

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

Important plan information



2025 Humana Group Medicare
Your journey to better health, for better retirement

Humana®

A more human way
to healthcare™

Drake University

We're here for you

Humana Group Medicare Customer Care

866-396-8810 (TTY: 711)

Monday – Friday, 7 a.m. – 8 p.m., Central 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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The Humana logo, featuring the word "Humana" in a bold, green, sans-serif font, followed by a registered trademark symbol (®).

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We've got you covered

Take action to enroll

Dear Group Medicare Beneficiary,

We're excited to let you know that **Drake University** has asked Humana to offer you a Medicare Advantage Preferred Provider Organization (PPO) 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.

- If you have questions about your premium or need help, please call our dedicated Group Medicare Customer Care representatives at **866-396-8810 (TTY: 711)**, Monday – Friday, 7 a.m. – 8 p.m., Central time.
- Review the Important Prescription Drug Information on how to view or request a copy of a Prescription Drug Guide.
- Humana has recorded a custom presentation for you. You can view the presentation at any time by typing **into your internet browser**.
- Use Humana's Find a doctor tool at **Humana.com/FindaDoctor** for a list of network providers.

Enrollment Information

- To begin your Humana coverage, please enroll before your effective date by filling out the enrollment form in the back of this book and mailing it to:
Drake University
Attn: Human Resources
2507 University Avenue
Des Moines, IA 50311
- You must complete a separate application for each family member eligible for your plan.
- Please keep a copy of your application for your records.

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

- continued on next page -

Sincerely,
Group Medicare Operations

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.

- **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're here for you

If you have questions or need help, call Humana Group Medicare Customer Care,
866-396-8810 (TTY: 711),
 Monday – Friday, 7 a.m. – 8 p.m., Central time

Get the hassle-free care you deserve

The Humana Medicare Advantage PPO with prescription drug plan offers you:



**All the benefits of
Original Medicare,
plus extra benefits**



**Maximum
out-of-pocket
protections**



**Nationwide
emergency
coverage**



**Programs to help
improve health and
well-being**

A large network

There are more than 62,000 participating pharmacies in our network.

Almost no claims paperwork

The plan works with your pharmacist to handle claims for you.

Pharmacy finder

An online tool that helps you find in-network pharmacies. It also tells you how far they are from you, the hours they're open, if they have a drive-through available, if they offer emergency Rx, delivery options and if they have bilingual employees.

Details you need to know

If you're in a Medicare Advantage plan that has prescription drug coverage and you join a separate prescription drug plan, you could be disenrolled from your Medicare Advantage plan and returned to Original Medicare. Call the Group Medicare Customer Care phone number if you have any questions.

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 choose 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



Going beyond your expectations

At Humana, what we do is more than health insurance. It’s human care—care that works harder, goes farther and digs deeper. **All for you.**

Your Group Medicare Advantage plan guide

Understanding your Medicare plan and how it works is important. Humana believes everyone should have access to the tools and support needed to have a fair and just opportunity to be as healthy as possible.

Inside this guide you’ll find

What is Medicare?..... 8

How your plan works..... 9

MyHumana 10

A Message for your Provider 11

Virtual visits / Telehealth 12

Prescription drug coverage 13

Prescription medication tiers 14

Pharmacy options 15

Vaccines and Rx coverage 17

SmartSummary® 18

Additional support..... 19

Frequently asked questions..... 20

Terms and definitions 21

Know your numbers 22

Plan specific information

- Medical Summary of Benefits
- Rx Summary of Benefits
- Important Prescription Drug Information
- Commonly Prescribed Medication List
- Enrollment Form



What is Medicare?

Medicare is a federal health insurance program for U.S. citizens and legal residents who are 65 and older or those younger than 65 and qualify due to a disability.



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.



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.



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.



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 or included in a Medicare Advantage prescription drug plan. Like Part C Medicare Advantage plans, Part D is only available through private companies, such as Humana. Many Part C Medicare Advantage plans include Medicare Part D prescription drug coverage.

How does it work?

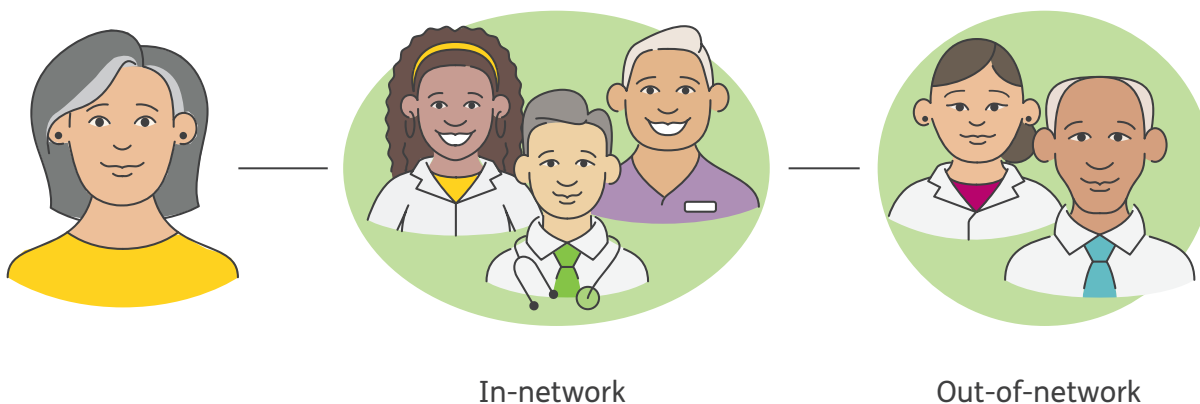
- Medicare is divided into parts A, B, C and D.
- Parts A and B are called Original Medicare.
- You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare PPO plan is a Medicare Advantage plan.
- You must also continue paying Medicare Part B premiums to remain enrolled in this plan.

How your PPO plan works

Preferred provider organization (PPO) plans give you the freedom to get care in- or out-of-network. 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.

Using a PPO plan

- You'll have a PCP who will help you manage your care, will get to know your overall health history and can guide you toward preventive care to help you be healthy and active.
- 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 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.
- Humana supplies in-network providers with information about services and programs available to patients with chronic conditions.



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.

MyHumana and MyHumana mobile app

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.

Whether you prefer using a desktop, laptop, tablet, or smartphone, you can access your account anytime by visiting **Humana.com/registration** to create your MyHumana account.*

- Review your plan benefits
- Find in-network providers or pharmacies
- Look up and compare medication prices
- View your Humana member ID card
- Check claims
- View your SmartSummary
- One-click to access Go365 for wellness awards



MyHumana mobile app

Download the MyHumana mobile app on your smartphone or tablet.* 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.

Have questions?

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

*Standard data rates may apply

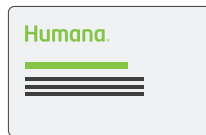
Use Humana's Find care tool on the MyHumana mobile app

Once your plan begins you can use the MyHumana mobile app to find a provider near you, wherever you are. Select "Find care" at the bottom of the app.

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 for providers

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, 8 a.m. – 5 p.m., Central 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.

Telehealth

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.

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.

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

Behavioral health

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.

Ask your trusted provider about any virtual behavioral health options they may offer, or visit mentalwellness.humana.com to search for providers who can help with talk therapy, medication and more. To find additional support options available, you can also log-in to your MyHumana account, and click "Get Care".

Home health

There are certain times in life—like after an injury or illness—when we could use an extra hand with things like bathing, grooming, preparing meals or other activities of daily living. With Humana's Personal Home Care Services (PHCS) benefit, you may qualify for care that makes things easier for you.

Specially trained nurses and therapists focus on your specific needs to create a personalized care plan for you. The goal is to help you manage your health with confidence, regain independence and enjoy a healthier, happier life.

To receive home health services, you must have a referral from your doctor. To see if you may qualify, call the number on the back of your Humana member ID card.



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

*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.

Prescription drug 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/Pharmacy** to view your prescription drug guide, it 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.

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.

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.

*Some medications do not qualify for a transition 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.

Talk to your provider about your medications to see if they require prior authorization, have quantity limits or if step therapy is needed.

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.



Pharmacy options

Comprehensive pharmacy support for retirees.

Retail pharmacy network

With Humana plans you have a variety of retail and mail-order options to fill your prescription.

- Robust network of retail national and independent pharmacies
- Offers flexibility and convenience

CenterWell Pharmacy™

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

CenterWell Pharmacy offers:

- Comprehensive pharmacy services
- Convenient mail-order solutions, refill reminders and patient support
- Safe and secure delivery backed by multiple checks by pharmacists

CenterWell Specialty Pharmacy™

CenterWell Specialty Pharmacy offers a variety of specialty therapies that can help treat your condition.

CenterWell Specialty Pharmacy offers:

- Outstanding care & patient experience
- Specially-trained associates to provide patient support
- Enhanced experience for cancer, neuromuscular disorders and certain pulmonary conditions

*Other pharmacies are available in the Humana network.





Online

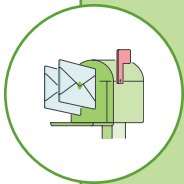
After you become a Humana member, you can sign in to **CenterWellPharmacy.com** with your MyHumana identification number and start a new prescription, order refills or check on an order.*



Phone

For maintenance medication(s), call CenterWell Pharmacy at **800-379-0092 (TTY: 711)**, Mon. – Fri., 7 a.m. – 10 p.m., and Sat., 7 a.m. – 5:30 p.m., Central time.

For specialty medication(s), call CenterWell Specialty Pharmacy at **800-486-2668 (TTY: 711)**, Mon. – Fri., 7 a.m. – 10 p.m., and Sat., 7 a.m. – 5:30 p.m., Central time.



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



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**.

*Other pharmacies are available in the network.

Where you get your vaccines may determine how they are covered

Part B

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
- COVID-19 vaccine and boosters

Medicare Part B diabetes coverage

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

*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.

Part D

Medicare Part D vaccines

The Medicare Part D portion of your plan covers vaccines that are considered necessary to help prevent illness. Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list[†] will be \$0.

Some common vaccines that you should get at your pharmacy, not from your provider's office, include:

- shingles
- Tdap
- RSV

Medicare Part D diabetes coverage

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)

[†]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

Humana.

FIRSTNAME A LASTNAME
Member ID: H12345678
Plan name: Humana Group Medicare LPPO
Rx PCN or Rx Group number: 03200000

Medicare Advantage provides additional support, at no additional cost to you

Go365 by Humana®

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.

SilverSneakers®

A health and fitness program designed for senior adults that offers fun and engaging classes and activities. Available at no additional cost through your Humana Medicare Advantage plan.

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.

In-home Health and Well-being Assessment

This free, annual detailed health review is conducted in your home to give your physician an extra set of eyes and ears so we can help you get the best care.

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.

Advance Care Planning with MyDirectives®

An online advance care plan platform, MyDirectives helps you ensure your wishes are met in case unexpected medical emergencies happen or as illnesses progress. With MyDirectives, you can identify the people you trust to speak for you.

Post-discharge Transportation

After an inpatient stay in a hospital or skilled nursing facility, members are eligible for up to 12 one-way trip(s) to plan approved locations (per facility discharge) by car, van or wheelchair access vehicle.

Post-discharge Personal Home Care Services (PHCS)

After an inpatient stay in a hospital or skilled nursing facility, members may receive certain in-home support services of up to 4 hours per day, up to a maximum of 8 hours total per discharge event. Qualified aides can offer assistance performing activities of daily living (ADLs) within the home (assistance with bathing, dressing, toileting, walking, eating, and preparing meals).

Post-discharge Meal Program

Humana's post-discharge meal program delivers fully prepared meals to eligible plan members. 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), delivered to your door.

For more information on any of these services, visit **Humana.com**, login to your secure account at **MyHumana.com** or call the number on the back of your Humana member ID card.

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**) 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.

Your provider can go to **Humana.com/Provider** and select "Preauthorizations." This page has a printable form that can be mailed or faxed to Humana. They can also 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.

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.ssa.gov**.

Medical insurance terms

Deductible (if applicable)

What you pay up front

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

Coinsurance

Your share of the cost

A percentage of your medical and medication costs that you may pay out of your pocket for covered services.

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.

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

Deductible (if applicable)

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.

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.

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.

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 prescriptions covered by a health plan, including deductibles, copays and coinsurance. Once your annual out-of-pocket limit has been reached, the Humana Group Medicare plan pays 100% for most pharmacy charges.

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care

866-396-8810 (TTY: 711),

Monday – Friday, 7 a.m. – 8 p.m., Central 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**

MyHumana mobile app

Humana.com/mobile-apps

Doctors in your network

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** or call the number on the back of your member ID card to get connected with a provider that offers this service.

CenterWell Pharmacy™

800-379-0092 (TTY: 711),

Mon. – Fri., 7 a.m. – 10 p.m., and

Sat., 7 a.m. – 5:30 p.m., Central time

CenterWellPharmacy.com

CenterWell Specialty Pharmacy™

800-486-2668 (TTY: 711),

Mon. – Fri., 7 a.m. – 10 p.m., and

Sat., 7 a.m. – 5:30 p.m., Central time

CenterWellSpecialtyPharmacy.com

Humana Clinical Pharmacy Review Team

800-555-2546 (TTY: 711),

Monday – Friday, 7 a.m. – 7 p.m., Central time

SilverSneakers®

888-423-4632 (TTY: 711),

Monday – Friday, 7 a.m. – 7 p.m., Central time

SilverSneakers.com

Go365 by Humana®

Go365.com

Humana Care Management

866-396-8810 (TTY: 711),

Monday – Friday, 7 a.m. – 8 p.m., Central time

Humana.com/home-care

Humana Well Dine®

866-396-8810 (TTY: 711),

Monday – Friday, 7 a.m. – 8 p.m., Central time

Humana.com/home-care/well-dine

Humana Health Coaching

877-567-6450 (TTY: 711),

Monday – Friday, 7 a.m. – 5 p.m., Central time

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. If you need help filing a grievance, call **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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2025

Summary of Benefits

**Humana Group Medicare Advantage PPO Plan
PPO 079/065**

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 Humana Group Medicare Customer Care.

Plan name:

Humana Group Medicare Advantage PPO plan



A healthy partnership

Get more from this 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 Humana, your employer/union group, or 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.	In-Network Maximum Out-of-Pocket \$3,000 out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium do not apply to the in-network maximum out-of-pocket. 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.	Combined In and Out-of-Network Maximum Out-of-Pocket \$3,000 out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium do not apply to the combined maximum out-of-pocket. Out-of-Network Exclusions: Part D Pharmacy; Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket. Your limit for services received from in-network providers will count toward this limit. 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.

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		
This 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.	\$200 copay per day for days 1-5	\$200 copay per day for days 1-5
OUTPATIENT HOSPITAL COVERAGE		
Outpatient hospital visits	0% to 10% of the cost	0% to 10% of the cost
Observation services	10% of the cost	10% of the cost
Ambulatory surgical center	10% of the cost	10% of the cost
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	\$5 copay	\$5 copay
Specialists	\$20 copay	\$20 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.	\$65 copay for Medicare-covered emergency room visit(s)	\$65 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.	\$5 to \$25 copay	\$5 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
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Diagnostic radiology	\$0 copay or 0% to 10% of the cost	\$0 copay or 0% to 10% of the cost
Lab services	\$0 copay or 0% of the cost	\$0 copay or 0% of the cost
Diagnostic tests and procedures	\$0 to \$25 copay or 0% to 10% of the cost	\$0 to \$25 copay or 0% to 10% of the cost
Outpatient x-rays	\$0 to \$25 copay or 0% to 10% of the cost	\$0 to \$25 copay or 0% to 10% of the cost
Radiation therapy	\$20 copay or 0% to 10% of the cost	\$20 copay or 0% to 10% of the cost
HEARING SERVICES		
Medicare-covered hearing: diagnostic hearing and balance exams	\$20 copay	\$20 copay
DENTAL SERVICES		
Medicare-covered dental	\$20 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)	\$20 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)
VISION SERVICES		
Medicare-covered vision services	\$20 copay (services include diagnosis and treatment of diseases and injuries of the eye)	\$20 copay (services include diagnosis and treatment of diseases and injuries of the eye)
Medicare-covered diabetic eye exam (1 per year)	\$0 copay	\$0 copay
Medicare-covered glaucoma screening (1 per year)	\$0 copay	\$0 copay
Medicare-covered eyewear (post-cataract)	\$0 copay	\$0 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
MENTAL HEALTH SERVICES		
Inpatient The inpatient hospital care limit applies to inpatient mental services provided in a general hospital or a psychiatric facility. 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.	\$200 copay per day for days 1-5	\$200 copay per day for days 1-5
Outpatient group and individual therapy visits	Outpatient therapy visit: \$5 to \$40 copay Partial Hospitalization: \$25 copay	Outpatient therapy visit: \$5 to \$40 copay Partial Hospitalization: \$25 copay
SKILLED NURSING FACILITY		
This plan covers up to 100 days in a SNF. No 3-day hospital stay is required. Plan pays \$0 after 100 days.	\$0 copay per day for days 1-6 \$20 copay per day for days 7-20 \$110 copay per day for days 21-100	\$0 copay per day for days 1-6 \$20 copay per day for days 7-20 \$110 copay per day for days 21-100
PHYSICAL THERAPY		
	\$20 copay or 10% of the cost	\$20 copay or 10% of the cost
AMBULANCE		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	\$100 copay	\$100 copay
PART B PRESCRIPTION DRUGS		
Medicare Part B covered drugs	20% of the cost	20% of the cost
Medicare Part B insulin drugs You will pay no more than \$35 for a one-month (up to 30-day) supply for all Part B insulin covered by our plan, and if your plan has a deductible it does not apply to Part B insulin.	20% of the cost	20% of the cost

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 This plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.	\$20 copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	\$20 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.
ALLERGY		
Allergy shots & serum	\$0 copay	\$0 copay
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	\$20 copay	\$20 copay
DIABETES MANAGEMENT TRAINING		
	\$0 copay	\$0 copay
FOOT CARE (PODIATRY)		
Medicare-covered foot care	\$20 copay	\$20 copay
HOME HEALTH CARE		
	\$0 copay	\$0 copay
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment (like wheelchairs or oxygen)	15% of the cost	15% of the cost
Medical supplies (includes but not limited to: catheters, IV set-up and supplies)	15% of the cost	15% of the cost
Prosthetics (artificial limbs or braces)	15% of the cost	15% of the cost
Diabetes monitoring supplies	0% of the cost	0% of the cost
Continuous glucose monitors	15% of the cost	15% of the cost
OUTPATIENT SUBSTANCE ABUSE		
Outpatient group and individual substance abuse treatment visits	Outpatient therapy visit: \$5 to \$40 copay Partial Hospitalization: \$25 copay	Outpatient therapy visit: \$5 to \$40 copay Partial Hospitalization: \$25 copay
REHABILITATION SERVICES		
Occupational and speech therapy	\$20 copay or 10% of the cost	\$20 copay or 10% of the cost

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
Cardiac rehabilitation	\$20 copay or 10% of the cost	\$20 copay or 10% of the cost
Pulmonary rehabilitation	\$20 copay or 10% of the cost	\$20 copay or 10% of the cost
RENAL DIALYSIS		
Renal dialysis	\$0 copay or 10% of the cost	\$0 copay or 10% of the cost
Kidney disease education services	\$0 copay	\$0 copay
HUMANA IN-NETWORK TELEHEALTH VENDORS, i.e. MDLive (in addition to Original Medicare)		
Primary care provider (PCP)	\$0 copay	Not Covered
Specialist	\$20 copay	Not Covered
Urgent care services	\$0 copay	Not Covered
Substance abuse or behavioral health services	\$0 copay	Not Covered

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

FITNESS AND WELLNESS

Live a healthier, more active life through fitness and social connection at participating SilverSneakers ® locations and online.

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 rideshare services, 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 this plan before you select hospice.

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

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[illegible]

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

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.

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 this 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 this 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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2025

Prescription Drug Summary of Benefits

Humana Group Medicare Advantage Plan
Rx 66

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 out-of-pocket drug costs reach **\$2,000**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	\$10 copay	\$10 copay
2 (Preferred Brand)	\$30 copay	\$30 copay
3 (Non-Preferred Drug)	\$60 copay	\$60 copay
4 (Specialty Tier)	33% of the cost	33% of the cost
90-day supply		
1 (Generic or Preferred Generic)	\$30 copay	\$0 copay
2 (Preferred Brand)	\$90 copay	\$60 copay
3 (Non-Preferred Drug)	\$180 copay	\$120 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 GRP2.

Important Message About What You Pay for Vaccines – This plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Humana Group Medicare 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 this plan, no matter what cost-sharing tier it's on.

Catastrophic Coverage

After your total out-of-pocket costs reach **\$2,000**, you pay **\$0** for plan-covered Part D drugs.

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

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。

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Find out **more**



You can see this 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 this 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

RX66EN25



Get to know your coverage with your Prescription Drug Guide

Your Humana Medicare Advantage plan includes prescription coverage—and plenty of support. One way we help you make the most of your plan is with your Prescription Drug Guide, also called a formulary or drug list. It's the robust list of prescription drugs or medications that your plan covers. That way, you can confirm coverage for the medication you need.



Complete list of generic and brand-name drugs covered in your plan.



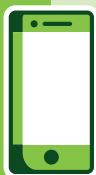
Can be printed from, viewed on and downloaded to your phone, tablet or computer.*



Created and regularly updated by doctors and pharmacists.



Available in multiple languages.



View your plan's Prescription Drug Guide at **[Humana.com/pharmacy/prescription-coverages/medicare-drug-list](https://www.humana.com/pharmacy/prescription-coverages/medicare-drug-list)** or scan the QR code with your phone or tablet's camera.



- Scroll to “**Required Fields**”; from the “**Select plan type**” menu, choose **Group Medicare**; then “**Select plan year**” and then select the “**Find Drug Guide**” button.
- Scroll and locate PDG **GRP 02** within the drug list.

If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

*Standard data rates may apply.

Prescription drug coverage for commonly prescribed medications

Learn more about your prescription drug coverage for commonly prescribed medications

The commonly prescribed medication list is a guide to medications in select therapeutic categories. You and your provider can use this list to determine if there are lower cost or covered alternatives available for a medication you are currently taking.



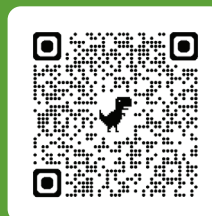
Partial list of common generic and brand-name medications in select therapeutic categories that are covered by your plan.



Can be printed from, viewed on and/or downloaded to your phone, tablet or computer.*

This is not a complete list. For a complete medication listing, please review “Get to know your coverage with your Prescription Drug Guide”.

To view a list of commonly prescribed medications, scan the QR code with your phone or tablet’s camera, or by visiting [Humana.com/CPML800](https://www.humana.com/CPML800).



If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

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2025 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 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, **877-320-1235 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 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.

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。

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。

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

Form Approved OMB# 0938-1421

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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

ADMIN ORG

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 APPLICANT*

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

DATE OF BIRTH*

M M - D D - Y Y Y Y

SEX* ☐ F ☐ M

RESIDENTIAL ADDRESS* P.O. Box not allowed.

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.

PLEASE SELECT ONE PREMIUM PAYMENT OPTION. You may pay your monthly plan premium and/or late enrollment penalty via automatic deduction from your bank account or credit or debit card. You may also choose to pay by mail using a coupon book. **If you do not select a payment option below, you may be defaulted to coupon book.**

☐ **Automatic bank account deduction**

Bank account information (Only complete this section if you selected Automatic bank account deduction as your payment option).

☐ Checking account

☐ Savings account

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER



Routing number

Account number

☐ **Automatic credit or debit card deduction**

Credit or debit card information (Only complete this section if you selected Automatic credit or debit card deduction as your payment option).

☐ Mastercard

☐ Visa

☐ Discover

☐ American Express

CREDIT OR DEBIT CARD NUMBER

EXPIRATION DATE

M M - 2 0 Y Y

☐ **Coupon book**

You can visit **Humana.com/pay** to make your monthly premium payments online. If you have selected coupon book as your payment option, you can pay as far in advance as you like. You can also log in to your secure MyHumana account (click Register if you haven't signed up yet) or download the MyHumana mobile app to take advantage of other premium-related services.

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. 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

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

ID NUMBER FOR THIS COVERAGE

GROUP NUMBER FOR THIS COVERAGE

Once enrolled, will you or your spouse work?

☐ Yes ☐ No

PRIMARY CARE PHYSICIAN (PCP)

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](https://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 ☐ Data CD

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 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.

Release of Information:

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:

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. **Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.**

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.

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 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

FOR INDIVIDUALS HELPING AN APPLICANT WITH COMPLETING THIS FORM ONLY

Complete this section if you're an individual (e.g. agents, brokers, SHIP counselors, family members, or other third parties) helping an applicant fill out this form.

NAME

SIGNATURE

RELATIONSHIP TO APPLICANT

NATIONAL PRODUCER NUMBER (AGENTS/BROKERS ONLY)

INTERNAL MARKETPOINT AGENTS ONLY

WRITING AGENT NAME*

AGENT NUMBER (SAN)*

DATE*

M M - D D - 2 0 Y Y

REFERRING AGENT NAME

REFERRING AGENT NUMBER (SAN)

Humana®

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

2025 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 ^T~~X~~ H

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 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, **877-320-1235 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 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.

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。

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 Arzneimittelpplan. 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.

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。


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
HOSPITAL (PART A)
MEDICAL (PART B)

EFFECTIVE DATE

M M - 0 1 - Y Y Y Y

M M - 0 1 - Y Y Y Y

ADMIN ORG

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 APPLICANT*

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

DATE OF BIRTH*

M M - D D - Y Y Y Y

SEX* ☐ F ☐ M

RESIDENTIAL ADDRESS* P.O. Box not allowed.

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.

PLEASE SELECT ONE PREMIUM PAYMENT OPTION. You may pay your monthly plan premium and/or late enrollment penalty via automatic deduction from your bank account or credit or debit card. You may also choose to pay by mail using a coupon book. **If you do not select a payment option below, you may be defaulted to coupon book.**

☐ **Automatic bank account deduction**

Bank account information (Only complete this section if you selected Automatic bank account deduction as your payment option).

☐ Checking account

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BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER



Routing number

Account number

☐ **Automatic credit or debit card deduction**

Credit or debit card information (Only complete this section if you selected Automatic credit or debit card deduction as your payment option).

☐ Mastercard

☐ Visa

☐ Discover

☐ American Express

CREDIT OR DEBIT CARD NUMBER

EXPIRATION DATE

M M - 2 0 Y Y

☐ **Coupon book**

You can visit **Humana.com/pay** to make your monthly premium payments online. If you have selected coupon book as your payment option, you can pay as far in advance as you like. You can also log in to your secure MyHumana account (click Register if you haven't signed up yet) or download the MyHumana mobile app to take advantage of other premium-related services.

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APPLICANT MEDICARE NUMBER*

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

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

ID NUMBER FOR THIS COVERAGE

GROUP NUMBER FOR THIS COVERAGE

Once enrolled, will you or your spouse work?

☐ Yes ☐ No

PRIMARY CARE PHYSICIAN (PCP)

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](https://finder.humana.com).

Preferred Written Language (when available)

☐ English ☐ Spanish ☐ Chinese ☐ Korean ☐ Other

Preferred Verbal Language

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☐ Korean ☐ Other

If an accessible format is needed, please select one option

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

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



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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.

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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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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 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

FOR INDIVIDUALS HELPING AN APPLICANT WITH COMPLETING THIS FORM ONLY

Complete this section if you're an individual (e.g. agents, brokers, SHIP counselors, family members, or other third parties) helping an applicant fill out this form.

NAME

SIGNATURE

RELATIONSHIP TO APPLICANT

NATIONAL PRODUCER NUMBER (AGENTS/BROKERS ONLY)

INTERNAL MARKETPOINT AGENTS ONLY

WRITING AGENT NAME*

AGENT NUMBER (SAN)*

DATE*

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