurance program offices
800-633-4227 (TTY: 711), daily
www.cms.gov/apps/contacts/#

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

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **866-396-8810 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 866-396-8810 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。

GHHLE7BEN 0822

2024

Summary of Benefits

**Humana Group Medicare Advantage PPO Plan
PPO 079/209**

County of Rensselaer

Humana®

Our service area includes specific counties within the United States, Puerto Rico and all other major US Territories.



Let's talk about the **Humana Group Medicare Advantage PPO Plan.**

Find out more about the Humana Group Medicare Advantage PPO plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

To be eligible

To join the Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call Group Medicare Customer Care.

Plan name:

Humana Group Medicare Advantage PPO plan



A healthy partnership

Get more from your plan — with extra services and resources provided by Humana!

How to reach us:

Members should call toll-free
1-866-396-8810 for questions
(TTY/TDD 711)

Call Monday – Friday, 8 a.m. - 9 p.m.
Eastern Time.

Or visit our website: **Humana.com**



Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
PLAN COSTS		
Monthly premium You must keep paying your Medicare Part B premium.	For information concerning the actual premiums you will pay, please contact your employer group benefits plan administrator.	
Medical deductible	This plan does not have a deductible.	
Maximum out-of-pocket responsibility The most you pay for copays, coinsurance and other costs for medical services for the year.	<p>In-Network Maximum Out-of-Pocket \$3,400 out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Dental Services (Routine); Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Vision Services (Routine) and the Plan Premium.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.</p>	<p>Combined In and Out-of-Network Maximum Out-of-Pocket \$3,400 out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; Dental Services (Routine); Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Vision Services (Routine) and the Plan Premium do not apply to the combined maximum out-of-pocket.</p> <p>Out-of-Network Exclusions: Part D Pharmacy; Dental Services (Routine); Hearing Services (Routine); Vision Services (Routine); Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.</p> <p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.</p>

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUTE INPATIENT HOSPITAL CARE		
Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	\$0 per admit	\$0 per admit
OUTPATIENT HOSPITAL COVERAGE		
Outpatient hospital visits	\$0 to \$20 copay	\$0 to \$20 copay
Ambulatory surgical center	\$0 copay	\$0 copay
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	\$10 copay	\$10 copay
Specialists	\$15 copay	\$15 copay
PREVENTIVE CARE		
Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings. Any additional preventive services approved by Medicare during the contract year will be covered.	Covered at no cost	Covered at no cost
EMERGENCY CARE		
Emergency room If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	\$75 copay for Medicare-covered emergency room visit(s)	\$75 copay for Medicare-covered emergency room visit(s)
Urgently needed services Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	\$10 to \$25 copay	\$10 to \$25 copay
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Diagnostic radiology	\$10 to \$15 copay	\$10 to \$15 copay
Lab services	\$0 copay	\$0 copay
Diagnostic tests and procedures	\$0 to \$25 copay	\$0 to \$25 copay

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Outpatient X-rays	\$10 to \$25 copay	\$10 to \$25 copay
Radiation therapy	\$15 copay	\$15 copay
HEARING SERVICES		
Medicare-covered hearing	\$15 copay	\$15 copay
Routine hearing	\$0 copay for routine hearing exams up to 1 every 3 years. \$600 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years.	\$0 copay for routine hearing exams up to 1 every 3 years. \$600 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
DENTAL SERVICES		
Medicare-covered dental	\$15 copay (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)	\$15 copay (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)
Routine dental	\$250 combined maximum benefit coverage amount per year for preventive benefits including bitewing x-rays, fluoride treatment, intraoral x-rays, panoramic film or diagnostic x-rays up to 1 per year and periodic oral exam and/or comprehensive oral evaluation, prophylaxis (cleaning) up to 2 per year.	\$250 combined maximum benefit coverage amount per year for preventive benefits including bitewing x-rays, fluoride treatment, intraoral x-rays, panoramic film or diagnostic x-rays up to 1 per year and periodic oral exam and/or comprehensive oral evaluation, prophylaxis (cleaning) up to 2 per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Dental benefits under this plan may not cover all ADA procedure codes. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit.

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

IN-NETWORK

OUT-OF-NETWORK

Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire. Information regarding each plan is available at [Humana.com/sb](https://www.humana.com/sb).

In-network dentists have agreed to provide covered services at contracted rates (per the in-network fee schedules, or INFS). If a member visits a participating network dentist, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).

Out-of-network dentists have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider. Please see below for provider locator instructions. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, you may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in your area. See Chapter 2 Payment Requests Contact Information or visit [Humana.com](https://www.humana.com) for information on requesting reimbursement.

When visiting an out-of-network provider there could be a difference between Humana’s reimbursement and the dentist’s charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.

The Mandatory Supplemental Dental benefits are provided through the Humana Dental Medicare Network. The provider locator can be found at [Humana.com](https://www.humana.com) > **Find a doctor** > **Select the Dentist icon from the menu** > **From the Distance drop down select the preferred distance** > **Enter Zip code** > **From the look up method select All Dental Networks** > **Then select HumanaDental Medicare.**

VISION SERVICES

Medicare-covered vision services	\$15 copay (services include diagnosis and treatment of diseases and injuries of the eye)	\$15 copay (services include diagnosis and treatment of diseases and injuries of the eye)
Medicare-covered diabetic eye exam	\$0 copay	\$0 copay
Medicare-covered glaucoma screening	\$0 copay	\$0 copay
Medicare-covered eyewear (post-cataract)	\$15 copay	\$15 copay
Routine vision	\$0 copay for routine exam (includes refraction) up to 1 per year. \$100 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).	\$0 copay for routine exam (includes refraction) up to 1 per year. \$100 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

IN-NETWORK

OUT-OF-NETWORK

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

MENTAL HEALTH SERVICES

Inpatient

The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility.

\$0 per admit

\$0 per admit

Outpatient group and individual therapy visits

Outpatient therapy visit:
\$10 to \$25 copay
Partial Hospitalization:
\$15 copay

Outpatient therapy visit:
\$10 to \$25 copay
Partial Hospitalization:
\$15 copay

SKILLED NURSING FACILITY

Our plan covers up to 100 days in a SNF.

\$0 copay per day for days 1-100

\$0 copay per day for days 1-100

No 3-day hospital stay is required.

Plan pays \$0 after 100 days.

PHYSICAL THERAPY

\$15 copay

\$15 copay

AMBULANCE

Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.

\$100 copay

\$100 copay

PART B PRESCRIPTION DRUGS

\$0 to \$20 copay

\$0 to \$20 copay

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture visit(s) for chronic low back pain	\$15 copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	\$15 copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.		
ALLERGY		
Allergy shots & serum	\$10 to \$15 copay	\$10 to \$15 copay
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	\$15 copay	\$15 copay
DIABETES MANAGEMENT TRAINING		
	\$0 copay	\$0 copay
FOOT CARE (PODIATRY)		
Medicare-covered foot care	\$15 copay	\$15 copay
HOME HEALTH CARE		
	\$0 copay	\$0 copay
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment (like wheelchairs or oxygen)	\$20 copay or 20% of the cost	\$20 copay or 20% of the cost
Medical supplies	\$0 copay or 20% of the cost	\$0 copay or 20% of the cost
Prosthetics (artificial limbs or braces)	20% of the cost	20% of the cost
Diabetes monitoring supplies	\$0 copay or 20% of the cost	\$0 copay or 20% of the cost
OUTPATIENT SUBSTANCE ABUSE		
Outpatient group and individual substance abuse treatment visits	Outpatient therapy visit: \$10 to \$25 copay Partial Hospitalization: \$15 copay	Outpatient therapy visit: \$10 to \$25 copay Partial Hospitalization: \$15 copay
REHABILITATION SERVICES		
Occupational and speech therapy	\$15 copay	\$15 copay
Cardiac rehabilitation	\$15 copay	\$15 copay
Pulmonary rehabilitation	\$15 copay	\$15 copay

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
RENAL DIALYSIS		
Renal dialysis	\$15 copay	\$15 copay
Kidney disease education services	\$0 copay	\$0 copay
TELEHEALTH SERVICES (in addition to Original Medicare)		
Primary care provider (PCP)	\$0 copay	Not Covered
Specialist	\$15 copay	Not Covered
Urgent care services	\$0 copay	Not Covered
Substance abuse or behavioral health services	\$0 copay	Not Covered

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Covered Medical and Hospital Benefits

IN-NETWORK

OUT-OF-NETWORK

FITNESS AND WELLNESS

SilverSneakers® is a total health and physical activity program that provides access to exercise equipment, group fitness classes, and social events.

HEALTH EDUCATION SERVICES

Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

MEAL BENEFIT

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are eligible for nutritious meals delivered to their door at no cost.

POST-DISCHARGE PERSONAL HOME CARE

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members may receive assistance performing activities of daily living within the home. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.

POST-DISCHARGE TRANSPORTATION SERVICES

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are provided transportation to plan approved locations by car, van or wheelchair accessible vehicle at no cost.

SMOKING CESSATION (ADDITIONAL)

A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.

HOSPICE

You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (听障专线：711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (聽障專線：711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخططنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY:711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。



Find out **more**



You can see your plan's provider directory at **Humana.com** or call us at the number listed at the beginning of this booklet and we will send you one.

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

If you want to compare our plan with other Medicare health plans, you can call your employer or union sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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Humana[®]

Humana.com

SB079209EN24

2024 DEN791

HumanaDental® Medicare Network

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- Out-of-network dental providers have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in the member's area.
- **When visiting an out-of-network dental provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.**
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.

2024 DEN791

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$250
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exams				
D0120	Periodic oral evaluation – established patient	Two procedure codes from this group per calendar year	100%	100%
D0150	Comprehensive oral evaluation – new or established patient		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
D0240	Intraoral – occlusal radiographic image		100%	100%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group per calendar year	100%	100%
D0330	Panoramic radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two per calendar year	100%	100%
Fluoride				
D1206	Topical application of fluoride varnish	One procedure code from this group per calendar year	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%

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فارسی (Farsi)

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Diné Bizaad (Navajo): Wóadahí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowol.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Routine Hearing

\$0 exam / \$600 allowance

Routine Hearing Benefit Summary		
Hearing services	In-network	Out-of-network*
Routine hearing exam <ul style="list-style-type: none">• 1 exam every 3 calendar years	\$0 copayment	\$0 copayment
Fitting/evaluation <ul style="list-style-type: none">• Up to 1 every 3 years	Included with exam	Included with exam
Hearing aids <ul style="list-style-type: none">• Combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) every 3 years• (\$600 total combined in and out of network maximum annual benefit)	\$600 combined in and out of network maximum benefit coverage amount	\$500 combined in and out of network maximum benefit coverage amount

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

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العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721

Routine Vision

\$0 exam / \$100 allowance

Routine Vision Benefit Summary		
Vision services	In-network	Out-of-network
Routine eye exam (includes refraction)	\$0 copayment Up to 1 per year	\$0 copayment Up to 1 per year
Frame, lenses or contact lens options	\$100 combined maximum benefit coverage amount Per year Includes lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).	\$100 combined maximum benefit coverage amount Per year Includes lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).

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Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721

2024

Prescription Drug Summary of Benefits

**Humana Group Medicare Advantage Plan
Rx 450**

County of Rensselaer

Humana®

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Let's talk about the **Humana Group Medicare Advantage Rx Plan.**

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".



Deductible

Pharmacy (Part D) deductible

This plan does not have a deductible.



Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$5,030**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	\$0 copay	\$0 copay
2 (Preferred Brand)	\$20 copay	\$20 copay
3 (Non-Preferred Drug)	\$35 copay	\$35 copay
4 (Specialty Tier)	\$35 copay	\$35 copay
90-day supply		
1 (Generic or Preferred Generic)	\$0 copay	\$0 copay
2 (Preferred Brand)	\$40 copay	\$40 copay
3 (Non-Preferred Drug)	\$70 copay	\$70 copay
4 (Specialty Tier)	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit www.humana.com/SearchResources, locate Prescription Drug section, select www.humana.com/MedicareDrugList link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP23.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Customer Care for more information.

Important Message About What You Pay for Insulin – You won't pay more than **\$35** for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

ADDITIONAL DRUG COVERAGE

Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Erectile Dysfunction, Vitamins/Minerals, Weight Loss drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage. Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$5,030**.

You will continue to pay the same amount as when you were in the initial coverage stage.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$8,000**, you have a **\$0** copayment.

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Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (听障专线：711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (聽障專線：711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

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Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخططنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-877-320-1235 (TTY: 711)). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY:711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。



Find out **more**



You can see your plan's pharmacy directory at **<https://www.humana.com/finder/pharmacy/>** or call us at the number listed at the beginning of this booklet and we will send you one.



You can see your plan's drug formulary at **www.humana.com/medicaredruglist** or call us at the number listed at the beginning of this booklet and we will send you one.

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

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Humana.com

RX450EN24

2024 Enrollment Form

Humana Group Medicare
PPO (Preferred Provider Organization)
A Medicare Advantage plan

Follow these easy steps to become
a Humana Medicare member



Have your Medicare card ready

Each individual applying must fill out
a separate form.



Sign and date the enrollment form

If the enrollment form is not completed
and returned within the allotted time
period, the enrollment could be denied.

Please don't send in the same
enrollment form or apply to the
same plan more than once.



Call us with questions

If you have questions, please call a licensed
Humana sales agent at **1-800-824-8242**
(TTY: 711). We're available Monday - Friday,
8 a.m. - 8 p.m. Eastern Time.

Humana®

Additional Notes

Asterisks (*) indicate required fields
Answering non-required fields is your choice. You can't be denied coverage if you don't complete them.

Instructions

- Completely fill the ovals.
- Use black ink only.
- Print only one clear number or capital block letter in each box.
- If you make a mistake, fix it by crossing out the box with an X. Put in the correct letter or number above or below the box as shown:

Correct numbers and letters

1 2 3 S M I ~~X~~ H
 T

When inputting your Medicare Number on the enrollment form, print it exactly as it is on your Medicare card. N indicates a number, A indicates an alphabetic character, and E indicates either a number or alphabetic character. Medicare numbers will not start with a zero or contain the letters B, I, L, O, S or Z.

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GHHLNNXEN 0623

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Form CMS-10802 (Expires 12/31/25)

Form Approved OMB# 0938-1421

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Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY:711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。


Stamp Date

Asterisks (*) indicate required fields

Humana Group Medicare PPO Enrollment Form

EMPLOYER OR UNION SPONSOR NAME* Please use the Employer/Union name listed with your mailing address on your materials.

Please print this information exactly as it is on your Medicare card.



MEDICARE HEALTH INSURANCE

LAST NAME*

FIRST NAME* MI

MEDICARE NUMBER*
 N A E N - A E N - A A N N

IS ENTITLED TO EFFECTIVE DATE

HOSPITAL (PART A) M M - 0 1 - Y Y Y Y

MEDICAL (PART B) M M - 0 1 - Y Y Y Y

PROPOSED EFFECTIVE DATE*

M M - 0 1 - 2 0 Y Y

PLAN OPTION*

079 / _____

You can find the option number on the front page of your Summary of Benefits in the bottom right hand corner.

CATEGORY OF ENROLLEE*

- Medicare Eligible Retiree
- Medicare Eligible Spouse
- Medicare Eligible Dependent

DATE OF BIRTH* M M - D D - Y Y Y Y

SEX* M F

RESIDENTIAL ADDRESS* P.O. Box not allowed.

Experiencing homelessness

APT or STE

CITY*

ST*

ZIP*

COUNTY*

MAILING ADDRESS Your residential address confirms your service area. Print your mailing address/P.O. Box here, if applicable. If your mailing address is your residential address, please fill this oval.

APT or STE

CITY

ST

ZIP

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N - A E N - A A N N

1. If you will have other prescription drug coverage (like VA, TRICARE) in addition to this plan for which you are applying, please fill this oval.* I will have other prescription drug coverage

Please provide your other prescription drug coverage details here, if applicable.

NAME OF OTHER COVERAGE

Grid of 30 empty boxes for name of other coverage

ID NUMBER FOR THIS COVERAGE

Grid of 10 empty boxes for ID number

GROUP NUMBER FOR THIS COVERAGE

Grid of 10 empty boxes for group number

2. Once enrolled, will you or your spouse work? Yes No

PRIMARY CARE PHYSICIAN (PCP)

Grid of 20 empty boxes for PCP name

PCP ID NUMBER

Grid of 10 empty boxes for PCP ID number

Are you already a patient of the physician you chose? Yes No

You can obtain the PCP ID number on our website at Finder.Humana.com.

Preferred Written Language (when available)

English Spanish Chinese Korean Other _____

Preferred Verbal Language

English Spanish Mandarin Cantonese
 Korean Other _____

If an accessible format is needed, please select one option

Audio Large print Accessible screen reader PDF
 Oral over the phone Braille

Please call a licensed Humana sales agent at **1-800-824-8242 (TTY: 711)** if you need information in another format or language.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

No, not of Hispanic, Latino/a, or Spanish origin Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican Yes, Cuban
 Yes, another Hispanic, Latino/a, or Spanish origin I choose not to answer

What's your race? Select all that apply.

American Indian or Alaska Native Asian Indian Black or African American
 Chinese Filipino Guamanian or Chamorro
 Japanese Korean Native Hawaiian
 Other Asian Other Pacific Islander Samoan
 Vietnamese White I choose not to answer



PLEASE READ THIS IMPORTANT INFORMATION

By completing this enrollment form, I agree to the following:

The Humana Group Medicare PPO plan is a Medicare Advantage plan that has a contract with the federal government and I will need to keep my Medicare Parts A and B to stay in the plan. I must continue to pay my Medicare Part B premium. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare Advantage health plan. It is my responsibility to inform Humana of any prescription drug coverage that I have or may get in the future. **I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.** I understand that if I leave this Humana plan, I may not be eligible to return to the group plan or change plans outside of the group's open enrollment period. I can receive details of my options by calling my plan administrator or customer service.

I understand that when my Humana coverage begins, I must get all of my medical, and prescription drug benefits when applicable, from Humana. Benefits and services provided by Humana and contained in my "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Humana will pay for benefits or services that are not covered. I will abide by the rules of my Evidence of Coverage. Once I am a member of Humana, I have the right to appeal plan decisions about payment or services if I disagree.

This Humana plan serves a specific service area. If I move out of the area that this Humana plan serves, I need to notify Humana as I may have to disenroll and find a new plan in my new area. I understand that Medicare beneficiaries are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.

I understand that I am enrolling into a Humana Medicare Advantage plan and not a Medicare Supplement, Medigap, Medicare Select or Medicaid plan.

The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

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By joining this Medicare plan, I acknowledge that Humana will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below).

Privacy Act Statement:

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Individuals experiencing homelessness:

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security benefit checks) may be considered and used in the residential address field as your permanent residence address.

If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the Railroad Retirement Board. Do NOT pay Humana the Part D-IRMAA.

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N - A E N - A A N N

I have read and understand the important information on the preceding pages. I have reviewed and received a copy of the Summary of Benefits.

SIGNATURE OF APPLICANT* or authorized legal representative (including valid Power of Attorney, Legal Guardian, etc.)

[Signature line]

SIGNATURE DATE*

M M - D D - 2 0 Y Y

I understand that my signature (or the signature of the individual legally authorized to act on my behalf) on this enrollment form means that I have read and understand the contents of this enrollment form. If signed by an authorized representative (as described above), the signature certifies that: 1) this individual is authorized under state law to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.

If you are the authorized legal representative, you **MUST** sign above and provide the following information:*

LAST NAME FIRST NAME MI
STREET ADDRESS
CITY ST ZIP
TELEPHONE RELATIONSHIP TO APPLICANT

INTERNAL MARKETPOINT AGENTS ONLY

WRITING AGENT NAME*
AGENT NUMBER (SAN)* DATE*
REFERRING AGENT NAME
REFERRING AGENT NUMBER (SAN)

Humana[®]

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

2024 Enrollment Form

Humana Group Medicare
PPO (Preferred Provider Organization)
A Medicare Advantage plan

Follow these easy steps to become
a Humana Medicare member



Have your Medicare card ready

Each individual applying must fill out
a separate form.



Sign and date the enrollment form

If the enrollment form is not completed
and returned within the allotted time
period, the enrollment could be denied.

Please don't send in the same
enrollment form or apply to the
same plan more than once.



Call us with questions

If you have questions, please call a licensed
Humana sales agent at **1-800-824-8242**
(TTY: 711). We're available Monday - Friday,
8 a.m. - 8 p.m. Eastern Time.

Humana®

Additional Notes

Asterisks (*) indicate required fields
Answering non-required fields is your choice. You can't be denied coverage if you don't complete them.

Instructions

- Completely fill the ovals.
- Use black ink only.
- Print only one clear number or capital block letter in each box.
- If you make a mistake, fix it by crossing out the box with an X. Put in the correct letter or number above or below the box as shown:

Correct numbers and letters

1 2 3 S M I ~~X~~ H
 T

When inputting your Medicare Number on the enrollment form, print it exactly as it is on your Medicare card. N indicates a number, A indicates an alphabetic character, and E indicates either a number or alphabetic character. Medicare numbers will not start with a zero or contain the letters B, I, L, O, S or Z.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable federal civil rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

GHHLNNXEN 0623

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (听障专线：711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (聽障專線：711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Form CMS-10802 (Expires 12/31/25)

Form Approved OMB# 0938-1421

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخططنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

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Stamp Date

Asterisks (*) indicate required fields

Humana Group Medicare PPO Enrollment Form

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LAST NAME*

FIRST NAME* MI

MEDICARE NUMBER*
 N A E N - A E N - A A N N

IS ENTITLED TO EFFECTIVE DATE

HOSPITAL (PART A) M M - 0 1 - Y Y Y Y

MEDICAL (PART B) M M - 0 1 - Y Y Y Y

PROPOSED EFFECTIVE DATE*

M M - 0 1 - 2 0 Y Y

PLAN OPTION*

079 / _____

You can find the option number on the front page of your Summary of Benefits in the bottom right hand corner.

CATEGORY OF ENROLLEE*

- Medicare Eligible Retiree
- Medicare Eligible Spouse
- Medicare Eligible Dependent

DATE OF BIRTH* M M - D D - Y Y Y Y

SEX* M F

RESIDENTIAL ADDRESS* P.O. Box not allowed.

Experiencing homelessness

APT or STE

CITY*

ST*

ZIP*

COUNTY*

MAILING ADDRESS Your residential address confirms your service area. Print your mailing address/P.O. Box here, if applicable. If your mailing address is your residential address, please fill this oval.

APT or STE

CITY

ST

ZIP

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N - A E N - A A N N

It is important that we can reach you to help you stay informed and take care of your health.
Please provide your telephone number and email address.

TELEPHONE

TELEPHONE TYPE

()

-

Cellphone

Home (landline)

There may be times when Humana will use an automated system to call or text you.
When that happens we will be sure to use the telephone number you provided.

EMAIL By providing your email address, you authorize Humana to send you health information to this address.

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N - A E N - A A N N

1. If you will have other prescription drug coverage (like VA, TRICARE) in addition to this plan for which you are applying, please fill this oval.* I will have other prescription drug coverage

Please provide your other prescription drug coverage details here, if applicable.

NAME OF OTHER COVERAGE

Grid of 30 empty boxes for name of other coverage

ID NUMBER FOR THIS COVERAGE

Grid of 10 empty boxes for ID number

GROUP NUMBER FOR THIS COVERAGE

Grid of 10 empty boxes for group number

2. Once enrolled, will you or your spouse work? Yes No

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Audio Large print Accessible screen reader PDF
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Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

No, not of Hispanic, Latino/a, or Spanish origin Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican Yes, Cuban
 Yes, another Hispanic, Latino/a, or Spanish origin I choose not to answer

What's your race? Select all that apply.

American Indian or Alaska Native Asian Indian Black or African American
 Chinese Filipino Guamanian or Chamorro
 Japanese Korean Native Hawaiian
 Other Asian Other Pacific Islander Samoan
 Vietnamese White I choose not to answer



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Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N - A E N - A A N N

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SIGNATURE OF APPLICANT* or authorized legal representative (including valid Power of Attorney, Legal Guardian, etc.)

[Signature line]

SIGNATURE DATE*

M M - D D - 2 0 Y Y

I understand that my signature (or the signature of the individual legally authorized to act on my behalf) on this enrollment form means that I have read and understand the contents of this enrollment form. If signed by an authorized representative (as described above), the signature certifies that: 1) this individual is authorized under state law to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.

If you are the authorized legal representative, you MUST sign above and provide the following information:*

LAST NAME FIRST NAME MI

STREET ADDRESS

CITY ST ZIP

TELEPHONE RELATIONSHIP TO APPLICANT

INTERNAL MARKETPOINT AGENTS ONLY

WRITING AGENT NAME*

AGENT NUMBER (SAN)* DATE*

REFERRING AGENT NAME

REFERRING AGENT NUMBER (SAN)

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