MA | PPO GUIDEBOOK

Group Medicare Advantage Guidebook

Preferred provider organization (PPO) plan

At Humana, we know that people are different, and need our support in different ways. Your Group Medicare Advantage PPO plan will center around you, your health and your goals.

This guidebook doesn't list every service, limitation and exclusion in the plan. After you enroll, we'll mail you an Evidence of Coverage booklet that will have all the plan information and details, including a full list of benefits.

Humana®

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Discover a more human way to healthcare

Coverage that fits the way you live

When you become a member of the Humana family, you can expect healthcare designed with you in mind—that meets you where you are today and delivers care that takes you to where you want to be.

Care delivered how and where you need it

We can help you manage complex or chronic health conditions. A Humana nurse can meet you at home, in the hospital, by phone or email to provide valuable support and help you reduce complications.

Benefits that put you first

Our health and well-being tools and resources make it easy to set health goals, chart your progress, strengthen your mind and body, and build connections with others. It's about giving you the things you expect from an insurance company—and then finding more ways to help make your life better.

Humana offers you a Medicare Advantage PPO

A PPO offers

- 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

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

What is Medicare?

Medicare is a federal health insurance program for U.S. citizens and legal residents who are 65 and older or qualify due to a disability. You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare PPO plan is a Medicare Advantage plan. You must also continue paying Medicare Part B premiums to remain enrolled in this plan.

A

Medicare Part A

HOSPITAL INSURANCE

It helps cover medically necessary inpatient care in a hospital or skilled nursing facility. It also helps cover some home healthcare and hospice care.

B

Medicare Part B

MEDICAL INSURANCE

It helps cover medically necessary providers' services, outpatient care, and other medical services and supplies. Part B also helps cover some preventive services.

C

Medicare Part C

MEDICARE ADVANTAGE PLANS

These are available through private insurance companies, such as Humana. Medicare Part C helps cover everything medically necessary that Part A and Part B cover, including hospital and medical services. You still have Medicare if you elect Medicare Part C coverage. You must be entitled to Medicare Part A and enrolled in Part B to be eligible for a Medicare Part C plan, like this Humana Group Medicare PPO plan.

D

Medicare Part D

PRESCRIPTION DRUG COVERAGE

It helps pay for the medications your provider prescribes and is available in a stand-alone prescription drug plan. Like Part C Medicare Advantage plans, Part D is only available through private companies, such as Humana. However, EUTF offers Medicare Part D coverage separate from the Humana Medicare Advantage plan.

Build healthy provider relationships

Your relationship with your provider is important in protecting and managing your health. With the Humana Group Medicare PPO plan, 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. Refer to your Summary of Benefits in this packet for more information.

Why choose a Humana network provider?

- 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?

Humana respects your relationship with your provider. We want you to be able to select a provider who's close to home and who can focus on your specific needs. If you need help finding a provider, call our Group Medicare Customer Care team or use our online directory. Humana's online provider lookup is an easy way to find doctors, hospitals and other healthcare providers in Humana's network:

- Go to **Humana.com** and select "Find a doctor"
- Get provider phone numbers, addresses and directions
- Customize your search by specialty, location and name

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.

Connect with a provider virtually

Care when you need it

Your primary care provider may offer virtual visits as another convenient way to be treated by your care team.

What are virtual visits?

Virtual visits connect you with your provider via telephone or video chat using your phone, tablet or computer.*

When should I use it?

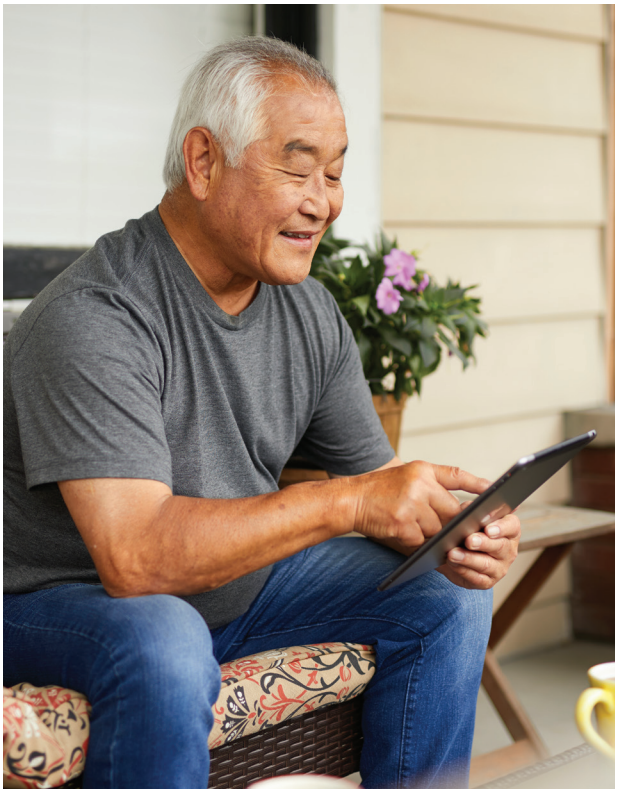
- For a nonemergency issue, instead of going to the emergency room (ER) or an urgent care center.
- For nonemergency mental and behavioral health conditions, a behavioral health specialist may offer virtual visits.

What kinds of conditions can be treated?

Providers may help with chronic condition management, follow-up care after an in-office visit, medication reviews and refills in addition to many other conditions, including, but not limited to: allergies, fever, cold and flu symptoms, sore throat, constipation, sinus infection, diarrhea, insect bites and depression, anxiety, stress, and family and relationship counseling.

Call your provider to find out if they offer virtual 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.



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

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 descriptions of when to use telehealth services are 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.

*Standard data rates may apply.

Vaccines: Where you get them determines how much you pay

Get vaccines like the ones listed below at your provider's office

The Medicare Part B portion of your plan pays for the following vaccines at your provider's office and at the pharmacy:

- Influenza (flu) vaccine—once per season
- Pneumococcal vaccines
- Hepatitis B vaccines for persons at increased risk of hepatitis
- Vaccines directly related to the treatment of an injury or direct exposure to a disease or condition, such as rabies and tetanus

Let your pharmacist know to use **BIN 610649** and **PCN 03200004** when filling your prescription for items covered under Part B.

Understanding your diabetes coverage

At Humana, we make it easy for you to understand your benefits and get what you need to help manage your condition.

Diabetes prescriptions and supplies, Part B vs. Part D

Medicare Part B

- Diabetic testing supplies
- Insulin pumps*
- Continuous glucose monitors (CGM)*
- Insulin administered (or used) in insulin pumps

Medicare Part D

- 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)

Let your pharmacist know to use **BIN 610649** and **PCN 03200004** when filling your prescription for items covered under Part B.

Diabetic testing supplies

Your Humana Medicare Advantage Plan helps cover a variety of diabetic glucose testing supplies. Humana Pharmacy® is the preferred supplier for the meters listed below and their test strips and lancets:

Roche Accu-Chek Guide Me®, Roche Accu-Chek Guide and HP® True Metrix® AIR by Trividia. To order a meter and supplies from Humana Pharmacy, call **1-888-538-3518 (TTY: 711)**, Monday – Friday, 2 p.m. – 5 a.m., and Saturday, 2 p.m. – 12:30 a.m., Hawaii standard 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 **1-877-264-7263 (TTY: 711)**, or Trividia Health at **1-866-788-9618 (TTY: 711)**, Monday – Friday, 2 p.m. – 2 a.m., Hawaii standard time.

Go to **Humana.com/Diabetes** to learn more about managing your diabetes. MyDiabetesPath® offers a complete guide to living with diabetes and gives you the information and resources to help you maintain your health.

*Available through our preferred durable medical equipment (DME) vendors, CCS Medical **1-877-531-7959** or Edwards Healthcare **1-888-344-3434**.

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

SilverSneakers

SilverSneakers® gives you access to exercise equipment, group fitness classes and social events.

- Use thousands of fitness locations nationwide, with weights, swimming, classes and cardio equipment*,†
- Make friends and enjoy social activities
- Work toward improving muscle strength, bone density, flexibility and balance
- Enjoy group fitness classes outside traditional gyms†
- Start workout programs tailored to your level with the SilverSneakers GO™ app
- Try SilverSneakers On-Demand™ online workout videos that feature tips on fitness and nutrition

Visit **SilverSneakers.com/StartHere** to get your SilverSneakers ID number and find a convenient location near you, or call **1-888-423-4632 (TTY: 711)**, Monday – Friday, 2 p.m. – 2 a.m., Hawaii standard time.

*Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

†Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

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, call **1-800-432-4803 (TTY: 711),** Monday – Friday, 2:30 p.m. – 11:30 p.m., Hawaii standard time.

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.

Your health at your fingertips with MyHumana

Get your personalized health information on MyHumana

As a Humana member, you can set up a secure, online account called MyHumana and always know where to find your plan information. It's convenient and personalized for you. Whether you prefer using a desktop, laptop or smartphone, you can access your information anytime.*

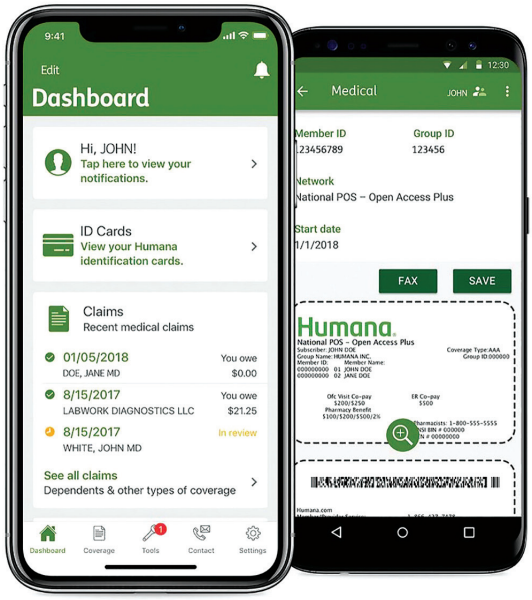
Getting started is easy—just have your Humana member ID card ready and follow these three steps.

1. **Create your account.**
   Visit **Humana.com/registration** 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** 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 providers in your network
- Access digital ID cards
- Establish communication preferences

Have questions?

If you need help along the way, select the green "Chat with Us" button or call Customer Care at the number on the back of your Humana member ID card.

Making sure your helpers can help you—so you can focus on living your life

Choose a caregiver to help you

Everyone needs a little help now and then. We're happy to work with you and whomever you designate as a helper. Many people trust a family member or close friend to help them with their healthcare—someone who may help you talk with us about your insurance plan, keep track of your benefits and claims, or ask healthcare questions on your behalf.

Visit **Humana.com/caregiver** to learn more about naming a caregiver and how to submit the Consent for Release of Protected Health Information (PHI) form.

Consent forms

We need your permission to share your personal information with someone else. To give your permission, you'll need to read and sign a consent form.

- After you complete and sign the form, fax it to **1-800-633-8188**.
- If you prefer to mail your completed form, mail to:
  Humana Insurance Company, P.O. Box 14168, Lexington, KY 40512-4168

A signed consent form allows insurers to share health plan information and protected health information with your designated helper. It's different from granting medical power of attorney, which allows someone to make decisions about your care.

Your personalized benefits statement

We make it easy for you to understand, track, manage and possibly save money on your healthcare with SmartSummary®

You'll receive this statement after each month you've had a claim. You can also sign in to MyHumana 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

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, EUTF, for details as well as 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**) 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 PPO 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. 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.

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 services after you pay any applicable 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 after you pay any applicable plan deductible.

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 PPO 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.

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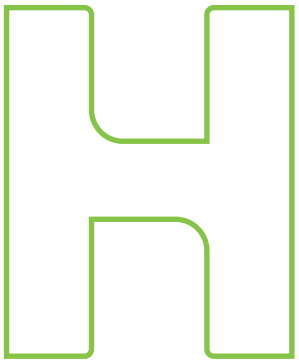

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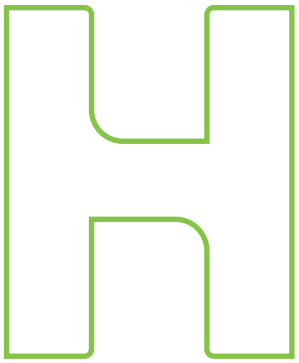

Humana®

A more human way
to healthcare™