

Compare your Humana PPO Plan options

Humana believes that understanding your options is important to you. Below is a comparison between the options, Plan I and Plan II, you have with the Humana Medicare Employer PPO Plan.

With the Humana PPO Plan II, you can use any provider who is part of our network. You can also go to any Medicare doctor or hospital, but you may save money using in-network providers. With the Humana PPO Plan I, your benefit levels are the same for in-network and out-of-network services. You can use any provider who accepts Medicare and agrees to bill Humana. Unlike Plan II, most of the benefits covered under this plan will not cost you more if you decide to see an out-of-network provider.

	Humana's PPO Plan I	Humana's PPO Plan II	
	In and out of network	In network	Out of network
Annual deductible (medical plan)	None	None	None
Maximum out-of-pocket	\$3,500 combined in and out of network	\$1,500	\$2,500 combined in and out of network
Physician and facility services			
Primary care	\$5 copay	\$2 copay	30% of the cost
Specialist care	\$30 copay	\$25 copay	30% of the cost
Diagnostic tests and X-rays	\$5-\$100 copay	\$2-\$50 copay	30% of the cost
Advanced imaging	\$30-\$100 copay	\$25-\$100 copay	30% of the cost
Lab services	\$0 copay	\$0 copay	30% of the cost
Therapies	\$20-\$30 copay	\$0-\$30 copay	30% of the cost
Preventive care			
Annual routine physical	\$0 copay	\$0 copay	\$0 copay or 0% to 30% of the cost for Medicare-covered preventive services
Routine immunizations	\$5-\$30 copay	\$5-\$25 copay	30% of the cost
Hospital services			
Inpatient care	\$150 copay per day (days 1-5) per admission	\$200 copay per admission	30% of the cost per admission
Outpatient care	\$0-\$150 copay or 20% of the cost	\$0-\$125 copay or 20% of the cost	30% of the cost
Additional medical services			
Emergency room	\$50 copay waived if admitted within 24 hours	\$65 copay waived if admitted within 24 hours	\$65 copay waived if admitted within 24 hours
Urgent care	\$0-\$20 copay	\$5-\$25 copay	\$10 copay or 30% of the cost
Ambulance services	\$50 copay	\$50 copay	\$50 copay

PPO Plan I			PPO Plan II	
	Retail pharmacy (30-day supply)	Mail-delivery pharmacy (90-day supply)	Retail pharmacy (30-day supply)	Mail-delivery pharmacy (90-day supply)
Stage 1				
Prescription tier				
Tier 1 Generics or preferred generics	\$4	\$0	\$4	\$0
Tier 2 Preferred brand	\$40	\$80	\$20	\$40
Tier 3 Non-preferred brand drug	\$90	\$180	\$90	\$180
Tier 4 Specialty	25%	N/A	\$125	N/A
Coverage gap	No		Yes	
Catastrophic coverage	Yes		Yes	

If you choose Humana’s Medicare Employer PPO Plan I, it will correspond to the Plan I Rx benefit.

If you choose Plan II, it will correspond to the Plan II Rx benefit.

What is the coverage gap?

The coverage gap only applies to Plan II as Plan I does not have a coverage gap. Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.

If you choose Plan II and enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and \$4 copay for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.

What is catastrophic coverage?

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail delivery) reach \$6,550, you pay the greater of:

- \$3.70 for generic (including brand drugs treated as generic) and an \$9.20 copay for all other drugs, or 5% coinsurance.

If you would like to request an enrollment packet, please call Humana Group Medicare Customer Care at **1-866-396-8810 (TTY: 771)**, Monday – Friday, 6 a.m. – 7 p.m., Mountain time.

Humana is a Medicare Advantage HMO and PPO organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. This information is not a complete description of benefits. Call **1-866-396-8810 (TTY: 711)** for more information.

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, marital status or religion. 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 **1-866-396-8810** 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, **1-800-368-1019, 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: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-866-396-8810 (TTY: 711)

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

Language assistance services, free of charge, are available to you. 1-866-396-8810 (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): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك