

Summary of Benefits

Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)

This is a Fully Integrated Dual Eligible (FIDE) Special Needs Plan.

Virginia

Our service area includes the following county/counties in Virginia: Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York.



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. Part A/ Part B premiums may be paid for by the Virginia Department of Medical Assistance Services under the Cardinal Care Medicaid program.
- ☐ Benefits, premiums and/or copays/coinsurance may change on January 1, 2026.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ This plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay/coinsurance for services received by non-contracted providers.
- ☐ 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, QMB+, SLMB+.



Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) | 2025 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

Table of Contents

A. Disclaimers.....	3
B. Frequently asked questions (FAQ)	4
C. List of covered services	8
D. Benefits covered outside of Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)	19
E. Services that Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP), Medicare, and Medicaid do not cover	20
F. Your rights as a member of the plan	20
G. How to file a complaint or appeal a denied service.....	22
H. What to do if you suspect fraud	22



A. Disclaimers



This is a summary of health services covered by Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) for 2025. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. Visit **Humana.com/PlanDocuments** to view a copy of the EOC or call 1-844-881-4482.

- ❖ Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) is a Dual Eligible Special Needs Plan (HMO D-SNP) with a Medicare contract and a Medicaid contract with the Virginia Department of Medical Assistance Services' Cardinal Care Managed Care 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, please refer to the plan's Evidence of Coverage on our website, **Humana.com/PlanDocuments**.
- ❖ For more information about Medicare, you can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- ❖ For more information about Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP), you can check the Virginia Department of Medical Assistance Services' website at **<https://www.dmas.virginia.gov/for-members/cardinal-care-members/>** or contact the Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) Office of the Ombudsman at 1-804-371-9032 or 877-310-6560, TTY 711, 8:15am to 5pm EST, Monday-Friday. You can also call the Virginia Office of the State Long Term Care Ombudsman, which advocates for people who have both Medicare and Medicaid, at 1-800-552-5019 (or 711 for Virginia Relay).
- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-844-881-4482. Someone that speaks your language can help you. This is a free service.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-844-881-4482, TTY 711, between 8 am to 8 pm EST, seven days a week. The call is free.
- ❖ This document is available for free in Spanish.
- ❖ We want to ensure that you receive your communications from Humana in the format that best suits your needs.
 - If you prefer to receive your written communications in an alternate format such as braille, large font, audio, or another language please contact Customer Care at 1-844-881-4482, TTY 711.
 - Once we receive your request, all future state mandated communications will be provided in your chosen format. If we are unable to provide printed materials within your requested format, then the member will receive those communications over the phone with an interpreter.
 - If a member chooses to change their standing request, members can call Customer Care at 1-844-881-4482, TTY 711 to have their request updated.



If you have questions, please call Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) at 1-844-881-4482, TTY 711, between 8 am to 8 pm EST, seven days a week. The call is free. For more information, visit **Humana.com**.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) D-SNP?	<p>Dual Eligible Special Needs Plans (D-SNP) - D-SNPs enroll individuals who are entitled to both Medicare (title XVIII of the Social Security Act) and medical assistance from a state plan under Medicaid (title XIX). States cover some Medicare costs, depending on the state and the individual's eligibility.</p> <p>Virginia's Medicaid managed care program is called Cardinal Care Managed Care (CCMC). Humana Healthy Horizons in Virginia provides Medicaid managed care services to individuals enrolled in the CCMC program statewide. Managed care-covered populations include low-income families and children; aged, blind and disabled (ABD) individuals; medically complex Modified Adjusted Gross Income (MAGI) adults (adults ages 19 to 64 who are parents or caretaker adult relatives with a child under age 19); and individuals receiving long-term services and supports (LTSS). Members enrolled in Cardinal Care are exempt from cost sharing.</p>
Will I get the same Medicare and Cardinal Care Medicaid benefits in Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) that I get now?	<p>You will get most of your covered Medicare and Cardinal Care benefits directly from Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor care manager's assessment. You may also get other benefits outside of your health plan the same way you do now directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP), you and your care team will work together to develop an Individualized Care Plan (ICP) that addresses your health and support needs and reflects your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) to cover your drug if medically necessary. Medicaid may cover drugs through Cardinal Care that are not covered by Medicare. For more information, call Customer Care at the numbers in the footer of this document.</p>



Frequently Asked Questions	Answers
Can I use the same health care providers I use now?	<p>That is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)’s network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. This plan allows you to see dental providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)’s plan network. You must use network providers to get your medical care and services. If you go elsewhere without proper authorization you will have to pay in full. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) authorizes use of out-of-network providers. If you are currently under treatment with a provider or have an established relationship with a provider that is out of Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)’s network, you can stay connected with your existing provider for a period of time. Call Customer Care to check about staying connected. <p>To find out if your providers are in the plan’s network, call Customer Care at the numbers in the footer of this document or read Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)’s Provider and Pharmacy Directory on the plan’s website at Humana.com/PlanDocuments.</p> <ul style="list-style-type: none"> If Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) is new for you, we will work with you to develop Individualized Care Plan to address your needs.
What is a Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) care manager?	A Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) care manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-Term Services and Supports (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) provides LTSS if you are found to be eligible through the LTSS screening process. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. In some cases, a county or other agency may provide these services, and your care team will work with that agency.



Frequently Asked Questions	Answers
What happens if I need a service but no one in Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) will cover services provided by an out-of-network provider.
Where is Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) available?	<p>The service area for this plan includes: Accomack; Albemarle; Alexandria City; Alleghany; Amelia; Amherst; Appomattox; Arlington; Augusta; Bath; Bedford; Bland; Botetourt; Bristol City; Brunswick; Buchanan; Buckingham; Buena Vista City; Campbell; Caroline; Carroll; Charles City; Charlotte; Charlottesville City; Chesapeake City; Chesterfield; Clarke; Colonial Heights City; Covington City; Craig; Culpeper; Cumberland; Danville City; Dickenson; Dinwiddie; Emporia City; Essex; Fairfax; Fairfax City; Falls Church City; Fauquier; Floyd; Fluvanna; Franklin; Franklin City; Frederick; Fredericksburg City; Galax City; Giles; Gloucester; Goochland; Grayson; Greene; Greenville; Halifax; Hampton City; Hanover; Harrisonburg City; Henrico; Henry; Highland; Hopewell City; Isle of Wight; James City; King George; King William; King and Queen; Lancaster; Lee; Lexington City; Loudoun; Louisa; Lunenburg; Lynchburg City; Madison; Manassas City; Manassas Park City; Martinsville City; Mathews; Mecklenburg; Middlesex; Montgomery; Nelson; New Kent; Newport News City; Norfolk City; Northampton; Northumberland; Norton City; Nottoway; Orange; Page; Patrick; Petersburg City; Pittsylvania; Poquoson City; Portsmouth City; Powhatan; Prince Edward; Prince George; Prince William; Pulaski; Radford City; Rappahannock; Richmond; Richmond City; Roanoke; Roanoke City; Rockbridge; Rockingham; Russell; Salem City; Scott; Shenandoah; Smyth; Southampton; Spotsylvania; Stafford; Staunton City; Suffolk City; Surry; Sussex; Tazewell; Virginia Beach City; Warren; Washington; Waynesboro City; Westmoreland; Williamsburg City; Winchester City; Wise; Wythe; York Counties, Virginia. You must live in one of these areas to join the plan.</p> <p>Call Customer Care at the numbers in the footer of this document for more information about whether the plan is available where you live.</p>
What is prior authorization?	<p>Prior authorization means that you must get an approval from Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Care at the numbers in the footer of this document for help.</p>



Frequently Asked Questions	Answers
What is a referral?	<p>A referral means that your care team must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your care team, Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) may not cover the services. Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) can provide you with a list of services that require you to get a referral from your care team before the service is provided.</p> <p>Refer to the <i>Evidence of Coverage</i> Chapter 3 to learn more about when you will need to get a referral from your care team.</p>
Do I pay a monthly amount (also called a premium) under Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)?	No. Because you have Cardinal Care, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)?	No. You do not pay deductibles in Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP).
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)?	There is no cost sharing for medical services in Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP), so your annual out-of-pocket costs will be \$0. Members who get LTSS, including skilled and custodial nursing facility placement and CCC Plus Waiver Services, may have a monthly patient pay amount as determined by the Virginia Department of Social Services.



C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	\$0	Prior authorization requirements may apply.
	Outpatient hospital services, including observation	\$0	Unless the provider has written an order to admit you as an inpatient to the hospital, you are an outpatient and pay the cost-sharing amounts for outpatient hospital services. Even if you stay in the hospital overnight, you might still be considered an outpatient. If you are not sure if you are an outpatient, you should ask the hospital staff. Prior authorization requirements may apply.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization requirements may apply.
	Doctor or surgeon care	\$0	Prior authorization requirements may apply.
You want to use a health care provider	Visits to treat an injury or illness	\$0	Prior authorization requirements may apply.
	Preventive care (care to keep you from getting sick, such as flu shots and screenings to check for cancer)	\$0	There is no coinsurance, copayment, or deductible for members eligible for Medicare-covered preventive services.
	Wellness visits, such as a physical	\$0	Your first annual wellness visit can't take place within 12 months of your Welcome to Medicare preventive visit. However, you don't need to have had a Welcome to Medicare visit to be covered for annual wellness visits after you've had Part B for 12 months.
	"Welcome to Medicare" (preventive visit one time only)	\$0	Important: We cover the Welcome to Medicare preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor's office know you would like to schedule your Welcome to Medicare preventive visit.
	Specialist care	\$0	Prior authorization requirements may apply.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	<p>You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network.</p> <p>You are covered for emergency care world-wide under your Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP). If you have an emergency outside of the U.S. and its territories, you will be responsible to pay for the services rendered upfront. You must submit proof of payment to Humana for reimbursement. For more information please see Chapter 7 of the Evidence of Coverage. We may not reimburse you for all out of pocket expenses. This is because our contracted rates may be lower than provider rates outside of the U.S. and its territories. You are responsible for any costs exceeding our contracted rates as well as any applicable member cost share.</p>
	Urgent care	\$0	Urgently needed services are not emergency care. You do not need prior authorization and the urgent care center does not have to be in-network.
You need medical tests	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization requirements may apply.
	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization requirements may apply.
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	<p>Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.</p> <p>Prior authorization requirements may apply.</p>
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	<p>Up to 2 TruHearing-branded prescription hearing aids every 3 years (1 per ear every 3 years). Benefit is limited to the TruHearing Advanced prescription hearing aids, which come in various styles and colors.</p> <p>Advanced hearing aids are available in rechargeable style options. You must see a TruHearing provider to use this benefit. Call 1-844-255-7144 to schedule an appointment (for TTY, dial 711).</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	\$0	Cardinal Care provides a full range of dental care for both children and adults through DentaQuest, its Medicaid Dental Benefits Administrator. Contact 888-912-3456 for information or visit www.dentaquest.com/en/members/virginia-medicaid-dental-coverage#accordion-82f12f4b30-item-117cdd34ad .
	Restorative and emergency dental care	\$0	<p>Cardinal Care provides coverage for restorative and emergency dental care. Braces for adults over age 21 are not covered. Contact DentaQuest for coverage information.</p> <p>Most dental services are covered in and out-of-network at a \$0 copayment until the combined maximum allowable benefit of \$4,000 is reached annually. Note: The allowance cannot be used on fluoride, cosmetic services and implants.</p> <p>The Mandatory Supplemental Dental benefits are provided through the Humana Dental Medicare Network. The provider locator can be found at Humana.com > Find care</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.
	Glasses or contact lenses	\$0	<p>Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefit.</p> <p>Eyewear Benefit (1 per calendar year) at a Humana Medicare Insight Network optical provider</p> <p>You have a choice of:</p> <p>\$400 allowance toward the purchase of frame and pair of lenses OR toward the purchase of contact lenses (conventional or disposable)</p> <p>OR</p> <p>\$450 allowance toward the purchase of frame and pair of lenses OR toward the purchase of contact lenses (conventional or disposable) from a PLUS** provider</p> <p>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.</p> <p>**PLUS providers are part of the Humana Medicare Insight Network and will display the PLUS Provider indicator in the provider locator search results.</p>
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Original Medicare doesn't cover routine eye exams (eye refractions) for eyeglasses/contacts.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition	Mental Health Services	\$0	Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. Certain telehealth mental health specialty services may be covered under physician/practitioner services.
	Inpatient and outpatient care and community-based services for people who need Mental Health Services	\$0	Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment.
You need a substance use disorder service	Substance use disorder services	\$0	Through the Cardinal Care Addiction and Recovery Treatment Services (ARTS) program, Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) provides coverage for a full range of addiction treatment services, including outpatient and intensive outpatient services, case management, residential and opioid treatment services. If you need Addiction Recovery Treatment Services (ARTS), please call the ARTS line: 1-888-445-8714 Calls to this number are free. 24 hours per day, 7 days per week. Prior authorization requirements may apply for your Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) benefits.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0 copayment per day, days 1 to 20 – Skilled Nursing Facility \$0 copayment per day, days 21 to 100	Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) provides coverage for skilled and intermediate nursing facility care. You are covered for up to 100 medically necessary days per benefit period. Prior hospital stay is not required. A new benefit period will begin on day one when you first enroll in a Medicare Advantage plan, or when you have been discharged from skilled care in a skilled nursing facility for 60 consecutive days. Prior authorization requirements may apply.
	Nursing home care	\$0	Cardinal Care provides coverage for Nursing home care. Prior authorization requirements may apply.
	Adult Foster Care and Group Adult Foster Care	\$0	Cardinal Care provides coverage for Adult Foster Care and Group Adult Foster Care. Prior authorization requirements may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs). Prior authorization requirements may apply.
You need help getting to health services	Ambulance services	\$0	Ambulance services for other cases (non-emergent) must be approved by us. In cases that are not emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health. Prior authorization requirements may apply.
	Emergency transportation	\$0	In emergency situations includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care.
	Non-emergency medical transportation	\$0	Cardinal Care covers non-emergency medical transportation.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Evidence of Coverage</i> for more information on these drugs.
	Medicare Part D prescription drugs How much you pay for a drug depends on whether you get the drug from: <ul style="list-style-type: none"> • A network retail pharmacy • A pharmacy that is not in the plan's network. We cover prescriptions filled at out-of-network pharmacies in only limited situations. • The plan's mail-order pharmacy 	Important Note for the \$0 Rx Copay Benefit: If you receive "Extra Help," you will pay \$0 for all Medicare Part D plan-covered prescription drugs for the entire calendar year. Most members enrolled in this plan receive "Extra Help". If you do not receive "Extra Help", please see your Evidence of Coverage for more information.	There may be limitations on the types of drugs covered. Please refer to Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)'s <i>List of Covered Drugs (Drug Guide)</i> for more information.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)'s <i>List of Covered Drugs (Drug Guide)</i> for more information. This plan does cover certain OTC benefits under the Healthy Options Allowance (see Healthy Options section in Additional services).



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs). Prior authorization requirements may apply.
	Medical equipment for home care	\$0	We cover all medically necessary DME covered by Original Medicare. If our supplier in your area does not carry a particular brand or manufacturer, you may ask them if they can special order it for you. The most recent list of suppliers is available on our website Humana.com/findadoctor . Prior authorization requirements may apply.
	Dialysis services	\$0	Certain drugs for dialysis are covered under your Medicare Part B drug benefit. For information about coverage for Part B Drugs, please go to the section, Medicare Part B prescription drugs. Prior authorization requirements may apply.
You need foot care	Podiatry services	\$0	Covered services include: <ul style="list-style-type: none"> • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) • Routine foot care for members with certain medical conditions affecting the lower limbs Prior authorization requirements may apply.
	Orthotics	\$0	Prior authorization requirements may apply.
You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Customer Care or refer to Chapter 4 of the <i>Evidence of Coverage</i> .	Wheelchairs, crutches, walkers, nebulizers, oxygen equipment and supplies	\$0	Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits. We cover all medically necessary DME covered by Original Medicare. If our supplier in your area does not carry a particular brand or manufacturer, you may ask them if they can special order it for you. The most recent list of suppliers is available on our website Humana.com/findadoctor . Prior authorization requirements may apply.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Home health services	\$0	<p>Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) covers home health services, including nursing care, rehabilitation therapies and home aide services. Additionally, the Commonwealth Coordinated Care Plus (CCC Plus) Waiver provides coverage for other long-term services and supports such as private-duty nursing services. Consult with your Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) care team to request a LTSS screening for the CCC Plus Waiver.</p> <p>Prior to receiving home health services, a doctor must certify that you need home health services and will order home health services to be provided by a home health agency. You must be homebound, which means leaving home is a major effort. To access home health services Contact your care manager or Customer Care at the number in the footer of this document.</p> <p>HCBS services may require a prior authorization.</p>
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	<p>Home modifications may be covered by Cardinal Care through the CCC Plus Waiver. Modifications may be made to your primary residence or primary vehicle and must enable you to function with greater independence. Speak with your care team to learn more.</p> <p>Prior authorization requirements may apply.</p>
	Adult Day Health Services	\$0	<p>Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) provides these services if you are found to be eligible through the LTSS screening process.</p> <p>Prior authorization requirements may apply.</p>
	Day habilitation services	\$0	<p>Cardinal Care provides coverage for Day habilitation services.</p> <p>Prior authorization requirements may apply.</p>
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	<p>Cardinal Care provides up to 80 hours of personal care attendant services per year.</p> <p>Prior authorization requirements may apply.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Chiropractic services	\$0	We cover only manual manipulation of the spine to correct subluxation. Other services performed by a chiropractor are not covered. Prior authorization requirements may apply.
	Diabetes supplies and services	\$0	For all people who have diabetes (insulin and non-insulin users). Prior authorization requirements may apply.
	Prosthetic services	\$0	Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) provides coverage for medically necessary prosthetics for children under age 21 and for adults and children when recommended as part of an approved intensive rehabilitation program. Devices (other than dental) that replace all or part of a body part or function. Prior authorization requirements may apply.
	Radiation therapy	\$0	Prior authorization requirements may apply.
	Services to help manage your disease	\$0	Care management services are provided to all Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) enrollees. Care management provides a more intensive level of service if your health requires it.
	Meal Benefit	\$0	Humana Well Dine® meal program. After your inpatient stay in either a hospital or a nursing facility, you may be eligible to receive 2 home delivered meals per day for 7 days (up to 14 meals). Meals must be requested within 30 days of discharge from your inpatient stay. Limited to 4 times per year.
	HMO Travel	\$0	Covered services must be provided by providers within the National Medicare HMO or SNP network. If you are planning to travel outside of your service area and anticipate needing to use the HMO Travel Benefit, it is recommended that you notify your primary care provider.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Healthy Options Allowance	\$0	<p>There is no coinsurance, copayment, or deductible to participate.</p> <p>You have a \$225 monthly allowance on the Humana Spending Account card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations like:</p> <ul style="list-style-type: none"> • Groceries (produce, fruit, bread, meat, dairy, etc.) • Personal care items (toothpaste, shampoo, body soap, deodorant, etc.) • OTC health and wellness items (vitamins, first aid, pain relief medicine, incontinence supplies, etc.) • Home supplies (toilet paper, paper towels, bathroom cleaner, laundry detergent, etc.) • Household assistive devices (grab bars, raised toilet seats, reaching aids, etc.) • Pet supplies (pet food, pet litter, flea shampoo, etc.; excludes grooming services, veterinary bills, and pet prescriptions) <p>This allowance can be used to pay for approved services, such as:</p> <ul style="list-style-type: none"> • Monthly living expenses (phone payments, rent/mortgage, utilities, internet, etc.) • Non-medical transportation costs (public transportation, taxi, Uber, Lyft, etc.) • Pest control services <p>The allowance is available to use at the beginning of every month.</p> <ul style="list-style-type: none"> • Unused funds will roll over to the next month and expire at the end of the plan year. • Allowance amounts cannot be combined with other benefit allowances which may be on the Spending Account Card. • Limitations and restrictions may apply. • Download the free Healthy Benefits+® mobile app, available on the App Store® or Google Play®, or visit HealthyBenefitsPlus.com/Humana, to find stores or check your balance. You can also see the back of your Spending Account Card for more information.
	Rewards and Incentives Go365 by Humana®	\$0	A Rewards and Incentive program for completing certain preventive health screenings and health and wellness activities.
	SilverSneakers® fitness program	\$0	Basic fitness center membership including in person and digital fitness classes.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Chronic Condition Care Assistance	\$0	Available to eligible members who demonstrate a need to receive additional assistance with a qualifying medical, primarily health related, or non-primarily health related expense that supports the member's care plan goals. Eligibility will be considered for members with certain qualifying chronic conditions, are currently participating in care management and meet the program criteria. Benefits are limited to \$500 per year and are coordinated by care management. There is no coinsurance, copayment, or deductible to participate. Benefit(s) mentioned may be part of a special supplemental program for chronically ill members with one of the following conditions: Diabetes mellitus, Cardiovascular disorders, Chronic and disabling mental health conditions, Chronic lung disorders, Chronic heart failure. This is not a complete list of qualifying conditions. Having a qualifying condition alone does not mean you will receive the benefit(s). Other requirements may apply.
	Smoking Cessation Coaching	\$0	Cardinal Care covers tobacco and vaping cessation coaching. Program includes 8 coaching calls over a 12 month period. Prior authorization requirements may apply.
	Respite Care	\$0	Cardinal Care members not covered by a waiver program may receive up to 240 hours of caregiver respite services per year. A 4-hour minimum is required per use. Prior authorization requirements may apply.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) Customer Care at the numbers in the footer of this document to get one. If you have questions, you can also call Customer Care or visit **Humana.com**.

D. Benefits covered outside of Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)

There are some services that you can get that are not covered by Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This is not a complete list. Call Customer Care at the numbers in the footer of this document to find out about these services.



Other services covered directly by Medicare or Medicaid	Your costs
Developmental disability support coordination	\$0
Transportation to building independence (BI), community living (CL), and family and individual supports (FIS) waiver services	\$0

E. Services that Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP), Medicare, and Medicaid do not cover

This is not a complete list. Call Customer Care at the numbers in the footer of this document to find out about other excluded services.

Services Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP), Medicare, and Medicaid do not cover	
Nursing services provided in a Christian Science Sanatorium	

F. Your rights as a member of the plan

As a member of Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - o Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - o Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - o Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - o Description of the services we cover
 - o How to get services
 - o How much services will cost you
 - o Names of health care providers and care manager
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - o Choose a primary care provider (PCP) and change your PCP at any time during the year



- o Use a women's health care provider without a referral
- o Get your covered services and drugs quickly
- o Know about all treatment options, no matter what they cost or whether they are covered
- o Refuse treatment, even if your health care provider advises against it
- o Stop taking medicine, even if your health care provider advises against it
- o Ask for a second opinion. Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) will pay for the cost of your second opinion visit
- o Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - o Get timely medical care
 - o Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - o Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - o Get emergency and care services, 24 hours a day, 7 days a week, without prior authorization
 - o Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - o Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - o Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - o Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - o File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
 - o File a complaint with the Virginia Department of Medical Assistance Services Member Helpline at 1-800-643-2273 (TTY: 1-800-817-6608). The Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) website **Humana.com/VirginiaGrievance** has complaint forms and instructions available online.
 - o Ask for an appeal of Medicaid services or items that are medical in nature
 - o Ask for a State Fair Hearing
 - o Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) Customer Care at the numbers in the footer of this document.



You can also call the Virginia Office of the State Long Term Care Ombudsman for assistance. An “ombudsman” is an advocate who can assist you to resolve problems with plan coverage, plan benefits, health care, behavioral health care and long-term care services and supports. You can contact the Ombudsman at 1-800-552-5019 (TTY users call Virginia Relay at 711).

G. How to file a complaint or appeal a denied service

If you have a complaint or think Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) should cover something we denied, call Customer Care at the numbers in the footer of this document. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) Customer Care at the numbers in the footer of this document.

For complaints, grievances, appeals, as well as the complaint process, please contact Humana at:

PO Box 14163
Lexington, KY 40512-4163
1-844-881-4482

How to file a complaint or appeal a denied service:

If Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) denies an appeal for a Medicare covered service or a Medicare/Medicaid overlap service, we will automatically forward the appeal to the Independent Review Entity (IRE) for review. If the IRE denies the appeal, you can request a hearing with an Administrative Law Judge (ALJ) for Medicare benefits, or you can request a Medicaid State Fair Hearing for Medicaid covered benefits. You can submit a request for a State Fair Hearing to DMAS within 120 calendar days from the date on Humana’s notice of adverse appeal determination letter.

If the ALJ denies an appeal request for Medicare covered services, then you can request review by the Departmental Appeals Board. Any further review of Medicare covered services would be requested to the federal court. If the State Fair Hearing Officer denies an appeal request for Medicaid covered services, then you can request review through the court system.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) Customer Care. Phone numbers are in the footer of this document.
- Or, call Virginia Medicaid Managed Care Helpline at 1-800-643-2273. TTY users may call 1-800-817-6608.
- Call Virginia’s Medicaid Fraud Control Unit at 1-800-371-0824 or 1-804-371-0779 (TTY users dial 711 for Virginia Relay) or by email at MFCU_mail@oag.state.va.us.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**.

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at <https://www.humana.com/legal/multi-language-support>.



If you have questions, please call Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) at 1-844-881-4482, TTY 711, between 8 am to 8 pm EST, seven days a week. The call is free. For more information, visit [Humana.com](https://www.humana.com).

日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយប្រុងប្រយ័ត្នសម្រាប់អ្នកប្រើប្រាស់។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
877-320-1235 (TTY: 711)번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ຊ່ວຍເຫຼືອຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ພຣີ.
ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjì' bee adahodooníłgíí diné bich'ì' anídahazt'i'í, dóó łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjì' hodíilnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

877-320-1235 (TTY: 711) اردو: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: ቋንቋ፣ አገዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችዎ ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bàsà [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fónó-nyo, kè nyo-baŋn-po-kà bɛ bɛ nyuɛɛ se wídí pɛ̀ɛ-pɛ̀ɛ dò ko. **877-320-1235 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn isẹ àtilẹhin ìrànlowọ èdè, àti ọ̀nà kíkà mírán wà lárọwọ́tó. Pe **877-320-1235 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।



Medicare and Medicaid Working Together

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) Customer Care:

1-844-881-4482

Calls to this number are free between 8 am to 8 pm EST, seven days a week.

Customer Care also has free language interpreter services available for non-English speakers.

TTY, call 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free between 8 am to 8 pm EST, seven days a week.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call 24-Hour Clinical Triage Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The number for the 24-Hour Clinical Triage Line is:

1-888-445-8714

Calls to this number are free. 24 hours per day, 7 days per week.

Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) also has free language interpreter services available for non-English speakers.

TTY, call 711

Calls to this number are free. 24 hours per day, 7 days per week.

If you need immediate behavioral health care, please call the 24-Hour Clinical Triage Line:

1-888-445-8714

Calls to this number are free. 24 hours per day, 7 days per week.

Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) also has free language interpreter services available for non-English speakers.

TTY, call 711

Calls to this number are free. 24 hours per day, 7 days per week.