

Summary of Benefits

Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP)

Greensboro/Winston Salem
Greensboro / Winston-Salem Metro Area

Our service area includes the following county/counties in North Carolina: Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Person, Randolph, Rockingham, Stokes, Surry, Wilkes, Yadkin.

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-833-2364 (TTY: 711)**.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **Humana.com/medicare** or call **1-800-833-2364 (TTY: 711)** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- ☐ When selecting an HMO POS product, remember that our plan allows you to see providers outside of our network (non-contracted doctors who are not listed in the provider directory) in addition to emergency or urgent situations.
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. This plan may enroll FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+.

Great news—Part B Insulin and Part B drug benefits on Humana’s Medicare Advantage plans are getting even better in 2023.

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.

With the passing of the Inflation Reduction Act, all Medicare Advantage plans will have enhanced benefits in 2023:

Effective April 1, 2023, some rebatable Part B drugs may be subject to a lower coinsurance. This means beginning April 1, 2023, some Part B drugs will have a lower coinsurance than your standard part B drug coinsurance to help avoid increased cost for your Part B drugs. Any coinsurance adjustments will be made by the pharmacy at the time of purchase. Note, this does not impact your Part D prescription drug coverage.

Effective July 1, 2023, cost sharing for covered Part B Insulin furnished through a covered item of durable medical equipment will be no more than \$35 for a one-month (up to 30-day) supply and if your plan has a deductible, it does not apply to Part B Insulin. Part B Insulin is most commonly used through an insulin pump.

Note, plan information provided in your previous member materials may not reflect these 2023 benefit enhancements from the passing of the Inflation Reduction Act.

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Let's talk about Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP)

H1036168000

Find out more about the Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP) plan - including the health and drug services it covers - in this easy-to-use guide.

Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP) is a Coordinated Care plan HMO with a Medicare contract and a contract with the North Carolina Medicaid Division of Health Benefits program. Enrollment in this Humana plan depends on contract renewal.

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, ask us for the "Evidence of Coverage".

As a member you must select an in-network doctor to act as your Primary Care Provider (PCP). Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use providers who aren't in our network, the plan may not pay for these services. You have access to Care Managers. Care Managers are nurses or care coordinators who support your health and well-being by providing additional services including: acute and chronic-care management, telephonic and in-person health support, assistance in coordinating Medicare and Medicaid benefits, educational resources and workshops, and support for families and caregivers.

To be eligible

To enroll in Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP), a Dual Eligible Special Needs Plan, you must be entitled to Medicare Part A and enrolled in Medicare Part B, live in our service area and also receive certain levels of assistance from the North Carolina Medicaid Division of Health Benefits. If you receive both Medicare and Medicaid benefits, this means you are dual eligible.

Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP) may enroll FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+.

Qualified Medicare Beneficiary (QMB): Helps pay Medicare Part A and Part B premiums, and other cost sharing (like deductibles, coinsurance, and copayments).

Qualified Medicare Beneficiary Plus (QMB+): Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments) and provides full Medicaid benefits for Medicaid services provided by Medicaid providers.

Specified Low-Income Medicare Beneficiary (SLMB): Helps pay Part B premiums.

Specified Low-Income Medicare Beneficiary Plus (SLMB+): Helps pay Part B premiums and provides full Medicaid benefits for Medicaid services provided by Medicaid providers.

Full Benefit Dual Eligible (FBDE): Financial assistance may be available to pay Medicare Part A Premiums, and/or Medicare Part B Premiums, and other cost-sharing (like deductibles, coinsurance, and copayments) and provides full Medicaid benefits.

Qualifying Individual (QI): Helps pay Part B premiums.

Qualified Disabled and Working Individual (QDWI): Helps pay Part A premiums.

Plan name:

Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP)

More about Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP)

Depending on your level of eligibility for assistance under your state Medicaid program, you may or may not be subject to cost-sharing requirements. The Medicaid Comparison Chart shows specific benefits that Medicaid may cover for some dual eligible members. You will work with your Humana care coordinator to understand and access these benefits from the North Carolina Medicaid Division of Health Benefits after any Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP) benefits are used. The Covered Medical and Hospital Benefits chart shows the benefits you will receive from Humana.

Be sure to show the North Carolina Medicaid Division of Health Benefits ID card in addition to your Humana membership card to make your provider aware that you also have Medicaid coverage. You may be

required to pay a small Medicaid specific co-payment. Your services are paid first by Humana and then by Medicaid.

How to reach us:

If you have questions about your benefits or your level of eligibility for assistance from Medicaid, you should contact Humana's Customer Care department or the North Carolina Medicaid Division of Health Benefits for further details.

If you're a member of this plan, call toll-free:
1-800-457-4708 (TTY: 711).

If you're **not** a member of this plan, call toll free:
1-800-833-2364 (TTY: 711).

October 1 - March 31:

Call 7 days a week from 8 a.m. - 8 p.m.

April 1 - September 30:

Call Monday - Friday, 8 a.m. - 8 p.m.

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

Medicaid benefits last validated on 07/01/2022 and are subject to change.

For the most current North Carolina Medicaid coverage information, please visit the North Carolina Medicaid Division of Health Benefits website at **<http://dma.ncdhhs.gov/>** or call the Medicaid Hotline at 1-800-662-7030 (TTY: 711).



A healthy partnership

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



Monthly Premium, Deductible and Limits

Monthly plan premium	\$0 or up to \$38.40 depending on your level of "Extra Help" You must keep paying your Medicare Part B premium. Your Part A and/or Part B premium may be paid on your behalf by the North Carolina Medicaid Division of Health Benefits Program.
Medical deductible	This plan does not have a deductible.
Pharmacy (Part D) deductible	\$0 if you qualify for "Extra Help"
Maximum out-of-pocket responsibility	\$8,300 in-network The most you pay for copays, coinsurance and other costs for covered medical services for the year.



Covered Medical and Hospital Benefits

WHAT YOU PAY ON THIS HUMANA PLAN

ACUTE INPATIENT HOSPITAL CARE

\$0 or **\$370** copay per day for days 1-6
\$0 copay per day for days 7-90

OUTPATIENT HOSPITAL COVERAGE

Outpatient surgery at outpatient hospital **\$0** or **\$370** copay

Outpatient surgery at ambulatory surgical center **\$0** or **\$320** copay

DOCTOR OFFICE VISITS

Primary care provider (PCP) **\$0** copay

Specialists **\$0** or **\$15** copay

PREVENTIVE CARE

Our plan covers many preventive services at no cost when you see an in-network provider including:

- Abdominal aortic aneurysm Screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening

You do not need a referral to receive covered services from plan providers. Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a prior authorization from the plan.



Covered Medical and Hospital Benefits (cont.)

WHAT YOU PAY ON THIS HUMANA PLAN

- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, hepatitis B shots, pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- Annual Wellness Visit
- Lung cancer screening
- Routine physical exam
- Medicare diabetes prevention program

Any additional preventive services approved by Medicare during the contract year will be covered.

EMERGENCY CARE

Emergency room

\$0 or **\$95** copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for the emergency care.

Urgently needed services

\$0 or **20%** of the cost at an urgent care center

Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.

DIAGNOSTIC SERVICES, LABS AND IMAGING

Diagnostic mammography

\$0 or **\$15** copay or **20%** of the cost

Diagnostic radiology

\$0 or **20%** of the cost

Lab services

\$0 copay or **20%** of the cost

Diagnostic tests and procedures

\$0 to **\$15** copay or **20%** of the cost

Outpatient X-rays

\$0 to **\$75** copay or **20%** of the cost

Radiation therapy

\$0 or **\$15** copay or **20%** of the cost

HEARING SERVICES

Medicare-covered hearing

\$0 or **\$15** copay

You do not need a referral to receive covered services from plan providers. Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a prior authorization from the plan.

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WHAT YOU PAY ON THIS HUMANA PLAN

Routine hearing

HER945

- **\$0** copay for routine hearing exams up to 1 every year.
- **\$0** copay for each Advanced level hearing aid up to 1 per ear every 3 years.

Hearing aid purchase includes:

- Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase
- 60-day trial period
- 3-year extended warranty
- 80 batteries per aid for non-rechargeable models

You must see a TruHearing provider to use this benefit. Call 1-844-255-7144 to schedule an appointment (for TTY, dial 711).

DENTAL SERVICES

Medicare-covered dental

\$0 or **\$15** copay

Routine dental

Dental services are subject to our standard claims review procedures which could include dental history to approve coverage. Dental benefits under this plan may not cover all American Dental Association procedure codes. Information regarding each plan is available at **Humana.com/sb**.

Out-of-network dentists have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefits maximums, limitations, and/or exclusions. You may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider.

In-network:

DEN468

- Plan covers up to **\$4,000** allowance every year for non-Medicare covered preventive and comprehensive dental services.
- You are responsible for any amount above the dental coverage limit.
- Any amount unused at the end of the year will expire.
- Your benefit can be used for most dental treatments such as:
- Preventive dental services, such as exams, routine cleanings, etc.
- Basic dental services, such as fillings, extractions, etc.
- Major dental services, such as periodontal scaling, crowns, dentures, root canals, bridges etc.
- Note: The allowance cannot be used on cosmetic services and implants.

Out-of-network:

DEN468

- Plan covers up to **\$4,000** allowance every year for non-Medicare covered preventive and comprehensive dental services.
- You are responsible for any amount above the dental coverage limit.
- Any amount unused at the end of the year will expire.
- Your benefit can be used for most dental treatments such as:
- Preventive dental services, such as exams, routine cleanings, etc.
- Basic dental services, such as fillings, extractions, etc.
- Major dental services, such as periodontal scaling, crowns, dentures, root canals, bridges etc.

You do not need a referral to receive covered services from plan providers. Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a prior authorization from the plan.



WHAT YOU PAY ON THIS HUMANA PLAN

Use the HumanaDental Medicare network for the Mandatory Supplemental Dental. The provider locator can be found at **Humana.com** > Find a Doctor > from the Search Type drop down select Dental > under Coverage type select All Dental Networks > enter zip code > from the network drop down select HumanaDental Medicare.

- Note: The allowance cannot be used on cosmetic services and implants.
- Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

VISION SERVICES

Medicare-covered vision services **\$0** or **\$15** copay

Medicare-covered diabetic eye exam **\$0** copay

Medicare-covered glaucoma screening **\$0** copay

Medicare-covered eyewear (post-cataract) **\$0** copay

Routine vision

The provider locator for routine vision can be found at **Humana.com** > Find a Doctor > select Vision care icon > Vision coverage through Medicare Advantage plans.

VIS733

- **\$0** copay for routine exam up to 1 per year.
- **\$300** maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames.
- Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year.
- Maximum benefit coverage amount is limited to one time use per year.

MENTAL HEALTH SERVICES

Inpatient

Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital

\$0 or **\$370** copay per day for days 1-5
\$0 copay per day for days 6-90

Outpatient group and individual therapy visits **\$0** or **\$15** to **\$65** copay

You do not need a referral to receive covered services from plan providers. Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a prior authorization from the plan.

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Covered Medical and Hospital Benefits (cont.)

WHAT YOU PAY ON THIS HUMANA PLAN

SKILLED NURSING FACILITY (SNF)

Your plan covers up to 100 days in a SNF

\$0 copay per day for days 1-20

\$0 or **\$196** copay per day for days 21-63

\$0 copay per day for days 64-100

PHYSICAL THERAPY

\$0 or **20%** of the cost

AMBULANCE

Ambulance

\$0 or **\$300** copay per date of service

TRANSPORTATION

\$0 copay for plan approved location up to 48 one-way trip(s) per year. This benefit is not to exceed 75 miles per trip.

The member *must* contact transportation vendor to arrange transportation and should contact Customer Care to be directed to their plan's specific transportation provider.

MEDICARE PART B DRUGS

Chemotherapy drugs

\$0 copay or **20%** of the cost

Other Part B drugs

\$0 copay or **20%** of the cost



Prescription Drug Benefits

PRESCRIPTION DRUGS

Medicare Part D Drugs

See chart below for plan coverage information for prescription drugs

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month (up to 30-day) supply of each Part D insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. Please see your Prescription Drug Guide to find all Part D insulins covered by your plan.

You do not need a referral to receive covered services from plan providers. Certain procedures, services and drugs may need advance approval from your plan. This is called a "prior authorization" or "preauthorization." Please contact your PCP or refer to the Evidence of Coverage (EOC) for services that require a prior authorization from the plan.

\$0 Rx Copay Benefit If you qualify for "Extra Help", you will pay **\$0** for all Medicare Part D covered prescription drugs on your formulary, for all tiers, and through all stages. If you do not receive "Extra Help" refer to Chapter 6 of the Evidence of Coverage for more details on the prescription drug benefit.

Pharmacy options

Mail Order	Mail Order cost-sharing \$0	CenterWell Pharmacy™, Walmart Mail, PillPack Other pharmacies are available in our network. To find pharmacy mail order options go to Humana.com/pharmacyfinder
Retail	Retail cost-sharing	All network retail pharmacies
For generic drugs (including brand drugs treated as generic), either:	30-day supply \$0	90-day supply* \$0
For all other drugs , either:	\$0	\$0

Other pharmacies are available in our network.

*Some drugs are limited to a 30-day supply

To find out if you qualify for "Extra Help," please contact the Social Security Office at 1-800-772-1213 Monday — Friday, 7 a.m. — 7 p.m. TTY users should call 1-800-325-0778. For more information on pharmacy-specific cost-sharing, please call us or refer to Chapter 6 of the Evidence of Coverage for more details.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,400**, your share of the cost for a covered drug will be either:

- **\$0** or **\$4.15** for generic (including brand drugs treated as generic) and a **\$0** or **\$10.35** copay for all other drugs



Additional Benefits

WHAT YOU PAY ON THIS HUMANA PLAN

Medicare-covered foot care (podiatry)	\$0 or \$15 copay
Medicare-covered chiropractic services	\$0 or 20% of the cost

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WHAT YOU PAY ON THIS HUMANA PLAN

MEDICAL EQUIPMENT/SUPPLIES	
Durable medical equipment (like wheelchairs or oxygen)	\$0 or 20% of the cost
Medical Supplies	\$0 or 20% of the cost
Prosthetics (artificial limbs or braces)	\$0 or 20% of the cost
Diabetic monitoring supplies	\$0 copay or 20% of the cost
REHABILITATION SERVICES	
Occupational and speech therapy	\$0 or 20% of the cost
Cardiac rehabilitation	\$0 or 20% of the cost
Pulmonary rehabilitation	\$0 or 20% of the cost
TELEHEALTH SERVICES (in addition to Original Medicare)	
Primary care provider (PCP)	\$0 copay
Specialist	\$0 or \$15 copay
Urgent care services	\$0 copay
Substance abuse or behavioral health services	\$0 copay



Medicaid Benefit Comparison

The benefits described in the Covered Medical and Hospital Benefits sections above are covered by Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP). Below is a comparison of benefits that some Medicaid eligible individuals could receive directly from the North Carolina Medicaid Division of Health Benefits. For each benefit listed below, you can see what the North Carolina Medicaid Division of Health Benefits covers and what our plan covers. All Medicaid benefits are subject to Medicaid eligibility guidelines and requirements, and are available only to full dual eligible individuals. If you have questions about your Medicaid eligibility and what benefits you are entitled to, review your member handbook or contact the North Carolina Medicaid Division of Health Benefits at 1-800-662-7030.

BENEFIT	MEDICAID BENEFIT	OUR PLAN BENEFIT
Acute inpatient hospital care	Covered	Covered
Ambulance	Covered	Covered
Ambulatory surgical center	Covered	Covered
Dentures	Covered	Covered
Diagnostic services/labs/imaging	Covered	Covered

BENEFIT	MEDICAID BENEFIT	OUR PLAN BENEFIT
Doctor office visits (Primary care provider (PCP)/specialists)	Covered	Covered
Emergency care	Covered	Covered
Eyeglasses	Covered	Covered
Hearing aids	Not Covered	Covered
Home and community based waiver service programs	Covered	Not Covered
Inpatient hospital, nursing facility and intermediate care facility services in institutions for mental diseases (MD), age 65 and older	Covered	Covered with limitations
Inpatient psychiatric services, under age 21	Covered	Covered with limitations
Intermediate care facility for intellectual disabilities (ICF-ID)	Covered	Not Covered
Intermediate care facility services for individuals with intellectual disabilities	Covered	Covered with limitations
Mental health services (outpatient group therapy and individual therapy visit)	Covered	Covered
Nursing facility services, other than in an institution for mental diseases	Covered	Covered with limitations
Outpatient hospital coverage	Covered	Covered
Personal emergency response system (PERS)	Not Covered	Covered
Physical therapy	Covered	Covered
Prescription drugs – Medicare Part B drugs	Covered	Covered
Prescription drugs – outpatient prescription drugs; Medicare covered & non-Medicare covered	Covered	Covered
Preventive care (e.g., flu vaccine, diabetic screenings)	Covered	Covered

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BENEFIT	MEDICAID BENEFIT	OUR PLAN BENEFIT
Routine non-emergency medical transportation	Covered	Covered
Skilled nursing facility	Covered	Covered
Urgently needed services	Covered	Covered



More benefits with **your plan**

Enjoy some of these extra benefits included in your plan.

This is a summary of what we cover. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of coverage and services. Visit **Humana.com/medicare** to view a copy of the EOC or call **1-800-833-2364**.

Humana Healthy Options Allowance

\$225 automatically loaded on a prepaid card every month to use toward the purchase of food, over-the-counter (OTC) products, and home supplies from a national network of retailers. The card may also be used to pay for non-medical transportation, general supports for living (such as rent assistance, internet, and utilities), social needs, aging support and assistive devices, pest control, and pet care and supplies. Unused amount expires at the end of the month. Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply.

Humana Spending Account Card

The allowance listed below will be loaded onto this prepaid card. Each allowance is separate from any other allowance listed. Allowances shown are accessed by using this card. Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply.

*Healthy Options Allowance

HMO Travel Benefit

Members can receive in-network benefits when services are received from a participating HMO National Network provider during their travels to other states and Puerto Rico.

Special Supplemental Benefits for the Chronically Ill (SSBCI) Humana Flexible Care Assistance

Humana Flexible Care Assistance is available to members with chronic health conditions, who are participating in care management services, and meet program criteria. Eligible members may receive medical expense assistance and other additional benefits, either primarily health related or non-primarily health related, to address the member's unique individual needs. Benefits are limited up to **\$500** per year and must be coordinated and authorized by a care manager. There is no cost to participate.

Chiropractic services

Routine chiropractic:

\$0 copay per visit for up to 12 visits.

Smoking cessation program

To further assist in your effort to quit smoking or tobacco product use, we cover one additional counseling quit attempt within a 12-month period as a service with no cost to you. This is in addition to the two counseling attempts provided by Medicare and includes up to four face-to-face visits. This service can be used for either preventive measures or for diagnosis with a tobacco related disease.

Routine foot care

\$0 copay per visit for up to 6 visits

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Humana Well Dine® Meal Program

Humana's home delivered meal program for members following an inpatient stay in the hospital or nursing facility.

Special Supplemental Benefits for the Chronically Ill (SSBCI) Worry Free™ Meals

Members diagnosed with Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Congestive Heart Failure (CHF), or Depression, participating with care management services, and who meet program criteria may receive 2 meals per day for 12 weeks, 168 meals total. An additional 12 weeks of meals may be available as determined by the plan. Members may qualify for the Worry Free™ Meals program up to two times per plan year. There is no cost to participate. Authorization may be required.

Personal Emergency Response System

The personal emergency response system provides help in emergency situations. On The Go Mobile personal help button or an On the Go Mobility personal help button, both function in and out of the home. On The Go uses two way voice communication & five location seeking technologies to send help quickly to wherever the member is located. On the Go Mobility personal help button offers fall detection remotely activated/deactivated, up to 5 days of battery life, location services, and wandering.

Personal Home Care

\$0 copay for a minimum of 4 hours per day, up to a maximum of 80 hours per year for certain in-home support services to assist individuals with disabilities and/or medical conditions in performing activities of daily living (ADLs) and Instrumental Activities of Daily living (IADLs) within the home by a qualified aide. A member must be receiving assistance with a minimum of one ADL to receive assistance with any IADL.

Authorization may be required. Contact the plan for details.

Rewards and Incentives

Go365 by Humana® a Rewards and Incentive program for completing certain preventive health screenings and health and wellness activities.

SilverSneakers® fitness program

Basic fitness center membership including fitness classes.



Find out **more**



You can see our plan's **provider and pharmacy directory** at our website at **humana.com/finder/search** or call us at the number listed at the beginning of this booklet and we will send you one.



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

To find out more about the coverage and costs of Original Medicare, look in the 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, seven days a week. TTY users should call 1-877-486-2048.

Humana has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2023 based on a review of Humana's Model of Care.

Your provider may choose to submit to the North Carolina Medicaid Division of Health Benefits for consideration of additional secondary payment for an amount applied to deductibles, coinsurance, or copayments. If you are Cost Share Protected, providers are required by federal regulation to accept Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP) primary payment and the North Carolina Medicaid Division of Health Benefits secondary payment as payment in full for covered Medicare Part A and Part B services – even when the Medicaid payment is zero or a provider chooses to not submit to Medicaid.

If you are cost-share protected by the North Carolina Medicaid Division of Health Benefits, Humana Gold Plus SNP-DE H1036-168 (HMO-POS D-SNP) providers aren't allowed to collect or bill you for services and items covered under Medicare Part A and Part B, including deductibles, coinsurance, and copayments – even when Medicaid payment is zero or a provider chooses to not submit to Medicaid. If a provider asks you to pay, that's against the law. You may however be responsible for a small Medicaid copayment.

If you are cost-share protected and you are billed or asked to pay the provider for deductibles, coinsurance, or copayments on covered Medicare Part A and Part B services tell your provider you are cost-share protected and can't be charged. If you have already made payment you have the right to a refund. If your provider will not stop billing, you can call us at 1-800-457-4708 or you can call Medicare at 1-800-Medicare (1-800-633-4227), (TTY 1-877-486-2048). Humana or Medicare can ask your provider to stop billing you and refund any payment you have made.

Telehealth services shown are in addition to the Original Medicare covered telehealth. Your cost may be different for Original Medicare telehealth.

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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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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 **1-877-320-1235** 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, **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. **1-877-320-1235 (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.

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 (TTY: 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 (TTY: 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 quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpfen. 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 대해 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.

Humana.

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 بالصحة أو جدول الأدوية 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.

Portugues: 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: 当社の健康健康保険と薬品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があります。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。日本語を話す人者が支援いたします。これは無料のサービスです。

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