2027

# Summary of Benefits

## Humana Dual Fully Integrated H2875-003 (HMO D-SNP)

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

Southwest Virginia

Our service area includes the following county/counties in Virginia: Bristol City, Buchanan, Dickenson, Grayson, Lee, Norton City, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe

Humana. | CardinalCare Virginia's Medicaid Program

**Medicare and Medicaid Working Together**

H2875_SB_MAPD_HMO_003000_2027_M

## 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* 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 *Evidence of Coverage*.
- [ ] 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

- [ ] 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 Virginia Department of Medical Assistance Services (Medicaid) under the Cardinal Care (Medicaid) program.
- [ ] 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+).

# Humana Dual Fully Integrated H2875-003 (HMO D-SNP) | 2027 Summary of Benefits

## Introduction

This document is a brief summary of the benefits and services covered by Humana Dual Fully Integrated H2875-003 (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 Fully Integrated H2875-003 (HMO 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 Dual Fully Integrated H2875-003 (HMO D-SNP) for 2027. 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 *Evidence of Coverage* or contact us at the numbers listed at the bottom of the page.

- Humana Dual Fully Integrated H2875-003 (HMO D-SNP) is a Dual Eligible Special Needs Plan (HMO D-SNP) with a Medicare contract and a Medicaid contract with the Virginia Department of Medical Assistance Services (Medicaid) under the Cardinal Care (Medicaid) Cardinal Care managed Care program. Enrollment in this Humana plan depends on contract renewal.
- Humana Dual Fully Integrated H2875-003 (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2027 based on a review of Humana Dual Fully Integrated H2875-003 (HMO D-SNP) 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
- The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, please refer to the plan's *Evidence of Coverage* on our website, **Humana.com/PlanDocuments**.
- 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 *Evidence of Coverage* 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. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- 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 844-881-4482, 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 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 844-881-4482, TTY 711, between 8 am to 8 pm, seven days a week. Please note that our

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 844-881-4482, 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 844-881-4482, TTY 711 to have their request updated.

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions | Answers |
| --- | --- |
| **What's a Humana Dual Fully Integrated H2875-003 (HMO D-SNP) D-SNP?** | Dual Eligible Special Needs Plan (D-SNP) - D-SNPs enroll members who are entitled to both Medicare (Title XVIII of the Social Security Act) and medical assistance from a state plan under Medicaid (Title XIX). States cover some Medicare costs, depending on the state and the member's eligibility.<br><br>Virginia's Medicaid managed care program is called Cardinal Care Managed Care (CCMC). Humana Healthy Horizons in Virginia provides Medicaid managed care services to members enrolled in the CCMC program statewide. Managed care covered populations include low-income families and children; aged, blind and disabled (ABD) individuals; medically complex Modified Adjusted Gross Income (MAGI) adults (adults ages 19 to 64 who are parents or caretaker adult relatives with a child under age 19); and members receiving long-term services and supports (LTSS). Members enrolled in Cardinal Care are exempt from cost-sharing.<br><br>Members enrolled in Humana Dual Fully Integrated H2875-003 (HMO D-SNP) are exempt from payment of cost share applied to Medicare Part A or Part B services. All plan members will be assigned a Care Coordinator or Care Manager who will assist the member in accessing all plan benefits and services.<br><br>To enroll into Humana Dual Fully Integrated H2875-003 (HMO D-SNP) you must be entitled to both Medicare Part A and enrolled in Medicare Part B, you must live in the plan service area and receive certain levels of assistance from Virginia Department of Medical Assistance Services (Medicaid). This plan may enroll the following Medicaid eligibility levels: Full Benefit Dual Eligible (FBDE), Qualified Medicare Beneficiary Plus (QMB+), and Specified Low-Income Medicare Beneficiary Plus (SLMB+). |

| Frequently Asked Questions | Answers |
| --- | --- |
| **Will I get the same Medicare and Cardinal Care Medicaid benefits in Humana Dual Fully Integrated H2875-003 (HMO D-SNP) that I get now?** | You'll get most of your covered Medicare and Cardinal Care Medicaid benefits directly from Humana Dual Fully Integrated H2875-003 (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 care manager's or care coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services.<br><br>When you enroll in Humana Dual Fully Integrated H2875-003 (HMO D-SNP), you and your care team will work together to develop an Individualized Care Plan (ICP) that addresses your health and support needs and reflects your personal preferences and goals.<br><br>If you're taking any Medicare Part D drugs that Humana Dual Fully Integrated H2875-003 (HMO D-SNP) doesn't normally cover, you can get a temporary supply. We'll help you to transition to another drug or get an exception for Humana Dual Fully Integrated H2875-003 (HMO D-SNP) to cover your drug if medically necessary. Medicaid may cover drugs through Cardinal Care that aren't covered by Medicare. For more information, call Member Services at the number in the footer of this document. |

| Frequently Asked Questions | Answers |
|---|---|
| **Can I use the same health care providers 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 Fully Integrated H2875-003 (HMO D-SNP) and have a contract with us, you can keep using them.<br><br>• Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Humana Dual Fully Integrated H2875-003 (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.<br><br>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Humana Dual Fully Integrated H2875-003 (HMO D-SNP)'s plan network. You must use network providers to get your medical care and services. If you go elsewhere without prior authorization you may have to pay in full. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Humana Dual Fully Integrated H2875-003 (HMO D-SNP) authorizes use of out-of-network providers.<br><br>• If you're currently under treatment with a provider or have an established relationship with a provider that's out of Humana Dual Fully Integrated H2875-003 (HMO D-SNP)'s network, you can stay connected with your existing provider for a period of time. Call Member Services to check about staying connected.<br><br>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 Dual Fully Integrated H2875-003 (HMO D-SNP)'s *Provider and Pharmacy Directory* on the plan's website at **Humana.com/PlanDocuments**.<br><br>If Humana Dual Fully Integrated H2875-003 (HMO D-SNP) is new for you, we'll work with you to develop Individualized Care Plan to address your needs. |
| **What's a Humana Dual Fully Integrated H2875-003 (HMO D-SNP) care coordinator or care manager?** | A Humana Dual Fully Integrated H2875-003 (HMO D-SNP) care coordinator or care manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need. |

| Frequently Asked Questions | Answers |
|---|---|
| **What are Long-term Services and Supports (LTSS)?** | Long-Term Services and Supports (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Humana Dual Fully Integrated H2875-003 (HMO D-SNP) provides LTSS if you're found to be eligible through the LTSS screening process. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. In some cases, a county or other agency may provide these services, and your care team will work with that agency. |
| **What happens if I need a service but no one in Humana Dual Fully Integrated H2875-003 (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 Fully Integrated H2875-003 (HMO D-SNP) will cover services provided by an out-of-network provider. |
| **Where's Humana Dual Fully Integrated H2875-003 (HMO D-SNP) available?** | The service area for this plan includes: Bristol City; Buchanan; Dickenson; Grayson; Lee; Norton City; Russell; Scott; Smyth; Tazewell; Washington; Wise; Wythe Counties, Virginia. You must live in one of these areas to join the plan.<br><br>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 that you must get an approval from Humana Dual Fully Integrated H2875-003 (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 Fully Integrated H2875-003 (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.<br><br>**If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** Humana Dual Fully Integrated H2875-003 (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 Fully Integrated H2875-003 (HMO D-SNP) before the service is provided.<br><br>Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Medical Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization.<br><br>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 Fully Integrated H2875-003 (HMO D-SNP)?** | No. Because you have Cardinal Care, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage. |

| Frequently Asked Questions | Answers |
| --- | --- |
| **Do I pay a deductible as a member of Humana Dual Fully Integrated H2875-003 (HMO D-SNP)?** | No. You don't pay deductibles in Humana Dual Fully Integrated H2875-003 (HMO D-SNP). |
| **What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Humana Dual Fully Integrated H2875-003 (HMO D-SNP)?** | There's no cost-sharing for medical services in Humana Dual Fully Integrated H2875-003 (HMO D-SNP), so your annual out-of-pocket costs will be $0. Members who get LTSS, including skilled and custodial nursing facility placement and CCC Plus Waiver Services, may have a monthly patient pay amount as determined by the Virginia Department of Social Services. |

## C. List of covered services

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

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need hospital care (continued on the next page)** | Inpatient hospital stay | $0 | Humana Dual Fully Integrated H2875-003 (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.<br><br>You are covered for an unlimited number of medically necessary inpatient hospital days. See **Chapter 4**, Medical Benefits Grid *of the Evidence of Coverage* for covered inpatient hospital care services. Except in an emergency, your health care provider must tell the plan about your hospital admission.<br><br>Prior authorization requirements may apply. |
| | Outpatient hospital services, including observation | $0 | Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage* for covered outpatient hospital care services.<br><br>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.<br><br>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 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.<br><br>Prior authorization requirements may apply. |
| | Doctor or surgeon care | $0 | Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage* for covered inpatient doctor or surgeon care services.<br><br>Prior authorization requirements may apply. |
| **You want to use a health care provider (continued on the next page)** | Visits to treat an injury or illness | $0 | Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage* for covered health care provider services.<br><br>Prior authorization requirements may apply. |
| | Preventive care (Care to keep you from getting sick, such as flu shots and screenings to check for cancer) | $0 | Humana Dual Fully Integrated H2875-003 (HMO D-SNP) covers all preventive services covered at no cost under Original Medicare, also at no cost to you. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You want to use a health care provider (continued)** | 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.<br><br>Your first annual wellness visit can't take place within 12 months of your *Welcome to Medicare* preventive visit. However, you don't need to have had a *Welcome to Medicare* visit to be covered for annual wellness visits after you've had Part B for 12 months. |
| | "Welcome to Medicare" (preventive visit one time only) | $0 | Humana Dual Fully Integrated H2875-003 (HMO D-SNP) covers the one-time *Welcome to Medicare* 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.<br><br>Important: We cover the *Welcome to Medicare* preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor's office know you would like to schedule your *Welcome to Medicare* preventive visit. |
| | Specialist care | $0 | Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage* for covered specialists care services.<br><br>Prior authorization requirements may apply. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need emergency care** | Emergency room services | $0 | You may use any emergency room if you reasonably believe you need emergency care. You don't need prior authorization, and the hospital doesn't have to be in-network.<br><br>You are covered for emergency care world-wide under your Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage*. We may not reimburse you for all out of pocket expenses. This is because our contracted rates may be lower than provider rates outside of the U.S. and its territories. You are responsible for any costs exceeding our contracted rates as well as any applicable member cost share. |
| | 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. |
| **You need medical tests** | Lab tests and diagnostic procedures, such as blood work | $0 | Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage* for covered lab test and diagnostic procedure services.<br><br>Prior authorization requirements may apply. |
| | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | $0 | Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage* for covered diagnostic radiology services.<br><br>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 hearing/ auditory services** | Hearing screenings (including routine hearing exams) | $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.<br><br>Prior authorization requirements may apply. |
| | Hearing aid evaluation and fitting | $0 | Routine hearing exam up to 1 per year. |
| | Hearing aids (as well as fittings and associated accessories and supplies) | $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.<br><br>Hearing aid purchase includes:<br>• 1 fitting appointment within the first year following a hearing aid purchase with the original provider<br>• 3 follow-up provider visits during first year following hearing aid purchase with the original provider<br>• 60-day trial period<br>• 3-year extended warranty<br>• 3 years of batteries per per non-rechargeable aid (up to 60 cells per ear per year)<br><br>Select Level 2 hearing aids are available in rechargeable style options.<br><br>**You must see a NationsHearing provider to use this benefit. Call1-888-742-8210 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 | In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare. However, Humana Dual Fully Integrated H2875-003 (HMO 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.<br><br>See **Chapter 4**, Medical Benefits Grid of the *Evidence of Coverage* for covered Dental check-up and preventative care services.<br><br>Cardinal Care provides a full range of dental care for both children and adults through DentaQuest, its Medicaid Dental Benefits Administrator. Contact 888-912-3456 for information or visit **www.dentaquest.com/en/members/virginia-medicaid-dental-coverage/cardinal-care-smiles**<br><br>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 dental care (continued)** | Restorative and emergency dental care | $0 | Cardinal Care provides coverage for restorative and emergency dental care. Braces for adults over age 21 are not covered. Contact DentaQuest at the number above for coverage information.<br><br>Plan Humana Dual Fully Integrated H2875-003 (HMO D-SNP) covers up to **$4,000** allowance every year for non-Medicare covered preventive and comprehensive dental services. You are responsible for any amount above the dental coverage limit. Any amount unused at the end of the year will expire.<br><br>Your benefit can be used for most dental treatments such as:<br>• Preventive dental services, such as exams, routine cleanings, etc.<br>• Basic dental services, such as fillings, extractions, etc.<br>• Major dental services, such as periodontal scaling, crowns, dentures, root canals, bridges etc.<br>• Frequency limits may apply<br><br>Note: The allowance cannot be used on fluoride, cosmetic services and implants.<br><br>The Mandatory Supplemental Dental benefits are provided through the Humana Dental Medicare Network. The provider locator can be found at **Humana.com/FindCare**.<br><br>See **Chapter 4**, Medical Benefits Grid of the *Evidence of Coverage* for limitations, exclusions, and disclaimers related to this benefit. |
| **You need eye care (continued on the next page)** | Eye exams | $0 | Humana Dual Fully Integrated H2875-003 (HMO D-SNP) covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.<br><br>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 eye care (continued)** | Glasses or contact lenses | $0 | Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefit.<br><br>**Medicare Supplement Benefit**<br>Eyewear Benefit (1 per calendar year) at a Humana Medicare Integrated Vision Network optical provider<br><br>**$0** copayment for routine exam up to 1 per year.<br><br>**$350** maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames.<br><br>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.<br><br>See **Chapter 4**, Medical Benefits Grid of the *Evidence of Coverage* for limitations, exclusions, and disclaimers related to this benefit. |
| | Other vision care (including diagnosis and treatment for diseases and conditions of the eye) | $0 | Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Original Medicare does not cover routine eye exams (eye refractions) for eyeglasses/contacts. |
| **You have a mental health condition (continued on the next page)** | Mental Health Services | $0 | Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage* for covered Mental Health Services.<br><br>Certain telehealth mental health specialty services may be covered under physician/ practitioner services.<br><br>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 have a mental health condition (continued)** | Inpatient and outpatient care and community-based services for people who need Mental Health Services | $0 | Humana Dual Fully Integrated H2875-003 (HMO D-SNP) provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment.<br><br>Prior authorization requirements may apply |
| **You need a substance use disorder service** | Substance use disorder services | $0 | Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage* for covered substance use disorder services.<br><br>Through the Cardinal Care Addiction and Recovery Treatment Services (ARTS) program, Humana Dual Fully Integrated H2875-003 (HMO D-SNP) provides coverage for a full range of addiction treatment services, including outpatient and intensive outpatient services, case management, residential and opioid treatment services.<br><br>If you need Addiction Recovery Treatment Services (ARTS), please call the ARTS line: **888-445-8714**. Calls to this number are free. 24 hours per day, 7 days per week.<br><br>Prior authorization requirements may apply for your Humana Dual Fully Integrated H2875-003 (HMO D-SNP) benefits. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need a place to live with people available to help you** | Skilled nursing care | $0 | Humana Dual Fully Integrated H2875-003 (HMO D-SNP) provides coverage for skilled and intermediate nursing facility care.<br><br>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.<br><br>Prior authorization requirements may apply. |
| | Nursing home care (Cardinal Care Covered) | $0 | Cardinal Care provides coverage for Nursing home care.<br><br>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).<br><br>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 on the next page)** | Ambulance services | $0 | Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage* for covered ambulance services.<br><br>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.<br><br>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 | Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage* for covered ambulance services.<br><br>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. |
| | Transportation to medical appointments and services | $0 | Includes transportation to services covered by Medicare. Cardinal Care also provides coverage through Medicaid for Non Emergency Medical Transportation services. |
| **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 **Chapter 5** of the *Evidence of Coverage* 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<br>Tier 1: Preferred Generic<br>Tier 2: Generic<br>Tier 3: Preferred Brand<br>Tier 4: Non-Preferred Drug<br>Tier 5: Specialty Tier | **Tiers 1–2: Generic and brand drugs have a $0 copay.<br><br>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<br><br>Copays for other drugs may vary based on the level of Extra Help you get.<br><br>Please contact the plan for more details. | There may be limitations on the types of drugs covered. Please refer to Humana Dual Fully Integrated H2875-003 (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information.<br><br>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 **Chapter 6** of the *Evidence of Coverage* for more information on this stage.<br><br>You can get up to 100-day supply* of most of your drugs through network retail and mail-order pharmacies.<br><br>*Some drugs are limited to a 30-day supply.<br>**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 Fully Integrated H2875-003 (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information.<br><br>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).<br><br>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 Fully Integrated H2875-003 (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.<br><br>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**.<br><br>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.<br><br>Covered services include:<br>• Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area, as explained in **Chapter 3** of the *Evidence of Coverage*, or when your provider for this service is temporarily unavailable or inaccessible)<br>• Inpatient dialysis treatments (if you're admitted as an inpatient to a hospital for special care)<br>• Self-dialysis training (includes training for you and anyone helping you with your home dialysis treatments)<br>• Home dialysis equipment and supplies<br>• 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)<br><br>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:<br>• Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs)<br>• Routine foot care for members with certain medical conditions affecting the lower limbs up to 12 visit(s) per year.<br><br>Prior authorization requirements may apply. |
| | Orthotics | $0 | Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage* for more detail.<br><br>Prior authorization requirements may apply. |
| **You need durable medical equipment (DME)**<br><br>**Note:** This is not a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Evidence of Coverage*. | Wheelchairs, crutches, walkers, nebulizers, oxygen equipment, and supplies | $0 | Humana Dual Fully Integrated H2875-003 (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.<br><br>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**.<br><br>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 services, such as cleaning or housekeeping, or home modifications such as grab bars (Cardinal Care Covered) | $0 | Home modifications may be covered by Cardinal Care through the CCC Plus Waiver. Modifications may be made to your primary residence or primary vehicle and must enable you to function with greater independence. Contact your Care Coordinator or Care Manager to learn more.<br><br>Prior authorization requirements may apply. |
| | Adult Day Health Services (Cardinal Care Covered) | $0 | Cardinal Care provides these services if you're found to be eligible through the LTSS screening process.<br><br>Prior authorization requirements may apply. |
| **Additional services (continued on the next page)** | Chiropractic services | $0 | **$0** copay for routine chiropractic visits up to 12 visit(s) per year.<br><br>Prior authorization requirements may apply. |
| | Diabetes supplies and services | $0 | Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage* for covered diabetes supplies and services.<br><br>For all people who have diabetes (insulin and non-insulin users).<br><br>Prior authorization requirements may apply. |
| | Prosthetic services | $0 | Humana Dual Fully Integrated H2875-003 (HMO D-SNP) provides coverage for medically necessary prosthetics for children under age 21 and for adults and children when recommended as part of an approved intensive rehabilitation program.<br><br>Devices (other than dental) that replace all or part of a body part or function.<br><br>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 Dual Fully Integrated H2875-003 (HMO D-SNP) covers radiation (radium and isotope) therapy including technician materials and supplies services. See **Chapter 4**, Medical Benefits Grid of the *Evidence of Coverage* for covered radiation therapy services.<br><br>Prior authorization requirements may apply. |
| | Services to help manage your disease | $0 | Care management or care coordination services are provided to all Humana Dual Fully Integrated H2875-003 (HMO D-SNP) enrollees. Care management provides a more intensive level of service if your health requires it. |
| | Meal Benefit | $0 | Humana Well Dine® meal program. After your inpatient stay in either a hospital or a nursing facility, you may be eligible to receive 2 home delivered meals per day for 7 days (up to 14 meals). Meals must be requested within 30 days of discharge from your inpatient stay. Limited to 4 times per year. |
| | HMO Travel | $0 | Covered services must be provided by providers within the National Medicare HMO or SNP network. If you are planning to travel outside of your service area and anticipate needing to use the HMO Travel Benefit, it is recommended that you notify your Primary Care Provider (PCP). |
| | Housing Assistance (Cardinal Care Covered) | $0 | Up to $250 per year to help pay late apartment rent, trailer park lot rent, or mortgage payments for members 18 or older who are at risk of losing their home. |
| | Workforce Development (Cardinal Care Covered) | $0 | Up to $200 per year to help pay for a professional certification or license, or work clothing or gear for members 18 and older. |
| | Acupuncture | $0 | Medicare covers acupuncture for chronic low back pain visits up to 20 visit(s) per year.<br><br>Prior Authorization may be required. |
| | Home-Based Asthma Interventions (Cardinal Care Covered) | $0 | Up to $200 per year to use toward hypoallergenic pillowcases, mattress covers, or an air purifier for members with asthma who take part in a Care Management program. |

| 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.<br><br>**$270** monthly allowance on a prepaid spending card.<br><br>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.<br><br>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.**<br><br>Any unused amount rolls over each month and expires at the end of the plan year or upon disenrollment, whichever occurs first.<br>• Allowance is available to use at the beginning of every month.<br>• Limitations and restrictions may apply.<br><br>*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 *Evidence of Coverage* 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. |
| | SilverSneakers® fitness program | $0 | Basic fitness center membership including in person and digital fitness classes. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Additional services (continued)** | Respite Care (Cardinal Care Covered) | $0 | Cardinal Care members not covered by a waiver program may receive up to 240 hours of caregiver respite services per year. A 4-hour minimum is required per use.<br><br>Prior authorization requirements may apply. |
| | 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 Fully Integrated H2875-003 (HMO D-SNP) the *Evidence of Coverage*. If you do not have a *Evidence of Coverage*, call Humana Dual Fully Integrated H2875-003 (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 Fully Integrated H2875-003 (HMO D-SNP)

There are some services that you can get that aren't covered by Humana Dual Fully Integrated H2875-003 (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 documentto find out about these services.

| Other services covered directly by Medicare or Medicaid | Your costs |
|---|---|
| Developmental disability support coordination | $0 |
| Transportation to waiver services provided through the Building Independence (BI), Community Living (CL), and Family and Individual Supports (FIS) Medicaid waivers. | $0 |

## E. Services that Humana Dual Fully Integrated H2875-003 (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 Fully Integrated H2875-003 (HMO D-SNP), Medicare, and Medicaid do not cover | |
|---|---|
| Nursing services provided in a Christian Science Sanatorium | Reversal of sterilization procedures and/or non-prescription contraceptive supplies. |
| Charges for equipment which is primarily and customarily used for a nonmedical purpose, even though the item has some remote medically related use. | Experimental medical and surgical procedures, equipment and medications unless under a Medicare-approved research study or by our plan |
| Nonconventional interocular lenses (IOLs) following cataract surgery, including:<br>• an astigmatism correcting function of an intraocular lens<br>• a presbyopia correcting function of an intraocular lens | Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television |
| Services considered not reasonable and necessary, according to Original Medicare and/or Cardinal Care (Medicaid) standards | Cosmetic surgery or procedures |

## F. Your rights as a member of the plan

As a member of Humana Dual Fully Integrated H2875-003 (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 *Evidence of Coverage*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - 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/or care manager

- **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 Fully Integrated H2875-003 (HMO D-SNP) will pay for the cost of your second opinion visit
- 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 and care services, 24 hours a day, 7 days a week, without prior authorization
  - 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. No personal health information will be released to anyone without your consent, unless required by law.
  - 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. You also have the right to appeal certain decisions made by us or our providers.
  - File a complaint with the Virginia Department of Medical Assistance Services Member Helpline at 1-800-643-2273 (TTY: 1-800-817-6608). Complaints and concerns can also be submitted online at the Department's website at https://www.ask.vamedicaid.dmas.virginia.gov/ask-va-medicaid#/request/new/new_cs221109184714?gid=00000000-0000-0000-0000-000000000000. The Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP) website **Humana.com/VirginiaGrievance** has complaint forms and instructions available online.
  - Ask for an appeal of Medicaid services or items that are medical in nature
  - 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 Evidence of Coverage*. If you have questions, you can call Humana Dual Fully Integrated H2875-003 (HMO D-SNP) Member Services at the numbers in the footer of this document.

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

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

If you have a complaint or think Humana Dual Fully Integrated H2875-003 (HMO D-SNP) should cover

something we denied, call Member Services at the numbers in the footer of this document. 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. You can file a complaint or appeal our decision. 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 Dual Fully Integrated H2875-003 (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 14163
Lexington, KY 40512-4163

By Fax at:
844-881-4482

How to file a complaint or appeal a denied service:

If Humana Dual Fully Integrated H2875-003 (HMO D-SNP) denies an appeal for a Medicare or Medicaid covered services, 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 Virginia Department of Medical Services (Medicaid) 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.

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## H. What to do if you suspect fraud

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

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

- Call us at Humana Dual Fully Integrated H2875-003 (HMO D-SNP) Member Services. Phone numbers are in the footer of this document.
- Or, call Virginia Medicaid Managed Care Helpline at 1-800-643-2273. TTY users may call 1-800-817-6608.
- Call Virginia's Medicaid Fraud Control Unit at 1-800-371-0824 or 1-804-371-0779 (TTY users dial 711 for Virginia Relay) or by email at MFCU_mail@oag.state.va.us.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

# 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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العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق 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:

Bǎsɔ́ɔ̀ [Bassa]: Wuɖu-xwíníín-mú-zà-zà kǔà, hwòɖǒ-fɔ́nɔ́-nyɔ̀,, kè nyɔ-ɓɔ̌-po-kà ɓě ɓɛ́ wa nyuɛsé wíɖí pɛ́ɛ̀-pɛ́ɛ̀ɖò kɔ. Ɖá **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 fòma 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 કૉલ 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)**.

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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。

ภาษาไทย [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ 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 ຮູບແບບທາງເລືອກອື່ນບໍ່ເສຍຄ່າໃຫ້. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad bee áná'álwo', bee haz'áanii, dóó naaltsoos t'áá ajiłii'ígíí bee ak'e'elyaaígíí t'áá jiik'eh hólǫ́. **877-320-1235 (TTY: 711)** bich'į' hodíílnih.

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 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]: 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.

اردو [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 iṣẹ́ àtìlẹ́hìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà lárọ̀wọ́tó lọ́fẹ̀ẹ́. Pe **877-320-1235 (TTY: 711)**.

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

# Notes

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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 Fully Integrated H2875-003 (HMO D-SNP) Member services:**

844-881-4482
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:

888-445-8714
Calls to this number are free. 24 hours per day, 7 days per week.
Humana Dual Fully Integrated H2875-003 (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:**

888-445-8714
Calls to this number are free. 24 hours per day, 7 days per week.
Humana Dual Fully Integrated H2875-003 (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.