



- 2011** • Summary of Benefits
- Optional Supplemental Benefits
  - Extra Services and Programs

**Humana Gold Choice<sup>®</sup>**

H2944-106 (PFFS)

Vermont, New Hampshire

Select Counties in New Hampshire and Vermont

**HUMANA**  
*Guidance when you need it most*



# 2011 Summary of Benefits

## **Humana Gold Choice®**

H2944-106 (PFFS)

Vermont, New Hampshire  
Select Counties in New Hampshire and Vermont

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# Section I - Introduction to Summary of Benefits

Thank you for your interest in Humana Gold Choice H2944-106 (PFFS). Our plan is offered by HUMANA INSURANCE COMPANY, a Medicare Advantage Private Fee-for-Service. 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 H2944-106 (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 H2944-106 (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 H2944-106 (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 H2944-106 (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 H2944-106 (PFFS) Available?**

The service area for this plan includes the following counties: Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford, Sullivan Counties, NH; Addison, Bennington, Caledonia, Chittenden, Essex, Franklin, Grand Isle, Lamoille, Orange, Orleans, Rutland, Washington, Windham, Windsor Counties, VT. You must live in one of these areas to join the plan.

## **Who Is Eligible To Join Humana Gold Choice H2944-106 (PFFS)?**

You can join Humana Gold Choice H2944-106 (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 are generally not eligible to enroll in Humana Gold Choice H2944-106 (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 H2944-106 (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](http://www.humana.com/Medicare/medicare_prescription_drugs). Our customer service number is listed at the end of this introduction.

## **Section I** (continued)

### **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 the following types of service:

- Outpatient Diag Procs/Tests/Lab Services
- DME

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 H2944-106 (PFFS) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

### **What Is A Prescription Drug Formulary?**

Humana Gold Choice H2944-106 (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 enrollees 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/members/tools/prescription\\_tools/medicare\\_drug\\_list.asp](http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp).

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 [www.medicare.gov](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 year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, 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 H2944-106 (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 H2944-106 (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 H2944-106 (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 H2944-106 (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 drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin Alfa or Epogen®):** 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 was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **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 provided through DME.**

### 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 may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" 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.

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Please call Humana Insurance Company for more information about Humana Gold Choice H2944-106 (PFFS).

Visit us at **www.humana-medicare.com** or, call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. - 8 p.m. Eastern

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 [www.medicare.gov](http://www.medicare.gov) on the web.

This document may be available in a different format or language. For additional information, call Customer Service at the phone number listed above.

Este documento esta disponible en formatos o lenguajes alternativos. Para mas información, llame al Servicio al Cliente al número de telefono indicado anteriormente.

If you have special needs, this document may be available in other formats.



If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## Section II - Summary of Benefits

### IMPORTANT INFORMATION

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<p><b>① Premium and Other Important Information</b></p>	<ul style="list-style-type: none"> <li>• Most people will continue to pay the Part B premium amount they paid in 2010. Depending on when you signed up for Medicare Part B, this amount is <b>\$96.40</b> or <b>\$110.50</b></li> <li>• In 2011 the monthly Part B Premium is <b>\$96.40</b> and the yearly Part B deductible amount is <b>\$162</b>.</li> <li>• If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</li> <li>• Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over <b>\$85,000</b> for singles, <b>\$170,000</b> 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.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• <b>\$91</b> monthly plan premium in addition to your monthly Medicare Part B premium.</li> <li>• 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 <b>\$85,000</b> for singles, <b>\$170,000</b> 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.</li> <li>• This plan covers all Medicare-covered preventive services with zero cost sharing.</li> <li>• This plan does not allow providers to balance bill (charging more than your cost share amount).</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• Unless otherwise noted, out-of-network services not covered.</li> </ul> <p><b>In and Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$6,700</b> out-of-pocket limit.</li> <li>• In-Network: This limit includes only Medicare-covered services.</li> <li>• Out-Of-Network: This limit includes only Medicare-covered services.</li> </ul> <p><b>See page 26 for additional information about Premium and Other Important Information</b></p>
<p><b>② Doctor and Hospital Choice</b> (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<ul style="list-style-type: none"> <li>• You may go to any doctor, specialist or hospital that accepts Medicare.</li> </ul>	<p><b>In and Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</li> </ul> <p><b>See page 26 for additional information about Doctor and Hospital Choice</b></p>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<b>③ Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)	<ul style="list-style-type: none"> <li>In 2011 the amounts for each benefit period are:               <ul style="list-style-type: none"> <li>Days 1 - 60: <b>\$1,132</b> deductible</li> <li>Days 61 - 90: <b>\$283</b> per day</li> <li>Days 91 - 150: <b>\$566</b> per lifetime reserve day</li> </ul> </li> <li>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</li> <li>Lifetime reserve days can only be used once.</li> <li>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.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment except in emergencies.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>No limit to the number of days covered by the plan each benefit period.</li> <li>For Medicare-covered hospital stays:               <ul style="list-style-type: none"> <li>Days 1 - 8: <b>\$220</b> copayment per day</li> <li>Days 9 - 90: <b>\$0</b> copayment per day</li> </ul> </li> <li><b>\$0</b> copayment for each additional hospital day.</li> </ul> <p><b>See page 26 for additional information about Inpatient Hospital Care</b></p>
<b>④ Inpatient Mental Health Care</b>	<ul style="list-style-type: none"> <li>Same deductible and copayment as inpatient hospital care (see "Inpatient Hospital Care" above).</li> <li>190 day lifetime limit in a Psychiatric Hospital.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>You get up to 190 days in a Psychiatric Hospital in a lifetime.</li> <li>For Medicare-covered hospital stays:               <ul style="list-style-type: none"> <li>Days 1 - 8: <b>\$220</b> copayment per day</li> <li>Days 9 - 90: <b>\$0</b> copayment per day</li> </ul> </li> </ul> <p><b>See page 26 for additional information about Inpatient Mental Health Care</b></p>
<b>⑤ Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)	<ul style="list-style-type: none"> <li>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay are:               <ul style="list-style-type: none"> <li>Days 1 - 20: <b>\$0</b> per day</li> <li>Days 21 - 100: <b>\$141.50</b> per day</li> </ul> </li> <li>100 days for each benefit period.</li> <li>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.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>Plan covers up to 100 days each benefit period</li> <li>No prior hospital stay is required.</li> <li>For SNF stays:               <ul style="list-style-type: none"> <li>Days 1 - 8: <b>\$0</b> copayment per day</li> <li>Days 9 - 100: <b>\$50</b> copayment per day</li> </ul> </li> </ul> <p><b>See page 26 for additional information about Skilled Nursing Facility</b></p>

(Inpatient Care - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

# INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<div>⑥</div> <b>Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<ul style="list-style-type: none"><li>• <b>\$0</b> copayment.</li></ul>	<b><u>In-Network</u></b> <ul style="list-style-type: none"><li>• <b>\$0</b> copayment for each Medicare-covered home health visit.</li></ul>
<div>⑦</div> <b>Hospice</b>	<ul style="list-style-type: none"><li>• You pay part of the cost for outpatient drugs and inpatient respite care.</li><li>• You must get care from a Medicare-certified hospice.</li></ul>	<b><u>General</u></b> <ul style="list-style-type: none"><li>• You must get care from a Medicare-certified hospice.</li></ul>

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## OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<b>8 Doctor Office Visits</b>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• You may go to any doctor, specialist, or hospital that accepts the plan's terms and conditions of payment.</li> <li>• See "Welcome to Medicare; and Annual Wellness Visit", for more information.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$15</b> copayment for each primary care doctor visit for Medicare-covered benefits.</li> <li>• <b>\$40</b> copayment for each specialist visit for Medicare-covered benefits.</li> </ul> <p><b>See page 27 for additional information about Doctor Office Visits</b></p>
<b>9 Chiropractic Services</b>	<ul style="list-style-type: none"> <li>• Routine care not covered</li> <li>• <b>20%</b> coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$15</b> copayment for each Medicare-covered visit.</li> <li>• Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</li> </ul>
<b>10 Podiatry Services</b>	<ul style="list-style-type: none"> <li>• Routine care not covered.</li> <li>• <b>20%</b> coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$40</b> copayment for each Medicare-covered visit.</li> <li>• Medicare-covered podiatry benefits are for medically-necessary foot care.</li> </ul>
<b>11 Outpatient Mental Health Care</b>	<ul style="list-style-type: none"> <li>• <b>45%</b> coinsurance for most outpatient mental health services.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$40</b> copayment for each Medicare-covered individual or group therapy visit.</li> </ul> <p><b>See page 27 for additional information about Outpatient Mental Health Care</b></p>
<b>12 Outpatient Substance Abuse Care</b>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$40</b> copayment [or <b>25%</b> of the cost] for Medicare-covered individual or group visits.</li> </ul> <p><b>See page 27 for additional information about Outpatient Substance Abuse Care</b></p>

(Outpatient Care - Continued on next page)

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## OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<b>13 Outpatient Services/Surgery</b>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance for the doctor</li> <li>• Specified copayment for outpatient hospital facility charges. Copayment cannot exceed Part A inpatient hospital deductible.</li> <li>• <b>20%</b> coinsurance for ambulatory surgical center facility charges</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>20%</b> of the cost for each Medicare-covered ambulatory surgical center visit.</li> <li>• <b>20% to 25%</b> of the cost for each Medicare-covered outpatient hospital facility visit.</li> </ul> <p><b>See page 27 for additional information about Outpatient Services/Surgery</b></p>
<b>14 Ambulance Services</b> (medically necessary ambulance services)	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>\$150</b> copayment for Medicare-covered ambulance benefits.</li> </ul>
<b>15 Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance for the doctor</li> <li>• Specified copayment for outpatient hospital emergency room (ER) facility charge.</li> <li>• ER Copayment cannot exceed Part A inpatient hospital deductible.</li> <li>• You don't have to pay the emergency room copayment if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</li> <li>• NOT covered outside the U.S. except under limited circumstances.</li> </ul>	<p><b><u>General</u></b></p> <ul style="list-style-type: none"> <li>• <b>\$50</b> copayment for Medicare-covered emergency room visits.</li> <li>• <b>\$25,000</b> plan coverage limit for emergency services outside the U.S. every year.</li> </ul> <p><b>See page 27 for additional information about Emergency Care</b></p>
<b>16 Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance, or a set copayment</li> <li>• NOT covered outside the U.S. except under limited circumstances.</li> </ul>	<p><b><u>General</u></b></p> <ul style="list-style-type: none"> <li>• Cost sharing is the same as Doctor Office Visit cost sharing.</li> </ul>

(Outpatient Care - Continued on next page)

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# OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<div>17</div> <b>Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)	<ul style="list-style-type: none"><li>• <b>20%</b> coinsurance</li></ul>	<b><u>In-Network</u></b> <ul style="list-style-type: none"><li>• There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</li><li>• <b>\$40</b> copayment [or <b>20%</b> to <b>25%</b> of the cost] for Medicare-covered Occupational Therapy visits.</li><li>• <b>\$40</b> copayment [or <b>20%</b> to <b>25%</b> of the cost] for Medicare-covered Physical and/or Speech and Language Therapy visits.</li><li>• <b>\$40</b> copayment [or <b>25%</b> of the cost] for Medicare-covered Cardiac Rehab services.</li></ul> <b>See page 27 for additional information about Outpatient Rehabilitation Services</b>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<b>18 Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>20%</b> of the cost for Medicare-covered items.</li> </ul> <p><b><u>Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>20%</b> of the cost for durable medical equipment.</li> </ul>
<b>19 Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>20%</b> of the cost for Medicare-covered items.</li> </ul>
<b>20 Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance</li> <li>• 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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copayment for Diabetes self-monitoring training.</li> <li>• <b>\$0</b> copayment for Nutrition Therapy for Diabetes.</li> <li>• <b>\$0 to \$10</b> copayment [or <b>20%</b> of the cost] for Diabetes supplies.</li> </ul> <p><b>See page 28 for additional information about Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies</b></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 for details.

## OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<b>21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance for diagnostic tests and x-rays</li> <li>• <b>\$0</b> copayment for Medicare-covered lab services</li> <li>• 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 routine screening tests, like checking your cholesterol.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>\$0 to \$40</b> copayment [or <b>0% to 25%</b> of the cost] for Medicare-covered lab services.</li> <li>• <b>\$0 to \$40</b> copayment [or <b>0% to 25%</b> of the cost] for Medicare-covered diagnostic procedures and tests.</li> <li>• <b>\$15 to \$40</b> copayment [or <b>20% to 25%</b> of the cost] for Medicare-covered X-rays.</li> <li>• <b>\$15 to \$75</b> copayment [or <b>20% to 25%</b> of the cost] for Medicare-covered diagnostic radiology services (not including x-rays).</li> <li>• <b>\$40</b> copayment [or <b>20%</b> of the cost] for Medicare-covered therapeutic radiology services.</li> <li>• Separate Office Visit cost sharing of <b>\$15 to \$40</b> may apply for Outpatient Diagnostic and Therapeutic Radiological Services.</li> </ul> <p><b><u>Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>0% to 25%</b> of the cost for diagnostic procedures, tests, and lab services.</li> </ul> <p><b>See page 28 for additional information about Diagnostic Tests, X-rays, Lab Services and Radiology Services</b></p>



If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<b>22 Bone Mass Measurement</b> (for people with Medicare who are at risk)	<ul style="list-style-type: none"> <li>No coinsurance, copayment or deductible.</li> <li>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> </ul>	<b><u>In-Network</u></b> <ul style="list-style-type: none"> <li><b>\$0</b> copayment for Medicare-covered bone mass measurement.</li> </ul>
<b>23 Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	<ul style="list-style-type: none"> <li>No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.</li> <li>Covered when you are high risk or when you are age 50 and older.</li> </ul>	<b><u>In-Network</u></b> <ul style="list-style-type: none"> <li><b>\$0</b> copayment for Medicare-covered colorectal screenings.</li> </ul>
<b>24 Immunizations</b> (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	<ul style="list-style-type: none"> <li><b>\$0</b> copayment for Flu, Pneumonia, and Hepatitis B vaccines.</li> <li>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> </ul>	<b><u>In-Network</u></b> <ul style="list-style-type: none"> <li><b>\$0</b> copayment for Flu and Pneumonia vaccines.</li> <li><b>\$0</b> copayment for Hepatitis B vaccine.</li> </ul>
<b>25 Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)	<ul style="list-style-type: none"> <li>No coinsurance, copayment or deductible.</li> <li>No referral needed.</li> <li>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</li> </ul>	<b><u>In-Network</u></b> <ul style="list-style-type: none"> <li><b>\$0</b> copayment for Medicare-covered screening mammograms.</li> </ul>
<b>26 Pap Smears and Pelvic Exams</b> (for women with Medicare)	<ul style="list-style-type: none"> <li>No coinsurance, copayment, or deductible for Pap smears.</li> <li>No coinsurance, copayment, or deductible for Pelvic and clinical breast exams.</li> <li>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> </ul>	<b><u>In-Network</u></b> <ul style="list-style-type: none"> <li><b>\$0</b> copayment for Medicare-covered pap smears and pelvic exams</li> </ul>
<b>27 Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	<ul style="list-style-type: none"> <li><b>20%</b> coinsurance for the digital rectal exam.</li> <li><b>\$0</b> for the PSA test; <b>20%</b> coinsurance for other related services.</li> <li>Covered once a year for all men with Medicare over age 50.</li> </ul>	<b><u>In-Network</u></b> <ul style="list-style-type: none"> <li><b>\$0</b> copayment for Medicare-covered prostate cancer screening.</li> </ul>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<b>28 End-Stage Renal Disease</b>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance for renal dialysis</li> <li>• <b>20%</b> coinsurance for Nutrition Therapy for End-Stage Renal Disease</li> <li>• 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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</li> </ul>	<u><b>In-Network</b></u> <ul style="list-style-type: none"> <li>• <b>20%</b> of the cost for renal dialysis</li> <li>• <b>\$0</b> copayment for Nutrition Therapy for End-Stage Renal Disease.</li> </ul>
<b>29 Prescription Drugs</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<u><b>Drugs covered under Medicare Part B General</b></u> <ul style="list-style-type: none"> <li>• <b>0% to 20%</b> of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</li> <li>• <b>20%</b> of the cost for Part B-covered chemotherapy drugs.</li> </ul> <u><b>Drugs covered under Medicare Part D General</b></u> <ul style="list-style-type: none"> <li>• This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp">http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp</a> on the web.</li> <li>• Different out-of-pocket costs may apply for people who               <ul style="list-style-type: none"> <li>– have limited incomes,</li> <li>– live in long term care facilities, or</li> <li>– have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> </li> <li>• The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). 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).</li> <li>• Total yearly drug costs are the total drug costs paid by both you and the plan.</li> <li>• The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</li> <li>• Some drugs have quantity limits.</li> </ul>

(Other Services - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<b>Prescription Drugs (continued)</b>		
		<ul style="list-style-type: none"> <li>• Your provider must get prior authorization from Humana Gold Choice H2944-106 (PFFS) for certain drugs.</li> <li>• 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 Plan Finder on Medicare.gov.</li> <li>• 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.</li> </ul> <p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>\$310</b> yearly deductible.</li> </ul> <p><b><u>Initial Coverage</u></b></p> <ul style="list-style-type: none"> <li>• After you pay your yearly deductible, you pay <b>25%</b> until total yearly drug costs reach <b>\$2,840</b>.</li> </ul> <p><b><u>Retail Pharmacy</u></b></p> <ul style="list-style-type: none"> <li>• You can get drugs the following way(s):             <ul style="list-style-type: none"> <li>– one-month (30-day) supply</li> <li>– three-month (90-day) supply</li> </ul> </li> <li>• Not all drugs are available at this extended day supply. Please contact the plan for more information.</li> </ul> <p><b><u>Long Term Care Pharmacy</u></b></p> <ul style="list-style-type: none"> <li>• You can get drugs the following way(s):             <ul style="list-style-type: none"> <li>– one-month (34-day) supply</li> </ul> </li> </ul> <p><b><u>Mail Order</u></b></p> <ul style="list-style-type: none"> <li>• You can get drugs the following way(s):             <ul style="list-style-type: none"> <li>– one-month (30-day) supply</li> <li>– three-month (90-day) supply</li> </ul> </li> <li>• Not all drugs are available at this extended day supply. Please contact the plan for more information.</li> </ul> <p><b><u>Coverage Gap</u></b></p> <ul style="list-style-type: none"> <li>• After your total yearly drug costs reach <b>\$2,840</b>, you receive a discount on brand name drugs and pay <b>93%</b> of the plan's costs</li> </ul>

(Other Services - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<b>Prescription Drugs (continued)</b>		
		<p>for all generic drugs, until your yearly out-of-pocket drug costs reach <b>\$4,550</b>.</p> <p><b>Catastrophic Coverage</b></p> <ul style="list-style-type: none"> <li>After your yearly out-of-pocket drug costs reach <b>\$4,550</b>, you pay the greater of:             <ul style="list-style-type: none"> <li>A <b>\$2.50</b> copayment for generic (including brand drugs treated as generic) and a <b>\$6.30</b> copayment for all other drugs, or</li> <li><b>5%</b> coinsurance.</li> </ul> </li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>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 H2944-106 (PFFS).</li> <li>You can get drugs the following way:             <ul style="list-style-type: none"> <li>one-month (30-day) supply</li> </ul> </li> </ul> <p><b>Out-of-Network Initial Coverage</b></p> <ul style="list-style-type: none"> <li>After you pay your yearly deductible, you will be reimbursed up to <b>75%</b> of the actual cost for drugs purchased out-of-network until your total yearly drug costs reach <b>\$2,840</b>.</li> </ul> <p><b>Out-of-Network Coverage Gap</b></p> <ul style="list-style-type: none"> <li>You will be reimbursed up to <b>7%</b> of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach <b>\$4,550</b>.</li> <li>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach <b>\$4,550</b>.</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b></p> <ul style="list-style-type: none"> <li>After your yearly out-of-pocket drug costs reach <b>\$4,550</b>, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</li> </ul>

(Other Services - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OTHER SERVICES

BENEFITORIGINAL MEDICAREHumana Gold Choice H2944-106 (PFFS)		
Prescription Drugs (continued)		
		<div><div>– A <b>\$2.50</b> copayment for generic (including brand drugs treated as generic) and a <b>\$6.30</b> copayment for all other drugs, or</div><div>– <b>5%</b> coinsurance.</div><div>See page 29 for additional information about Prescription Drugs</div></div>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## ADDITIONAL BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<b>30 Dental Services</b>	<ul style="list-style-type: none"> <li>Preventive dental services (such as cleaning) not covered.</li> </ul>	<b><u>In-Network</u></b> <ul style="list-style-type: none"> <li>In general, preventive dental benefits (such as cleaning) not covered.</li> <li>However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.")</li> <li><b>\$40</b> copayment for Medicare-covered dental benefits.</li> </ul>
<b>31 Hearing Services</b>	<ul style="list-style-type: none"> <li>Routine hearing exams and hearing aids not covered.</li> <li><b>20%</b> coinsurance for diagnostic hearing exams.</li> </ul>	<b><u>In-Network</u></b> <ul style="list-style-type: none"> <li>In general, routine hearing exams and hearing aids not covered. <ul style="list-style-type: none"> <li><b>\$40</b> copayment for Medicare-covered diagnostic hearing exams</li> </ul> </li> </ul>
<b>32 Vision Services</b>	<ul style="list-style-type: none"> <li><b>20%</b> coinsurance for diagnosis and treatment of diseases and conditions of the eye.</li> <li>Routine eye exams and glasses not covered.</li> <li>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</li> <li>Annual glaucoma screenings covered for people at risk.</li> </ul>	<b><u>In-Network</u></b> <ul style="list-style-type: none"> <li>Non-Medicare-covered eye exams and glasses not covered. <ul style="list-style-type: none"> <li><b>\$25</b> copayment for one pair of eyeglasses or contact lenses after cataract surgery.</li> <li><b>\$0 to \$40</b> copayment for exams to diagnose and treat diseases and conditions of the eye.</li> </ul> </li> </ul> <p><b>See page 29 for additional information about Vision Services</b></p>
<b>33 Welcome to Medicare; and Annual Wellness Visit</b>	<ul style="list-style-type: none"> <li>When you join Medicare Part B, then you are eligible as follows.</li> <li>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</li> <li>After your first 12 months, you can get one Annual Wellness visit every 12 months.</li> <li>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</li> <li>The Welcome to Medicare exam does not include lab tests.</li> </ul>	<b><u>In-Network</u></b> <ul style="list-style-type: none"> <li><b>\$0</b> copayment for routine exams.</li> <li>Limited to 1 exam(s) every year.</li> <li><b>\$0</b> copayment for the required Medicare-covered initial preventive physical exam and annual wellness visits.</li> </ul>

(Additional Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## ADDITIONAL BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<b>34 Health/Wellness Education</b>	<ul style="list-style-type: none"> <li>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</li> <li><b>\$0</b> copayment for the HIV screening, but you generally pay <b>20%</b> 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.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>The plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> <li>Written health education materials, including Newsletters</li> <li>Additional Smoking Cessation</li> <li>Health Club Membership/Fitness Classes</li> <li>Nursing Hotline</li> </ul> </li> <li><b>\$0</b> copayment for each Medicare-covered smoking cessation counseling session.</li> <li><b>\$0</b> copayment for each Medicare-covered HIV screening.</li> <li>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.</li> </ul> <p><b>See page 30 for additional information about Health/Wellness Education</b></p>
<b>Transportation</b> (Routine)	<ul style="list-style-type: none"> <li>Not covered.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>This plan does not cover routine transportation.</li> </ul>
<b>Acupuncture</b>	<ul style="list-style-type: none"> <li>Not covered.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>This plan does not cover Acupuncture.</li> </ul>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

## OPTIONAL SUPPLEMENTAL BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
<b>OPTIONAL SUPPLEMENTAL PACKAGE #1</b>		
<b>Premium and Other Important Information</b>		<p><b>General</b></p> <ul style="list-style-type: none"> <li>Package: 1 - MyOption Dental High PPO:</li> <li><b>\$25.40</b> monthly premium, in addition to your <b>\$91</b> monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: <ul style="list-style-type: none"> <li>Preventive Dental</li> <li>Comprehensive Dental</li> </ul> </li> </ul> <p><b>See page 30 for additional information about Optional Supplemental Benefits</b></p>
<b>Dental Services</b>		<p><b>General</b></p> <ul style="list-style-type: none"> <li>Plan offers additional comprehensive dental benefits.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li><b>\$0</b> copayment for up to 2 cleaning(s) every year</li> <li><b>\$0</b> copayment for up to 2 oral exam(s) every year</li> <li><b>\$0</b> copayment for up to 1 dental x-ray(s) every year</li> <li><b>\$1,500</b> plan coverage limit for comprehensive dental benefits every year.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li><b>30%</b> of the cost for preventive dental services.</li> <li><b>55% to 75%</b> of the cost for comprehensive dental services.</li> </ul>
<b>OPTIONAL SUPPLEMENTAL PACKAGE #2</b>		
<b>Premium and Other Important Information</b>		<p><b>General</b></p> <ul style="list-style-type: none"> <li>Package: 2 - MyOption Dental Low PPO:</li> <li><b>\$13.20</b> monthly premium, in addition to your <b>\$91</b> monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: <ul style="list-style-type: none"> <li>Preventive Dental</li> <li>Comprehensive Dental</li> </ul> </li> </ul> <p><b>See page 30 for additional information about Optional Supplemental Benefits</b></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 for details.

## OPTIONAL SUPPLEMENTAL BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice H2944-106 (PFFS)
Dental Services		<p><b>General</b></p> <ul style="list-style-type: none"> <li>Plan offers additional comprehensive dental benefits.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>– <b>\$0</b> copayment for up to 2 cleaning(s) every year</li> <li>– <b>\$0</b> copayment for up to 2 oral exam(s) every year</li> <li>– <b>\$0</b> copayment for up to 1 dental x-ray(s) every year</li> <li>• <b>\$1,000</b> plan coverage limit for comprehensive dental benefits every year.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>30%</b> of the cost for preventive dental services.</li> <li>• <b>55%</b> of the cost for comprehensive dental services.</li> </ul>
OPTIONAL SUPPLEMENTAL PACKAGE #3		
Premium and Other Important Information		<p><b>General</b></p> <ul style="list-style-type: none"> <li>Package: 3 - MyOption Points of Caregiving:</li> <li>• <b>\$20</b> monthly premium, in addition to your <b>\$91</b> monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: <ul style="list-style-type: none"> <li>– Other 1</li> </ul> </li> </ul> <p><b>See page 30 for additional information about Optional Supplemental Benefits</b></p>

## SECTION III - ABOUT YOUR PLAN

### Humana Gold Choice H2944-106 (PFFS)

This section further explains some of the benefits of your plan. To get a complete list of benefits, limitations, and exclusions, call Humana Insurance Company and ask for the **"Evidence of Coverage."**

#### **Access to services**

**You must present your Humana Gold Choice (PFFS) ID card to providers before you receive services.** You may also 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.

## 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
- Health expenses you incur during foreign travel

### ② **Doctor and Hospital Choice**

Primary care doctor or specialist copayment applies for office and clinic visits.

## 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

You pay:

- **\$15** copayment at your primary care doctor's office
- **\$40** copayment at a specialist's office
- **\$40** copayment at an immediate care facility

## ⑪ Outpatient Mental Health Care

## ⑫ Outpatient Substance Abuse Care

You pay:

- **\$40** copayment at a specialist's office
- **20%** of the cost at a hospital facility for partial hospitalization
- **25%** of the cost at a hospital facility as an outpatient.

## ⑬ Outpatient Services/Surgery

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

- **20%** of the cost for radiation therapy
- **20%** of the cost for renal dialysis
- **20%** of the cost for chemotherapy
- **25%** of the cost for all other services

## 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.

## ⑰ Outpatient Rehabilitation Services

For outpatient rehabilitation services, you pay:

- **\$40** copayment at a specialist's office for all therapy and rehabilitation services
- **20%** of the cost at a Comprehensive Outpatient Rehabilitation Facility for audiology, occupational, physical, and speech therapy services
- **25%** of the cost at a hospital facility as an outpatient for audiology, occupational, physical and speech therapy services
- **25%** of the cost at a hospital facility as an outpatient for cardiac rehabilitation services
- **25%** of the cost at a hospital facility as an outpatient for respiratory therapy services

# OUTPATIENT MEDICAL SERVICES AND SUPPLIES

## 20 Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies

For preferred diabetic monitoring supplies, you pay:

*RightSourceRx*

Pharmacy

Durable medical equipment provider

### In-Network

**\$0** copayment

**\$10** copayment

**20%** of the cost

### Out-of-Network

not available

**20%** of the cost

**20%** of the cost

For non-preferred diabetic monitoring supplies, you pay:

*RightSourceRx*

Pharmacy

Durable medical equipment provider

### In-Network

**\$0** copayment

**20%** of the cost

**20%** of the cost

### Out-of-Network

not available

**20%** of the cost

**20%** of the cost

You pay **\$0** copayment for an annual diabetes screening at all places of treatment.

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

For lab services, you pay:

- **\$15** copayment at your primary care doctor's office
- **\$40** copayment at a specialist's office
- **\$0** copayment at a freestanding lab
- **25%** of the cost at a hospital facility as an outpatient
- **\$40** copayment at an immediate care facility

For X-rays and diagnostic radiology services, you pay:

- **\$15** copayment at your primary care doctor's office
- **\$40** copayment at a specialist's office
- **20%** of the cost at a freestanding radiology facility
- **25%** of the cost at a hospital facility as an outpatient
- **\$40** copayment at an immediate care facility

For advanced imaging (MRI, MRA, PET, or CT Scan) services, you pay:

- **\$75** copayment at your primary care doctor's office - in addition to the office visit copayment
- **\$75** copayment at a specialist's office - in addition to the office visit copayment
- **20%** of the cost at a freestanding radiology facility
- **25%** of the cost at a hospital facility as an outpatient

For nuclear medicine services, you pay:

- **20%** of the cost at a freestanding radiology facility
- **25%** of the cost at a hospital facility as an outpatient

For therapeutic radiology services (Radiation Therapy), you pay:

- **\$40** copayment at a specialist's office
- **20%** of the cost at a freestanding radiology facility
- **20%** of the cost at a hospital facility as an outpatient

You pay **\$0** copayment for an annual abdominal aortic aneurysm screening, cardiovascular screening, and EKG screening at all places of treatment.

For diagnostic tests, you pay:

- **\$15** copayment at your primary care doctor's office
- **\$40** copayment at a specialist's office

- **20%** of the cost at a freestanding outpatient facility
- **25%** of the cost at a hospital facility as an outpatient
- **\$40** copayment at an immediate care facility

## OTHER SERVICES

### 29 Prescription Drugs

Drugs covered under Medicare Part B

You pay **20%** of the cost for Medicare-covered Part B drugs you receive at a doctor's office. You pay **0%** of the cost for allergy serum.

For Medicare-covered Part B drugs purchased at a pharmacy, you pay **20%** of the cost.

## ADDITIONAL BENEFITS

### 32 Vision Services

You pay:

- **\$0** copayment for an annual glaucoma test
- **\$40** copayment for Medicare-covered vision services

## **34 Health/Wellness Education**

### **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 nursing facility, you're eligible for ten 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.

### **Stop-Smoking Program**

The QuitNet® smoking cessation program combines Web-based and telephone support, printed materials, and the option of nicotine replacement therapy, such as nicotine patches and nicotine gum. Enroll online at **[www.quitnet.com/humana](http://www.quitnet.com/humana)** or by phone at 1-888-572-4074, Monday-Friday, 8 a.m.-midnight, and Saturday, 8 a.m. - 9 p.m., Eastern time (TTY 711).

### **Humana Active Outlook®**

Humana Active Outlook is a no-cost health and wellness education program with great features like HAO Magazine, Live It Up! Digest insert for members with chronic conditions, the HumanaActiveOutlook.com Website, community outreach through seminars and classes, and many other programs. 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**

If you have an immediate health concern or questions about a medical condition, call HumanaFirst at the number located on the back of your Humana ID card for expert advice and guidance.

## **OPTIONAL SUPPLEMENTAL BENEFITS**

For more information on customizing your Humana Medicare Advantage coverage, for an additional monthly premium, please see the 2011 Optional Supplemental Benefits book. Ask your agent or call us if you need help finding this information.





- Medicare
- Group health benefits
- Individual health
- Specialty Benefits
- Pharmacy Solutions

If you are a member of a qualified State Pharmaceutical Assistance Program, please contact the program, to verify that the mail order pharmacy will coordinate with the program.

**Humana.com**





## **2011** Optional Supplemental Benefits

**Humana Gold Choice®**

H2944-106 (PFFS)

Vermont, New Hampshire

Select Counties in New Hampshire and Vermont



**HUMANA®**  
*Guidance* when you need it most

## My Options, My Choice

### Why Not Enhance Your Plan?

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

These benefits make it easier for you to get more coverage when you need it and manage your healthcare to fit your unique needs. They can also help you control your costs and meet the goals important to your well-being.

Add these benefits to your Medicare Advantage plan when you enroll - or any time during the year.

Which of the following options will give you the added benefits, services, and resources you need? Read more in the following sections, where you will find basic information about your optional supplemental benefit choices. If you have questions, call **1-888-866-3154**, TTY, call **711**. Our hours are 8 a.m. to 8 p.m., seven days a week.

#### MyOption Dental - High PPO

The MyOption Dental - High PPO benefit makes it easy for you to budget for your dental expenses with a \$50 deductible and 100 percent coverage for two routine exams per year.

The benefit provides partial coverage for basic procedures such as fillings and extractions after the deductible. It even applies to 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 \$25.40. Here's how the benefits work:

##### In Network

- 100 percent coverage on up to two routine exams per year
- 100 percent coverage on one set of bite-wing X-rays per year
- 100 percent coverage on up to two routine cleanings per year
- 50 percent coverage on basic procedures including fillings and extractions (frequency limitations may apply)
- 30 percent coverage on major services like root canals, crowns, and dentures (frequency limitations may apply)

##### Out of Network

- 70 percent coverage on up to two routine exams per year
- 70 percent coverage on one set of bite-wing X-rays per year
- 70 percent coverage on up to two routine cleanings per year
- 45 percent coverage on basic procedures including fillings and extractions (frequency limitations may apply)
- 25 percent coverage on major services like root canals, crowns, and dentures (frequency limitations may apply)

#### MyOption Dental - Low PPO

The MyOption Dental - Low PPO benefit makes it easy for you to budget for your dental expenses with a \$50 deductible and 100 percent coverage for two routine exams per year.

The benefit also provides 50 percent coverage for basic procedures such as fillings and extractions after a \$50 deductible. There's a maximum annual benefit of \$1,000, and there's no waiting period before your coverage begins. The premium for this OSB is \$13.20. Here's how the benefits work:

##### In Network

- 100 percent coverage on up to two routine exams per year
- 100 percent coverage on one set of bite-wing X-rays per year

## OPTIONAL SUPPLEMENTAL BENEFITS (continued)

- 100 percent coverage on up to two routine cleanings per year
- 50 percent coverage on basic procedures including fillings and extractions (frequency limitations may apply)

### Out of Network

- 70 percent coverage on up to two routine exams per year
- 70 percent coverage on one set of bite-wing X-rays per year
- 70 percent coverage on up to two routine cleanings per year
- 45 percent coverage on basic procedures including fillings and extractions (frequency limitations may apply)

### MyOption Points of Caregiving

MyOption Points of Caregiving gives you access to online support and management tools that help you make caregiving decisions with confidence. If you're taking care of someone else, here's where you can turn for support and information.

This program includes time- and money-saving features that can help. It includes access to:

- Care management tools
- Telephonic coaching and reminders
- Mentally stimulating games
- A community interaction forum
- A library of expert articles on health, insurance, and more

The premium for this OSB is \$20.00. Here's how the benefits work:

### Resources and Tools

- Resources - expert telephone consultation, support from state and national outlets, worksheets, and trackers
- CareTools - telephone reminders, costs of care, financial planning, and local services and providers
- CareCafe - access to community and social networks to help you as a caregiver
- CareMatters - a library of expert articles on health, insurance, legal matters, and lots more
- BrainGames - challenging online puzzles and games

### Expert Educational Material

- Information about care options and managing retirement
- Guidance on coordinating care, including remote caregivers
- Advice on independent living, staying active, and staying safe
- Helpful online decision-making tools
  - Doctor visit and medication tracking worksheets
  - Functional assessment checklist to help manage care
  - Legal and financial information including retirement planning and cost calculators
  - Service provider search tools
  - Recommended reading lists



- Medicare
- Group health benefits
- Individual health
- Specialty Benefits
- Pharmacy Solutions

Humana MyOption Optional Supplemental Benefits (OSB) are only available to members of a Humana Medicare Advantage (MA) plan, a Health plan with a Medicare contract available to anyone enrolled in both Part A and Part B of Medicare. Medicare members may enroll in the Humana MA plan only during specific times of the year. Contact Humana for more information. Humana MA plan members may enroll in OSBs throughout the year. Enrollees of the OSB must continue to pay the Medicare Part B premium and the Humana plan premium. Enrollees must use network providers for specific OSBs when stated in the EOC, otherwise, covered services may be received from non-network providers at a higher cost. This document is available in alternative formats or languages. Please call customer service at 1-888-866-3154, TTY, call 711. Our hours are 8 a.m. to 8 p.m., seven days a week.

Este documento está disponible en otros formatos o idiomas. Llame al Servicio al Cliente al 1-888-866-3154, TTY, llame al 711. Nuestro horario es de 8 a.m. a 8 p.m. los siete días de la semana.

**Humana.com**



## **2011** Value-Added Services

### **Humana Gold Choice®**

H2944-106 (PFFS)

Vermont, New Hampshire  
Select Counties in New Hampshire and Vermont



**HUMANA**  
*Guidance* when you need it most

# VALUE-ADDED SERVICES

As a Humana member, you can save money on products and services that aren't part of your health plan benefits. Humana has arrangements with certain providers that make these services available to you at reduced rates. In this section, we'll describe the value-added services and explain how to access them.

If the service charges a fee, you must pay the fee - but first, be sure to ask about other promotions or special offers so you can get the lowest price available.

We hope you'll take advantage of these special savings - and enjoy the added value that comes with your Humana membership.

**To get some of the discounts, you may need to show your Humana ID card or a discount card.**

Help and information are just a phone call away. You can call Humana Customer Service toll-free at **1-800-457-4708**, seven days a week, 8 a.m. to 8 p.m. Eastern time. If you use a TTY, and a specific TTY number is not provided for a service, please call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time. Our automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Just leave a message and select the reason for your call from the automated list. A representative will return your call by the end of the next business day.

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.

- If you have a complaint or problem with any value-added item or service, we'd like to know about it. Please call the Humana Customer Service department toll-free at **1-800-457-4708**, seven days a week, 8 a.m. to 8 p.m. Eastern time. If you use a TTY, please call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time.

# HEALTH AND WELLNESS PRODUCTS

Members of some Humana plans may be eligible for discounts on over-the-counter (OTC) health and wellness products from the PrescriBIT mail-order pharmacy.

The discounts apply to a wide range of non-prescription products in the following categories:

- Vitamins and minerals
- Pain relievers
- Cold and allergy medications
- Antacids
- Laxatives and anti-diarrhea products
- First-aid and medical supplies
- Women's health products

## How the discount works

Simply call our Customer Service department at **1-800-457-4708** to request a health and wellness order form. Then fill it out and mail it to:

PrescriBIT  
3600 Enterprise Way  
Miramar, FL 33025

## Contact information

To find out whether you're eligible for the discounts or to request an order form, call our Customer Service department at **1-800-457-4708**. If you use a TTY, call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time. Our automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Just leave a message and select the reason for your call from the automated list. We'll call back by the end of the next business day. Please have your Humana ID card handy when you call.

# HUMANADENTAL DISCOUNT

You can save on dental services with HumanaDental. Just visit an in-network HumanaDental dentist or specialist and the discount will be applied to your bill.

## How the discount works

Simply select an in-network HumanaDental dentist and call to schedule an appointment. Clip out the HumanaDental discount card printed on the last page of this booklet and present your Humana ID card and the dental discount card at the time of service. The dentist will apply the network discount immediately and let you know whether to pay at the time of service or wait for a bill. You don't need to send a claim form to HumanaDental.

## Contact information

To find an in-network dentist or specialist near you, visit **HumanaDental.com** or call HumanaDental at **1-800-898-0371**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time. If you use a TTY, call **1-800-325-2025**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time.

- The HumanaDental program is not intended to replace any other dental coverage.
- If your dentist leaves the network, you'll need to select another dentist in the HumanaDental network. Not all types of dentists may be available in your area.
- In-network dentists are professionally licensed in the state in which they practice, and they are credentialed by HumanaDental. If you have questions or concerns about the care received from a dentist in our network, please contact Customer Care at the number listed on your Humana ID card.

- Discounts do not apply to dental work that was in progress before you joined this plan.

## HUMANA'S DISCOUNT HEARING PROGRAM

As a Humana member, you have access to discounts and services from Humana's national hearing aid providers, TruHearing, Newport Audiology and HearUSA. Discounts and services are applied when you purchase your hearing aid. You must call the provider to schedule an appointment in order to receive the discount. Please check with the providers below for locations and available discounts in your area.

### How the discount works

#### TruHearing

#### Call the provider to schedule an appointment in order to receive the discount.

- More than 3,000 providers nationwide. Please call the number under **Contact information** to schedule your appointment to ensure your discount.
- 100 percent digital hearing aids using the latest technology from four leading manufacturers.
- Free screening. The free screening is a basic four-tone test that determines whether there is a measurable hearing loss. If there is a loss, then the provider may recommend a complete comprehensive hearing evaluation.
- Free DVD Guide to Better Hearing when you schedule an appointment
- Up to a **60** percent discount off standard retail pricing on all hearing aids.
- Free one-year supply (48 cells) of batteries with purchase.
- Three-year warranty, including one-time coverage for damaged or lost hearing aids.
- 45-day trial period, money-back guarantee.
- No add-on costs for smaller, in-the-canal aids.
- 12-month no-interest financing available upon approved credit.
- After first purchase at regular discounted price, you can buy replacement hearing aids for life at the manufacturer's wholesale pricing. Just enroll in TruHearing's Lifetime Replacement Program through [www.truhearing.com/lifetime](http://www.truhearing.com/lifetime) or call toll-free 877-343-0749 or use the TTY number 800-975-2674. There is an annual enrollment fee of \$89, which includes a year's supply of batteries valued at \$89 with shipping and handling.

### Contact information

To get more information or schedule a free screening, call TruHearing at **1-888-403-3937**, Monday through Friday, 8 a.m. to 8 p.m. Central time. If you use a TTY, call **1-800-975-2674**, Monday through Friday, 8 a.m. to 8 p.m. Central time.

### How the discount works

#### Newport Audiology Centers

#### Call the provider to schedule an appointment in order to receive the discount.

- Access to any Newport Audiology Center location. Please call the number under **Contact information** to schedule your appointment to ensure your discount.
- Free hearing evaluation, including the following audiometry exams: Pure Tone Aid and Bone Audiometry, Speech Audiometry, and Impedance Audiometry.
- **40 percent** discount off standard price of Newport hearing aids.
- Three-year comprehensive manufacturer's warranty.
- One-time coverage for loss and damage of hearing aids during the first year after purchase.
- One-year supply of batteries (up to 48 cells) per hearing aid purchased.
- No charge for in-office service.
- Unlimited hearing-aid adaptation counseling visits.
- 60-day money-back guarantee evaluation/satisfaction period.
- 0 percent interest financing plan on purchase of hearing aids.



## Contact information

To get more information or schedule a free hearing evaluation, call Newport Audiology Centers, Inc. at **1-800-675-5485**, Monday through Friday, 8 a.m. to 5 p.m. Eastern time. If you use a TTY, call **711** for assistance.

## How the discount works

### HearUSA

#### Call the provider to schedule an appointment in order to receive the discount.

- Access to an accredited network of over 2,000 providers nationwide. Please call the number under **Contact information** to schedule your appointment to ensure your discount.
- Complete hearing exam at no charge (\$135 value).
- Humana-negotiated discounts provide:
  - The latest digital hearing aids from a variety of manufacturers.
  - Fixed prices across 5 levels of technology, regardless of style or size of the hearing aid.
  - Standard prices that are not inflated to claim higher discounts.
- Comprehensive three-year warranty, including loss and damage.
- Free two-year supply of batteries (up to 96 cells).
- In-office service at no charge for the life of the hearing aids.
- 30-day money-back guarantee.
- 0 percent financing available.
- A 20 percent discount on accessories & assisted listening devices is also available by calling 1-800-432-7872 or through [www.hearingshop.com](http://www.hearingshop.com). Please be sure to use checkout code "EARHUMANA."

## Contact information

For a list of HearUSA providers in your area, visit [www.hearusa.com](http://www.hearusa.com) or call HearUSA toll-free at **1-800-333-3389**, Monday through Friday, 8:30 a.m. to 8:30 p.m. Eastern time. If you use a TTY, call **1-888-300-3277**, Monday through Friday, 8:30 a.m. to 8:30 p.m. Eastern time.

## BELTONE

As a Humana member, you are entitled to participate in the Beltone/Humana Hearing Care Program. You must call the provider to schedule an appointment in order to receive the discount.

## How the discount works:

#### Call Beltone to schedule an appointment in order to receive the discount.

- Free annual hearing screenings and exams. Please call the number under **Contact information** to schedule your appointment to ensure your discount.
- Up to **50 percent** off suggested retail pricing for specified technology levels.
- Free three-year warranty on all products.
- Free three-year loss, stolen, and damage coverage.
- Free two -year supply of hearing aid batteries.
- 45-day credit return with 100 percent money back.
- BelCare™ patient satisfaction plan includes:
  - Lifetime Care™ Program
  - Two-year hearing loss change protection
  - Service at any U.S. Beltone Hearing Care Center
  - Patient care toll-free phone line - call the number under **Contact information**
- Unlimited support for fitting and training on your hearing aids.
- Exclusive patient financing program available:
  - Low fixed monthly payments with up to 60 months to pay

- No-interest promotions available
- Based on approved credit, some minimums apply
- Nationwide network of participating hearing care providers.

### Contact information

To get more information, or for your nearest provider location, call Beltone at **1-800-BELTONE (1-800-235-8663)**, Monday through Friday from 8 a.m. to 8 p.m., Eastern Time, or go online at [www.beltone.com](http://www.beltone.com). If you have a speech or hearing impairment and use a TTY, call **711**. You can call seven days a week from 8 a.m. to 8 p.m. Our automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Just leave a message and select the reason for your call from the automated list. We'll call back by the end of the next business day. Please have your Humana ID card handy when you call.

## RX DISCOUNT

As a Humana member, you can receive discounts of **20 percent** or more on certain non-covered prescription drugs received from a network pharmacy. You can use this discount program for weight loss, impotence, hair loss, and many prescriptions that are not covered by your Humana plan.

### How the discount works

To find out which drugs are excluded from coverage by your plan but are eligible for the discount, log in to *MyHumana*, your secure Website on **Humana.com**, and click on "Pharmacist," then "Pharmacy Tools."

To get your discount, just show your Humana ID card at a participating pharmacy when you purchase a prescription.

### Contact information

All major pharmacy chains participate. To find out if an independent pharmacy participates, call Customer Service at **1-800-457-4708**. If you use a TTY, call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time. Our automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Just leave a message and select the reason for your call from the automated list. We'll call back by the end of the next business day. Please have your Humana ID card handy when you call.

## VISION DISCOUNT PROGRAM

This program is available to you through EyeMed Vision Care. Vision wellness is important to your overall health and well-being. With the vision discount program, it's easy to care for your eyes and save on your eyewear needs. You have access to the extensive EyeMed network of 40,000 national providers at approximately 20,000 locations, including some of the most recognizable names in eye care like 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 all frames except when prohibited by the manufacturer.
- Lenses - fixed prices for lenses and lens options.
- Contact Lens - **15 percent off** retail price for conventional contact lenses.
- Laser Vision Correction (Lasik or PRK)\* - **15 percent off** retail price or **5 percent off** promotional price.

### How the discount works

The discount applies only to services you receive from providers in the EyeMed network. Select a participating EyeMed provider by visiting **Humana.com** or by calling EyeMed's provider locator service at **1-866-392-6056**. Your demographic information or ID are not in EyeMed system. Once you've chosen a provider, call and schedule your appointment and tell them you have the EyeMed discount through Humana.

Clip out the EyeMed Vision discount card printed on the last page of this booklet and present the card at the time of your appointment. The EyeMed provider will take care of the rest and automatically apply the discount. You will not need to submit a claim. Since this is a discount offering, your ID, name, and address are not in EyeMed system.

If you lose your discount card, follow the instructions below to print a new card or just tell your provider you are a Humana member with the EyeMed discount. Your provider will look up your discount in the EyeMed system.

- Visit [Humana-Medicare.com](http://Humana-Medicare.com).
- Under the section "Already a Member?": Click on the Humana.com link and a new window will open.
- Under the section "Medicare Plans": There is a heading "Medicare HumanaVision discount program." The printable PDF is located under the heading.

### Contact information

To select a participating EyeMed provider, visit **[www.Humana.com](http://www.Humana.com)** or call EyeMed's provider locator service at **1-866-392-6056**, Monday through Saturday, 8 a.m. to 11 p.m., and Sunday, 11 a.m. to 8 p.m. Eastern time. If you use a TTY, call **1-866-308-5375**, Monday through Friday, 8 a.m. to 5 p.m. Eastern time.

\* Because LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call **1-877-5LASER6 (552-7376)**, Monday through Friday, 8 a.m. to 8 p.m., and Saturday, 9 a.m. to 5 p.m. Eastern time. If you use a TTY, call **1-866-308-5375**, Monday through Friday, 8 a.m. to 5 p.m. Eastern time.

## NUTRISYSTEM® DISCOUNT

The Nutrisystem® program helps Americans lose weight simply and conveniently so they can enjoy vibrant, healthy lives. This low-calorie, nutritionally supercharged weight loss program is a good source of protein, fiber, and "good" fats - and it's tempered with low sodium, reduced cholesterol, and fewer saturated fats - to help Americans shed pounds sensibly.

With Nutrisystem, you also get the Glycemic Advantage - a weight-loss breakthrough that gives you the benefits of a low-carbohydrate diet but lets you eat carbs. Nutrisystem foods contain "good carbs" so you can eat your favorite foods, including pizza, pasta, cookies, and chocolate.

### How the discount works

It's easy to get started. Simply select your foods online or on the phone. You can choose from a huge variety of great-tasting meals and snacks - and they arrive on your doorstep, all ready to heat and eat. Since all of the prepared Nutrisystem foods are perfectly portioned, you never have to weigh portions or count calories and points. You get to eat six times a day to help reduce those cravings between meals. You have no meetings to attend, and you can call or e-mail the program counselors, nutritionists, and dieticians any time at no cost to you.

As a Humana member, you also get a **12%** discount on all 28-day programs, which could translate into up to \$45 off on the most expensive Nutrisystem program, in addition to the best available offer on the Website. And that isn't all. You get free membership and free access to the Nutrisystem community through online support boards.

### Contact information

Visit us today at [www.Nutrisystem.com/humanafl](http://www.Nutrisystem.com/humanafl) to learn more about individual programs and additional savings or call Nutrisystem toll-free at **1-866-936-6874** for all Florida plan members, Monday through Friday, 8 a.m. to 12 a.m., and Saturday and Sunday, 8:30 a.m. to 5 p.m. Eastern time. For all other Humana plan members, please visit [www.nutrisystem.com/humana](http://www.nutrisystem.com/humana) or call **1-866-942-6874** to order. If you use a TTY, call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time. Our automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Just leave a message and select the reason

for your call from the automated list. We'll call back by the end of the next business day. Please have your Humana ID card handy when you call.

## LIFELINE® MEDICAL ALERT SYSTEMS

Every day, Lifeline® helps thousands of people live more independent, active lives at home. In partnership with Humana, Lifeline offers a monthly rate of **\$38.00** for its standard medical alert service to all Humana members. You can also take advantage of a **free** activation rate - a \$90.00 value.

### How the discount works

#### Standard Lifeline Service

Installation and enrollment fee

- Regular rate for self installations: \$90.00
- Humana members' installation rate: **Free**

Monthly fee

- Regular rate: \$42.00
- Humana members: **\$38.00**

### How this service works

The standard service includes the new Lifeline CarePartners Home Communicator model and Lifeline monitoring services by a trained, dedicated professional staff 24 hours a day, every day of the year.

If you need medical assistance, a push of a button signals the Lifeline monitoring center. One of our professionals will speak to you over our Home Communicator phone to determine what help is needed and dispatch the appropriate responders. Responders are your family members, friends, or neighbors, as well as emergency service personnel who can quickly get to your home.

The standard service includes your choice of a necklace-style Slimline or Classic transmitter or a wristwatch-style Slimline.

### Contact information

For details about the program, visit the Lifeline Website at [www.lifelinesys.com](http://www.lifelinesys.com) or call **1-800-594-8192**, Monday through Friday, 7:30 a.m. to 10 p.m., and Saturday, 8 a.m. to 7 p.m. Eastern time. If you use a TTY, call **1-800-855-2881**. If you are located in Massachusetts and use a TTY, call **1-800-439-0183**, Monday through Friday, 7:30 a.m. to 10 p.m., and Saturday, 8 a.m. to 7 p.m. Eastern time.

**CUT OUT THIS CARD AND KEEP IT IN YOUR WALLET FOR HANDY REFERENCE.**

<p><b>HumanaVision</b> Medicare <i>Discount</i> Card</p> <p>MEMBER NAME: _____ PLAN ID: 9243247</p> <p><b>HUMANA</b> <i>Guidance</i> when you need it most</p>	<p>For more information, call EyeMed: <b>1-866-392-6056</b></p> <p>This discount program is <b>not</b> part of your Medicare Advantage plan coverage. Discounts are only available at participating providers.</p> <p><b>EyeMed</b> VISION CARE®</p>
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**CUT OUT THIS CARD AND KEEP IT IN YOUR WALLET FOR HANDY REFERENCE.**

<p><b>HumanaDental</b> Access Discount Card</p> <p>MEMBER NAME: _____ MEMBER ID: _____</p> <p><b>For more information, visit</b> <b>Humana-Medicare.com</b> <b>or call 1-800-898-0371</b></p>	<p>This discount program is <b>not</b> part of your Medicare Advantage plan coverage. Discounts are only available at participating providers.</p> <p><b>HUMANA DENTAL</b></p> <p>In addition to the HumanaDental network, the following networks are available in the respective states: Dentemax in the District of Columbia, Maryland, Michigan, New Jersey, New York, Pennsylvania &amp; Virginia, MN Premier in Minnesota, Diversified in Nevada, ADP in Wisconsin</p>
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[illegible]

# Notes



## This image shows a blank sheet of white paper with horizontal ruling lines. At the very top, there is a dashed line. Below it are several solid horizontal lines spaced evenly apart, providing a template for handwriting practice or general writing. The lines extend across the entire width of the page.

# Notes

[illegible]

# Notes

## This image shows a blank sheet of white paper designed for handwriting practice. It features a series of horizontal lines spaced evenly down the page. At the very top, there is a dashed line, followed by a solid line, and then several more solid lines below. The lines are thin and light gray or blue in color. There is no text or other markings on the page.



- Medicare
- Group health benefits
- Individual health
- Specialty Benefits
- Pharmacy Solutions

A Health plan with a Medicare contract available to anyone enrolled in both Part A and Part B of Medicare through age or disability. Medicare members may enroll in the plan only during specific times of the year. Contact Humana for more information.

**Humana.com**



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**HUMANA.**  
*Guidance* when you need it most

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