2024 **Health Plan Benefits** at a Glance

Humana USAA Honor (PPO) H5216-386 Delaware

Plan Costs	**With Medicare Only**
Monthly plan premium	$0
Medicare Part B premium reduction	Your plan will reduce your Monthly Part B premium by up to $50 but by no more than Original Medicare's Part B Premium for 2024.
Annual out-of-pocket maximum	$5,900 in-network $8,950 combined in and out-of-network

Doctor Office Visits	**In-Network With Medicare only**	**Out-of-Network With Medicare only**
Primary care provider (PCP)	$0 copay	$0 copay
Specialist	$40 copay	$40 copay
Preventive Care		
Including: Medicare covered screenings	Covered at no cost when you see an in-network provider	Preventive screenings may have a cost share when you see an out-of-network provider.
Telehealth Services (in addition to Original Medicare)		
Primary care provider (PCP)	$0 copay	Not covered
Specialist	$40 copay	Not covered
Urgent care services	$60 copay	Not covered
Substance abuse or behavioral health services	$0 copay	Not covered
Inpatient Care		
Acute inpatient hospital care	$395 copay per day for days 1-5 $0 copay per day for days 6-90	$395 copay per day for days 1-5 $0 copay per day for days 6-90
Lab Services		
Lab tests from lab facility	$0 copay	$0 copay
Lab tests from outpatient hospital facility	$50 copay	$50 copay
Outpatient Care		
Outpatient surgery at ambulatory surgical center	$345 copay	$345 copay

Humana. | USAA

Outpatient Care (continued)		
Physical therapy at therapy facility	$10 copay	$10 copay
X-rays at outpatient hospital facility	$100 copay	$100 copay
Diagnostic testing at outpatient hospital facility	$90 copay	$90 copay
Mental Health Services		
Inpatient psychiatric hospital Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	$395 copay per day for days 1-4 $0 copay per day for days 5-90	$395 copay per day for days 1-4 $0 copay per day for days 5-90
Specialist's office	$40 copay	$40 copay
Outpatient hospital	$60 copay	$60 copay
Partial hospitalization	$40 copay	$40 copay
Emergency Services		
Urgently needed services at an urgent care center	$60 copay	$60 copay
Ambulance services	$300 copay per date of service	$300 copay per date of service
Emergency room	$120 copay	$120 copay
Additional Benefits & Programs		
Mandatory supplemental dental benefit DEN088	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.	
Mandatory supplemental vision benefit VIS711	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.	
Mandatory supplemental hearing benefit HER937	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.	
Over-the-Counter (OTC) Allowance	**$75** quarterly allowance on a prepaid card to buy approved over-the-counter health and wellness products at participating retail locations. Allowance amount cannot be combined with other allowances which may be on the Card. Unused amount expires at the end of the quarter.	
Transportation	**$0** copay for plan approved location up to 24 one-way trip(s) per year. This benefit is not to exceed 25 miles per trip.	

Additional Benefits & Programs (continued)	
Humana Well Dine® meal program	Included
Special Supplemental Benefits for the Chronically Ill (SSBCI) Worry FreeTM Meals	Included for members diagnosed with Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Congestive Heart Failure (CHF), or Depression, participating with care management services, and who meet program criteria. Please refer to the Summary of Benefits for additional details.
SilverSneakers® fitness program	Included

If you have questions and are a Humana member, please contact Customer Care at 1-800-457-4708 (TTY: 711).

If you are not currently a Humana member, please contact a licensed Humana sales agent at 1-844-775-9622 (TTY: 711), 8 a.m. to 8 p.m. seven days a week from Oct. 1, 2023 – Mar. 31, 2024 and Monday - Friday the rest of the year.

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

The Humana USAA Honor plans are available to anyone eligible for Medicare and veterans should consider all their health plan options.

Humana Insurance Company pays royalty fees to USAA for the use of its intellectual property. USAA means United Services Automobile Association and its affiliates.

Use of the term "USAA member" or "USAA membership" refers to membership in USAA Membership Services and does not convey any legal or ownership rights in USAA. Restrictions apply and are subject to change. USAA and the USAA Logo are registered trademarks of the United Services Automobile Association. All rights reserved. No Department of Defense or government agency endorsement.

Telehealth services shown are in addition to the Original Medicare covered telehealth. Your cost may be different for Original Medicare telehealth. Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

Out-of-network/non-contracted providers are under no obligation to treat Humana 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.

Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply.

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

Humana. | USAA®

The Part B premium reduction benefit pays part or all of your Part B premium and the amount may change based on the amount you pay for Part B.

Get all your health plan details at
Humana.com/Benefits

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235** (**TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235（聽障專線：711）**。辦公時間：東部時間上午 8 時至晚上 8 時。

GHHLE7BEN1021

Humana. | USAA