2026

Annual Notice of Change

Humana Group Medicare Advantage PPO Plan

Humana.

Y_GRAEOC_HIP_079_770_2026_M Y0040_GHA025XRRPD_26GR_C

Thank you for being a Humana member

Inside you'll find a comparison of your 2025 benefits to your 2026 benefits, along with more information about your 2026 plan coverage.

All 2026 Humana plans continue to cover preventive services, annual tests and no-cost vaccines—including the shingles vaccine—to support your best health.

Your plan will automatically renew on January 1, 2026.

2026 Medicare Advantage and Prescription Drug Coverage

- **See how your plan is different**.
  Review this Annual Notice of Change (ANOC) document for upcoming changes to your plan in 2026. These could mean differences in medical coverage, prescription drug coverage, in-network pharmacies and costs like premium, copays, deductibles and coinsurance.

- **Know that this document doesn't include all your benefits.**
  The ANOC highlights plan changes but does not include a full list of your plan benefits. View your 2026 Evidence of Coverage (EOC) at **www.Humana.com/PlanDocuments** for a complete listing. See the back panel of this document for more instructions.

Humana.

Annual Notice of Change for 2026

You're enrolled as a member of Humana Group Medicare Advantage PPO Plan.

This material describes changes to our plan's costs and benefits.

- To change to a **different plan**, contact the benefit administrator at your former employer or union to obtain information on how to switch plans.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage.*

More Resources

- This material is available for free in other languages.
- Call Humana Group Medicare Customer Care at the phone number located on the back cover of this document. (TTY users call 711). Hours are from 8 a.m. to 9 p.m., Eastern time, Monday through Friday. Humana Group Medicare Customer Care also has free language interpreter services available for non-English speakers. This call is free.
- This information is available in a different format, including Braille, large print, and audio. Please call Humana Group Medicare Customer Care at the phone number located on the back cover of this document if you need plan information in another format.

About Humana Group Medicare Advantage PPO Plan

- Humana Group Medicare Advantage PPO Plan is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.
- When this material says "we," "us," or "our", it means Humana Insurance Company, Humana Insurance Company of New York, Humana Insurance of Puerto Rico, Inc., Emphesys Insurance Company and Humana Benefit Plan of Illinois, Inc. When it says "plan" or "our plan," it means Humana Group Medicare Advantage PPO Plan.

OMB Approval 0938-1051 (Expires: August 31, 2026)

Table of Contents

Summary of Important Costs for 2026

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Section 1.3 Changes to the Provider Network

Section 1.4 Changes to the Pharmacy Network

Section 1.5 Changes to Benefits and Costs for Medical Services

Section 1.6 Changes to Part D Drug Coverage

Section 1.7 Changes to Prescription Drug Benefits & Costs

SECTION 2 Administrative Changes

SECTION 3 How to Change Plans

Section 3.1 Deadlines for Changing Plans

Section 3.2 Are there other times of the year to make a change?

SECTION 4 Get Help Paying for Prescription Drugs

SECTION 5 Questions?

Get Help from Humana Group Medicare Advantage PPO Plan

Get Free Counseling about Medicare

Get Help from Medicare

Summary of Important Costs for 2026				
	2025 (this year)		**2026 (next year)**	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: $1,500.00	From network and out-of-network providers combined: $1,500.00	From network providers: $1,500.00	From network and out-of-network providers combined: $1,500.00
Primary care office visits	$15 copayment per visit	$15 copayment per visit	$15 copayment per visit	$15 copayment per visit
Specialist office visits	$35 copayment per visit	$35 copayment per visit	$35 copayment per visit	$35 copayment per visit

	2025 (this year)		2026 (next year)	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	$0 copayment per admission	$0 copayment per admission.	$0 copayment per admission	$0 copayment per admission
Part D drug coverage deductible (Go to Section 1.7 for details.)	$0		$0	

	2025 (this year)		2026 (next year)	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages. Not all tiers may include insulin. Please refer to your Prescription Drug Guide to confirm insulin coverage.)	Copayment during the Initial Coverage Stage: • Drug Tier 1: $10 • Drug Tier 2: $35 • Drug Tier 3: $55 You pay $35 copayment per month supply of each covered insulin product on this tier. • Drug Tier 4: $100 You pay $35 copayment per month supply of each covered insulin product on this tier. Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.		Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $10 • Drug Tier 2: $35 You pay 25% coinsurance ($35 maximum out-of-pocket per prescription) per month supply of each covered insulin product on this tier. • Drug Tier 3: $55 You pay 25% coinsurance ($35 maximum out-of-pocket per prescription) per month supply of each covered insulin product on this tier. • Drug Tier 4: $100 You pay 25% coinsurance ($35 maximum out-of-pocket per prescription) per month supply of each covered insulin product on this tier. Catastrophic Coverage: • During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.	

You may be receiving a subsidy from your former employer or union to pay for some or all of your plan's premium. Please contact your former employer or union's group benefit plan administrator for information about your plan premium. (See Chapter 1, Section 4.1 of the *Evidence of Coverage* for more information.)

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

You may be receiving a subsidy from your former employer or union to pay for some or all of your plan's premium. Please contact your former employer or union's group benefit plan administrator for information about your plan premium. (See Chapter 1, Section 4.1 of the *Evidence of Coverage* for more information.)

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- High Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from network providers **count** toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$1,500.00	$1,500.00 Once you've paid $1,500.00 out-of-pocket for covered Part A and Part B services, from in-network providers, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.	$1,500.00	$1,500.00 Once you've paid $1,500.00 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 Provider Directory **(http://www.Humana.com/FindCare)** to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory:*

- Visit our website at **(http://www.Humana.com/FindCare)**
- Call Customer Care (see the back cover) TTY users call 711 to get current provider information or to ask us to mail you a *Provider Directory.*

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Care (see the back cover) TTY users call 711 for help.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* **(http://www.Humana.com/FindCare)** to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory:*

- Visit our website at **(http://www.Humana.com/FindCare)**
- Call Customer Care (see the back cover) TTY users call 711 to get current provider information or to ask us to mail you a *Pharmacy Directory.*

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Care (see the back cover) TTY users call 711 for help.

Section 1.5 Changes to Benefits and Costs for Medical Services

	2025 (this year)	2026 (next year)
Transportation (Uniform Flexibility Non-Emergency Transportation)	Not Covered	$0 copayment 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.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug Guide

Our list of covered drugs is called a Formulary or Drug Guide. The Drug Guide includes many - but not all - of the drugs that we'll cover next year. If you don't see your drug on this list, it might still be covered. **You can get the *complete* Drug Guide** by calling Humana Group Medicare Customer Care (see back cover) or visiting our website **(http://www.Humana.com/FindCare).**

We made changes to our Drug Guide, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug Guide to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug Guide are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug Guide at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Humana Group Medicare Customer Care for more information.

Section 1.7 Changes to Part D Drug Benefits and Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you haven't received this insert, please call Humana Group Medicare Customer Care and ask for the *LIS Rider.*

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***
  We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***
  You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,100.

- ***Stage 3: Catastrophic Coverage***
  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

Go to the following chart for the changes from 2025 to 2026.

We may have changed the tier for some of the drugs on our Drug Guide. To see if your drugs will be in a different tier, look them up on the Drug Guide.

Not all tiers may include insulin. Please refer to your Prescription Drug Guide to confirm insulin coverage.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs go to Chapter 6 of your *Evidence of Coverage.*

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Generic or Preferred Generic	You pay $10 copayment for a one-month (30 day) prescription for standard retail. Your cost for a one-month (30 day) mail-order prescription is $10 copayment for 30 day standard mail order.	You pay $10 copayment for a one-month (30 day) prescription for standard retail. Your cost for a one-month (30 day) mail-order prescription is $10 copayment for 30 day standard mail order.
Preferred Brand	You pay $35 copayment for a one-month (30 day) prescription for standard retail. Your cost for a one-month (30 day) mail-order prescription is $35 copayment for 30 day standard mail order.	You pay $35 copayment for a one-month (30 day) prescription for standard retail. Your cost for a one-month (30 day) mail-order prescription is $35 copayment for 30 day standard mail order. You pay 25% coinsurance ($35 maximum out-of-pocket per prescription) per month supply of each covered insulin product on this tier.

	2025 (this year)	2026 (next year)
Non-Preferred Drug	You pay $55 copayment for a one-month (30 day) prescription for standard retail. Your cost for a one-month (30 day) mail-order prescription is $55 copayment for 30 day standard mail order. You pay $35 copayment per month supply of each covered insulin product on this tier.	You pay $55 copayment for a one-month (30 day) prescription for standard retail. Your cost for a one-month (30 day) mail-order prescription is $55 copayment for 30 day standard mail order. You pay 25% coinsurance ($35 maximum out-of-pocket per prescription) per month supply of each covered insulin product on this tier .
Specialty	You pay $100 copayment for a one-month (30 day) prescription for standard retail. Your cost for a one-month (30 day) mail-order prescription is $100 copayment for 30 day standard mail order. You pay $35 copayment per month supply of each covered insulin product on this tier.	You pay $100 copayment for a one-month (30 day) prescription for standard retail. Your cost for a one-month (30 day) mail-order prescription is $100 copayment for 30 day standard mail order. You pay 25% coinsurance ($35 maximum out-of-pocket per prescription) per month supply of each covered insulin product on this tier.

Changes to the Catastrophic Coverage Stages

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage.*

SECTION 2 Administrative Changes

	2025 (this year)	**2026 (next year)**
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call Customer Care (see the back cover) TTY users call 711 or visit **www.Medicare.gov**

SECTION 3 How to Change Plans

To stay in our plan you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare, you will automatically be enrolled in our plan for 2026.

If you want to change plans follow these steps**:**

- **To change to a different Medicare health plan**, enroll in the new plan. You'll automatically be disenrolled from Humana Group Medicare Advantage PPO Plan.

- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll automatically be disenrolled from Humana Group Medicare Advantage PPO Plan.

- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Contact Humana Group Medicare Customer Care (see the back cover) TTY users call 711 if you need more information on how to do this. Or call **Medicare,** at 1-800-MEDICARE (1-800-633-4227), and ask to be disenrolled. TTY users should call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).

- **To learn more about Original Medicare and the different types of Medicare plans,** use the Medicare Plan Finder (www.medicare.gov/plan-compare), read *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (SHIP) (see "Exhibit A" in the *Evidence of Coverage*), or call Medicare. (See Section 5).

  Additionally, you may contact your former employer or union to obtain more information on electing other coverage.

Section 3.1 Deadlines for Changing Plans

If you enrolled in a Medicare Advantage Plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without separate Medicare prescription drug coverage), between January 1 and March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare**. People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, copayments, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m, Monday-Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778.
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Many states have State Pharmaceutical Assistance Programs (SPAPs) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of State residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you are currently enrolled, how to continue getting help, call the ADAP program (the name and phone numbers for this organization are listed in "Exhibit A" in the *Evidence of Coverage)*. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January - December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please visit **Humana.com/RxCostHelp**, contact us at the Humana Group Medicare Customer Care number on the back of your Humana Member ID card or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Humana Group Medicare Advantage PPO Plan

- Call Humana Group Medicare Customer Care at the phone number located on the back cover of this document (TTY users call 711).

We're available for phone calls from 8 a.m. to 9 p.m., Eastern time, Monday through Friday. Calls to these numbers are free.

- **Read your *2026 Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Humana Group Medicare Advantage PPO Plan. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at **(www.Humana.com/PlanMaterials)** or call Humana Group Medicare Customer Care (TTY users call 711) to ask us to mail you a copy.

- **Visit http://www.Humana.com/FindCare**

  Our website has the most up-to-date information about our provider network (*Provider Directory*) and our *list of covered drugs (formulary/Drug Guide).*

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Contact information for your State Health Insurance Assistance Program (SHIP) can be found in "Exhibit A" in the *Evidence of Coverage.*

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

  You can chat live at **www.Medicare.gov/talk-to-someone.**

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- ***Read Medicare & You* 2026**

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at **www.Medicare.gov** or by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048.

Notice of Privacy Practices

For your personal health information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at **https://huma.na/insuranceace.**

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by law. This includes the right to make changes in our privacy practices and the revised terms of our notice effective for all personal and health information we maintain. This includes information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is Nonpublic personal or health information?

Health information - from now on referred to as "information" - includes both medical information and individually identifiable information, like your name, address, telephone number, or Social Security number, account numbers, payment information, or demographic information. The term "information" in this notice includes any nonpublic personal and health information created or received by a health care provider or health plan that relates to your physical or mental health or condition, providing health care to you, or the payment for such health care. We protect this information in all formats including electronic, written, and oral information.

How do we collect information about you?
We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

What information do we receive about you?
The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

How do we protect your information?
In keeping with federal and state laws and our own policy, we have a responsibility to protect the privacy of your information. We have administrative, technical and physical safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information Informing you of our legal duties about your information
- Training our associates about company privacy programs and procedures

How do we use and disclose your information?
We must use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services
- Where required by law

We have the right to use and disclose your information:

- To a doctor, a hospital, or other health care provider so you can receive medical care.
- For payment activities, include claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For health care operation activities including processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of health care professionals, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform, plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations such as to allow your plan sponsor to obtain bids from other health plans. We will not share detailed health information to your plan sponsor unless you provide us your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.

- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- To your family and friends, or any other person you identify, provided the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- For law enforcement purposes, to military authorities and as otherwise required by law.
- To assist in disaster relief efforts.
- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner, or funeral director.

Additional restriction on use and disclosure for specific types of information:

- Some federal and state laws may restrict the use and disclosure of certain sensitive health information such as: Substance Use Disorder; Biometric Information; Child or Adult Abuse or Neglect, including Sexual Assault; Communicable Diseases; Genetic Information; HIV/AIDS; Mental Health; Reproductive Health; and Sexually Transmitted Diseases.
- Reproductive Health Information: We will not use or disclose information to conduct an investigation into identifying (or the attempt to impose liability against) any person for the act of seeking, obtaining, providing, or facilitating lawful reproductive health care. In response to a government agency's (or other person's) request for information that might be related to reproductive health care, the person making the request must provide a signed attestation that the purpose of the request does not violate the prohibition on disclosing reproductive health care information.

Will we use your information for purposes not described in this notice?
In all situations other than described in this notice, we will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not use or disclose your information for any reason not described in this notice without your permission. The following uses and disclosures will require an authorization:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of personal and protected health information

What do we do with your information when you are no longer a member or you do not obtain coverage through us?
Your information may continue to be used for purposes described in this notice when your membership is terminated or you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?
The following are your rights with respect to your information. We are committed to responding to your rights request in a timely manner:

- Access - You have the right to review and obtain a copy of your information that may be used to make decisions about you, such as claims and case or medical management records. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.

- Adverse Underwriting Decision - You have the right to be provided a reason for denial or adverse underwriting decision if we decline your application for insurance.*

- Alternate Communications - You have the right to receive confidential communications of information in a different manner or at a different place to avoid a life-threatening situation. We will accommodate your request if it is reasonable.

- Amendment - You have the right to request correction of any of this personal information through amendment or deletion. Within 60 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. If we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.

- Disclosure - You have the right to receive a listing of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for a period of six years at your request. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

- Notice - You have the right to receive a written copy of this notice any time you request.

- Restriction - You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

* This right applies only to our Massachusetts residents in accordance with state regulations.

What should I do if I believe my privacy has been violated?
If you believe your privacy has been violated in any way, you may file a complaint with us by calling us at 866-861-2762 any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You also have the option to e-mail your complaint to **OCRComplaint@hhs.gov**. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.

We support your right to protect the privacy of your personal and health information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office, and on our web site.

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at 866-861-2762
- Accessing our Website at **Humana.com** and going to the Privacy Practices link
- Send completed request form to:

Humana Inc.
Privacy Office 003/10911
101 E. Main Street
Louisville, KY 40202

* This right applies only to our Massachusetts residents in accordance with state regulations.

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. 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. Non-Discrimination Coordinator can help you.

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

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

California members:

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

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

Notice of Availability - Auxiliary Aids and Services Notice

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

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

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛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 fòma 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]: નિઃશુલ્ક 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)**

हिन्दी [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)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama 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。

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

GHHNOA2025HUM_0425

ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរស័ព្ទទៅលេខ **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, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ຟຣີ. ໂທ **877-320-1235 (TTY: 711)**.

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

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

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

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

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

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

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

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

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

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

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።

Bǎsɔ́ ̀[Bassa]: Wuɖu-xwíníín-mú-zà-zà kǔà, Hwòɖǒ-fɔ́ńɔ-́nyɔ,́ kè nyɔ-bɔ̌ǔn-po-kà ɓě ɓɛ́ nyuɛɛ se wíɖí pɛ́ɛ̀-pɛ́ɛ̀ ɖò kɔ̀ ̃**877-320-1235 (TTY: 711)** ɖá.

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

Òyìnbó [Yoruba]: Àwọn iṣẹ́ àtìlẹhìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà lárọ́wọ́tó. Pe **877-320-1235 (TTY: 711)**.

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

The information you need is just a click away

You can view and search these 2026 plan documents online at **www.Humana.com/PlanDocuments.** Here you can see the most up-to-date information about your plan. It's easy to search, so you can find the information you are looking for quickly.

- See your EOC for your plan's specific details, benefits and costs.
- View the Provider Directory to see a list of providers, specialists and pharmacies in our plan's network.

We're here for you. If you need help using these online tools, please call the number on the back of your Humana member ID card for support.

To get paper copies of these documents by mail, submit your request online at the website above, or call (866) 396-8810 **(TTY: 711)**. Please have your Humana member ID card ready when you call. When asked for the reason you've called, say "Evidence of Coverage" and/or "Provider Directory." Please allow up to two weeks to receive the documents by mail.

Remember you can view and search the 2026 plan documents at **www.Humana.com/PlanDocuments** so you can find the information you are looking for quickly.

Humana.

Humana Inc.
PO Box 14168
Lexington, KY 40512-4168

Important information about changes to your Medicare Advantage and Prescription Drug Plan

Look inside

Here's a summary of your **Humana Medicare Employer PPO** that takes effect on January 1, 2026.

Humana.

Humana.com

(866) 396-8810 **(TTY: 711)**

Y_GRAEOC_HIP_079_770_2026_M

Y0040_GHA025XRRPD_26GR_C