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

Important plan information



2025 Humana Group Medicare

Your journey to better health, for better retirement

Humana®

A more human way
to healthcare™

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The Board of Pensions
of the Presbyterian
Church (U.S.A.)

THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

We're here for you

Humana Group Medicare Customer Care
855-273-0021 (TTY: 711)
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
your.Humana.com/boardofpensions

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **855-273-0021 (TTY: 711)** for more information.

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

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Humana®

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Welcome to a more human way to healthcare

Take action to enroll

Dear Retiree,

We're excited to let you know that **the Board of Pensions** has asked Humana to offer you a Medicare Advantage Preferred Provider Organization (PPO) and prescription drug plan that gives you more benefits than Original Medicare.

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

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

- If you have questions about your premium, please call the Board at **800-PRESPLAN (800-773-7752) (TTY:711)*,** Monday – Friday, 8:30 a.m. – 6 p.m., Eastern time.
- If you have questions about your benefits, call the Humana Customer Care team at **855-273-0021 (TTY: 711),** Monday - Friday, 8 a.m. - 9 p.m., Eastern time.
- Review the Important Prescription Drug Information on how to view or request a copy of a Prescription Drug Guide.
- Use Humana's Find a doctor tool at **your.Humana.com/boardofpensions/tools-resources** for a list of network providers.
- Please visit your custom Humana site at **your.Humana.com/boardofpensions** for plan information, documents and more.
- Humana has recorded a custom presentation for you. You can view the presentation at any time by typing **bit.ly/HumanaBOPWebinar** into your internet browser.

Enrollment Information
- For enrollment information, please refer to the document titled "Important Enrollment Information," located in this packet.

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

Sincerely,
Group Medicare Operations

*Visit https://www.fcc.gov/consumers/guides/711-telecommunications-relay-service

Important Enrollment Information

The Board of Pensions is offering you the option to enroll in the Humana Group Medicare Advantage preferred provider organization (PPO) plan. If you want to enroll in this plan, please follow the instructions below. Your plan will start on the date set by your benefit administrator. **Enrollment in this plan will cancel your enrollment in a different Medicare Advantage or a Medicare Prescription Drug (Part D) plan. However, if you are currently enrolled in a Medicare Supplement plan, you will have to take action to cancel your enrollment.**

How do I enroll?
If you want to enroll in this Group Medicare health plan, complete the Enrollment Form included in the back of this packet. The Enrollment Form is also available by calling the Board of Pensions at **800-PRESPLAN (800-773-7752) (TTY:711)** Monday – Friday, 8:30 a.m. – 6 p.m., Eastern time.

Return the completed Enrollment Form to:

The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market Street
Philadelphia, PA 19103-3298

What do I need to know as a member of the Humana Group Medicare PPO plan?
This enrollment packet includes important information about this plan and what it covers, including a Summary of Benefits document. Please review this information carefully.

Once enrolled, you will receive information on how to view or request a copy of an Evidence of Coverage document (also known as a member contract or subscriber agreement) from the Humana Group Medicare PPO plan. Please read the document to learn about the plan's coverage and services. As a member of the Humana Group Medicare PPO plan, you can appeal plan decisions about payment or services if you disagree. Enrollment in this plan is generally for the entire year.

When your Humana Group Medicare PPO plan begins, Humana will cover all medically necessary items and services, even if you get the services out of network. However, your member cost share may be lower if you use in-network providers. "In-network" means that your doctor or provider is on our list of participating providers. "Out-of-network" means that you are using someone who isn't on this list. The exception is for emergency care, out of area dialysis services, or urgently needed services.

You must use network pharmacies to access Humana benefits, except under limited, non-routine circumstances when you can't reasonably use network pharmacies.

You must keep Medicare Parts A and B as the Humana Group Medicare plan is a Medicare Advantage plan. **You must also continue to pay your Part B premium. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium.** You can enroll in only one Medicare Advantage plan at a time. You must let us know if you

think you might be enrolled in a different Medicare Advantage plan or a Medicare prescription drug plan and inform us of any prescription drug coverage that you may get in the future.

What happens if I don't join the Humana Group Medicare PPO plan?
You aren't required to be enrolled in this plan. If you do not want to join this plan, you can join a different Medicare plan. If you decide not to join the Humana Group Medicare PPO plan, you will not be able to enroll at a later date.

If you choose to join a different Medicare plan, you can contact **800-MEDICARE** anytime, 24 hours a day, 7 days a week, for help in learning how. TTY users can call **877-486-2048**. Your state may have counseling services through the State Health Insurance Assistance Program (SHIP). They can provide you with personalized counseling and assistance when selecting a plan, including Medicare Supplement plans, Medicare Advantage plans and prescription drug plans. They can also help you find medical assistance through your state Medicaid program and the Medicare Savings Program.

What if I want to leave the Humana Group Medicare PPO plan?
You can change or cancel your Humana coverage at any time and return to Original Medicare or another Medicare Advantage plan by using a special election. You can send a request to the Humana Group Medicare plan. To leave the Humana coverage, complete the **Humana Group Medicare Advantage PPO Waiver or Withdrawal form**, available by calling the Board of Pensions, at **800-PRESPLAN (800-773-7752) (TTY:711),** Monday - Friday, 8:30 a.m. - 6 p.m., Eastern time, and return it to the Board at the address shown on the form. If you decide to leave the Humana Group Medicare PPO plan, you will not be able to reenroll at a later date. You can also call **800-MEDICARE** anytime, 24 hours a day, 7 days a week. TTY users can call **877-486-2048**.

What happens if I move?
The Humana Group Medicare PPO plan serves a specific service area. **If you move to another area or state, it may affect your plan.** To report a change of address, please call the Board of Pensions at **800-PRESPLAN (800-773-7752) (TTY:711),** Monday – Friday, 8:30 a.m. - 6 p.m., Eastern time.

If you leave this plan and don't have creditable prescription drug coverage (as good as Medicare's prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Release of Information
By joining this Medicare Advantage plan, you give us permission to share your information with Medicare and other plans when needed for treatment, payment and health care operations. We do this to make sure you get the best treatment and to make sure that it is covered by the plan. Medicare may also use this information for research and other reasons allowed by Federal law.

What to expect after you enroll

- **Enrollment confirmation**
  You'll receive a letter from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.

- **Humana member ID card**
  Your Humana member ID card will arrive in the mail shortly after you enroll.

- **Evidence of Coverage (EOC)**
  You will receive information on how to view or request a copy of an Evidence of Coverage document (also known as a member contract or subscriber agreement). Please read the document to learn about the plan's coverage and services. This will also include your privacy notice.

- **Take your Medicare Health Assessment**
  CMS requires Humana to ask new members to complete a health survey within their first few months of enrollment.

  It's nine simple questions about your health. Your answers will help us guide you to tools and resources available to help you reach your health goals. The information you provide will not affect your plan premiums or benefits or what you pay for them.

  Once you have received your Humana member ID card or after your plan is effective, you can call our automated voice service anytime to take this survey at **888-445-3389 (TTY: 711)**. When you call, you'll be asked to provide your eight-digit member ID number located on the front of your Humana member ID card, so have your ID card handy.

  You may also take the survey online at **MyHumana.com** after activating your online account.

- **In-home Health and Well-being Assessment (IHWA)**
  This is a yearly detailed health review conducted in the comfort of your home, providing an extra set of eyes and ears for your doctor so you can feel more in control of your health and well-being.

  You may receive a call from one of our IHWA vendors, Signify Health or Matrix Medical Network, to schedule your assessment. If you have questions, you may ask when they call, or contact Humana at the phone number listed on the back of your member ID card.

We're here for you

If you have questions or need help, call Humana Group Medicare Customer Care,
855-273-0021 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Get the hassle-free care you deserve

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



All the benefits of Original Medicare, plus extra benefits



Maximum out-of-pocket protections



Nationwide emergency coverage



Programs to help improve health and well-being

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

Almost no claims paperwork
The plan works with your pharmacist to handle claims for you.

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

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

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

Humana®

Going beyond your expectations

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

Your Group Medicare Advantage plan guide

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

Inside this guide you'll find

What is Medicare? 10
How your plan works 11
MyHumana 12
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Prescription medication tiers 16
Pharmacy options 17
Vaccines and Rx coverage 19
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Plan specific information

- Medical Summary of Benefits
- Dental, Hearing and Vision Benefits
- Rx Summary of Benefits
- Important Prescription Drug Information
- Commonly Prescribed Medication List
- Prior Authorization Flyer
- Member Consent Form
- PPO Enrollment Form



What is Medicare?

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



Medicare Part A

Hospital insurance

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



Medicare Part B

Medical insurance

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



Medicare Part C

Medicare Advantage plans

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



Medicare Part D

Prescription drug coverage

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

How does it work?

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

How your PPO plan works

Preferred provider organization (PPO) plans give you the freedom to get care in- or out-of-network. Your benefit plan coverage remains the same, even if you receive care from an out-of-network provider. For more information, refer to your Summary of Benefits located in this packet.

Using a PPO plan

- You'll have a PCP who will help you manage your care, will get to know your overall health history and can guide you toward preventive care to help you be healthy and active.
- You can use any provider who is part of our network, or you can use any provider who accepts Medicare and agrees to bill Humana.
- Your plan doesn't require referrals to see other providers, but your PCP can help guide you when you need specialized care.
- Humana Medicare PPO network providers must take payment from Humana for treating plan members.
- Humana supplies in-network providers with information about services and programs available to patients with chronic conditions.



In-network

Out-of-network

Medical preauthorization

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

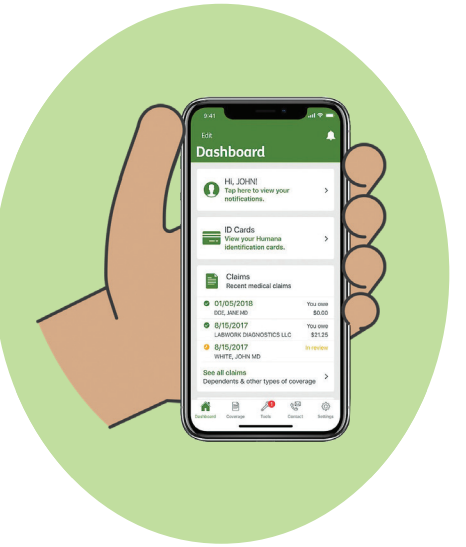
MyHumana and MyHumana mobile app

Get your personalized health information on MyHumana

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

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

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



MyHumana mobile app

Download the MyHumana mobile app on your smartphone or tablet.* You'll have your plan details with you at all times.

Visit **Humana.com/mobile-apps** to learn about our many mobile apps, the app features and how to use them.

Have questions?

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

*Standard data rates may apply

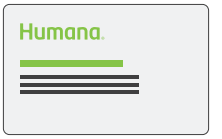
Use Humana's Find care tool on the MyHumana mobile app

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

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

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

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



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

A message for your provider

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

Contracted healthcare providers

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

Out-of-network healthcare providers

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



Claims process for providers

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

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

Telehealth

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

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

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

Behavioral health

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

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

Home health

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

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

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



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

*Video may be required for telehealth visits. Standard data rates may apply.

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

Prescription drug coverage

Some medications covered by Humana may have requirements or limits on coverage. These requirements and limits may include prior authorization, quantity limits or step therapy. You can visit **Humana.com/Pharmacy** to view your prescription drug guide, it will provide information on quantity limits, step therapy or if a prior authorization is required. If you have additional questions, please call our Customer Care number on the back of your Humana member ID card.

Prior authorization

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

Quantity limits

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

One-time transition fill

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

Step therapy

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

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

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

Medicare Part D prescription medication tiers

Tier 1 – Generic or preferred generic

Essentially the same medications, usually priced differently

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

Tier 2 – Preferred brand

A medication available to you for less than a nonpreferred

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

Tier 3 – Nonpreferred medication

A more expensive medication than a preferred

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

Tier 4 – Specialty

Medications for specific uses

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



Pharmacy options

Comprehensive pharmacy support for retirees.

Retail pharmacy network

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

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

CenterWell Pharmacy™

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

CenterWell Pharmacy offers:

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

CenterWell Specialty Pharmacy™

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

CenterWell Specialty Pharmacy offers:

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

*Other pharmacies are available in the Humana network.





Online

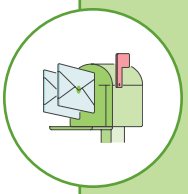
After you become a Humana member, you can sign in to **CenterWellPharmacy.com** with your MyHumana identification number and start a new prescription, order refills or check on an order.*



Phone

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

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



Mail

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



Provider

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

*Other pharmacies are available in the network.

Where you get your vaccines may determine how they are covered

Part B

Medicare Part B vaccines

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

The following Medicare Part B vaccines may be obtained at your provider's office or are readily available at a network pharmacy:

- influenza (flu)
- pneumococcal
- COVID-19 vaccine and boosters

Medicare Part B diabetes coverage

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

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

Part D

Medicare Part D vaccines

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

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

- shingles
- Tdap
- RSV

Medicare Part D diabetes coverage

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

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

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

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

Your personalized benefits statement

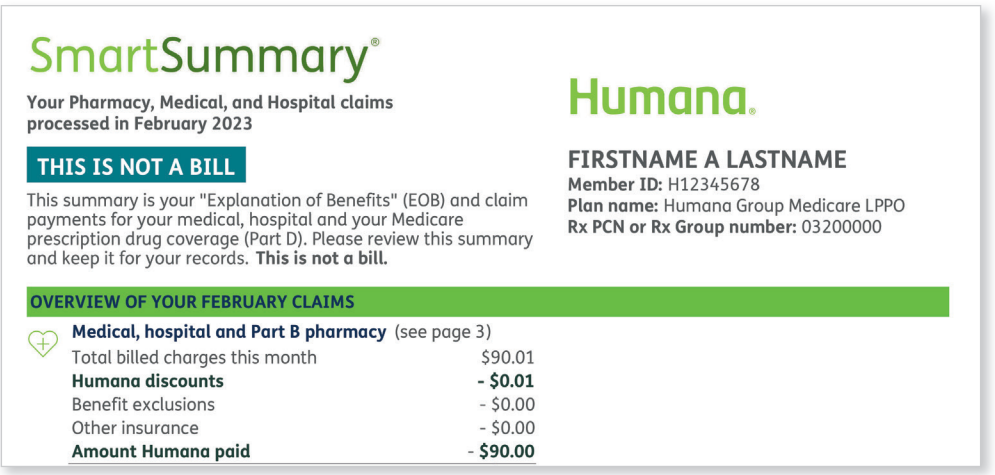
Humana's SmartSummary provides a comprehensive overview of your health benefits and healthcare spending. **You'll receive this statement after each month you've had a claim processed.** You can also sign in to your MyHumana account and see your past SmartSummary statements anytime.

SmartSummary helps you:

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

SmartSummary includes:

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



SmartSummary®

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

Humana.

THIS IS NOT A BILL

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

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

OVERVIEW OF YOUR FEBRUARY CLAIMS

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

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

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

Go365 by Humana®

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

SilverSneakers®

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

Humana Health Coaching

Available to all Humana Group Medicare members, our health coaching program provides guidance to help you develop a plan of action that supports your health and well-being goals.

In-home Health and Well-being Assessment

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

Humana Care Management

Humana care management programs support qualifying members to help them remain independent at home, by providing education about chronic conditions and medication adherence, help with discharge instructions, accessing community resources, finding social support and more.

Advance Care Planning with MyDirectives®

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

Post-discharge Transportation

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

Post-discharge Personal Home Care Services (PHCS)

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

Post-discharge Meal Program

Humana's post-discharge meal program delivers fully prepared meals to eligible plan members. After your overnight inpatient stay in a hospital or nursing facility, you're eligible to receive up to 28 nutritious meals (2 meals per day for 14 days), delivered to your door.

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

Frequently asked questions

Do I need to show my red, white and blue Medicare card when I visit the doctor?
No. You'll get a Humana member ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

What should I do if I move or have a temporary address change?
If you move to another area or state, it may affect your plan. It's important to contact your group benefits administrator for details and call to notify Humana of the move.

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

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

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

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

Your provider can go to **Humana.com/Provider** and select "Preauthorizations." This page has a printable form that can be mailed or faxed to Humana. They can also call **800-555-2546 (TTY: 711)** to speak with our Humana Clinical Pharmacy Review team, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

What if my provider says they will not accept my plan?
If your provider says they will not accept your PPO plan, you can give your provider the "Group Medicare Provider Information" flyer on page 13. It explains how your PPO plan works. You can also call Customer Care and have a Humana representative contact your provider and explain how your PPO plan works.

What should I do if I need prescriptions filled before I receive my Humana member ID card?
If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

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

Medical insurance terms

Deductible (if applicable)
What you pay up front
The amount you pay for healthcare before your plan begins to pay for your benefits.

Coinsurance
Your share of the cost
A percentage of your medical and medication costs that you may pay out of your pocket for covered services.

Copayment
What you pay at the provider's office for medical services
The set dollar amount you pay when you receive medical services or have a prescription filled.

Exclusions and limitations
Anything not covered or covered under limited situations or conditions
Specific conditions or circumstances that aren't covered under a plan.

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

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

Plan discount
A way Humana helps you save money
Amount you are not responsible for due to Humana's negotiated rate with provider.

Premium
The regular monthly payment for your plan
The amount you and/or your employer regularly pay for Medicare or Medicare Advantage coverage.

Pharmacy terms

Deductible (if applicable)
Your cost for Part D prescription medications before the plan pays
The amount you pay for Part D prescription medications before the plan begins to pay its share.

Coinsurance
Your share of your prescription's cost
This is a percentage of the total cost of a medication you pay each time you fill a prescription.

Copayment
What you pay at the pharmacy for your prescription
The set dollar amount you pay when you fill a prescription.

Exclusions and limitations
Anything not covered
Specific conditions or circumstances that aren't covered under a plan.

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

Maximum out-of-pocket
The most you'll spend before your plan pays 100% of the cost
The most you would have to pay for prescriptions covered by a health plan, including deductibles, copays and coinsurance. Once your annual out-of-pocket limit has been reached, the Humana Group Medicare plan pays 100% for most pharmacy charges.

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care
855-273-0021 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

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

MyHumana
Sign in to or register for MyHumana to access your personal and secure plan information at **Humana.com**

MyHumana mobile app
Humana.com/mobile-apps

Doctors in your network
Humana.com/FindaDoctor

Telehealth
Please contact your local provider to ask about virtual visit opportunities, or access nationwide Humana in-network telehealth options by using the "Find a doctor" tool on **Humana.com** or call the number on the back of your member ID card to get connected with a provider that offers this service.

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

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

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

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

Go365 by Humana®
Go365.com

Humana Care Management
855-273-0021 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
Humana.com/home-care

Humana Well Dine®
855-273-0021 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
Humana.com/home-care/well-dine

Humana Health Coaching
877-567-6450 (TTY: 711),
Monday – Friday, 8 a.m. – 6 p.m., Eastern time

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

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

Important

At Humana, it is important you are treated fairly.

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

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618. If you need help filing a grievance, call **855-273-0021 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 855-273-0021 (TTY: 711)

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

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

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.
繁體中文 **(Chinese):** 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235（**聽障專線：**711)**。辦公時間：東部時間上午 8 時至晚上 8 時。

GHHLNNXEN 0224

2025

Summary of Benefits

Humana Group Medicare Advantage PPO Plan
PPO 079/605

Board of Pensions of the Presbyterian Church

Humana®

Our service area includes specific counties within the United States, Puerto Rico and all other major US Territories.

Let's talk about the **Humana Group Medicare Advantage PPO** Plan.

Find out more about the Humana Group Medicare Advantage PPO plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

To be eligible

To join the Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Plan name:

Humana Group Medicare Advantage PPO plan

How to reach us:

Members should call toll-free **1-855-273-0021** for questions **(TTY/TDD 711)**

Call Monday – Friday, 8 a.m. - 9 p.m. Eastern Time.

Or visit our website: **Humana.com**

Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call Humana Group Medicare Customer Care.



A healthy partnership

Get more from this plan — with extra services and resources provided by Humana!

Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
PLAN COSTS		
Monthly premium You must keep paying your Medicare Part B premium.	For information concerning the actual premiums you will pay, please contact your employer/union group.	
Medical deductible	This plan does not have a deductible.	
Maximum out-of-pocket responsibility The most you pay for copays, coinsurance and other costs for medical services for the year.	**In-Network Maximum Out-of-Pocket** **$2,590** out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium do not apply to the in-network maximum out-of-pocket. If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.	**Combined In and Out-of-Network Maximum Out-of-Pocket** **$2,590** out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium do not apply to the combined maximum out-of-pocket. Out-of-Network Exclusions: Part D Pharmacy; Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket. Your limit for services received from in-network providers will count toward this limit. If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

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

Anthem Blue Cross is the trade name of Rocky Mountain Hospital and Medical Service, Inc.

Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUTE INPATIENT HOSPITAL CARE		
This plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	**$320** per admit	**$320** per admit
OUTPATIENT HOSPITAL COVERAGE		
Outpatient hospital visits	**0%** to **4%** of the cost	**0%** to **4%** of the cost
Observation services	**4%** of the cost	**4%** of the cost
Ambulatory surgical center	**4%** of the cost	**4%** of the cost
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	**0%** of the cost	**0%** of the cost
Specialists	**4%** of the cost	**4%** of the cost
PREVENTIVE CARE		
Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings. Any additional preventive services approved by Medicare during the contract year will be covered.	**Covered at no cost**	**Covered at no cost**
EMERGENCY CARE		
Emergency room If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	**4%** of the cost for Medicare-covered emergency room visit(s)	**4%** of the cost for Medicare-covered emergency room visit(s)
Urgently needed services Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	**0%** to **4%** of the cost	**0%** to **4%** of the cost
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Diagnostic radiology	**4%** of the cost	**4%** of the cost
Lab services	**0%** of the cost	**0%** of the cost

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

Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Diagnostic tests and procedures	**$0** copay or **4%** of the cost	**$0** copay or **4%** of the cost
Outpatient x-rays	**4%** of the cost	**4%** of the cost
Radiation therapy	**4%** of the cost	**4%** of the cost
HEARING SERVICES		
Medicare-covered hearing: diagnostic hearing and balance exams	**4%** of the cost	**4%** of the cost
Routine hearing TruHearing Provider must be used. Contact Customer Service to locate a provider.	**$0** copay for routine hearing exams up to 1 per year. **$0** copay for follow-up provider visits up to unlimited per year. **$99** copay for each Advanced level hearing aid up to 1 per ear per year. **$399** copay for each Premium level hearing aid up to 1 per ear per year. Note: Includes 80 batteries per aid and 3 year warranty. Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase.	
DENTAL SERVICES		
Medicare-covered dental	**4%** of the cost (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)	**4%** of the cost (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)
Routine dental	**0%** of the cost for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years. **0%** of the cost for comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years. **0%** of the cost for complete dentures, partial dentures up to 1 set(s) every 5 years. **0%** of the cost for panoramic film or diagnostic x-rays up to 1 every 5 years.	**0%** of the cost for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years. **0%** of the cost for comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years. **0%** of the cost for complete dentures, partial dentures up to 1 set(s) every 5 years. **0%** of the cost for panoramic film or diagnostic x-rays up to 1 every 5 years.

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

	IN-NETWORK	OUT-OF-NETWORK
	0% of the cost for bitewing x-rays up to 1 set(s) per year. **0%** of the cost for adjustments to dentures, denture rebase, denture reline, denture repair, emergency diagnostic exam, intraoral x-rays, root canal or retreatment, tissue conditioning up to 1 per year. **0%** of the cost for amalgam and/or composite filling, crown, emergency treatment for pain, fluoride treatment, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year. **0%** of the cost for other restorative services - core buildup and prefabricated post and core up to 1 per tooth per lifetime. **0%** of the cost for periodontal maintenance up to 4 per year. **0%** of the cost for general anesthesia (nitrous oxide, anxiolysis, intravenous-conscious-sedation/analgesia), simple or surgical extraction up to unlimited per year. **$1,000** combined maximum benefit coverage amount per year for all preventive and comprehensive benefits.	**0%** of the cost for bitewing x-rays up to 1 set(s) per year. **0%** of the cost for adjustments to dentures, denture rebase, denture reline, denture repair, emergency diagnostic exam, intraoral x-rays, root canal or retreatment, tissue conditioning up to 1 per year. **0%** of the cost for amalgam and/or composite filling, crown, emergency treatment for pain, fluoride treatment, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year. **0%** of the cost for other restorative services - core buildup and prefabricated post and core up to 1 per tooth per lifetime. **0%** of the cost for periodontal maintenance up to 4 per year. **0%** of the cost for general anesthesia (nitrous oxide, anxiolysis, intravenous-conscious-sedation/analgesia), simple or surgical extraction up to unlimited per year. **$1,000** combined maximum benefit coverage amount per year for all preventive and comprehensive benefits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Dental benefits under this plan may not cover all ADA procedure codes. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire. Information regarding each plan is available at **Humana.com/sb**.

In-network dentists have agreed to provide covered services at contracted rates (per the in-network fee schedules, or INFS). If a member visits a participating network dentist, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).

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

	IN-NETWORK	OUT-OF-NETWORK

Out-of-network dentists have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider. Please see below for provider locator instructions. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, you may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in your area. See Chapter 2 Payment Requests Contact Information or visit Humana.com for information on requesting reimbursement.

When visiting an out-of-network provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.

The Mandatory Supplemental Dental benefits are provided through the Humana Dental Medicare Network. Contact Customer Service to locate a provider.

VISION SERVICES		
Medicare-covered vision services	**4%** of the cost (services include diagnosis and treatment of diseases and injuries of the eye)	**4%** of the cost (services include diagnosis and treatment of diseases and injuries of the eye)
Medicare-covered diabetic eye exam (1 per year)	**$0** copay	**$0** copay
Medicare-covered glaucoma screening (1 per year)	**$0** copay	**$0** copay
Medicare-covered eyewear (post-cataract)	**4%** of the cost	**4%** of the cost
Routine vision EyeMed is the In-Network provider for the routine vision benefit. Contact Customer Service to locate a provider.	**$0** copay for routine exam (includes refraction) up to 1 per year. **$150** combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).	**$175** combined maximum benefit coverage amount per year for routine exam (includes refraction). **$0** copay for routine exam (includes refraction) up to 1 per year. **$150** combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames). Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

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

Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
MENTAL HEALTH SERVICES		
Inpatient The inpatient hospital care limit applies to inpatient mental services provided in a general hospital or a psychiatric facility. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility.	**$320** per admit	**$320** per admit
Outpatient group and individual therapy visits	**Outpatient therapy visit:** **4%** of the cost **Partial Hospitalization:** **4%** of the cost	**Outpatient therapy visit:** **4%** of the cost **Partial Hospitalization:** **4%** of the cost
SKILLED NURSING FACILITY		
This plan covers up to 180 days in a SNF. No 3-day hospital stay is required. Plan pays $0 after 180 days.	**$0** copay per day for days 1-20 **$40** copay per day for days 21-100 **20%** of the cost per stay for days 101-180	**$0** copay per day for days 1-20 **$40** copay per day for days 21-100 **20%** of the cost per stay for days 101-180
PHYSICAL THERAPY		
	4% of the cost	**4%** of the cost
AMBULANCE		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	**4%** of the cost	**4%** of the cost
PART B PRESCRIPTION DRUGS		
Medicare Part B covered drugs	**4%** of the cost	**4%** of the cost
Medicare Part B insulin drugs You will pay no more than $35 for a one-month (up to 30-day) supply for all Part B insulin covered by our plan, and if your plan has a deductible it does not apply to Part B insulin.	**4%** of the cost	**4%** of the cost

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

Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture visit(s) for chronic low back pain This plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.	**4%** of the cost for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	**4%** of the cost for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
ALLERGY		
Allergy shots & serum	**4%** of the cost	**4%** of the cost
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	**4%** of the cost	**4%** of the cost
DIABETES MANAGEMENT TRAINING		
	$0 copay	**$0** copay
FOOT CARE (PODIATRY)		
Medicare-covered foot care	**4%** of the cost	**4%** of the cost
HOME HEALTH CARE		
	$0 copay	**$0** copay
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment (like wheelchairs or oxygen)	**4%** of the cost	**4%** of the cost
Medical supplies (includes but not limited to: catheters, IV set-up and supplies)	**4%** of the cost	**4%** of the cost
Prosthetics (artificial limbs or braces)	**4%** of the cost	**4%** of the cost
Diabetes monitoring supplies	**4%** of the cost	**4%** of the cost
Continuous glucose monitors	**4%** of the cost	**4%** of the cost
OUTPATIENT SUBSTANCE ABUSE		
Outpatient group and individual substance abuse treatment visits	**Outpatient therapy visit:** **4%** of the cost **Partial Hospitalization:** **4%** of the cost	**Outpatient therapy visit**: **4%** of the cost **Partial Hospitalization:** **4%** of the cost
REHABILITATION SERVICES		
Occupational and speech therapy	**4%** of the cost	**4%** of the cost

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

Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Cardiac rehabilitation	**4%** of the cost	**4%** of the cost
Pulmonary rehabilitation	**4%** of the cost	**4%** of the cost
RENAL DIALYSIS		
Renal dialysis	**4%** of the cost	**4%** of the cost
Kidney disease education services	**$0** copay	**$0** copay
HUMANA IN-NETWORK TELEHEALTH VENDORS, i.e. MDLive (in addition to Original Medicare)		
Primary care provider (PCP)	**0%** of the cost	Not Covered
Specialist	**4%** of the cost	Not Covered
Urgent care services	**$0** copay	Not Covered
Substance abuse or behavioral health services	**$0** copay	Not Covered

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

Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
FITNESS AND WELLNESS		
	Live a healthier, more active life through fitness and social connection at participating SilverSneakers ® locations and online.	
HEALTH EDUCATION SERVICES		
	Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.	
MEAL BENEFIT		
	After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are eligible for nutritious meals delivered to their door at no cost.	
POST-DISCHARGE PERSONAL HOME CARE		
	After a member's overnight inpatient stay in a hospital or skilled nursing facility, members may receive assistance performing activities of daily living within the home. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.	
POST-DISCHARGE TRANSPORTATION SERVICES		
	After a member’s overnight inpatient stay in a hospital or skilled nursing facility, members are provided transportation to plan approved locations by rideshare services, car, van or wheelchair accessible vehicle at no cost.	
SMOKING CESSATION (ADDITIONAL)		
	A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.	
HOSPICE You must get care from a Medicare-certified hospice. You must consult with this plan before you select hospice.		

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

Notice of Non-Discrimination

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

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).

- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **1-877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **1-877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members:

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

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

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235（听障专线：711）。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235（聽障專線：711）。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다 . 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오 . 한국어를 하는 담당자가 도와 드릴 것입니다 . 이 서비스는 무료로 운영됩니다 .

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخطتنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-320-1235 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese：当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY：711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。

Find out **more**

You can see this plan's provider directory at **Humana.com** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to compare this plan with other Medicare health plans, you can call your employer or union sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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SB079605EN25

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HumanaDental® Medicare Network

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. to 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. to 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but any applicable coinsurance payment still applies).
- Out-of-network dental providers have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in the member's area.
- **When visiting an out-of-network dental provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.**
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.

Humana®

2025 DEN416

HumanaDental® Medicare Network

Deductible	$0
Annual maximum	$1,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	100%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	100%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic radiographic image		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
D0240	Intraoral – occlusal radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Anesthesia				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	100%	100%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	100%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	100%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	100%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	100%
D9910	Application of desensitizing medicament		100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	100%	100%
D2150	Amalgam – two surfaces, primary or permanent		100%	100%
D2160	Amalgam – three surfaces, primary or permanent		100%	100%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	100%
D2330	Resin-based composite – one surface, anterior (front)		100%	100%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	100%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	100%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	100%
D2391	Resin-based composite – one surface, posterior (back)		100%	100%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	100%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	100%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Re-cement of crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	100%	100%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	100%
D2920	Re-cement or re-bond crown		100%	100%
Re-cement of bridge				
D6930	Re-cement or re-bond fixed partial denture	One procedure code every five calendar years	100%	100%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100%	100%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	100%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	100%	100%
Crowns				
D2510	Inlay – metallic – one surface	Two procedure codes from this group per calendar year	100%	100%
D2520	Inlay – metallic – two surfaces		100%	100%
D2530	Inlay – metallic – three or more surfaces		100%	100%
D2542	Onlay – metallic – two surfaces		100%	100%
D2543	Onlay – metallic – three surfaces		100%	100%
D2544	Onlay – metallic – four or more surfaces		100%	100%
D2610	Inlay – porcelain/ceramic – one surface		100%	100%
D2620	Inlay – porcelain/ceramic – two surfaces		100%	100%
D2630	Inlay – porcelain/ceramic – three or more surfaces		100%	100%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	100%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	100%
D2644	Onlay – porcelain/ceramic – four or more surfaces		100%	100%
D2650	Inlay – resin-based composite – one surface		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2651	Inlay – resin-based composite – two surfaces	Two procedure codes from this group per calendar year	100%	100%
D2652	Inlay – resin-based composite – three or more surfaces		100%	100%
D2662	Onlay – resin-based composite – two surfaces		100%	100%
D2663	Onlay – resin-based composite – three surfaces		100%	100%
D2664	Onlay – resin-based composite – four or more surfaces		100%	100%
D2710	Crown – resin-based composite (indirect)		100%	100%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	100%
D2720	Crown – resin with high noble metal		100%	100%
D2721	Crown – resin with predominantly base metal		100%	100%
D2722	Crown – resin with noble metal		100%	100%
D2740	Crown – porcelain/ceramic		100%	100%
D2750	Crown – porcelain fused to high noble metal		100%	100%
D2751	Crown – porcelain fused to predominantly base metal		100%	100%
D2752	Crown – porcelain fused to noble metal		100%	100%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	100%
D2780	Crown – 3/4 cast high noble metal		100%	100%
D2781	Crown – 3/4 cast predominantly base metal		100%	100%
D2782	Crown – 3/4 cast noble metal		100%	100%
D2783	Crown – 3/4 porcelain/ceramic		100%	100%
D2790	Crown – full cast high noble metal		100%	100%
D2791	Crown – full cast predominantly base metal		100%	100%
D2792	Crown – full cast noble metal		100%	100%
D2794	Crown – titanium and titanium alloys		100%	100%
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	100%	100%
D2952	Post and core in addition to crown, indirectly fabricated		100%	100%
D2953	Each additional indirectly fabricated post – same tooth		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorative (other services) core buildup or prefabricated post and core (continued)				
D2954	Prefabricated post and core in addition to crown	One per tooth per lifetime	100%	100%
D2957	Each additional prefabricated post – same tooth		100%	100%
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One procedure code from this group per calendar year	100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	100%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	100%
D3346	Retreatment of previous root canal therapy – anterior		100%	100%
D3347	Retreatment of previous root canal therapy – premolar		100%	100%
D3348	Retreatment of previous root canal therapy – molar		100%	100%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100%	100%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	100%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code every three calendar years	100%	100%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	100%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	One upper and lower complete or one upper and lower immediate denture every five calendar years	100%	100%
D5120	Complete denture – mandibular		100%	100%
D5130	Immediate denture – maxillary		100%	100%
D5140	Immediate denture – mandibular		100%	100%
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	100%	100%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	100%	100%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		100%	100%
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Other removable partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	One procedure code per quadrant from this group every five calendar years	100%	100%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		100%	100%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	One procedure code from this group per calendar year	100%	100%
D5411	Adjust complete denture – mandibular		100%	100%
D5421	Adjust partial denture – maxillary		100%	100%
D5422	Adjust partial denture – mandibular		100%	100%
Repairs to dentures (not covered if within six months of initial placement)				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	100%	100%
D5512	Repair broken complete denture base, maxillary		100%	100%
D5520	Replace missing or broken teeth – complete denture – per tooth		100%	100%
D5611	Repair resin partial denture base, mandibular		100%	100%
D5612	Repair resin partial denture base, maxillary		100%	100%
D5621	Repair cast partial framework, mandibular		100%	100%
D5622	Repair cast partial framework, maxillary		100%	100%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	100%
D5640	Replace missing or broken teeth – partial denture – per tooth		100%	100%
D5650	Add tooth to existing partial denture – per tooth		100%	100%
D5660	Add clasp to existing partial denture – per tooth		100%	100%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	100%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	100%
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	100%	100%
D5711	Rebase complete mandibular denture		100%	100%
D5720	Rebase maxillary partial denture		100%	100%
D5721	Rebase mandibular partial denture		100%	100%
D5725	Rebase hybrid prosthesis		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	One procedure code from this group per calendar year	100%	100%
D5731	Reline complete mandibular denture (direct)		100%	100%
D5740	Reline maxillary partial denture (direct)		100%	100%
D5741	Reline mandibular partial denture (direct)		100%	100%
D5750	Reline complete maxillary denture (indirect)		100%	100%
D5751	Reline complete mandibular denture (indirect)		100%	100%
D5760	Reline maxillary partial denture (indirect)		100%	100%
D5761	Reline mandibular partial denture (indirect)		100%	100%
D5765	Soft liner for complete or partial removable denture (indirect)		100%	100%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	100%	100%
D5851	Tissue conditioning, mandibular		100%	100%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	100%	100%
D7230	Removal of impacted tooth – partially bony		100%	100%
D7240	Removal of impacted tooth – completely bony		100%	100%
D7250	Removal of residual tooth roots (cutting procedure)		100%	100%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	100%
D7280	Exposure of an unerupted tooth		100%	100%
D7284	Excisional biopsy of minor salivary glands		100%	100%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	100%
D7286	Incisional biopsy of oral tissue – soft		100%	100%
D7287	Exfoliative cytological sample collection		100%	100%
D7288	Brush biopsy – transepithelial sample collection		100%	100%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Two procedure codes from this group per calendar year	100%	100%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7410	Excision of benign lesion up to 1.25 cm		100%	100%
D7411	Excision of benign lesion greater than 1.25 cm		100%	100%
D7412	Excision of benign lesion, complicated		100%	100%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%
D7509	Marsupialization of odontogenic cyst		100%	100%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	100%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	100%
D7962	Lingual frenectomy (frenulectomy)		100%	100%
D7963	Frenuloplasty		100%	100%
D7970	Excision of hyperplastic tissue – per arch		100%	100%
D7971	Excision of pericoronal gingiva		100%	100%
D7972	Surgical reduction of fibrous tuberosity		100%	100%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code from this group every three calendar years	100%	100%
D9952	Occlusal adjustment – complete		100%	100%

Current Dental Terminology © 2025 American Dental Association. All rights reserved.

Routine Hearing

TruHearing® (Select)

$0 Exam / $99 or $399 copayment

Routine hearing services offered through TruHearing® includes a fully-managed network of provider locations across the U.S. There are hearing aid styles to meet all members' hearing needs with the lowest pricing amongst industry-leading technology.

All plans include a full 3 year manufacturer warranty on every device, 80 free batteries per hearing aid and unlimited follow-up provider visits during the first year following a TruHearing® hearing aid purchase.

Routine Hearing Benefit Summary

Hearing services	In-network	Out-of-network
Routine hearing exam • 1 exam every calendar year	**$0 copayment**	**N/A**
Follow-up provider visits • Up to unlimited per year	**$0 copayment**	**N/A**
Standard level hearing aids • N/A	**N/A**	**N/A**
Advanced level hearing aids • Up to 1 per ear per year	**$99 copayment**	**N/A**
Premium level hearing aids • Up to 1 per ear per year	**$399 copayment**	**N/A**

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

Humana is a Medicare Advantage organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.
- **California residents**: You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

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

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.
繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。
Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.
한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .
Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.
Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.
Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.
Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.
Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.
Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.
Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.
Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.
日本語 **(Japanese)**: 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。
فارسی (Farsi)
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.
Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę niká'adoowoł.
العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721

2025 VIS207

Humana Medicare Insight Network

When members receive necessary routine vision services, they will be covered according to the following schedule.

Vision care services	In-network member cost	Out-of-network
Exam (One per calendar year) Routine eye exam (includes refraction)	$0 copay	$0 copay Up to $175
Eyewear benefit (One per calendar year) Benefit toward the purchase of frame and pair of lenses or contact lenses (conventional or disposable)	Any retail amount over $150 allowance	Up to $150

Additional plan details:

Benefit allowance is applied toward the retail price. Member is responsible for any costs above the plan-approved amount.

The benefit can only be used one time. Any remaining benefit dollars do not "roll over" to a future purchase.

Eyeglass lens options may be available with the maximum benefit coverage amount up to one pair per year. Maximum benefit coverage amount is limited to one-time use per year.

Lost or broken materials are not covered.

Benefits are offered on a calendar basis. If benefits are changed or eliminated next year and were not used this year, the member is no longer eligible for them.

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Additional discounts:

Member may receive a 20% discount on items not covered by the plan at in-network locations. Discount does not apply to provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see our online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.

Members may receive a 40% discount off complete-pair eyeglass purchases and may receive a 15% discount off conventional contact lenses once the funded benefit has been used.

Member may receive a 15% discount off the retail price or may receive 5% off any promotional price of Lasik or photorefractive keratectomy (PRK) laser vision correction procedures. Lasik or PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Please note that since Lasik and PRK vision correction are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your immediate location, so members should first call **844-608-2020** for the nearest facility and to receive authorization for the discount.

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

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

Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

2025

Prescription Drug Summary of Benefits

Humana Group Medicare Advantage Plan
Rx 553

Board of Pensions of the Presbyterian Church

Humana®

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Let's talk about the **Humana Group Medicare Advantage Rx** Plan.

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

Deductible

Pharmacy (Part D) deductible This plan does not have a deductible.

Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)
You pay the following until your total out-of-pocket drug costs reach **$2,000**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	**$5** copay	**$5** copay
2 (Preferred Brand)	**30%** of the cost (**$20** copay minimum and **$100** copay maximum member out-of-pocket per prescription)	**30%** of the cost (**$20** copay minimum and **$100** copay maximum member out-of-pocket per prescription)
3 (Non-Preferred Drug)	**50%** of the cost (**$50** copay minimum and **$150** copay maximum member out-of-pocket per prescription)	**50%** of the cost (**$50** copay minimum and **$150** copay maximum member out-of-pocket per prescription)
4 (Specialty Tier)	**50%** of the cost (**$50** copay minimum and **$150** copay maximum member out-of-pocket per prescription)	**50%** of the cost (**$50** copay minimum and **$150** copay maximum member out-of-pocket per prescription)

Tier	Standard Retail Pharmacy	Standard Mail Order
90-day supply		
1 (Generic or Preferred Generic)	**$15** copay	**$12.50** copay
2 (Preferred Brand)	**30%** of the cost (**$60** copay minimum and **$300** copay maximum member out-of-pocket per prescription)	**30%** of the cost (**$50** copay minimum and **$250** copay maximum member out-of-pocket per prescription)
3 (Non-Preferred Drug)	**50%** of the cost (**$150** copay minimum and **$450** copay maximum member out-of-pocket per prescription)	**50%** of the cost (**$125** copay minimum and **$375** copay maximum member out-of-pocket per prescription)
4 (Specialty Tier)	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit **www.humana.com/SearchResources**, locate Prescription Drug section, select **www.humana.com/MedicareDrugList** link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP**61**.

Important Message About What You Pay for Vaccines – This plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Humana Group Medicare Customer Care for more information.

Important Message About What You Pay for Insulin – You won't pay more than **$35** for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it's on.

ADDITIONAL DRUG COVERAGE

Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Cough/Cold, Erectile Dysfunction, Fertility, Vitamins/Minerals, Weight Loss drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage.
Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

Catastrophic Coverage

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

Notes

Notes

Notes

Notice of Non-Discrimination

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

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).

- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **1-877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **1-877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members:

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

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

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235（听障专线：711）。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235（聽障專線：711）。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다 . 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오 . 한국어를 하는 담당자가 도와 드릴 것입니다 . 이 서비스는 무료로 운영됩니다 .

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخطتنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-320-1235 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese：当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY：711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。

Find out **more**

You can see this plan's pharmacy directory at **https://www.Humana.com/finder/pharmacy/** or call us at the number listed at the beginning of this booklet and we will send you one.

You can see this plan's drug formulary at **www.Humana.com/medicaredruglist** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

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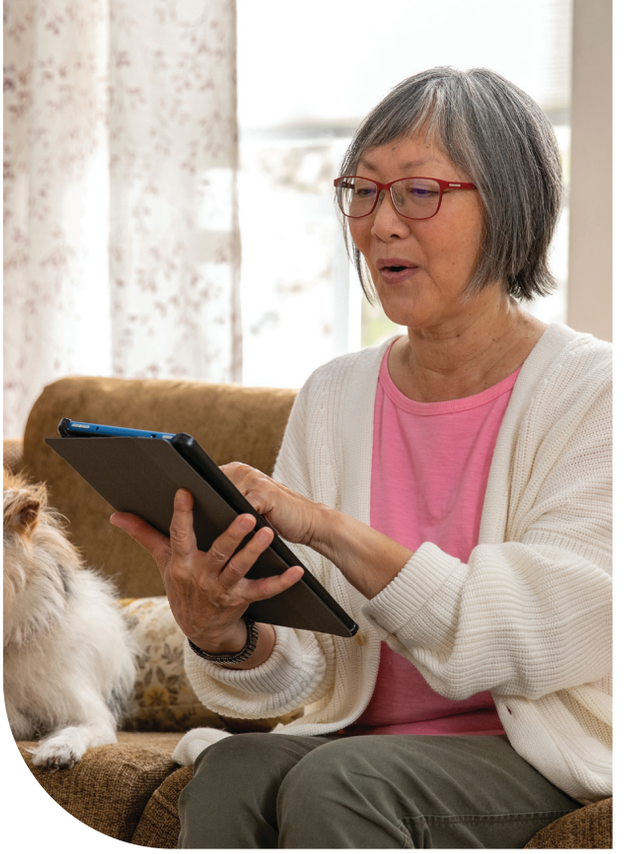
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Get to know your coverage with your Prescription Drug Guide



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

- **Complete list of generic and brand-name drugs covered in your plan.**
- **Can be printed from, viewed on and downloaded to your phone, tablet or computer.***
- **Created and regularly updated by doctors and pharmacists.**
- **Available in multiple languages.**

View your plan's Prescription Drug Guide at **Humana.com/pharmacy/prescription-coverages/medicare-drug-list** or scan the QR code with your phone or tablet's camera.

- Scroll to "**Required Fields**"; from the "**Select plan type**" menu, choose **Group Medicare**; then "**Select plan year**" and then select the "**Find Drug Guide**" button.
- Scroll and locate PDG **GRP 61** within the drug list.

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

*Standard data rates may apply.

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PDGFLY

Prescription drug coverage for commonly prescribed medications

Learn more about your prescription drug coverage for commonly prescribed medications

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

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

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

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

To view a list of commonly prescribed medications, scan the QR code with your phone or tablet's camera, or by visiting Humana.com/CPML800.

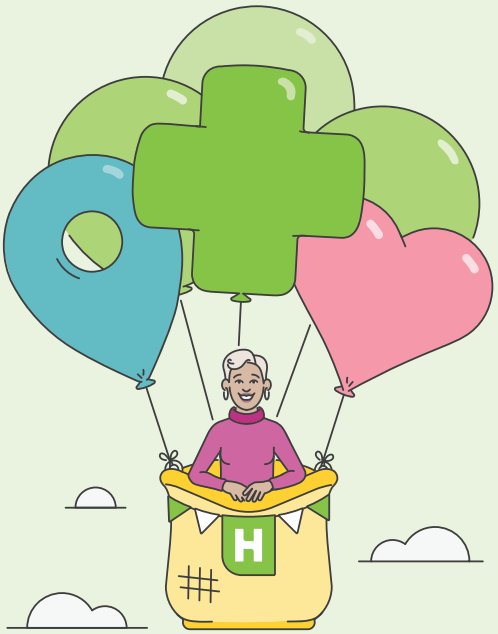
If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

*Standard data rates may apply.

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Important information about your plan coverage—**prior authorizations**



What is prior authorization and how does it work?

The Humana Group Medicare Advantage plan requires your doctor to get prior authorization from Humana for some types of care. Your doctor must get Humana's approval before prescribing specific drugs, performing particular procedures, or ordering certain tests.

You don't need to do anything

It is your provider's responsibility to obtain prior authorizations. There is nothing you need to do.

Why this is necessary

Humana's prior authorization approach supports optimal health, safety and financial wellness, and ensures that Medicare requirements are met.

Here are a few examples of areas where Humana may require prior authorization:

- Home health
- Inpatient admissions
- Physical or occupational therapy
- Advanced imaging, such as MRI or CT scan
- Certain medications
- Skilled nursing facilities

More information:
If you have any questions, please call Humana at **855-273-0021 (TTY: 711),** Monday - Friday, 8 a.m. – 9 p.m., Eastern time.

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THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

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Important

At Humana, it is important you are treated fairly.

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

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

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

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

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

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

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Y0040_GHHMF8XEN_C

Consent for release of protected health information

Member information (person whose information will be released):

Name: _____ Date of birth: ____ / ____ / ____
First Middle Last Month Day Year

Address: _____
Street City State ZIP

Member ID: _____ Group # (if applicable): _____ Phone #: _____
❑ Home ❑ Cell*

I understand that this authorization will allow Humana and its affiliates to use or disclose the protected health† information (PHI) described below: (Please check only **one** box)

❑ Full Disclosure: Any protected health information Humana and its affiliates maintains, including mental health, HIV, health status or substance use or disorder records. This also includes sharing information on mail-order pharmacy, wellness products, and health programs with the person being authorized.

❑ Limited Disclosure: You specify what PHI to share, e.g., condition or treatment information, a specific date range, or product type. Unless you limit by product type, information will apply to all products and services. _____

If Limited Disclosure was selected please indicate which product(s) apply:

❑ **Medical and/or prescription coverage** ❑ **Vision** ❑ **Dental** ❑ **Centerwell Pharmacy™ (mail delivery)** ❑ **Go365®**

This information may be disclosed to, and used by, the following person or organization (such as nursing home, care provider, and care managers) to assist me with the Humana-owned products or services for which I am providing consent to disclose information:

Name: _____ Date of birth: ____ / ____ / ____
First Middle Last *Required Field* Month Day Year

Or if organization: _____
Name

Address: _____
Street City State ZIP

Email: _____ Phone #: _____
❑ Home ❑ Cell*

Relationship: ❑ Spouse ❑ Sibling ❑ Parent ❑ Child ❑ Agent/Broker ❑ Friend ❑ Organization

I understand:

- I am not required to fill out this consent and Humana cannot base decisions regarding treatment, payment, enrollment or eligibility for benefits on whether I submit it.
- Disclosures may include information from past, present, and/or future treating providers.
- This consent is valid until I cancel my Humana membership. For customers in the following states—CA, CT, GA, IL, MA, MD, MT, NC, NJ, NV, OH, OR, PR, VA—consents will expire in compliance with applicable state laws.‡ I can cancel my consent at any time through my MyHumana account, by calling customer service, or by submitting a written notice to Humana.
- If I cancel consent, it will not apply to any information previously released with this authorization. Once information is shared, Humana cannot prevent the person or organization who has access to it from sharing that information with others, and this information may not be protected by federal privacy regulations.

Member or Legal Representative signature _____ Date: ____ / ____ / ____

❑ Member ❑ Legal Representative

Please note: Legal representatives must attach copies of authorization as required by law. Examples include healthcare power of attorney, healthcare surrogate, living will or guardianship papers.

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

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* By giving your cell phone number, you give Humana permission to make calls to your cell.
† Health includes Medical, Dental, Pharmacy, Behavioral Health, Vision, Long-Term Care.
‡ Expires in 12 months: CA, CT, GA, IL, MA, MD, NC, NJ, NV, OH, OR
Expires in 24 months: MT, VA & Puerto Rico

Humana will follow the more stringent of all federal and state laws and regulations.

For Humana Use Only

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.
- **California residents**: You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

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

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.
繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。
Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.
한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .
Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.
Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.
Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.
Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.
Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.
Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.
Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.
Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.
日本語 **(Japanese)**: 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。
فارسی (Farsi)
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.
Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę́ nika'adoowoł.
العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Humana Group
Medicare Advantage PPO Enrollment

For enrollment in the Humana Group Medicare Advantage PPO plan, the Board of Pensions requests that you complete this form and return it to us at the address shown below. With your permission, the Board will automatically send your information to Humana for enrollment in the plan.

Personal information

Name *(first, middle, last)*		Last 4 digits of SSN
Mailing address		
Street address *(if different from mailing address)*		
City	State	ZIP
Phone	Email	

If you are not the member, complete:

Member's name *(first, middle, last)*	Last 4 digits of SSN

Enrollment for coverage

Must sign Authorization Section before coverage is continued.

I want to enroll for the Humana Group Medicare Advantage PPO plan. I am at least 65 years old or disabled and participate in Medicare Parts A and B.

Medicare identification number

I want to enroll as a *(check all that apply)*

☐ Retired member ☐ Spouse ☐ Former spouse ☐ Surviving spouse ☐ Terminated vested member

List full name of all eligible family members to be covered including yourself. Use a separate sheet if necessary.

Name *(first, middle, last)*

Birth date	Relationship	Last 4 digits of SSN

Medicare identification number

Street address *(if different from the member's address)*

City	State	ZIP

Note: Each person must have Medicare Parts A and B to enroll. A copy of the Social Security Act Medicare Health Insurance card(s) must be included with this enrollment form.

Authorization

Enrollment

I elect to enroll for coverage in the Humana Group Medicare Advantage PPO plan available to me through The Board of Pensions of the Presbyterian Church (U.S.A.).

I understand that I may permanently terminate this coverage by sending in written notification. The termination date will be the last day of the month for the requested future termination date or the last day of the month in which the written termination request is received (no retroactive terminations will be permitted).

Signature of member/subscriber *(required)*	Date *(mm/dd/yyyy)*
Signature of spouse *(if applicable)*	Date *(mm/dd/yyyy)*

Mail, fax, or email this completed form to: The Board of Pensions of the Presbyterian Church (U.S.A.)

Mail to:	**Fax to:**	**Email to:**
2000 Market Street Philadelphia, PA 19103-3298	215-587-6215	memberservices@pensions.org