2024 **Health Plan Benefits** at a Glance

HumanaChoice SNP-DE H5216-377 (PPO D-SNP) Maryland

Plan Costs	
Monthly plan premium	$0
Part B deductible *You pay the same amount as you would with Original Medicare. In 2023, the amounts are as listed. These amounts may change in 2024.	$0 or $226 combined* The following services listed are excluded from the combined in-network and out-of-network Part B deductible: In-Network only: Ambulance Services Chemotherapy Drugs and Administration Diabetic Monitoring Supplies Medicare Part B Covered Drugs Part A Services (IP, Skilled Nursing and Home Health) Both In-Network and Out-of-Network: Emergency Room Services Medicare Covered Preventive Services Services not covered by Original Medicare Urgently Needed Services at Urgent Care Centers
Annual out-of-pocket maximum	$8,850 in-network $13,300 combined in and out-of-network If you are eligible for Medicare cost-sharing assistance under the Maryland Medicaid Program, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

	In-Network	**Out-of-Network**
Doctor Office Visits		
Primary care provider (PCP)	$0 copay	$0 or 20% of the cost
Specialist	$0 copay	$0 or 20% of the cost
Preventive Care		
Including: Medicare covered screenings	Covered at no cost	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	$0 copay	Not covered
Urgent care services	$0 copay	Not covered

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Telehealth Services (in addition to Original Medicare)		
Substance abuse or behavioral health services	$0 copay	Not covered
Inpatient Care		
Acute inpatient hospital care	$0 copay	$0 or $1,800 copay per stay
Lab Services		
Lab tests from lab facility	$0 copay	$0 copay
Lab tests from outpatient hospital facility	$0 copay	$0 or 20% of the cost
Outpatient Care		
Outpatient surgery at ambulatory surgical center	$0 copay	$0 or 20% of the cost
Physical therapy at therapy facility	$0 copay	$0 or 20% of the cost
X-rays at outpatient hospital facility	$0 copay	$0 or 20% of the cost
Diagnostic testing at outpatient hospital facility	$0 copay	$0 or 20% of the cost
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.	$0 copay	$0 or $1,800 copay per stay
Specialist's office	$0 copay	$0 or 20% of the cost
Outpatient hospital	$0 copay	$0 or 20% of the cost
Partial hospitalization	$0 copay	$0 or 20% of the cost
Emergency Services		
Urgently needed services at an urgent care center	$0 copay	$0 or $55 copay
Ambulance services	$0 copay	$0 or $300 copay per date of service
Emergency room	$0 copay	$0 or $100 copay

Additional Benefits & Programs	
Healthy Options Allowance	**$75** monthly allowance on a prepaid card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.). Allowance amount cannot be combined with other allowances which may be on the Card. Unused funds will roll over to the next month and expire at the end of the plan year.
Mandatory supplemental dental benefit DEN243	Included
Mandatory supplemental vision benefit VIS699	Included
Mandatory supplemental hearing benefit HER945	Included
Transportation	**$0** copay for plan approved location up to 60 one-way trip(s) per year. This benefit is not to exceed 50 miles per trip.
Humana Well Dine® meal program	Included
SilverSneakers® fitness program	Included
Smoking Cessation	Included
Wigs	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.

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2024 **Prescription Drug Benefits** at a Glance

HumanaChoice SNP-DE H5216-377 (PPO D-SNP) Maryland

Plan Highlights	
$0 Rx Copay Benefit	If you receive "Extra Help", you will pay **$0** for all Medicare Part D covered prescription drugs on your formulary for the entire calendar year.
$0 vaccines	**$0** copay for adult Part D covered vaccines recommended by the Advisory Committee on Immunization Practices (ACIP)

If you do not receive "Extra Help" refer to Chapter 6 of the Evidence of Coverage for more details on the prescription drug benefit.

To find which pharmacies are available in your network, go to **Humana.com/pharmacyfinder**.

Some drugs are limited to a 30-day supply

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 Coordinated Care (PPO D-SNP) plan with a Medicare contract and a contract with the Maryland Medicaid Program. Enrollment in this Humana plan depends on contract renewal.

Your provider may choose to submit to the Maryland Medicaid Program for consideration of additional secondary payment for an amount applied to deductibles, coinsurance, or copayments. Providers are required by federal regulation to accept HumanaChoice SNP-DE H5216-377 (PPO D-SNP) primary payment and the Maryland Medicaid Program secondary payment as payment in full for covered Medicare Part A and Part B services – even when the Medicaid payment is zero or a provider chooses to not submit to Medicaid.

If you are cost-share protected by the Maryland Medicaid Program, HumanaChoice SNP-DE H5216-377 (PPO D-SNP) providers aren't allowed to collect or bill you for services and items covered under Medicare Part A and Part B, including deductibles, coinsurance, and copayments – even when Medicaid payment is zero or a provider chooses to not submit to Medicaid. If a provider asks you to pay, that's against the law. You may however be responsible for a small Medicaid copayment.

If you are cost-share protected and you are billed or asked to pay the provider for deductibles, coinsurance, or copayments on covered Medicare Part A and Part B services tell your provider you are cost-share protected and can't be charged. If you have already made payment you have the right to a refund. If your provider will not stop billing, you can call Customer Care at 1-800-457-4708 or you can call Medicare at 1-800-Medicare (1-800-633-4227), (TTY 1-877-486-2048). Customer Care or Medicare can ask your provider to stop billing you and refund any payment you have made.

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.

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

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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。

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