

Summary of Benefits

Humana Dual Integrated (HMO D-SNP) H1396-001

This is a Highly Integrated Dual Eligible (HIDE) Special Needs Plan.
South Carolina

Our service area includes the following county/counties in South Carolina: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, 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 member services representative at **800-833-2364 (TTY: 711) between 8 am to 8 pm EST, seven days a week. Oct. 1 – March 31 and Monday – Friday, April 1 – Sept. 30. The call is free. Please note that our automated phone system may answer your call during weekends and holidays.**

Understanding the Benefits

- ☐ The *Member Handbook* 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)** between 8 am to 8 pm EST, seven days a week, Oct. 1 – March 31 and Monday – Friday, April 1– Sept. 30, to view a copy of the *Member Handbook*.
- ☐ 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* to make sure your drugs are covered.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part A/Part B premiums may be paid for by the South Carolina Healthy Connections Medicaid.
- ☐ Benefits, premiums and/or copays/coinsurance may change on January 1, 2028.
- ☐ **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.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the *Provider and Pharmacy Directory*).
- ☐ 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 Full Benefit Dual Eligible (FBDE), Qualified Medicare Beneficiary Plus (QMB+), Specified Low-Income Medicare Beneficiary Plus (SLMB+).



If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 866-432-0001, 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.**

Humana Dual Integrated (HMO D-SNP) | 2027 Summary of Benefits

Introduction

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

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A. Disclaimers



This is a summary of health services covered by Humana Dual Integrated (HMO D-SNP) for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. Visit **Humana.com/PlanDocuments** to view a copy of the *Member Handbook* or call 866-432-0001, TTY 711, between 8 am to 8 pm, seven days a week, Oct. 1 – March 31 and Monday – Friday, April 1 – Sept. 30.

- Humana Dual Integrated (HMO D-SNP) is a Dual Eligible Special Needs Plan (HMO D-SNP) with a Medicare contract and a Medicaid contract with the South Carolina Healthy Connections Medicaid. Enrollment in this Humana plan depends on contract renewal.
- Humana Dual Integrated (HMO D-SNP) 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 Dual Integrated (HMO D-SNP) Model of Care.
- The Humana Healthy Options allowance is a special supplemental benefit program for members with specific chronic conditions who require intensive care coordination and are at a high risk of hospitalization or other adverse health outcomes. Qualifying conditions may include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. 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. Contact your local HUD office with questions.
- 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), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about Humana Dual Integrated (HMO D-SNP), you can check the South Carolina Healthy Connections Medicaid program website **www.scdhhs.gov/resources/health-managed-care-plans/dual-special-needs-plans** or call 1-888-549-0820 or TTY: 1-888-842-3620, Monday through Friday from 8 a.m. to 6 p.m. Eastern time. You can also call the Long Term Care Ombudsman from the South Carolina Department of Aging at 1-844-477-4632, TTY: 711, Monday through Friday, 8 a.m. to 6 p.m. Eastern time. The Ombudsman is for people of any age who have both Healthy Connections Medicaid and Medicare.
- 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 866-432-0001, TTY 711. You can call us seven days a week from 8 a.m. to 8 p.m., Oct. 1 – March 31 and Monday – Friday April 1 – Sept. 30. Please note that our automated phone system may answer your call during weekends and holidays. 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 866-432-0001, TTY 711, between 8 am to 8 pm, seven days a week. Please note that our



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automated phone system may answer your call during weekends and holidays. 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 866-432-0001, TTY 711. You can call us seven days a week from 8 a.m. to 8 p.m. Oct. 1 – March 31 and Monday – Friday, April 1 – Sept. 30. 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 866-432-0001, TTY 711 between 9 am to 8 pm, seven days a week, Oct. 1 – March 31 and Monday – Friday, April 1 – Sept. 30. to have their request updated.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a HIDE SNP?	Our plan is a highly integrated dual eligible (HIDE) SNP, also called an "integrated D-SNP." A HIDE SNP is a health plan that contracts with both Medicare and Healthy Connections Medicaid to provide benefits of both programs to enrollees. It's for people with both Medicare and Healthy Connections Medicaid. A HIDE SNP is an organization made up of doctors, hospitals, pharmacies, providers of behavioral health (mental health) services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in Humana Dual Integrated (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Healthy Connections Medicaid benefits directly from Humana Dual Integrated (HMO 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's assessment. You may also get other benefits outside of your health plan the same way you do now, outside of the plan. When you enroll in Humana Dual Integrated (HMO D-SNP), you and your care coordinator will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Humana Dual Integrated (HMO 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 Dual Integrated (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the number in the footer of this document.



Frequently Asked Questions	Answers
Can I use the same doctors I use now?	That's often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Humana Dual Integrated (HMO D-SNP) and have a contract with us, you can keep going to them. - 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 Integrated (HMO D-SNP)'s network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. - If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Humana Dual Integrated (HMO 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 Dual Integrated (HMO D-SNP) authorizes use of out-of-network providers. If Humana Dual Integrated (HMO D-SNP) is new for you, you can continue using the doctors you use now for 90 days after you first enroll, even if they're out-of-network. If you need to continue using your out-of-network providers after your first 90 days in our plan, we'll only cover that care if the provider enters a single case agreement with us. If you are getting ongoing treatment from an out-of-network provider and think they may need a single case agreement in order to keep treating you, contact Member Services at 866-432-0001, 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. To find out if your providers are in the plan's network, call Member Services at the number listed in the footer of this document or read Humana Dual Integrated (HMO D-SNP)'s <i>Provider and Pharmacy Directory</i> on the plan's website at Humana.com/PlanDocuments. If Humana Dual Integrated (HMO D-SNP) is new for you, we'll work with you to develop a care plan to address your needs.
What's a Humana Dual Integrated (HMO D-SNP) care coordinator?	A Humana Dual Integrated (HMO 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.
What happens if I need a service but no one in Humana Dual Integrated (HMO 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 Dual Integrated (HMO D-SNP) will pay for the cost of an out-of-network provider.



If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 866-432-0001, 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.**

Frequently Asked Questions	Answers
Where's Humana Dual Integrated (HMO D-SNP) available?	The service area for this plan includes: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York Counties, South Carolina. You must live in one of these areas to join the plan. Call Member Services at the numbers in the footer of this document for more information about whether the plan is available where you live.
What's prior authorization?	Prior authorization means an approval from Humana Dual Integrated (HMO 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 Integrated (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Humana Dual Integrated (HMO 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 Integrated (HMO D-SNP) before the service is provided. Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization. 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.
Do I pay a monthly amount (also called a premium) under Humana Dual Integrated (HMO D-SNP)?	No. Because you have Medicaid, 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 Integrated (HMO D-SNP)?	No. You don't pay deductibles in Humana Dual Integrated (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Humana Dual Integrated (HMO D-SNP)?	There's no cost-sharing for medical services in Humana Dual Integrated (HMO D-SNP), so your annual out-of-pocket costs will be \$0.



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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 stay	\$0	Humana Dual Integrated (HMO 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. You are covered for an unlimited number of medically necessary inpatient hospital days. See Chapter 4, Medical Benefits Grid of the <i>Member Handbook</i> for covered inpatient hospital care services. Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization requirements may apply.
	Outpatient hospital services, including observation	\$0	Humana Dual Integrated (HMO 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>Member Handbook</i> for covered outpatient hospital care services. 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.



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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)	Ambulatory surgical center (ASC) services	\$0	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. Prior authorization requirements may apply.
	Doctor or surgeon care	\$0	Humana Dual Integrated (HMO 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>Member Handbook</i> for covered inpatient doctor or surgeon care services. Prior authorization requirements may apply.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	\$0	Humana Dual Integrated (HMO 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>Member Handbook</i> for covered health care provider services. Prior authorization requirements may apply.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Humana Dual Integrated (HMO D-SNP) covers all preventive services covered at no cost under Original Medicare, also at no cost to you.
	Wellness visits, such as a physical	\$0	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. Your first annual wellness visit can't take place within 12 months of your <i>Welcome to Medicare</i> preventive visit. However, you do not 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.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	"Welcome to Medicare" (preventive visit one time only)	\$0	Humana Dual Integrated (HMO 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. 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.
	Specialist care	\$0	Humana Dual Integrated (HMO 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>Member Handbook</i> for covered specialists care services. Prior authorization requirements may apply.
You need emergency care	Emergency room services	\$0	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. You are covered for emergency care world-wide under your Humana Dual Integrated (HMO 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>Member Handbook</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.
	Urgent care	\$0	Urgently needed services aren't emergency care. You don't need prior authorization and the urgent care center doesn't have to be in-network.



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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 Dual Integrated (HMO 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>Member Handbook</i> for covered diagnostic radiology services. Prior authorization requirements may apply.
	Lab tests and diagnostic procedures, such as blood work	\$0	Humana Dual Integrated (HMO 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>Member Handbook</i> for covered lab test and diagnostic procedure services. Prior authorization requirements may apply.
You need hearing/auditory services (continued on the next page)	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. Healthy Connections Medicaid also covers a re-evaluation of your hearing, up to 6 times per year. Prior authorization requirements may apply.
	Hearing aid evaluation and fitting	\$0	Routine hearing exam up to 1 per year.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (continued)	Hearing aids	\$0	Up to 2 prescription hearing aids every year (1 per ear per year). Benefit is limited to the NationsHearing Level 2 prescription hearing aids, which come in various brands and options. Hearing aid purchase includes: • 1 fitting appointment within the first year following a hearing aid purchase with the original provider • 3 follow-up provider visits during first year following hearing aid purchase with the original provider • 60-day trial period • 3-year extended warranty • 3 years of batteries per per non-rechargeable aid (up to 60 cells per ear per year) Healthy Connections Medicaid also covers 6 additional visits for hearing aid checks and 6 additional visits for fittings. Select Level 2 hearing aids are available in rechargeable style options. You must see a NationsHearing provider to use this benefit. Call 1-888-742-8201 Monday - Friday, 9 a.m. to 9 p.m., EST to schedule an appointment (for TTY, dial 711).
You need dental care (continued on the next page)	Emergency dental procedures by oral surgeons	\$0	See section below for additional details. See Chapter 4 , Medical Benefits Grid of the <i>Member Handbook</i> for limitations, exclusions, and disclaimers related to this benefit.
	Dental procedures related to organ transplants, cancer, joint replacement, heart valve replacement, and trauma Dental check-ups, preventive care, restorative and emergency dental care	\$0	• Amalgam and/or composite filling up to 1 per tooth per surface every 2 years. • Crown recementation up to 1 every 2 years. • Scaling and root planning (deep cleaning) up to 1 per quadrant every 3 years. • Comprehensive oral evaluation or periodontal exam, occlusal adjustment up to 1 every 3 years. • Crown, denture repair – Additions. Other restorative services – Core buildup and prefabricated post and core up top 1 per tooth every 5 years.



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)			• Complete dentures, panoramic film or diagnostic x-rays, partial dentures up to 1 every 5 years. • Root canal, root canal retreatment, simple or surgical extraction up to 1 per tooth per lifetime. • Necessary nitrous oxide/anesthesia with covered service up to 1 unit(s) per visit. • Bitewing x-rays, denture rebase, denture relines, scaling for moderate inflammation, tissue conditioning up to 1 per year. • Denture repair- broken teeth up to 2 per tooth per year. • Adjustments to dentures, denture repair – base and framework, emergency diagnostic exam, emergency treatment for pain, necessary general anesthesia with covered service, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year. • Periodontal maintenance up to 4 per year. • Intraoral x-rays up to 6 per year • Necessary incremental anesthesia with covered service up to as needed with covered codes per year. • \$1,000 maximum benefit coverage amount per year for all diagnostic/preventive and comprehensive benefits. The Mandatory Supplemental Dental benefits are provided through the Humana Dental Medicare Network. The provider locator can be found at Humana.com/FindCare. See Chapter 4, Medical Benefits Grid of the <i>Member Handbook</i> for limitations, exclusions, and disclaimers related to this benefit.
You need eye care (continued on the next page)	Treatment for eye injuries or diseases	\$0	Humana Dual Integrated (HMO D-SNP) covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.
	Initial replacement of lens due to cataract surgery	\$0	



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)	Other vision care	\$0	Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Healthy Connections Medicaid covers an additional eye exam and complete set of glasses for members 20 years of age and younger. \$0 copayment for routine exam up to 1 per year. \$300 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year. See Chapter 4, Medical Benefits Grid of the <i>Member Handbook</i> for limitations, exclusions, and disclaimers related to this benefit.
You need behavioral health services (continued on the next page)	Behavioral health services	\$0	Humana Dual Integrated (HMO D-SNP) provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. See Chapter 4, Medical Benefits Grid of the <i>Member Handbook</i> for covered Behavioral Health Services. Certain telehealth mental health specialty services may be covered under physician/practitioner services. See Section D below for more information about specialty behavioral health.
	Autism Spectrum Disorder Services (ASD) services (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid coverage includes Allowable Evidence Based Practices (EBPs) and adaptive behavior treatment guidance. Services also include, but are not limited to, a cognitive behavioral intervention package, language training, and behavior identification assessments.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued)	Rehabilitative behavioral health services (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid coverage includes screening and assessment, crisis management, and intensive in-home services. Psychotherapy, medication management, and community support services are also included.
	Serious Mental Illness (SMI) services (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid covers assessments for medical and behavioral health needs, a person-centered care plan, and liaison services to coordinate appropriate providers and supports.
	Inpatient and outpatient care and community-based services for people who need Behavioral Health Services	\$0	Humana Dual Integrated (HMO D-SNP) provides coverage for inpatient and outpatient behavioral health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment. See Section D below for more information about specialty behavioral health.
You need substance use disorder services	Substance use disorder services	\$0	Humana Dual Integrated (HMO D-SNP) includes inpatient and outpatient substance use disorder services as well as Opioid treatment program services (OYD). See Chapter 4 , Medical Benefits Grid of the <i>Member Handbook</i> for covered substance use disorder services. Prior authorization requirements may apply for your Humana Dual Integrated (HMO D-SNP) benefits. See Section D below for more information on how to access county substance use disorder services



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 Dual Integrated (HMO 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 Foster Care and Group Adult Foster Care	\$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). Healthy Connections Medicaid also covers an additional 105 hours for any combination of occupational, physical, and speech therapy visits. Prior authorization requirements may apply.



If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 866-432-0001, 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 help getting to health services (continued on the next page)	Ambulance services	\$0	Humana Dual Integrated (HMO 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 are not 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>Member Handbook</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 Transportation to medical appointments and services.	\$0	Humana Dual Integrated (HMO 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 are not 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>Member Handbook</i> for covered ambulance services. 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.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B 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>Member Handbook</i> for more information on these drugs.



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)	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier	**Tiers 1–2: Generic and brand drugs have a \$0 copay. Tiers 3–5: Generic drugs, or brand drugs treated like generics, have a \$0, \$1.65, or \$5.80 copay. Brand drugs have a \$0, \$5, or \$14.40 copay Copays for other drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to Humana Dual Integrated (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. Once you or others on your behalf pay \$2,400 , you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage. You can get up to 100-day supply* of most of your drugs through network retail and mail-order pharmacies. *Some drugs are limited to a 30-day supply. **The drug costs shown are for members who qualify for Medicare's Extra Help program. If you no longer receive Extra Help, you may pay more for your prescriptions. You will receive a letter with your new drug costs.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Humana Dual Integrated (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. This plan does cover certain OTC benefits under the Healthy Options Allowance (see Healthy Options section in Additional services).
You need help getting better or have special health needs (continued on next page)	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.



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)	Medical equipment for home care	\$0	Humana Dual Integrated (HMO D-SNP) covered items include, but are not 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. 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 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.
	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. Covered services include: • Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area, as explained in Chapter 3 of the <i>Member Handbook</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) 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 better or have special health needs (continued)	Clinical services (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid covered services include labs and x-rays, family planning services, and services provided by Developmental Evaluation Centers (DECs) and Ambulatory Surgical Centers (ASCs).
You need foot care	Podiatry services	\$0	Covered services include: • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) Prior authorization requirements may apply.
	Orthotic services	\$0	Humana Dual Integrated (HMO D-SNP) covers Orthotics (other than dental) that replace all or part of a body part or function. These include but are not 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>Member Handbook</i> for more detail. 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 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>Member Handbook</i>.	Wheelchairs, crutches, and walkers	\$0	Humana Dual Integrated (HMO 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 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.
	Nebulizers	\$0	Prior authorization requirements may apply.
	Incontinence supplies (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid covers supplies such as diapers, briefs, and wipes. Incontinence pads, liners, and underpads are also covered.
	Oxygen equipment and supplies	\$0	Prior authorization requirements may apply.
	Augmentative Alternative Communication (AAC) device (Healthy Connections Medicaid Covered)	\$0	Prior authorization requirements may apply.
	Sleep apnea monitors and devices (Healthy Connections Medicaid Covered)	\$0	Prior authorization requirements may apply.



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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. Healthy Connections Medicaid covers an additional 6 visits. Prior authorization requirements may apply.
	Diabetes supplies and services	\$0	Humana Dual Integrated (HMO 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>Member Handbook</i> for covered diabetes supplies and services. For all people who have diabetes (insulin and non-insulin users). Prior authorization requirements may apply.
	Family planning services (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid coverage includes family planning exams, laboratory services, and contraceptives. Counseling services and preventive services are also covered. Sterilizations are also covered. Prior authorization requirements may apply.
	Prosthetic services	\$0	Devices (other than dental) that replace all or part of a body part or function. Prior authorization requirements may apply.
	Early and Periodic Screening, Diagnosis & Treatment (EPSDT) services (Healthy Connections Medicaid Covered)	\$0	For members 20 years old and younger, EPSDT services include physical exams, laboratory tests, immunizations, and appropriate screenings.



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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 Dual Integrated (HMO D-SNP) covers radiation (radium and isotope) therapy including technician materials and supplies services. See Chapter 4 , Medical Benefits Grid of the <i>Member Handbook</i> for covered radiation therapy services. Prior authorization requirements may apply.
	Maternity services (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid coverage includes prenatal and postpartum care, ultrasounds, appropriate screenings, and newborn circumcisions. Birthing center services and nurse midwife services are also covered.
	Services to help manage your disease	\$0	Care management services are provided to all Humana Dual Integrated (HMO D-SNP) enrollees. Care management provides a more intensive level of service if your health requires it.
	Home health services (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid coverage includes home health aide visits (for members 21 years old and older), therapy visits, venipuncture services, and medical supplies.
	Pharmacy services (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid covers services such as sickle cell gene therapy, at-home COVID tests, and tobacco cessation medications.
	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.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Meals and lodging (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid covers meals and lodging for you and an escort when traveling out-of-state to obtain a covered service. Prior authorization requirements may apply.
	Tobacco cessation services (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid covers counseling services to help you quit tobacco. Nicotine replacement therapy is also covered.
	Acupuncture	\$0	Medicare covers acupuncture for chronic low back pain visits up to 20 visit(s) per year. Prior Authorization may be required.
	Communicable Disease Services (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid covers examinations, diagnostic procedures, and treatment. Coverage also includes health education and counseling and contract tracing.
	Smartphone Services (Healthy Connections Medicaid Covered)	\$0	1 free smartphone with monthly talk, text, and data per household for members 18 and older who qualify for the Federal Lifeline Program.
	Nutritional counseling services (Healthy Connections Medicaid Covered)	\$0	Healthy Connections Medicaid covers nutritional counseling for chronic or acute conditions, including medical nutrition therapy and obesity management.



If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 866-432-0001, 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)
Additional services (continued)	*Humana Healthy Options Allowance®	\$0	There is no coinsurance, copayment, or deductible to participate. \$295 monthly allowance on a prepaid spending card. 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. 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. Any unused amount rolls over each month and expires at the end of the plan year or upon disenrollment, whichever occurs first. • Allowance is available to use at the beginning of every month. • Limitations and restrictions may apply. *This spending allowance is a special supplemental benefit program for members with specific chronic conditions who require intensive care coordination and are at a high risk of hospitalization or other adverse health outcomes. Qualifying conditions include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. 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. Contact your local HUD office if you have questions.
	Rewards and Incentives Go365 by Humana®	\$0	Complete eligible healthy activities, like preventive screenings and exams, and get rewarded with Go365 Advanced - Integrated Extra.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Uniform Flexibility Virtual Cardiac Recovery Program	\$0	Virtual cardiac recovery program delivered via telehealth, with up to 36 covered sessions to support recovery and reduce the risk of hospital readmission. Coverage is available Post-Inpatient stay for members with Congestive heart Failure (CHF), Hypertension, Pneumonia or Respiratory Illness

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 Humana Dual Integrated (HMO D-SNP) the *Member Handbook*. If you do not have a *Member Handbook*, call Humana Dual Integrated (HMO 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 Dual Integrated (HMO D-SNP)

There are some services that you can get that aren't covered by Humana Dual Integrated (HMO 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 or a State Agency	Your costs
Certain hospice care services covered outside of Humana Dual Integrated (HMO D-SNP).	\$0
Dental services • Diagnostics (oral evaluation and x-rays) • Preventive care (annual cleaning) • Restorative care (fillings) • Surgical care (extractions / removals)	\$0
Long-Term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. These services are provided through programs called Healthy Connections Community Choices, HIV/AIDs, and/or Mechanical Vent Dependent waiver(s). Contact your care coordinator for more information about getting LTSS and referrals to an appropriate waiver	\$0
Hospice Room and Board	\$0
Non-emergency medical transportation	\$0
Nursing Facility Services	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0

E. Services that Humana Dual Integrated (HMO D-SNP), Medicare, and Medicaid do not 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 Dual Integrated (HMO D-SNP), Medicare, and Medicaid do not cover
Certain visual procedures such as LASIK
Elective or voluntary enhancement procedures or services
Services not considered "reasonable and necessary"
Services provided to veterans in a VA facility

F. Your rights as a member of the plan

As a member of Humana Dual Integrated (HMO 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 *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - 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, sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - 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:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - 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:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Humana Dual Integrated (HMO D-SNP) will pay for the cost of your second opinion visit



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- 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:
 - Get timely medical care
 - 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
 - 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:
 - Get emergency services without prior authorization in an emergency
 - 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:
 - 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
 - Have your personal health information kept private.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - File a complaint with the South Carolina Department of Public Health at **www.dph.sc.gov/professionals/healthcare-quality/file-complaint** or by phone: 1-800-922-6735 and TTY: 711. The Humana Dual Integrated (HMO D-SNP) website **Humana.com**
 - Ask for an IMR of Medicaid services or items that are medical in nature
 - Appeal certain decisions made by Healthy Connections Medicaid, our plan, or our providers
 - Ask for a State Fair Hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Humana Dual Integrated (HMO D-SNP) Member Services at the numbers in the footer of this document.

You can also call the special Long Term Care Ombudsman from the South Carolina Department of Aging at 1-844-477-4632, TTY: 711, Monday through Friday, 8 a.m. to 6 p.m. Eastern time. The Ombudsman is for people of any age who have both Healthy Connections Medicaid and Medicare.

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

If you have a complaint or think Humana Dual Integrated (HMO 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 *Member Handbook*. You can also call Humana Dual Integrated (HMO 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 us using the information below:

By Mail at
Humana Grievance & Appeals
PO Box 14546
Lexington, KY 40512-4546
By Phone at:
866-432-0001 (TTY: 711)

How to file a complaint or appeal a denied service:

If Humana Dual Integrated (HMO 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 SCDHHS 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 Integrated (HMO D-SNP) Member Services. Phone numbers are in the footer of this document.
- Or, call Healthy Connections Medicaid Fraud Hotline at 1-888-364-3224. TTY users may call 711. You can also email fraudres@scdhhs.gov.
- 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.



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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**.

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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)**.

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877-320-1235 (TTY: 711) ላይ ይደውሉ።

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

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

Bàsà [Bassa]: Wuḍu-xwíniín-mú-zà-zà kùà, hwòdǒ-fónó-nyò,, kè nyo-bǒ-po-kà bě bě wa nyuésé wíqí péré-pérédò kò. Dá **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]: Gen sèvis lengwistik gratis, èd oksilyè, ak lòt fòm sèvis ki disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupne su besplatne jezične usluge, usluge dodatne pomoći i 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 d'assistance linguistique, d'aide auxiliaire et de format alternatif sont disponibles. Appelez le **877-320-1235 (ATS : 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]: મફત 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)**.

हिंदी [Hindi]: निःशुल्क 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)**.

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

GHHNOA2026HUM_0526

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

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 សេវាកម្មជំនួយផ្សេងៗដល់អ្នកមានការពិការភាព។ 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]: ມີບໍລິການພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໆເພື່ອຄຳໃຫ້. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad bee áná'álwo', bee haz'áanii, dóó naaltsoos t'áá ajilíí'ígíí bee ak'e'elyaaígíí t'áá jik'eh hóló. **877-320-1235 (TTY: 711)** bich'í' hodiílnih.

नेपाली [Nepali]: निःशुल्क भाषा सेवा, सहायक सामग्री र वैकल्पिक ढाँचाका सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।

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

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

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਾਮਗਰੀ, ਅਤੇ ਵਿਕਲਪਿਕ ਢਾਂਚਾਕਾ 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 serbisyon pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: மொழி,, உதவிப் பொருட்கள் மற்றும் மாற்று வடிவமைப்புச் சேவைகள் இலவசமாகக் கிடைக்கின்றன. **877-320-1235 (TTY: 711)** எண்ணை அழைக்கவும்.

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

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

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

Òyìnbó [Yoruba]: Àwọn ọ̀ṣẹ̀ àtìlẹ́hìn ìrànlọ́wọ̀ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ̀tọ̀ lófẹ̀ẹ̀. Pe **877-320-1235 (TTY: 711)**.

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

866-432-0001

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 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:

877-837-6952

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

Humana Dual Integrated (HMO 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:

877-837-6952

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

Humana Dual Integrated (HMO 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.