

2024 Health Plan Benefits at a Glance

Humana Gold Plus SNP-DE H1036-307 (HMO D-SNP) North Carolina

| Plan Costs | Without Medicare & State Cost-Share Protection | With Medicare & State Cost-Share Protection |
|--|---|---|
| Monthly plan premium | \$46.90 | \$0 |
| Annual out-of-pocket maximum | \$8,850 in-network If you are eligible for Medicare cost-sharing assistance under the North Carolina, Division of Health Benefits (Medicaid), 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. | \$8,850 in-network If you are eligible for Medicare cost-sharing assistance under the North Carolina, Division of Health Benefits (Medicaid), 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. |
| Doctor Office Visits | | |
| | In-Network Without Medicare & State Cost-Share Protection | In-Network With Medicare & State Cost-Share Protection |
| Primary care provider (PCP) | \$0 copay | \$0 copay |
| Specialist | \$15 copay | \$0 copay |
| Preventive Care | | |
| Including: Medicare covered screenings | Covered at no cost when you see an in-network provider | \$0 copay |
| Telehealth Services (in addition to Original Medicare) | | |
| Primary care provider (PCP) | \$0 copay | \$0 copay |
| Specialist | \$15 copay | \$0 copay |
| Urgent care services | \$50 copay | \$0 copay |
| Substance abuse or behavioral health services | \$0 copay | \$0 copay |
| Inpatient Care | | |
| Acute inpatient hospital care | \$325 copay per day for days 1-6 \$0 copay per day for days 7-90 | \$0 copay |
| Lab Services | | |
| Lab tests from lab facility | \$0 copay | \$0 copay |

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Lab Services (continued)

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| Lab tests from outpatient hospital facility | \$50 copay | \$0 copay |
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Outpatient Care

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| Outpatient surgery at ambulatory surgical center | \$325 copay | \$0 copay |
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| Physical therapy at therapy facility | \$25 copay | \$0 copay |
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| X-rays at outpatient hospital facility | \$125 copay | \$0 copay |
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| Diagnostic testing at outpatient hospital facility | \$120 copay | \$0 copay |
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Mental Health Services

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| Inpatient psychiatric hospital | \$587 copay per day for days 1-3 \$0 copay per day for days 4-90 | \$0 copay |
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Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.

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| Specialist's office | \$45 copay | \$0 copay |
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| Outpatient hospital | \$100 copay | \$0 copay |
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| Partial hospitalization | \$70 copay | \$0 copay |
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Emergency Services

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| Urgently needed services at an urgent care center | \$50 copay | \$0 copay |
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| Ambulance services | \$300 copay per date of service | \$0 copay |
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| Emergency room | \$100 copay | \$0 copay |
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Additional Benefits & Programs

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| Healthy Options Allowance | <p>\$175 monthly allowance on a prepaid card to use for essentials you need to support your health.</p> <p>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.).</p> <p>Allowance amount cannot be combined with other allowances which may be on the Card.</p> <p>Unused funds will roll over to the next month and expire at the end of the plan year.</p> |
| Mandatory supplemental dental benefit DEN286 | Included - cost share may apply. Please refer to the Summary of Benefits for additional details. |
| Mandatory supplemental vision benefit VIS733 | Included - cost share may apply. Please refer to the Summary of Benefits for additional details. |
| Mandatory supplemental hearing benefit HER945 | Included - cost share may apply. Please refer to the Summary of Benefits for additional details. |
| HMO travel benefit | Included |
| Transportation | \$0 copay for plan approved location up to 48 one-way trip(s) per year. This benefit is not to exceed 75 miles per trip. |
| NationsMarket® Fresh, Prepared meal program | Included |
| Personal Home Care | Included |
| SilverSneakers® fitness program | Included |

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2024 Prescription Drug Benefits at a Glance

Humana Gold Plus SNP-DE H1036-307 (HMO D-SNP) North Carolina

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](https://www.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 (HMO D-SNP) plan with a Medicare contract and a contract with the North Carolina, Division of Health Benefits (Medicaid) program. Enrollment in this Humana plan depends on contract renewal.

Your provider may choose to submit to the North Carolina, Division of Health Benefits (Medicaid) for consideration of additional secondary payment for an amount applied to deductibles, coinsurance, or copayments. Providers are required by federal regulation to accept Humana Gold Plus SNP-DE H1036-307 (HMO D-SNP) primary payment and the North Carolina, Division of Health Benefits (Medicaid) 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 North Carolina, Division of Health Benefits (Medicaid), Humana Gold Plus SNP-DE H1036-307 (HMO 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.

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

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Get all your health plan details at
[Humana.com/Benefits](https://www.humana.com/benefits)



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Important

At Humana, it is important you are treated fairly.

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- 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。