

Humana PathWays Dual Care (HMO-POS D-SNP) 2026 Summary of Benefits

Humana PathWays Dual Care (HMO-POS D-SNP) H4939-001-000

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

Indiana

Our service area includes the following county/counties in Indiana: Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, DeKalb, Dearborn, Decatur, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, La Porte, Lagrange, Lake, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Rush, Scott, Shelby, Spencer, St. Joseph, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, Whitley

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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 member services representative at **800-833-2364 (TTY: 711) between 8 am to 8 pm EST, seven days a week. The call is free. Please note that our automated phone system may answer your call during weekends and holidays.**

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 **800-833-2364 (TTY: 711)** to view a copy of the EOC.
- ☐ Review the *Provider and Pharmacy 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 *Provider and 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 *List of Covered Drugs (Drug List)* 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 Indiana Medicaid.
- ☐ Benefits, premiums and/or copays/coinsurance may change on January 1, 2027.
- ☐ **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 PathWays Dual Care (HMO-POS D-SNP) | 2026 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Humana PathWays Dual Care (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 PathWays Dual Care (HMO-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers



This is a summary of health services covered by Humana PathWays Dual Care (HMO-POS D-SNP) for 2026. 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 866-274-5888.

- ❖ Humana PathWays Dual Care (HMO-POS D-SNP) is a Dual Eligible Special Needs Plan (HMO D-SNP) with a Medicare contract and a Medicaid contract with Indiana Medicaid. Enrollment in this Humana plan depends on contract renewal.
- ❖ Humana PathWays Dual Care (HMO-POS D-SNP) H4939-001-000 has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2028 based on a review of Humana PathWays Dual Care (HMO-POS D-SNP) H4939-001-000 Model of Care.
- ❖ Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.
- ❖ All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.
- ❖ For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- ❖ For more information about Humana PathWays Dual Care (HMO-POS D-SNP), you can check the PathWays webpage at **www.in.gov/pathways/home** or contact the Humana PathWays Dual Care (HMO-POS D-SNP) Office of the Ombudsman at 1-800-622-4484 Monday through Friday between the hours of 9 am and 5 pm.
- ❖ 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 866-274-5888, TTY 711. 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 866-274-5888, TTY 711, between 8 am to 8 pm, 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 Member Services at 866-274-5888, TTY 711. You can call us seven days a week from 8 a.m. to 8 p.m.. Please note that our automated phone system may answer your call during weekends and holidays.
 - 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 Member Services at 866-274-5888, TTY 711 to have their request updated.



If you have questions, please call Humana PathWays Dual Care (HMO-POS D-SNP) at 866-274-5888, TTY (711), between 8 am to 8 pm, seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. 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’s a PathWays FIDE SNP?	<p>Our plan is part of the Indiana PathWays and was designed to provide coordinated care. This program was designed by the Indiana Family and Social Services Administration (FSSA), the state agency that provides Medicaid to Hoosiers. Our plan combines your Medicare and Medicaid services. It combines your doctors, hospital, pharmacy, home care, other home and community-based services, nursing home care and other health care providers into one coordinated care system. It also has care coordinators to help you manage all the services you receive. They all work together to provide the care you need.</p> <p>To be eligible to enroll in a fully-integrated dual eligible (FIDE) special needs plan (SNP) in Indiana, you must be 60 years of age or older, be entitled to Medicare Parts A and B and be eligible for PathWays benefits.</p>
Will I get the same Medicare and Medicaid benefits in Humana PathWays Dual Care (HMO-POS D-SNP) that I get now?	<p>You'll get most of your covered Medicare and Medicaid benefits directly from Humana PathWays Dual Care (HMO-POS D-SNP). You'll 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 and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, for example, directly from Medicaid Rehabilitation Option (MRO) behavioral health services, Area Agencies on Aging (AAAs) or services through Money Follows the Person (MFP) program.</p> <p>When you enroll in Humana PathWays Dual Care (HMO-POS D-SNP), you and your care team will work together to develop a person-centered care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you're taking any Medicare Part D drugs that Humana PathWays Dual Care (HMO-POS D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Humana PathWays Dual Care (HMO-POS D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers in the footer of this document.</p>



Frequently Asked Questions	Answers
Can I use the same 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 PathWays Dual Care (HMO-POS D-SNP) and have a contract with us, you can keep going to 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 PathWays Dual Care (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 PathWays Dual Care (HMO-POS D-SNP)’s plan. 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 PathWays Dual Care (HMO-POS D-SNP) authorizes use of out-of-network providers. If you’re currently under treatment with a provider that’s out of Humana PathWays Dual Care (HMO-POS D-SNP)’s network, or have an established relationship with a provider that’s out of Humana PathWays Dual Care (HMO-POS D-SNP)’s network, call Member Services to check about staying connected. <p>To find out if your providers are in the plan’s network, call Member Services at the numbers in the footer of this document or read Humana PathWays Dual Care (HMO-POS D-SNP)’s Provider and Pharmacy Directory on the plan’s website at Humana.com/PlanDocuments.</p> <p>If Humana PathWays Dual Care (HMO-POS D-SNP) is new for you, we'll work with you to develop a person-centered care plan to address your needs.</p> <p>If you’re undergoing treatment and switch, or newly enroll in a PathWays FIDE SNP plan, there are rules to help you continue your care. During your first 90 days of starting with Humana PathWays Dual Care (HMO-POS D-SNP) we may not require prior authorization for the active course of treatment, even when the treatment is being provided by an out-of-network provider.</p>
What's a Humana PathWays Dual Care (HMO-POS D-SNP) care coordinator?	<p>A Humana PathWays Dual Care (HMO-POS D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need. Call Member Services at the numbers in the footer of this document if you need help reaching your care coordinator.</p>



Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Some of these supports also help caregivers involved with you, such as family or friends who provide help. Most of these types of services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, an Area Agency on Aging or another agency may administer these services, and your care coordinator will work with that agency.
What happens if I need a service but no one in Humana PathWays Dual Care (HMO-POS D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Humana PathWays Dual Care (HMO-POS D-SNP) will pay for the cost of an out-of-network provider. A prior authorization may be required.
Where's Humana PathWays Dual Care (HMO-POS D-SNP) available?	<p>The service area for this plan includes: Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, DeKalb, Dearborn, Decatur, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, La Porte, Lagrange, Lake, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Rush, Scott, Shelby, Spencer, St. Joseph, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, Whitley Counties, Indiana. You must live in one of these areas to join the plan.</p> <p>Call Member Services at the numbers in the footer of this document for more information about whether the plan is available where you live.</p>
What's prior authorization?	<p>Prior authorization means an approval from Humana PathWays Dual Care (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 PathWays Dual Care (HMO-POS D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</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 Member Services at the numbers in the footer of this document for help.</p>



Frequently Asked Questions	Answers
What's a referral?	<p>A referral means that your Primary Medical Provider (PMP) or care team must give you approval to go to someone that isn't your PMP. A referral is different than a prior authorization. If you don't get a referral from your PMP, Humana PathWays Dual Care (HMO-POS D-SNP) may not cover the services. Humana PathWays Dual Care (HMO-POS D-SNP) can provide you with a list of services that require you to get a referral from your PMP or care team before the service is provided.</p> <p>Refer to the <i>Evidence of Coverage Chapter 3</i> to learn more about when you'll need to get a referral from your care team.</p> <p>PathWays has a list of services that members may access through a self-referral process. You can contact your care coordinator or Humana PathWays Dual Care (HMO-POS D-SNP) Member Services at the numbers in the footer of this document for more information.</p>
Do I pay a monthly amount (also called a premium) under Humana PathWays Dual Care (HMO-POS D-SNP)?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Humana PathWays Dual Care (HMO-POS D-SNP)?	No. You don't pay deductibles in Humana PathWays Dual Care (HMO-POS D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Humana PathWays Dual Care (HMO-POS D-SNP)?	There's no cost sharing for medical services in Humana PathWays Dual Care (HMO-POS D-SNP), so your annual out-of-pocket costs will be \$0.



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 (continued on the next page)	Inpatient hospital	\$0	<p>Humana PathWays Dual Care (HMO-POS D-SNP) includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p> <p>You are covered for an unlimited number of medically necessary inpatient hospital days. See Chapter 4, Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered inpatient hospital care services.</p> <p>If you need support leading up to, or after your hospital stay, contact your Care Coordinator by calling Member Services at the numbers in the footer of this document.</p> <p>Except in an emergency, your health care provider must tell the plan of your hospital admission.</p> <p>Prior authorization requirements may apply.</p>
	Outpatient hospital services, including observation	\$0	<p>Humana PathWays Dual Care (HMO-POS D-SNP) covers medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. See Chapter 4, Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered outpatient hospital care services.</p> <p>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.</p> <p>Prior authorization requirements may apply.</p>
	Nursing facility and intermediate care facility services in institutions for mental diseases, age 65 and older	\$0	<p>Intermediate Care Facility care isn't covered for individuals with Intellectual Disabilities. Members receiving psychiatric treatment in a state hospital will be disenrolled from the program.</p>



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 (continued)	Clinic services, by an organized facility or clinic not part of a hospital; free standing ambulatory surgical center (ASC) services	\$0	<p>If you're having surgery in a hospital facility, you should check with your Primary Care Provider (PCP) about whether you'll be an inpatient or outpatient. Unless the provider writes an order to admit you as an inpatient to the hospital, you're an outpatient and pay the cost-sharing amounts for outpatient surgery. Even if you stay in the hospital overnight, you might still be considered an outpatient.</p> <p>Prior authorization requirements may apply.</p>
	Physician or surgeon care	\$0	<p>Humana PathWays Dual Care (HMO-POS D-SNP) covers medically-necessary services you get from a network doctor or surgeon while you are in a hospital for treatment of an illness or injury. See Chapter 4, Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered inpatient doctor or surgeon care services.</p> <p>Prior authorization requirements may apply.</p>
You're seeking a healthcare provider (continued on the next page)	Visits to treat an injury or illness	\$0	<p>Humana PathWays Dual Care (HMO-POS D-SNP) covers medically-necessary services you get from a network doctor or surgeon for treatment of an illness or injury. See Chapter 4, Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered health care provider services.</p> <p>Prior authorization requirements may apply.</p>
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	<p>Humana PathWays Dual Care (HMO-POS D-SNP) covers all preventive services covered at no cost under Original Medicare, also at no cost to you.</p>
	Wellness visits, such as a physical	\$0	<p>If you've had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This is covered once every 12 months.</p> <p>Your first annual wellness visit can't take place within 12 months of your <i>Welcome to Medicare</i> preventive visit. However, you don't need to have had a <i>Welcome to Medicare</i> visit to be covered for annual wellness visits after you've had Part B for 12 months.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You're seeking a healthcare provider (continued)	"Welcome to Medicare" (preventive visit one time only)	\$0	<p>Humana PathWays Dual Care (HMO-POS D-SNP) covers the one-time <i>Welcome to Medicare</i> preventive visit. The visit includes a review of your health, as well as education and counseling about preventive services you need (including certain screenings and shots), and referrals for other care if needed.</p> <p>Important: We cover the <i>Welcome to Medicare</i> 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 <i>Welcome to Medicare</i> preventive visit.</p>
	Specialist care	\$0	<p>Humana PathWays Dual Care (HMO-POS D-SNP) covers medically-necessary services you get from a network specialist for treatment of an illness or injury. See Chapter 4, Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered specialists care services.</p> <p>Prior authorization requirements may apply.</p>
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 PathWays Dual Care (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 <i>Evidence of Coverage</i>. 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	<p>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.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Humana PathWays Dual Care (HMO-POS D-SNP) covers medically necessary diagnostic radiology services you get from a network provider for treatment of an illness or injury. See Chapter 4 , Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered diagnostic radiology services. Services must be ordered by a physician or other practitioner authorized to do so. Prior authorization requirements may apply.
	Lab tests and diagnostic procedures, such as blood work	\$0	Humana PathWays Dual Care (HMO-POS D-SNP) covers medically-necessary lab tests and diagnostic procedures you get from a network provider for treatment of an illness or injury. See Chapter 4 , Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered lab test and diagnostic procedure services. Prior authorization requirements may apply.
You need hearing/auditory services	Hearing screenings	\$0	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. Prior authorization requirements may apply.
	Hearing aids	\$0	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. Hearing aid purchase includes: <ul style="list-style-type: none"> • 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 Advanced hearing aids are available in rechargeable style options. You must see a TruHearing provider to use this benefit. Call 1-844-255-7144 Monday - Friday, 9 a.m. to 9 p.m., EST to schedule an appointment (for TTY, dial 711).



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 (continued on the next page)	Dental check-ups and preventive care	\$0	<p>In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) aren't covered by Original Medicare. However, Humana PathWays Dual Care (HMO-POS D-SNP) pays for dental services in a limited number of circumstances, specifically when that service is an integral part of specific treatment of a person's primary medical condition. Examples include reconstruction of the jaw after a fracture or injury, tooth extractions done in preparation for radiation treatment for cancer involving the jaw, or oral exams prior to organ transplantation. See Chapter 4, Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered Dental check-up and preventative care services.</p> <p>For additional information regarding your dental benefits and in-network providers call Member Services at the numbers listed in the footer of this document or access the online provider directory at Humana.com/FindCare.</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)
You need dental care (continued)	Restorative and emergency dental care	\$0	<ul style="list-style-type: none"> • Scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years • Comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years • Bridge recementation, bridges-pontic, crown recementation, panoramic film or diagnostic x-rays up to 1 every 5 years • Bridges-crown up to 2 every 5 years • Crown, other restorative services - core buildup and prefabricated post and core, root canal, root canal retreatment up to 1 per tooth per lifetime • Bitewing x-rays, intraoral x-rays up to 1 set(s) per year • Emergency diagnostic exam up to 1 per year • Emergency treatment for pain, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year • Periodontal maintenance up to 4 per year • Necessary anesthesia with covered service up to as needed with covered codes per year • Amalgam and/or composite filling, simple or surgical extraction up to unlimited per year • \$2,500 combined maximum benefit coverage amount per year for all diagnostic/preventive and comprehensive benefits. <p>The Mandatory Supplemental Dental benefits are provided through the Humana Dental Medicare Network. The provider locator can be found at Humana.com/FindCare.</p> <p>See Chapter 4, Medical Benefits Grid of the <i>Evidence of Coverage</i> for limitations, exclusions, and disclaimers related to this benefit.</p>
	Medical/surgical services of a dentist	\$0	
You need eye care (continued on the next page)	Eye exams	\$0	<p>Humana PathWays Dual Care (HMO-POS D-SNP) covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.</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)
You need eye care (continued)	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>\$0 copayment for routine exam up to 1 per year</p> <p>\$350 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames.</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>See Chapter 4, Medical Benefits Grid of the <i>Evidence of Coverage</i> for limitations, exclusions, and disclaimers related to this benefit.</p>
	Other vision care	\$0	<p>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.</p>
You need mental health services	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	<p>Humana PathWays Dual Care (HMO-POS D-SNP) provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services.</p> <p>Certain telehealth mental health specialty services may be covered under physician/practitioner services.</p> <p>Prior authorization requirements may apply.</p>
	Psychologist services	\$0	<p>See Chapter 4, Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered Mental Health Services.</p> <p>Prior authorization requirements may apply.</p>
You need substance use disorder services	Rehabilitation services: mental health and substance use disorder services	\$0	<p>Humana PathWays Dual Care (HMO-POS D-SNP) includes inpatient and outpatient substance use disorder services as well as Opioid treatment program services (OYD).</p> <p>See Chapter 4, Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered substance use disorder services.</p> <p>Prior authorization requirements may apply for your Humana PathWays Dual Care (HMO-POS D-SNP) benefits.</p>



If you have questions, please call Humana PathWays Dual Care (HMO-POS D-SNP) at 866-274-5888, TTY (711), between 8 am to 8 pm, seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. The call is free. **For more information**, visit [Humana.com](https://www.humana.com).

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	Humana PathWays Dual Care (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	Prior authorization requirements may apply.
	Adult Family Care	\$0	Prior authorization requirements may apply.
	Assisted Living	\$0	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 (continued on the next page)	Ambulance services	\$0	Humana PathWays Dual Care (HMO-POS D-SNP) covered ambulance services, whether for an emergency or non-emergency situation, include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care if they're furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by our plan. If the covered ambulance services aren't for an emergency situation, it should be documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required. See Chapter 4 , Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered ambulance services. 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.



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 to health services (continued)	Emergency transportation	\$0	<p>Humana PathWays Dual Care (HMO-POS D-SNP) covered ambulance services, whether for an emergency or non-emergency situation, include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care if they're furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by our plan. If the covered ambulance services aren't for an emergency situation, it should be documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required. See Chapter 4, Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered ambulance services.</p> <p>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.</p>
	Non-emergency medical transportation	\$0	<p>Medicaid covers trips up to 50 miles one way to Medicaid covered services. See the Transportation section of the Indiana PathWays for Aging Member Handbook for transportation services.</p>
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	\$0	<p>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.</p>
	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier	<p>\$0 for a 30-day supply of Tier 1 and Tier 2 medications at a network retail pharmacy.</p> <p>Copays for other drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Humana PathWays Dual Care (HMO-POS D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Once you or others on your behalf pay \$2,100, you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Evidence of Coverage</i> for more information on this stage.</p> <p>You can get up to 100-day supply* of most of your drugs through network retail and mail-order pharmacies.</p> <p>*Some drugs are limited to a 30-day supply.</p>



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 (continued)	Over-the-counter (OTC) drugs	\$0	<p>There may be limitations on the types of drugs covered. Please refer to Humana PathWays Dual Care (HMO-POS D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>This plan does cover certain OTC benefits under the Healthy Options Allowance (see Healthy Options section in Additional services).</p>
You need help getting better or have special health needs (continued on the next page)	Rehabilitation services	\$0	<p>Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs).</p> <p>Prior authorization requirements may apply.</p>
	Medical equipment for home care	\$0	<p>Humana PathWays Dual Care (HMO-POS D-SNP) covered items include, but aren't limited to, wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, IV infusion pumps, speech generating devices, oxygen equipment, nebulizers, and walkers.</p> <p>We cover all medically necessary DME covered by Original Medicare. If our supplier in your area doesn't carry a particular brand or manufacturer, you can ask them if they can special order it for you. The most recent list of suppliers is available on our website Humana.com/findadoctor.</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)
You need help getting better or have special health needs (continued)	Dialysis services	\$0	<p>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.</p> <p>Covered services include:</p> <ul style="list-style-type: none"> * Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area, as explained in Chapter 3 of the <i>Evidence of Coverage</i>, or when your provider for this service is temporarily unavailable or inaccessible) * Inpatient dialysis treatments (if you're admitted as an inpatient to a hospital for special care) * Self-dialysis training (includes training for you and anyone helping you with your home dialysis treatments) * Home dialysis equipment and supplies * Certain home support services (such as, when necessary, visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and check your dialysis equipment and water supply) <p>Prior authorization requirements may apply.</p>
	Chiropractic services	\$0	<p>\$0 copay for routine chiropractic visits up to 12 visit(s) per year.</p> <p>Humana Healthy Horizons covers an additional 5 visits and 50 therapeutic physical medicine treatments per year. Full spine x-rays are limited to 1 series per year.</p> <p>Prior authorization requirements may apply.</p>
	Medical and remedial care - other practitioners	\$0	Prior authorization requirements may apply.
	Religious non-medical health care institution and practitioner services	\$0	Prior authorization requirements may apply.
	Speech, hearing and language disorder services	\$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 foot care	Podiatry services	\$0	Covered services include: <ul style="list-style-type: none"> • \$0 copayment for routine podiatry visits up to 12 visit(s) per year. • 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.
	Orthotic services	\$0	Humana PathWays Dual Care (HMO-POS D-SNP) covers Orthotics (other than dental) that replace all or part of a body part or function. These include but aren't limited to testing, fitting, or training in the use of prosthetic and orthotic devices; as well as colostomy bags and supplies directly related to colostomy care, pacemakers, braces, prosthetic shoes, artificial limbs, and breast prostheses (including a surgical brassiere after a mastectomy). Includes certain supplies related to prosthetic and orthotic devices, and repair and/or replacement of prosthetic and orthotic devices. Also includes some coverage following cataract removal or cataract surgery – go to Vision Care in the <i>Evidence of Coverage</i> for more detail. 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 Member Services or refer to Chapter 4 of the <i>Evidence of Coverage</i> .	Wheelchairs, crutches, and walkers	\$0	Humana PathWays Dual Care (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 doesn't carry a particular brand or manufacturer, you can 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.
	Oxygen equipment and supplies	\$0	Prior authorization requirements may apply.
	Prosthetic devices	\$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 help living at home	Home health services	\$0	Prior authorization requirements may apply.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Humana PathWays Dual Care (HMO-POS D-SNP) provides these services if you are found to be eligible through the LTSS screening process. Speak with your care team to learn more. Prior authorization requirements may apply.
	Adult Day Health Services	\$0	Prior authorization requirements may apply.
	Supports for caregivers that help you remain in the community (such as Caregiver Coaching, Respite, Integrative Health Care Coordination and Structured Family Caregiving)	\$0	Prior authorization requirements may apply.
	Services to help you live on your own (home health care services, personal care attendant services and Personal Emergency Response Systems)	\$0	Humana PathWays Dual Care (HMO-POS D-SNP) provides these services if you are found to be eligible through the LTSS screening process. Speak with your care team to learn more. Prior authorization requirements may apply.
	Services to help you with meal preparation and nutrition (such as Home-Delivered Meals and Nutritional Supplements)	\$0	Prior authorization requirements may apply.
	Vehicle Modification	\$0	Prior authorization requirements may apply.
	Pest Control	\$0	Prior authorization requirements may apply.
Additional services (continued on the next page)	Hospice care	\$0	Prior authorization requirements may apply.
	Diabetes supplies and services	\$0	Humana PathWays Dual Care (HMO-POS D-SNP) covers diabetes self-management training, diabetic services, and supplies for all people who have diabetes (insulin and non-insulin users). See Chapter 4 , Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered diabetes supplies and services. For all people who have diabetes (insulin and non-insulin users). 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)
Additional services (continued)	Radiation therapy	\$0	Humana PathWays Dual Care (HMO-POS D-SNP) covers radiation (radium and isotope) therapy including technician materials and supplies services. See Chapter 4 , Medical Benefits Grid of the <i>Evidence of Coverage</i> for covered radiation therapy services. Prior authorization requirements may apply.
	Waiver Case Management	\$0	All members who join the Humana PathWays Dual Care (HMO-POS D-SNP) plan can get help from Care Coordination services. If you also qualify for the PathWays waiver, you will get Service Coordination. This means someone helps you manage special waiver services you may need.
	Meal Benefit	\$0	Humana Well Dine® meal program. Humana's meal program for members with specific conditions or special needs plans (SNPs) and/or following an inpatient stay in the hospital or nursing facility. Meal delivery must be scheduled within 30 days of discharge event. Limited to four (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 medical provider.
	Non-emergency medical transportation	\$0	The member must contact transportation vendor 72 hours (3 business days) in advance of their appointment to arrange transportation and should contact Member Services to be directed to their plan's specific transportation provider. Members are covered for unlimited one-way trips to plan-approved locations within the plan service area per calendar year. There is a maximum allowed travel distance of 100 miles per trip.
	Routine Acupuncture Services	\$0	\$0 copay for acupuncture visits up to 25 visit(s) per year. Authorization rules may apply. The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	*Healthy Options Allowance™	\$0	<p>There is no coinsurance, copayment, or deductible to participate.</p> <p>\$260 monthly allowance on a prepaid spending card.</p> <p>All plan members receive this amount to buy approved over the counter (OTC) health and wellness products at participating retailers or through the plan's approved OTC mail order vendor.</p> <p>Plus, members may also use this money for eligible groceries, utilities, rent, and more, if they have certain qualifying chronic condition(s) and meet other program criteria.</p> <p>Any unused amount rolls over each month and expires at the end of the plan year or upon disenrollment, whichever occurs first.</p> <ul style="list-style-type: none"> • Allowance is available to use at the beginning of every month. • Limitations and restrictions may apply. <p>*This spending allowance is a special program for members with specific health conditions. Qualifying conditions include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. Some plans require at least two conditions and other requirements apply. See the plan's <i>Member Handbook</i> for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.</p>
	Rewards and Incentives Go365 by Humana®	\$0	Complete eligible healthy activities, like preventive screenings and exams, and get rewarded with Go365 Advanced.
	SilverSneakers® fitness program	\$0	Basic fitness center membership including in person and digital fitness classes.
	Chronic Condition Care Assistance	\$0	<p>If you are in a care management program and have already used all the help from your health plan and your community, you may be able to get extra help called Chronic Condition Care Assistance. You and your care manager will work together to decide how to use up to \$1000 each year to help you meet your health care goals based on what the program allows. This help might include:</p> <p><i>This benefit is continued on the next page.</i></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)	Chronic Condition Care Assistance (continued)	\$0	<ul style="list-style-type: none"> • Paying part of your health care costs, like copays • Paying for bills, such as phones, internet, water, gas, or electricity • Helping with your rent or mortgage payment • Getting some safety items for your home or bathroom, like grab bars or shower chairs • Getting approved over-the-counter items <p>You can ask your care manager for the full list of what help is available. The companies chosen by the plan will help pay for or send you these items and services. Please remember, if things are lost or stolen, Humana and these companies are not responsible. You cannot return items or get your money back. The plan does not promise when your bill payments will arrive, and it is not responsible if your bill payment(s) are late. If you use this benefit, you agree to take any risks that come with using other companies for payments. If you do not use your full allowance before your plan ends, you will lose it.</p> <p>For a list of rules and things not covered, visit: https://www.humana.com/member/chronic-condition-care-assistance-exclusion-list</p> <p>This Chronic Care Condition Assistance program is a special program for members with specific health conditions. Qualifying conditions include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. Some plans require at least two conditions and other requirements apply. See the plan's Member Handbook for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.</p>

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



D. Benefits covered outside of Humana PathWays Dual Care (HMO-POS D-SNP)

There are some services that you can get that aren't covered by Humana PathWays Dual Care (HMO-POS D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services 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
Certain mental health/behavioral health services such as Medicaid Rehabilitation Option services	\$0
Psychiatric Treatment in a State Hospital will result in disenrollment from the Humana PathWays Dual Care (HMO-POS D-SNP)	\$0
Intermediate Care Facilities for Individuals with Intellectual Disabilities	\$0
Traumatic Brain Injury Waiver	\$0
Community Integration and Habilitation Waiver	\$0
Family Supports Waiver	\$0

E. Services that Humana PathWays Dual Care (HMO-POS D-SNP), Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about other excluded services.

Services Humana PathWays Dual Care (HMO-POS D-SNP), Medicare, and Medicaid do not cover	
Cosmetic surgery or procedures	
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television	

F. Your rights as a member of the plan

As a member of Humana PathWays Dual Care (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'll 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 aren't 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 coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - o Choose a Primary Medical Provider (PMP) and change your PMP 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're 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 PathWays Dual Care (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 doesn't 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 services without prior authorization in an emergency
 - 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
 - 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
 - o File a complaint with the Indiana Office of Administrative Law at 1-800-457-8283 toll-free phone or you may file a petition for review by submitting an online form, located here: www.in.gov/oalp/file-a-petition-for-review/individuals-or-entities-file-a-petition-for-review/. The Indiana Medicaid website <https://www.in.gov/medicaid/>



[in.gov/medicaid/](https://www.in.gov/medicaid/) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.

- o Ask for an IMR of Medicaid services or items that are medical in nature
- o Appeal certain decisions made by the Indiana Office of Administrative Law or our providers
- 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 PathWays Dual Care (HMO-POS D-SNP) Member Services at the numbers in the footer of this document.

You can also call the Office of the Ombudsman at 1-800-622-4484, Monday through Friday between the hours of 9 am and 5 pm.

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

If you have a complaint or think Humana PathWays Dual Care (HMO-POS D-SNP) should cover something we denied, call Member Services at the numbers in the footer of this document. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call Humana PathWays Dual Care (HMO-POS D-SNP) Member Services 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
866-274-5888

How to file a complaint or appeal a denied service:

If Humana PathWays Dual Care (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 Indiana Office of Administrative Law Proceedings (OLAP) 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 provider, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Humana PathWays Dual Care (HMO-POS D-SNP) Member Services. Phone numbers are in the footer of this document.
- Or, call the Indiana FSSA Program Integrity Hotline at (800) 457-4515 or you may send an email to **ProgramIntegrity.FSSA@fssa.in.gov**.
- Call the Medicaid Customer Service Center at 1-800-403-0864. For TTY needs, members may call 1-877-466-8722.
- 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.



Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

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 PathWays Dual Care (HMO-POS D-SNP) at 866-274-5888, TTY (711), between 8 am to 8 pm, seven days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. 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, ຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ພຣິ.
ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjì' bee adahodooníłgíí diné bich'í' 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 ቅርፅ ለላቸው አገልግሎቶችዎ ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bàsà [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fónó-nyo, kè nyo-boŭn-po-kà bě bé nyuεε se wídí p'éè-p'éè dǒ 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 ònà 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 ।



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

866-274-5888

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

Member Services 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, seven days a week.

If you have questions about your health:

Call your Primary Medical Provider (PMP). Follow your primary medical provider'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:

800-449-9039

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

Humana PathWays Dual Care (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:

800-449-9039

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

Humana PathWays Dual Care (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.