

# 2024 Health Plan Benefits at a Glance

HumanaChoice R3392-001 (Regional PPO) States of Georgia and South Carolina

Plan Costs		With Medicare Only
Monthly plan premium		\$0
Annual out-of-pocket maximum		\$7,550 in-network \$11,300 combined in and out-of-network
		In-Network With Medicare only
		Out-of-Network With Medicare only
Doctor Office Visits		
Primary care provider (PCP)	\$10 copay	30% of the cost
Specialist	\$40 copay	30% of the cost
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	\$50 copay	Not covered
Substance abuse or behavioral health services	\$0 copay	Not covered
Inpatient Care		
Acute inpatient hospital care	\$260 copay per day for days 1-6 \$0 copay per day for days 7-90	30% of the cost
Lab Services		
Lab tests from lab facility	\$0 copay	30% of the cost
Lab tests from outpatient hospital facility	\$50 copay	30% of the cost
Outpatient Care		
Outpatient surgery at ambulatory surgical center	\$325 copay	30% of the cost
Physical therapy at therapy facility	\$25 copay	30% of the cost

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**Outpatient Care (continued)**

X-rays at outpatient hospital facility	\$125 copay	30% of the cost
Diagnostic testing at outpatient hospital facility	\$100 copay	30% 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.	\$260 copay per day for days 1-6 \$0 copay per day for days 7-90	30% of the cost
Specialist's office	\$45 copay	30% of the cost
Outpatient hospital	\$100 copay	30% of the cost
Partial hospitalization	\$70 copay	30% of the cost

**Emergency Services**

Urgently needed services at an urgent care center	\$50 copay	\$50 copay
Ambulance services	\$300 copay per date of service	\$300 copay per date of service
Emergency room	\$100 copay	\$100 copay

**Additional Benefits & Programs**

Mandatory supplemental dental benefit DEN359	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.	
Mandatory supplemental vision benefit VIS752	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) mail order	\$45 quarterly allowance to buy approved over-the-counter health and wellness products available through our OTC Mail Order provider. Unused amount expires at the end of the quarter.	
NationsMarket® Fresh, Prepared meal program	Included	
SilverSneakers® fitness program	Included	
Wigs	Included - cost share may apply. Please refer to the Summary of Benefits for additional details.	

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.

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.

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

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# Important

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## 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。