



Humana Medical

Highlights for your comprehensive medical plan

Open Season dates

November 11 – December 9, 2019

Online Benefits Fair
November 15
November 22
December 4



Register at
feds.Humana.com

Humana®





Relationships are built on trust. Respect for an individual's privacy goes a long way toward building trust. Humana values our relationship with you, and we take your personal privacy seriously. Humana's Notice of Privacy Practices outlines how Humana may use or disclose your personal and health information. It also tells how we protect this information. The notice provides an explanation of your rights concerning your information, including how you can access this information and how to limit access to your information. In addition, it provides instructions on how to file a privacy complaint with Humana or to exercise any of your rights regarding your information.

If you'd like a copy of Humana's Notice of Privacy Practices, you can request a copy by:

- Visiting **Humana.com** and clicking the "Privacy Practices" link at the bottom of the homepage
- Emailing us at **privacyoffice@humana.com**
- Sending a written request to:
Humana Privacy Office
P.O. Box 1438
Louisville, KY 40202

Understand your benefits

and achieve your best health

Medical plan highlights – Visit [feds.Humana.com](https://feds.humana.com) for information

Benefit	Services directed by your participating PCP	Member copays for services accessed directly	
		In network	Out of network
Deductible	None	None	Self only = \$100 Self plus one = \$300 Self plus family = \$300
Office visit copays – referrals required	\$5 copay (referrals required)	\$10 copay	\$10 copay
Preventive care	100%	100%	100%
Emergency room	\$50 copay	\$50 copay	\$50 copay
Inpatient	100%	\$50 copay	\$50 copay
Rx coverage – retail copay	Tier 1 = \$5 Tier 2 = \$15 Tier 3 = \$20 Tier 4 = 25%	Tier 1 = \$5 Tier 2 = \$15 Tier 3 = \$20 Tier 4 = 25%	Not covered
Out-of-pocket maximum	Self only = \$4,000 Self plus one = \$8,000 Self plus family = \$8,000	Self only = \$4,000 Self plus one = \$8,000 Self plus family = \$8,000	Self only = \$4,000 Self plus one = \$8,000 Self plus family = \$8,000

*Visit [feds.Humana.com](https://feds.humana.com) to view links to your Plan Brochure and Summary of Benefits and Coverage (SBC).

This is a summary of the features of the Humana POS Plan. Before making a final decision, please read the Plan's Federal Brochure (RI 73-820). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal Brochure.

To help you achieve lifelong well-being

Learn more about programs and tools to help optimize your benefits



Tobacco cessation

Don't give up on quitting. You can get help to break the tobacco habit. Tobacco use is a serious and complicated addiction. With the right support, you can quit. Humana's cessation program will give you the assistance you need.

Program overview

Humana's cessation program includes all forms of tobacco use, including snuff and chewing tobacco and cigarettes/e-cigarettes. It's available at no additional charge to all Humana FEHB plan members.

The program features:

- Cessation products and counseling and includes two attempts to quit per year
- Members may participate in up to four tobacco-cessation counseling sessions
- Options include telephone, group or individual counseling
- To receive over-the-counter cessation drugs at no charge, members must get a prescription from their healthcare provider

Know the e-cigarette risks:

- Most e-cigarettes contain nicotine
- Nicotine is highly addictive and can harm adolescent brain development
- E-cigarettes can contain other harmful substances besides nicotine
- Young people who use e-cigarettes may be more likely to smoke cigarettes in the future

For additional cessation programs, please visit www.smokefree.gov or **1-800-QUIT-NOW**. For members under 18, please visit www.teen.smokefree.gov for age-appropriate quit methods and tools.

To help you achieve lifelong well-being

Learn more about programs and tools to help optimize your benefits



Wellness benefits

Great news! Your health plan covers an annual Health Assessment and biometric screening. A Health Assessment is more than just a questionnaire and a biometric screening is more than just a test. These are the best ways to catch potential health issues early.

Benefits of Health Assessments

The Health Assessment provides a benchmark to measure progress and covers the key areas that relate to an individual's overall well-being, including: medical history, weight, blood pressure and other personal measurements, tobacco and alcohol use, eating habits, fitness and exercise, lifestyle habits, and mental well-being.

Complete your Health Assessment by visiting [feds.Humana.com/health-wellness](https://feds.humana.com/health-wellness).

Benefits of biometric/wellness screening

It's easy to complete and gives you an accurate picture of your health. You'll not only know your numbers, but you'll be able to understand them, so you can make healthier choices. The biometric screening measures a range of health indicators, such as waist circumference, body mass index (BMI), blood pressure, cholesterol, triglycerides and blood sugar. Screenings are coordinated on site with local point person and by request to EducationandPreventionRequest@humana.com.

Visit [feds.Humana.com/health-wellness](https://feds.humana.com/health-wellness) to learn more!



Pharmacy

It's easy to start using your pharmacy plan. When your doctor prescribes a medicine, take your prescription and Humana member ID card to a pharmacy in the Humana Pharmacy Solutions® network. The Rx4 prescription drug benefit places drugs in four tiers. Each tier has a different copay. Check your pharmacy and drug coverage details at MyHumana.com.

Humana Pharmacy®

Humana's mail-delivery pharmacy, Humana Pharmacy, lets you order up to a three-month supply of your medicines sent directly to your home. You can learn more at HumanaPharmacy.com.

What if my drug is not on the Drug List?

If your drug isn't included on this list of covered drugs, you should visit Humana.com to see if your drug is covered. You can use the drug search tool by signing in to MyHumana to view alternatives for your drug. If your drug is not on our Drug List, your doctor can ask Humana to make an exception to cover your drug.

Online resources



feds.Humana.com

Online tools include:

- Newly hired employees can easily navigate their plan choices
- Ability to view benefits and rates available to you based on service area ZIP code
- Learn “What’s New” about Humana’s plan offerings and other health topics
- Enroll in medical plans online
- Educate yourself about Humana’s health and wellness programs
- Find in-network doctors, hospitals and pharmacies near you
- Search Humana’s Drug List for prescription drugs and their estimated retail prices

MyHumana

Your personal MyHumana account gives you quick, convenient and secure access to your Humana plan information, educational resources and access to wellness programs.

It’s available anytime, anywhere.

MyHumana

Once you receive your Humana member ID card, you can register for immediate access to MyHumana, your secure online account with Humana. Here, you can:

- Access all your plans
- View, print and email ID cards
- Check your claim status
- Review deductibles, coverage levels and limits
- Find a doctor near you
- Chat with a representative with questions about your plan

Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts* at **Humana.com**. Register for MyHumana today to stay connected to your health benefits anytime you need them.

*Message and data rates may apply.

How to enroll



Choose your plan

- Visit **feds.Humana.com** for a complete list of plans available to you and your family
- Be sure to select your enrollment code for the enrollment type that works best for you



Two easy ways to enroll

Online

You may be able to enroll online at **www.employeeexpress.gov** (view a listing of participating agencies at www.opm.gov)

Paper

Complete the Standard Form (SF) 2809 by visiting your Human Resources office

For more information, visit the Office of Personnel Management (OPM) website at **www.opm.gov/healthcare-insurance/healthcare/plan-information/enroll/**

Medical Plans are offered by Humana Health Plan, Inc., Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc. Humana Health Plan of Texas, Inc., and/or insured by Humana Health Insurance Company of Florida, Inc., Humana Insurance Company and Humana Health Plan, Inc.

This brochure is intended to provide a high-level overview of Humana plans and benefits. It is not intended to provide detailed information on state-specific benefits, limitations, waiting periods or exclusions. Product availability, options, benefits and riders vary by state. Products may not be approved in all states.

Dental benefits

A non-federal benefit

These Benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all Enrollees and family members who become Members of Humana Health Plans of Puerto Rico, Inc.

Enhanced dental coverage is now available, including coverage for orthodontics, periodontics and prosthesis. Take advantage of exams, X-rays and preventive care at no additional premium. You don't have to complete an additional application and benefits are immediately available on your plan's effective date.

Refer to the chart below for your dental coverage.



Diagnostic and preventive You pay

Initial oral examination, one per policy year	0%
Periodic oral examination, every six (6) months	0%
Emergency oral examination, every six (6) months	0%
Complete series of radiographs (FMX), one set every three (3) years	0%
Intraoral periapical X-rays, one initial and five additional, per policy year	0%
Bitewings, one or two films; every two (2) years	0%
Panoramic film, one every three (3) years	0%
Adult (over 14 years) prophylaxis, every six (6) months	0%
Children (under 14 years) prophylaxis, every six (6) months	0%
Topical application of fluoride for children (under 19 years), limited to one (1) every six (6) months	0%
Sealant per tooth, per insured tooth per lifetime	0%
Space maintainer, one per area per insured per lifetime	0%



Restorative You pay

Amalgam restorations and/or resin restorations	25%
Endodontics: includes canal treatment and canal filling for anteriors, bicuspid and molars	25%
Extractions and oral surgery, including post operative care and local anesthesia	25%
Palliative treatment	25%
Stainless steel crowns in primary teeth	25%



Prosthesis \$800 annual maximum

Crowns	50%
Partial and complete dentures, including repair and adjustments	50%
Removable bridge	50%
Fixed bridge	50%

The above services will be covered only if they are medically necessary.

Vision Plan 453

A non-federal benefit – \$44 allowance plan

These Benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all Enrollees and family members who become Members of Humana Health Plans of Puerto Rico, Inc.



Vision coverage

This plan provides coverage for one vision exam and one pair of eyeglasses or contact lenses every 12 months for each covered member.

In addition to the plan benefits, Humana members also receive discounts for many vision services and materials. Some of these discounts and discounted fees are outlined below. Additional information can be obtained through **Humana.com**. (Please note: Discounts are a feature of Humana membership and not considered as insurance.)

For a complete participating optical provider listing, call **1-888-289-0595**, or you can visit www.eyemedvisioncare.com or Humana.com.

Services	Plan pays at participating providers	Plan pays at nonparticipating providers
Vision examination		
Exam with dilation as necessary	100%	up to \$35
Standard plastic lenses		
Single vision	100% after \$10 copayment	up to \$25
Bifocal	100% after \$10 copayment	up to \$40
Trifocal	100% after \$10 copayment	up to \$55
Lenticular	100% after \$10 copayment	up to \$55
Frames		
Any frame available at provider location	\$44 allowance for any frame, plus member receives a 20% discount off balance over \$44	up to \$25
Contact lenses (material only)		
Conventional	\$50 allowance, plus member receives a 15% discount off balance over \$50	up to \$40
Disposable	\$50 allowance	up to \$40
Medically necessary	\$50 allowance	up to \$40
Lens option discount		
UV coating	\$15	N/A
Tint (solid or gradient)	\$15	N/A
Standard scratch-resistance	\$15	N/A
Standard polycarbonate	\$40	N/A
Standard progressive (add-on to bifocal)	\$65	N/A
Standard anti-reflective	\$45	N/A
Other add-ons and services	20% discount	N/A

Vision plan

Limitations and exclusions

No benefit is provided for:

1. Any vision service received more than once per 12-month period
2. Contact lenses, if not in lieu of glasses
3. Replacement of lost or damaged lenses, frames or contact lenses
4. No-line bifocals
5. Safety lenses and frames
6. Nonprescription glasses or vision devices
7. Two pairs of eyeglasses in lieu of bifocals
8. Medical or surgical treatment of the eyes
9. Vision services provided as a result of any workers' compensation law or similar legislation, or obtained through or required by any government agency or program, whether federal, state or any subdivision thereof
10. Orthoptics, vision training or vision therapy
11. Acute emergency eye care

Participating provider benefits apply only when services are obtained from an EyeMed participating optical provider.

Nonparticipating provider benefits apply only when services are obtained at a nonparticipating optical facility. To obtain reimbursement for services at a nonparticipating optical facility, you must submit a Reimbursement Form. You will be reimbursed according to Humana's benefit allowance schedule.

Reimbursement Forms must include an itemized receipt containing your name, Social Security number, date of service, description of services received and the type of benefit received. To obtain a Reimbursement Form, call **1-888-289-0595**.

Participating primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

To request a Reimbursement Form and for processing information, contact our Customer Care department at the phone number listed on your Humana member ID card.

Member will receive a 20% discount on remaining balance beyond plan coverage at participating providers, which may not be combined with any other discounts or promotional offers. The additional discount does not apply to EyeMed providers' professional services or contact lenses. Retail prices vary by location.

Insured by Humana Insurance of Puerto Rico, Inc.

Please refer to your Plan Brochure for more information on the company providing your benefits.

Receive an EyeMed

Vision discount

As a Humana member, you receive the EyeMed vision discount program at no cost to you. EyeMed offers access to more than 70,000 eye doctors in more than 24,000 locations including LensCrafters®, Pearle Vision®, Target Optical®, Sears Optical®, JCPenney® Optical, and many other private practitioners.



To find an EyeMed provider

- Call EyeMed’s toll-free locator service at **1-866-995-9316** to find a participating provider in the **select** network
- To find a Lasik or PRK vision-correction provider, call **1-877-5LASER6 (1-877-552-7376)**

It’s easy to obtain your discount from an EyeMed provider. Just present your Humana member ID card.



Vision discount program (retail prices may vary by location)

Exams	Discount
Routine exam	\$5 off
Contact lens exam	\$5 off

Standard plastic lenses	You pay
Single vision	\$50
Bifocal	\$70
Trifocal	\$105

Lens options	You pay
UV coating	\$15
Tint (solid and gradient).....	\$15
Standard scratch resistant	\$15
Standard polycarbonate	\$40
Standard progressive* (add-on to bifocal) ...	\$65
Standard anti-reflective coating	\$45
Other add-ons and services	20% discount

Frames
Discount available—40% off retail prices—on all frames except when prohibited by the manufacturer.

Contact lenses
Conventional lenses are 15% off retail price. Discount applied to materials only (excludes disposable).

Laser vision correction**
Lasik or PRK from U.S. Laser Network is 15% off retail price or 5% off promotional price.

Service	Frequency
Examination	unlimited
Frames	unlimited
Lenses	unlimited
Contact lenses.....	unlimited

*The cost for Premium Progressive lenses equals the Basic Progressive lens retail price plus a 20% discount on the balance over this price.

Because Lasik or PRK vision correction is an elective procedure performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call **1-877-5LASER6 (1-877-552-7376).

EyeMed

THIS IS NOT INSURANCE. These discount programs are not part of your insurance product. Discounts are only available at participating providers. Service providers are solely responsible for the provision of products and services. Humana and its affiliates are not liable for product defects, provider negligence or other errors in the delivery of discount products or services.

You may receive a 20% discount on items purchased at participating providers that are not specifically covered by this discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services or contact lenses. Retail prices may vary by location.

For Texas members: To file a complaint, please call the Texas Department of Licensing and Regulation toll-free (in Texas) at **1-800-803-9202** or Relay Texas at **1-800-735-2989**.

Limitations/exclusions

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under plan
- Services provided as a result of any workers' compensation law
- Discount is not available on frames when the manufacturer prohibits a discount

Offered by Humana Health Plans of Puerto Rico, Inc. License #00235-0008

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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 identity, or religion. 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 the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, 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>**.

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.

Language assistance services, free of charge, are available to you.

1-877-320-1235 (TTY: 711)

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'í 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

2020 rate information for Humana plans

Please refer to the Plan Brochure for monthly rates.

These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer which maintains your health benefits enrollment.

Location	Option	Plan code	BIWEEKLY Your share (enrollee)			BIWEEKLY POSTAL Your share (enrollee)					
			Non-postal			Postal category 1			Postal category 2		
Puerto Rico	Option	Plan code	Self	Self plus one	Self plus family	Self	Self plus one	Self plus family	Self	Self plus one	Self plus family
Humana Health Plans of Puerto Rico, Inc.	HIGH	ZJ	\$45.03	\$96.81	\$101.31	\$43.23	\$92.94	\$97.26	\$37.37	\$80.35	\$84.09