Humana MSU Non-Medicare PPO plan
Take action to enroll

Dear Michigan State University Beneficiary,

We’re excited to let you know that Michigan State University (MSU) has asked Humana to offer you a Non-Medicare PPO and Prescription Drug Plan for your healthcare benefits. At Humana, helping you achieve lifelong well-being is our mission. During our 30 years of experience with healthcare, we’ve learned how to be a better partner in health.

Learn more about the Humana MSU Non-Medicare PPO plan
This packet includes important information regarding your coverage offered through the Humana MSU Non-Medicare PPO plan. Please review the enclosed materials for additional information.

If you have questions about your premium, you may contact MSU Human Resources by email at SolutionsCenter@hr.msu.edu or call 517-353-4434 (toll-free at 800-353-4434) Monday – Friday, 8 a.m. – 5 p.m. Eastern time.

This plan has been designed specifically for MSU beneficiaries who are not yet eligible for Medicare. You may remain on this coverage until you become Medicare-eligible, at which time MSU and Humana will notify you that it is time to enroll in the Medicare plan.

How to enroll
• For information on enrollment into the Non-Medicare PPO plan, please refer to the document titled “Important Enrollment Information,” located in this packet.
• You will receive further information on how to complete the Medicare enrollment at your date of eligibility approaches.

We look forward to serving you now and for many years to come.

Sincerely,
Humana

We're here for you!
Humana Customer Care
800-273-2509 (TTY: 711)
Monday - Friday, 8am - 8pm, Eastern time
Humana.com
What’s inside...

Throughout this booklet, you'll find lots of information to help you choose and use your plan:

**Know what you need**
Take a few minutes to find out what kind of healthcare coverage you want and need. Thinking about how you’ll use your plan is the first step in choosing with confidence.

**Explore your options**
After finding out about your needs, it’s time to see what fits them. The plan information in this section explains what is available to you, why you might want it, and how it works.

**See all that Humana offers**
Included in this booklet are the resources and information that will show you all the ways that Humana is there for you in every aspect of your life.

**Choose and use your plan**
Now you're ready to roll - or enroll!
Important Enrollment Information

MSU is enrolling you in the Humana MSU Non-Medicare Preferred Provider Organization (PPO) plan. If you are currently enrolled in a MSU health plan, you do not need to do anything and will be automatically enrolled in this Humana medical and prescription (Rx) plan. If you are not automatically enrolled, you must take action to enroll by the date set by MSU. If you do not want to participate in this plan, you can follow the instructions below. You must do this before the date set by Michigan State University.

What do I need to know as a member of the Humana MSU Non-Medicare PPO plan?

This mailing includes important information about this plan and what it covers, including a Summary of Benefits and Coverage (SBC) document. Please review this information carefully.

Once enrolled, you will be able to register on myhumana.com to access information about the plan’s coverage and services. As a member of the Humana MSU Non-Medicare PPO plan, you can appeal plan decisions about payment or services if you disagree. Enrollment in this plan is generally for the entire year, unless a qualified life event occurs.

If you or any of your dependents become eligible for Medicare A and B by December 31, 2021, you will automatically be enrolled in the Humana Group Medicare Advantage PPO as long as you have shared your Medicare Beneficiary Identifier (MBI). Those not Medicare-eligible would remain on the Non-Medicare PPO.

If the above occurs, you will receive a Humana Medicare Enrollment Kit. It is important that you read the information in that enrollment kit. Medicare eligible individuals may not continue on the non-Medicare plan.

When your Humana MSU Non-Medicare PPO plan begins, medically necessary items and services will be covered under the plan benefits even if you receive the services out of network. However, your member cost share will be lower if you use in-network providers. “In-network” means that your doctor or provider is on our list of participating providers. Your Humana MSU Non-Medicare PPO is in-network if your provider accepts Cofinity network insurance. Ask your provider if they accept Cofinity insurance.

“Out-of-network” means that you are using someone who isn’t participating in the Humana ChoiceCare network. The exception is for emergency care or urgent care services. You may be balance billed in addition to any applicable charges if receiving services out of network.

You have access to Humana’s nationwide network of pharmacies, which includes all major chains, in addition to some smaller local pharmacies.
Important Enrollment Information

What happens if I opt-out or don’t join the Humana MSU Non-Medicare PPO plan or if I have questions about enrollment?

If you choose to opt out of this plan or do not join, you will not be eligible for MSU health care and prescription drug coverage until the next open enrollment or unless you experience a qualifying life event.

If you don’t want coverage or have enrollment questions, you may contact MSU Human Resources at SolutionsCenter@hr.msu.edu or 517-353-4434 (toll-free 800-353-4434).

You may opt-out from this plan using the 2022 Open Enrollment form in the back of the Open Enrollment Guide you received from MSU at https://hr.msu.edu/benefits/documents/2022-Retiree-OE-Guide.pdf Opt-out by finding the Health plan section, and checking the box listed as “Cancel”, found under “Cancel Coverage”. You may also access the EBS portal. Information on how to use the portal is included in the Open Enrollment Guide. Opt-out of Humana by selecting “delete”.

The deadline to opt-out is October 31, 2021.
Enrollment website at: https://hr.msu.edu/open-enrollment

What if I want to leave the Humana MSU Non-Medicare PPO plan?

You can change or cancel your coverage under this plan following a qualifying event. These life events include marriage, childbirth/adoption, loss of existing coverage for you and your family members or retirement. Changes must be made within 30 days of the qualifying life event. Learn more at https://hr.msu.edu/benefits/life-change.

What happens if I move?

If you move, or if you become ineligible due to an international move, you can easily make updates through the EBS portal, or contact MSU Human Resources by email at SolutionsCenter@hr.msu.edu or 517-353-4434 (toll-free 800-353-4434).
The SBC document gives you a snapshot of your plan, with the deductibles, out-of-pocket costs, pharmacy coverage and your cost share explained. It also answers common questions you might have about your health plan.

The summary is divided into three sections:

1. Important questions
   - Overall deductible
   - Additional deductibles, such as pharmacy
   - Out-of-pocket limits
   - Use of a network
   - Referral necessity

2. Common medical events
   - Office visit copays
   - Preventive screenings
   - Diagnostic testing
   - Prescription drug coverage
   - Outpatient surgery
   - Urgent care, emergency and hospital care
   - Behavioral health
   - Limitations and exceptions

3. Excluded services and other covered services
   - A partial list of common services showing what's included and what's not included in your plan.

Humana

The format of the Summary of Benefits and Coverage cannot be edited, revised or changed in any manner as the format is established by the U.S. Federal Government and its agencies. The above SBC is an example for illustration only.

Humana.com
**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay for Covered Services

**Michigan State University: PPO 099/001 Plan**

**Coverage Period:** 01/01/2022 to 12/31/2022

**Coverage for:** Individual + Family | **Plan Type:** PPO

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**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage Cherie Booms and Tabatha Dixon AVPHR.Benefit.Admin@msu.edu or by calling 517-353-4434 or 800-353-4434. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [https://www.healthcare.gov/sbc-glossary](https://www.healthcare.gov/sbc-glossary) or call 517-353-4434 or 800-353-4434 to request a copy.**

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why This Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the overall deductible?</strong></td>
<td>Network: $100 Individual / $200 Family. Non-network: $500 Individual / $1,000 Family.</td>
<td>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</td>
</tr>
<tr>
<td><strong>Are there services covered before you meet your deductible?</strong></td>
<td>Network Providers: Yes. Preventive, Certain Office Visits, Emergency Room Care, Urgent Care, Prescription Drugs and Certain therapies. Non-Network Providers: Yes. Emergency Room Care and Prescription Drugs.</td>
<td>This plan covers some items and services even if you haven’t yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</td>
</tr>
<tr>
<td><strong>Are there other deductibles for specific services?</strong></td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td><strong>What is the out-of-pocket limit for this plan?</strong></td>
<td>For Network Providers: $3,000 Individual / $6,000 Family. For Non-network providers: $3,000 Individual / $6,000 Family.</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</td>
</tr>
<tr>
<td><strong>What is not included in the out-of-pocket limit?</strong></td>
<td>Premiums, balance-billing charges, health care this plan doesn’t cover, penalties, Non-network transplant, non-network prescription drugs, non-network specialty drugs.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td><strong>Will you pay less if you use a network provider?</strong></td>
<td>Yes. See <a href="http://www.humana.com/directories">www.humana.com/directories</a> or call 800-273-2509 for a list of network providers.</td>
<td>This plan uses a network provider. You will pay less if you use a provider in the plan’s network. You will pay the most if you use an out-of-pocket limit provider, and you might receive a bill from a provider for the difference between the provider’s charge and what your plan pays (balance-billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</td>
</tr>
<tr>
<td><strong>Do you need a referral to see a specialist?</strong></td>
<td>No.</td>
<td>You can see the specialist you choose without a referral.</td>
</tr>
</tbody>
</table>
### Common Medical Event Services You May Need

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Network Provider (You will pay the least)</th>
<th>Non-Network Provider (You will pay the most)</th>
<th>Cost Sharing May Vary Based on Where Service is Performed</th>
<th>If You Have a Test</th>
<th>Major Medical (Out-of-Pocket Max)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care visit:</td>
<td>$20 copay/visit; deductible does not apply</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>No charge</td>
<td>$20 copay/visit; deductible does not apply</td>
</tr>
<tr>
<td>Virtual visit:</td>
<td>$20 copay/visit; deductible does not apply</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>No charge</td>
<td>$20 copay/visit; deductible does not apply</td>
</tr>
<tr>
<td>Preventive care visit</td>
<td>None</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>No charge</td>
<td>$20 copay/visit; deductible does not apply</td>
</tr>
<tr>
<td>Imaging (CT/Composite)</td>
<td>No charge</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>No charge</td>
<td>$20 copay/visit; deductible does not apply</td>
</tr>
<tr>
<td>Preventive care visit</td>
<td>None</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>No charge</td>
<td>$20 copay/visit; deductible does not apply</td>
</tr>
<tr>
<td>Male Sterilization</td>
<td>$20 copay/visit; deductible does not apply</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>No charge</td>
<td>$20 copay/visit; deductible does not apply</td>
</tr>
<tr>
<td>Male Contraceptives</td>
<td>$20 copay/visit; deductible does not apply</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>No charge</td>
<td>$20 copay/visit; deductible does not apply</td>
</tr>
</tbody>
</table>

### Important Information
- Network Provider: You will pay the least.
- Non-Network Provider: You will pay the most.
- Limitations, Exclusions, & Other Important Considerations: Costs shown in this chart are after your deductible has been met. If a deductible applies, you will pay the deductible amount first, followed by the copay/coinsurance amount.

**All copayments and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.**
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Network Provider (You will pay the least)</td>
<td>Non-Network Provider (You will pay the most)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$10 copay; deductible does not apply (Retail)</td>
<td>30% coinsurance after $10 copay; deductible does not apply (Retail)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$20 copay; deductible does not apply (Mail Order)</td>
<td>30% coinsurance after $20 copay; deductible does not apply (Mail Order)</td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Tier 1 - Generic drugs</td>
<td>$30 copay; deductible does not apply (Retail)</td>
<td>30% coinsurance after $30 copay; deductible does not apply (Retail)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$60 copay; deductible does not apply (Mail Order)</td>
<td>30% coinsurance after $60 copay; deductible does not apply (Mail Order)</td>
</tr>
<tr>
<td></td>
<td>Tier 2 – Preferred brand-name drugs</td>
<td>$60 copay; deductible does not apply (Retail)</td>
<td>30% coinsurance after $60 copay; deductible does not apply (Retail)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$120 copay; deductible does not apply (Mail Order)</td>
<td>30% coinsurance after $120 copay; deductible does not apply (Mail Order)</td>
</tr>
<tr>
<td></td>
<td>Specialty Drugs</td>
<td>$75 copay; deductible does not apply (Retail)</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Covered (Mail Order)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Office-Administered Specialty Drugs</td>
<td>Preferred network specialty pharmacy: No charge</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Preferred Pharmacy Non-Preferred Pharmacy</td>
<td>Network specialty pharmacy: No charge</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>30 day supply. Preauthorization may be required - if not obtained, member is responsible for 100% of the cost of the drug.</td>
</tr>
<tr>
<td></td>
<td>Specialty Drugs</td>
<td>Preferred network specialty pharmacy: No charge</td>
<td>Non-network cost-sharing does not count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Network specialty pharmacy: No charge</td>
<td>Pharmacy Only Maximum Out-of-Pocket: Network Providers: $1,000 Individual / $2,000 Family; for Out-of-Network Providers: Not Applicable.</td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Preauthorization may be required - if not obtained, penalty will be no coverage.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Common Medical Event Services You May Need</th>
<th>What You Will Pay Limitations, Exceptions, &amp; Other Important Information</th>
<th>Network Provider (You will pay the least)</th>
<th>Medicare Provider (You will pay the most)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network Provider</strong></td>
<td><strong>Non-Network Provider</strong></td>
<td><strong>Limitations, Exceptions, &amp; Other Important Information</strong></td>
<td><strong>What You Will Pay</strong></td>
</tr>
<tr>
<td>Emergency room care</td>
<td>$500 copay/visit; deductible does not apply</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Emergency medical transportation</td>
<td>20% after deductible</td>
<td>None</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$25 copay/visit; deductible does not apply</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Facility fee (e.g., hospital room)</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Physician/surgeon fees</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services: Therapy: No charge after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td></td>
<td>Other outpatient non-surgical services: No charge after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td></td>
<td>Inpatient services: No charge after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td></td>
<td>Preauthorization may be required - if not obtained, penalty will be no coverage.</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

If you have a hospital stay, if you need mental health services, substance abuse or behavioral health services, or if you are pregnant:

- Office visits: 20% after deductible
- Physician/surgeon fees: no charge after deductible
- Facility fee (e.g., hospital room): no charge after deductible

If you need immediate medical attention:

- Transportation: 20% after deductible
- Emergency room care: $50 copay/visit; deductible does not apply

If you need emergency medical services:

- Preauthorization waived if admitted.
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home health care</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
<td>60 visit per year Preauthorization may be required - if not obtained, penalty will be no coverage.</td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td>$20 copay/visit; deductible does not apply</td>
<td>20% after deductible</td>
<td>Therapies: Physical, occupational and speech therapy 60 visits per year. Preauthorization may be required - if not obtained, penalty will be no coverage.</td>
</tr>
<tr>
<td>Habilitation services</td>
<td>$20 copay/visit; deductible does not apply</td>
<td>20% after deductible</td>
<td>Therapies: Physical, occupational and speech therapy 60 visits per year. Preauthorization may be required - if not obtained, penalty will be no coverage.</td>
</tr>
<tr>
<td>Skilled nursing care</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
<td>100 days per year. Preauthorization may be required - if not obtained, penalty will be no coverage.</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>Preauthorization may be required - if not obtained, penalty will be no coverage.</td>
</tr>
<tr>
<td>Hospice services</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
<td>Preauthorization may be required - if not obtained, penalty will be no coverage.</td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s eye exam</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td>Children’s glasses</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td>Children’s dental check-up</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>None</td>
</tr>
</tbody>
</table>
Excluded Services & Other Covered Services

<table>
<thead>
<tr>
<th>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acupuncture (unless prescribed by physician)</td>
</tr>
<tr>
<td>• Child dental check-up</td>
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<tr>
<td>• Child eye exam</td>
</tr>
<tr>
<td>• Child glasses</td>
</tr>
<tr>
<td>• Cosmetic Surgery, and if to correct functional impairment</td>
</tr>
<tr>
<td>• Dental care, and if to correct functional impairment</td>
</tr>
<tr>
<td>• Long term care when traveling outside the U.S.</td>
</tr>
<tr>
<td>• Manipulations (24 visits per year)</td>
</tr>
<tr>
<td>• Private Duty Nursing</td>
</tr>
<tr>
<td>• Routine foot care</td>
</tr>
</tbody>
</table>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

<table>
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<tr>
<th>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)</th>
</tr>
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<tbody>
<tr>
<td>• Bariatric surgery</td>
</tr>
<tr>
<td>• Non-emergency care when traveling outside the U.S.</td>
</tr>
<tr>
<td>• Infertility treatment</td>
</tr>
<tr>
<td>• Routine eye care (Adult)</td>
</tr>
<tr>
<td>• Weight loss programs</td>
</tr>
</tbody>
</table>

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</tr>
</tbody>
</table>
Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- [www.humana.com](http://www.humana.com) or 866-4ASSIST (427-7478).
- For group health coverage subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](http://www.HealthCare.gov) or call 800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Your plan at 517-353-4434 or 800-353-4434.

Does this plan provide Minimum Essential Coverage? Yes. Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes. If your plan doesn’t meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

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To see examples of how this plan might cover costs for a sample medical situation, see the next section.
### About these Coverage Examples

- This is not a cost estimator.
- Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors.
- Focus on the cost-sharing amounts (deductibles, copayments, and coinsurance). The overall costs will be different for different plans or situations.

#### Peg is Having a Baby

<table>
<thead>
<tr>
<th>Total Example Cost</th>
<th>$5,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limits of Exclusions</td>
<td>$0</td>
</tr>
<tr>
<td>What isn't covered</td>
<td>$0</td>
</tr>
<tr>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Copayments</td>
<td>$0</td>
</tr>
<tr>
<td>Deductibles</td>
<td>$10</td>
</tr>
</tbody>
</table>

#### Managing Joe’s Type 2 Diabetes

<table>
<thead>
<tr>
<th>Total Example Cost</th>
<th>$1,200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limits of Exclusions</td>
<td>$0</td>
</tr>
<tr>
<td>What isn't covered</td>
<td>$0</td>
</tr>
<tr>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Copayments</td>
<td>$100</td>
</tr>
<tr>
<td>Deductibles</td>
<td>$100</td>
</tr>
</tbody>
</table>

#### Mia’s Simple Fracture

<table>
<thead>
<tr>
<th>Total Example Cost</th>
<th>$1,200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limits of Exclusions</td>
<td>$0</td>
</tr>
<tr>
<td>What isn't covered</td>
<td>$0</td>
</tr>
<tr>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Copayments</td>
<td>$200</td>
</tr>
<tr>
<td>Deductibles</td>
<td>$100</td>
</tr>
</tbody>
</table>

---

**Note:** The plan would be responsible for the other costs of these EXAMPLE covered services.
Important!

At Humana, it is important you are treated fairly. Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

• You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call 877-320-1235 or if you use a TTY, call 711.


• California residents: You may also call California Department of Insurance toll-free hotline number: 800-927-HELP (4357), to file a grievance.

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.

GCHJ5REN 0220

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.
繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。
Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.
한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.
Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.
Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.
Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resewwa sèvis èd pou lang ki gratis.
Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d’aide linguistique.
Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.
Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.
Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.
Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.
日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。
فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.
Diné Bizaad (Navajo): Wódahí béésh bee hani’i bee wólta’ígíí bíchʼi’i hódeéhí éí bee t’áá jiik’eh saad bee ákáánída’áwo’déé niká’adoowol.
العربية (Arabic): الزجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك.
Choosing doctors, hospitals and other providers out of Humana’s network can cost you more money. Using providers in the Humana network whenever possible can help keep your healthcare costs lower. When you use an out-of-network provider, they may charge you more and they could bill you (where permitted) for the difference your Humana plan doesn’t cover. That’s called balance billing.

What is an out-of-network provider?
An out-of-network provider is a doctor, care professional (nurse practitioner, anesthesiologist, etc.) or facility (hospital, lab processing facility, ambulatory surgery center, etc.) that isn’t part of your health plan’s network.
Humana negotiates with healthcare providers and facilities to provide services at lower rates, and that’s how doctors and hospitals become part of the network. Out-of-network providers do not have contracts with Humana.

What happens when I use an out-of-network hospital or provider?
Your out-of-pocket costs (like copayments, coinsurance and deductibles) will be higher. That’s because you’re charged the full price for a service, and not the lower, negotiated rate you’d pay through the Humana network.

I’ve gone to an in-network hospital. All of the providers there are in network, right?
Not necessarily. For example, if you go to a network hospital to get an MRI, the doctor reading the MRI may not be in the network. That doctor may charge the full price for the service, not the lower negotiated rate allowed for a network provider.

What if I have an emergency?
In a true emergency, you should visit the nearest emergency room. If you receive emergency services from an out-of-network doctor or hospital, your costs may be more than they would be from a network provider. And, you may also be billed for the difference between what the provider charged and what your Humana plan allows.

What is an allowable charge?
An allowable charge (sometimes called the allowed amount) is the amount Humana allows for a covered healthcare service. The amount Humana allows an out-of-network provider to charge Humana for a covered service is called a maximum allowable fee (MAF).*

What is balance billing?
Balance billing is when an out-of-network provider bills you for the difference between their charge and what your Humana health plan will allow. For example, let’s say an out-of-network doctor charges $100 to review your MRI, but your plan will only allow for $70. The doctor may bill you for the remaining $30 in addition to what you may owe for your deductible or coinsurance.

Note: Any balance bill you may pay will not apply to your deductible or maximum out-of-pocket limit for the plan year.
*Referred to as “usual and customary” amount in some products.
How can I avoid extra costs?

**Talk to your doctor**
Before you have a healthcare screening or procedure, be sure to talk to your doctor. Ask him or her about the facility and any other specialists who may be involved so that you can make sure they participate in the network before you receive care.

**What if I receive a balance bill from an out-of-network doctor or facility?**
You can contact that doctor or facility directly to ask if they will lower the charges or if you can set up a payment plan.

**Understand your benefits**
You should review your Summary Plan Description to make sure you fully understand your health plan benefits. You can access it by:

1. **Sign in**—MyHumana at Humana.com
2. **Click**—“Coverage, Claims & Spending”
3. **Select**—“Coverage & Benefits”
4. **Scroll down**—click “Coverage Details”
5. **Download**—your Summary Plan Description

**Use network doctors and facilities**
You can use Find a doctor or pharmacy at Humana.com to find in-network:
- Doctors
- Pharmacies
- Hospitals or facilities
- Urgent care centers

You can access Find a doctor or pharmacy by signing in to MyHumana, your secure online account at Humana.com. You can also call the number on the back of your Humana member ID card to check if a provider is in network.
## Juan has a non-emergency surgery

He chose a network hospital, a network surgeon, but his radiologist was out-of-network.

<table>
<thead>
<tr>
<th></th>
<th>Network doctor</th>
<th>Out-of-network doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Billed charge amount</strong></td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>B. Allowable charge</strong></td>
<td>$300*</td>
<td>$300</td>
</tr>
<tr>
<td><strong>C. Juan's cost</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(network coinsurance is 20% of row B)</td>
<td>$60</td>
<td>$60</td>
</tr>
<tr>
<td><strong>D. Amount paid by Humana</strong></td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td><strong>E. Potential balance bill from the provider to Juan</strong></td>
<td>N/A</td>
<td>$700</td>
</tr>
<tr>
<td>(difference between rows A and B for out of network)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juan's total potential cost (rows C + E)</td>
<td>$60</td>
<td>$760</td>
</tr>
</tbody>
</table>

Juan would owe $700 more*** for the services provided by an out-of-network radiologist in this example.

*The amount negotiated between network providers and Humana for this service.  
**This example assumes that the deductible has been met.  
***Your potential member cost will vary based on the provider type, services received and where services are provided.

---

## Elizabeth has an emergency

Elizabeth was in a car accident and had to be taken to an emergency room (ER). The ER and the doctor are out-of-network.

<table>
<thead>
<tr>
<th></th>
<th>Network doctor</th>
<th>Out-of-network doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Billed charge amount</strong></td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>B. Allowable charge</strong></td>
<td>$600*</td>
<td>$600</td>
</tr>
<tr>
<td><strong>C. Elizabeth's cost</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(network coinsurance is 20% of row B)</td>
<td>$120</td>
<td>$120</td>
</tr>
<tr>
<td><strong>D. Amount paid by Humana</strong></td>
<td>$480</td>
<td>$480</td>
</tr>
<tr>
<td><strong>E. Potential balance bill from the provider to Elizabeth</strong></td>
<td>N/A</td>
<td>$1,400</td>
</tr>
<tr>
<td>(difference between rows A and B for out of network)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elizabeth’s total potential cost (rows C + E)</td>
<td>$120</td>
<td>$1,520</td>
</tr>
</tbody>
</table>

In this situation, Elizabeth would owe $1,400 more*** for the service provided by the out-of-network doctor AND she could also be billed by the out-of-network emergency room.

*The amount negotiated between network providers and Humana for this service.  
**This example assumes that the deductible has been met.  
***Your potential member cost will vary based on the provider type, services received and where services are provided.

This example is for illustrative purposes only. Be sure to check your health plan documents for your benefits and levels of coverage.
MyHumana: Your health plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana plan information, educational resources and access to wellness programs. *It's available anytime, anywhere.*

Registering is easy

1. Go to Humana.com/register and “Get Started”

2. Enter your member ID number (or Social Security number), date of birth and ZIP code

3. Create a username, password and security prompt and click “Next” to finish

Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts** at Humana.com.

Your personal MyHumana account gives you quick, convenient and secure access to your Humana plan information, educational resources and access to wellness programs. *It’s available anytime, anywhere.*

Quick access to all your plans

1. Go to Humana.com/register and “Get Started”

2. Enter your member ID number (or Social Security number), date of birth and ZIP code

3. Create a username, password and security prompt and click “Next” to finish

Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts** at Humana.com.

*Go365 is not an insurance product and is not available with all Humana health plans. This is a general description of services which are subject to change. Please refer to Customer Support for more information and check with your benefits administrator for program availability.

**Message and data rates may apply.
Physician Finder Plus is Humana’s online provider look-up tool. It’s your guide to the latest information about providers in Humana’s network. The tool provides the names, addresses and phone numbers of in-network providers. You can choose to sort your results by specialty or distance from your home or office.

Important Network Information: Cofinity has an agreed partnership with the Humana/ChoiceCare Network, which allows members to access a larger network of providers in the Michigan area. The agreement allows members using Cofinity providers in the state of Michigan to be able to use all providers in the national ChoiceCare Network. Both the ChoiceCare and Cofinity networks are listed on the back of your Humana ID card. Cofinity providers are integrated into the Physician Finder tool under the selection Humana/ChoiceCare Network PPO.

If you need more assistance finding an in-network provider, please call the Customer Care number on the back of your Humana ID card.
Physician Finder Plus is Humana's online provider look-up tool. It’s your guide to the latest information about providers in Humana's network.

The tool provides the names, addresses and phone numbers of in-network providers. You can choose to sort your results by specialty or distance from your home or office.

To find a participating provider, visit Humana.com and scroll to bottom of page, then select Find a doctor. Using the “Just Looking” tab, you will need your ZIP code and plan type to help narrow your search. This service is also available on MyHumana and the MyHumana Mobile app for your smartphone.

If you need more assistance finding an in-network provider, call the Customer Care number on the back of your Humana member ID card.

To find a participating provider, select the Search type (Medical, Dental, or Pharmacy) and use the Just Looking tab and then enter the following:

- Coverage type: Insurance through your employer
- Your ZIP code
- Network: Select the arrow and choose from the list
- Search: Name, specialty, condition or all
- Select the Search button
Plan ahead with the convenient care options your plan provides

Know when and where to go

When you have to make a healthcare decision, make sure you’re ready. Review some of the choices of care that are available so you can decide where to go the next time you need treatment.

**Doctor’s office**
Take advantage of the relationship you have with your doctor. Calling your doctor’s office during business hours is your best option for treatment in nonemergency situations.

Virtual visits (Telemedicine)
Virtual visits with board-certified doctors, for nonemergency conditions, 24/7 with Doctor On Demand®.* If you have telemedicine benefits as part of your Humana plan, you may be able to connect with a U.S board-certified doctor within minutes from the comfort of your own home, office or while traveling. The technology is HIPAA-compliant and most prescriptions may be sent to the pharmacy of your choice. Telemedicine may be an affordable and convenient option.** Doctor On Demand also provides nonemergency psychiatric and therapy services and treatment for anxiety, depression, grief, addictions and other behavioral health conditions. **Behavioral health visits are by scheduled appointment only.**

**Retail health clinic**
When you can’t see your doctor, a retail clinic can help you with minor problems like a cold, earache or sore throat. Retail clinics are conveniently located at stores, such as CVS®, Target®, Kroger® and Walgreens. Check to see which retail clinics are available in your network.

**Urgent care center**
When you have a minor illness or injury and your doctor isn’t available, you might consider going to an urgent care center. Waiting periods are usually shorter than in an emergency room. Many centers have X-ray and lab services and are open in the evenings and on weekends.

**Emergency room (ER)**
Visit the ER for a serious medical situation that might represent a threat to your life or limbs. It’s generally appropriate for situations like uncontrolled bleeding, chest pain, difficulty breathing and possible stroke.
Decide where to seek medical care

<table>
<thead>
<tr>
<th>Condition</th>
<th>Doctor's office</th>
<th>Virtual visits</th>
<th>Retail health clinic</th>
<th>Urgent care center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor headache</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Minor sprain, strain</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Nausea, vomiting, diarrhea</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Bumps, cuts, scrapes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cough, sore throat, congestion</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Urinary burning</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Emergency room**

Generally, you should call 911 or go to the emergency room for the following type of symptoms or any symptom that you feel may represent a threat to your life or limbs.

- Sudden or unexplained loss of consciousness
- Signs of a heart attack, such as sudden/severe chest pain or pressure
- Signs of a stroke, such as numbness of the face, arm or leg on one side of the body; difficulty talking; sudden loss of vision
- Severe shortness of breath
- Coughing up or vomiting blood
- High fever with stiff neck, mental confusion and/or difficulty breathing
- Cut or wound that won’t stop bleeding
- Possible poisoning
- Possible broken bones
- Stab wounds
- Sudden, severe abdominal pain
- Suicidal feelings
- Partial or total amputation of a limb

Ensure a provider participates in the Humana network by going to **Humana.com** or using the MyHumana Mobile app on your mobile device.

*Your plan’s provider network may designate a virtual visit provider other than Doctor On Demand.

**Doctor On Demand services are not available for Humana members in Puerto Rico and outside the U.S.

Limitations on healthcare and prescription services delivered via telemedicine and communications options vary by state. Telemedicine is not a substitute for emergency care. This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional. If you are in a life-threatening or emergency medical situation, please dial 9-1-1 and seek medical attention immediately.
Quality care that’s virtually there 24/7

Doctor On Demand® is there for your everyday health needs

See a board-certified doctor, psychiatrist or licensed therapist—for nonemergency care—in minutes from your home, office or while you’re traveling in the United States, from your smartphone, tablet or computer. It’s easy.

For everyday health needs, Doctor On Demand usually costs less than a visit to the emergency room or urgent care.

<table>
<thead>
<tr>
<th>DOCTOR ON DEMAND</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Everyday health concerns</strong></td>
<td>$0–$56</td>
</tr>
<tr>
<td>• Colds, flu and sore throat</td>
<td></td>
</tr>
<tr>
<td>• Upper respiratory infections</td>
<td></td>
</tr>
<tr>
<td>• Mild to moderate depression and anxiety</td>
<td></td>
</tr>
<tr>
<td>• Skin and eye problems</td>
<td></td>
</tr>
<tr>
<td>• Urinary tract infections</td>
<td></td>
</tr>
<tr>
<td>• Prescriptions and refills</td>
<td></td>
</tr>
<tr>
<td>• Labs and screenings</td>
<td></td>
</tr>
<tr>
<td><strong>Mental health services</strong></td>
<td></td>
</tr>
<tr>
<td>• Depression</td>
<td></td>
</tr>
<tr>
<td>• Stress</td>
<td></td>
</tr>
<tr>
<td>• Anxiety</td>
<td></td>
</tr>
<tr>
<td>• Talk therapy</td>
<td></td>
</tr>
<tr>
<td>• Trauma</td>
<td></td>
</tr>
<tr>
<td>• Other nonemergency mental health concerns</td>
<td></td>
</tr>
</tbody>
</table>

The cost for a visit will vary based on your plan. You’ll know the cost of your visit when you schedule your appointment.

Download the Doctor On Demand app today

1. Go to the App store or Google Play to get it on your smartphone or tablet. You can also visit DoctorOnDemand.com.

2. Enter your health insurance information; select Humana and enter your group ID and member ID.

3. Enter a payment method (you’ll always see your cost upfront).

4. See a doctor within minutes.
Why choose Humana Pharmacy?

**Savings.** Many Humana plans provide cost savings if you fill a 90-day supply of your maintenance medicine through a mail-delivery pharmacy instead of a retail pharmacy. Additionally, the pharmacy team works with you and your provider to find medicine that costs less.

**Experienced pharmacy team.** Pharmacists are available to answer questions about your medicine and our services.

**Peace of mind.** Two pharmacists check your new prescriptions to make sure they’re safe to take with your other medications. The dispensing equipment and heat–sealed bottles with tamper-resistant foil help ensure quality and safety. Plus, your order comes in plain packaging for additional security.

**Timely reminders.** To help make sure you have the medicine and supplies you need when you need them, we can remind you when it’s time to refill your medicine. Just set your preferences when you sign up at HumanaPharmacy.com.

**Time-saving mail delivery.** Your medicine will be shipped safely and securely to the location of your choice. That means no more trips to the pharmacy. No more waiting in lines to pick up your medicine. No more hassle. You may be able to order just four times a year and have more time to do the things you enjoy.

**Make Humana Pharmacy your one source**

**Maintenance medicine.** Medicine you take all the time for conditions like high cholesterol, high blood pressure and asthma.

**Specialty medicine.** Specialized therapies to treat chronic or complex illnesses like rheumatoid arthritis and cancer.

**Visit HumanaPharmacy.com**

After becoming a Humana member, you can sign in with your MyHumana identification number or register to get started. You can also sign up by calling 800-379-0092 (TTY: 711), Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Your health is important to us. Humana Pharmacy can deliver the value and service you expect from your pharmacy.
Flexible ordering options

**Online**

[HumanaPharmacy.com](http://HumanaPharmacy.com). Start a new prescription, order refills, check on your order and get information about how to get started.

**Provider**

Let your provider know he or she can send prescriptions electronically through e-prescribe. Providers can also fill out the fax form by downloading it from [HumanaPharmacy.com/forms](http://HumanaPharmacy.com/forms) and faxing the prescription to Humana Pharmacy 800-379-7617 or Humana Specialty Pharmacy 877-405-7940.

**Mail**

Download the “Registration & Prescription Order Form” from [HumanaPharmacy.com/forms](http://HumanaPharmacy.com/forms) and mail your paper prescriptions to:

Humana Pharmacy  
P.O. Box 745099  
Cincinnati, OH 45274-5099

**Phone**

Call Humana Pharmacy at 800-379-0092 (TTY: 711), Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

For specialty medicine, call Humana Specialty Pharmacy® at 800-486-2668 (TTY: 711), Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

**Humana Pharmacy Mobile app**

1. Go to [HumanaPharmacy.com/about/mobile-apps.cmd](http://HumanaPharmacy.com/about/mobile-apps.cmd)
2. Download our Humana Pharmacy app from the iTunes App Store® or Google Play™.
3. Sign in or select “Transfer Rx as guest” from the home screen.

**The life of a prescription**

1. Humana Pharmacy receives your prescription order. Your provider can send us your new prescriptions by fax, phone or electronically. Or you can send new prescriptions by mail with an order form. Order forms can be downloaded at [HumanaPharmacy.com/forms](http://HumanaPharmacy.com/forms).
2. An associate checks your pharmacy benefit coverage, enters your order and creates a unique shipment number.
3. A pharmacist checks your prescription order for accuracy and possible drug, disease or allergy interactions.
4. Approved orders go through the payment process. If your plan doesn’t cover the medicine, Humana Pharmacy will check the claim and fix the problem. If your prescription cannot be filled, Humana will contact you regarding the delay or return your prescription with an explanation.
5. An automated system fills your medicine and a pharmacist makes sure it matches the label before it’s sealed.
6. Humana Pharmacy ships the order to you, along with an invoice for your records and the required medicine information and proper dosing directions. Standard shipping is free. Faster shipping is available for an additional cost.

You should get your new prescription by mail in 7–10 days after Humana Pharmacy has all the necessary information. Your refill should arrive within 5–7 days. It may take longer if they have to call you or your provider with questions about the order.

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**Humana**

Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.
It’s easy to stay on track with the Humana Pharmacy app

Download the Humana Pharmacy® mobile app onto your iOS or Android device today to start enjoying all its features.

We designed the Humana Pharmacy app to make it simpler for members like you to manage your prescriptions. Packed with smart, convenient features, it’s another way Humana helps you achieve your best health.

- **Quick refills**
  Just select “Prescriptions” from your home screen and tap “Add to cart.”

- **Simple Rx transfer**
  Transfer your prescriptions to Humana Pharmacy with ease.

- **Easy-to-read tracking**
  See enhanced order status display for at-a-glance shipment tracking.

- **Helpful reminders**
  Rely on our refill reminders and status updates to stay on track.
Three easy ways to order prescriptions. Plus front-door delivery.

At Humana, we like to give you choices. That’s why we made prescription delivery available for your 90-day traditional or specialty drugs. It’s also why we offer you these three different ways to submit your prescriptions—which means you can pretty much place your orders anytime, from anywhere.

**On our app**
Download the Humana Pharmacy mobile app for iOS or Android to get orders and tracking at your fingertips

**Online**
Sign up at Humana/RxApp

**Over the phone**
Humana Pharmacy 800-379-0092 (TTY: 711)
Humana Specialty Pharmacy® 800-486-2668
Diabetic coverage summary and FAQ

Humana MSU non-Medicare PPO plan

For the healthcare plan, the limits are $3,000 per individual and $6,000 for family for in-network providers, and another $3,000 per individual and $6,000 for family for non-network providers for all covered medical services.

For prescription drugs, the limit is $1,000 for individuals and $2,000 for families for in-network providers. If prescriptions are filled with non-network providers, there is no out-of-pocket limit, which means at least 30% coinsurance and the applicable copay will apply every time for all covered prescriptions.
**What does the summary of benefits and costs look like for the Humana MSU non-Medicare PPO plan for diabetic coverage?**

<table>
<thead>
<tr>
<th>Services</th>
<th>In-network provider</th>
<th>Non-network provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic nutritional counseling</td>
<td>100%</td>
<td>80% after $500 deductible</td>
</tr>
<tr>
<td>Diabetic self-management training</td>
<td>100%</td>
<td>80% after $500 deductible</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>80% after $100 deductible</td>
<td>80% after $500 deductible</td>
</tr>
<tr>
<td>Diabetic foot care (podiatry)</td>
<td>$20 copay</td>
<td>80% after $500 deductible</td>
</tr>
<tr>
<td>Specialty drugs (provided and administered by a provider)</td>
<td>100% after deductible of $100</td>
<td>80% after $500 deductible</td>
</tr>
<tr>
<td>Tier 1 – generic</td>
<td>$10 copay retail</td>
<td>30% coinsurance after $10 copay retail and 30% coinsurance after $20 copay mail order</td>
</tr>
<tr>
<td></td>
<td>$20 copay for 90 day supply at Humana Mail Order and MSU Pharmacy</td>
<td></td>
</tr>
<tr>
<td>Tier 2 – preferred brand-name drugs</td>
<td>$30 copay retail</td>
<td>30% coinsurance after $30 copay retail and 30% coinsurance after $60 copay mail order</td>
</tr>
<tr>
<td></td>
<td>$60 copay for 90 day supply at Humana Mail Order and MSU Pharmacy</td>
<td></td>
</tr>
<tr>
<td>Tier 3 – non-preferred brand-name drugs</td>
<td>$60 copay retail</td>
<td>30% coinsurance after $60 copay retail and 30% coinsurance after $120 copay mail order</td>
</tr>
<tr>
<td></td>
<td>$120 copay for 90 day supply at Humana Mail Order and MSU Pharmacy</td>
<td></td>
</tr>
<tr>
<td>Specialty received at a pharmacy</td>
<td>$75 copay</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs are not available for more than a 30 day supply</td>
<td></td>
</tr>
</tbody>
</table>
How do I find out if my medication is a specialty drug and/or what tier of drug it is with Humana?

For more information regarding a specific drug and how it is categorized with Humana, please call the toll-free Customer Care number listed on your Humana member ID card or visit Humana at our.humana.com/msu-commercial.

How are the following covered through Humana, and if I have more than one option on how to obtain my diabetic medications and supplies, what are the costs and benefits?

**Oral diabetic control medication**
- Covered under pharmacy benefit through a Humana network pharmacy of the member’s choice.
- Network pharmacy options include retail and mail order.
- Copay determined by tier placement of medication.

**Insulin pump**
- Non-Medicare members can fill insulin pumps and supplies through Humana’s network DME providers through the medical benefits:
  - Preferred DME provider: CCS Medical (phone: 1-877-531-7959)
  - Preauthorization is required prior to coverage of insulin pumps and supplies. If using CCS Medical, they will help with the preauthorization process and work with your provider and Humana on coverage.

**Insulin for pump**
- Covered under pharmacy benefit through a Humana network pharmacy of the member’s choice.
- Network pharmacy options include retail and mail order.
- Copay determined by tier placement of medication.

**Disposable insulin pen**
- Disposable insulin pen would be replaced with new insulin pen once the prescription is refilled.
Insulin pen with replaceable caps

- Covered under pharmacy benefit through a Humana network pharmacy of the member’s choice.
- Network pharmacy options include retail and mail order.
- Copay determined by tier placement of the supply.

Caps

- Covered under pharmacy benefit through a Humana network pharmacy of the member’s choice.
- Network pharmacy options include retail and mail order.
- Copay determined by tier placement of medication.

Syringes

- Covered under pharmacy benefit through a Humana network pharmacy of the member’s choice.
- Network pharmacy options include retail and mail order.
- Copay determined by tier placement of medication.

Insulin for syringes

- Covered under pharmacy benefit through a Humana network pharmacy of the member’s choice.
- Network pharmacy options include retail and mail order.
- Copay determined by tier placement of medication.

Continuous glucose monitor (CGM), sensors and transmitters

- Non-Medicare members can obtain CGM and CGM supplies under pharmacy benefit through a Humana network pharmacy of the member’s choice OR through Humana’s network DME providers through the medical benefit:
  - Preferred DME provider:
    CCS Medical (phone: 1-877-531-7959)
- Preauthorization is required prior to coverage of CGM products. If using CCS Medical, they will help with the preauthorization process and work with your provider and Humana on coverage.
Blood glucose meter, lancets, test strips

• Covered under pharmacy benefit through a Humana network pharmacy of the member’s choice.
• Network pharmacy options include retail and mail order.
• Preferred testing supplies are Roche (Accu-Chek) and Trividia (True Metrix)
  • Tier 2 copay would apply.
• Nonpreferred testing supplies will require an authorization prior to coverage.
  • Tier 3 copay would apply if authorized.

Do I need to get a preauthorization for any of the above?

Most diabetic medications and supplies on the Rx3 Traditional formulary do not require preauthorization. Nonpreferred medications/supplies may apply utilization management such as step therapy or quantity limits. CGM supplies require preauthorization under the pharmacy or medical benefit.

What are the steps and forms I need for preauthorization?

Provider should contact Humana at 1-800-555-2546 or 1-800-523-0023 to request an authorization.
How long do I have to get a preauthorization once I receive my confirmation of enrollment from Humana?

Preauthorization is required before some medications or supplies can be filled.

While I am seeking preauthorization, what happens if I run out of my supplies?

Please review all current medications/supplies on the Rx3 Traditional formulary 30 days before your refill is due to allow time for the preauthorization to process.

What is the appeal process if I disagree with a denial of preauthorization my doctor has submitted on my behalf?

Please follow any instructions or appeal in the denial letter.

What are my options, if Humana will not pay for a medication or device I have been using for several years?

The options are to switch to a preferred product or another alternative, file for an appeal, request your provider to perform a peer-to-peer consultation, or pay out of pocket for product or supply.
What is Smart EOB?

Smart EOB was designed so you can see all your medical, prescription and dental data from the traditional EOB, but in a way that’s easy to read and understand. Your Smart EOB combines the detail of the traditional EOB with SmartSummary’s personalized health messaging and budgeting information. Use your Smart EOB as a record of your healthcare and to talk to your doctor about your health screenings and medicines. You can save it for tax purposes. You also can use it to compare with your doctor bills to make sure your doctor charged the correct amount.

What’s in Smart EOB?

- Statement period total dollars you’ve spent
- Plan year-to-date total dollars you’ve spent this year
- Deductibles and Maximum Out of Pocket information
- Detailed list of medical claims
- Detailed list of prescriptions you filled
- Detailed list of dental claims
- Highly personalized, actionable messaging

When will I receive Smart EOB?

You will receive a consolidated Smart EOB statement when you have a medical or dental claim. This statement will include any medical, prescription or dental claims you’ve had in the time period since your last statement. Periodically you will receive a full page component containing personalized health and well-being information.
Receive an EyeMed vision discount

As a Humana member, you receive the EyeMed Vision discount program at no cost to you. EyeMed offers access to more than 70,000 eye doctors in more than 24,000 locations including LensCrafters®, Pearle Vision®, Target Optical®, Sears® Optical, JCPenney® Optical and many other private practitioners.

To find an EyeMed provider

• Call EyeMed’s toll-free locator service at 866-995-9316 to find a participating provider in the select network
• To find a LASIK or PRK vision-correction provider, call 877-5-LASER6 (877-552-7376)

Vision discount program (retail prices may vary by location)

<table>
<thead>
<tr>
<th>Exams</th>
<th>Discount</th>
<th>Frames</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine exam</td>
<td></td>
<td>Discount available—40 percent off retail prices—on all frames except when prohibited by the manufacturer.</td>
</tr>
<tr>
<td>Contact lens exam</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard plastic lenses</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single vision</td>
<td>$50</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$70</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$105</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lens options</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>UV coating</td>
<td>$15</td>
</tr>
<tr>
<td>Tint (solid and gradient)</td>
<td>$15</td>
</tr>
<tr>
<td>Standard scratch resistant</td>
<td>$15</td>
</tr>
<tr>
<td>Standard polycarbonate</td>
<td>$40</td>
</tr>
<tr>
<td>Standard progressive* (add-on to bifocal)</td>
<td>$65</td>
</tr>
<tr>
<td>Standard anti-reflective coating</td>
<td>$45</td>
</tr>
<tr>
<td>Other add-ons and services</td>
<td>20% discount</td>
</tr>
</tbody>
</table>

*The cost for premium progressive lenses equals the basic progressive lens retail price plus a 20 percent discount on the balance over this price.

**Because LASIK or PRK vision correction is an elective procedure performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 877-5-LASER6 (877-552-7376).
THIS IS NOT INSURANCE. These discount programs are not part of your insurance product. Discounts are only available at participating providers. Service providers are solely responsible for the provision of products and services. Humana and its affiliates are not liable for product defects, provider negligence or other errors in the delivery of discount products or services.

You may receive a 20 percent discount on items purchased at participating providers that are not specifically covered by this discount design. The 20 percent discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider’s professional services or contact lenses. Members may contact their participating provider to determine if any discounts are available on non-covered services. Retail prices may vary by location.

For Texas members: To file a complaint, please call the Texas Department of Licensing and Regulation toll-free (in Texas) at 800-803-9202 or Relay Texas at 800-735-2989.

Limitations/exclusions
• Orthoptic or vision training, subnormal vision aids and any associated supplemental testing
• Medical and/or surgical treatment of the eye, eyes or supporting structures
• Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under plan
• Services provided as a result of any workers’ compensation law
• Discount is not available on frames when the manufacturer prohibits a discount
Humana Lifestyle Discount Program

Helping you achieve lifelong well-being through a balanced sense of purpose, belonging, health and security.

YOUR WELLNESS IS HUMANA’S BUSINESS

To make it easier and more affordable to take better care of yourself, Humana offers the Lifestyle Discount Program. This isn’t an insurance plan. It’s a discount program to strengthen your personal well-being and enrich your life. As a Humana member, you have access to this valuable program.

Humana’s Lifestyle Discount Program can help you look and feel your very best by giving you more choices and savings for health and wellness procedures.

All discounts are available to Humana group members at the time of service with unlimited usage. Just sign in to Humana.com/LifestyleDiscounts.

**Weight loss**

Nutrisystem provides unique, comprehensive solutions for weight loss and weight management by delivering delicious, portion-controlled meals directly to the home. Members will receive a 50% discount off every Nutrisystem plan, seven free high-protein shakes, and free shipping on all orders.

To get started, sign in to Humana.com/LifestyleDiscounts and select the link to Nutrisystem. If you prefer, call Nutrisystem at 866-430-8647.

**Lasik**

Experience the benefits of Lasik and see significant savings! With nearly 600 locations nationwide, members may choose any in-network provider and receive these discounts: 15% off standard prices or 5% off promotional prices. Extra member value—Having performed over 1 million procedures nationwide, LasikPlus® is the featured network provider and offers members:

- Special set prices
- Free Lasik exam (save more than $100)
- Affordable financing options
- Multiple technologies (100% bladeless procedures)
- Free enhancements for life on most procedures

To get started, sign in to Humana.com/LifestyleDiscounts and select the link to Lasik. If you prefer, call 855-645-2020.

**Teeth whitening**

Smile big and proud with a fresh set of pearly whites. Humana teamed up with ProSmileUSA™ to offer up to 70% off teeth whitening. Just go online and order the ProSmileUSA state-of-the-art whitening system. You’ll be on your way to glimmering teeth. ProSmileUSA, a division of United Networks of America, is a national dental lab that specializes in Hi-Intensity™, competitive strength, professional teeth bleaching.

To order a teeth whitening kit, sign in to Humana.com/LifestyleDiscounts and select the link to ProSmileUSA.

Humana.
Identity monitoring and protection services
Protect yourself and your loved ones with identity monitoring and protection services provided by CyberScout®. At every stage of life, this benefit provides expert support to help detect fraud, monitor credit activity and resolve any identity-related issues. There are three packages available to Humana members. You can choose the package that fits your budget. All options include:
• Medical identity theft monitoring
• Internet monitoring
• Credit bureau monitoring, including credit score
• Unlimited access to expert fraud specialists for proactive and identity resolution assistance
To get started or to review a complete list of services and savings, sign in to Humana.com/LifestyleDiscounts and select the link to CyberScout (www.MyIDManager.com/LifestyleDiscounts).

Alternative medicine
Immediate savings. That’s what this discount can mean to you. These holistic approaches provide you a natural option for pain relief. You’ll get on-the-spot discounts of up to 30% when you receive services from the WholeHealth Network providers. Choose from:
• Chiropractic
• Massage therapy
• Acupuncture
It’s easy to get your savings from more than 37,000 WholeHealth Network providers. To get started, sign in to Humana.com/LifestyleDiscounts.
To find a provider in your area, visit the WholeHealth Choices website at Humana.wholehealthmd.com.
If you prefer, call WholeHealth at 866-430-8647.

Hearing aids
Good hearing is important to your health. That’s why Humana provides you access to the TruHearing® program, which may save you 30%–60% on hearing aids. TruHearing customers save an average of $1,050 per hearing aid when compared to national average prices. TruHearing provides hearing solutions for virtually every type of hearing loss, care from a local professional in your area, and a worry-free purchase with a 45-day trial and 3-year warranty.
To learn more, visit www.TruHearing.com today or call 888-403-3937, Monday – Friday, 7 a.m. – 7 p.m., Mountain time, to schedule an appointment.

If you prefer, call 866-4-ASSIST (866-427-7478) to find out more. You don’t need a referral. However, some Humana medical plans offer coverage for some alternative services. If you have a Humana medical plan, please review your Certificate of Coverage/Summary Plan Description for specific benefits. The discounts offered are not insurance and are not intended as a substitute for insurance.
The discounts offered through the Lifestyle Discount Program (the program) are not insurance or insured benefits. The program is subject to change or may be discontinued, without notice and at any time. The program is not available to members that reside in Illinois. Discounts on identity theft protection products and services are not available to members that reside in Texas. The program is only available to Humana group members. The program is not available to Medicare or Medicaid members. The discount vendors may impose additional eligibility requirements, including but not limited to: age, valid Social Security number, Internet and email access. The program only provides for discounts on select products or services from participating discount vendors. The relationship between these vendors and Humana is that of independent contractors. The discount vendors are not providers, partners, employees or agents of Humana. Humana has not reviewed or endorsed and makes no representations, express or implied, about these discount vendors or the products or services available from such vendors. The vendors are solely responsible to you for the provision of these products and services. You should independently review the products and services and the discount vendors before purchasing. Humana expressly disclaims all liability for any care or services rendered by these vendors and all liability if vendors refuse to honor the discounts.

**Acupuncture and massage therapy services provided by Healthways WholeHealth Networks** also may be covered by your health plan. We strongly encourage you to use your health plan benefits whenever possible. This program is not considered insurance. You are responsible for paying the Healthways WholeHealth providers at the reduced rate for services you receive from them through this program. Humana does not credential providers who participate in the discount program. This program is subject to change at any time and not available where prohibited by law. Your agreed upon discount applies to all services not covered by insurance or federal programs, and doesn’t include nutriceuticals, supplies or supplements.
At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

- You can also file a civil rights complaint with the U.S. Department of Health and Human Services.

- California residents: You may also call California Department of Insurance toll-free hotline number: 1-800-927-HELP (4357), to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (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.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resewa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d’aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

Farsi (Farsi):

برای دریافت تسهیلات زبانی بصورت رایگان یا شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wódahi béeesh bee hani’i bee wolta’giigí bich’íí hódlílnih éí bee t’áá jiik’eh saad bee áká’ánida’áwo’déé nik’áadoowol.

العربية (Arabic):

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك.