Michigan State University

Humana MSU Non-Medicare PPO
Dear Prospective Michigan State University Member,

At Humana, helping you and/or your family achieve lifelong well-being is our mission. With decades of experience with Group Benefits, we’ve learned how to be a better partner in health.

We’re excited to let you and/or your family know that Michigan State University (MSU) has partnered with Humana to offer you a Non-Medicare PPO and Prescription Drug plan that gives you comprehensive medical and prescription drug benefits.

Learn more about the Humana MSU Non-Medicare PPO plan

• Review the enclosed materials. This packet includes information on the Non-Medicare healthcare coverage Humana provides.
• If you have questions about your premium, you may contact MSU Human Resources by email SolutionsCenter@hr.msu.edu or at 1-517-353-4434 (toll-free at 1-800-353-4434) Please visit https://hr.msu.edu/open-enrollment/ for additional information

How to enroll

• If you are currently not enrolled in MSU health care, to learn how to enroll, please refer to the document titled “Important Enrollment Information,” located in this packet.

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

Sincerely,
Group Commercial Operations

We’re here for you even before you enroll

Humana Customer Care
1-800-273-2509 (TTY: 711)
Monday – Friday
8 a.m. – 8 p.m., Eastern Time

Our automated phone system may answer your call on weekends and some public holidays. Please leave your name and telephone number and we’ll call you back by the end of the next business day.
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 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 included 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, 2020 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.

“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 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 you experience a qualified life event.

If you don’t want coverage or have enrollment questions, you may contact MSU Human Resources at SolutionsCenter@hr.msu.edu or 1-517-353-4434 (toll-free 1-800-353-4434)

You may opt-out from this plan using the 2021 Open Enrollment form in the back of the Open Enrollment Guide you received from MSU https://hr.msu.edu/benefits/documents/2021-Retiree-OE-Packet.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, 2020.
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.

What happens if I move?

If you move, or if you become ineligible due to international move, you can easily make updates through the EBS portal, or contact MSU Human Resources by email at SolutionsCenter@hr.msu.edu or 1-517-353-4434 (toll-free 1-800-353-4434).
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, please contact Cherie Booms and Tabatha Dixon (AVPHR.Benefit/Admin@msu.edu) or call 517-353-4434. 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/ or call 517-353-4434 to request a copy.

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why This Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</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>Are there services covered before you meet your deductible?</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>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</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>What is not included in the out-of-pocket limit?</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>Will you pay less if you use a network provider?</td>
<td>Yes. See <a href="http://www.humana.com/directories">www.humana.com/directories</a> or call 1-800-273-2509 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-network 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>Do you need a referral to see a specialist?</td>
<td>No.</td>
<td>You can see the specialist you choose without a referral.</td>
</tr>
</tbody>
</table>
All copayment 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>If you visit a health care provider’s office or clinic</td>
<td>Preferred network provider virtual visit: Applicable to Copay</td>
<td>Network providers virtual visit: $20 copay/visit; deductible does not apply</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Primary care visit to treat an injury or illness</td>
<td>Preferred network provider virtual visit: Applicable to Copay</td>
<td>Network providers virtual visit: $20 copay/visit; deductible does not apply</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>$20 copay/visit; deductible does not apply</td>
<td>20% after deductible</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic test (x-ray Lab – blood work)</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay</td>
<td>Limitations, Exceptions, &amp; Other Important Information</td>
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<td>----------------------------------------</td>
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<td>--------------------------------------------------------</td>
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<tr>
<td></td>
<td></td>
<td>Network Provider</td>
<td>Non-Network Provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(You will pay the least)</td>
<td>(You will pay the most)</td>
</tr>
<tr>
<td><strong>If you need drugs to treat your illness or condition</strong></td>
<td>Tier 1 - Generic drugs</td>
<td>$10 <strong>copay</strong>; deductible does not apply (Retail) $20 <strong>copay</strong>; deductible does not apply (Mail Order)</td>
<td>30% coinsurance after $10 <strong>copay</strong>; deductible does not apply (Retail) 30% coinsurance after $20 <strong>copay</strong>; deductible does not apply (Mail Order)</td>
</tr>
<tr>
<td></td>
<td>Tier 2 – Preferred brand-name drugs</td>
<td>$30 <strong>copay</strong>; deductible does not apply (Retail) $60 <strong>copay</strong>; deductible does not apply (Mail Order)</td>
<td>30% coinsurance after $30 <strong>copay</strong>; deductible does not apply (Retail) 30% coinsurance after $60 <strong>copay</strong>; deductible does not apply (Mail Order)</td>
</tr>
<tr>
<td></td>
<td>Tier 3 – Higher-cost brand-name drugs</td>
<td>$60 <strong>copay</strong>; deductible does not apply (Retail) $120 <strong>copay</strong>; deductible does not apply (Mail Order)</td>
<td>30% coinsurance after $60 <strong>copay</strong>; deductible does not apply (Retail) 30% coinsurance after $120 <strong>copay</strong>; deductible does not apply (Mail Order)</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>$75 <strong>copay</strong>; deductible does not apply (Retail) Not covered (Mail Order)</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Office-Administered Specialty Drugs</td>
<td>Preferred network specialty pharmacy No charge Network specialty pharmacy No charge</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Preferred Pharmacy</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Preferred Pharmacy</td>
<td>No charge</td>
<td></td>
</tr>
<tr>
<td><strong>If you have outpatient surgery</strong></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>Physician/surgeon fees</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay</td>
<td>Limitations, Exceptions, &amp; Other Important Information</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>---------------------------------------------------</td>
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<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room care</td>
<td>$50 copay/visit; deductible does not apply</td>
<td>Copayment waived if admitted</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>20% after deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>$25 copay/visit; deductible does not apply</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$25 copay/visit; deductible does not apply</td>
<td>None</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>No charge after deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No charge after deductible</td>
<td></td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</td>
<td>Therapy: No charge after deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other outpatient non-surgical services: No charge after deductible</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>No charge after deductible</td>
<td></td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Office visits</td>
<td>$20 PCP/ $20 Specialist copay/visit deductible does not apply</td>
<td>Cost-sharing does not apply for preventive services</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>No charge after deductible</td>
<td>Depending on the type of services, a copayment may apply.</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>No charge after deductible</td>
<td>Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay</td>
<td>Limitations, Exceptions, &amp; Other Important Information</td>
</tr>
<tr>
<td>----------------------</td>
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<td>-------------------------------------------------------</td>
</tr>
<tr>
<td><strong>If you need help recovering or have other special health needs</strong></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.</td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td>Physical, occupational and speech therapy: $20 copay/visit; deductible does not apply</td>
<td>Physical, occupational and speech therapy 20% after deductible</td>
<td>Physical, occupational and speech therapy 60 visits per year</td>
</tr>
<tr>
<td>Habilitation services</td>
<td>Physical, occupational and speech therapy: $20 copay/visit; deductible does not apply</td>
<td>Physical, occupational and speech therapy 20% after deductible</td>
<td>Physical, occupational and speech therapy 60 visits per year</td>
</tr>
<tr>
<td>Skilled nursing care</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
<td>100 days per year.</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
<td>None</td>
</tr>
<tr>
<td>Hospice services</td>
<td>No charge after deductible</td>
<td>20% after deductible</td>
<td>None</td>
</tr>
<tr>
<td><strong>If your child needs dental or eye care</strong></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>
</tr>
<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>- Hearing aids</td>
</tr>
<tr>
<td>- Long term care</td>
</tr>
<tr>
<td>- Non-emergency care when traveling outside the U.S. more than 6 consecutive months in a year</td>
</tr>
<tr>
<td>- Private duty nursing</td>
</tr>
<tr>
<td>- Routine eye care (Adult)</td>
</tr>
<tr>
<td>- Weight loss programs</td>
</tr>
</tbody>
</table>
Other Covered Services (Limitations may apply to these services. This isn’t a complete list. Please see your plan document.)

- Bariatric surgery
- Infertility treatment
- Manipulations – 24 visits per year
- Routine foot care

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 or 1-866-4ASSIST (427-7478).
- For group health coverage subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or 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 1-877-267-2323 x61565 or 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. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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
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:

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) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

<table>
<thead>
<tr>
<th>Peg is Having a Baby</th>
<th>Managing Joe’s type 2 Diabetes</th>
<th>Mia’s Simple Fracture</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9 months of in-network pre-natal care and a hospital delivery)</td>
<td>(a year of routine in-network care of a well-controlled condition)</td>
<td>(in-network emergency room visit and follow up care)</td>
</tr>
<tr>
<td>The plan’s overall deductible</td>
<td>The plan’s overall deductible</td>
<td>The plan’s overall deductible</td>
</tr>
<tr>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Specialist copayment</td>
<td>Specialist copayment</td>
<td>Specialist copayment</td>
</tr>
<tr>
<td>$20</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Hospital (facility) coinsurance</td>
<td>Hospital (facility) coinsurance</td>
<td>Hospital (facility) coinsurance</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other coinsurance</td>
<td>Other coinsurance</td>
<td>Other coinsurance</td>
</tr>
<tr>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

This EXAMPLE event includes services like:
- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

This EXAMPLE event includes services like:
- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

This EXAMPLE event includes services like:
- Emergency room care (including medical supplies)
- Diagnostic test (x-ray)
- Durable medical equipment (crutches)
- Rehabilitation services (physical therapy)

Total Example Cost: $12,700

In this example, Peg would pay:

| Cost Sharing | $100 |
| Copayments | $20 |
| Coinsurance | $0 |

What isn’t covered:
- Limits or exclusions | $10 |

The total Peg would pay is: $130

Total Example Cost: $5,600

In this example, Joe would pay:

| Cost Sharing | $0 |
| Deductibles | $1,700 |
| Coinsurance | $0 |

What isn’t covered:
- Limits or exclusions | $0 |

The total Joe would pay is: $1,700

Total Example Cost: $2,800

In this example, Mia would pay:

| Cost Sharing | $100 |
| Deductibles | $200 |
| Coinsurance | $100 |

What isn’t covered:
- Limits or exclusions | $0 |

The total Mia would pay is: $400

The plan would be responsible for the other costs of these EXAMPLE covered services.
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 identity, 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 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, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).


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.

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’í’í bee wolta’ígíí bich’i’í hódíílíní éí bi té’áa jiik’eh saad bee áká’ánída’áwo’déé niká’adoowół.

العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مالية للمساعدة بلغتك.
Humana MSU Non-Medicare PPO
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 identity, 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 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, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.

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)
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!
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.
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](http://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](http://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](http://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> (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 (difference between rows A and B for out of network)</strong></td>
<td>N/A</td>
<td>$700</td>
</tr>
</tbody>
</table>

Juan’s total potential cost (rows C + E) $60 / $760

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> (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 (difference between rows A and B for out of network)</strong></td>
<td>N/A</td>
<td>$1,400</td>
</tr>
</tbody>
</table>

Elizabeth’s total potential cost (rows C + E) $120 / $1,520

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 is an example 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](https://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](https://Humana.com).

Register for MyHumana today to stay connected to your health benefits anytime you need them.

**Message and data rates may apply.

*Check with your benefits administrator for program availability.*
Access your health information anytime, anywhere
Whether you prefer downloading a mobile application, using your mobile device or receiving text messages, you have the ability to manage your healthcare needs virtually anywhere, anytime.

Use the MyHumana Mobile app and website to:
• View medical, dental, vision and pharmacy claims
• View and fax medical, dental and pharmacy ID cards
• View your plans and coverage details
• View your Go365® Dashboard†
• Receive medication reminders
• Research drug prices
• Locate providers in your network
• Refill your Humana Pharmacy™ prescriptions

Download the Mobile App:
Download the MyHumana Mobile app from your app store. Search “MyHumana” in the Google Play or App Store.

From your mobile device’s browser:
You can visit MyHumana from your mobile device’s browser. To get started, go to Humana.com and sign in.

Text message alerts*

On the MyHumana Mobile app:
1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on the “Menu” icon
3. Select “Text Alerts”
4. Register and verify your mobile #
5. Select the alerts you want to receive

On Humana.com:
1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on “Account settings & preferences”
3. Select “Edit your preferences”
4. Select “Mobile” from the tab
5. Register and verify your mobile #
6. Select the alerts you want to receive

†Available to Go365 members only.
*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.

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, 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](http://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.
24/7 care for everyday health.

Doctor On Demand supports your everyday healthcare needs.

4 easy steps to get started:

1. **Download the Doctor On Demand App**
   Available on the App Store or Google Play

2. **Enter your health insurance info**
   Select Humana – enter your group ID and member ID

3. **Enter your payment method**

4. **See a doctor within minutes**
   or schedule a time that's convenient for you

**Skip the waiting.**

Doctor On Demand® allows you to see a board-certified doctor – for non-emergency 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.

Here are some common issues that Doctor On Demand can help with:

- Colds/Flu/Fever
- Respiratory/Sinus infections
- Urinary tract infections
- Cough/Bronchitis
- Sore throat/Strep
- Skin and eye issues
- Allergies
- Diarrhea/Vomiting
- Prescriptions and refills
- Order labs and screenings

**NEW! Behavioral health services:**

Behavioral health services are now available by appointment. For the same cost as an in-office behavioral health visit, behavioral health professionals can help with depression, stress, anxiety, trauma and other nonemergency behavioral health concerns. The cost for the visit will be provided when you schedule an appointment.

**Download the Doctor On Demand App today!**

Doctor On Demand services are not available for Humana members in: Puerto Rico and outside the US. 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.
More and more Humana members are finding Humana Pharmacy to be their choice for value, experience, safety, accuracy, convenience and service.

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. Plus, the pharmacy team works with you and your doctor to find medicine that costs less.

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

**Safe and accurate.** 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.** No driving to the pharmacy and waiting in line. You may be able to order just four times a year and have more time to do the things you enjoy.

Visit HumanaPharmacy.com

After you become a Humana member, you can sign in with your MyHumana identification number or register to get started. You can also sign up by calling 1-800-379-0092 (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.

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.
Flexible ordering options

**Online**
- **HumanaPharmacy.com.** Start a new prescription, order refills, check on your order and get information about how to get started.

**Doctor**
- Let your doctor know you would like to use our pharmacy and he or she can send prescriptions through ePrescribe. Healthcare providers can also fill out the fax form by downloading it from [HumanaPharmacy.com/forms](http://HumanaPharmacy.com/forms) and faxing the prescription to 1-800-379-7617.

**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**
- For maintenance medicine, you can call 1-800-379-0092 (TTY: 711), Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.
- For specialty medicine, you can call Humana Specialty Pharmacy® directly at 1-800-486-2668 (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**
- Place new orders and refills for your medicine, check order status and gain access to a secure site 24 hours a day, seven days a week.
- Text “HPAPP” to 239355 (Be Well) to download. Message and data rates apply. Reply STOP to cancel, HELP for help.

**The life of a prescription**

1. Humana Pharmacy receives your prescription order. Your doctor 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. The pharmacy checks your Humana pharmacy benefits coverage, enters your order and creates a unique shipment number.
3. A pharmacist checks your prescription order for accuracy and possible drug interactions.
4. Approved orders go through the payment process. If your health benefits don't cover the medicine, the pharmacy will check the claim and fix the problem. If they cannot fill your prescription, they will return it to you and tell you why.
5. An automated system fills your medicine and a pharmacist makes sure it matches the label before it's sealed.
6. Humana Pharmacy mails the order to you with important information about your medicine.

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 doctor with questions about the order.
HUMANA PHARMACY® MOBILE APP MAKES REFILLS A SNAP

The freedom to manage your prescriptions anytime, anywhere

With a simple download, you have the power to stay on track with your medicines and your best health. It’s quick, easy and user-friendly.

For Humana members

REFILL
Take a photo of your pill bottle and we’ll contact your doctor for a refill

REVIEW
Enhanced order status display for at-a-glance shipment tracking

RELAX
Reliable refill reminders and status updates keep you on track

DOWNLOAD NOW
Download the free Humana Pharmacy mobile app today. Available on iOS and Android devices.

GNHK3D5EN 1017 3271ALL1217
HUMANA PHARMACY
PRESCRIPTIONS TO YOUR DOOR

More convenience, less hassle

Prescription mail delivery for 90-day traditional drugs or specialty drugs means fewer trips to the pharmacy, and more time for you!

---

SUBMIT YOUR PRESCRIPTIONS ANY WAY YOU LIKE

MOBILE APP
Order and tracking at your fingertips

THE WEB
Sign up at humana.com/RxApp

CALL US
Humana Pharmacy
1-800-379-0092 (TTY: 711)
Humana Specialty Pharmacy®
1-800-486-2668

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Discrimination is against the law
Humana Pharmacy, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-379-0092 (TTY: 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-379-0092 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-379-0092 (TTY: 711)。
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 identity, 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 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, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).


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.

简体中文 (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 받으러면 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 resevwa 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 haniʼí bee woltaʼígíí bichʼíʼ hódiilníh éí bee tʼáá jiikʼeh saad bee ákáʼánídaʼáwóʼdéé níkáʼadoowóól.