

Humana MSU Non-Medicare PPO

Michigan State University

Summary of benefits





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, 8 a.m. – 8 p.m., 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.



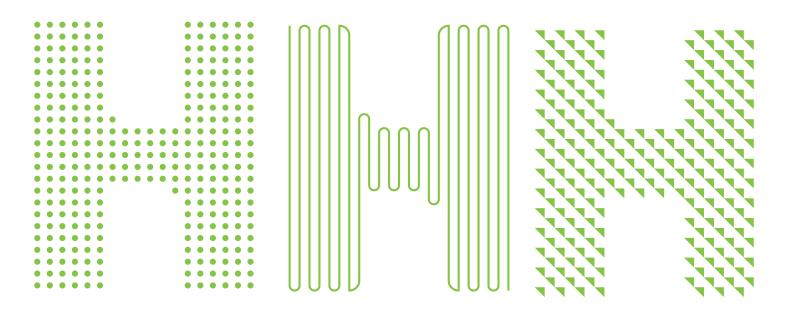
See all that Humana offers

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 are ready to enroll.



Important enrollment information

Frequently asked questions



MSU is enrolling you in the Humana MSU Non-Medicare 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 MSU.

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, 2022, 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

Frequently asked questions, continued

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 healthcare 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".



Enroll at: https://hr.msu.edu/open-enrollment

The opt-out deadline is October, 31, 2022.



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).

Humana MSU Non-Medicare PPO plan overview

With options for deductibles, preventive care, family coverage and more, you have the power to achieve your best health — on your terms.

Humana MSU Non-Medicare PPO

You may remain on this plan until you become Medicare-eligible, at which time MSU and Humana will notify you that it is time to enroll in the Medicare plan.

Medical deductible

Individual: \$100 in-network; \$500 out-of-network Family: \$200 in-network; \$1,000 out-of-network

Coinsurance

80% - 100% in-network

80% - 100% covered out-of-network

Medical maximum out-of-pocket

Individual: \$3,000 in-network;

\$3,000 out-of-network (does not include

copayments or deductibles)

Family: \$6,000 in-network;

\$6,000 out-of-network (does not include

copayments or deductibles)

Preventive care

100% in-network:

20% after deductible out-of-network

Copays

Primary care: \$20 in-network;

20% after deductible out-of-network

Specialist: \$20 in-network;

20% after deductible out-of-network

Telemedicine: \$20 in-network;

20% after deductible out-of-network

Urgent care: \$25 in-network;

\$25 out-of-network

Emergency room: \$50 in-network;

\$50 out-of-network

Network

Humana/ChoiceCare Network PPO

Pharmacy maximum out-of-pocket

Individual: \$1,000 Family: \$2,000

Pharmacy

RX3+Specialty: National RX network

Tier 1: \$10 (Retail) 30-day supply;

\$20 (CenterWell mail order) or MSU Pharmacy

90-day supply

Tier 2: \$30 (Retail) 30-day supply;

\$60 (CenterWell mail order) or MSU Pharmacy

90-day supply

Tier 3: \$60 (Retail) 30-day supply;

\$120 (CenterWell mail order) or MSU Pharmacy

90-day supply

Specialty Medications: \$75 (30-day supply);

not available for mail order



Find a doctor in the available network

To see if your doctor is in the network, go to **Humana.com/findadoctor** and search the network listed with the plan(s) on this page.

This is an example. Costs may vary. See your SBC for details.

Stay in network to avoid extra costs



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 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 cover and pay for \$70. The doctor may bill you for the remaining \$30 in addition to what you may owe for your deductible or coinsurance.

The **No Surprises Act** does not allow an out-of-network provider to balance bill you for the following:

- Emergency services
- Physician services in an in-network facility (ie: radiologist, anesthesiologist)
- Air ambulance

Note: Any balance bill you may pay will not apply to your deductible or maximum out-of-pocket limit for the plan year.

What is an out-of-network provider?

An out-of-network provider is a doctor, care professional (like a nurse practitioner or anesthesiologist) or facility (such as a hospital, lab processing facility or ambulatory surgery center) 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) may 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. The **No Surprises Act** protects you from being balance billed the difference between what the provider charged and what your Humana plan allows.

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. The **No Surprises Act** protects you being balance billed 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 pays for a covered healthcare service.

For services not covered under the No Surprises Act: The amount Humana allows an out-of-network provider to charge Humana for a covered service is called a maximum allowable fee.*

For services covered under the **No Surprises Act**: The amount Humana allows is the qualified payment amount.

*Referred to as "usual and customary" amount in some products.

Use network doctors and facilities

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.

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.



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?

If you believe you have been wrongly billed for services covered under the No Surprises Act, you may contact the No Surprises Help Desk (NSHD) at: 800-985-3059 or visit cms.gov/nosurprises.



*** Understand your benefits

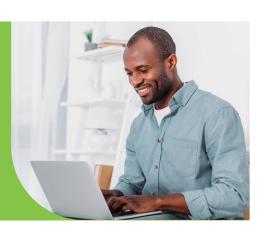
You should review your Summary Plan Description to make sure you fully understand your health plan benefits.

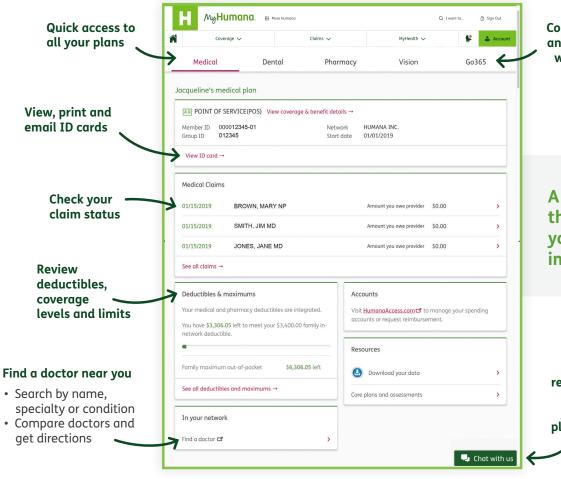
You can access it by:

- 1. Sign in MyHumana at Humana.com
- 2. Select the Coverage tab under, "Plan Benefits"
- 3. **Scroll down** click "Coverage Details"
- 4. **Download** your Summary Plan Description



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.





Connect with Go365® and other health and wellness resources*

A dashboard that puts all your information in one spot

Chat with a representative about any of your medical plan questions

Registering is easy

- **1.** Go to **Humana.com/register** and "Start activation now".
- Confirm member information. 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.



* Check with your benefits administrator † Message and data rates may apply



Find a doctor with Physician Finder Plus

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 front of your Humana ID card. **Cofinity providers** are integrated into the Physician Finder tool under the selection Humana/ChoiceCare Network PPO.



Pharmacists: 1-800-865-8715 ANSI BIN # 610649

Coverage: SINGLE Group: MICHIGAN STATE UNIVERSITY

ID: H00000000-00 Effective Date: 02/01/22 Group#: Y8650

Benefit Information: OV\$20/\$20 \$ RX\$10/\$30/\$60/\$75 ER\$50H UCC\$25

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Card Issued: 12/16/2021

In Plan Deductible/In Plan Out of Pocket Max IND \$100/\$3000 FAM \$200/\$6000

Out Plan Deductible/Out Plan Out of Pocket M IND \$500/\$3000 FAM \$1000/\$6000

Members: Amounts displayed are not inclusive of all plan member cost sharing. Log into Humana.com or call Member/Provider Services for plan specifics.

Member/Provider Service: 1-800-273-2609 Nationwide Virtual Doc Pa∮or ID: 61101

Humana Claims P.O. Box)612-4601

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

Find a doctor with Physician Finder Plus

continued

You have two ways to find a participating provider

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.



Go to Humana.com

To find a participating provider, scroll to the middle of the page and select "Find a doctor".

- Select the "Medical" tab
- Enter your zip code
- Select a lookup method and under Coverage
 Type, select "Insurance through your employer"
- Under "Network" enter: Humana ChoiceCare Network PPO
- · Search: by Name, Specialty, Condition or All
- Select the Search button

Go to our.humana.com/

To find a participating provider, go to Tools and Resources and scroll to Provider Finder section and select Access Physician Finder.

- Select the "Medical" tab
- Enter your zip code
- Select a lookup method and under Coverage Type, select "Insurance through your employer"
- Under "Network" enter: Humana ChoiceCare Network PPO
- · Search: by 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)

Try 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 mental health conditions. Mental 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

Condition	Doctor's office	Virtual visits	Retail health clinic	Urgent care center
Minor headache	✓	✓	✓	✓
Minor sprain, strain	√	√		✓
Nausea, vomiting, diarrhea	✓	✓		✓
Bumps, cuts, scrapes	✓	✓	✓	√
Cough, sore throat, congestion	✓	✓	√	✓
Urinary burning	√	✓	✓	✓

Emergency room

Generally, you should call 911 or go to the emergency room for the following types 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.

Quality care that's virtually there 24/7

Doctor On Demand is there for your everyday health needs

As a Humana member, we are here to support you and your family as you navigate your health and well-being. In this guide, you'll find helpful resources to get you started with your Humana plan, as well as answers to common questions you may have about your insurance coverage.

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

Doctor On Demand	Cost
 Everyday health concerns Colds, flu and sore throat Upper respiratory infections Skin and eye problems Urinary tract infections Prescriptions and refills Labs and screenings 	\$20
 Mental health services Depression Stress Anxiety Trauma Other non-emergency mental health concerns 	\$0



Download the Doctor On Demand app today

- 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.
- Enter a payment method; you'll always see your cost upfront.
- 4 See a doctor within minutes.





Pricing is subject to change without notice. Doctor On Demand services are not available for Humana members in Puerto Rico and outside the U.S. This document is a general description of the identified benefits. The actual plan document will determine the benefit available to you. If there is disagreement between this general description and the plan document, the plan document will control. Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services is for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

MAIL DELIVERY

CenterWell Pharmacy

More and more Humana members are finding CenterWell Pharmacy™ to be their choice for value, experience, safety, accuracy, convenience and service.



Why choose CenterWell 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 **CenterWellPharmacy.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 CenterWell 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 CenterWellPharmacy.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. CenterWell Pharmacy can deliver the value and service you expect from your pharmacy.

Flexible ordering options

Online

CenterWellPharmacy.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 **CenterWellPharmacy.com/forms** and faxing the prescription to CenterWell Pharmacy **800-379-7617** or CenterWell Specialty Pharmacy **877-405-7940**.

Mail

Download the "Registration & Prescription Order Form" from **CenterWellPharmacy.com/forms** and mail your paper prescriptions to: CenterWell Pharmacy P.O. Box 745099 Cincinnati, OH 45274-5099

Phone

Call CenterWell 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 CenterWell 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.

CenterWell Pharmacy Mobile app

- 1. Go to CenterWellPharmacy.com/about/ mobile-apps.cmd.
- 2. Download our CenterWell 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.** CenterWell 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 **CenterWellPharmacy.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, CenterWell 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.** CenterWell 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.

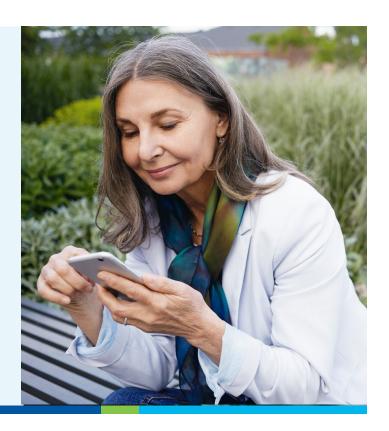
You should get your new prescription by mail in 7–10 days after CenterWell Pharmacy has all the necessary information. Your refill should arrive within 5–7 days. It may take longer if they have to call you or your provider with questions about the order.

Other pharmacies may be available in our network. You can locate network pharmacies by visiting **Humana.com/finder/pharmacy**.



It's easy to stay on track with the CenterWell Pharmacy app

We designed the CenterWell 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."



Easy-to-read tracking

See enhanced order status display for at-a-glance shipment tracking.



Simple Rx transfer

Transfer your prescriptions to CenterWell Pharmacy TM with ease.



Helpful reminders

Rely on our refill reminders and status updates to stay on track.









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

Three easy ways to order prescriptions—plus front-door delivery

At CenterWell Pharmacy, 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 CenterWell
Pharmacy mobile app
for iOS or Android to get
orders and tracking at
your fingertips.



Online
Sign up at
Humana.com/RxApp.



Over the phone
CenterWell Pharmacy
800-379-0092 (TTY: 711)

CentwerWell Specialty
Pharmacy™
800-486-2668

Other pharmacies may be available in our network. You can locate network pharmacies by visiting **Humana.com/Finder/Pharmacy**.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.



Diabetic coverage summary and FAQ

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?

Services	In-network provider	Non-network provider
Diabetic nutritional counseling	100%	80% after \$500 deductible
Diabetic self-management training	100%	80% after \$500 deductible
Durable medical equipment (DME)	80% after \$100 deductible	80% after \$500 deductible
Diabetic foot care (podiatry)	\$20 copay	80% after \$500 deductible
Specialty drugs (provided and administered by a provider)	100% after \$100 deductible	80% after \$500 deductible
Tier 1 Generic	\$10 copay retail; \$20 copay 90-day supply at CenterWell mail order and MSU Pharmacy	30% coinsurance after \$10 copay retail and 30% coinsurance after \$20 copay mail order
Tier 2 Preferred brand-name drug	\$30 copay retail; \$60 copay for 90-day supply at CenterWell mail order and MSU Pharmacy	30% coinsurance after \$30 copay retail and 30% coinsurance after \$60 copay mail order
Tier 3 Nonpreferred brand-name drug	\$60 copay retail; \$120 copay for 90-day supply at CenterWell mail order and MSU Pharmacy	30% coinsurance after \$60 copay retail and 30% coinsurance after \$120 copay mail order
Specialty (received at a pharmacy)	\$75 copay; specialty drugs are not available for more than a 30-day supply	30% coinsurance

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** and review the comprehensive prescription drug guide under the "Your Coverage and Documents" tab.

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?

Medications and supplies	Benefits
Oral diabetic control medication	 Covered 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 and supplies	 Non-Medicare members can fill insulin pumps and supplies through Humana's network preferred DME providers through the medical benefits: CCS Medical, 877-531-7959 Edwards Healthcare, 888-344-3434 Preauthorization is required prior to coverage of insulin pumps and supplies. If using CCS Medical or Edwards Healthcare, they can help with the preauthorization process and work with your provider and Humana on coverage. Your provider will need to provide documentation to Humana during the preauthorization process.
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 the supply.
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 the supply.

Medications and supplies	Benefits
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 CGMs and CGM supplies under pharmacy benefit through a Humana network pharmacy of the member's choice OR through Humana's network preferred DME providers through the medical benefit: CCS Medical, 877-531-7959 Edwards Healthcare, 888-344-3434 Preauthorization is required prior to coverage of CGM products. If using CCS Medical or Edwards Healthcare, they can help with the preauthorization process and work with your provider and Humana on coverage. Your provider will need to provide documentation to Humana during the preauthorization process.
Blood glucose meter, lancets and 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 Accu-Chek Guide Me® by RocheDiabetes, Accu-Chek Guide® by RocheDiabetes. 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 medications and supplies?

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

To request an authorization, providers should call the Humana authorization department at **800-555-2546 (TTY: 711) or 800-523-0023 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

Getting to know SmartEOB®



What is SmartEOB?

SmartEOB was designed so you can see all your medical, prescription and dental claims in a way that's easy to read and understand. Your SmartEOB combines the detail of all your claims with personalized health messaging and budgeting information. Your SmartEOB is not a bill. Use your SmartEOB as a record of your healthcare and to talk to your doctor about your health screenings and medicines. You can use it to compare with your doctor bills to make sure your doctor charged the correct amount. You can also save it for tax purposes.

When will I receive a SmartEOB?

You will receive a SmartEOB summary when you have a medical or dental claim. This summary will include any medical, prescription or dental claims you've had in the time period since your last summary. Sometimes you will receive a full page component containing personalized health and wellbeing information.

What's in a SmartEOB?

- Summary 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
- Definitions of insurance terms



What's on each page?



Cover

- Personalized messaging to give you plan and health information specific to you
- Clear view of who paid what: You can easily see your share and what Humana paid for the current summary period



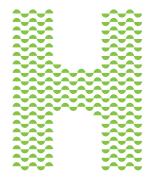
Claims Pages

- Medical and dental claims details
 - Claim number, service and process dates, provider, description, service and diagnosis codes to help you understand exactly what services were billed
 - The **Your share** row represents your responsibility for the claim after plan discounts and payments
 - The **Claims summary totals** section shows the cumulative totals for all claims for the summary period
- → Prescription claims
 - Detailed list of all prescriptions you filled during the summary period
 - Discounted cost that Humana negotiated for each prescription
 - Helpful messages about lower costs and resources available to you



Plan page

- Plan understanding: You can learn how your plan works and what you have spent toward your deductible
- Clear view of who paid what for the entire plan year



Humana Discount Select

Vision program offered by EyeMed

As a Humana member, you receive the Humana Discount Select program, which is offered by EyeMed, at no cost to you. The discount program gives you access to LensCrafters®, Pearle Vision®, Target Optical® and many private practitioners.

When speaking with a provider or a Humana agent, be sure to reference:

- Discount plan name: Humana Discount Select
- Discount plan code: 9242587

When speaking with a provider, be prepared to also share your Humana member ID card information.



How to use the program

Not all providers on the network must accept discount programs. For the best experience, contact your preferred provider to confirm they accept the discount plan name and code listed above.

Here are the ways you can find a network provider:

- Search using the online provider locator: Go to Humana.com > Shop for Plans >
 choose option: Find an eye doctor (under Individual & Family) > choose option: EyeMed
 plan
 - (Optimum, Focus, Advantage). Confirm the provider's discount-plan participation by contacting them directly.
- By phone: Call Humana's toll-free locator service at 866-995-9316
 - When prompted, say the word "discount."
 - When prompted, press 2 to indicate you're not using a mobile phone (even if you are).
 - Tell the representative that you are looking for a provider associated with the discount plan name and code listed above.
 - Confirm the provider's discount-plan participation by contacting them directly.
- Lasik and PRK providers by phone: Call 844-608-2020. Confirm the provider's discount-plan participation by contacting them directly.

Vision discount program (retail prices may vary by location)

Exams	Discount
Routine exam	\$5 off
Contact lens exam	\$5 off
Standard plastic lenses	You pay
Single vision	\$50
Bifocal	\$70
Trifocal	\$105
Lens options	You pay
UV coating	\$15
Tint (solid and gradient)	\$15
Standard scratch resistant	\$15
Standard polycarbonate	\$40
Standard progressive (add-on to bif	ocal) _\$65
Standard anti-reflective coating	\$45
Other add-ons and services 20%	% discount

Frames

Discount available—40% off retail price—on all frames except when prohibited by the manufacturer.

Contact lenses

Conventional lenses are 15% off retail price. Discount applied to materials only (excludes disposable).

Laser vision correction*

Lasik or PRK from U.S. Laser Network is 15% off retail price or 5% off promotional price.

Service	Frequency
Examination	unlimited
Frames	unlimited
Lenses	unlimited
Contact lenses	unlimited

^{*} 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 **844-608-2020**.

You may receive a 20% discount on items purchased at participating providers that are not specifically covered by this discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed providers' 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.

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 not available on frames when the manufacturer prohibits a discount
- Providers not required to accept discounts on non-covered services

EyeMed is a third party vendor. Humana's contract with EyeMed does not release a member of any obligations under the policy or change the terms of the policy. Participation in the EyeMed program is voluntary. All representations and warranties contained in this marketing material are made solely by EyeMed, not Humana. Humana and EyeMed, including each party's respective affiliates and subsidiaries, are independent, nonaffiliated entities. Humana, its parent and affiliates are not liable to members for the negligent provision of services by EyeMed.

Humana Special Discounts Program

The goal is to help 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 Special Discounts 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 Special Discounts 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.





To access Humana's Special Discounts Program, sign in to **MyHumana.com**, go to the "Coverage" tab at the top and scroll down to Special Discounts.



Weight loss

Nutrisystem® provides unique 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.



Lasik

Experience the benefits of Lasik and save. 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)
- Financing options

- Multiple technologies (100% bladeless procedures)
- Free enhancements for life on most procedures



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.



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

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 access to the TruHearing® program, which saves you 30%–60% on hearing aids. TruHearing customers save an average of \$1,700 per hearing aid when compared to national average prices. TruHearing provides hearing solutions for virtually every type of hearing loss, and:

- Care from a professional in your area
- A 60-day trial and 3-year warranty
- 80 batteries for each nonrechargeable aid
- · 1 year of free follow-up visits

Visit the TruHearing website at www.truhearing.com to learn more or make an appointment by calling **888-403-3937**, Monday – Friday, 9 a.m. – 9 p.m., Eastern time.



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 theft resolution assistance



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 Special Discounts 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, Missouri and 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.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

Doctor on Demand is not available in Puerto Rico or outside the United States. Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

Insured by Humana Insurance Company.

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, 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 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 their Complaint Portal, available at https://ocrportal.hhs.gov/
 ocr/portal/lobby.jsf, or 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.
- 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.

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 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): Lique 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) فارسی

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

Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé niká'adoowoł.

(Arabic) العربية

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

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MICHIGAN STATE UNIVERSITY