

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	\$2,000 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	\$5-\$100 copay	\$2-\$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	\$0 copay	\$0 copay	\$0 copay
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 copay or 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	\$5-\$30 copay	\$2-\$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% of the cost; \$125 copay maximum per prescription	N/A	\$125	N/A
Coverage gap	No		Yes	
Catastrophic coverage	Yes		Yes	

What is the coverage gap?

Most Medicare drug plans have a coverage gap (also called the “donut hole”). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.

Plan I: You will continue to pay the same amount as when you were in the initial coverage stage.

Plan II: After you enter the coverage gap, you pay a portion of the plan’s cost for covered brand name drugs and covered generic drugs until your costs total \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap.

What is catastrophic coverage?

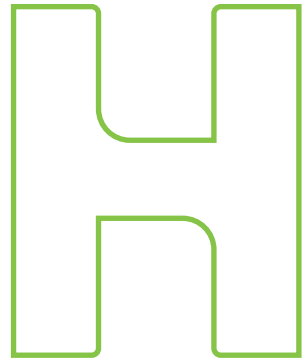
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of either:

- \$4.15 for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs, **OR**
- 5% coinsurance

Plan I Benefit:

- Retail (30-day supply): \$125 maximum out-of-pocket per prescription, regardless of tier.
- Mail order (90-day supply): \$180 maximum out-of-pocket per prescription, excludes specialty tier.

Humana is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. This information is not a complete description of benefits. For more information or if you would like to request an enrollment packet, please call Humana Group Medicare Customer Care at **866-396-8810 (TTY: 771)**, Monday – Friday, 6 a.m. – 7 p.m., Mountain time.



Important

At Humana, it is important you are treated fairly.

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- 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, **866-396-8810 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 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.

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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