

2014

Summary of Benefits Optional Supplemental Benefits Extra Services and Programs

Humana Gold Choice[®]
H1291-001 (PFFS)

New York
Select Counties in New York



Humana[®]

2014

Summary of Benefits

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Section I – Introduction to Summary of Benefits

Thank you for your interest in Humana Gold Choice H1291-001 (PFFS). Our plan is offered by HUMANA INSURANCE COMPANY OF NEW YORK, a Medicare Advantage Private Fee-for-Service that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Humana Gold Choice H1291-001 (PFFS) and ask for the "Evidence of Coverage."

You Have Choices In Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (Fee-for-Service) Medicare plan. Another option is a Medicare Advantage Private Fee-for-Service plan, like Humana Gold Choice H1291-001 (PFFS). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call Humana Gold Choice H1291-001 (PFFS) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare Humana Gold Choice H1291-001 (PFFS) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where Is Humana Gold Choice H1291-001 (PFFS) Available?

The service area for this plan includes: Allegany, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Oneida, Onondaga, Schuyler, Steuben, Tioga Counties, NY. You must live in one of these areas to join the plan.

Who Is Eligible To Join Humana Gold Choice H1291-001 (PFFS)?

You can join Humana Gold Choice H1291-001 (PFFS) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease generally are not eligible to enroll in Humana Gold Choice H1291-001 (PFFS) unless they are members of our organization and have been since their dialysis began.

Where Can I Get My Prescriptions If I Join This Plan?

Humana Gold Choice H1291-001 (PFFS) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at http://www.humana.com/Medicare/medicare_prescription_drugs. Our customer service number is listed at the end of this introduction.

Humana Gold Choice H1291-001 (PFFS) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copayment or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

Section I (continued)

What If My Doctor Prescribes Less Than A Month's Supply?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand and generic drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copayment (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copayment for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

How Do I Get Medical Care That Is Covered By The Plan?

You can receive your care from any provider, such as a doctor or hospital, in the United States, if the provider is eligible to be paid by Medicare and agrees to accept our plan's terms and conditions of payment before providing services to you. A provider can decide at every visit to accept our plan's terms and conditions, and thus treat you.

Not all providers accept our plan's terms and conditions of payment or agree to treat you. If a provider from whom you seek care decides not to accept our plan's terms and conditions of payment or refuses to treat you, then you will need to find another provider that will accept our plan's terms and conditions of payment. A provider that decides not to accept our plan's terms and conditions of payment should not provide services to you, except in emergencies. If you need emergency care, it is covered whether a provider agrees to accept our plan's payment terms or not.

Our plan has signed contracts with some providers. These providers are our network providers. We have network providers for all services covered under Medicare. You can still receive services from non-network providers who do not have a signed contract with us, as long as those providers agree to accept our plan's terms and conditions of payment (as described above). However, you may pay more for seeing a provider who is not one of our network providers. For more information, please call the customer service number listed at the end of this introduction.

Does My Plan Cover Medicare Part B Or Part D Drugs?

Humana Gold Choice H1291-001 (PFFS) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What Is A Prescription Drug Formulary?

Humana Gold Choice H1291-001 (PFFS) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at

http://www.humana.com/medicare/medicare_prescription_drugs/medicare_drug_tools/medicare_drug_list/.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How Can I Get Extra Help With My Prescription Drug Plan Costs Or Get Extra Help With Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

Section I (continued)

What Are My Protections In This Plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Humana Gold Choice H1291-001 (PFFS), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Humana Gold Choice H1291-001 (PFFS), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Humana Gold Choice H1291-001 (PFFS) for more details.

Section I (continued)

What Types Of Drugs May Be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Humana Gold Choice H1291-001 (PFFS) for more details.

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

Where Can I Find Information On Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you can find the Plan Ratings information by using the "Find health & drug plans" web tool on medicare.gov to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Humana Insurance Company of New York for more information about Humana Gold Choice H1291-001 (PFFS).

Visit us at **<http://www.humana-medicare.com>** or, call us:

Customer Service Hours for October 1 - February 14: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Local

Customer Service Hours for February 15 - September 30: Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 8:00 p.m. Local

Current members should call toll-free **(800)457-4708** for questions related to the Medicare Advantage Program.
(TTY/TDD 711)

Prospective members should call toll-free **(800)833-2364** for questions related to the Medicare Advantage Program.
(TTY/TDD 711)

Current members should call locally **(800)457-4708** for questions related to the Medicare Advantage Program.
(TTY/TDD 711)

Prospective members should call locally **(800)833-2364** for questions related to the Medicare Advantage Program.
(TTY/TDD 711)

Current members should call toll-free **(800)457-4708** for questions related to the Medicare Part D Prescription Drug program.
(TTY/TDD 711)

Prospective members should call toll-free **(800)833-2364** for questions related to the Medicare Part D Prescription Drug program.
(TTY/TDD 711)

Current members should call locally **(800)457-4708** for questions related to the Medicare Part D Prescription Drug program.
(TTY/TDD 711)

Prospective members should call locally **(800)833-2364** for questions related to the Medicare Part D Prescription Drug program.
(TTY/TDD 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit <http://www.medicare.gov> on the web.

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

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento podría estar disponible en un idioma diferente del inglés. Si desea información adicional, comuníquese con el Departamento de Atención al Cliente al número telefónico indicado arriba.

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

Section II - Summary of Benefits

IMPORTANT INFORMATION

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
<p>① Premium and Other Important Information</p>	<ul style="list-style-type: none"> In 2013 the monthly Part B Premium was \$104.90 and may change for 2014 and the annual Part B deductible amount was \$147 and may change for 2014. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. 	<p>General</p> <ul style="list-style-type: none"> \$72 monthly plan premium in addition to your monthly Medicare Part B premium. Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. This plan does not allow providers to balance bill (charging more than your cost share amount). <p><u>In and Out-of-Network</u></p> <ul style="list-style-type: none"> \$6,700 out-of-pocket limit for Medicare-covered services. <p>See page 35 for additional information about Premium and Other Important Information</p>
<p>② Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<ul style="list-style-type: none"> You may go to any doctor, specialist or hospital that accepts Medicare. 	<p><u>In and Out-of-Network</u></p> <ul style="list-style-type: none"> You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment. <p>See page 35 for additional information about Doctor and Hospital Choice</p>

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
<p>3 Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<ul style="list-style-type: none"> In 2013 the amounts for each benefit period were: <ul style="list-style-type: none"> Days 1 - 60: \$1,184 deductible Days 61 - 90: \$296 per day Days 91 - 150: \$592 per lifetime reserve day These amounts may change for 2014. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. 	<p>General</p> <ul style="list-style-type: none"> You may go to any doctor or hospital that accepts the plan's terms and conditions of payment. In emergencies, you may go to any doctor or hospital, even those that do not participate with the plan. <p>In-Network</p> <ul style="list-style-type: none"> No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: <ul style="list-style-type: none"> Days 1 - 7: \$250 copayment per day Days 8 - 90: \$0 copayment per day \$0 copayment for each additional non-Medicare-covered hospital day. <p>Out-of-Network</p> <ul style="list-style-type: none"> For Medicare-covered hospital stays: <ul style="list-style-type: none"> Days 1 - 7: \$250 copayment per day Days 8 - 90: \$0 copayment per day <p>See page 35 for additional information about Inpatient Hospital Care</p>
<p>4 Inpatient Mental Health Care</p>	<ul style="list-style-type: none"> In 2013 the amounts for each benefit period were: <ul style="list-style-type: none"> Days 1 - 60: \$1,184 deductible Days 61 - 90: \$296 per day Days 91 - 150: \$592 per lifetime reserve day These amounts may change for 2014. You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. 	<p>In-Network</p> <ul style="list-style-type: none"> You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. For Medicare-covered hospital stays: <ul style="list-style-type: none"> Days 1 - 5: \$250 copayment per day Days 6 - 90: \$0 copayment per day Plan covers 60 lifetime reserve days. \$0 copayment per lifetime reserve day. <p>Out-of-Network</p> <ul style="list-style-type: none"> For Medicare-covered hospital stays: <ul style="list-style-type: none"> Days 1 - 5: \$250 copayment per day Days 6 - 90: \$0 copayment per day <p>See page 35 for additional information about Inpatient Mental Health Care</p>

(Inpatient Care - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<ul style="list-style-type: none"> In 2013 the amounts for each benefit period after at least a 3-day Medicare-covered hospital stay were: <ul style="list-style-type: none"> Days 1 - 20: \$0 per day Days 21 - 100: \$148 per day These amounts may change for 2014. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. 	<u>In-Network</u> <ul style="list-style-type: none"> Plan covers up to 100 days each benefit period No prior hospital stay is required. For SNF stays: <ul style="list-style-type: none"> Days 1 - 20: \$25 copayment per day Days 21 - 100: \$152 copayment per day <u>Out-of-Network</u> <ul style="list-style-type: none"> For each Medicare-covered SNF stay: <ul style="list-style-type: none"> Days 1 - 20: \$25 copayment per SNF day Days 21 - 100: \$152 copayment per SNF day See page 35 for additional information about Skilled Nursing Facility (SNF)
6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<ul style="list-style-type: none"> \$0 copayment. 	<u>In-Network</u> <ul style="list-style-type: none"> \$0 copayment for each Medicare-covered home health visit <u>Out-of-Network</u> <ul style="list-style-type: none"> \$0 copayment for Medicare-covered home health visits
7 Hospice	<ul style="list-style-type: none"> You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice. 	<u>General</u> <ul style="list-style-type: none"> You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.

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OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
8 Doctor Office Visits	<ul style="list-style-type: none"> 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> You may go to any doctor that accepts the plan's terms and conditions of payment. <p>In-Network</p> <ul style="list-style-type: none"> \$15 copayment for each Medicare-covered primary care doctor visit. \$40 copayment for each Medicare-covered specialist visit. <p>Out-of-Network</p> <ul style="list-style-type: none"> \$15 copayment for each Medicare-covered primary care doctor visit \$40 copayment for each Medicare-covered specialist visit <p>See page 36 for additional information about Doctor Office Visits</p>
9 Chiropractic Services	<ul style="list-style-type: none"> Supplemental routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part). 	<p>In-Network</p> <ul style="list-style-type: none"> \$15 copayment for each Medicare-covered chiropractic visit Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part). <p>Out-of-Network</p> <ul style="list-style-type: none"> \$15 copayment for Medicare-covered chiropractic visits.
10 Podiatry Services	<ul style="list-style-type: none"> Supplemental routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. 	<p>In-Network</p> <ul style="list-style-type: none"> \$40 copayment for each Medicare-covered podiatry visit Medicare-covered podiatry visits are for medically necessary foot care. <p>Out-of-Network</p> <ul style="list-style-type: none"> \$40 copayment for Medicare-covered podiatry visits

(Outpatient Care - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
11 Outpatient Mental Health Care	<ul style="list-style-type: none"> • 20% coinsurance for most outpatient mental health services • Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copayment cannot exceed the Part A inpatient hospital deductible. • "Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • \$40 copayment for each Medicare-covered individual therapy visit • \$40 copayment for each Medicare-covered group therapy visit • \$40 copayment for each Medicare-covered individual therapy visit with a psychiatrist • \$40 copayment for each Medicare-covered group therapy visit with a psychiatrist • \$40 copayment for Medicare-covered partial hospitalization program services <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • \$40 copayment for Medicare-covered Mental Health visits with a psychiatrist • \$40 copayment for Medicare-covered Mental Health visits • \$40 copayment for Medicare-covered partial hospitalization program services
12 Outpatient Substance Abuse Care	<ul style="list-style-type: none"> • 20% coinsurance 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • \$40 copayment for Medicare-covered individual substance abuse outpatient treatment visits • \$40 copayment for Medicare-covered group substance abuse outpatient treatment visits <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • \$40 copayment for Medicare-covered substance abuse outpatient treatment visits

(Outpatient Care - Continued on next page)

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OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
13 Outpatient Services	<ul style="list-style-type: none"> • 20% coinsurance for the doctor's services • Specified copayment for outpatient hospital facility services. Copayment cannot exceed the Part A inpatient hospital deductible. • 20% coinsurance for ambulatory surgical center facility services 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • \$200 copayment for each Medicare-covered ambulatory surgical center visit • \$40 to \$250 copayment [or 20% of the cost] for each Medicare-covered outpatient hospital facility visit <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • \$200 copayment for Medicare-covered ambulatory surgical center visits • \$40 to \$250 copayment [or 20% of the cost] for Medicare-covered outpatient hospital facility visits <p>See page 36 for additional information about Outpatient Services</p>
14 Ambulance Services (medically necessary ambulance services)	<ul style="list-style-type: none"> • 20% coinsurance 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • \$200 copayment for Medicare-covered ambulance benefits. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • \$200 copayment for Medicare-covered ambulance benefits.
15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> • 20% coinsurance for the doctor's services • Specified copayment for outpatient hospital facility emergency services. • Emergency services copayment cannot exceed Part A inpatient hospital deductible for each service provided by the hospital. • You don't have to pay the emergency room copayment if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit. • Not covered outside the U.S. except under limited circumstances. 	<p><u>General</u></p> <ul style="list-style-type: none"> • \$65 copayment for Medicare-covered emergency room visits • \$25,000 plan coverage limit for supplemental emergency services outside the U.S. and its territories every year. <p>See page 36 for additional information about Emergency Care</p>
16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<ul style="list-style-type: none"> • 20% coinsurance, or a set copayment • If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the urgently-needed-care visit. • NOT covered outside the U.S. except under limited circumstances. 	<p><u>General</u></p> <ul style="list-style-type: none"> • \$15 to \$40 copayment for Medicare-covered urgently-needed-care visits <p>See page 36 for additional information about Urgently Needed Care</p>

(Outpatient Care - Continued on next page)

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OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
<div>17</div> Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<ul style="list-style-type: none">• 20% coinsurance• Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.	<p><u>General</u></p> <ul style="list-style-type: none">• Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. <p><u>In-Network</u></p> <ul style="list-style-type: none">• \$40 copayment for Medicare-covered Occupational Therapy visits• \$40 copayment for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits <p><u>Out-of-Network</u></p> <ul style="list-style-type: none">• \$40 copayment for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits• \$40 copayment for Medicare-covered Occupational Therapy visits.

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> • 20% coinsurance 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered durable medical equipment • You may pay less if you purchase these items from the plan's preferred manufacturers/vendors. Contact the plan for a list of non-preferred and preferred manufacturers/vendors. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered durable medical equipment
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	<ul style="list-style-type: none"> • 20% coinsurance • 20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered prosthetic devices • 20% of the cost for Medicare-covered medical supplies related to prosthetics, splints, and other devices <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered prosthetic devices.
20 Diabetes Programs and Supplies	<ul style="list-style-type: none"> • 20% coinsurance for diabetes self-management training • 20% coinsurance for diabetes supplies • 20% coinsurance for diabetic therapeutic shoes or inserts 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered Diabetes self-management training • 0% to 20% of the cost for Medicare-covered Diabetes monitoring supplies • 0% of the cost for Medicare-covered Therapeutic shoes or inserts <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered Diabetes self-management training • 20% of the cost for Medicare-covered Diabetes monitoring supplies • 20% of the cost for Medicare-covered Therapeutic shoes or inserts <p>See page 36 for additional information about Diabetes Programs and Supplies</p>

(Outpatient Medical Services and Supplies - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<ul style="list-style-type: none"> • 20% coinsurance for diagnostic tests and x-rays • \$0 copayment for Medicare-covered lab services • Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • \$0 to \$40 copayment for Medicare-covered lab services • \$0 to \$40 copayment for Medicare-covered diagnostic procedures and tests • \$15 to \$40 copayment for Medicare-covered X-rays • \$15 to \$250 copayment for Medicare-covered diagnostic radiology services (not including X-rays) • 20% of the cost for Medicare-covered therapeutic radiology services • If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$15 to \$40 may apply <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • \$0 to \$40 copayment for Medicare-covered diagnostic procedures and tests • \$0 to \$40 copayment for Medicare-covered lab services • \$15 to \$250 copayment for Medicare-covered diagnostic radiology services • If the doctor provides you services in addition to (Diagnostic Radiological Services), separate cost sharing of \$15 to \$40 may apply • \$15 to \$40 copayment for Medicare-covered outpatient X-rays • 20% of the cost for Medicare-covered therapeutic radiology services <p>See page 37 for additional information about Diagnostic Tests, X-rays, Lab Services, and Radiology Services</p>

(Outpatient Medical Services and Supplies - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
22 Cardiac and Pulmonary Rehabilitation Services	<ul style="list-style-type: none">• 20% coinsurance for Cardiac Rehabilitation services• 20% coinsurance for Pulmonary Rehabilitation services• 20% coinsurance for Intensive Cardiac Rehabilitation services	<p><u>In-Network</u></p> <ul style="list-style-type: none">• \$40 copayment for Medicare-covered Cardiac Rehabilitation Services• \$40 copayment for Medicare-covered Intensive Cardiac Rehabilitation Services• \$40 copayment for Medicare-covered Pulmonary Rehabilitation Services <p><u>Out-of-Network</u></p> <ul style="list-style-type: none">• \$40 copayment for Medicare-covered Cardiac Rehabilitation Services• \$40 copayment for Medicare-covered Intensive Cardiac Rehabilitation Services• \$40 copayment for Medicare-covered Pulmonary Rehabilitation Services

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
23 Preventive Services	<ul style="list-style-type: none"> No coinsurance, copayment or deductible for the following: <ul style="list-style-type: none"> Abdominal Aortic Aneurysm Screening Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. Cardiovascular Screening Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. Colorectal Cancer Screening Diabetes Screening Influenza Vaccine Hepatitis B Vaccine for people with Medicare who are at risk HIV Screening. \$0 copayment for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and 	<p>General</p> <ul style="list-style-type: none"> \$0 copayment for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. <p>In-Network</p> <ul style="list-style-type: none"> \$0 copayment for a supplemental annual physical exam <p>Out-of-Network</p> <ul style="list-style-type: none"> \$0 copayment for Medicare-covered preventive services \$0 copayment for a supplemental annual physical exam

(Preventive Services - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
	<p>counseling to help you manage your diabetes or kidney disease</p> <ul style="list-style-type: none"> – Personalized Prevention Plan Services (Annual Wellness Visits) – Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. – Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. – Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. – Screening and behavioral counseling interventions in primary care to reduce alcohol misuse – Screening for depression in adults – Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs – Intensive behavioral counseling for Cardiovascular Disease (bi-annual) – Intensive behavioral therapy for obesity – Welcome to Medicare Preventive Visits (initial preventive physical exam) <p>When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visits or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>	

(Preventive Services - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
24 Kidney Disease and Conditions	<ul style="list-style-type: none">• 20% coinsurance for renal dialysis• 20% coinsurance for kidney disease education services	<p><u>In-Network</u></p> <ul style="list-style-type: none">• 20% of the cost for Medicare-covered renal dialysis• \$0 copayment for Medicare-covered kidney disease education services <p><u>Out-of-Network</u></p> <ul style="list-style-type: none">• \$0 copayment for Medicare-covered kidney disease education services• 20% of the cost for Medicare-covered renal dialysis <p>See page 38 for additional information about Kidney Disease and Conditions</p>

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
25 Outpatient Prescription Drugs	<ul style="list-style-type: none"> Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. 	<p><u>Drugs covered under Medicare Part B General</u></p> <ul style="list-style-type: none"> 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs. 20% of the cost for Medicare Part B drugs out-of-network. <p><u>Drugs covered under Medicare Part D General</u></p> <ul style="list-style-type: none"> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.humana.com/medicare/medicare_prescription_drugs/medicare_drug_tools/medicare_drug_list/ on the web. Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> have limited incomes, live in long term care facilities, or have access to Indian/Tribal/Urban (Indian Health Service) providers. The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). Total yearly drug costs are the total drug costs paid by both you and a Part D plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Humana Gold Choice H1291-001 (PFFS) for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare

(Prescription Drug Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
		<p>Prescription Drug Plan Finder on Medicare.gov.</p> <ul style="list-style-type: none"> • If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. • The plan charges a minimum cost sharing amount for certain low-cost drugs. • If you request a formulary exception for a drug and Humana Gold Choice H1291-001 (PFFS) approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug. <p><u>In-Network</u></p> <ul style="list-style-type: none"> • \$0 deductible. <p><u>Initial Coverage</u></p> <ul style="list-style-type: none"> • You pay the following until total yearly drug costs reach \$2,850: <p><u>Retail Pharmacy</u></p> <ul style="list-style-type: none"> • Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. • You can get drugs the following way(s): • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$9 copayment for a one-month (30-day) supply of drugs in this tier – \$27 copayment for a three-month (90-day) supply of drugs in this tier • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> – \$18 copayment for a one-month (30-day) supply of drugs in this tier – \$54 copayment for a three-month (90-day) supply of drugs in this tier • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> – \$45 copayment for a one-month (30-day) supply of drugs in this tier – \$135 copayment for a three-month (90-day) supply of drugs in this tier • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 4: Non-Preferred Brand</u>

(Prescription Drug Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
		<ul style="list-style-type: none"> – \$95 copayment for a one-month (30-day) supply of drugs in this tier – \$285 copayment for a three-month (90-day) supply of drugs in this tier • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Long Term Care Pharmacy</p> <ul style="list-style-type: none"> • Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. • You can get drugs the following way(s): • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$9 copayment for a one-month (31-day) supply of drugs in this tier • <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> – \$18 copayment for a one-month (31-day) supply of drugs in this tier • <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> – \$45 copayment for a one-month (31-day) supply of drugs in this tier • <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$95 copayment for a one-month (31-day) supply of drugs in this tier • <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Mail Order</p> <ul style="list-style-type: none"> • Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. • You can get drugs from a preferred and non-preferred mail order pharmacy the following way(s): • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$9 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.

(Prescription Drug Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
		<ul style="list-style-type: none"> – \$0 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$9 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. – \$27 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> – \$18 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$0 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$18 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. – \$54 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> – \$45 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$125 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$45 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. – \$135 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$95 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.

(Prescription Drug Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
		<ul style="list-style-type: none"> – \$275 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$95 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. – \$285 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p><u>Coverage Gap</u></p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2,850, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 47.5% for the plan's costs for brand drugs and 72% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,550. <p><u>Additional Coverage Gap</u></p> <ul style="list-style-type: none"> • The plan covers few formulary generics (less than 10% of formulary generic drugs), few formulary brands (less than 10% of formulary brand drugs) through the coverage gap. • The plan offers additional coverage in the gap for the following tiers. • You pay the following: <p><u>Retail Pharmacy</u></p> <ul style="list-style-type: none"> • Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$9 copayment for a one-month (30-day) supply of certain drugs covered within this tier

(Prescription Drug Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
		<ul style="list-style-type: none"> – \$27 copayment for a three-month (90-day) supply of certain drugs covered within this tier • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> – \$18 copayment for a one-month (30-day) supply of certain drugs covered within this tier – \$54 copayment for a three-month (90-day) supply of certain drugs covered within this tier • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> – \$45 copayment for a one-month (30-day) supply of certain drugs covered within this tier – \$135 copayment for a three-month (90-day) supply of certain drugs covered within this tier • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$95 copayment for a one-month (30-day) supply of certain drugs covered within this tier – \$285 copayment for a three-month (90-day) supply of certain drugs covered within this tier • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of certain drugs covered within this tier • <u>Long Term Care Pharmacy</u> <ul style="list-style-type: none"> • Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or

(Prescription Drug Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
		<p>billing when less than a one-month supply is dispensed.</p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$9 copayment for a one-month (31-day) supply of certain drugs covered within this tier • <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> – \$18 copayment for a one-month (31-day) supply of certain drugs covered within this tier • <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> – \$45 copayment for a one-month (31-day) supply of certain drugs covered within this tier • <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$95 copayment for a one-month (31-day) supply of certain drugs covered within this tier • <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (31-day) supply of certain drugs covered within this tier <p><u>Mail Order</u></p> <ul style="list-style-type: none"> • Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$9 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy – \$0 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy – \$9 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy – \$27 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 2: Non-Preferred Generic</u>

(Prescription Drug Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
		<ul style="list-style-type: none"> – \$18 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy – \$0 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy – \$18 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy – \$54 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> – \$45 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy – \$125 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy – \$45 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy – \$135 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$95 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy – \$275 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy

(Prescription Drug Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
		<ul style="list-style-type: none"> – \$95 copayment for a one-month (30-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy – \$285 copayment for a three-month (90-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of certain drugs covered within this tier from a preferred mail order pharmacy – 33% coinsurance for a one-month (30-day) supply of certain drugs covered within this tier from a non-preferred mail order pharmacy • Please contact the plan for a complete list of drugs covered through the gap. <p><u>Catastrophic Coverage</u></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: <ul style="list-style-type: none"> – 5% coinsurance, or – \$2.55 copayment for generic (including brand drugs treated as generic) and a \$6.35 copayment for all other drugs. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Humana Gold Choice H1291-001 (PFFS). • You can get out-of-network drugs the following way: <p><u>Out-of-Network Initial Coverage</u></p> <ul style="list-style-type: none"> • You will be reimbursed up to the plan's cost of the drug minus the following for drugs

(Prescription Drug Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
		<p>purchased out-of-network until total yearly drug costs reach \$2,850:</p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$9 copayment for a one-month (30-day) supply of drugs in this tier • <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> – \$18 copayment for a one-month (30-day) supply of drugs in this tier • <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> – \$45 copayment for a one-month (30-day) supply of drugs in this tier • <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$95 copayment for a one-month (30-day) supply of drugs in this tier • <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier • You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. <p><u>Out-of-Network Coverage Gap</u></p> <ul style="list-style-type: none"> • You will be reimbursed up to 28% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s). • You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,550. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s). <p><u>Additional Out-of-Network Coverage Gap</u></p> <ul style="list-style-type: none"> • You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following: • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$9 copayment for a one-month (30-day) supply of certain drugs covered within this tier • <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> – \$18 copayment for a one-month (30-day) supply of certain drugs covered within this tier

(Prescription Drug Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

PRESCRIPTION DRUG BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
		<ul style="list-style-type: none"> • <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> – \$45 copayment for a one-month (30-day) supply of certain drugs covered within this tier • <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$95 copayment for a one-month (30-day) supply of certain drugs covered within this tier • <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of certain drugs covered within this tier <p><u>Out-of-Network Catastrophic Coverage</u></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of: <ul style="list-style-type: none"> – 5% coinsurance, or – \$2.55 copayment for generic (including brand drugs treated as generic) and a \$6.35 copayment for all other drugs. • You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. <p>See page 38 for additional information about Outpatient Prescription Drugs</p>

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
26 Dental Services	<ul style="list-style-type: none"> Preventive dental services (such as cleaning) not covered. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> \$40 copayment for Medicare-covered dental benefits \$0 copayment for up to 1 supplemental oral exam(s) every year \$0 copayment for up to 1 supplemental cleaning(s) every year \$0 copayment for up to 1 supplemental dental x-ray(s) every year Plan offers additional supplemental comprehensive dental benefits. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> \$40 copayment for Medicare-covered comprehensive dental benefits 50% of the cost for supplemental comprehensive dental benefits 50% of the cost for supplemental preventive dental benefits <p>See page 38 for additional information about Dental Services</p>
27 Hearing Services	<ul style="list-style-type: none"> Supplemental routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> In general, supplemental routine hearing exams and hearing aids not covered. \$40 copayment for Medicare-covered diagnostic hearing exams <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> \$40 copayment for Medicare-covered diagnostic hearing exams.
28 Vision Services	<ul style="list-style-type: none"> 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk Supplemental routine eye exams and eyeglasses (lenses and frames) not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 to \$40 copayment for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk \$0 copayment for up to 1 supplemental routine eye exam(s) every year \$25 copayment for one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> \$0 copayment for supplemental routine eye exams \$0 to \$40 copayment for Medicare-covered eye exams

(Outpatient Medical Services and Supplies - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
		<ul style="list-style-type: none"> • \$25 copayment for Medicare-covered eyewear <p><u>In and Out-of-Network</u></p> <ul style="list-style-type: none"> • \$130 plan coverage limit for supplemental eye exams every year. This limit applies to both in-network and out-of-network benefits. <p>See page 38 for additional information about Vision Services</p>
Wellness/Education and Other Supplemental Benefits & Services	<ul style="list-style-type: none"> • Not covered. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> – Health Education – Additional Smoking and Tobacco Use Cessation Visits – Health Club Membership/Fitness Classes – Nursing Hotline <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • 50% of the cost for supplemental education/wellness programs <p>See page 39 for additional information about Wellness/Education and Other Supplemental Benefits & Services</p>
Over-the-Counter Items	<ul style="list-style-type: none"> • Not covered. 	<p><u>General</u></p> <ul style="list-style-type: none"> • Please visit our plan website to see our list of covered Over-the-Counter items. • OTC items may be purchased only for the enrollee. • Please contact the plan for specific instructions for using this benefit. <p>See page 39 for additional information about Over-the-Counter Items</p>
Transportation (Routine)	<ul style="list-style-type: none"> • Not covered. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • This plan does not cover supplemental routine transportation.
Acupuncture and Other Alternative Therapies	<ul style="list-style-type: none"> • Not covered. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • This plan does not cover Acupuncture and other alternative therapies.

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

OPTIONAL SUPPLEMENTAL BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
OPTIONAL SUPPLEMENTAL PACKAGE #1		
Premium and Other Important Information		<p>General</p> <ul style="list-style-type: none"> Package: 1 - MyOption Vision: \$15.30 monthly premium, in addition to your \$72 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: <ul style="list-style-type: none"> Eye Exams Eyewear <p>See page 39 for additional information about Optional Supplemental Benefits</p>
Vision Services		<p>In-Network</p> <ul style="list-style-type: none"> \$0 copayment for up to 1 pair(s) of contact lenses every year \$0 copayment for up to 1 pair(s) of eyeglasses (lenses and frames) every year \$0 copayment for up to 1 supplemental routine eye exam(s) every year <p>Out-of-Network</p> <ul style="list-style-type: none"> \$0 copayment for supplemental routine eye exams \$0 copayment for supplemental eyewear <p>In and Out-of-Network</p> <ul style="list-style-type: none"> \$40 plan coverage limit for supplemental routine eye exams every year. This limit applies to both in-network and out-of-network benefits. \$350 plan coverage limit for supplemental eyewear every year. This limit applies to both in-network and out-of-network benefits.
OPTIONAL SUPPLEMENTAL PACKAGE #2		
Premium and Other Important Information		<p>General</p> <ul style="list-style-type: none"> Package: 2 - MyOption Enhanced Dental PPO: \$33.20 monthly premium, in addition to your \$72 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: <ul style="list-style-type: none"> Preventive Dental Comprehensive Dental \$1,500 plan coverage limit every year for these benefits. <p>See page 39 for additional information about Optional Supplemental Benefits</p>

(Optional Supplemental Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact HUMANA INSURANCE COMPANY OF NEW YORK for details.

OPTIONAL SUPPLEMENTAL BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H1291-001 (PFFS)
Dental Services		<p><u>General</u></p> <ul style="list-style-type: none"> Plan offers additional supplemental comprehensive dental benefits. <p><u>In-Network</u></p> <ul style="list-style-type: none"> 0% of the cost for up to 2 supplemental oral exam(s) every year 0% of the cost for up to 2 supplemental cleaning(s) every year 0% of the cost for up to 1 supplemental dental x-ray(s) every year <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> 50% of the cost for supplemental preventive dental services 50% to 75% of the cost for supplemental comprehensive dental services <p><u>In and Out-of-Network</u></p> <ul style="list-style-type: none"> \$1,500 plan coverage limit for supplemental dental benefits every year. This limit applies to both in-network and out-of-network benefits.

SECTION III – ABOUT YOUR PLAN

Humana Gold Choice H1291-001 (PFFS)

This section further explains some of the benefits of your plan. To get a complete list of benefits, limitations, and exclusions, call Humana Gold Choice H1291-001 (PFFS) and ask for the **"Evidence of Coverage."**

HOW TO USE YOUR PLAN

① Premium and Other Important Information

Maximum out-of-pocket limit

While most expenses apply to the maximum[s], the following don't:

- Your monthly plan premium
- Your Optional Supplemental Benefit monthly premium(s) and services
- Outpatient Part D prescription drugs
- Routine vision services
- Routine dental services
- Over-the-counter drugs and supplies
- Health expenses you incur during foreign travel

Access to services

Present your Humana Gold Choice H1291-001 (PFFS) ID card to providers before you receive services. As a PFFS member, you may use providers who don't accept assignment from Original Medicare. These providers may charge you more for Medicare-covered services, up to the Medicare Limiting Charge, and you would be responsible for those excess charges.

If you qualify for Medicaid coverage through your state, be sure to show your Medicaid ID card in addition to your Humana Gold Choice H1291-001 (PFFS) membership card to make your provider aware that you may have additional coverage.

② Doctor and Hospital Choice

Choosing a doctor

As a Humana Gold Choice H1291-001 (PFFS) member, it's a good idea to select a doctor to act as your primary care physician (PCP). It's important to have someone focus on your total healthcare. A PCP can provide much of your care. He or she can help ensure you get preventive care, provide timely access to services and coordinate with other doctors if needed. This helps you improve and manage your health.

INPATIENT CARE

③ Inpatient Hospital Care

④ Inpatient Mental Health Care

⑤ Skilled Nursing Facility (SNF)

Prior authorization is not required. However, notification of hospital admissions is requested. This is one way we can let your doctor know about Humana programs that may be of assistance to you during this time.

Benefit periods don't apply to inpatient hospital care and inpatient mental health care. You pay the amounts shown in Section II each time you're admitted to a hospital, no matter how many days have passed since your last admission. If transferred to another inpatient facility - for example, to a long-term acute care center from an inpatient acute hospital - the day range will begin at one.

When admitted to a skilled nursing facility, you're covered for skilled care as defined by Original Medicare guidelines. No prior hospital stay is required. Your plan doesn't cover custodial care.

OUTPATIENT CARE

You can receive outpatient services at different types of facilities. Usually, you pay only one copayment or coinsurance for each visit to an office or facility, no matter how many services you receive during the visit or the actual cost of those services. But if, for example, you receive care in your doctor's office and are then sent to another facility for additional services, you may have to pay an additional copayment or coinsurance.

8 Doctor Office Visits

<u>For Doctor Office Visits:</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$15 copayment	\$15 copayment
Specialist's office	\$40 copayment	\$40 copayment

13 Outpatient Services

For services received at a hospital facility as an outpatient, you pay:

	<u>In-Network</u>	<u>Out-of-Network</u>
Radiation therapy	20% of the cost	20% of the cost
Advanced imaging		
- MRI, MRA, CT Scan, and PET services	\$250 copayment	\$250 copayment
Chemotherapy	20% of the cost	20% of the cost
Lab services	\$40 copayment	\$40 copayment
Nuclear medicine	\$250 copayment	\$250 copayment
Physical, occupational, or speech-language therapy	\$40 copayment	\$40 copayment
Surgical services	\$250 copayment	\$250 copayment
Renal dialysis services	20% of the cost	20% of the cost
Diagnostic Mammography	\$40 copayment	\$40 copayment
Outpatient basic radiology	\$40 copayment	\$40 copayment
Diagnostic procedures and tests	\$40 copayment	\$40 copayment

15 Emergency Care

Remember to carry your Humana Gold Choice (PFFS) plan ID card with you and to show it to each provider before receiving services. This will give the provider the opportunity to contact us for our payment terms and conditions. If your ID card is not available because of an emergency situation, you're still covered.

NOTE: If you're traveling outside the United States and Puerto Rico, your coverage is subject to a **\$250** annual deductible and **20%** coinsurance. Coverage is limited to **\$25,000** each calendar year and up to 60 consecutive days of foreign travel.

16 Urgently Needed Care

<u>For Urgently Needed Care, you pay:</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$15 copayment	\$15 copayment
Specialist's office	\$40 copayment	\$40 copayment
Immediate care facility	\$40 copayment	\$40 copayment

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

20 Diabetes Programs and Supplies

<u>For preferred diabetic monitoring supplies, you pay:</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Humana's mail order service	0% of the cost	Not available
Pharmacy	10% of the cost	20% of the cost

Durable medical equipment provider	20% of the cost	20% of the cost
For non-preferred diabetic monitoring supplies, you pay:	<u>In-Network</u>	<u>Out-of-Network</u>
Humana's mail order service	0% of the cost	Not available
Pharmacy	20% of the cost	20% of the cost
Durable medical equipment provider	20% of the cost	20% of the cost

21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services

<u>Lab services</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$15 copayment	\$15 copayment
Specialist's office	\$40 copayment	\$40 copayment
Immediate care facility	\$40 copayment	\$40 copayment
Freestanding lab	\$0 copayment	\$0 copayment
Hospital facility as an outpatient	\$40 copayment	\$40 copayment
<u>Diagnostic procedures and tests</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$15 copayment	\$15 copayment
Specialist's office	\$40 copayment	\$40 copayment
Immediate care facility	\$40 copayment	\$40 copayment
Hospital facility as an outpatient	\$40 copayment	\$40 copayment
Other Freestanding Facilities	\$40 copayment	\$40 copayment
<u>Sleep Study</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Member's home	\$0 copayment	\$0 copayment
Specialist's office	\$40 copayment	\$40 copayment
Hospital facility as an outpatient	\$40 copayment	\$40 copayment
<u>X-rays and diagnostic radiology services</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$15 copayment	\$15 copayment
Specialist's office	\$40 copayment	\$40 copayment
Freestanding radiological facility	\$40 copayment	\$40 copayment
Hospital facility as an outpatient	\$40 copayment	\$40 copayment
Immediate care facility	\$40 copayment	\$40 copayment
<u>Advanced imaging services</u>		
- MRI, MRA, PET, or CT Scan:	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$15 copayment	\$15 copayment
- in addition to office visit copayment		
Specialist's office	\$40 copayment	\$40 copayment
- in addition to office visit copayment		
Freestanding radiological facility	\$200 copayment	\$200 copayment
Hospital facility as an outpatient	\$250 copayment	\$250 copayment
<u>Nuclear medicine services</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Freestanding radiological facility	\$200 copayment	\$200 copayment
Hospital facility as an outpatient	\$250 copayment	\$250 copayment
<u>Therapeutic radiology services (Radiation Therapy)</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Specialist's office	20% of the cost	20% of the cost
Freestanding radiological facility	20% of the cost	20% of the cost
Hospital facility as an outpatient	20% of the cost	20% of the cost
You pay:	<u>In-Network</u>	<u>Out-of-Network</u>
EKG screening at all places of treatment.	\$0 copayment	\$0 copayment

PREVENTIVE SERVICES

24 Kidney Disease and Conditions

You pay the following for kidney disease education services:

Primary care doctor's office
Specialist's office

In-Network

\$0 copayment
\$0 copayment

Out-of-Network

\$0 copayment
\$0 copayment

PRESCRIPTION DRUG BENEFITS

25 Outpatient Prescription Drugs

Drugs covered under Medicare Part B

For Medicare-covered Part B drugs, including chemotherapy drugs, you receive at an in-network doctor's office, you pay **20%** of the cost.

Drugs covered under Medicare Part D

Drugs covered in the gap are limited to select home infusion drugs used as an alternative to inpatient treatment.

Your cost for the medication is the same before and during the coverage gap. Contact Humana Gold Choice

H1291-001 (PFFS) to see if a certain drug is covered or visit **Humana-Medicare.com**.

RightSource, Humana's mail-order pharmacy, is your plan's preferred mail-order pharmacy for Part D maintenance and specialty drugs. To find out more about **RightSource**, call **1-855-255-9310**.

Other Pharmacies are available in our network.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

26 Dental Services

You pay:

Specialist's office - Medicare-covered benefits only

In-Network

\$40 copayment

Out-of-Network

\$40 copayment

Mandatory Supplemental Benefit includes:

Amalgam filling, Bitewing X-rays,
Oral evaluation, Prophylaxis (cleaning),
up to one per year

In-Network

\$0 copayment

Out-of-Network

50% coinsurance

To receive the in-network benefit, you must visit a HumanaDental provider.

28 Vision Services

Medicare-covered vision services include:

Glaucoma screening, one per year

Medicare-covered vision services

In-Network

\$0 copayment

\$40 copayment

Out-of-Network

\$0 copayment

\$40 copayment

Mandatory Supplemental Benefit includes:

- **\$130** maximum coverage amount for routine comprehensive eye examination by an EyeMed Vision Care Select network optical provider, one per year. Visit any EyeMed Vision Care Select network optical provider and your routine exam charge will not exceed the **\$130** maximum coverage amount. If you choose to use an out-of-network provider, you will be responsible for costs above the plan-approved amount.

Wellness/Education and Other Supplemental Benefits & Services

QuitNet® Stop-Smoking Program

Give up the tobacco habit for good! This program is offered at no extra cost to most Humana Medicare members. There's print, web, and phone support, plus nicotine replacement therapy, like patches and gum. To find out more, visit www.quitnet.com/humana or call **1-888-572-4074** (TTY: **711**), Monday through Friday, 8 a.m. to midnight, and Saturday, 8 a.m. to 9 p.m. Eastern time.

SilverSneakers® Fitness Program

The SilverSneakers Fitness Program is a health and physical activity program. In addition to a basic membership at participating locations, you can participate in low-impact SilverSneakers classes, have access to a specially trained Senior Advisor, and use any participating SilverSneakers fitness center in the country at no additional cost. If you're an eligible member who lives 15 miles or more from a participating SilverSneakers fitness center, you can participate in SilverSneakers Steps, a pedometer-measured walking program.

Well Dine Inpatient Meal Program

After your overnight stay in the hospital or skilled nursing facility, with physician approval, you're eligible for 10 nutritious, precooked frozen meals delivered to your door at no cost to you. To arrange for this service, simply call **1-866-96MEALS (1-866-966-3257)** after your discharge and provide your Humana member ID number, and other basic information. A Humana representative will assist you in scheduling your delivery.

Humana Active Outlook®

Humana Active Outlook is a lifestyle enrichment program with great features like HAO Publications, HAO Website, Classes, Individual Health Coaching, and other health and wellness educational materials.

For more information, call **1-800-781-4233**, Monday - Friday, 8 a.m. - 8 p.m., Eastern time (TTY **711**)

HumanaFirst® 24 Hour Nurse Advice Line

As a Humana member, you have access to health information, guidance, and support. Whether you have an immediate health concern or questions about a particular medical condition, call HumanaFirst for expert advice and guidance - at no additional cost to you. Just call **1-800-622-9529** (TTY: **711**) to talk with a nurse.

Over-the-Counter Items

Health and Wellness Products

You're eligible to receive a **\$50** monthly benefit toward the purchase of selected over-the-counter items such as vitamins, pain relievers, cough and cold medicines, allergy medications, and first aid/medical supplies when you use Humana's mail order service. For more information or to request an order form, please call Customer Service.

OPTIONAL SUPPLEMENTAL BENEFITS

For more information on customizing your Humana Medicare Advantage coverage, for an additional monthly premium, please see the 2014 Optional Supplemental Benefits book. Ask your agent or call us if you need help finding this information.

Humana®

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

2014

Optional Supplemental Benefits

Humana Gold Choice[®]
H1291-001 (PFFS)

New York
Select Counties in New York

Humana[®]

My Options, My Choice

Adding Benefits to Your Plan

You're unique and have unique needs for staying healthy. That's why Humana offers optional supplemental benefits. For an extra premium, each of these extra benefit choices lets you customize your Humana Medicare Advantage plan.

These benefits make it easier for you to get more coverage when you need it. They can also help you control your costs.

You can add these extra benefits when you sign up for your Medicare Advantage plan or any time during the year.

You have many choices. The information in this booklet will tell you about the benefits you can add to your plan. If you have questions, you can call us at 1-888-866-3154, TTY, call 711. We are available seven days a week, from 8 a.m. - 8 p.m. local time. However, please note that our automated phone system may answer your call during weekends and holidays from February 15 - September 30. Please leave your name and telephone number, and we will call you back by the end of the next business day.

MyOption Enhanced Dental PPO

The MyOption Enhanced Dental PPO benefit makes it easy for you to plan for your dental care. This benefit has no deductible and **100 percent** coverage for two routine exams per year with an in-network provider. That's on top of the dental benefits included in your Medicare Advantage plan.

The benefit also provides full coverage for basic procedures, like fillings and routine cleanings. The benefit covers some of the cost for major services, like crowns and dentures. There's a maximum annual benefit of **\$1,500**, and there's no waiting period before your coverage begins. The premium for this OSB is **\$33.20**. Here's how the benefit works:

Covered dental services	You pay In network*	You pay Out of network**	Total annual benefit (Medicare Advantage plan plus OSB)
Preventive and diagnostic dental services			All benefit limitations run on a calendar year
Oral examinations	0%	50%	Three per year
Dental prophylaxis (cleanings)	0%	50%	Three per year
Bitewing X-ray	0%	50%	Two per year
Basic dental services (minor restorative)			
Amalgam restorations (fillings)	0%	50%	Three per year
Composite resin restorations (fillings)***	0%	50%	
Extractions, nonsurgical	50%	55%	Two per year
Crown or bridge re-cement	50%	55%	One per year
Emergency treatment for pain	50%	55%	Two per year
Major dental services (endodontics, periodontics, and oral surgery)			
Root canal treatment	70%	75%	One per year
Crowns	70%	75%	One per year
Periodontal scaling and root planing (deep cleaning)	70%	75%	One procedure per quadrant every three years

OPTIONAL SUPPLEMENTAL BENEFITS (continued)

Covered dental services	You pay In network*	You pay Out of network**	Total annual benefit (Medicare Advantage plan plus OSB)
Major dental services (endodontics, periodontics, and oral surgery)			
Denture adjustments (not covered within 6 months of initial placement)	70%	75%	One per year
Denture reline (not allowed on spare dentures)	70%	75%	One per year

Covered dental services are subject to conditions, limitations, exclusions, and maximums. Please see your Evidence of Coverage for details.

*Network dentists have agreed to provide services at an in-network rate. If you see a network dentist, you can't be billed more than the in-network rate.

**Non-network dentists haven't agreed to provide services at an in-network rate. Humana negotiates rates for dental services. When you see a non-network dentist, you'll pay your part of the negotiated rate (your coinsurance). If your dentist charges more than that rate, you may have to pay more.

***Composite resin restorations (fillings) benefit as follows:

- Anterior (front) teeth: Composite restoration benefit as previously displayed
- Posterior (back) teeth: The benefit for a composite restoration will be based on the cost of an amalgam restoration. Member is responsible for the remaining cost difference between a composite restoration and an amalgam restoration.

MyOption Vision

The MyOption Vision benefit helps you plan for your vision care. It includes a yearly exam, as well as \$350 to use for one set of eyeglass frames and one pair of lenses, **and/or** contact lenses (conventional or disposable).

There's no deductible and no waiting period before your coverage begins. The monthly premium for this OSB is **\$15.30**. Here's how the benefit works:

Covered vision benefits	EyeMed network vision provider*	Non-EyeMed network vision provider**
Routine exam with refraction/dilation as necessary	\$40 allowance***	\$40 allowance
One set of eyeglass frames and one pair of lenses, and/or contact lenses (conventional or disposable) Eyeglass lens treatments to include polycarbonate, UV, scratch resistance and transitional tinting	\$350 benefit (combined in and out of network)	\$350 reimbursement (combined in and out of network)
Frequency:		
Routine exam	Once every 12 months	

OPTIONAL SUPPLEMENTAL BENEFITS(continued)

Covered vision benefits	EyeMed network vision provider*	Non-EyeMed network vision provider**
Frequency:		
One set of eyeglass frames and one pair of lenses, and/or contact lenses (conventional or disposable)	Once every 12 months	

Covered vision services are subject to conditions, limitations, exclusions, and maximums. Please see your Evidence of Coverage for details.

*Network providers have agreed to provide services at an in-network rate. If you see a network provider, you can't be billed more than the in-network rate.

**Non-network providers haven't agreed to provide services at an in-network rate. Humana negotiates rates for vision services. When you see a non-network provider, you'll pay your part of the negotiated rate (your coinsurance). If your provider charges more than that rate, you may have to pay more.

***Visit any in-network EyeMed Select vision provider, and your routine exam charge will not exceed the \$40 allowance.

Humana MyOption Optional Supplemental Benefits (OSB) are only available to members of certain Humana Medicare Advantage (MA) plans. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Benefits may change on January 1st each year.

Humana®

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

2014

Value-Added Items and Services

Humana Gold Choice[®]
H1291-001 (PFFS)

New York
Select Counties in New York

Humana[®]

H1291001VAS14

Value-Added Items and Services for Humana

Humana offers deals that let you get items and services for less. The following pages tell you how you can save. To get some of the discounts, you may need to show your Humana member ID card or the discount card from this booklet.

For information or if you have questions, please call us at **1-800-457-4708**. If you use a TTY, call **711**. You can call us 7 days a week, from 8 a.m. to 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 to Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day. For 24-hour service you can visit us at **Humana.com**.

- The products and services described on the following pages are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Humana grievance process. If you do not wish to receive information concerning value-added items and services available with the plan, please contact Humana.
- Humana is not responsible for the performance or non-performance of any vendor or any product warranties. Humana is not responsible for payment of nor rebilling for these transactions. The sale transaction is solely between yourself and the vendor.

If you're unhappy with any of these items or services, we'd like to know about it. Please call **1-800-457-4708**, seven days a week, 8 a.m. - 8 p.m. If you use a TTY, call **711**.

HumanaDental® Discount

You can save on dental care with HumanaDental. Just see a HumanaDental dentist or specialist. The discount will be taken off your bill.

How it works

Simply choose a HumanaDental dentist. Call to make an appointment. Cut out the HumanaDental discount card on the last page of this booklet. Show the dentist your Humana member ID card and the dental discount card when you go in. The dentist will give you the discount. He or she will tell you if you pay then or wait for a bill. You don't need to send a claim form to HumanaDental.

Contact information

To find a dentist or specialist near you, visit **Humana.com**. Call HumanaDental at **1-800-898-0371**, Monday - Friday, 8 a.m. - 6 p.m. in your time zone. If you use a TTY, call **1-800-325-2025**, Monday - Friday, 8 a.m. - 6 p.m. in your time zone.

- The HumanaDental program does not replace any other dental coverage.
- If your dentist leaves the network, you'll need to find another dentist in the HumanaDental network. Not all types of dentists may be in your area.
- If you have questions or concerns about the care you got from a Humana dentist, call Customer Care at the number on your Humana member ID card.
- If you already started dental work before joining Humana, you can't get the discount.
- Procedures not contracted with the dentist or contracted at the dentist's normal fee are not subject to a discount.

TruHearing's Discount Hearing Program

As a Humana member, you have access to discounts and services from TruHearing. Discounts and services are applied when you buy your hearing aid. You must call TruHearing and schedule an appointment in order to get the discount. Please check with TruHearing for locations and available discounts in your area.

How the discount works

Call TruHearing toll free at **1-877-379-4530** to schedule an appointment with the nearest TruHearing Provider, and to get the following discounts and services:

- More than 3,000 providers nationwide.
- 100 percent digital hearing aids using the latest technology from several manufacturers.
- TruHearing's MemberPlus Program preferred prices**
- No membership fees. The regular \$108 membership fee is waived for all Humana primary memberships through the end of 2014.
- The MemberPlus Program benefits and pricing are:
 - \$695 for one Basic (100 percent digital, 4-6 channels, 2-3 memories) (reduced from \$995)
 - \$895 for one Medallion (100 percent digital, 6-9 channels, 2-3 memories, voice processing, feedback detection, noise reduction, blue tooth compatible) (Reduced from \$1495)
 - \$1095 for one Gold (100 percent digital, 12-16 channels, 3-5 memories, feedback detection, 6 compression areas, advanced noise reduction, speech preservation, blue tooth compatible, etc.) (Reduced from \$1995)
 - \$1,395 for one Ultra (100 percent digital, 16+ channels, auto environment with 5 memories, premium noise reduction, speech preservation, blue tooth compatible, etc.) (Reduced from \$1995)

Similar savings on over 100 MemberPlus Program hearing aids, in more than 420 styles, and these services:

- \$300 - \$1100 per aid savings on all TruHearing MemberPlus Program aids
- Fitting, programming and three adjustment visits included with each hearing aid purchase
- Batteries (48 cells per aid) included with each hearing aid purchase
- 45 day trial period and money back guarantee on the purchase of hearing aids
- Manufacturer's three-year warranty

- Manufacturer's three-year coverage for a one time loss or damage (replacement fee paid to manufacturer)
- Unlimited warranty and follow-up service visits at no more than \$35 per visit; and no more than \$65 per visit for broader services, such as reprogramming, in-office repairs, etc.

TruHearing also provides additional discounts for current hearing aid Humana members (no purchase of a hearing aid from TruHearing is required), including discounted pricing on batteries (\$67 for 120 batteries shipped for free to your home).

**The above prices are fixed to the patient and don't vary for a different size or model of hearing aids within the class (Basic, Medallion, or Ultra). For example, within the Medallion class, the Medallion is priced the same for a Completely in the Canal (CIC) model, as opposed to any larger size such as a Behind the Ear (BTE) hearing instrument. The full Program, available to all members, has a broader range of instruments and pricing available at similar discounts; instruments and pricing are updated periodically to include advancements in technology.

This discount cannot be used in addition to any Humana hearing benefit plan.

HearUSA's discount hearing program

As a Humana member, you have access to discounts and services from Humana's national hearing aid providers, HearUSA. Discounts and services are applied when you buy your hearing aid. You must call HearUSA to schedule an appointment in order to get the discount. Please check with HearUSA for locations and available discounts in your area. Florida has an exclusive agreement with HEARx/HearUSA.

How the discount works HearUSA

Call HearUSA toll-free at **1-800-442-8231** or use the TTY number **1-888-300-3277**, to make an appointment with the nearest provider. Your appointment must be scheduled by HearUSA to make sure you get the discount.

- HearUSA has the only accredited hearing care network with more than 2,500 providers nationwide.
- Humana members get these benefits:
 - All-digital hearing aids from several manufacturers
 - Prices range from \$995 – \$2,500 per hearing aid (up to a **40 percent** savings)
 - Free two-year supply of batteries (up to 96 cells)
 - Comprehensive three-year warranty, including loss and damage*
 - In-office service at no charge for the life of the hearing aids
 - 60-day money-back guarantee
 - No interest financing may be available
- A **20 percent** discount on accessories and assistance products is also available. Just call **1-800-432-7872** (TTY: **1-888-300-3277**) Monday - Friday, 8:30 a.m. - 8:30 p.m. Eastern time.

*Loss and damage claims limited to one per hearing aid and a deductible applies.

Hearing aid	Average retail	HearUSA price
Premium	\$4200	\$2500
Advanced	\$2800	\$1995
Mid-level	\$1943	\$1600
Value	\$1575	\$1300
Basic	\$1269	\$995

This discount cannot be used in addition to any Humana hearing benefit plan.

Complementary and Alternative Medicine

Complementary and alternative medicine (CAM) services include chiropractic, acupuncture, and massage. As a Humana member, you can get these services at a discount through the **Healthways WholeHealth Network (HWHN)**. This network has more than 35,000 practitioners.

Services include:

- **Acupuncture** - A trained professional uses very thin needles on different parts of the body. Needles are put just deep enough into the skin to keep them from falling out and are usually left in place for a few minutes. Acupuncture can be used to treat conditions such as pain, stomach problems, headaches, and more.
- **Massage** - A massage therapist uses hands and fingers to rub, press, and move your skin and muscles. A massage can relax and energize you and help heal muscles after an injury.
- **Chiropractic** - A chiropractor checks for problems in your spine and fixes them by using hands to adjust the spine, joints, and muscles.

How the discount works

You don't need a referral to visit a practitioner in the HWHN network. You may see HWHN providers as often as you like – but you should talk with your primary care doctor about any treatment you're thinking about getting. If you're already seeing CAM professionals who are not on the HWHN list, you can ask to have them added to the network.

To get your discount, simply show the provider the discount card, which you can print from **Humana.com**, or show the provider your Humana member ID card.

Contact information

For details about the program, go to the CAM website from **Humana.com**. Once you log in to MyHumana, go to:

- Health & Wellness
- SavingsCenter, then select “Alternative Medicine”
- Scroll down to the middle part of the screen and click the link “Find an alternative medicine provider”

To find a provider in your area, visit the HWHN website at **<http://humana.wholehealthmd.com>** or call **1-866-430-8647**, Monday - Friday, 8:30 a.m. - 8 p.m. Eastern time. If you use a TTY, call **711**, Monday - Friday, 8:30 a.m. to 8 p.m. Eastern time.

Prescription medicine discount

Certain prescription medicines are not covered by Medicare prescription drug plans. As a Humana member, you can get discounts on some prescription medicines that you get from the drug store. Use this discount for prescriptions Medicare won't pay for.

How the discount works

Show your Humana member ID card at participating pharmacies when you buy non-covered prescription medicines. Depending on the medicine purchased, quantity limits may apply. Most pharmacy chains and many independent pharmacies will give you a discount. Discounts can vary greatly, please check with your pharmacy to ensure you are getting the best available discount.

Contact information

To find out if a pharmacy will give you a discount, call Customer Care using the number on the back of your Humana member ID card. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 to Sept. 30. Please leave your name and telephone number, and we'll call back by the end of the next business day. Please have your Humana member ID card available when you call. For 24-hour service, you can visit us at **Humana.com**.

Vision Discount Program

You can get this program through EyeMed® Vision Care. Taking care of your vision is important to your overall health and well-being. With the vision discount program, it's easy to care for your eyes. You can also save on your eyewear needs. You have access to the extensive EyeMed network of 40,000 providers across the country. They are at about 20,000

locations. Some of them are companies that you know and trust. These include LensCrafters®, Pearle Vision®, Sears Optical, Target Optical, and JCPenney™ Optical. The program includes the following services:

- Exam with dilation (if necessary) - **\$5 off** routine exam; **\$10 off** contact lens exam.
- Frames - **40 percent off** retail price on most frames.
- Lenses - fixed prices for lenses and lens options.
- Contact Lenses - **15 percent off** retail price for non-disposable contact lenses.
- Laser VisionCorrection (LASIK or PRK)* - **15 percent off** retail price or **5 percent off** promotional price.

How the discount works

You can get a discount on services you get from providers in the EyeMed Select network. Find an EyeMed provider by visiting **Humana.com** > Find a doctor > on the right side under Provider Search click on EyeMed Vision Care. You can also call EyeMed at **1-866-392-6056**. Once you choose a provider, call and set up your appointment. Make sure to tell them you have the EyeMed discount through Humana.

Clip out the EyeMed Vision discount card from the last page of this booklet. Show the card when you go to your appointment. The EyeMed provider will take care of the rest. You won't need to submit a claim. Since this is a discount offer, your ID, name, and address are not in EyeMed's files.

If you lose your discount card, just tell your provider you're a Humana member with the EyeMed discount.

Contact information

To choose a participating EyeMed Select provider, visit **Humana.com**. You can also call EyeMed's provider locator service at **1-866-392-6056**, Monday - Saturday, 7:30 a.m. - 11 p.m., and Sunday, 11 a.m. - 8 p.m. Eastern time. If you use a TTY, call **1-866-308-5375**, Monday - Friday, 8 a.m. - 5 p.m. Eastern time.

* LASIK or PRK vision correction is a procedure you choose to have done. It isn't needed for medical reasons. It is performed by specially trained providers. You may not always be able to get this discount from a provider near you. For a location near you and the discount authorization, please call **1-877-5LASER6 (1-877-552-7376)**, Monday - Friday, 8 a.m. - 8 p.m., and Saturday, 9 a.m. - 5 p.m. Eastern time. If you use a TTY, call **1-866-308-5375**, Monday - Friday, 8 a.m. - 5 p.m. Eastern time.

Nutrisystem® Discount

For over 40 years, Nutrisystem has been helping people lose weight in order to live healthier, happier lives. Nutrisystem programs are the perfect choice for safe and effective weight loss. They are low calorie, low sodium foods that are high in fiber and protein to help keep you feeling full. Nutrisystem is based on the proven science of the Glycemic Index, which encourages foods containing "good carbs" to help keep your blood sugar levels stable and your appetite in check. As a result, you can continue to enjoy all of your favorite foods, including pizza, pasta, cookies-even chocolate!

Getting started is easy! Simply choose from over 150 delicious foods, either online or by phone. All of your delicious breakfast, lunch, dinners and snacks will be delivered directly to your door, ready to heat and eat. Nutrisystem entrees are perfectly-portioned so you'll never have to count calories or points. And with six mealtimes throughout the day, you'll help cut down on those cravings between meals. You'll have access to everything you need, including Nutrisystem phone counseling, right from the privacy of your own home. No center visits or embarrassing weigh-ins!

How the discount works

As a Humana member, you get an extra **12 percent** discount on all 28-day programs in addition to our current promotional offer PLUS you'll also get free support from the online Nutrisystem community.

Contact information

Humana members in Florida: please visit us today at **www.nutrisystem.com/humanafl** to find out more about programs and more savings. You can also call Nutrisystem toll-free at **1-866-936-6874**. If you use a TTY, call **711**. Hours are Monday - Friday, 8 a.m. - midnight, and Saturday and Sunday, 8:30 a.m. - 5 p.m. Eastern time. Please have your Humana member ID card handy when you call.

All other Humana members: please visit us today at **www.nutrisystem.com/humana** or call Nutrisystem toll-free at **1-866-942-6874** to order. If you use a TTY, call **711**. You can contact us seven days a week, 8 a.m. - 8 p.m. Eastern time. Our phone system may answer your call on Saturdays, Sundays and some public holidays. Just leave a message and let

us know why you called. We'll call back by the end of the next business day. Please have your Humana member ID card handy when you call.

Lifeline® Medical Alert Systems

Every day, Lifeline® helps thousands of people live more independent, active lives at home. Lifeline offers a discounted monthly rate of **\$29.95** for its standard medical alert service and **\$44.90** for the proven falls detection service AutoAlert to all Humana members. You can also get **free** activation - a \$90.00 value.

How the discount works

Standard Lifeline Service

Installation and enrollment fee

- Regular rate for self-installations: \$90
- Humana members' self-installation rate: **Free**

Monthly fee standard service

- Regular rate: \$42
- Humana members: **\$29.95**

Lifeline with AutoAlert Service (Auto Falls Detection)

Installation and enrollment fee

- Regular rate for self-installations: \$90
- Humana members' self-installation rate: **\$40**

Monthly fee AutoAlert Service

- Regular rate: \$57
- Humana members: **\$44.90**

How this service works

The standard service includes the new Lifeline CarePartners Home Communicator model 6800/6900AT. It also includes Lifeline monitoring services by a trained, dedicated professional staff. They're there to help 24 hours a day, every day of the year.

If you need medical help, a push of a button signals the Lifeline monitoring center. One of our professionals will speak to you over our Home Communicator phone. He or she will figure out what help is needed and dispatch the appropriate responders. Family members, friends, neighbors, or emergency service personnel who can quickly get to your home can all be responders.

The standard service includes your choice of a necklace-style Slimline or Classic transmitter, or a wristwatch-style Slimline. You can exchange the transmitter for a different style one time during the subscription period at no additional charge.

Lifeline with Auto Alert is an enhanced medical alert service that offers an added layer of protection. Lifeline with Auto Alert features the first pendant style help button that can automatically call for help if a fall is detected and you are not able to press the button.

Contact information

For details about the program, call **1-800-594-8192**, Monday - Friday, 7:30 a.m. - 10 p.m., and Saturday, 8 a.m. - 7 p.m. Eastern time. If you use a TTY, call **1-800-855-2881**, Monday - Friday, 7:30 a.m. - 10 p.m., and Saturday, 8 a.m. - 7 p.m. Eastern time. If you are located in Massachusetts and use a TTY, call **1-800-439-0183**, same days and times above.

General Hearing discount through www.walmart.com

As a Humana member, you can access exclusive savings on select General Hearing products available on www.walmart.com.

What are my savings?

- **5 percent** off of retail price

- **Free** six-month supply of batteries*
- **Free** one-year manufacturer's warranty*

What are my product options?

Simplicity Smart Touch Digital Over-the-Ear Hearing Aid (Left or Right)

- Designed for mild-to-moderate high-frequency hearing loss
- Mini, over-the-ear design
- Four volume levels
- \$399.00 retail price (per ear)

Simply Soft Smart Touch Digital In-the-Ear Hearing Aid (Left or Right)

- Designed for mild-to-moderate flat hearing loss
- Small, in the ear design
- Four volume levels
- \$399.00 retail price (per ear)

How do I access the discount?

Simply visit **www.generalhearing.com/humana** to browse your product options. Once you have made your selection and are ready to purchase the product, click on the "Purchase" button to complete your order at www.walmart.com. The price shown on www.walmart.com will reflect your exclusive 5 percent discount and battery bundle.

Where do I find more information?

Product information can be found 24 hours a day, seven days a week on **www.generalhearing.com/humana**. To speak to a product representative, please call General Hearing at **877-763-8327**. If you use a TTY, call **800-855-2880**. Customer Care is available Monday - Friday 7 a.m. - 7 p.m. Central time or Saturday 9 a.m. - 5 p.m. Central time. You can also email customercare@generalhearing.com.

* Some limitations and restrictions may apply.

Disclaimer: Humana contracted hearing providers reserve the right not to service hearing aids purchased through www.walmart.com.

LifeCard Plans - "Life Happens, Be Prepared"

LifeCard Plans provides members emergency access to medical and legal documents from anywhere in the world. LifeCard Plans provides a member's entire family with secure digital storage of key information and documents through an easy-to-use online portal that can be accessed via a secure login from anywhere, anytime.

A wallet card is also available for you that provides important immediate emergency information and the directions and means to access other important medical information in your LifeCard Plans Digital Vault.

Humana members will be able to purchase one of the four plan levels listed below: Basic, Standard, Premium, or Ultimate and save **16-33 percent off the normal retail price**. Humana members will also be waived the activation and document charges.

- **Basic DigitalVault** - With 2 gigabytes (GB) of storage space, a member can store their existing legal and medical documents, making them retrievable 24 hours a day, 7 days a week. They may also store emergency medical information to help save their life if a medical emergency arises. This account covers primary member, spouse or significant other, and all dependents.
 - Included documents: HIPAA Statement, Annual Credit Report Service Request Form
 - Free unlimited document revisions
 - Free smart-phone application
 - Retail pricing: \$5.99 a month, \$14.99 activation fee
 - **Humana members: \$4.99 a month, activation fee waived**
- **Standard DigitalVault with Advance Medical Directives document set** - With 5 GB of storage space, a member receives all the great features of the Basic DigitalVault plus the Advance Medical Directives document set. These critical medical and legal documents are provided for the primary member and spouse or significant other.

- Included documents: Living Will, Durable Power of Attorney for Health Care, Durable Agent Notices, HIPAA Statement, Annual Credit Report Service Request Form
- Free unlimited document revisions
- Free smart-phone application
- Retail pricing: \$9.99 a month, \$14.99 activation fee, \$9.99 document charge
- **Humana members: \$6.99 a month, activation fee and document charge waived**
- **Premium DigitalVault with Last Will & Testament document set** - With 10 GB of storage space, a member receives all the great features of the Standard DigitalVault plus the Last Will & Testament document set. These critical medical and legal documents are provided for the primary member and spouse or significant other.
 - Included documents: Stand-Alone Will, Durable Power of Attorney for Finances and Property, Revocation of Durable Power of Attorney for Finances and Property, Durable Power of Attorney for Health Care, Durable Agent Notices, HIPAA Statement, Annual Credit Report Service Request Form
 - Free unlimited document revisions
 - Free smart-phone application
 - Retail pricing: \$14.99 a month, \$14.99 activation fee, \$15.99 document charge
 - **Humana members: \$9.99 a month, activation fee and document charge waived**
- **Ultimate DigitalVault with Living Trust** - With 15 GB of storage space, a member receives all the great features of the Premium DigitalVault plus the Living Trust document set. These critical medical and legal documents are provided for the primary member and spouse or significant other.
 - Included documents: Simple Trust, Pour-Over Will, Durable Power of Attorney for Finances and Property, Revocation of Durable Power of Attorney for Finances and Property, Durable Power of Attorney for Health Care, Durable Agent Notices, HIPAA Statement, Annual Credit Report Service Request Form
 - Free unlimited document revisions
 - Free smart-phone application
 - Retail pricing: \$19.99 a month, \$14.99 activation fee, \$19.99 document charge
 - **Humana members: \$13.99 a month, activation fee and document charge waived**

How the discount works

Visit us today at www.lifecardplans.com/humanavalue and sign up for the basic, standard, premium, or ultimate product and automatically save **16-33 percent off the normal retail price** as shown above and pay \$0 activation or document fees.

Contact information

Visit www.lifecardplans.com/humanavalue to find out more about the product and services. For assistance call **1-855-698-6600**. If you use a TTY, call **711**. You can reach us Monday - Friday 8 a.m. - 5 p.m. Central time.

Disclaimer: *LifeCard Plans provides access to the website and self-help services at your specific direction subject to LifeCard Plans Terms and Conditions of use. LifeCard Plans is not a law firm or a substitute for a Lawyer. LifeCard Plans does not provide advice, explanations, or recommendations concerning possible legal rights, remedies or selection of forms and communications are not considered attorney-client privilege or attorney work product.*

Cut out this card and keep it in your wallet for handy reference.

<p>HumanaVision Medicare Discount Card</p> <p>Member Name: _____ Plan ID: 9243247</p> <p>Humana</p>	Fold	<p>For more information, call EyeMed: 1-866-392-6056</p> <p>This discount program is not part of your Medicare Advantage plan coverage. Discounts are only available at participating providers.</p> <p>EyeMed VISION CARE</p>
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Cut out this card and keep it in your wallet for handy reference.

<p>HumanaDental Access Discount Card</p> <p>Member Name: _____ Member ID: _____</p> <p>Humana</p> <p>More information on other side of this card.</p>	Fold	<p>For more information, visit Humana-Medicare.com or call 1-800-898-0371. This discount program is not part of your Medicare Advantage plan coverage. Discounts are only available at participating providers. In addition to the HumanaDental network, the following networks are available in the respective states: DenteMax in District of Columbia, Connecticut, Maryland, Michigan, Massachusetts, New Jersey, New York, Pennsylvania & Virginia, MN Premier in Minnesota, Diversified in Nevada, ADP in Wisconsin</p>
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Humana is a Medicare Advantage organization with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.



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

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-457-4708. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-457-4708. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-457-4708。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-457-4708。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-457-4708. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-457-4708. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-281-6918 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-457-4708. 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 1-800-457-4708 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-457-4708. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-457-4708. سيقوم شخص ما يتحدث اللغة العربية بمساعدتك. هذه الخدمة 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 1-800-457-4708 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 1-800-457-4708. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-457-4708. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-457-4708. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-457-4708. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-457-4708 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



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