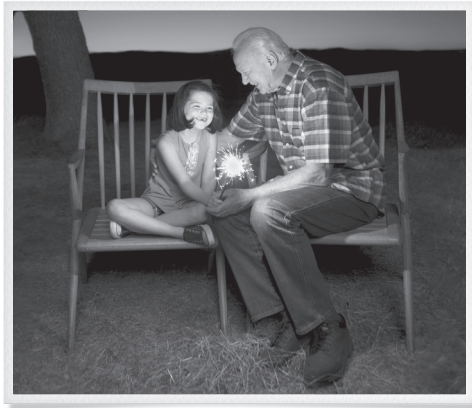


HUMANA®

2012

Summary of Benefits
Extra Services and Programs

• • •



HumanaChoiceSM
R5826-018 (Regional PPO)

2012

Summary of Benefits

HumanaChoiceSM
R5826-018 (Regional PPO)

Region 9
State of Florida

HUMANA[®]

Section I - Introduction to Summary of Benefits

Thank you for your interest in HumanaChoice R5826-018 (Regional PPO). Our plan is offered by HUMANA INSURANCE COMPANY, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call HumanaChoice R5826-018 (Regional PPO) and ask for the "Evidence of Coverage".

You Have Choices In Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like HumanaChoice R5826-018 (Regional PPO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call HumanaChoice R5826-018 (Regional PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare HumanaChoice R5826-018 (Regional PPO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where Is HumanaChoice R5826-018 (Regional PPO) Available?

The service area for this plan includes: Florida. You must live in this area to join the plan.

Who Is Eligible To Join HumanaChoice R5826-018 (Regional PPO)?

You can join HumanaChoice R5826-018 (Regional PPO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in HumanaChoice R5826-018 (Regional PPO) unless they are members of our organization and have been since their dialysis began.

Can I Choose My Doctors?

HumanaChoice R5826-018 (Regional PPO) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at www.humana.com/members/tools. Our customer service number is listed at the end of this introduction.

What Happens If I Go To A Doctor Who's Not In Your Network?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

Does My Plan Cover Medicare Part B Or Part D Drugs?

HumanaChoice R5826-018 (Regional PPO) does cover Medicare Part B prescription drugs. HumanaChoice R5826-018 (Regional PPO) does NOT cover Medicare Part D prescription drugs.

Section I (continued)

What Are My Protections In This Plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of HumanaChoice R5826-018 (Regional PPO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What Types Of Drugs May Be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact HumanaChoice R5826-018 (Regional PPO) for more details.

- **Some Antigenes:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin Alfa or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs administered through DME.**

Where Can I Find Information On Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Humana Insurance Company for more information about HumanaChoice R5826-018 (Regional PPO).

Visit us at **www.humana-medicare.com** or, call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. - 8 p.m. Eastern

Current members should call toll-free **(800)-457-4708**.
(TTY/TDD 711)

Prospective members should call toll-free **(800)-833-2364**.
(TTY/TDD 711)

Current members should call locally **(800)-457-4708**.
(TTY/TDD 711)

Prospective members should call locally **(800)-833-2364**.
(TTY/TDD 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web. This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento podría estar disponible en un idioma diferente del inglés. Si desea información adicional, comuníquese con el Departamento de Atención al Cliente al número telefónico indicado arriba.

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

IMPORTANT INFORMATION

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>① Premium and Other Important Information</p>	<ul style="list-style-type: none"> In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. 	<p>General</p> <ul style="list-style-type: none"> \$0 monthly plan premium in addition to your monthly Medicare Part B premium. Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. Some physicians, providers and suppliers that are out of a plan's network (i.e., out-of-network) accept "assignment" from Medicare and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare "assignment," your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare "limiting charge." If you are a member of a plan that charges a copayment for out-of-network physician services, the higher Medicare "limiting charge" does not apply. See the publications Medicare & You or Your Medicare Benefits available on www.medicare.gov for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to "assignment" and "limiting charges" that apply by benefit type. To find out if physicians and DME suppliers accept assignment or participate in Medicare, visit www.medicare.gov/physician or www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.

(Important Information - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

IMPORTANT INFORMATION

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
		<p><u>In-Network</u></p> <ul style="list-style-type: none"> • \$4,000 out-of-pocket limit for Medicare-covered services. <p><u>In and Out-of-Network</u></p> <ul style="list-style-type: none"> • \$6,000 out-of-pocket limit for Medicare-covered services. <p>See page 23 for additional information about Premium and Other Important Information</p>
<p>② Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<ul style="list-style-type: none"> • You may go to any doctor, specialist or hospital that accepts Medicare. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • No referral required for network doctors, specialists, and hospitals. <p><u>In and Out-of-Network</u></p> <ul style="list-style-type: none"> • You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits. <p><u>Out of Service Area</u></p> <ul style="list-style-type: none"> • Plan covers you when you travel in the U.S. <p>See page 23 for additional information about Doctor and Hospital Choice</p>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>3 Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<ul style="list-style-type: none"> In 2011 the amounts for each benefit period were: <ul style="list-style-type: none"> Days 1 - 60: \$1,132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day These amounts may change for 2012. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: <ul style="list-style-type: none"> Days 1 - 10: \$150 copayment per day Days 11 - 90: \$0 copayment per day \$0 copayment for each additional hospital day. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> For hospital stays: <ul style="list-style-type: none"> Days 1 - 10: \$150 copayment per day Days 11 - 90: \$0 copayment per day <p>See page 23 for additional information about Inpatient Hospital Care</p>
<p>4 Inpatient Mental Health Care</p>	<ul style="list-style-type: none"> In 2011 the amounts for each benefit period were: <ul style="list-style-type: none"> Days 1 - 60: \$1,132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day These amounts may change for 2012. You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. For Medicare-covered hospital stays: <ul style="list-style-type: none"> Days 1 - 10: \$140 copayment per day Days 11 - 90: \$0 copayment per day Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> For hospital stays: <ul style="list-style-type: none"> Days 1 - 10: \$140 copayment per day Days 11 - 90: \$0 copayment per day <p>See page 23 for additional information about Inpatient Mental Health Care</p>

(Inpatient Care - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<ul style="list-style-type: none"> In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were: <ul style="list-style-type: none"> Days 1 - 20: \$0 per day Days 21 - 100: \$141.50 per day These amounts may change for 2012. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> Plan covers up to 100 days each benefit period No prior hospital stay is required. For SNF stays: <ul style="list-style-type: none"> Days 1 - 7: \$0 copayment per day Days 8 - 100: \$50 copayment per day <p>Out-of-Network</p> <ul style="list-style-type: none"> 30% of the cost for each SNF stay. <p>See page 23 for additional information about Skilled Nursing Facility (SNF)</p>
<p>6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<ul style="list-style-type: none"> \$0 copayment. 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> \$0 copayment for Medicare-covered home health visits <p>Out-of-Network</p> <ul style="list-style-type: none"> 30% of the cost for home health visits
<p>7 Hospice</p>	<ul style="list-style-type: none"> You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice. 	<p>General</p> <ul style="list-style-type: none"> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>8 Doctor Office Visits</p>	<ul style="list-style-type: none"> • 20% coinsurance 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • \$10 copayment for each primary care doctor visit for Medicare-covered benefits. • \$30 copayment for each in-area, network urgent care Medicare-covered visit • \$30 copayment for each specialist visit for Medicare-covered benefits. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • \$35 copayment for each primary care doctor visit • \$35 copayment for each specialist visit <p>See page 24 for additional information about Doctor Office Visits</p>
<p>9 Chiropractic Services</p>	<ul style="list-style-type: none"> • Supplemental routine care not covered • 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • \$20 copayment for each Medicare-covered visit • Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • \$35 copayment for chiropractic benefits.
<p>10 Podiatry Services</p>	<ul style="list-style-type: none"> • Supplemental routine care not covered. • 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • \$30 copayment for each Medicare-covered visit • Medicare-covered podiatry benefits are for medically-necessary foot care. <p><u>Out-of-Network</u></p> <ul style="list-style-type: none"> • \$35 copayment for podiatry benefits.

(Outpatient Care - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>11 Outpatient Mental Health Care</p>	<ul style="list-style-type: none"> • 40% coinsurance for most outpatient mental health services • Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copayment cannot exceed the Part A inpatient hospital deductible. • "Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$30 copayment for each Medicare-covered individual therapy visit • \$30 copayment for each Medicare-covered group therapy visit • \$30 copayment for each Medicare-covered individual therapy visit with a psychiatrist • \$30 copayment for each Medicare-covered group therapy visit with a psychiatrist • \$30 copayment for Medicare-covered partial hospitalization program services <p>Out-of-Network</p> <ul style="list-style-type: none"> • 30% of the cost for partial hospitalization program services • \$35 copayment for Mental Health benefits with a psychiatrist • \$35 copayment for Mental Health benefits <p>See page 24 for additional information about Outpatient Mental Health Care</p>
<p>12 Outpatient Substance Abuse Care</p>	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$100 copayment for Medicare-covered individual visits • \$100 copayment for Medicare-covered group visits <p>Out-of-Network</p> <ul style="list-style-type: none"> • 30% of the cost for outpatient substance abuse benefits. <p>See page 24 for additional information about Outpatient Substance Abuse Care</p>

(Outpatient Care - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>13 Outpatient Services/Surgery</p>	<ul style="list-style-type: none"> • 20% coinsurance for the doctor's services • Specified copayment for outpatient hospital facility services. Copayment cannot exceed the Part A inpatient hospital deductible. • 20% coinsurance for ambulatory surgical center facility services 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$75 copayment for each Medicare-covered ambulatory surgical center visit • \$100 to \$125 copayment [or 20% of the cost] for each Medicare-covered outpatient hospital facility visit <p>Out-of-Network</p> <ul style="list-style-type: none"> • 30% of the cost for outpatient hospital facility benefits. • 30% of the cost for ambulatory surgical center benefits. <p>See page 24 for additional information about Outpatient Services/Surgery</p>
<p>14 Ambulance Services (medically necessary ambulance services)</p>	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$150 copayment for Medicare-covered ambulance benefits. <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$150 copayment for ambulance benefits.
<p>15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<ul style="list-style-type: none"> • 20% coinsurance for the doctor's services • Specified copayment for outpatient hospital facility emergency services. • Emergency services copayment cannot exceed Part A inpatient hospital deductible for each service provided by the hospital. • You don't have to pay the emergency room copayment if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit. • Not covered outside the U.S. except under limited circumstances. 	<p>General</p> <ul style="list-style-type: none"> • \$65 copayment for Medicare-covered emergency room visits • Worldwide coverage. • If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.
<p>16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<ul style="list-style-type: none"> • 20% coinsurance, or a set copayment • NOT covered outside the U.S. except under limited circumstances. 	<p>General</p> <ul style="list-style-type: none"> • \$35 copayment for Medicare-covered urgently-needed-care visits

(Outpatient Care - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$100 copayment for Medicare-covered Occupational Therapy visits • \$100 copayment for Medicare-covered Physical and/or Speech and Language Therapy visits <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$35 copayment [or 30% of the cost] for Physical and/or Speech and Language Therapy visits • \$35 copayment [or 30% of the cost] for Occupational Therapy benefits. <p>See page 24 for additional information about Outpatient Rehabilitation Services</p>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered items <p>Out-of-Network</p> <ul style="list-style-type: none"> • 28% of the cost for durable medical equipment
<p>19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 20% of the cost for Medicare-covered items <p>Out-of-Network</p> <ul style="list-style-type: none"> • 30% of the cost for prosthetic devices.
<p>20 Diabetes Programs and Supplies</p>	<ul style="list-style-type: none"> • 20% coinsurance for diabetes self-management training • 20% coinsurance for diabetes supplies • 20% coinsurance for diabetic therapeutic shoes or inserts 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copayment for Diabetes self-management training • 0% to 20% of the cost for Diabetes monitoring supplies • \$10 copayment for Therapeutic shoes or inserts <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$35 copayment [or 30% of the cost] for Diabetes self-management training • 28% of the cost for Diabetes monitoring supplies • 28% of the cost for Therapeutic shoes or inserts <p>See page 24 for additional information about Diabetes Programs and Supplies</p>

(Outpatient Medical Services and Supplies - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<ul style="list-style-type: none"> • 20% coinsurance for diagnostic tests and x-rays • \$0 copayment for Medicare-covered lab services • Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 to \$100 copayment for Medicare-covered lab services • \$0 to \$100 copayment for Medicare-covered diagnostic procedures and tests • \$10 to \$100 copayment for Medicare-covered X-rays • \$10 to \$125 copayment for Medicare-covered diagnostic radiology services (not including X-rays) • \$30 copayment [or 20% of the cost] for Medicare-covered therapeutic radiology services • If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$10 to \$30 may apply <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$35 copayment [or 30% of the cost] for therapeutic radiology services • \$35 copayment [or 30% of the cost] for outpatient X-rays • \$35 copayment [or 30% of the cost] for diagnostic procedures, tests, and lab services • \$35 to \$75 copayment [or 30% of the cost] for diagnostic radiology services <p>See page 25 for additional information about Diagnostic Tests, X-rays, Lab Services and Radiology Services</p>

(Outpatient Medical Services and Supplies - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>22 Cardiac and Pulmonary Rehabilitation Services</p>	<ul style="list-style-type: none"> • 20% coinsurance for Cardiac Rehabilitation services • 20% coinsurance for Pulmonary Rehabilitation services • 20% coinsurance for Intensive Cardiac Rehabilitation services • This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$30 to \$100 copayment for Medicare-covered Cardiac Rehabilitation Services • \$30 to \$100 copayment for Medicare-covered Intensive Cardiac Rehabilitation Services • \$30 to \$100 copayment for Medicare-covered Pulmonary Rehabilitation Services <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$35 copayment [or 30% of the cost] for Cardiac Rehabilitation Services • \$35 copayment [or 30% of the cost] for Intensive Cardiac Rehabilitation Services • \$35 copayment [or 30% of the cost] for Pulmonary Rehabilitation Services <p>See page 26 for additional information about Cardiac and Pulmonary Rehabilitation Services</p>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>23 Preventive Services and Wellness/Education Programs</p>	<ul style="list-style-type: none"> • No coinsurance, copayment or deductible for the following: <ul style="list-style-type: none"> – Abdominal Aortic Aneurysm Screening – Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. – Cardiovascular Screening – Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. – Colorectal Cancer Screening – Diabetes Screening – Influenza Vaccine – Hepatitis B Vaccine for people with Medicare who are at risk – HIV Screening. \$0 copayment for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. – Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. – Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease – Personalized Prevention Plan Services (Annual Wellness Visits) 	<p>General</p> <ul style="list-style-type: none"> • \$0 copayment for all preventive services covered under Original Medicare at zero cost sharing: <ul style="list-style-type: none"> – Abdominal Aortic Aneurysm screening – Bone Mass Measurement – Cardiovascular Screening – Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) – Colorectal Cancer Screening – Diabetes Screening – Influenza Vaccine – Hepatitis B Vaccine – HIV Screening – Breast Cancer Screening (Mammogram) – Medical Nutrition Therapy Services – Personalized Prevention Plan Services (Annual Wellness Visits) – Pneumococcal Vaccine – Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) – Smoking Cessation (Counseling to stop smoking) – Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) • HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details. <p>In-Network</p> <ul style="list-style-type: none"> • The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> – Written health education materials, including Newsletters – Additional Smoking Cessation – Health Club Membership/Fitness Classes – Nursing Hotline <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$0 copayment for supplemental education/wellness programs • \$0 to \$35 copayment [or 30% to 50% of the cost] for Medicare-covered preventive services

(Preventive Services - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
	<ul style="list-style-type: none"> – Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. – Prostate Cancer Screening. Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. – Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. – Welcome to Medicare Physical Exam (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	<p>See page 26 for additional information about Preventive Services and Wellness/Education Programs</p>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>24 Kidney Disease and Conditions</p>	<ul style="list-style-type: none"> • 20% coinsurance for renal dialysis • 20% coinsurance for kidney disease education services 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 0% to 20% of the cost for renal dialysis • \$0 copayment for kidney disease education services <p>Out-of-Network</p> <ul style="list-style-type: none"> • \$35 copayment for kidney disease education services • 0% to 20% of the cost for renal dialysis <p>See page 27 for additional information about Kidney Disease and Conditions</p>
<p>25 Outpatient Prescription Drugs</p>	<ul style="list-style-type: none"> • Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. 	<p>Drugs covered under Medicare Part B</p> <p>General</p> <ul style="list-style-type: none"> • Most drugs not covered. • 0% to 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). • 20% of the cost for Part B-covered chemotherapy drugs. • 0% to 30% of the cost for Part B drugs out-of-network. <p>Drugs covered under Medicare Part D</p> <p>General</p> <ul style="list-style-type: none"> • This plan does not offer prescription drug coverage. <p>See page 28 for additional information about Outpatient Prescription Drugs</p>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

ADDITIONAL BENEFITS

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
<p>26 Dental Services</p>	<ul style="list-style-type: none"> Preventive dental services (such as cleaning) not covered. 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> In general, preventive dental benefits (such as cleaning) not covered. \$30 copayment for Medicare-covered dental benefits <p>Out-of-Network</p> <ul style="list-style-type: none"> \$35 copayment for comprehensive dental benefits
<p>27 Hearing Services</p>	<ul style="list-style-type: none"> Supplemental routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> In general, supplemental routine hearing exams and hearing aids not covered. <ul style="list-style-type: none"> \$30 copayment for Medicare-covered diagnostic hearing exams <p>Out-of-Network</p> <ul style="list-style-type: none"> \$35 copayment for hearing exams.
<p>28 Vision Services</p>	<ul style="list-style-type: none"> 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Supplemental routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk. 	<p>In-Network</p> <ul style="list-style-type: none"> \$0 copayment for one pair of eyeglasses or contact lenses after cataract surgery. \$0 to \$30 copayment for exams to diagnose and treat diseases and conditions of the eye. \$0 copayment for up to 1 supplemental routine eye exam(s) every year <p>Out-of-Network</p> <ul style="list-style-type: none"> \$0 copayment for eye wear. \$0 to \$35 copayment for eye exams. <p>See page 28 for additional information about Vision Services</p>

(Additional Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

ADDITIONAL BENEFITS

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-018 (Regional PPO)
Over-the-Counter Items	<ul style="list-style-type: none"> • Not covered. 	<p><u>General</u></p> <ul style="list-style-type: none"> • Please visit our plan website to see our list of covered Over-the-Counter items. • OTC items may be purchased only for the enrollee. • Please contact the plan for specific instructions for using this benefit. <p>See page 28 for additional information about Over-the-Counter items</p>
Transportation (Routine)	<ul style="list-style-type: none"> • Not covered. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • This plan does not cover supplemental routine transportation.
Acupuncture	<ul style="list-style-type: none"> • Not covered. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> • This plan does not cover Acupuncture.

SECTION III - ABOUT YOUR PLAN

HumanaChoice R5826-018 (Regional PPO)

This section further explains some of the benefits of your plan. To get a complete list of benefits, limitations, and exclusions, call HumanaChoice R5826-018 (Regional PPO) and ask for the "**Evidence of Coverage.**"

HOW TO USE YOUR PLAN

① Premium and Other Important Information

Maximum out-of-pocket limit

While most expenses apply to the maximum[s], the following don't:

- Routine vision services
- Over-the-counter drugs and supplies

② Doctor and Hospital Choice

Choosing a doctor

As a HumanaChoice R5826-018 (Regional PPO) member, it's a good idea to select a doctor to act as your primary care physician (PCP). Although you don't have to have a PCP, it's important to have someone focus on your total healthcare. A PCP can provide much of your care. He or she can help ensure you get preventive care, provide timely access to services and coordinate with other doctors if needed. This helps you improve and manage your health.

If you see any **out-of-network** doctors, please make sure they accept Medicare patients; otherwise, **you may have to pay more** for their services. Any doctors who refuse to accept HumanaChoice (PPO) because they're not familiar with the plan can call our provider line, 1-800-457-4708, or visit **Humana-Medicare.com** for more information.

U.S. Travel Benefit

You have access to providers in the HumanaChoice (PPO) network in all of our service areas. If you need non-emergency care while traveling outside the plan's service area, call Customer Service. We'll tell you whether you're in one of our other HumanaChoice (PPO) service areas and help you find an in-network provider.

Authorization Requirements

Your provider will need an authorization from HumanaChoice R5826-018 (Regional PPO) before you receive certain services, except in an emergency or when care is urgently needed. The authorization process helps members receive appropriate and necessary Medicare-covered care and treatment. Providers in our network are aware of this process and will request the authorization. Without the authorization, your plan might not cover the services and you may have to pay the full cost.

INPATIENT CARE

③ Inpatient Hospital Care

④ Inpatient Mental Health Care

⑤ Skilled Nursing Facility (SNF)

Benefit periods don't apply to inpatient hospital care and inpatient mental health care. You pay the amounts shown in Section II each time you're admitted to a hospital, no matter how many days have passed since your last admission. If transferred to another inpatient facility - for example, to a long-term acute care center from an inpatient acute hospital - the day range will begin at one.

When admitted to a skilled nursing facility, you're covered for skilled care as defined by Original Medicare guidelines. No prior hospital stay is required. Your plan doesn't cover custodial care. HumanaChoice R5826-018 (Regional PPO) follows Original Medicare guidelines in determining authorization for skilled nursing facility services.

OUTPATIENT CARE

You can receive outpatient services at different types of facilities. Usually, you pay only one copayment or coinsurance for each visit to an office or facility, no matter how many services you receive during the visit or the actual cost of those services. But if, for example, you receive care in your doctor's office and are then sent to another facility for additional services, you may have to pay an additional copayment or coinsurance.

8 Doctor Office Visits

For Doctor Office Visits:
Primary care doctor's office
Specialist's office
Immediate care facility

In-Network
\$10 copayment
\$30 copayment
\$30 copayment

Out-of-Network
\$35 copayment
\$35 copayment
30% of the cost

11 Outpatient Mental Health Care

12 Outpatient Substance Abuse Care

Specialist's office
Hospital facility as an outpatient
Partial hospitalization at a hospital facility

In-Network
\$30 copayment
\$100 copayment
\$30 copayment

Out-of-Network
\$35 copayment
30% of the cost
30% of the cost

13 Outpatient Services/Surgery

For services received at a hospital facility as an outpatient, you pay:

Radiation therapy
Advanced imaging
Chemotherapy
Nuclear medicine
Renal dialysis services
All other hospital facility services

In-Network
20% of the cost
\$125 copayment
20% of the cost
\$125 copayment
20% of the cost
\$100 copayment

Out-of-Network
30% of the cost
30% of the cost
30% of the cost
30% of the cost
20% of the cost
30% of the cost

17 Outpatient Rehabilitation Services

For outpatient rehabilitation services, you pay:

Specialist's office for all therapy and rehabilitation services
Comprehensive outpatient rehabilitation facility for audiology, occupational, physical and speech therapy services
Hospital facility as an outpatient for audiology, occupational, physical and speech therapy services

In-Network
\$30 copayment
\$30 copayment
\$100 copayment

Out-of-Network
\$35 copayment
30% of the cost
30% of the cost

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

20 Diabetes Programs and Supplies

For preferred diabetic monitoring supplies, you pay:
Humana's mail order service
Pharmacy
Durable medical equipment provider

In-Network
0% of the cost
10% of the cost
20% of the cost

Out-of-Network
not available
28% of the cost
28% of the cost

For non-preferred diabetic monitoring supplies, you pay:	<u>In-Network</u>	<u>Out-of-Network</u>
Humana's mail order service	0% of the cost	not available
Pharmacy	20% of the cost	28% of the cost
Durable medical equipment provider	20% of the cost	28% of the cost

For Medicare-covered diabetes self-monitoring training, you pay:	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor	\$0 copayment	\$35 copayment
Specialist	\$0 copayment	\$35 copayment
Hospital facility as an outpatient	\$0 copayment	30% of the cost

21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services

<u>Lab services</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$10 copayment	\$35 copayment
Specialist's office	\$30 copayment	\$35 copayment
Immediate care facility	\$30 copayment	30% of the cost
Freestanding lab	\$0 copayment	30% of the cost
Hospital facility as an outpatient	\$100 copayment	30% of the cost

<u>Diagnostic procedures and tests</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$10 copayment	\$35 copayment
Specialist's office	\$30 copayment	\$35 copayment
Immediate care facility	\$30 copayment	30% of the cost
Hospital facility as an outpatient	\$100 copayment	30% of the cost

<u>X-rays and diagnostic radiology services</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$10 copayment	\$35 copayment
Specialist's office	\$30 copayment	\$35 copayment
Freestanding radiological center	\$75 copayment	30% of the cost
Hospital facility as an outpatient	\$100 copayment	30% of the cost
Immediate care facility	\$30 copayment	30% of the cost

<u>Advanced imaging services - MRI, MRA, PET, or CT Scan:</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office - in addition to office visit copayment	\$50 copayment	\$75 copayment
Specialist's office - in addition to office visit copayment	\$50 copayment	\$75 copayment
Freestanding radiology center	\$75 copayment	30% of the cost
Hospital facility as an outpatient	\$125 copayment	30% of the cost

<u>Nuclear medicine services</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Freestanding radiology center	\$75 copayment	30% of the cost
Hospital facility as an outpatient	\$125 copayment	30% of the cost

<u>Therapeutic radiology services (Radiation Therapy)</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Specialist's office	\$30 copayment	\$35 copayment
Freestanding radiology facility	20% of the cost	30% of the cost
Hospital facility as an outpatient	20% of the cost	30% of the cost

For EKG screening, you pay:	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$0 copayment	\$35 copayment
Specialist's office	\$0 copayment	\$35 copayment

Hospital facility as an outpatient

\$0 copayment

30% of the cost

22 Cardiac and Pulmonary Rehabilitation Services

For cardiac rehabilitation services, you pay:

Specialist's office

Hospital facility as an outpatient

In-Network

\$30 copayment

\$100 copayment

Out-of-Network

\$35 copayment

30% of the cost

For pulmonary rehabilitation services, you pay:

Specialist's office

Hospital facility as an outpatient

Comprehensive outpatient rehabilitation facility

In-Network

\$30 copayment

\$100 copayment

\$30 copayment

Out-of-Network

\$35 copayment

30% of the cost

30% of the cost

PREVENTIVE SERVICES

23 Preventive Services and Wellness/Education Programs

For abdominal aortic aneurysm, you pay:

Specialist's office

Free-standing radiological center

Hospital facility as an outpatient

In-Network

\$0 copayment

\$0 copayment

\$0 copayment

Out-of-Network

\$35 copayment

30% of the cost

30% of the cost

For bone mass measurement, you pay:

Specialist

Free-standing radiological center

Hospital facility as an outpatient

In-Network

\$0 copayment

\$0 copayment

\$0 copayment

Out-of-Network

\$35 copayment

30% of the cost

30% of the cost

For cardiovascular screening, you pay:

Primary care doctor's office

Specialist's office

Freestanding lab

Hospital facility as an outpatient

In-Network

\$0 copayment

\$0 copayment

\$0 copayment

\$0 copayment

Out-of-Network

\$35 copayment

\$35 copayment

30% of the cost

30% of the cost

For colorectal screening, you pay:

Specialist

Ambulatory surgical center

Hospital facility as an outpatient

In-Network

\$0 copayment

\$0 copayment

\$0 copayment

Out-of-Network

\$35 copayment

30% of the cost

30% of the cost

For an annual diabetes screening, you pay:

Primary care doctor's office

Specialist's office

Freestanding lab

Hospital facility as an outpatient

In-Network

\$0 copayment

\$0 copayment

\$0 copayment

\$0 copayment

Out-of-Network

\$35 copayment

\$35 copayment

30% of the cost

30% of the cost

For an annual HIV screening, you pay:

Primary care doctor's office

Specialist's office

Freestanding lab

Hospital facility as an outpatient

In-Network

\$0 copayment

\$0 copayment

\$0 copayment

\$0 copayment

Out-of-Network

\$35 copayment

\$35 copayment

30% of the cost

30% of the cost

For Screening Mammography, you pay:

Specialist

In-Network

\$0 copayment

Out-of-Network

\$35 copayment

Free-standing radiology center	\$0 copayment	30% of the cost
Hospital facility as an outpatient	\$0 copayment	30% of the cost

You pay the following for nutrition therapy for kidney disease or diabetes:

	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$0 copayment	\$35 copayment
Specialist's office	\$0 copayment	\$35 copayment
Hospital facility as an outpatient	\$0 copayment	30% of the cost

Stop-Smoking Program

The QuitNet® smoking cessation program combines Web-based and telephone support, printed materials, and the option of nicotine replacement therapy, such as nicotine patches and nicotine gum. Enroll online at www.quitnet.com/humana or by phone at 1-888-572-4074, Monday - Friday, 8 a.m. - midnight, and Saturday, 8 a.m. - 9 p.m., Eastern time (TTY 711).

Humana Active Outlook®

Humana Active Outlook is a lifestyle enrichment program with great features like HAO Magazine, *Live It Up!* Digest insert for members with chronic conditions, the **HumanaActiveOutlook.com** Website, community outreach through seminars and classes, and many other programs. For more information, call 1-800-781-4233, Monday-Friday, 8 a.m. - 8 p.m., Eastern time (TTY 711).

HumanaFirst® 24 Hour Nurse Advice Line

As a Humana member, you have access to health information, guidance, and support. Whether you have an immediate health concern or questions about a particular medical condition, call HumanaFirst for expert advice and guidance - at no additional cost to you. Just call 1-800-622-9529 to talk with a nurse.

SilverSneakers® Fitness Program

The SilverSneakers Fitness Program is a health and physical activity program. In addition to a basic membership at participating locations, you can participate in low-impact SilverSneakers classes, have access to a specially trained Senior Advisor, and use any participating SilverSneakers fitness center in the country at no additional cost. If you're an eligible member who lives 15 miles or more from a participating SilverSneakers fitness center, you can participate in SilverSneakers Steps, a pedometer-measured walking program.

Well Dine Inpatient Meal Program

After your overnight stay in the hospital or nursing facility, you're eligible for 10 nutritious, precooked frozen meals delivered to your door at no cost to you. To arrange for this service, simply call 1-866-96MEALS (1-866-966-3257) after your discharge and provide your Humana member ID number, and other basic information. A Humana representative will assist you in scheduling your delivery.

OTHER SERVICES

24 Kidney Disease and Conditions

You pay the following for kidney disease education services:

	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$0 copayment	\$35 copayment
Specialist's office	\$0 copayment	\$35 copayment

You pay the following for renal dialysis received at:

	<u>In-Network</u>	<u>Out-of-Network</u>
Renal dialysis center	0% of the cost	0% of the cost
Hospital facility as an outpatient	20% of the cost	20% of the cost

25 Outpatient Prescription Drugs

Drugs covered under Medicare Part B

You pay **20%** of the cost for Medicare-covered Part B drugs you receive at a doctor's office. You pay **0%** of the cost for allergy shots.

If you use an out-of-network doctor, you pay **30%** of the cost.

For Medicare-covered Part B drugs purchased at a pharmacy, you pay **20%** of the cost .

ADDITIONAL BENEFITS

28 Vision Services

Benefit includes :

-**\$0** copayment for routine comprehensive eye examination by an in-network provider. If you choose to use an out-of-network provider, you will be responsible for costs above the plan-approved amount.

	<u>In-Network</u>	<u>Out-of-Network</u>
Medicare-covered vision services	\$30 copayment	\$35 copayment
Glaucoma screening, one per year	\$0 copayment	\$35 copayment

Over-the-Counter Items

Health and Wellness Products

You are eligible to receive a **\$10** monthly benefit toward the purchase of selected over-the-counter items such as vitamins, pain relievers, cough and cold medicines, allergy medications, and first aid/medical supplies when you use Humana's mail order service. For more information or to request an order form, please call Customer Service.

HUMANA.

- Medicare
- Group health benefits
- Individual health
- Specialty Benefits
- Pharmacy Solutions

Humana.com

2012

Value-Added Services

HumanaChoiceSM
R5826-018 (Regional PPO)

Region 9
State of Florida

HUMANA[®]

Value-Added Services

Humana has deals that let you get items and services for less. In this part, we'll let you know how you can save. To get some of the discounts, you may need to show your Humana ID card or a discount card.

For information, call Humana Customer Care at **1-800-457-4708**, seven days a week, 8 a.m. to 8 p.m. If you use a TTY, please call **711**. Our voice mail system takes your call on Saturdays, Sundays, and some holidays. Just leave a message and tell us why you're calling. A Humana representative will return your call.

- The products and services described on the following pages are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Humana grievance process. If you do not wish to receive information concerning value-added items and services available with the plan, please contact Humana.
- If you're unhappy with any of these items or services, we'd like to know about it. Please call **1-800-457-4708**, seven days a week, 8 a.m. to 8 p.m. If you use a TTY, call **711**.

Jenny Craig Discount

Jenny Craig: A scientifically-proven approach to weight loss.

Jenny Craig has many choices to meet your needs. It is good for:

- Seniors
- People with type 2 diabetes
- Working women
- At-home moms
- Teens

You can meet with your coach at a location near you. You can also do the program at home. Either way, you get personal help and support.

Each day, you eat three Jenny's Cuisine® meals and one snack. Add in your own fresh fruits, vegetables, low-fat dairy, whole grains and heart-healthy fats. Jenny's Cuisine® gives you good choices. Your coach will also help you be active so you can stay healthy.

Make today the day you decide to change your life with Jenny Craig!

Special Savings!

Jenny Craig offers Humana Medicare members and their adult family members a FREE 30-Day Program.

Cost of food and mailing not included. The free offer is only for when you first join. You can join at locations in the U.S., Canada and Puerto Rico. You can also do the program at home. You can only take this offer once. Some restrictions may apply.

Go to www.jennycraig.com/corporatechannel/humanamedicare.aspx to see the whole offer. You can fill out the online form to receive your special offer. Then call **1-877-536-6970** and get started losing weight today!

Here's What You Get With Every Jenny Craig Program:

- Weekly one-on-one talks with a trained coach
- Menus just for you. They include seven days of Jenny's Cuisine. They also tell you how to eat out and make your own meals at home.
- Exercise plans just for you and support to keep you on track
- Online help and free etools at jennycraig.com
- Phone help 24 hours a day, seven days a week

Meal Delivery

As a Humana member, you can get healthy meals delivered at home for less. This program is called Independent Living Systems Meals Discount Services Program, or ILS. These meals are good if you have diseases like diabetes, high blood pressure, and high cholesterol. They are low in carbs, fats and salt.

The meals are home-delivered and ready to serve in a few minutes. This is great if it is hard for you to cook meals or get to the market.

How it works

There are five kinds of packages. Each has a different frozen main course and side items. The packages cost **\$25** each. This includes five meals delivered to your home. There are five kinds of packages offered:

- Regular

- Hispanic or American
- Low salt
- For diabetes
- Soft food

Contact information

For information, visit the ILS Website at www.ilsmeals.com. You can order your meals online. You can also call **1-800-460-7176**, Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. If you use a TTY, call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time. Our voice mail system takes your call on Saturdays, Sundays, and some holidays. Just leave a message and tell us why you are calling. We'll call back by the end of the next business day. Please have your Humana ID card when you call.

Safety Equipment

Humana members can purchase convenience and safety equipment at a **35 percent** discount. There is a delivery fee of \$20. Your coverage also includes many other helpful personal and household items.

Items available through this program include:

- Over-the-bed table
- Transfer bench
- Shower and bath bench
- Wheeled toilet
- Water jet spa
- Bath mats
- Raised toilet seats

Contact information

For details call Univita Healthcare Solutions, Inc. at **1-888-914-2201**, Monday through Friday, 8:30 a.m. to 5:30 p.m., and Saturday and Sunday, 10 a.m. to 4 p.m. Eastern time. If you use a TTY, call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time. Our voice mail system takes your call on Saturdays, Sundays, and some holidays. Just leave a message and tell us why you are calling. We'll call back by the end of the next business day. Please have your Humana ID card when you call.

Complementary and Alternative Medicine

Complementary and alternative medicine (CAM) services include chiropractic care, acupuncture, and massage. As a Humana member, you can get these services at a discount through the **Healthways WholeHealth Network** (HWHN) of more than 35,000 practitioners.

Services include:

- **Acupuncture** - A trained professional inserts and rotates very thin needles at key points on the body to stimulate various organs and systems.
- **Massage** - Using scientific manual techniques, a massage therapist manipulates soft tissues of the body to normalize those tissues.
- **Chiropractic** - A chiropractor diagnoses spinal misalignments and corrects them by using hands to adjust the spine, joints, and muscles.

How the discount works

You don't need a referral to visit a practitioner in the HWHN network. You may see HWHN providers as often as you like — but we encourage you to tell your primary care physician about any treatment you're considering. If you're already seeing a CAM professional who isn't on the HWHN list, you can nominate that individual online for network consideration.

To get your discount, simply show the provider the discount card, which can be printed from **Humana.com**, or show your Humana ID card.

Contact information

For details about the program, access the CAM Website from **Humana.com**. Once you log in to *MyHumana*, go to:

- Health & Wellness
- Savings Center, then select "Alternative Medicine"
- Scroll down to the middle part of the screen and there is a link - select "Find an alternative medicine provider"

To find a provider in your area, visit the HWHN Website at www.humana.wholehealthmd.com or call **1-866-430-8647**, Monday through Friday, 8:30 a.m. to 8 p.m. Eastern time. If you use a TTY, call **1-877-440-5580**, Monday through Friday, 8:30 a.m. to 8 p.m. Eastern time.

Careington Dental Discount

You may save **20 to 60 percent** when you receive dental services from a general dentist in the Careington network. Services include:

- Regular oral exams
- Cleanings
- Dentures
- Root canals
- Crowns

How the discount works

Choose a participating CAREINGTON general dentist by calling **1-866-636-9248** or by visiting CAREINGTON online at www.careington.com. You will get the discount right away and let you know whether to pay at the time of service or wait for a bill. If you need to see a specialist, participating CAREINGTON specialists will give a **20 percent** discount off of their normal fees. At the time of service, present your Humana ID card.

Contact information

Visit www.careington.com. You can also call **1-866-636-9248**, Monday through Friday, 7 a.m. to 7 p.m. Central time. If you use a TTY, call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time. Our voice mail system takes your call on Saturdays, Sundays, and some holidays. Just leave a message and tell us why you are calling. We'll call back by the end of the next business day. Please have your Humana ID card when you call.

- The Careington program is not intended to replace any other dental coverage.
- If your dentist leaves the Careington network, you'll need to find another one. Not all types of dentists may be in your area.
- In-network dentists are licensed in the state where they practice and are credentialed by Careington.
- If you have questions or concerns about the dentist, call Customer Care at the number on your Humana ID card.
- Discounts do not apply to dental work that was in progress before you joined this plan.

Vision Discount Program

You can get this program through EyeMed Vision Care. Vision wellness is important to your overall health and well-being. With the vision discount program, it's easy to care for your eyes. You can also save on your eyewear needs. You have access to the extensive EyeMed network of 40,000 providers across the country. They are at about 20,000 locations. Some of them are companies that you know and trust. These include LensCrafters®, Pearle Vision®, Sears Optical, Target Optical, and JCPenney™ Optical. The program includes the following services:

- Exam with dilation (if necessary) – **\$5 off** routine exam; **\$10 off** contact lens exam.
- Frames – **40 percent off** retail price on all frames except when not allowed by the manufacturer.
- Lenses – fixed prices for lenses and lens options.
- Contact Lens – **15 percent off** retail price for non-disposable contact lenses.
- Laser Vision Correction (Lasik or PRK)* – **15 percent off** retail price or **5 percent off** promotional price.

How the discount works

The discount applies only to services you get from providers in the EyeMed Select network. Choose a participating EyeMed provider by visiting **Humana.com** > Find a doctor > click onto EyeMed Vision Care. You can also call EyeMed's provider locator service at **1-866-392-6056**. Your personal information or ID is not in the EyeMed system. Once you've chosen a provider, call and schedule your appointment. Make sure to tell them you have the EyeMed discount through Humana.

Clip out the EyeMed Vision discount card printed on the last page of this booklet. Show the card when you go to your appointment. The EyeMed provider will take care of the rest. He or she will automatically give you the discount. You won't need to submit a claim. Since this is a discount offer, your ID, name, and address are not in EyeMed's files.

If you lose your discount card, just tell your provider you're a Humana member with the EyeMed discount.

Contact information

To choose a participating EyeMed Select provider, visit **Humana.com**. You can also call EyeMed's provider locator service at **1-866-392-6056**, Monday through Saturday, 8 a.m. to 11 p.m., and Sunday, 11 a.m. to 8 p.m. Eastern time. If you use a TTY, call **1-866-308-5375**, Monday through Friday, 8 a.m. to 5 p.m. Eastern time.

* LASIK or PRK vision correction is a procedure you choose to have done. It is not needed for medical reasons. It is performed by specially trained providers. You may not always be able to get this discount from a provider near you. For a location near you and the discount authorization, please call **1-877-5LASER6 (1-877-552-7376)**, Monday through Friday, 8 a.m. to 8 p.m., and Saturday, 9 a.m. to 5 p.m. Eastern time. If you use a TTY, call **1-866-308-5375**, Monday through Friday, 8 a.m. to 5 p.m. Eastern time.

Nutrisystem® Discount

The Nutrisystem® program helps you lose weight simply and easily. This lets you enjoy an active, healthy life. Nutrisystem is a low-calorie, nutritionally supercharged weight loss program. It is a good source of protein, fiber, and “good” fats. It also is low in salt. It has lower cholesterol, and fewer saturated fats. It can help you shed pounds sensibly.

With Nutrisystem, you also get the Glycemic Advantage. It is a weight-loss breakthrough. It gives you the benefits of a low-carb diet. But it lets you eat carbs. Nutrisystem foods contain “good carbs.” This lets you eat your favorite foods, including pizza, pasta, cookies, and chocolate.

How the discount works

It's easy to get started. Simply select your foods online or on the phone. You can choose from a huge variety of great-tasting meals and snacks. They come to your doorstep, all ready to heat and eat. All of the prepared Nutrisystem foods are perfectly portioned. You never have to weigh portions. You don't have to count calories and points. You get to eat six times a day. This will help cut down on those cravings between meals. You don't have to go to any meetings. You can call or e-mail the program counselors, nutritionists, and dietitians any time for free.

As a Humana member, you also get a **12 percent** discount on all 28-day programs. This could mean up to \$45 off on the most expensive Nutrisystem program, in addition to the best available offer on the Website. And that isn't all. You get free membership and free access to the online Nutrisystem community support boards.

Contact information

Visit us today at www.Nutrisystem.com/humanafl to learn more about individual programs and more savings. You can also call Nutrisystem toll-free at **1-866-936-6874** for all Florida plan members. Hours are Monday through Friday, 8 a.m. to 12 a.m., and Saturday and Sunday, 8:30 a.m. to 5 p.m. Eastern time. All other Humana plan members, please visit www.nutrisystem.com/humana or call **1-866-942-6874** to order. If you use a TTY, call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time. Our automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Just leave a message and select the reason for your call from the automated list. We'll call back by the end of the next business day. Please have your Humana ID card handy when you call.

Lifeline® Medical Alert Systems

Every day, Lifeline® helps thousands of people live more independent, active lives at home. Lifeline offers a monthly rate of **\$31.25** for its standard medical alert service to all Humana members.

How the discount works

Standard Lifeline Service

Installation and enrollment fee

- Regular rate for self installations: \$75
- Humana members' self-installation rate: **\$40**

For a Lifeline Home Service Representative to install the home communicator for you, the rate is \$75.

Monthly fee

- Regular rate: \$42
- Humana members: **\$31.25**

How this service works

The standard service includes the new Lifeline CarePartners Home Communicator model 6800. It also includes Lifeline monitoring services by a trained, dedicated professional staff. They are there to help 24 hours a day, every day of the year.

If you need medical help, a push of a button signals the Lifeline monitoring center. One of our professionals will speak to you over our Home Communicator phone. He or she will figure out what help is needed. They will dispatch the appropriate responders. Family members, friends, neighbors, or emergency service personnel who can quickly get to your home can all be responders.

The standard service includes your choice of a necklace-style Slimline or Classic transmitter, or a wristwatch-style Slimline. You can exchange the transmitter for a different style one time during the subscription period at no additional charge.

Contact information

For details about the program, call **1-866-674-9900**, extension **4304**, Monday through Friday, 7:30 a.m. to 10 p.m., and Saturday, 8 a.m. to 7 p.m. Eastern time. If you use a TTY, call **1-800-855-2881**, Monday through Friday, 7:30 a.m. to 10 p.m., and Saturday, 8 a.m. to 7 p.m. Eastern time.

Hearing Care Program – HEARx and HearUSA

As a Humana member, you can get discounts from HEARx and HearUSA.

How the discount works

- Free hearing test for the purpose of selecting and fitting hearing aids
- \$500 for each hearing aid
- Two years of free batteries with a purchase of hearing aids (up to 40 cells)
- Two-year warranty on the hearing aids

To get your discount, show your Humana ID card at the time of your visit.

Healthy Hearing Program

Other bonuses just for Humana members:

- Humana Battery Club: free hearing enhancement product with enrollment, special pricing for Humana members
- **10 percent** discount on e-hearing health products
- Lifetime in-house service warranty for Humana members
- Two-week check-up: free hearing enhancement product
- Hearing-aid checks at 6 months, one year, two years and three years

Contact information

Visit www.hearusa.com. Call HearUSA at **1-800-333-3389**, Monday through Friday, 8:30 a.m. to 8:30 p.m. Eastern time. If you use a TTY, call **1-888-300-3277**, Monday through Friday, 8:30 a.m. to 8:30 p.m. Eastern time.

CUT OUT THIS CARD AND KEEP IT IN YOUR WALLET FOR HANDY REFERENCE.

HumanaVision
Medicare *Discount* Card

MEMBER NAME: _____

PLAN ID: 9243247

HUMANA.

FOLD

For more information, call EyeMed:
1-866-392-6056

This discount program is **not** part of your Medicare Advantage plan coverage. Discounts are only available at participating providers.

EyeMed
VISION CARE®

HUMANA.

- Medicare
- Group health benefits
- Individual health
- Specialty Benefits
- Pharmacy Solutions

A Health plan with a Medicare contract, available to anyone enrolled in both Part A and Part B of Medicare. Medicare beneficiaries may enroll in the plan only during specific times of the year. Contact Humana for more information.

Humana.com

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