



Your journey to  
better health, for  
better retirement

Humana Group Medicare





## We're here for you

Humana Group Medicare Customer Care

**800-733-9064 (TTY: 711)**

Monday – Friday, 7 a.m. – 8 p.m., Central time

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **800-733-9064 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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## Let's get started understanding your benefits and coverage

### Learn more about extra programs and services Humana offers

Scan the QR code with your  
mobile device.



## Inside this packet you'll find:

Welcome to a more human way to healthcare

Your benefits include

Know before you enroll

Important Enrollment Information

What to expect after you enroll

Manage your Humana account online

Find Care tool

Take this to your Provider

Know your numbers

Medical Summary of Benefits

Hearing Benefits

Vision Benefits

Rx Summary of Benefits

Important Prescription Drug Information

Commonly Prescribed Medication List





## Welcome to a more human way to healthcare

You will be automatically enrolled

Dear Group Medicare Beneficiary,

We're excited to inform you that **Pipe Fitters Welfare Fund, Local 597** has partnered with Humana to offer you a Medicare Advantage Preferred Provider Organization (PPO) and Prescription Drug Plan (PDP) that provides more benefits than Original Medicare.

Understanding your Medicare plan and how it works is important. Humana believes everyone should have access to the tools and support needed to have a fair and just opportunity to be as healthy as possible. During our over 30 years of experience with Medicare, we've learned how to be a better partner in health.

### Review the enclosed materials

This packet includes information on your Group Medicare healthcare option along with extra services Humana provides.

- If you have questions about your premium, please call **RetireeFirst at Toll-Free 855-460-7039 (TTY: 711)**.
- Review the Important Prescription Drug Information on how to view or request a copy of a Prescription Drug Guide.
- Please see the Find Care page in this packet for instructions on finding a list of network providers or network pharmacies.

### Enrollment Information

- For enrollment information, please refer to the document titled "Important Enrollment Information," located in this packet.

We look forward to serving you now and for many years to come.

Sincerely,  
Group Medicare Operations





## Your benefits include:



**All the benefits of Original Medicare, plus extra benefits**



**Maximum out-of-pocket protections**



**Worldwide emergency coverage**



**Programs to help improve health and well-being**

### Get the care you deserve

- Your benefit levels are the same for in-network and out-of-network providers
- A network of providers, specialists and hospitals to choose from
- There are more than 61,000 participating pharmacies in our network
- You don't need a referral to see any healthcare provider
- Coverage for office visits, including routine physical exams
- Almost no claim forms to fill out or mail—we take care of that for you
- Dedicated Customer Care specialists who serve only our Group Medicare members

### Coverage that fits the way you live

When you become a member of the Humana family, you can expect healthcare designed with you in mind—that meets you where you are today and delivers care that takes you to where you want to be.

### Care delivered how and where you need it

Humana offers a variety of programs for patients who need care for complex medical situations or support for chronic conditions. Through these programs, care managers collaborate with physicians and other healthcare professionals to help patients manage their healthcare needs at home, in the hospital, by phone or email.

### Benefits that put you first

Our health and well-being tools and resources make it easy to set health goals, chart your progress, strengthen your mind and body and build connections with others. It's about giving you the things you expect from an insurance company—and then finding more ways to help make your life better.

## Know before you enroll

**You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare PPO plan is a Medicare Advantage plan.**

### **When does my coverage begin?**

Your former employer or union decides how and when you enroll. Check with your benefits administrator for the proposed effective date of your enrollment. Be sure to keep your current healthcare coverage until your Humana Group Medicare PPO plan enrollment is confirmed.

### **Is your provider and pharmacy in-network or out-of-network?**

You can find a doctor or pharmacy in your network by using Humana's Find Care tool, visit [Humana.com/findcare](https://www.humana.com/findcare).

### **What does insurance cover?**

- Every health plan is different. Check coverage details before you see a doctor, use services or have procedures.
- Sometimes, your plan may not cover procedures and treatments, or may require prior authorization. Knowing what is and is not covered may save you time and money.
- See if your prescription medication is covered and if you have any open transfers that need to occur.

### **What if I have other health insurance coverage?**

You can enroll in only one Medicare Advantage plan and one Medicare prescription drug plan at a time. Enrollment in this plan will cancel your enrollment in a different Medicare Advantage plan and Medicare prescription drug plan.

If you have other health insurance, show your Humana member ID card and your other insurance cards when you see a healthcare provider. The Humana Group Medicare plans may be eligible in combination with other types of health insurance coverage you may have. This is called coordination of benefits. Please notify Humana if you have any other medical coverage.

### **Do I need to show my red, white and blue Medicare card when I visit the doctor?**

No. You'll get a Humana member ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

### **What if my provider says they will not accept my plan?**

If your provider says they will not accept your PPO plan, you can give your provider the "Member to Provider" information page in this packet. It explains how your PPO plan works. You can also call Humana Customer Care to have a Humana representative contact your provider and explain how your PPO plan works.

### **What should I do if I need prescriptions filled before I receive my Humana member ID card?**

If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

## Important Enrollment Information

**Pipe Fitters Welfare Fund, Local 597** is enrolling you in the Humana Group Medicare preferred provider organization (PPO) plan. You do not need to do anything to be automatically enrolled in this Medicare health plan. If you do not want to join this plan, you can follow the instructions included below. You must do this before the date set by your benefit administrator. **Enrollment in this plan will cancel your enrollment in a different Medicare Advantage or a Medicare Prescription Drug (Part D) plan. However, if you are currently enrolled in a Medicare Supplement plan, you will have to take action to cancel your enrollment.**

### **What do I need to know as a member of the Humana Group Medicare PPO plan?**

This enrollment packet includes important information about this plan and what it covers, including a Summary of Benefits document. Please review this information carefully.

Once enrolled, you will receive information on how to view or request a copy of an Evidence of Coverage document (also known as a member contract or subscriber agreement) from the Humana Group Medicare PPO plan. Please read the document to learn about the plan's coverage and services. As a member of the Humana Group Medicare PPO plan, you can appeal plan decisions about payment or services if you disagree. Enrollment in this plan is generally for the entire year.

When your Humana Group Medicare PPO plan begins, Humana will cover all medically necessary items and services that are covered by the plan, even if you get the services out of network. However, your member cost share may be lower if you use in-network providers. "In-network" means that your doctor or provider is on our list of participating providers. "Out-of-network" means that you are using someone who isn't on this list. The exception is for emergency care, out of area dialysis services, or urgently needed services.

**You must use network pharmacies to access Humana benefits, except under limited, non-routine circumstances when you can't reasonably use network pharmacies.**

You must keep Medicare Parts A and B as the Humana Group Medicare plan is a Medicare Advantage plan. **You must also continue to pay your Part B premium. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium.** You can enroll in only one Medicare Advantage plan at a time. You must let us know if you think you might be enrolled in a different Medicare Advantage plan or a Medicare prescription drug plan and inform us of any prescription drug coverage that you may get in the future.

### **What happens if I don't join the Humana Group Medicare PPO plan?**

You aren't required to be enrolled in either of these plans. If you don't want to enroll or have enrollment questions, please contact **RetireeFirst at Toll-free 855-460-7039 (TTY: 711), Monday – Friday, 8 a.m. – 5 p.m., Central time.**

If you choose to join a different Medicare plan, you can contact **800-MEDICARE** anytime, 24 hours a day, 7 days a week, for help in learning how. TTY users can call **877-486-2048**. Your state may have counseling services through the State Health Insurance Assistance Program (SHIP). They can provide you with personalized counseling and assistance when selecting a plan, including Medicare Supplement plans, Medicare Advantage plans and prescription drug plans. They can also help you find medical assistance through your state Medicaid program and the Medicare Savings Program.

**What if I want to leave the Humana Group Medicare PPO plan?**

You can change or cancel your Humana coverage at any time and return to Original Medicare or another Medicare Advantage plan by using a special election. If you choose to disenroll or cancel your plan, please contact **RetireeFirst at Toll-free 855-460-7039 (TTY: 711), Monday – Friday, 8 a.m. – 5 p.m., Central time.**

**What happens if I move?**

The Humana Group Medicare PPO and PDP plans serve a specific service area. **If you move to another area or state, it may affect your plans.** It's important to contact **RetireeFirst at Toll-free 855-460-7039 (TTY: 711), Monday – Friday, 8 a.m. – 5 p.m., Central time,** to provide your new address and phone number.

If you leave this plan and don't have creditable prescription drug coverage (as good as Medicare's prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

**Release of Information**

By joining this Medicare Advantage plan, you give us permission to share your information with Medicare and other plans when needed for treatment, payment and health care operations. We do this to make sure you get the best treatment and to make sure that it is covered by the plan. Medicare may also use this information for research and other reasons allowed by Federal law.



## What to expect after you enroll

- **Enrollment confirmation**

You'll receive a letter from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.

- **Humana member ID card**

Your Humana member ID card will arrive in the mail shortly after you enroll. Once you receive your ID card, you can create a MyHumana profile. Having access to your important health documents online, all in one place, is a great way to stay organized, and you can get to your information at any time. To activate your account, visit **Humana.com/Registration**.

- **Evidence of Coverage (EOC)**

You will receive information on how to view or request a copy of the Evidence of Coverage document (also known as a member contract or subscriber agreement). Please read the document to learn about the plan's coverage and services. This will also include your privacy notice.

- **Your personalized benefits statement**

Humana's SmartSummary® provides a comprehensive overview of your health benefits and healthcare spending. You'll receive this statement after each month you've had a claim processed. You can also sign in to your MyHumana account and see your past SmartSummary statements anytime.

- **Health and Well-being Assessment (HWA)**

This is a yearly detailed health review conducted in the comfort of your home, providing an extra set of eyes and ears for your doctor so you can feel more in control of your health and well-being. You may receive a call from one of our HWA vendors, Signify Health or Matrix Medical Network, to schedule your assessment. If you have questions, you may ask when they call, or contact Humana at the phone number listed on the back of your member ID card.

## We're here for you

If you have questions or need help, call Humana Group Medicare Customer Care,

**800-733-9064 (TTY: 711),**

Monday – Friday, 7 a.m. – 8 p.m., Central time

# Manage your Humana plan online

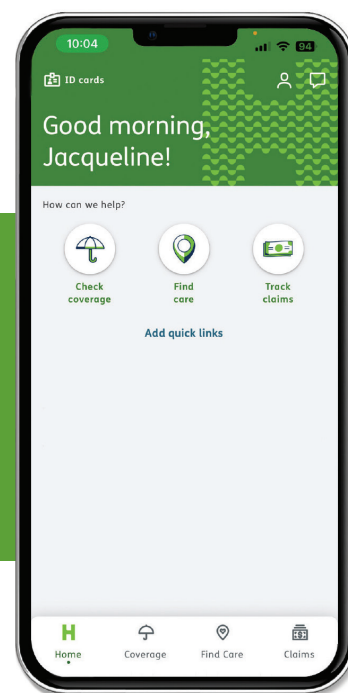
## MyHumana on the go

Get the most out of your plan with a MyHumana account and take your Humana essentials wherever you go with the MyHumana mobile app.

### Depending on your plan, you can use the MyHumana mobile app to:

- Explore coverage and benefit details the moment you need them
- Get Humana member ID cards and add them to your phone's wallet
- Find care close to you and get directions on your phone's map app
- Review claims status
- Access your exclusive member discounts

Once your Humana plan coverage begins, go to **MyHumana.com** to activate your account or download and register on the MyHumana app for iOS and Android.\* Learn more at **Humana.com/member/manage-your-account**.



## Getting started is easy— just have your Humana member ID card and follow these three steps:

- 1 Create your account.**  
Visit **Humana.com/registration** and select the “Start activation now” button.
- 2 Choose your preferences.**  
The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.
- 3 View your plan benefits.**  
After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.



### Scan this QR code

Scan this QR code with your mobile device to create your account.

\*App Store and Google Play app store are registered trademarks of Apple Inc. and Google. All rights reserved. Apple and Google are not participants in or sponsors of this promotion.

## Find a doctor using Humana's Find Care search tool

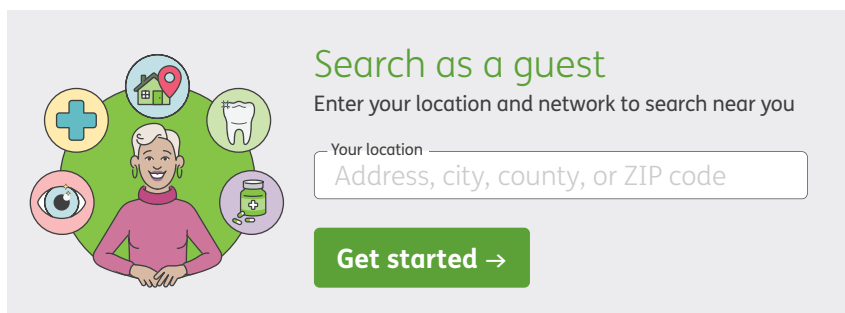
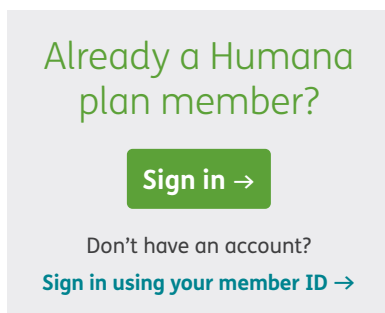
Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find Care search tool to find in-network doctors, pharmacies, and more.

### Go to

**Humana.com/FindCare**

### Search as a Member or Guest

- Sign in to your secure MyHumana account to conduct a search, or
- Search as a guest by entering your location.



### Choose the type of care you are looking for

Use the tabs to help you search for a doctor or pharmacy.

### Choose your medical network

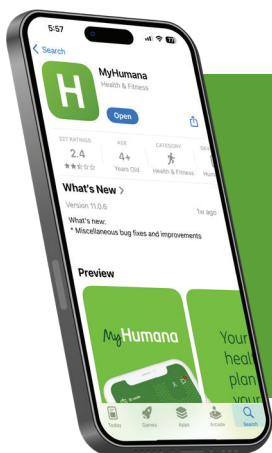
Select a lookup method from the drop-down menu.

### Find medical care

Select a tab to search by Provider Name, Facility or Specialty.

### Select the “Search” button for your results

Have you found the doctor or facility that you're looking for? If you need to revise your search, you can search again without leaving the results page.



### Find Care on the MyHumana mobile app

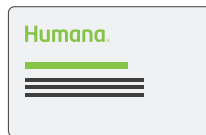
Once you are enrolled with Humana, you can download and use the MyHumana mobile app to find care near you. On the app dashboard, locate the “Find Care” section.

Call our Customer Care team at **800-733-9064 (TTY: 711)**, Monday – Friday, 7 a.m. – 8 p.m., Central time.

## If your healthcare provider says they do not accept Humana insurance, give them this page

### Member to provider information

Once you are a member of the Humana Group Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.



**Don't forget to take your Humana member ID card to your first appointment.**

### A message for your provider

Humana will provide coverage for this retiree under a Group Medicare PPO plan. The in-network and out-of-network benefits are structured the same for any member of this plan. This means you can provide services to this retiree or any member of this plan if you are a provider who is eligible to participate in Medicare.

### Contracted healthcare providers

If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

### Out-of-network healthcare providers

Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.



### Claims process for providers

If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at **800-626-2741**, Monday – Friday, 8 a.m. – 5 p.m., Central time. This number is not for patient use.

**Patients, please call the Group Medicare Customer Care number** on the back of your Humana member ID card.



## Know your numbers

Find important numbers anytime you need them\*

### **Humana Group Medicare Customer Care**

**800-733-9064 (TTY: 711),**

Monday – Friday, 7 a.m. – 8 p.m., Central time

### **MyHumana**

Sign in to or register for MyHumana to access your personal and secure plan information at **Humana.com**

### **MyHumana mobile app**

**Humana.com/mobile-apps**

### **Doctors in your network**

**Humana.com/findcare**

### **Telehealth**

Please contact your local provider to ask about virtual visit opportunities, or access nationwide Humana in-network telehealth options by using the “Find Care” tool on **Humana.com** or call the number on the back of your member ID card to get connected with a provider that offers this service.

### **Humana Clinical Pharmacy Review Team**

**800-555-2546 (TTY: 711),**

Monday – Friday, 7 a.m. – 7 p.m., Central time

### **SilverSneakers®**

**888-423-4632 (TTY: 711),**

Monday – Friday, 7 a.m. – 7 p.m., Central time

**SilverSneakers.com**

### **Go365 by Humana®**

**Go365.com**

### **Humana Care Management**

**800-733-9064 (TTY: 711),**

Monday – Friday, 7 a.m. – 8 p.m., Central time

**Humana.com/home-care**

### **Post-discharge Meal Program**

**800-733-9064 (TTY: 711),**

Monday – Friday, 7 a.m. – 8 p.m., Central time

**Humana.com/home-care/well-dine**

### **Humana Health Coaching**

**877-567-6450 (TTY: 711),**

Monday – Friday, 7 a.m. – 5 p.m., Central time

### **Caregiver Support**

**Humana.com/caregiver**

### **CenterWell Pharmacy™**

**800-379-0092 (TTY: 711),**

Monday – Friday, 7 a.m. – 10 p.m., and

Saturday, 7 a.m. – 5:30 p.m., Central time

**CenterWellPharmacy.com**

### **CenterWell Specialty Pharmacy™**

**800-486-2668 (TTY: 711),**

Monday – Friday, 7 a.m. – 10 p.m., and

Saturday, 7 a.m. – 5:30 p.m., Central time

**CenterWellSpecialtyPharmacy.com**

### **State health insurance program offices**

**800-633-4227 (TTY: 711), daily**

**www.cms.gov/apps/contacts/#**

\*You must be a Humana member to use these services.

2026

# Summary of Benefits

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**Humana Group Medicare Advantage PPO Plan  
PPO 079/046**

**Pipe Fitters Welfare Fund, Local 597**

**Humana®**

Our service area includes specific counties within the United States, Puerto Rico and all other major U.S. territories.



# Let's talk about the **Humana Group Medicare Advantage PPO Plan.**

Find out more about the Humana Group Medicare Advantage PPO plan – including the services it covers – in this easy-to-use guide.

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, refer to the "Evidence of Coverage."

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## **To be eligible**

To join the Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call Humana Group Medicare Customer Care.

## **Plan name:**

Humana Group Medicare Advantage PPO plan



## **A healthy partnership**

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

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## **How to reach us:**

Members should call toll-free  
**1-800-733-9064** for questions  
**(TTY/TDD: 711)**

Call Monday – Friday, 7 a.m. – 8 p.m.,  
Central time.

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





## Monthly Premium, Deductible and Limits

### PLAN COSTS

**Monthly premium**

You must keep paying your Medicare Part B premium.

For information concerning the actual premiums you will pay, please contact your employer group benefits plan administrator.

**Medical deductible**

This plan does not have a deductible.

**Medical Maximum out-of-pocket responsibility**

The most you pay for copays, coinsurance and other costs for medical services for the year.

**In-Network Maximum Out-of-Pocket**

**\$0** out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Uniform Flexibility Non-Emergency Medical Transportation; Vision Services (Routine) and the Plan Premium do not apply to the in-network maximum out-of-pocket.

If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

**Combined In and Out-of-Network Maximum Out-of-Pocket**

**\$0** out-of-pocket limit for Medicare-covered services.

In-Network Exclusions: Part D Pharmacy; Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Uniform Flexibility Non-Emergency Medical Transportation; Vision Services (Routine) and the Plan Premium do not apply to the combined maximum out-of-pocket.

Out-of-Network Exclusions: Part D Pharmacy, Hearing Services (Routine); Vision Services (Routine); Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.

Your limit for services received from in-network providers will count toward this limit.

If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ACUTE INPATIENT HOSPITAL CARE</b>		
This plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	<b>\$0</b> per admit	<b>\$0</b> per admit
<b>OUTPATIENT HOSPITAL COVERAGE</b>		
<b>Diagnostic colonoscopy</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Diagnostic mammography</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Observation services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Surgery services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>AMBULATORY SURGICAL CENTER</b>		
<b>Diagnostic colonoscopy</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Surgery services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>DOCTOR OFFICE VISITS</b>		
<b>Primary care provider (PCP)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Specialists</b>	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



# Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>PREVENTIVE CARE</b>		
<p>This plan covers all Medicare preventative services including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screening &amp; counseling</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening</li> <li>• Cardiovascular disease behavioral therapy</li> <li>• Cardiovascular disease screening</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes self-management training</li> <li>• Diabetes screening</li> <li>• Glaucoma screening</li> <li>• Hepatitis C screening</li> <li>• HIV screening</li> <li>• Kidney disease education services</li> <li>• Lung cancer screening</li> <li>• Medical nutrition therapy</li> <li>• Obesity screening and therapy</li> <li>• Physical exams (routine)</li> <li>• Prostate cancer screening exam</li> <li>• Smoking and tobacco use cessation</li> <li>• STI screening and counseling</li> <li>• "Welcome to Medicare" preventative visit</li> </ul>	<b>Covered at no cost</b>	<b>Covered at no cost</b>
<ul style="list-style-type: none"> <li>• Immunizations</li> <li>• Medicare diabetes prevention program (MDPP)</li> </ul> <p>Any additional preventative services approved by Medicare during the contract year will be covered.</p>	<b>Covered at no cost</b>	<b>Covered at no cost</b>

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



# Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>EMERGENCY CARE</b>		
<b>Emergency room</b>	<b>\$0</b> copay for Medicare-covered emergency room visit(s)	<b>\$0</b> copay for Medicare-covered emergency room visit(s)
<b>Urgently needed services</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Urgent care center	<b>\$0</b> copay	<b>\$0</b> copay
Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.		
<b>DIAGNOSTIC SERVICES, LABS AND IMAGING</b>		
<b>Advanced imaging services (MRI, MRA, PET and CT Scan)</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Freestanding radiological facility	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient Hospital	<b>\$0</b> copay	<b>\$0</b> copay
<b>Diagnostic mammography</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Freestanding radiological facility	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient Hospital	<b>\$0</b> copay	<b>\$0</b> copay
<b>Diagnostic procedures and tests</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Urgent care center	<b>\$0</b> copay	<b>\$0</b> copay
• Freestanding radiological facility	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient Hospital	<b>\$0</b> copay	<b>\$0</b> copay
<b>EKG screening</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Freestanding radiological facility	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient Hospital	<b>\$0</b> copay	<b>\$0</b> copay
<b>Lab services</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<ul style="list-style-type: none"> <li>• Specialist's office</li> <li>• Urgent care center</li> <li>• Freestanding laboratory</li> <li>• Outpatient Hospital</li> </ul>	<b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay	<b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay
<b>Nuclear medicine services</b>		
<ul style="list-style-type: none"> <li>• Freestanding radiological facility</li> <li>• Outpatient Hospital</li> </ul>	<b>\$0</b> copay <b>\$0</b> copay	<b>\$0</b> copay <b>\$0</b> copay
<b>Outpatient x-rays</b>		
<ul style="list-style-type: none"> <li>• Primary care provider (PCP)</li> <li>• Specialist's office</li> <li>• Urgent care center</li> <li>• Freestanding radiological facility</li> <li>• Outpatient Hospital</li> </ul>	<b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay	<b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay
<b>Radiation therapy</b>		
<ul style="list-style-type: none"> <li>• Specialist's office</li> <li>• Freestanding radiological facility</li> <li>• Outpatient Hospital</li> </ul>	<b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay	<b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay
<b>HEARING SERVICES</b>		
<b>Medicare-covered hearing: diagnostic hearing and balance exams</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Routine hearing</b>  TruHearing Provider must be used. Contact Customer Service to locate a provider.	<b>\$0</b> copay for routine hearing exams up to 1 per year. <b>\$1,000</b> maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear per year. Note: Includes 80 batteries per aid and 3 year warranty.	The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.
<b>DENTAL SERVICES</b>		
<b>Medicare-covered dental</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>VISION SERVICES</b>		
<b>Medicare-covered vision services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered diabetic eye exam (1 per year)</b>	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>Medicare-covered glaucoma screening (1 per year)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered eyewear (post-cataract)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Routine vision</b>  EyeMed is the In-Network provider for the routine vision benefit. Contact Customer Service to locate a provider.	<b>\$0</b> copay for routine exam (includes refraction) up to 1 per year. <b>\$250</b> combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).	<b>\$175</b> combined maximum benefit coverage amount per year for routine exam (includes refraction). <b>\$0</b> copay for routine exam (includes refraction) up to 1 per year. <b>\$250</b> combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames). Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
<b>MENTAL HEALTH SERVICES</b>		
<b>Inpatient</b> The inpatient hospital care limit applies to inpatient mental services provided in a general hospital or a psychiatric facility. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility.	<b>\$0</b> per admit	<b>\$0</b> per admit
<b>Partial Hospitalization</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Intensive Outpatient Services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Outpatient group and individual therapy visits</b> <ul style="list-style-type: none"> <li>Primary care provider (PCP)</li> <li>Specialist's office</li> <li>Urgent care</li> <li>Outpatient Hospital</li> </ul>	<b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay	<b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay <b>\$0</b> copay

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>SKILLED NURSING FACILITY (SNF)</b>		
This plan covers up to 100 days in a SNF.	<b>\$0</b> copay per day for days 1-100	<b>\$0</b> copay per day for days 1-100
No 3-day hospital stay is required. Plan pays \$0 after 100 days.		
<b>AMBULANCE</b>		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	<b>\$0</b> copay	<b>\$0</b> copay
<b>TRANSPORTATION</b>		
<b>Uniform Flexibility Non-Emergency Medical Transportation</b>	<b>\$0</b> copay for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer Diagnosis. This benefit is not to exceed 50 miles per trip.	The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.
<b>MEDICARE PART B PRESCRIPTION DRUGS</b>		
<b>Chemotherapy drugs</b>		
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient Hospital	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare Part B covered drugs</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient Hospital	<b>\$0</b> copay	<b>\$0</b> copay
• Pharmacy	<b>0%</b> of the cost	<b>0%</b> of the cost
<b>Medicare Part B insulin drugs</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient Hospital	<b>\$0</b> copay	<b>\$0</b> copay
• Pharmacy	<b>0%</b> of the cost	<b>0%</b> of the cost

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



# Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ACUPUNCTURE SERVICES</b>		
<b>Medicare-covered acupuncture visit(s) for chronic low back pain</b>	<b>\$0</b> copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	<b>\$0</b> copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
<b>ALLERGY</b>		
<b>Allergy shots &amp; serum</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
<b>CHIROPRACTIC SERVICES</b>		
<b>Medicare-covered chiropractic visit(s)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>DIABETES SERVICES AND SUPPLIES</b>		
<b>Continuous glucose monitor (CGM)</b>		
• Durable medical equipment provider	<b>0%</b> of the cost	<b>0%</b> of the cost
• Pharmacy	<b>0%</b> of the cost	<b>0%</b> of the cost
<b>Diabetes management training</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
• Outpatient hospital	<b>\$0</b> copay	<b>\$0</b> copay
<b>Diabetes monitoring supplies</b>		
• Durable medical equipment provider	<b>\$0</b> copay	<b>\$0</b> copay
• Pharmacy	<b>\$0</b> copay	<b>\$0</b> copay
• Preferred diabetic supplier	<b>\$0</b> copay	Not Covered
<b>Diabetes screening</b>		
• Primary care provider (PCP)	<b>\$0</b> copay	<b>\$0</b> copay
• Specialist's office	<b>\$0</b> copay	<b>\$0</b> copay
<b>FOOT CARE (PODIATRY)</b>		
<b>Medicare-covered foot care</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>HOME HEALTH CARE</b>		
	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).





# Covered Medical Benefits

## IN-NETWORK

## OUT-OF-NETWORK

### HOSPICE

You must get care from a Medicare-certified hospice. You must consult with this plan before you select hospice.

### MEDICAL EQUIPMENT/SUPPLIES

#### Durable medical equipment

• Durable medical equipment provider	0% of the cost	0% of the cost
• Pharmacy	0% of the cost	0% of the cost

#### Medical supplies (includes but not limited to: catheters, IV set-up and supplies)

• Medical supply provider	0% of the cost	0% of the cost
• Pharmacy	0% of the cost	0% of the cost

#### Prosthetics (artificial limbs or braces)

• Prosthetics provider	0% of the cost	0% of the cost
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### OUTPATIENT SUBSTANCE ABUSE

#### Outpatient group and individual substance abuse treatment visits

• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Urgent care	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay

### REHABILITATION SERVICES

#### Audiology Therapy

• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay

#### Cardiac rehabilitation

• Specialist's office	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay

#### Occupational therapy

• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>Physical therapy</b>		
• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
<b>Pulmonary rehabilitation</b>		
• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
<b>Speech therapy</b>		
• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
<b>RENAL DIALYSIS</b>		
<b>Renal dialysis services</b>		
• Dialysis center	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
<b>Kidney disease education services</b>		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
<b>HUMANA IN-NETWORK TELEHEALTH VENDORS, i.e. MDLive (in addition to Original Medicare)</b>		
<b>Primary care provider (PCP)</b>	\$0 copay	Not Covered
<b>Specialist</b>	\$0 copay	Not Covered
<b>Urgent care services</b>	\$0 copay	Not Covered
<b>Substance abuse or behavioral health services</b>	\$0 copay	Not Covered

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



## Additional Benefits

### FITNESS AND WELLNESS

Live a healthier, more active life through fitness and social connection at participating SilverSneakers® locations and online.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

### HEALTH EDUCATION SERVICES

Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

### POST-DISCHARGE SERVICES

**\$0** copay for the following benefits per discharge event following each inpatient or skilled nursing facility stay:

- Assistance from a qualified aid to help perform activities of daily living within the home. Minimum of 4 hours per day, up to a maximum of 8 hours. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.
- 2 meals per day for 14 days, up to 28 meals delivered to your door.
- Transportation to plan approved locations by rideshare services, car, van or wheelchair accessible vehicle.

Services must be provided by approved vendors, scheduled within 30 days of discharge event and utilized within 60 days of discharge.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

### SMOKING CESSATION (ADDITIONAL)

A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

**Note:** This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).

## This image shows a blank sheet of white paper designed for handwriting practice. It features a series of horizontal lines spaced evenly down the page. At the very top, there is a dashed line, followed by a solid line, and then several more solid lines below. The lines are thin and light gray or blue in color. There is no text or other markings on the page.

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## This image shows a blank sheet of white paper designed for handwriting practice. It features a series of horizontal lines spaced evenly down the page. At the very top, there is a dashed line, followed by a solid line, and then several more solid lines below. The lines are thin and light gray or blue in color. There is no text or other markings on the page.

# Notice of Availability - Auxiliary Aids and Services Notice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GHHNOA2025HUM\_0425



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 សេវាកម្មជំនួយប្រភេទផ្សេងៗដល់សហគមន៍កម្ពុជា។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

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

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

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

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

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

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ 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 serbisyon pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

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

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

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

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

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

Bàsà` [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fóhó-nyo, kè nyo-boŭn-po-kà bě bé nyuεε se wídí pée-pée dò kò. **877-320-1235 (TTY: 711)** dá.

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

Òyìnbó [Yoruba]: Àwọn isẹ àtìlẹhìn ìrànlọwọ̀ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ̀tọ̀. Pe **877-320-1235 (TTY: 711)**.

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





## Find out **more**

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You can see this plan's provider directory at **Humana.com** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to compare this plan with other Medicare health plans, you can call your employer or union sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

# Routine Hearing

## TruHearing® (Choice)

\$0 exam / \$1000 allowance

Routine hearing services offered through TruHearing® includes a fully-managed network of provider locations across the U.S. There are hearing aid styles to meet all members' hearing needs with the lowest pricing amongst industry-leading technology.

All plans include a full 3 year manufacturer warranty on every device, 80 free batteries per hearing aid and unlimited follow-up provider visits during the first year following a TruHearing® hearing aid purchase.

Routine Hearing Benefit Summary		
Hearing services	In-network	Out-of-network
Routine hearing exam	\$0 copayment for routine hearing exams up to 1 per year.	N/A
Benefit coverage	\$1000 maximum benefit coverage amount for hearing aid(s) (all types) up to 1 per ear per year.	N/A

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

Humana is a Medicare Advantage organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.



## Humana Medicare Insight Network

When members receive necessary routine vision services, they will be covered according to the following schedule.

Vision care services	In-network member cost	Out-of-network reimbursement
<b>Exam</b> (One per calendar year)  Routine eye exam (includes refraction)	\$0 copay	\$0 copay Up to \$175
<b>Eyewear benefit</b> (One per calendar year)  Benefit toward the purchase of frame and pair of lenses or contact lenses (conventional or disposable)	Any retail amount over \$250 allowance	Up to \$250

The network of providers for your supplemental vision benefits through **Humana Medicare Insight Network** may be different than the network of providers for the Medicare-covered vision benefits. The provider locator for routine or Medicare-covered vision can be found at **[Humana.com/FindCare](https://www.humana.com/FindCare)**.

**The benefit can only be used one time. Any remaining benefit dollars do not "roll over" to a future purchase.**

Eyeglass lens options may be available with the maximum benefit coverage amount up to one pair per year. Maximum benefit coverage amount is limited to one-time use per year.

Benefit allowance is applied toward the retail price. Member is responsible for any costs above the plan-approved amount. Lost or broken materials are not covered. Benefits are offered on a calendar basis. Any amount unused at the end of the year will expire.

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## Additional discounts:

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Member may receive a 20% discount on items not covered by the plan at in-network locations. Discount does not apply to provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see our online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.

Members may receive a 40% discount off complete-pair eyeglass purchases and may receive a 15% discount off conventional contact lenses once the funded benefit has been used.

Member may receive a 15% discount off the retail price or may receive 5% off any promotional price of Lasik or photorefractive keratectomy (PRK) laser vision correction procedures. Lasik or PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Please note that since Lasik and PRK vision correction are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your immediate location, so members should first call **844-608-2020** for the nearest facility and to receive authorization for the discount.

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All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that may apply to out-of-network services.

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Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

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2026

# Prescription Drug Summary of Benefits

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Humana Group Medicare Advantage Plan  
Rx 531

Pipe Fitters Welfare Fund, Local 597

**Humana®**

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# Let's talk about the **Humana Group Medicare Advantage Rx Plan.**

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

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, refer to the "Evidence of Coverage."

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## Deductible

### Pharmacy (Part D) deductible

This plan does not have a deductible.



## Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total out-of-pocket drug costs reach **\$2,100**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier	Standard Retail Pharmacy	Standard Mail Order
<b>30-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>20%</b> of the cost ( <b>\$5</b> copay minimum and <b>\$15</b> copay maximum member out-of-pocket per prescription)	<b>20%</b> of the cost ( <b>\$5</b> copay minimum and <b>\$15</b> copay maximum member out-of-pocket per prescription)
<b>2 (Preferred Brand)</b>	<b>20%</b> of the cost ( <b>\$15</b> copay minimum and <b>\$47</b> copay maximum member out-of-pocket per prescription)	<b>20%</b> of the cost ( <b>\$15</b> copay minimum and <b>\$47</b> copay maximum member out-of-pocket per prescription)
<b>3 (Non-Preferred Drug)</b>	<b>20%</b> of the cost ( <b>\$30</b> copay minimum and <b>\$100</b> copay maximum member out-of-pocket per prescription)	<b>20%</b> of the cost ( <b>\$30</b> copay minimum and <b>\$100</b> copay maximum member out-of-pocket per prescription)
<b>4 (Specialty Tier)</b>	<b>20%</b> of the cost ( <b>\$100</b> copay maximum per prescription)	<b>20%</b> of the cost ( <b>\$100</b> copay maximum per prescription)



Tier	Standard Retail Pharmacy	Standard Mail Order
<b>90-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>20%</b> of the cost ( <b>\$15</b> copay minimum and <b>\$45</b> copay maximum member out-of-pocket per prescription)	<b>20%</b> of the cost ( <b>\$10</b> copay minimum and <b>\$30</b> copay maximum member out-of-pocket per prescription)
<b>2 (Preferred Brand)</b>	<b>20%</b> of the cost ( <b>\$45</b> copay minimum and <b>\$141</b> copay maximum member out-of-pocket per prescription)	<b>20%</b> of the cost ( <b>\$30</b> copay minimum and <b>\$94</b> copay maximum member out-of-pocket per prescription)
<b>3 (Non-Preferred Drug)</b>	<b>20%</b> of the cost ( <b>\$90</b> copay minimum and <b>\$300</b> copay maximum member out-of-pocket per prescription)	<b>20%</b> of the cost ( <b>\$60</b> copay minimum and <b>\$200</b> copay maximum member out-of-pocket per prescription)
<b>4 (Specialty Tier)</b>	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit [www.humana.com/SearchResources](http://www.humana.com/SearchResources), locate Prescription Drug section, select [www.humana.com/MedicareDrugList](http://www.humana.com/MedicareDrugList) link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP44.

**Important Message About What You Pay for Vaccines** – This plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Humana Group Medicare Customer Care for more information.

**Important Message About What You Pay for Insulin** – You won't pay more than **\$35** for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it's on. Note: Not all tiers may include insulin. Please refer to your Prescription Drug Guide to confirm insulin coverage.

#### ADDITIONAL DRUG COVERAGE

##### Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Cough/Cold, Erectile Dysfunction, Vitamins/Minerals drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage.  
Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

#### Catastrophic Coverage

After your total out-of-pocket costs reach **\$2,100**, you pay **\$0** for plan-covered Part D and plan-covered excluded drugs.

# Notice of Availability - Auxiliary Aids and Services Notice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GHHNOA2025HUM\_0425

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 សេវាកម្មជំនួយប្រភេទផ្សេងៗដល់សហគមន៍កម្ពុជា។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

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

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

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

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

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

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ 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 serbisyon pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

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

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

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

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

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

Bàsà` [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fóhó-nyo, kè nyo-boŭn-po-kà bě bé nyuεε se wídí pée-pée dò kò. **877-320-1235 (TTY: 711)** dá.

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

Òyìnbó [Yoruba]: Àwọn isẹ àtìlẹ̀hìn ìrànlọ̀wọ̀ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ̀tọ̀. Pe **877-320-1235 (TTY: 711)**.

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



## Find out **more**

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You can see this plan's pharmacy directory at **<https://www.Humana.com/finder/pharmacy/>** or call us at the number listed at the beginning of this booklet and we will send you one.



You can see this plan's drug formulary at **[www.Humana.com/medicaredruglist](https://www.Humana.com/medicaredruglist)** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

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## Get to know your coverage with your Prescription Drug Guide

Your Humana Medicare Advantage plan includes prescription coverage—and plenty of support. One way we help you make the most of your plan is with your Prescription Drug Guide, also called a formulary or drug list. It's the robust list of prescription drugs or medications that your plan covers. That way, you can confirm coverage for the medication you need.



Complete list of generic and brand-name drugs covered in your plan.



Created and regularly updated by doctors and pharmacists.



Can be printed from, viewed on and downloaded to your phone, tablet or computer.\*



Available in multiple languages.



### Scan this QR code

Scan this QR code with your mobile device to view your plan's prescription drug guide.

### Have questions?

If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

# Humana®

## View your plan's Prescription Drug Guide

Visit [Humana.com/pharmacy/medicare-drug-list](https://Humana.com/pharmacy/medicare-drug-list) or scan the QR code with your phone or tablet's camera.

- Scroll to “**Required Fields**”; from the “**Select plan type**” menu, choose “**Group Medicare**”; then “**Select plan year**” and then select the “**Find Drug Guide**” button.
- Scroll and locate PDG **GRP 44** within the drug list.

\*Standard data rates may apply.

# Prescription drug coverage for commonly prescribed medications

## Learn more about your prescription drug coverage for commonly prescribed medications

The commonly prescribed medication list is a guide to medications in select therapeutic categories. You and your provider can use this list to determine if there are lower cost or covered alternatives available for a medication you are currently taking.



**Partial list of common generic and brand-name medications in select therapeutic categories that are covered by your plan.**



**Can be printed from, viewed on and/or downloaded to your phone, tablet or computer.\***

This is not a complete list. For a complete medication listing, please review “Get to know your coverage with your Prescription Drug Guide”.

**To view a list of commonly prescribed medications, scan the QR code with your phone or tablet’s camera, or by visiting [Humana.com/CPML26800](https://www.humana.com/CPML26800).**



If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

\*Standard data rates may apply.

# Humana®



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**Important plan information**

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