

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

Important plan information



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



Beyond healthcare

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

Humana®

A more human way
to healthcare™



Kentucky Judicial Form Retirement System

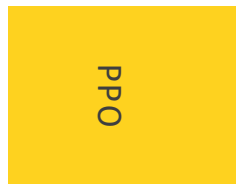
We're here for you

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

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **866-396-8810 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.



This page intentionally left blank.

Group Medicare Advantage plan guide

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

Inside this guide you'll find:

What Humana offers you.....	2
Retirees Beneficiaries and Dependents Letter	3
Welcome letter	5
MyHumana and MyHumana mobile app.....	7
Choosing a primary care provider	8
Find a Doctor.....	9
Virtual visits / Telehealth.....	10
Take this to your provider.....	11
Prescription drug coverage.....	13
Prescription drug guide	14
CenterWell Pharmacy	15
Vaccines and diabetes coverage	16
SmartSummary®	18
Extra benefits.....	19
Frequently asked questions.....	20
Terms and definitions	21
Know your numbers	22

Plan specific information

- Medical Summary of Benefits
- Dental Benefits
- Vision Benefits
- Rx Summary of Benefits
- Enrollment Forms





Get the hassle-free care you deserve

Humana Medicare Advantage PPO with prescription drug plan offers you:

- All the benefits of Original Medicare, plus extra benefits
- Maximum out-of-pocket protections
- Worldwide emergency coverage
- Programs to help improve health and well-being

A dedicated team and more...

- Your benefit levels are the same for in-network and out-of-network providers
- Large network of providers, specialists and hospitals to pick from
- You don't need a referral to see any healthcare provider
- Coverage for office visits, including routine physical exams
- Almost no claim forms to fill out or mail—we take care of that for you
- Dedicated Customer Care specialists who serve only our Group Medicare members



JUDICIAL FORM RETIREMENT SYSTEM

JUDICIAL RETIREMENT PLAN | LEGISLATORS RETIREMENT PLAN

Daniel Venters, Chairman
Board of Trustees

Bo Cracraft
Executive Director

Dear Medicare Eligible Retiree/Dependent/Qualified Beneficiary:

RE: HEALTH INSURANCE COVERAGE CALENDAR YEAR 2024

As a retiree, dependent, or qualified beneficiary of the Judicial Retirement Plan (JRP) and/or the Legislators Retirement Plan (LRP), you are eligible to participate in the Kentucky Judicial Form Retirement's (KJFRS) Medicare Employer Preferred Provider Organization (PPO) Plan, also referred to as a Medicare Advantage plan, with Humana.

The Plan's percentage of payment of your premium is dependent upon the number of years of service on which your benefit is based. Your percentage will apply to the **2024 premium funding level** established by the Plan's Board of Trustees – the monthly premium funding level and the monthly actual premium are: **\$365.91**. If applicable, we will withhold from your monthly retirement benefit check the percentage of the premium owed by you.

The enclosed **Humana Group Medicare** booklet provides you with a high-level explanation of plan benefits, instructions, guidelines and the **2024 Enrollment Form**. You **must** have your red, white, and blue Medicare card (which confirms A and B coverage) in order to complete the *Enrollment Form*. **You do not need to enroll in Part D** – the KJFRS plan provides comparable prescription drug coverage. On page one of the enrollment form, please note that your employer sponsor name is **KJFRS** and your Plan Option number is **326**. In all future correspondence with you, Humana will refer to you as a KJFRS retiree. **You must return the Enrollment Form to this office for processing with Humana.**

- Humana communicates with you at your home and e-mail addresses; thus, it is important that you inform Humana of any future changes to your personal information.

If you have any questions, please do not hesitate to contact our office at 502-564-5310, Monday thru Friday, 8:00 – 4:00 p.m., Eastern Time. You may also reach out directly to Humana's Customer Service at 1-866-396-8810, Monday thru Friday, 8:00 a.m. – 8:00 p.m., Eastern Time.

Sincerely,

Bo Cracraft
Executive Director

Whitaker Bank Building, Suite 302 | 305 Ann Street | Frankfort, Kentucky 40601
☎ (502) 564-5310 | Fax (502) 564-2560 | ✉ Bo.Cracraft@ky.gov

This page intentionally left blank.

Welcome to a more human way to healthcare

Take action to enroll

Dear Group Medicare Beneficiary,

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

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

Get to know your plan

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

- If you have questions about your premium, please call your benefits administrator at **502-564-5310 (TTY: 711)**.
- Go to **Humana.com**, "Member Resources" and select "Humana Drug List" then scroll to "Required Fields" to find a list of drugs covered by your Humana Group Medicare plan. For **Rx 182** choose **GRP 2**.
- 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:
Kentucky Judicial Form Retirement System
305 Ann St., Ste. 302
Frankfort, KY 40601
- You must complete a separate application for each family member eligible for your plan.
- Please keep a copy of your application for your records.

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.

- continued on next page

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

Sincerely,
Group Medicare Operations

Your health at your fingertips with MyHumana

Get your personalized health information on MyHumana

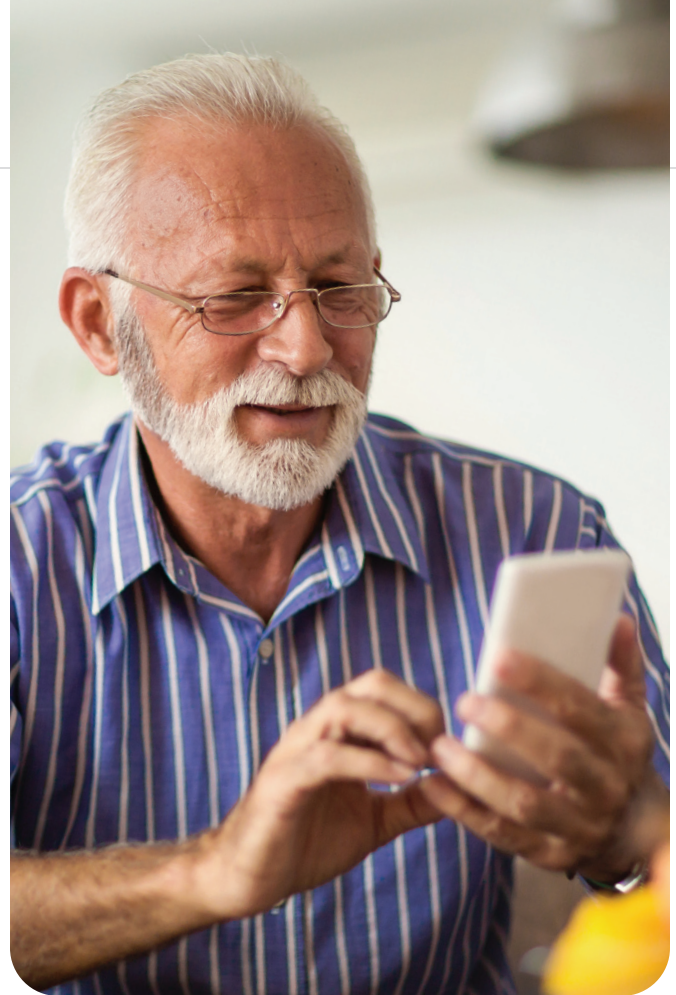
A valuable part of your Humana plan is a secure online account called MyHumana where you can keep track of your claims and benefits, find providers, view important plan documents and more.

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

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

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

*Standard data rates may apply.



The MyHumana mobile app

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

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

With MyHumana and the MyHumana mobile app, you can:

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

Have questions?

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

Building healthy provider relationships

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

With the Humana Group Medicare PPO plan, you can use any provider who is part of our network, or you can use any provider who accepts Medicare and agrees to bill Humana. Your benefit plan coverage remains the same, even if you receive care from an out-of-network provider. For more information, refer to your Summary of Benefits located in this packet.

Why choose a Humana network provider?

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

Is your healthcare provider in Humana's provider network?

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



Medical preauthorization

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

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

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

- 1** Go to [Humana.com/FindaDoctor](https://www.humana.com/FindaDoctor).
- 2 Find a doctor or pharmacy**
Use the tabs to help you search for a doctor or pharmacy.
- 3 Location**
Enter a ZIP code and the distance radius you want to search.
- 4 Options**
Select a lookup method from 3 options:
 - 1) Coverage type—choose Medicare or Medicare-Medicaid then select the network that represents your plan,
 - 2) Member ID, or
 - 3) Sign in to MyHumana for more accurate results in finding your network.
- 5 Select the “Search” button for your results**
Have you found the doctor or facility that you're looking for? If you need to revise your search, you can search again without leaving the results page.



Find a doctor on the MyHumana mobile app

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

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

Telehealth visits are available through your Humana plan

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

Virtual care where you're most comfortable

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

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

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

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

Connect with someone who cares

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

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

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

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



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

*Depending on the initial consultation, video may be required for telehealth visits.

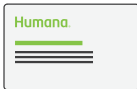
†Standard data rates may apply.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any description of when to use telehealth services is for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

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

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

Once you are a member of the Humana Group Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.



Don't forget to take your Humana member ID card to your first appointment.

A message for your provider

Humana will provide coverage for this retiree under a Group Medicare PPO plan. The in-network and out-of-network benefits are structured the same for any member of this plan. This means you can provide services to this retiree or any member of this plan if you are a provider who is eligible to participate in Medicare.

Contracted healthcare providers

If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

Out-of-network healthcare providers

Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.



Claims process

If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at **800-626-2741**, Monday – Friday, 9 a.m. – 6 p.m., Eastern time. **This number is not for patient use.**

Patients, please call the Group Medicare Customer Care number on the back of your Humana member ID card.

Important

At Humana, it is important you are treated fairly.

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

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

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

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

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

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

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

GHHLE7BEN 0822

Medicare Part D prescription medication tiers

Tier 1 – Generic or preferred generic

Essentially the same medications, usually priced differently

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

Tier 2 – Preferred brand

A medication available to you for less than a nonpreferred

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

Tier 3 – Nonpreferred medication

A more expensive medication than a preferred

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

Tier 4 – Specialty

Medications for specific uses

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

Important information about your prescription medication coverage

Some medications covered by Humana may have requirements or limits on coverage. These requirements and limits may include prior authorization, quantity limits or step therapy. You can visit [Humana.com](https://www.humana.com) to register or sign in and select Pharmacy or call Humana's Group Medicare Customer Care team to check coverage on the medications you take.

Prior authorization

The Humana Group Medicare Plan requires you or your provider to get prior authorization for certain medications. This means that you will need to get approval from the Humana Group Medicare Plan before you fill your prescriptions. The reason a prior authorization is required can vary depending on the medication. Humana will work with your provider when a prior authorization is required. The Centers for Medicare & Medicaid Services (CMS) requires a turnaround time of 72 hours for a prior authorization. However, an expedited review can be requested by your provider if waiting 72 hours may be harmful to you.

Quantity limits

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

One-time transition fill

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

*Some medications do not qualify for a transitional fill, such as medications that require a Part B vs D determination, CMS Excluded medications, or those that require a diagnosis review to determine coverage.

Step therapy

In some cases, the Humana Group Medicare Plan requires that you first try certain medications to treat your medical condition before coverage is available for a more expensive medication prescribed to treat your medical condition.

Next steps for you

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

Next steps for your provider

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



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

View the most complete and current Drug Guide information online.

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

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

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

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

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

CenterWell Pharmacy

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



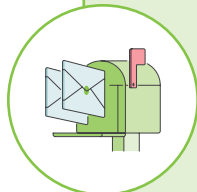
Online

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



Provider

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



Mail

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



Phone

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

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

*Other pharmacies are available in the network.

Where you get your vaccines may determine how it is covered

Medicare Part B vaccines

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

The following Medicare Part B vaccines may be obtained at your provider's office or are readily available at a network pharmacy: influenza (flu), pneumococcal, and COVID-19 vaccine and boosters.

Medicare Part D vaccines

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

Diabetes coverage

Medicare Part B

Part B covers certain preventive services for people at risk for diabetes. You must have Part B to get the services and supplies it covers, like:

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

Medicare Part D

Part D typically covers diabetes supplies used to administer insulin. You must be enrolled in a Medicare drug plan to get the supplies Part D covers, like:

- diabetes medications
- insulin administered (or used) with syringes or pens
- syringes, pen needles or other insulin administration devices that are not durable medical equipment (e.g., Omnipod or VGO)



Diabetic testing supplies

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

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

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

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

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



Enhanced vaccine and insulin coverage

Part B

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

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

Part D

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

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

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

*CGMs are available through participating retail pharmacies. In addition, CGMs and Insulin pumps are available through our preferred durable medical equipment vendors, CCS Medical, 877-531-7959 or Edwards Healthcare, 888-344-3434.

[†]For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html.

Your personalized benefits statement

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

SmartSummary helps you:

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

SmartSummary includes:

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

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

THIS IS NOT A BILL

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

OVERVIEW OF YOUR FEBRUARY CLAIMS

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

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

Part D prescription drug claims (see page 9)

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

Humana.

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

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

CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.

Questions
Go to MyHumana at Humana.com to see

SmartSummary®
Your personal prescription and medical benefits statement

Medical and hospital deductible and yearly limits

Yearly limits - These limits give you financial protection

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

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

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

2023 Combined Annual Plan Out-of-pocket

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

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

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

2023 Individual In-network Out-of-pocket

Page 2 of 16
John Doe

SmartSummary®
Your personal prescription and medical benefits statement

Details for medical and hospital claims processed in February 2023

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

Medical and hospital claims

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

Page 3 of 16
John Doe

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

SilverSneakers

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

Go365

Go365 by Humana® is a wellness program that rewards you for completing eligible healthy activities like working out or getting your Annual Wellness Visit. You can earn rewards to redeem for gift cards in the Go365 Mall.

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

Humana Care Management

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

Humana Well Dine® meal program

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

Advance care planning with MyDirectives

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

Humana Health Coaching

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

Humana Neighborhood Center

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

Frequently asked questions

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

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

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

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

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

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

What if I have other health insurance coverage?

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

When does my coverage begin?

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

What if my service needs a prior authorization?

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

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

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

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

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

How can I get help with my drug plan costs?

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

Medical insurance terms

Coinsurance

Your share of the cost after deductible

A percentage of your medical and drug costs that you may pay out of your pocket for covered services after you pay any plan deductible.

Copayment

What you pay at the provider's office for medical services

The set dollar amount you pay when you receive medical services or have a prescription filled.

Deductible

What you pay up front

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

Exclusions and limitations

Anything not covered or covered under limited situations or conditions

Specific conditions or circumstances that aren't covered under a plan.

Maximum out-of-pocket

The most you'll spend before your plan pays 100% of the cost

The most you would have to pay for services covered by a health plan, including deductibles, copays and coinsurance. If and when you reach your annual out-of-pocket limit, the Humana Group Medicare plan pays 100% of the Medicare-approved amount for most covered medical charges.

Network

Your plan's contracted medical providers

A group of healthcare providers contracted to provide medical services at discounted rates. The providers include doctors, hospitals and other healthcare professionals and facilities.

Plan discount

A way Humana helps you save money

Amount you are not responsible for due to Humana's negotiated rate with provider.

Premium

The regular monthly payment for your plan

The amount you and/or your employer regularly pay for Medicare or Medicare Advantage coverage.

Pharmacy terms

Catastrophic coverage

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

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

Coinsurance

Your share of your prescription's cost

This is a percentage of the total cost of a medication you pay each time you fill a prescription.

Copayment

What you pay at the pharmacy for your prescription

The set dollar amount you pay when you fill a prescription.

Deductible

Your cost for Part D prescription medications before the plan pays

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

Exclusions and limitations

Anything not covered

Specific conditions or circumstances that aren't covered under a plan.

Formulary

Medications covered under your plan

A list of medications approved for coverage under the plan. Also called a Drug List.

Out-of-pocket

Portion of costs you pay

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

Know your numbers

Find important numbers anytime you need them*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A series of horizontal lines for writing notes, with a large green outline of the letter 'H' positioned on the right side of the page.

Important

At Humana, it is important you are treated fairly.

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

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

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

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

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

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

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

GHHLE7BEN 0822