

New Mexico Retiree
Health Care Authority



We're here for you

Humana Group Medicare Customer Care

866-396-8810 (TTY: 711)

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

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

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **866-396-8810 (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.

Group Medicare Advantage Preferred provider organization (PPO) plan guide

Understanding your Medicare plan and how it works is important. Humana is here for you, we give you information to help you feel more confident about managing your costs—and your health.

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Your healthcare plan should help you on your journey to better health, **which may help you achieve the retirement you want**—so you can spend more time doing what you love most.



Humana Medicare Advantage PPO with prescription drug plan offers you:

- All the benefits of Original Medicare, plus extra benefits
- Maximum out-of-pocket protections
- Worldwide emergency coverage
- Programs to help improve health and well-being

A dedicated team and more...

- You can go to any Medicare-approved provider or hospital, but you may save money using in-network providers
- Large network of providers, specialists and hospitals to pick 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 Group Medicare Advantage PPO plan

Welcome to a more human way to healthcare

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.

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 your benefits administrator at **800-233-2576 (TTY: 711)**, Monday – Friday, 8 a.m. – 5 p.m., Mountain time.
- Use Humana's Find a doctor tool at **Humana.com/FindaDoctor** for a list of providers.
- You have two coverage options, Plan I and Plan II. Please review your benefits carefully and choose the plan that is best for you.

Enrollment Information

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

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.

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

Sincerely,
Group Medicare Operations

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. If you are currently enrolled in a Medicare Supplement plan, you will have to take action to cancel your enrollment.**

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.

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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 800-233-2576 for more information regarding other group sponsored options.**

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. **You must also contact your benefit administrator as there could be other benefits impacted.** 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.** It's important to contact your group benefits administrator at 800-233-2576 and call Humana Group Medicare Customer Care at **866-396-8810 (TTY: 711)**, Monday – Friday, 6 a.m. – 7 p.m., Mountain time, to notify of the new address and phone number.

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.

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.

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.



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.

Your health at your fingertips with MyHumana

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.

Get the most out of MyHumana by keeping your account profile up to date. Whether you prefer using a desktop, laptop, or smartphone, you can access your account anytime.*

Getting started is easy—just have your Humana member ID card ready and follow these three steps:

1

Create your account.

Visit [Humana.com/registration](https://www.humana.com/registration) and select the “Start activation now” button.

2

Choose your preferences.

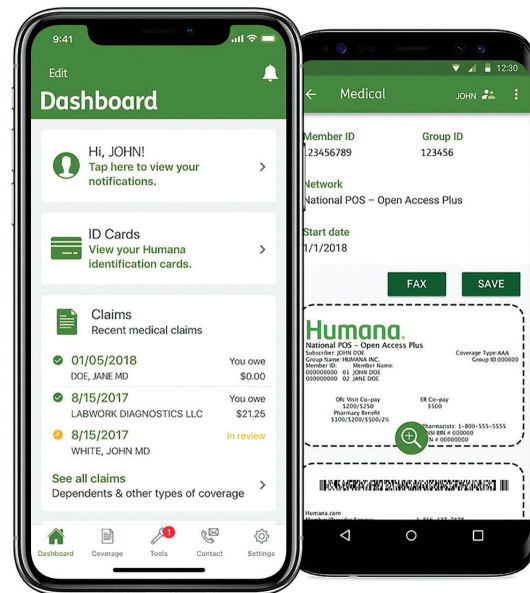
The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.

3

View your plan benefits.

After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.

*Standard data rates may apply.



The MyHumana mobile app

If you have an iPhone or Android, download the MyHumana mobile app. You'll have your plan details with you at all times.*

Visit [Humana.com/mobile-apps](https://www.humana.com/mobile-apps) to learn about our many mobile apps, the app features and how to use them.

With MyHumana and the MyHumana mobile app, you can:

- Review your plan benefits and claims
- Find pharmacies in your network
- Find providers in your network
- Compare drug prices
- View or print your Humana member ID card
- Select your communication preferences

Have questions?

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

Choosing a primary care provider

Building healthy provider relationships

Having a relationship with your primary care provider (PCP) is important in protecting and managing your health. With the Humana Group Medicare PPO plan, you can use any provider who is part of our network. You also can go to any provider outside of our network who accepts Medicare and agrees to bill Humana, however your member cost share may be higher.

Why choose a Humana network provider?

- Humana Medicare PPO network providers must take payment from Humana for treating plan members.
- Network providers coordinate with Humana, which makes it easier to share information. Patients may have a better experience when providers share information this way.
- Humana supplies in-network providers with information about services and programs available to patients with chronic conditions.

Is your healthcare provider in Humana's provider network?

Humana respects your relationship with your provider. We want you to be able to select a provider who's close to home and who can focus on your specific needs. If you need help finding a provider, call our Group Medicare Customer Care team or use our online directory at [Humana.com/Findadoctor](https://www.humana.com/Findadoctor).

You can also find a complete list of network providers and pharmacies at MyHumana, your personal, secure online account at [MyHumana.com](https://www.MyHumana.com) or on the MyHumana mobile app (standard data rates may apply).

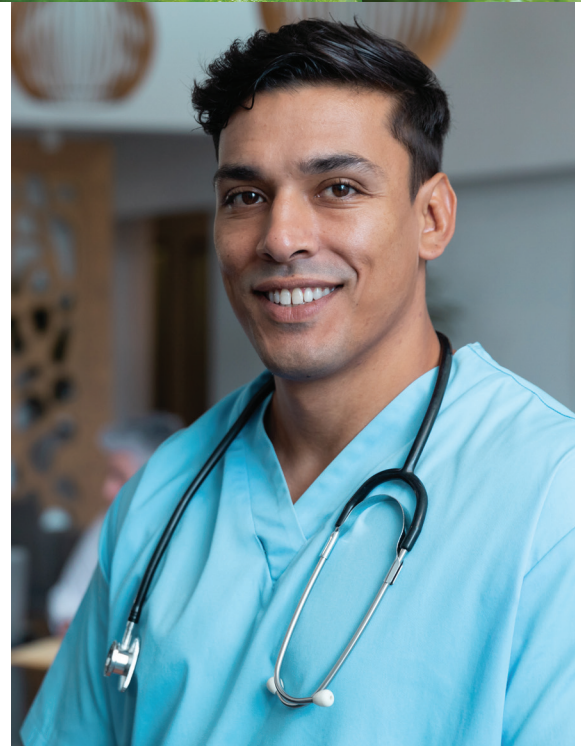


Medical preauthorization

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.

Use Humana's Find a Doctor tool to search for a provider near you

Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find a Doctor tool to search for an in-network provider near you.



Go to **Humana.com/FindaDoctor**.



Find a doctor

Use the tabs to help you search for a doctor or pharmacy.



Location

Enter a ZIP code and the distance radius you want to search.



Options

Select a lookup method from 3 options:

- 1) Coverage type—choose Medicare or Medicare-Medicaid for the network that represents your plan (this is a required field),
- 2) Member ID, or
- 3) Sign in to MyHumana for more accurate results in finding your network.



Select the “Search” button for your results

Have you found the doctor or facility that you're looking for? If you need to revise your search, you can search again without leaving the results page.



Find a doctor on the MyHumana mobile app

Once you are enrolled with Humana, you can use the MyHumana mobile app to find a provider near you. On the app dashboard, locate the “Find Care” section.



Call our Customer Care team at **866-396-8810 (TTY: 711)**, Monday – Friday, 6 a.m. – 7 p.m., Mountain time.

Telehealth visits are available through your Humana plan

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.†

Virtual care where you're most comfortable

Use telehealth for minor illnesses and infections, medication refills, lab orders, help managing chronic conditions, and other nonemergency appointments, just like an in-office visit.

When should I use it?

For a nonemergency issue, instead of going to the emergency room (ER) or an urgent care center.

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

If you don't have a primary care provider or if your PCP doesn't offer virtual visits, you can use 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.

Connect with someone who cares

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. These providers can:

- Discuss healthy ways you can deal with stress, anxiety or sadness
- Listen without judgment as you talk about your life, relationships and feelings
- Help you set and meet behavioral and emotional goals
- Assist you in developing strategies for living a fuller, healthier life

You have many options for care. One option is Array.

Learn about Array, a national in-network virtual behavioral health provider, by visiting **Arraybc.com/patients/Humana** or call **888-410-0405 (TTY: 711)** to schedule your Array virtual visit.

Delivering the care you need securely, conveniently and on your terms—that's human care.



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

*Depending on the initial consultation, 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.

Making sure your caregiver can help you—so you can focus on living your life

Everyone needs a little help now and then. Many people trust a family member or close friend to help them with their healthcare—someone who may help you talk with us about your insurance plan, keep track of your benefits and claims, or ask healthcare questions on your behalf.

We'll need your permission to share your personal information. To give your permission, you'll need to read and sign a consent form.*

A signed consent form allows insurers to share health plan information and protected health information with your designated caregiver. It's different from granting medical power of attorney, which allows someone to make decisions about your care.

Visit [Humana.com/caregiver](https://www.humana.com/caregiver) to learn more about naming a caregiver and how to submit the Consent for Release of Protected Health Information (PHI) form.



Download the consent form

- Download from [Humana.com/PHI](https://www.humana.com/PHI)
- Print it out, complete and sign
- Fax to **800-633-8188**
- Or, if you prefer, mail your completed form to:
Humana Insurance Company
P.O. Box 14168
Lexington, KY 40512-4168



Call Humana Customer Care

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

*The form needs to be renewed every 2 years.

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

Why choose CenterWell Pharmacy?

Experienced pharmacy team. Pharmacists are available to answer questions about your medication and CenterWell Pharmacy's services.

Safe and accurate. Two pharmacists check your new prescriptions to make sure they're safe to take with your other medications. The dispensing equipment and heat-sealed bottles with tamper-resistant foil help ensure quality and safety. Plus, your order comes in plain packaging for additional security.

Timely reminders. To help make sure you have the medication and supplies you need when you need them, CenterWell Pharmacy can remind you when it's time to refill your medication. Just set your preferences when you sign up at [CenterWellPharmacy.com](https://www.CenterWellPharmacy.com).

Time-saving mail delivery. Your medication will be shipped safely and securely to the location of your choice. You may be able to order just four times a year[†] and have more time to do the things you enjoy.

Make CenterWell Pharmacy your one source for:

Maintenance medication(s). Medication(s) you take regularly for conditions like high cholesterol, high blood pressure and asthma.

Specialty medication(s). Specialized therapies to treat chronic or complex illnesses like rheumatoid arthritis and cancer.

CenterWellPharmacy.com

After you become a Humana member, you can sign in with your MyHumana identification number. You can also call them at **800-379-0092 (TTY: 711)**, Mon. – Fri., 6 a.m. – 9 p.m., and Sat., 6 a.m. – 4:30 p.m., Mountain time.

Online

Start a new prescription, order refills, check on your order and get information about how to get started at [CenterWellPharmacy.com](https://www.CenterWellPharmacy.com).

Provider

Let your provider know he or she can send prescriptions electronically through e-prescribe. Providers can also fill out the fax form by downloading it from [CenterWellPharmacy.com/forms](https://www.CenterWellPharmacy.com/forms) and faxing the prescription to CenterWell Pharmacy at **800-379-7617** or CenterWell Specialty Pharmacy™ at **877-405-7940**.

Mail

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

Phone

For maintenance medication(s), call CenterWell Pharmacy at **800-379-0092 (TTY: 711)**, Mon. – Fri., 6 a.m. – 9 p.m., and Sat., 6 a.m. – 4:30 p.m., Mountain time.

For specialty medication(s), call CenterWell Specialty Pharmacy at **800-486-2668 (TTY: 711)**, Mon. – Fri., 6 a.m. – 9 p.m., and Sat., 6 a.m. – 4:30 p.m., Mountain time.

*Other pharmacies are available in the network.

[†]Some prescriptions are only available in a 30-day supply.

Medicare Part D prescription drug tiers



Tier 1 – Generic or preferred generic

Essentially the same drugs, usually priced differently

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



Tier 2 – Preferred brand

A medication available to you for less than a nonpreferred

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



Tier 3 – Nonpreferred drug

A more expensive drug than a preferred

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



Tier 4 – Specialty

Drugs for specific uses

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



Important information about your prescription drug coverage

Some drugs covered by Humana may have requirements or limits on coverage. These requirements and limits may include prior authorization, step therapy or quantity limits. You can visit [Humana.com](https://www.humana.com) to register or sign in and select Pharmacy or call Humana's Group Medicare Customer Care team to check coverage on the medications you take.

Prior authorization

The Humana Group Medicare Plan requires you or your provider to get prior authorization for certain drugs. 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.

If your provider prescribes a drug that needs prior authorization, please be sure the prior authorization has been submitted to Humana before the prescription is filled. 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.

Step therapy

In some cases, the Humana Group Medicare Plan requires that you first try certain drugs to treat your medical condition before coverage is available for a more expensive drug prescribed to treat your medical condition. For example, if Drug A and Drug B both treat your medical condition, the Humana Group Medicare Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Humana Group Medicare Plan can then cover Drug B.

A step therapy prescription can be filled once the necessary requirements are met. If you have already tried other medications that did not provide the desired clinical results, or you had an adverse reaction, your provider may submit this information to Humana for consideration in meeting the step therapy requirements.

Quantity limits

For some drugs, the Humana Group Medicare Plan limits the quantity of the drug that is covered. The Humana Group Medicare Plan might limit how many refills you can get or quantity of a drug you can get each time you fill your prescription. For example, if it's normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Specialty drugs are limited to a 30-day supply regardless of tier placement.

One-time transition fill

For certain drugs typically requiring prior authorization or step therapy, Humana will cover a one-time, 30-day supply of your Part D covered drug 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.

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

Next steps for you

1. Visit **Humana.com/Pharmacy** or call the Customer Care number on the back of your Humana member ID card to see if your medications have quantity limits, or require a prior authorization or step therapy.
2. Talk to your provider about your drugs if they require prior authorization, step therapy is needed or has quantity limits.
3. If you have questions about your prescription drug benefits, please call our Customer Care number on the back of your Humana member ID card.

What should your provider do to meet quantity limits, prior authorization or step therapy drug requirements?

- Go online to **Humana.com/Provider** and visit our provider prior authorization page. This page has a printable form that can be mailed or faxed to Humana.
- Call **800-555-2546 (TTY: 711)** to speak with our Humana Clinical Pharmacy Review team Monday – Friday, 6 a.m. – 6 p.m., Mountain time.

Remember: Before making a change, you should always talk about treatment options with your provider.



Giving you **support with less stress** matters to us,
because when your plan gives you **peace of mind**, you're
free to **put yourself, and your health, first**.

Medication therapy management

Comprehensive medication review

As part of your Medicare Part D coverage with Humana, you may be eligible to set up a one-on-one review of your medications with a pharmacist or other healthcare provider trained in medication therapy management (MTM). This review is called a comprehensive medication review (CMR) and is offered at no extra cost to members meeting eligibility requirements. MTM may help you to:

- Know more about getting the greatest benefit from your medications
- Reduce risk by learning how to avoid harmful side effects
- Possibly save money by finding lower-cost alternatives to prescribed medications

Who's eligible?

Members are chosen for MTM using the following Centers for Medicare & Medicaid Services (CMS) and Humana criteria:

- Have three of the five chronic conditions:
 - Mental health-bipolar
 - Hypertension
 - Dyslipidemia (high or low LDL cholesterol)
 - Bone disease (arthritis, osteoporosis)
 - Chronic obstructive pulmonary disease (COPD); and
- Take at least eight chronic/maintenance (Part D) drugs; and
- Likely to have annual Part D medication costs of \$4,935 or more.

Scheduling a consultation

If you qualify for MTM, you will receive an invitation letter and see a note in your SmartSummary to call the MTM call center. If you think you qualify but don't see the note, please call the Group Medicare Customer Care phone number. Although the MTM program is a special service offered at no cost to Medicare members, it is not considered a benefit.



What you need for your review

- Your medication bottles (with the pharmacy's label) or a complete list of the medications you take, including any over-the-counter medications or any herbal remedies
- A pen and paper for taking notes
- Your doctors' names

A Humana pharmacist or other trained healthcare provider is available to help you complete your CMR, call **888-686-4486 (TTY: 711)**, Monday – Friday, 6 a.m. – 5 p.m., Mountain time, or visit **Humana.com/mtm**.

Where you get your vaccines may determine how it is covered

The Medicare Part D portion of your plan covers all commercially available vaccines—except for those covered by Part B—as long as the vaccine is reasonable and necessary to help prevent illness.

Vaccines at your provider's office

The Medicare Part B portion of your plan pays for the following vaccines at your provider's office and at the pharmacy: influenza (flu) vaccine—once per season; pneumococcal vaccines; hepatitis B vaccines for persons at increased risk of hepatitis and vaccines directly related to the treatment of an injury or direct exposure to a disease or condition, such as rabies and tetanus.

Vaccines at a network pharmacy

Some common vaccines that you should get at your pharmacy, not from your provider, are shingles, Tdap and hepatitis A.

Diabetes coverage

Diabetes prescriptions and supplies

Medicare Part B

Generally, Part B covers the services that may affect people with diabetes. Part B also covers certain preventive services for people at risk for diabetes. You must have Part B to get the services and supplies it covers.

- Diabetic testing supplies
- Insulin pumps*
- Continuous glucose monitors (CGM)*
- Insulin administered (or used) in insulin pumps

Medicare Part D

Part D typically covers diabetes supplies used to inject or inhale insulin. You must be enrolled in a Medicare drug plan to get the supplies Part D covers.

- 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)

Diabetic testing supplies

Your Humana Medicare Advantage Plan helps cover a variety of diabetic glucose testing supplies. The following meters along with their test strips and lancets are covered at \$0 through CenterWell Pharmacy™.

- CenterWell TRUE METRIX® AIR by Trividia
- Accu-Chek Guide Me® by RocheDiabetes
- Accu-Chek Guide® by RocheDiabetes

To order a meter and supplies from CenterWell Pharmacy, call **888-538-3518 (TTY: 711)**, Monday – Friday, 6 a.m. – 9 p.m., and Saturday, 6 a.m. – 4:30 p.m., Mountain time.

Your doctor can also send prescriptions for meters and other testing supplies by fax or e-prescribe.

You can also request a no-cost meter from the manufacturer by calling Roche at **877-264-7263 (TTY: 711)**, or Trividia Health at **866-788-9618 (TTY: 711)**, Monday – Friday, 6 a.m. – 6 p.m., Mountain time.

*Available through our preferred durable medical equipment vendors, CCS Medical, 877-531-7959 or Edwards Healthcare, 888-344-3434.

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® Humana.
Your Pharmacy, Medical, and Hospital claims processed in March 2022

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.**

JOHN DOE
Member ID: XXXXXXXXX
Plan name: Humana Group Medicare LPPO
Rx PCN or Rx Group number: 03200000

OVERVIEW OF YOUR MARCH CLAIMS

Medical, hospital and Part B pharmacy (see page 3)	
Total billed charges this month	\$1,145.24
Humana discounts	-\$557.54
Benefit exclusions	-\$233.67
Other Insurance	-\$0.00
Amount Humana Paid	-\$329.03
Your Share	\$25.00

Part D prescription drug claims (see page 10)	
Total cost this month	\$4.55
Other Payments	-\$0.00
Amount Humana Paid	-\$0.00
Your Share	\$4.55

SmartSummary®
Your personal prescription and medical benefits statement

Details for Medical and Hospital Claims processed in March 2022

MEDICAL AND HOSPITAL CLAIMS

Service Date: 02/28/2022 Claim # XXXXXXXXXXXXXXXX	Amount the provider billed the plan	\$342.00
MD SMITH	Humana Discounts	-\$0.00
-New patient office or other outpatient visit, typically 30 minutes	Benefit Exclusions	-\$233.67
Out-of-network (billing code 99203) 1, 2, 3	Other Insurance	-\$0.00
	Total Cost (amount the plan approved)	\$108.33
	Amount Humana Paid	-\$83.33
	Your Share	\$25.00

1. You pay a \$25.00 copayment for New patient office or other outpatient visit, typically 30 minutes from an out-of-network provider.
2. EXPLANATION OF MEMBER RESPONSIBILITY - The estimated member's responsibility amount is based upon information available at the time of claim processing. This amount represents any applicable deductibles, copayments, and coinsurance, as defined in your benefit plan document. It includes any

SmartSummary®
Your personal prescription and medical benefits statement

Medical and hospital deductible and yearly limits

YEARLY LIMITS - THESE LIMITS GIVE YOU FINANCIAL PROTECTION
These limits tell the total you will have to pay in 2022 in "out-of-pocket" costs (copays, coinsurance, and your deductible) for medical and hospital services covered by the plan.
These yearly limits are called your "out-of-pocket maximums." They put a limit on how much you have to pay, but they do not put a limit on how much care you can get. This means:
• Once you have reached a limit in out-of-pocket costs, **you stop paying medical claims costs.**
• You keep getting your covered services as usual, and **the plan will pay the full cost for the rest of the year.**

2022 Individual In-network Out-of-pocket
In 2022, \$2,500.00 is the most you will have to pay for covered services from providers.

Your Individual In-network Out-of-pocket is:	\$2,500.00
As of March 31, 2022 you have paid:	\$25.00
Amount remaining amount is:	\$2,475.00

1%

SmartSummary®
Your personal prescription and medical benefits statement

MEDICAL AND HOSPITAL CLAIMS

Service Date: 02/28/2022 Claim # XXXXXXXXXXXXXXXX	Amount the provider billed the plan	\$325.00
ABC HOSPITAL	Humana Discounts	-\$325.00
-Radiology-Diagnostic-General	Benefit Exclusions	-\$0.00
Out-of-network (billing code 320) 1	Other Insurance	-\$0.00
	Total Cost (amount the plan approved)	\$0.00
	Amount Humana Paid	-\$0.00
	Your Share	\$0.00

Service Date: 02/28/2022 Claim # XXXXXXXXXXXXXXXX	Amount the provider billed the plan	\$28.00
ABC HOSPITAL	Humana Discounts	-\$28.00
-Professional Fees (Extension of 096X)-Radiology-Diagnostic	Benefit Exclusions	-\$0.00
Out-of-network (billing code 972) 1	Other Insurance	-\$0.00
	Total Cost (amount the plan approved)	\$0.00
	Amount Humana Paid	-\$0.00

Extras that may help you improve your overall well-being, at no additional cost



SilverSneakers

SilverSneakers® is a health and fitness program designed for senior adults that offers fun and engaging classes and activities. The program concentrates on improving strength and flexibility so daily living activities become easier. Available at no additional cost through your Humana Medicare Advantage plan, SilverSneakers has online and in-person sessions at any pace—sit, stand, walk or run.

Visit [SilverSneakers.com/StartHere](https://www.silversneakers.com/StartHere) to get your SilverSneakers ID number and find a location near you, or call SilverSneakers at **888-423-4632 (TTY: 711)**.



Go365

Go365 by Humana® is a wellness program that rewards you for completing eligible healthy activities like working out, getting your Annual Wellness Visit or volunteering. You can earn rewards to redeem for gift cards in the Go365 Mall.

If you have a MyHumana account, you can use the same information to log in to [Go365.com](https://www.go365.com). If not, activate your profile at [MyHumana.com](https://www.mylumana.com). Once you log into Go365, you'll see eligible activities you can complete to earn rewards and details on how to track your actions.

Activity	Reward*	Activity limit
Annual Wellness Visit	\$25	1 per year
Mammogram	\$30	1 per year
Colorectal screening Ages 45+		
Colorectal kit	\$20	1 per year†
Colonoscopy / Sigmoidoscopy	\$50	
Bone density screening	\$20	once every 2 years†

*Amounts shown represent the value of the reward, not actual dollars.

†If applicable.

Rewards have no cash value and can only be redeemed in the Go365 Mall. Rewards must be earned and redeemed within the same program year. Rewards not redeemed before Dec. 31 will be forfeited. Some items may be discontinued in the Go365 Mall and new items may be added. For the most updated list, visit [Go365.com](https://www.go365.com) or call **866-677-0999 (TTY: 711)**. Gift cards cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid or other federal healthcare programs, alcohol, tobacco, e-cigarettes, or firearms. Gift cards must not be converted to cash.

Extra benefits



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, all included in the plan at no additional cost. Call **800-432-4803 (TTY: 711)** or visit **Humana.com/home-care**.



Humana Well Dine® meal program

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). The meals will be delivered to your door at no additional cost to you. For more information, please contact the number on the back of your Humana member ID card or visit **Humana.com/home-care/well-dine**.



Advance care planning with MyDirectives

MyDirectives®, an online advance care plan platform, helps you ensure your wishes are met in case unexpected medical emergencies happen or as illnesses progress. With MyDirectives, you can make your exact wishes known and identify the people you trust to speak for you as well. Sign in to **MyHumana.com**, go to MyHealth tab, in the drop down select MyHealth Overview and then select MyDirectives under Resources.



Humana Health Coaching

Ready to get started on your path to better health? 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. A health coach works with you to create a personal vision for your health and well-being, brings clarity to your goals and priorities and provides accountability and support. Get started by calling **877-567-6450 (TTY: 711)**, 6 a.m. – 4 p.m., Mountain time.



Humana Neighborhood Center

Humana always has something going on. Humana Neighborhood Centers offer a variety of classes in-person and online, from the comfort of your home.

Watch daily online classes like cooking demos, crafts, and meditation. Check out our calendar to RSVP for upcoming events, browse our video library to see every previous class to date, and create an account to get a personalized experience of each one.

To see a full list of virtual activities and to RSVP for classes and other events, visit **HumanaNeighborhoodCenter.com**. To find a Humana Neighborhood Center near you, visit **Humana.com/Humana-neighborhood-centers**.

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.

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.socialsecurity.gov**.

Medical insurance terms and definitions

Coinsurance

Your share of the cost after deductible

A percentage of your medical and drug costs that you may pay out of your pocket for covered services after you pay any plan deductible.

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.

Deductible

What you pay up front

The amount you pay for healthcare before your plan begins to pay for your benefits.

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 and definitions

Catastrophic coverage

What you pay for covered drugs after reaching \$7,400

Once your out-of-pocket costs reach the \$7,400 maximum, you pay a small coinsurance or a small copayment for covered drug costs until the end of the plan year.

Coinsurance

Your share of your prescription's cost

This is a percentage of the total cost of a drug 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.

Deductible

Your cost for Part D prescription drugs before the plan pays

The amount you pay for Part D prescription drugs before the plan begins to pay its share.

Exclusions and limitations

Anything not covered

Specific conditions or circumstances that aren't covered under a plan.

Formulary

Drugs covered under your plan

A list of drugs approved for coverage under the plan. Also called a Drug List.

Out-of-pocket

Portion of costs you pay

Amount you may have to pay for most plans, including deductibles, copays and coinsurance.

Know your numbers

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care

866-396-8810 (TTY: 711),

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

MyHumana

Sign in to or register for MyHumana to access your personal and secure plan information at [Humana.com](https://www.humana.com)

CenterWell Pharmacy™

800-379-0092 (TTY: 711),

Monday – Friday, 6 a.m. – 9 p.m., and Saturday, 6 a.m. – 4:30 p.m., Mountain time

[CenterWellPharmacy.com](https://www.CenterWellPharmacy.com)

Medicare Health Assessment

888-445-3389 (TTY: 711), 24 hours a day, 7 days a week

Doctors in your network

[Humana.com/FindaDoctor](https://www.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](https://www.humana.com) or call the number on the back of your member ID card to get connected with a provider that offers this service.

Caregivers

866-396-8810 (TTY: 711),

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

[Humana.com/caregiver](https://www.humana.com/caregiver)

SilverSneakers®

888-423-4632 (TTY: 711),

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

[SilverSneakers.com](https://www.SilverSneakers.com)

Go365 by Humana™

[Humana.com/go365](https://www.humana.com/go365)

Humana Neighborhood Centers

[Humana.com/Humana-neighborhood-centers](https://www.humana.com/Humana-neighborhood-centers)

State health insurance program offices

800-633-4227 (TTY: 711), 24 hours a day, 7 days a week

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, **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。

GHHLE7BEN 0822

2023 enhanced vaccine and insulin coverage

At Humana, we strive to help our members achieve total health so that they may live their best lives, which includes efforts to provide our members with access to more affordable prescription drugs. Helping to further support these initiatives, President Biden signed the Inflation Reduction Act into law on August 16, 2022.

This means that this Humana Group Medicare Advantage prescription drug plan in this booklet may have additional benefits that are not currently described, including reduced out-of-pocket costs for Part D vaccines and this plan's covered insulin. Benefits include:



\$0 vaccines

Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list¹ will be **\$0**.



\$35 insulin copay

Member cost share of this plan's covered insulin products covered under Part B² and Part D will be **no more than \$35** for every one-month (up to a 30-day) supply.

Additional information on the 2023 benefit enhancements will be provided as soon as possible.

- Please check **Humana.com** frequently for updates on these benefit enhancements.
- If you have questions about these benefit enhancements or general questions about the plan, contact Humana Group Medicare Customer Care.

Humana®

¹For 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.

²Part B insulin coverage will be no more than \$35 for a one-month (up to a 30-day) supply starting July 1, 2023.