

New Mexico Retiree Health Care Authority



What's inside

- Welcome Letter
- Important Enrollment Information
- Benefit Comparison
- Medical Summary of Benefits
- Rx Summary of Benefits
- Medical Summary of Benefits
- Rx Summary of Benefits
- Guidebook
- Member to Provider Flyer
- Go365® Flyer

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)

This detailed booklet about your healthcare coverage with your plan will arrive in the mail. 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.

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 1-888-445-3389 (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.

We're here for you!

Humana Group Medicare Customer Care

1-866-396-8810 (TTY: 711)

Monday – Friday, 6 a.m. – 7 p.m., Mountain time

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **1-866-396-8810 (TTY: 711)** for more information.

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 descriptions of when to use telehealth services are 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.

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.

Welcome to Humana Group Medicare

Choose an item.

Take action to enroll

Dear NMRHCA Medicare Beneficiary,

We're excited to let you know that **New Mexico Retiree Health Care Authority** has asked Humana to offer you a Medicare Advantage and Prescription Drug Plan that gives you more benefits than Original Medicare.

At Humana, helping you achieve lifelong well-being is our mission. During our over 30 years of experience with Medicare, we've learned how to be a better partner in health.

Get to know your plan

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

- If you have questions about your premium, please call your benefits administrator at 1-800-233-2576

Next steps

- For enrollment information, please refer to the document titled "Important Enrollment Information," located in this packet.
- Review the enclosed materials. This packet includes information about your Group Medicare healthcare coverage along with extra services Humana provides.
- You have two coverage options, Plan I and Plan II. Please review your benefits carefully and chose the plan that is best for you.

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

Sincerely,
Group Medicare Operations

We're here for you

Humana Group Medicare Customer Care

1-866-396-8810 (TTY: 711), Monday – Friday, 6 a.m. – 7 p.m., Mountain time

<https://our.humana.com/nmrhca>

Important Enrollment Information

New Mexico Retiree Health Care Authority is offering you the option to enroll in the Humana Group Medicare 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.**

How do I enroll?

New Mexico Retiree Health Care Authority will be mailing you a switch enrollment packet. If you want to be enrolled in this Medicare Group health plan, please select the Humana plan on the form you receive from New Mexico Retiree Health Care Authority and return it to one of the addresses below:

**6300 Jefferson St. NE, Suite 150
Albuquerque, NM 87109**

**33 Plaza La Prensa
Santa Fe, NM 87507**

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 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 don't want to enroll or have enrollment questions, **please contact NMRHCA at 1-800-233-2576 for more information regarding other group sponsored options.**

If you choose to join a different Medicare plan, you can contact **1-800-MEDICARE** anytime, 24 hours a day, 7 days a week, for help in learning how. TTY users can call **1-877-486-2048**. 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. You must also contact your benefit administrator as there could be other benefits impacted. You can also call **1-800-MEDICARE** anytime, 24 hours a day, 7 days a week. TTY users can call **1-877-486-2048**.

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. It's important to contact your group benefits administrator at 1-800-233-2576 and call to notify Humana of the new address and phone number. You can call Humana Group Medicare Customer Care at 1-866-396-8810 (TTY: 711), Monday – Friday, 6 a.m. – 7 p.m., Mountain Time.

Remember that 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.

