

2024 Health Plan Benefits at a Glance

Humana USAA Honor (HMO) H4461-004 Tennessee Statewide

| Plan Costs | | With Medicare Only |
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| Monthly plan premium | | \$0 |
| Medicare Part B premium reduction | | Your plan will reduce your Monthly Part B premium by up to \$100 but by no more than Original Medicare's Part B Premium for 2024. |
| Annual out-of-pocket maximum | | \$3,200 in-network |
| In-Network With Medicare only | | |
| Doctor Office Visits | | |
| Primary care provider (PCP) | | \$0 copay |
| Specialist | | \$25 copay |
| Preventive Care | | |
| Including: Medicare covered screenings | | Covered at no cost when you see an in-network provider |
| Telehealth Services (in addition to Original Medicare) | | |
| Primary care provider (PCP) | | \$0 copay |
| Specialist | | \$25 copay |
| Urgent care services | | \$65 copay |
| Substance abuse or behavioral health services | | \$0 copay |
| Inpatient Care | | |
| Acute inpatient hospital care | | \$150 copay per day for days 1-5 \$0 copay per day for days 6-90 |
| Lab Services | | |
| Lab tests from lab facility | | \$0 copay |
| Lab tests from outpatient hospital facility | | \$25 copay |
| Outpatient Care | | |
| Outpatient surgery at ambulatory surgical center | | \$200 copay |
| Physical therapy at therapy facility | | \$20 copay |
| X-rays at outpatient hospital facility | | \$125 copay |

Outpatient Care (continued)

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| Diagnostic testing at outpatient hospital facility | \$25 copay |
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Mental Health Services

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| Inpatient psychiatric hospital | \$150 copay per day for days 1-5 \$0 copay per day for days 6-90 |
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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 | \$25 copay |
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| Outpatient hospital | \$25 copay |
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| Partial hospitalization | \$25 copay |
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Emergency Services

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| Urgently needed services at an urgent care center | \$65 copay |
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| Ground ambulance services | \$300 copay per date of service |
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| Emergency room | \$135 copay |
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Additional Benefits & Programs

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| Healthy Options Allowance | <p>Members diagnosed with a chronic health condition may receive a \$50 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, 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 amount rolls over to the next month and expires at the end of the plan year.</p> |
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| Mandatory supplemental dental benefit DEN086 | Included - cost share may apply. Please refer to the Summary of Benefits for additional details. |
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| Mandatory supplemental vision benefit VIS734 | Included - cost share may apply. Please refer to the Summary of Benefits for additional details. |
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| Mandatory supplemental hearing benefit HER940 | Included - cost share may apply. Please refer to the Summary of Benefits for additional details. |
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Additional Benefits & Programs (continued)

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| Over-the-Counter (OTC) mail order | \$100 quarterly allowance to buy approved over-the-counter health and wellness products available through our OTC Mail Order provider. Unused amount rolls over to the next quarter and expires at the end of the plan year. |
| HMO travel benefit | Included |
| NationsMarket® Fresh, Prepared meal program | Included |
| 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 HMO 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.

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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.

Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. You may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider.

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

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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](https://www.humana.com/benefits)



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。