

2014

Summary of Benefits Humana Medicare Employer PPO Plan



PPO 079/090 - Nongrandfathered Retiree
Freescale™ Semiconductors Retirees

Humana®



for your interest in the Humana Medicare Employer PPO Plan. Our plan is offered by Humana Health Insurance Company of Florida, Inc., Humana Insurance of Puerto Rico, Inc., Humana Insurance Company of New York, and Humana Insurance Company; all are Medicare Advantage PPO organizations that contract with the Federal government. This **Summary of Benefits** tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call the Humana Medicare Employer PPO Plan and ask for the **"Evidence of Coverage"**.

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (Fee-for-Service) Medicare Plan. Another option is a Medicare health plan, like the Humana Medicare Employer PPO Plan. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program. You may be able to join or leave a plan only at certain times. Please call the Humana Medicare Employer PPO Plan at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare the Humana Medicare Employer PPO Plan and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS THE HUMANA MEDICARE EMPLOYER PPO PLAN AVAILABLE?

The counties mentioned below are covered in the Humana network. However, if your county is not listed, you may still have coverage with this plan. If you don't live in one of these areas, please contact the plan to see if you are eligible for 2014.

The service area for this plan includes: **Alabama:** Autauga, Barbour, Bibb, Blount, Bullock, Chambers, Chilton, Coffee, Colbert, Dale, Elmore, Fayette, Henry, Houston, Jackson, Jefferson, Lauderdale, Lee, Limestone, Lowndes, Macon, Madison, Marion, Marshall, Montgomery, Morgan, Randolph, Russell, Shelby, St. Clair, Walker, Wilcox; **Arizona:** La Paz, Maricopa, Mohave, Pima, Pinal, Santa Cruz, Yavapai; **Arkansas:** Baxter, Benton, Boone, Carroll, Clark, Cleburne, Conway, Craighead, Crawford, Crittenden, Dallas, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hot Spring, Izard, Jefferson, Johnson, Lee, Logan, Lonoke, Madison, Marion, Montgomery, Newton, Perry, Phillips, Poinsett, Polk, Pope, Pulaski, Randolph, Saline, Scott, Searcy, Sebastian, Sharp, St. Francis, Van Buren, Washington, White, Woodruff, Yell; **Colorado:** Adams, Alamosa, Arapahoe, Archuleta, Boulder, Broomfield, Chaffee, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Denver, Douglas, El Paso, Elbert, Fremont, Gilpin, Grand, Huerfano, Jefferson, Larimer, Las Animas, Logan, Mesa, Montrose, Morgan, Otero, Park, Pueblo, Teller, Weld; **Delaware:** Kent, New Castle; **Florida:** Broward, Charlotte, Collier, Flagler, Martin, Miami-Dade, Palm Beach, Sarasota, St. Lucie, Volusia; **Georgia:** Bartow, Bryan, Bulloch, Burke, Camden, Carroll, Catoosa, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Columbia, Coweta, Dade, Dawson, DeKalb, Douglas, Effingham, Elbert, Evans, Fayette, Floyd, Forsyth, Franklin, Fulton, Glascock, Glynn, Greene, Gwinnett, Habersham, Hancock, Haralson, Harris, Hart, Henry, Jackson, Jefferson, Liberty, Lumpkin, Madison, Marion, McDuffie, McIntosh, Meriwether, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Rabun, Randolph, Richmond, Rockdale, Screven, Stephens, Stewart, Talbot, Taliaferro, Towns, Troup, Union, Walker, Walton, Warren, Washington, Webster, Wilkes; **Hawaii:** Honolulu, Kauai, Maui; **Idaho:** Ada, Bannock, Boise, Bonneville, Canyon, Gem, Kootenai, Payette; **Illinois:** Adams, Boone, Brown, Cass, Christian, Clark, Cook, DeKalb, DuPage, Edgar, Fulton, Hancock, Henderson, Henry, Jasper, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Lee, Livingston, Madison, Marshall, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Morgan, Moultrie, Ogle, Peoria, Pike, Putnam, Richland, Rock Island, Sangamon, Schuyler, Scott, St. Clair, Stark, Stephenson, Tazewell, Vermilion, Warren, Will, Winnebago, Woodford; **Indiana:** Adams, Allen, Bartholomew, Boone, Brown, Cass, Clark, De Kalb, Dearborn, Decatur, Delaware, Dubois, Elkhart, Floyd, Franklin, Fulton, Gibson, Grant, Hamilton, Hancock, Harrison, Hendricks, Huntington, Jackson, Jefferson, Jennings, Johnson, Kosciusko, La Porte, Lagrange, Lawrence, Madison,



arshall, Miami, Monroe, Montgomery, Morgan, Noble, Ohio, Orange, Owen, Posey, Putnam, Ripley, Scott, Shelby, Spencer, St. Joseph, Steuben, Switzerland, Vanderburgh, Vigo, Wabash, Warrick, Washington, Wells, Whitley; **Iowa:** Adair, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Floyd, Franklin, Fremont, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright; **Kansas:** Bourbon, Butler, Cherokee, Cowley, Crawford, Dickinson, Douglas, Franklin, Harvey, Jefferson, Johnson, Labette, Leavenworth, Linn, Miami, Ottawa, Pottawatomie, Reno, Sedgwick, Shawnee, Sumner, Wyandotte; **Kentucky:** Anderson, Barren, Bath, Boone, Bourbon, Boyle, Bracken, Bullitt, Campbell, Clark, Fayette, Franklin, Garrard, Hardin, Harrison, Henderson, Henry, Jackson, Jefferson, Jessamine, Kenton, Lincoln, Madison, Marion, Mason, McCracken, Menifee, Mercer, Metcalfe, Montgomery, Nelson, Oldham, Powell, Scott, Shelby, Spencer, Warren, Washington, Webster, Woodford; **Louisiana:** Calcasieu, Caldwell, Cameron, La Salle, Lafayette, Morehouse, Ouachita, St. Landry, St. Martin, St. Mary, Washington; **Maryland:** Allegany, Garrett, Washington; **Michigan:** Allegan, Barry, Berrien, Branch, Calhoun, Cass, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Ingham, Isabella, Kalamazoo, Kent, Lenawee, Midland, Monroe, Montcalm, Muskegon, Oceana, Ottawa, Saginaw, St. Joseph, Van Buren; **Minnesota:** Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, St. Louis, Stearns, Steele, Swift, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright; **Mississippi:** Attala, Benton, Claiborne, Copiah, DeSoto, George, Grenada, Hancock, Harrison, Hinds, Jackson, Lafayette, Leake, Madison, Marshall, Pearl River, Rankin, Scott, Stone, Tate, Tunica, Wilkinson, Yalobusha, Yazoo; **Missouri:** Audrain, Barry, Bates, Benton, Boone, Callaway, Cass, Cedar, Christian, Clay, Cole, Cooper, Dade, Dallas, Douglas, Franklin, Greene, Harrison, Henry, Hickory, Howard, Howell, Jackson, Jasper, Jefferson, Johnson, Laclede, Lafayette, Lawrence, Lincoln, Livingston, McDonald, Miller, Moniteau, Morgan, Newton, Oregon, Osage, Ozark, Pemiscot, Pettis, Phelps, Platte, Polk, Pulaski, Ray, Saline, Shelby, St. Charles, St. Clair, St. Francois, St. Louis, St. Louis City, Stone, Taney, Texas, Vernon, Warren, Washington, Webster, Wright; **Montana:** Carbon, Cascade, Flathead, Ravalli, Stillwater, Yellowstone; **North Carolina:** Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Buncombe, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cherokee, Clay, Cleveland, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Graham, Guilford, Haywood, Henderson, Iredell, Jackson, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Orange, Person, Polk, Randolph, Rockingham, Rowan, Rutherford, Stanly, Stokes, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Yadkin, Yancey; **North Dakota:** Barnes, Burleigh, Cass, Grand Forks, Kidder, Morton, Richland, Stutsman, Traill; **Nebraska:** Banner, Box Butte, Burt, Butler, Cass, Cheyenne, Colfax, Cuming, Dawes, Dodge, Douglas, Kimball, Lancaster, Morrill, Otoe, Sarpy, Saunders, Scotts Bluff, Seward, Sioux, Washington; **New Hampshire:** Carroll, Hillsborough, Rockingham; **New Mexico:** Bernalillo, Catron, Cibola, Colfax, Curry, DeBaca, Dona Ana, Grant, Guadalupe, Lincoln, Los Alamos, Luna, McKinley, Otero, Quay, Rio Arriba, Roosevelt, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance, Union, Valencia; **New York:** Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Greene, Hamilton, Herkimer, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Warren, Washington, Yates; **Nevada:** Clark, Washoe; **Ohio:** Adams, Allen, Ashland, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Geauga, Greene, Guernsey, Hamilton, Hancock, Highland, Holmes, Huron, Knox, Lake, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Pickaway, Pike, Portage, Preble, Richland, Ross, Sandusky, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Warren, Washington, Wayne, Williams, Wood, Wyandot; **Oklahoma:** Canadian, Carter, Cherokee, Cleveland, Comanche, Craig, Custer, Delaware, Dewey, Ellis,



rady, Haskell, Hughes, Kay, Kiowa, Le Flore, Lincoln, Logan, Mayes, McClain, Muskogee, Noble, Nowata, Oklahoma, Okmulgee, Osage, Ottawa, Pawnee, Pittsburg, Pottawatomie, Rogers, Seminole, Sequoyah, Stephens, Texas, Tulsa, Wagoner, Washington; **Oregon:** Benton, Clackamas, Columbia, Crook, Deschutes, Hood River, Jefferson, Lincoln, Linn, Malheur, Multnomah, Polk, Washington; **Pennsylvania:** Adams, Berks, Blair, Bradford, Bucks, Carbon, Centre, Chester, Clinton, Columbia, Crawford, Cumberland, Dauphin, Erie, Huntingdon, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Philadelphia, Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Warren, Wayne, Wyoming, York; **Puerto Rico:** Island Wide; **South Carolina:** Abbeville, Aiken, Allendale, Anderson, Barnwell, Berkeley, Charleston, Cherokee, Colleton, Dorchester, Greenville, Hampton, Laurens, Newberry, Oconee, Pickens, Saluda, Spartanburg, Union, York; **South Dakota:** Beadle, Bon Homme, Brookings, Brown, Butte, Clark, Clay, Codington, Custer, Davison, Day, Deuel, Fall River, Grant, Hamlin, Hanson, Hutchinson, Kingsbury, Lake, Lawrence, Lincoln, Marshall, McCook, Meade, Miner, Minnehaha, Moody, Pennington, Roberts, Sanborn, Spink, Turner, Union, Yankton; **Tennessee:** Anderson, Bedford, Bledsoe, Blount, Bradley, Campbell, Cheatham, Claiborne, Cocke, Cumberland, Davidson, DeKalb, Dickson, Fayette, Fentress, Franklin, Grainger, Grundy, Hamblen, Hamilton, Hardin, Hickman, Jackson, Jefferson, Knox, Lewis, Loudon, Macon, Madison, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Morgan, Overton, Polk, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Sumner, Trousdale, Union, Warren, Wayne, White, Williamson; **Texas:** Anderson, Aransas, Armstrong, Atascosa, Austin, Bandera, Bastrop, Bee, Bell, Bexar, Brazoria, Brazos, Caldwell, Callahan, Camp, Carson, Chambers, Cherokee, Coleman, Collin, Colorado, Comal, Comanche, Cooke, Coryell, Dallas, Dawson, Deaf Smith, Delta, Denton, Dimmit, Eastland, Ector, Edwards, El Paso, Ellis, Erath, Fannin, Fort Bend, Franklin, Frio, Gillespie, Gray, Grayson, Gregg, Guadalupe, Hardin, Harris, Harrison, Hays, Henderson, Hood, Howard, Hunt, Jefferson, Jim Wells, Johnson, Jones, Kaufman, Kendall, Kinney, Kleberg, Liberty, Marion, Martin, Matagorda, Maverick, McLennan, Medina, Midland, Montgomery, Morris, Navarro, Newton, Nueces, Orange, Palo Pinto, Panola, Polk, Potter, Randall, Real, Rockwall, Rusk, San Jacinto, San Patricio, Shackelford, Shelby, Smith, Tarrant, Taylor, Tom Green, Travis, Tyler, Upshur, Uvalde, Val Verde, Van Zandt, Victoria, Walker, Waller, Washington, Webb, Wharton, Williamson, Wilson, Wise, Wood, Zavala; **Utah:** Beaver, Daggett, Davis, Emery, Piute, Salt Lake, Tooele, Uintah, Utah, Weber; **Virginia:** Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Bedford, Bedford City, Bland, Botetourt, Bristol City, Buchanan, Buckingham, Buena Vista City, Caroline, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Dickenson, Dinwiddie, Essex, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Giles, Gloucester, Goochland, Grayson, Greene, Halifax, Hampton City, Hanover, Henrico, Hopewell City, Isle of Wight, James City, King and Queen, King George, Lancaster, Lee, Loudoun, Louisa, Lunenburg, Madison, Manassas City, Manassas Park City, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Petersburg City, Poquoson City, Portsmouth City, Powhatan, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York; **Washington:** Clark, Cowlitz, Island, King, Kitsap, Kittitas, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Stevens, Walla Walla, Whatcom; **West Virginia:** Berkeley, Boone, Braxton, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Hampshire, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Marshall, Mercer, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Putnam, Ritchie, Roane, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood; **Wisconsin:** Brown, Calumet, Columbia, Crawford, Dane, Dodge, Door, Fond du Lac, Forest, Green, Green Lake, Iowa, Jefferson, Kenosha, Kewaunee, Lafayette, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Portage, Racine, Richland, Rock, Sauk, Sheboygan, Washington, Waukesha, Waupaca, Waushara, Winnebago.

The employer, union or trust determines where they are going to offer the plan.



ELIGIBLE TO JOIN THE HUMANA MEDICARE EMPLOYER PPO PLAN?

You can join the Humana Medicare Employer PPO Plan if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease generally are not eligible to enroll in the Humana Medicare Employer PPO Plan unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

The Humana Medicare Employer PPO Plan has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at <http://www.humana.com/members/tools>. Our Group Medicare Customer Care number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the Group Medicare Customer Care number at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

The Humana Medicare Employer PPO Plan does cover Medicare Part B prescription drugs. The Humana Medicare Employer PPO Plan does NOT cover Medicare Part D prescription drugs.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Plan benefits and cost-sharing may change from year to year. Each year, plans can decide whether to continue to participate with Medicare Advantage. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of the Humana Medicare Employer PPO Plan, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.



WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact the Humana Medicare Employer PPO Plan for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable osteoporosis drugs for some women.
- Erythropoietin: By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through Durable Medical Equipment.

WHERE CAN I FIND ADDITIONAL INFORMATION?

Our Group Medicare Customer Care number is listed below.

Please call Humana for more information.

Visit us at www.humana.com or, call us at **1-800-733-6592** (TTY:711)

Group Medicare Customer Care hours are Monday - Friday from 8 a.m. - 9 p.m. Eastern time

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call Group Medicare Customer Care at the phone number listed on the next pages.

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 **1-800-733-6592**. Someone who speaks English/Language 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 **1-800-733-6592**. 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 **1-800-733-6592**。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 **1-800-733-6592**。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 **1-800-733-6592**. 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 **1-800-733-6592**. 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 **1-800-733-6592** 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 **1-800-733-6592**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-733-6592** 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 **1-800-733-6592**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات مترجمين فوريين لمجانبة للإجابة عن أي أسئلة تتعلق بخطط التأمين أو جدول الأدوية الذي نلده حصول على خدماتنا. هذه مترجمين فوريين على أي أسئلة الاتصال بنا على **1-800-733-6592** سيقيمون شخصيات حثيث عرببة خدماتنا مجانبة.

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 **1-800-733-6592**. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 **1-800-733-6592**. 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 ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-733-6592**. 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 **1-800-733-6592**. Ta usługa jest bezpłatna.

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 **1-800-733-6592** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 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があります。通訳をご用命になるには、**1-800-733-6592** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



Benefit	Original Medicare Plan Pays:	Humana Medicare Employer PPO (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer PPO (for Services Provided by an Out-of-Network Provider) Pays:	
Out-of-Pocket Maximum	None	100% after \$6,500 for In-Network services per plan year (If you reach this maximum, no further out-of-pocket will be required of you for covered expenses during the year. Expenses for outpatient Part D prescription drugs and plan premiums do not apply toward this maximum)	100% after \$6,500 for In and Out-of-Network services per plan year (If you reach this maximum, no further out-of-pocket will be required of you for covered expenses during the year. Expenses for outpatient Part D prescription drugs, care during foreign travel, and plan premiums do not apply toward this maximum)	
Physician Services	Office visits in conjunction with an illness or injury	80% after \$147 deductible	80%	80%
	Allergy injections and serum	80% after \$147 deductible	80%	80%
	Diagnostic tests and X-rays	80% after \$147 deductible	80%	80%
	Medicare-approved lab services	100%	80%	80%

	Benefit	Original Medicare Plan Pays:	Humana Medicare Employer PPO (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer PPO (for Services Provided by an Out-of-Network Provider) Pays:
Preventive Services	<ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. 	<p>100% for all preventive services covered under Original Medicare.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by Original Medicare.</p>	<p>100% for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>Plan covers a physical exam annually.</p>	<p>100% for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>Plan covers a physical exam annually.</p>



Benefit	Original Medicare Plan Pays:	Humana Medicare Employer PPO (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer PPO (for Services Provided by an Out-of-Network Provider) Pays:	
Preventive Services (Continued)	<ul style="list-style-type: none"> - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. - Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. 	<p>100% for all preventive services covered under Original Medicare.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by Original Medicare.</p>	<p>100% for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>Plan covers a physical exam annually.</p>	<p>100% for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>Plan covers a physical exam annually.</p>



Benefit	Original Medicare Plan Pays:	Humana Medicare Employer PPO (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer PPO (for Services Provided by an Out-of-Network Provider) Pays:	
Preventive Services (Continued)	<ul style="list-style-type: none"> - Prostate Cancer Screening - Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. - Screening and behavioral counseling interventions in primary care to reduce alcohol misuse - Screening for depression in adults - Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs - Intensive behavioral counseling for Cardiovascular Disease (bi-annual) 	<p>100% for all preventive services covered under Original Medicare.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by Original Medicare.</p>	<p>100% for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>Plan covers a physical exam annually.</p>	<p>100% for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>Plan covers a physical exam annually.</p>



	Benefit	Original Medicare Plan Pays:	Humana Medicare Employer PPO (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer PPO (for Services Provided by an Out-of-Network Provider) Pays:
	- Intensive behavioral therapy for obesity			
Preventive Services (Continued)	- Welcome to Medicare Preventive Visits (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows; during the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visits or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.	100% for all preventive services covered under Original Medicare. Any additional preventive services approved by Medicare mid-year will be covered by Original Medicare.	100% for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. Plan covers a physical exam annually.	100% for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. Plan covers a physical exam annually.
Hospital Services	Inpatient care at network hospitals (semiprivate room, ancillary services, physician visits)	100% after the following amounts for each benefit period - \$1,216 deductible for days 1-60; \$304 copayment per day (days 61-90); \$608 copayment per lifetime reserve day (days 91-150) (2)	100% after \$180 copayment per day (days 1-5) per admission; 100% after day 5 (1)	100% after \$180 copayment per day (days 1-5) per admission; 100% after day 5 (1)
	Outpatient nonsurgical services	80% after \$147 deductible	80% - 100% (based on services received)	80% - 100% (based on services received)
	Outpatient surgical services	80% after \$147 deductible	80%	80%
	Emergency care (emergency room, emergency services)	80% after \$147 deductible and emergency room copayment (waived if admitted to hospital within 3 days of emergency room visit)	80% up to a member maximum out-of-pocket of \$50 per visit (waived if admitted within 24 hours)	80% up to a member maximum out-of-pocket of \$50 per visit (waived if admitted within 24 hours) Worldwide coverage



	Benefit	Original Medicare Plan Pays:	Humana Medicare Employer PPO (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer PPO (for Services Provided by an Out-of-Network Provider) Pays:
Additional Medical Services	Ambulatory surgical center	80% after \$147 deductible	80%	80%
	Immediate care facility	80% after \$147 deductible	80%	80%
	Ambulance	80% after \$147 deductible	80%	80%
	Physical, respiratory, audiology, cardiac, occupational or speech therapy	80% after \$147 deductible	80%	80%
	Home health services	100%	100%	100%
	Durable medical equipment (includes oxygen received from a durable medical equipment provider or a pharmacy)	80% after \$147 deductible	80%	80%
	Diabetic monitoring supplies	80% after \$147 deductible	80%	80%
	Renal dialysis	80% after \$147 deductible	80%	80%
	Skilled nursing facility	100% for days 1-20 (3-day hospital stay required); 100% after \$152 copayment per day (days 21-100); per benefit period (2)	100% for days 1-20 (no 3 day hospital stay is required); 100% after \$90 copayment per day (days 21-100) per benefit period (1), (2)	100% for days 1-20 (no 3 day hospital stay is required); 100% after \$90 copayment per day (days 21-100) per benefit period (1), (2)
Mental and Nervous Disorder Services	Inpatient care at network hospitals (semiprivate room, ancillary services, physician visits) (190-day lifetime maximum in a psychiatric hospital)	100% after the following amounts for each benefit period - \$1,216 deductible for days 1-60; \$304 copayment per day (days 61-90); \$608 copayment per lifetime reserve day (days 91-150) (2)	100% after \$180 copayment per day (days 1-5) per admission; 100% after day 5 (1)	100% after \$180 copayment per day (days 1-5) per admission; 100% after day 5 (1)
	Outpatient	65% after \$147 deductible	80%	80%



	Benefit	Original Medicare Plan Pays:	Humana Medicare Employer PPO (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer PPO (for Services Provided by an Out-of-Network Provider) Pays:
Alcohol and Substance Abuse Services	Inpatient care at network hospitals (semiprivate room, ancillary services, physician visits)	100% after the following amounts for each benefit period - \$1,216 deductible for days 1-60; \$304 copayment per day (days 61-90); \$608 copayment per lifetime reserve day (days 91-150) (2)	100% after \$180 copayment per day (days 1-5) per admission; 100% after day 5 (1)	100% after \$180 copayment per day (days 1-5) per admission; 100% after day 5 (1)
	Outpatient	80% after \$147 deductible	80%	80%
Other Services	Private Duty Nursing	Not covered by original Medicare	80% per day (days 1-90)	80% per day (days 1-90)
	Wigs (Related to Cancer)	Not covered by original Medicare	80% up to a \$1,000 maximum lifetime benefit	80% up to a \$1,000 maximum lifetime benefit
Prescription Drugs	Prescription drugs covered under Part B	80% after \$147 deductible	80%	80%
	Prescription drugs covered under Part D	Most drugs are not covered under Original Medicare	If your plan provides Part D prescription drug coverage, please see attached Prescription Drug Schedule	

Benefits apply to Medicare-covered services only and costs are calculated using Medicare-approved amounts. Please see your Evidence of Coverage for a complete list of covered benefits. You may also choose to contact Humana to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. Please refer to the customer service number on the back of your ID card.

- (1) Inpatient hospital admissions, except in emergency or urgently needed care situations, require prior authorization from Humana.
- (2) A “benefit period” starts the day you go into the hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you have.



	Health and Wellness Programs	These Services are not offered by Original Medicare	You Pay Nothing for these Programs
Extra Benefits	SilverSneakers®	This benefit is not offered	Available to all members except for those who live in Alaska, Connecticut or Massachusetts
	Humana Active Outlook SM	This benefit is not offered	Health and wellness education available to all Humana Medicare Advantage members
	HumanaFirst®	This benefit is not offered	A toll-free 24-hour, 7-day-a-week medical information service with specially trained registered nurses to answer questions on symptom-related health conditions
	Well Dine Inpatient Meal Program	This benefit is not offered	After your overnight stay in a hospital or nursing facility, you are eligible for ten nutritious, precooked frozen meals delivered to your door at no cost to you
	QuitNet®	This benefit is not offered	Smoking cessation service available to all Humana Medicare Advantage members through QuitNet®

Humana is a Medicare Advantage organization with a Medicare contract. You must continue to pay your Medicare Part B premiums. This is an advertisement. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each year.