

Humana Group Medicare

Humana Inc.

P.O. Box 669

Louisville, KY 40201-0669

Important plan information



2026 Humana Group Medicare

Your journey to better health, for better retirement



A more human way
to healthcare™

Y0040_GHHL9PNEN_26_C
BC26

Iron Workers District
Council of Southern
Ohio & Vicinity Benefit
Trust



We're here for you

Humana Group Medicare Customer Care
800-733-9064 (TTY: 711)
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **800-733-9064 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

Humana[®]



This page intentionally left blank.



Let's get started understanding your benefits and coverage

**Learn more about extra
programs and services
Humana offers**

Scan the QR code with your
mobile device.



Inside this packet you'll find:

Welcome to a more human way to healthcare

Your benefits include

Know before you enroll

Important Enrollment Information

What to expect after you enroll

Manage your Humana account online

Find Care tool

Take this to your Provider

Know your numbers

Medical Summary of Benefits

Dental Benefits

Hearing Benefits

Vision Benefits

Rx Summary of Benefits

Important Prescription Drug Information

Commonly Prescribed Medication List



Welcome to a more human way to healthcare

You will be automatically enrolled

Dear Group Medicare Beneficiary,

We're excited to inform you that **Iron Workers District Council of Southern Ohio & Vicinity Benefit Trust** has partnered with Humana to offer you a Medicare Advantage Preferred Provider Organization (PPO) and Prescription Drug Plan (PDP) that provides more benefits than Original Medicare.

Understanding your Medicare plan and how it works is important. Humana believes everyone should have access to the tools and support needed to have a fair and just opportunity to be as healthy as possible. During our over 30 years of experience with Medicare, we've learned how to be a better partner in health.

Review the enclosed materials

This packet includes information on your Group Medicare healthcare option along with extra services Humana provides.

- If you have questions about your premium, please call Iron Workers District Council of Southern Ohio & Vicinity Benefit Trust at **937-454-1744 (TTY: 711)**, Monday – Friday, 7:30 a.m. -4:30 p.m., Eastern time.
- Review the Important Prescription Drug Information on how to view or request a copy of a Prescription Drug Guide.
- Please see the Find Care page in this packet for instructions on finding a list of network providers or network pharmacies.

Enrollment Information

- For enrollment information, please refer to the document titled "Important Enrollment Information," located in this packet.

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

Sincerely,
Group Medicare Operations

Your benefits include:



All the benefits of
Original Medicare,
plus extra benefits



Maximum
out-of-pocket
protections



Worldwide
emergency
coverage



Programs to help
improve health and
well-being

Get the care you deserve

- Your benefit levels are the same for in-network and out-of-network providers
- A network of providers, specialists and hospitals to choose from
- There are more than 61,000 participating pharmacies in our network
- You don't need a referral to see any healthcare provider
- Coverage for office visits, including routine physical exams
- Almost no claim forms to fill out or mail—we take care of that for you
- Dedicated Customer Care specialists who serve only our Group Medicare members

Coverage that fits the way you live

When you become a member of the Humana family, you can expect healthcare designed with you in mind—that meets you where you are today and delivers care that takes you to where you want to be.

Care delivered how and where you need it

Humana offers a variety of programs for patients who need care for complex medical situations or support for chronic conditions. Through these programs, care managers collaborate with physicians and other healthcare professionals to help patients manage their healthcare needs at home, in the hospital, by phone or email.

Benefits that put you first

Our health and well-being tools and resources make it easy to set health goals, chart your progress, strengthen your mind and body and build connections with others. It's about giving you the things you expect from an insurance company—and then finding more ways to help make your life better.

Know before you enroll

You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare PPO plan is a Medicare Advantage plan.

When does my coverage begin?

Your former employer or union decides how and when you enroll. Check with your benefits administrator for the proposed effective date of your enrollment. Be sure to keep your current healthcare coverage until your Humana Group Medicare PPO plan enrollment is confirmed.

Is your provider and pharmacy in-network or out-of-network?

You can find a doctor or pharmacy in your network by using Humana's Find Care tool, visit Humana.com/findcare.

What does insurance cover?

- Every health plan is different. Check coverage details before you see a doctor, use services or have procedures.
- Sometimes, your plan may not cover procedures and treatments, or may require prior authorization. Knowing what is and is not covered may save you time and money.
- See if your prescription medication is covered and if you have any open transfers that need to occur.

What if I have other health insurance coverage?

You can enroll in only one Medicare Advantage plan and one Medicare prescription drug plan at a time. Enrollment in this plan will cancel your enrollment in a different Medicare Advantage plan and Medicare prescription drug plan.

If you have other health insurance, show your Humana member ID card and your other insurance cards when you see a healthcare provider. The Humana Group Medicare plans may be eligible in combination with other types of health insurance coverage you may have. This is called coordination of benefits. Please notify Humana if you have any other medical coverage.

Do I need to show my red, white and blue Medicare card when I visit the doctor?

No. You'll get a Humana member ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

What if my provider says they will not accept my plan?

If your provider says they will not accept your PPO plan, you can give your provider the "Member to Provider" information page in this packet. It explains how your PPO plan works. You can also call Humana Customer Care to have a Humana representative contact your provider and explain how your PPO plan works.

What should I do if I need prescriptions filled before I receive my Humana member ID card?

If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

Important Enrollment Information

Iron Workers District Council of Southern Ohio & Vicinity Benefit Trust is enrolling you in the Humana Group Medicare preferred provider organization (PPO) plan. You do not need to do anything to be automatically enrolled in this Medicare health plan. If you do not want to join this plan, you can follow the instructions included below. You must do this before the date set by your benefit administrator. **Enrollment in this plan will cancel your enrollment in a different Medicare Advantage or a Medicare Prescription Drug (Part D) plan. However, if you are currently enrolled in a Medicare Supplement plan, you will have to take action to cancel your enrollment.**

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

This enrollment packet includes important information about this plan and what it covers, including a Summary of Benefits document. Please review this information carefully.

Once enrolled, you will receive information on how to view or request a copy of an Evidence of Coverage document (also known as a member contract or subscriber agreement) from the Humana Group Medicare PPO plan. Please read the document to learn about the plan's coverage and services. As a member of the Humana Group 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.

When your Humana Group Medicare PPO plan begins, Humana will cover all medically necessary items and services that are covered by the plan, even if you get the services out of network. However, your member cost share may be lower if you use in-network providers. "In-network" means that your doctor or provider is on our list of participating providers. "Out-of-network" means that you are using someone who isn't on this list. The exception is for emergency care, out of area dialysis services, or urgently needed services.

You must use network pharmacies to access Humana benefits, except under limited, non-routine circumstances when you can't reasonably use network pharmacies.

You must keep Medicare Parts A and B as the Humana Group Medicare plan is a Medicare Advantage plan. **You must also continue to pay your Part B premium. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium.** You can enroll in only one Medicare Advantage plan at a time. You must let us know if you think you might be enrolled in a different Medicare Advantage plan or a Medicare prescription drug plan and inform us of any prescription drug coverage that you may get in the future.

What happens if I don't join the Humana Group Medicare PPO plan?

You aren't required to be enrolled in this plan. If you don't want to enroll or have enrollment questions, please contact Iron Workers District Council of Southern Ohio & Vicinity Benefit Trust at 937-454-1744 (TTY: 711), Monday - Friday, 7:30 a.m. - 4:30 p.m., Eastern time.

If you choose to join a different Medicare plan, you can contact **800-MEDICARE** anytime, 24 hours a day, 7 days a week, for help in learning how. TTY users can call **877-486-2048**. Your state may have counseling services through the State Health Insurance Assistance Program (SHIP). They can provide you with personalized counseling and assistance when selecting a plan, including Medicare Supplement plans, Medicare Advantage plans and prescription drug plans. They can also help you find medical assistance through your state Medicaid program and the Medicare Savings Program.

What if I want to leave the Humana Group Medicare PPO plan?

You can change or cancel your Humana coverage at any time and return to Original Medicare or another Medicare Advantage plan by using a special election. You can send a request to Humana Group Medicare. You must also contact Iron Workers District Council of Southern Ohio & Vicinity Benefit Trust at 937-454-1744 (TTY: 711), Monday - Friday, 7:30 a.m. - 4:30 p.m., Eastern time. You can also call **800-MEDICARE** anytime, 24 hours a day, 7 days a week. TTY users can call **877-486-2048**.

What happens if I move?

The Humana Group Medicare PPO plan serves a specific service area. **If you move to another area or state, it may affect your plan.** You must contact Iron Workers District Council of Southern Ohio & Vicinity Benefit Trust at 937-454-1744 (TTY: 711), Monday - Friday, 7:30 a.m. - 4:30 p.m., Eastern time. Please also call Humana Group Medicare Customer Care at **800-733-9064 (TTY: 711)**, Monday - Friday, 8 a.m. - 9 p.m., Eastern time, to notify of the new address and phone number.

If you leave this plan and don't have creditable prescription drug coverage (as good as Medicare's prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Release of Information

By joining this Medicare Advantage plan, you give us permission to share your information with Medicare and other plans when needed for treatment, payment and health care operations. We do this to make sure you get the best treatment and to make sure that it is covered by the plan. Medicare may also use this information for research and other reasons allowed by Federal law.

What to expect after you enroll

- **Enrollment confirmation**

You'll receive a letter from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.

- **Humana member ID card**

Your Humana member ID card will arrive in the mail shortly after you enroll. Once you receive your ID card, you can create a MyHumana profile. Having access to your important health documents online, all in one place, is a great way to stay organized, and you can get to your information at any time. To activate your account, visit Humana.com/Registration.

- **Evidence of Coverage (EOC)**

You will receive information on how to view or request a copy of the Evidence of Coverage document (also known as a member contract or subscriber agreement). Please read the document to learn about the plan's coverage and services. This will also include your privacy notice.

- **Your personalized benefits statement**

Humana's SmartSummary® provides a comprehensive overview of your health benefits and healthcare spending. You'll receive this statement after each month you've had a claim processed. You can also sign in to your MyHumana account and see your past SmartSummary statements anytime.

- **Health and Well-being Assessment (HWA)**

This is a yearly detailed health review conducted in the comfort of your home, providing an extra set of eyes and ears for your doctor so you can feel more in control of your health and well-being.

You may receive a call from one of our HWA vendors, Signify Health or Matrix Medical Network, to schedule your assessment. If you have questions, you may ask when they call, or contact Humana at the phone number listed on the back of your member ID card.

We're here for you

If you have questions or need help, call Humana Group Medicare Customer Care,

800-733-9064 (TTY: 711),

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Manage your Humana plan online

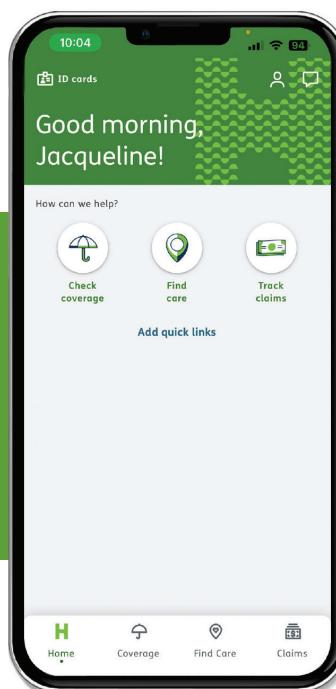
MyHumana on the go

Get the most out of your plan with a MyHumana account and take your Humana essentials wherever you go with the MyHumana mobile app.

Depending on your plan, you can use the MyHumana mobile app to:

- Explore coverage and benefit details the moment you need them
- Get Humana member ID cards and add them to your phone's wallet
- Find care close to you and get directions on your phone's map app
- Review claims status
- Access your exclusive member discounts

Once your Humana plan coverage begins, go to **MyHumana.com** to activate your account or download and register on the MyHumana app for iOS and Android.* Learn more at **Humana.com/member/manage-your-account**.



Getting started is easy—just have your Humana member ID card and follow these three steps:

1 Create your account.

Visit Humana.com/registration and select the “Start activation now” button.

2 Choose your preferences.

The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.

3 View your plan benefits.

After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.



Scan this QR code

Scan this QR code with your mobile device to create your account.

*App Store and Google Play app store are registered trademarks of Apple Inc. and Google. All rights reserved. Apple and Google are not participants in or sponsors of this promotion.

Find a doctor using Humana's Find Care search tool

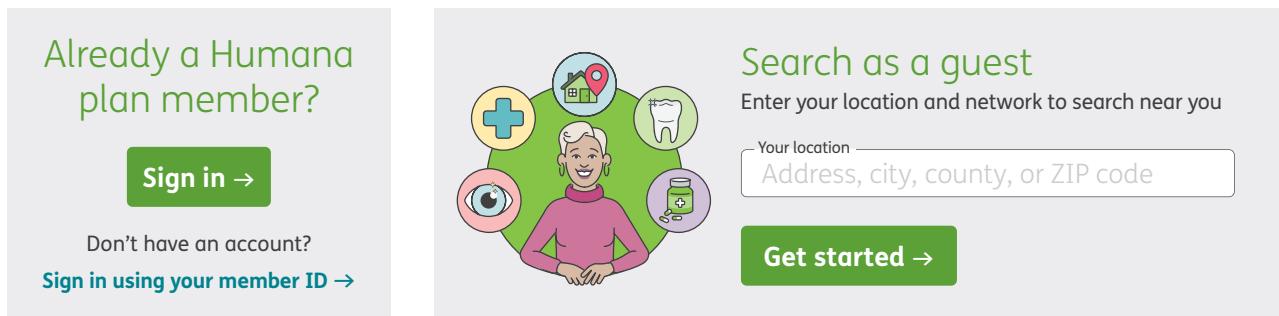
Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find Care search tool to find in-network doctors, pharmacies, and more.

Go to

[Humana.com/FindCare](https://www.humana.com/FindCare)

Search as a Member or Guest

- Sign in to your secure MyHumana account to conduct a search, or
- Search as a guest by entering your location.



Choose the type of care you are looking for

Use the tabs to help you search for a doctor or pharmacy.

Choose your medical network

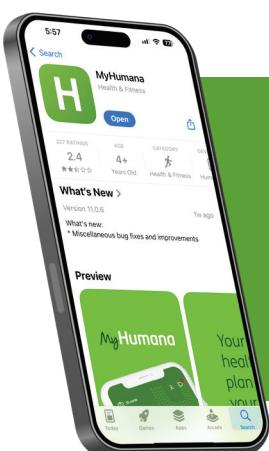
Select a lookup method from the drop-down menu.

Find medical care

Select a tab to search by Provider Name, Facility or Specialty.

Select the “Search” button for your results

Have you found the doctor or facility that you're looking for? If you need to revise your search, you can search again without leaving the results page.



Find Care on the MyHumana mobile app

Once you are enrolled with Humana, you can download and use the MyHumana mobile app to find care near you. On the app dashboard, locate the “Find Care” section.

Call our Customer Care team at **800-733-9064 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

If your healthcare provider says they do not accept Humana insurance, give them this page

Member to provider information

Once you are a member of the Humana Group Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.



Don't forget to take your Humana member ID card to your first appointment.

A message for your provider

Humana will provide coverage for this member under a Group Medicare PPO plan. The in-network and out-of-network benefits are structured the same for any member of this plan. This means you can provide services to this member or any member of this plan if you are a provider who is eligible to participate in Medicare.



Contracted healthcare providers

If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

Out-of-network healthcare providers

Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.

Claims process for providers

If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at **800-626-2741**, Monday – Friday, 9 a.m. – 6 p.m., Eastern time. This number is not for patient use.

Patients, please call the Group Medicare Customer Care number on the back of your Humana member ID card.

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care

800-733-9064 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

MyHumana

Sign in to or register for MyHumana to access your personal and secure plan information at Humana.com

MyHumana mobile app

Humana.com/mobile-apps

Doctors in your network

Humana.com/findcare

Telehealth

Please contact your local provider to ask about virtual visit opportunities, or access nationwide Humana in-network telehealth options by using the “Find Care” tool on Humana.com or call the number on the back of your member ID card to get connected with a provider that offers this service.

Humana Clinical Pharmacy Review Team

800-555-2546 (TTY: 711),
Monday – Friday, 8 a.m. – 8 p.m., Eastern time

SilverSneakers®

888-423-4632 (TTY: 711),
Monday – Friday, 8 a.m. – 8 p.m., Eastern time
SilverSneakers.com

Go365 by Humana®

Go365.com

Humana Care Management

800-733-9064 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
Humana.com/home-care

Post-discharge Meal Program

800-733-9064 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
Humana.com/home-care/well-dine

Humana Health Coaching

877-567-6450 (TTY: 711),
Monday – Friday, 8 a.m. – 6 p.m., Eastern time

Caregiver Support

Humana.com/caregiver

CenterWell Pharmacy™

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

CenterWell Specialty Pharmacy™

800-486-2668 (TTY: 711),
Monday – Friday, 8 a.m. – 11 p.m., and
Saturday, 8 a.m. – 6:30 p.m., Eastern time
CenterWellSpecialtyPharmacy.com

State health insurance program offices

800-633-4227 (TTY: 711), daily
www.cms.gov/apps/contacts/#

*You must be a Humana member to use these services.

2026

Summary of Benefits

Humana Group Medicare Advantage PPO Plan
PPO 079/389

Iron Workers District Council of SO OH & Vicinity Benefit Trust

Humana[®]

Our service area includes specific counties within the United States, Puerto Rico and all other major U.S. territories.



Let's talk about the **Humana Group Medicare Advantage PPO Plan.**

Find out more about the Humana Group Medicare Advantage PPO plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage."

To be eligible

To join the Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Plan name:

Humana Group Medicare Advantage PPO plan

How to reach us:

Members should call toll-free
1-800-733-9064 for questions
(TTY/TDD: 711)

Call Monday – Friday, 8 a.m. – 9 p.m.,
Eastern time.

Or visit our website: **Humana.com**

Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call Humana Group Medicare Customer Care.



A healthy partnership

Get more from this plan — with extra services and resources provided by Humana!



Monthly Premium, Deductible and Limits

PLAN COSTS

Monthly premium

You must keep paying your Medicare Part B premium.

For information concerning the actual premiums you will pay, please contact your employer/union group.

Medical deductible

This plan does not have a deductible.

Medical Maximum out-of-pocket responsibility

The most you pay for copays, coinsurance and other costs for medical services for the year.

In-Network Maximum Out-of-Pocket

\$1,000 out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Uniform Flexibility Non-Emergency Medical Transportation and the Plan Premium do not apply to the in-network maximum out-of-pocket.

If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

Combined In and Out-of-Network Maximum Out-of-Pocket

\$1,000 out-of-pocket limit for Medicare-covered services.

In-Network Exclusions: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Uniform Flexibility Non-Emergency Medical Transportation and the Plan Premium do not apply to the combined maximum out-of-pocket.

Out-of-Network Exclusions: Part D Pharmacy, Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.

Your limit for services received from in-network providers will count toward this limit.

If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.



Covered Medical Benefits

IN-NETWORK

OUT-OF-NETWORK

ACUTE INPATIENT HOSPITAL CARE

This plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

\$0 per admit

\$0 per admit

OUTPATIENT HOSPITAL COVERAGE

Diagnostic colonoscopy

\$0 copay

\$0 copay

Diagnostic mammography

\$0 copay

\$0 copay

Observation services

\$0 copay

\$0 copay

Surgery services

\$0 copay

\$0 copay

AMBULATORY SURGICAL CENTER

Diagnostic colonoscopy

\$0 copay

\$0 copay

Surgery services

\$0 copay

\$0 copay

DOCTOR OFFICE VISITS

Primary care provider (PCP)

\$10 copay

\$10 copay

Specialists

\$10 copay

\$10 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.



Covered Medical Benefits

IN-NETWORK

OUT-OF-NETWORK

PREVENTIVE CARE

This plan covers all Medicare preventative services including:

- Abdominal aortic aneurysm screening
- Alcohol misuse screening & counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening
- Cardiovascular disease behavioral therapy
- Cardiovascular disease screening
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes self-management training
- Diabetes screening
- Glaucoma screening
- Hepatitis C screening
- HIV screening
- Kidney disease education services
- Lung cancer screening
- Medical nutrition therapy
- Obesity screening and therapy
- Physical exams (routine)
- Prostate cancer screening exam
- Smoking and tobacco use cessation
- STI screening and counseling
- "Welcome to Medicare" preventative visit

Covered at no cost

Covered at no cost

- Immunizations
- Medicare diabetes prevention program (MDPP)

Covered at no cost

Covered at no cost

Any additional preventative services approved by Medicare during the contract year will be covered.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
EMERGENCY CARE		
Emergency room If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	\$50 copay for Medicare-covered emergency room visit(s)	\$50 copay for Medicare-covered emergency room visit(s)
Urgently needed services Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	\$10 copay \$10 copay \$0 copay	\$10 copay \$10 copay \$0 copay
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Advanced imaging services (MRI, MRA, PET and CT Scan)		
• Primary care provider (PCP)	\$10 copay	\$10 copay
• Specialist's office	\$10 copay	\$10 copay
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Diagnostic mammography		
• Primary care provider (PCP)	\$10 copay	\$10 copay
• Specialist's office	\$10 copay	\$10 copay
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Diagnostic procedures and tests		
• Primary care provider (PCP)	\$10 copay	\$10 copay
• Specialist's office	\$10 copay	\$10 copay
• Urgent care center	\$0 copay	\$0 copay
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
EKG screening		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Lab services		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Urgent care center	\$0 copay	\$0 copay
• Freestanding laboratory	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Nuclear medicine services		
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Outpatient x-rays		
• Primary care provider (PCP)	\$10 copay	\$10 copay
• Specialist's office	\$10 copay	\$10 copay
• Urgent care center	\$0 copay	\$0 copay
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Radiation therapy		
• Specialist's office	\$10 copay	\$10 copay
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
HEARING SERVICES		
Medicare-covered hearing: diagnostic hearing and balance exams	\$10 copay	\$10 copay
Routine hearing	\$0 copay for routine hearing exams up to 1 per year.	\$0 copay for routine hearing exams up to 1 per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
DENTAL SERVICES		
Medicare-covered dental	\$10 copay	\$10 copay
Routine dental	0% of the cost for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.	0% of the cost for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.



Covered Medical Benefits

IN-NETWORK	OUT-OF-NETWORK
0% of the cost for panoramic film or diagnostic x-rays up to 1 every 5 years.	0% of the cost for panoramic film or diagnostic x-rays up to 1 every 5 years.
0% of the cost for bitewing x-rays up to 1 set(s) per year.	0% of the cost for bitewing x-rays up to 1 set(s) per year.
0% of the cost for emergency diagnostic exam, intraoral x-rays up to 1 per year.	0% of the cost for emergency diagnostic exam, intraoral x-rays up to 1 per year.
0% of the cost for fluoride treatment, periodic oral exam, prophylaxis (cleaning) up to 2 per year.	0% of the cost for fluoride treatment, periodic oral exam, prophylaxis (cleaning) up to 2 per year.
0% of the cost for periodontal maintenance up to 4 per year.	0% of the cost for periodontal maintenance up to 4 per year.
0% of the cost for general anesthesia (nitrous oxide, anxiolysis, intravenous-conscious-sedation/analgesia) with covered service up to as needed with covered codes per year.	0% of the cost for general anesthesia (nitrous oxide, anxiolysis, intravenous-conscious-sedation/analgesia) with covered service up to as needed with covered codes per year.
20% of the cost for amalgam and/or composite filling, emergency treatment for pain up to 2 per year.	20% of the cost for amalgam and/or composite filling, emergency treatment for pain up to 2 per year.
20% of the cost for simple or surgical extraction up to unlimited per year.	20% of the cost for simple or surgical extraction up to unlimited per year.
50% of the cost for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years.	50% of the cost for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years.
50% of the cost for occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years.	50% of the cost for occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years.
50% of the cost for complete dentures, partial dentures up to 1 set(s) every 5 years.	50% of the cost for complete dentures, partial dentures up to 1 set(s) every 5 years.
50% of the cost for adjustments to dentures, denture rebase, denture reline, denture repair, root canal or retreatment, tissue conditioning up to 1 per year.	50% of the cost for adjustments to dentures, denture rebase, denture reline, denture repair, root canal or retreatment, tissue conditioning up to 1 per year.
50% of the cost for crown, oral surgery up to 2 per year.	50% of the cost for crown, oral surgery up to 2 per year.
50% of the cost for other restorative services - core buildup	50% of the cost for other restorative services - core buildup

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.



Covered Medical Benefits

IN-NETWORK	OUT-OF-NETWORK
and prefabricated post and core up to 1 per tooth per lifetime. \$2,000 combined maximum benefit coverage amount per year for all preventive and comprehensive benefits.	and prefabricated post and core up to 1 per tooth per lifetime. \$2,000 combined maximum benefit coverage amount per year for all preventive and comprehensive benefits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

Limitations and exclusions may apply. Please see your Evidence of Coverage (EOC) for additional details. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Dental benefits under this plan may not cover all ADA procedure codes. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire. Information regarding each plan is available at Humana.com/sb.

In-network dentists have agreed to provide covered services at contracted rates (per the in-network fee schedules, or INFS). If a member visits a participating network dentist, the member cannot be billed for charges that exceed the negotiated fee schedule (but any applicable coinsurance payment still applies). Visiting an in-network provider may result in significant savings.

Out-of-network dentists have not agreed to provide services at contracted fees. The out-of-network provider may bill the member for more than what the plan pays, even for services listed with no member cost share. Members are responsible for this difference between Humana's reimbursement and the out-of-network provider's charges. This is known as balance billing. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Please see below for provider locator instructions. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, you may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS)/usual-customary and reasonable fees in your area. See Chapter 2 Payment Requests Contact Information or visit Humana.com for information on requesting reimbursement.

The Mandatory Supplemental Dental benefits are provided through the Humana Dental Medicare Network. Contact Customer Service to locate a provider.

VISION SERVICES		
Medicare-covered vision services	\$10 copay	\$10 copay
Medicare-covered diabetic eye exam (1 per year)	\$0 copay	\$0 copay
Medicare-covered glaucoma screening (1 per year)	\$0 copay	\$0 copay
Medicare-covered eyewear (post-cataract)	\$10 copay	\$10 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Routine vision EyeMed is the In-Network provider for the routine vision benefit. Contact Customer Service to locate a provider.	\$0 copay for routine exam (includes refraction) up to 1 per year. \$100 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).	\$175 combined maximum benefit coverage amount per year for routine exam (includes refraction). \$0 copay for routine exam (includes refraction) up to 1 per year. \$100 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames). Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

MENTAL HEALTH SERVICES

Inpatient The inpatient hospital care limit applies to inpatient mental services provided in a general hospital or a psychiatric facility. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility.	\$0 per admit	\$0 per admit
Partial Hospitalization	\$0 copay	\$0 copay
Intensive Outpatient Services	\$0 copay	\$0 copay
Outpatient group and individual therapy visits <ul style="list-style-type: none">Primary care provider (PCP)Specialist's officeUrgent careOutpatient Hospital	\$10 copay \$10 copay \$0 copay \$0 copay	\$10 copay \$10 copay \$0 copay \$0 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.



Covered Medical Benefits

IN-NETWORK

OUT-OF-NETWORK

SKILLED NURSING FACILITY (SNF)

This plan covers up to 100 days in a SNF. **\$0** copay per day for days 1-100 **\$0** copay per day for days 1-100

No 3-day hospital stay is required.

Plan pays \$0 after 100 days.

AMBULANCE

Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.

\$0 copay

\$0 copay

TRANSPORTATION

Uniform Flexibility

Non-Emergency Medical Transportation

\$0 copay for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer Diagnosis. This benefit is not to exceed 50 miles per trip.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

MEDICARE PART B PRESCRIPTION DRUGS

Chemotherapy drugs

- | | | |
|-----------------------|------------------|------------------|
| • Specialist's office | \$0 copay | \$0 copay |
| • Outpatient Hospital | \$0 copay | \$0 copay |

Medicare Part B covered drugs

- | | | |
|-------------------------------|-----------------------|-----------------------|
| • Primary care provider (PCP) | \$0 copay | \$0 copay |
| • Specialist's office | \$0 copay | \$0 copay |
| • Outpatient Hospital | \$0 copay | \$0 copay |
| • Pharmacy | 0% of the cost | 0% of the cost |

Medicare Part B insulin drugs

- | | | |
|-------------------------------|-----------------------|-----------------------|
| • Primary care provider (PCP) | \$0 copay | \$0 copay |
| • Specialist's office | \$0 copay | \$0 copay |
| • Outpatient Hospital | \$0 copay | \$0 copay |
| • Pharmacy | 0% of the cost | 0% of the cost |

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture visit(s) for chronic low back pain	\$10 copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	\$10 copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
ALLERGY		
Allergy shots & serum		
• Primary care provider (PCP)	\$10 copay	\$10 copay
• Specialist's office	\$10 copay	\$10 copay
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	\$0 copay	\$0 copay
DIABETES SERVICES AND SUPPLIES		
Continuous glucose monitor (CGM)		
• Durable medical equipment provider	0% of the cost	0% of the cost
• Pharmacy	0% of the cost	0% of the cost
Diabetes management training		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
Diabetes monitoring supplies		
• Durable medical equipment provider	\$0 copay	\$0 copay
• Pharmacy	\$0 copay	\$0 copay
• Preferred diabetic supplier	\$0 copay	Not Covered
Diabetes screening		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
FOOT CARE (PODIATRY)		
Medicare-covered foot care	\$10 copay	\$10 copay
HOME HEALTH CARE		
	\$0 copay	\$0 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.



Covered Medical Benefits

IN-NETWORK

OUT-OF-NETWORK

HOSPICE

You must get care from a Medicare-certified hospice. You must consult with this plan before you select hospice.

MEDICAL EQUIPMENT/SUPPLIES

Durable medical equipment

• Durable medical equipment provider	0% of the cost	0% of the cost
• Pharmacy	0% of the cost	0% of the cost

Medical supplies

(includes but not limited to:

catheters, IV set-up and supplies)

• Medical supply provider	0% of the cost	0% of the cost
• Pharmacy	0% of the cost	0% of the cost

Prosthetics (artificial limbs or braces)

• Prosthetics provider	0% of the cost	0% of the cost
------------------------	-----------------------	-----------------------

OUTPATIENT SUBSTANCE ABUSE

Outpatient group and individual substance abuse treatment visits

• Primary care provider (PCP)	\$10 copay	\$10 copay
• Specialist's office	\$10 copay	\$10 copay
• Urgent care	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay

REHABILITATION SERVICES

Audiology Therapy

• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay

Cardiac rehabilitation

• Specialist's office	\$0 copay	\$0 copay
• Outpatient hospital	\$10 copay	\$10 copay

Occupational therapy

• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Physical therapy		
• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
Pulmonary rehabilitation		
• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
Speech therapy		
• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
RENAL DIALYSIS		
Renal dialysis services		
• Dialysis center	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
Kidney disease education services		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
HUMANA IN-NETWORK TELEHEALTH VENDORS, i.e. MDLive (in addition to Original Medicare)		
Primary care provider (PCP)	\$0 copay	Not Covered
Specialist	\$10 copay	Not Covered
Urgent care services	\$0 copay	Not Covered
Substance abuse or behavioral health services	\$0 copay	Not Covered

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.

Additional Benefits

FITNESS AND WELLNESS

Live a healthier, more active life through fitness and social connection at participating SilverSneakers® locations and online.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

HEALTH EDUCATION SERVICES

Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

POST-DISCHARGE SERVICES

\$0 copay for the following benefits per discharge event following each inpatient or skilled nursing facility stay:

- Assistance from a qualified aid to help perform activities of daily living within the home. Minimum of 4 hours per day, up to a maximum of 8 hours. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.
- 2 meals per day for 14 days, up to 28 meals delivered to your door.
- Transportation to plan approved locations by rideshare services, car, van or wheelchair accessible vehicle.

Services must be provided by approved vendors, scheduled within 30 days of discharge event and utilized within 60 days of discharge.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

SMOKING CESSATION (ADDITIONAL)

A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.

Notes

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجاناً. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլնտրանսլային ծևառափի ծառայություններ: Չանգահարեք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותי אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**.

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at <https://www.humana.com/legal/multi-language-support>.

GHHNOA2025HUM_0425

日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。877-320-1235 (TTY: 711) までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្លូវការភាសា ជំនួយ និង សេវាកម្មជាគម្រោងមេដ្ឋានជំនួយអាជារណានៅ ទូរសព្ទទៅលេខ 877-320-1235 (TTY: 711)។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.

877-320-1235 (TTY: 711) 번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ອົບປະກອນລ່ວມເຫັນ 110 ລະຫວ່າງລົດກົ່ນໃຫ້ໄວ້ຝັດ. ລົບ 877-320-1235 (TTY: 711).

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjí' bee adahoodooniígíí diné bich'í' anídahazt'i'i, dóó lahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'i dahólq. Kohjí' hodíilnih 877-320-1235 (TTY: 711).

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer 877-320-1235 (TTY: 711).

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue 877-320-1235 (TTY: 711).

ਪੰਜਾਬੀ [Punjabi]: ਮੁੜਤ ਭਾਸ਼ਾ, ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। 877-320-1235 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру 877-320-1235 (TTY: 711).

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al 877-320-1235 (TTY: 711).

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyon pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa 877-320-1235 (TTY: 711).

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. 877-320-1235 (TTY: 711) ஜி அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్రాయ ఫార్మేట్ సేవలు అందుబాటులో గలవు. 877-320-1235 (TTY: 711) కి కాల్ చేయండి.

اردو [Urdu]: مفت زبان، معلوم امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال (877-320-1235 (TTY: 711))

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi 877-320-1235 (TTY: 711).

አማርኛ [Amharic]: አንድ: አገዛ ማቅረብ እና አማርኛ ቁጥር ፩፭፻፭ የለችው አገልግሎቶችም ይገኛል:: ፩ 877-320-1235 (TTY: 711) ላይ ይደምላ::

Bāsəɔ̄́ [Bassa]: Wuqu-xwíñíñ-mú-zà-zà kùà, Hwòdò-fíñó-ñyó, kè nyó-boññ-po-kà bě bé nyuee se wíqdí pèè-péè dò kò. 877-320-1235 (TTY: 711) dá.

Bekee [Igbo]: Asusụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọ 877-320-1235 (TTY: 711).

Òyìnbó [Yoruba]: Àwọn isé àtìlèhìn ìrànlówó èdè, àti ọnà kíkà míràn wà lárówótó. Pe 877-320-1235 (TTY: 711).

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । 877-320-1235 (TTY: 711) मा कल गर्नुहोस् ।



Find out **more**



You can see this plan's provider directory at **Humana.com** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to compare this plan with other Medicare health plans, you can call your employer or union sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

Humana[®]

Humana.com

SB079389EN26

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the annual maximum benefit coverage amount. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. to 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. to 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but any applicable coinsurance payment still applies). Visiting an in-network provider may result in significant savings. The provider locator for our nationwide network can be found at **Humana.com/FindCare**.
- Out-of-network dental providers have not agreed to provide services at contracted fees. **The out-of-network provider may bill the member for more than what the plan pays, even for services listed with no member cost share. Members are responsible for this difference between Humana's reimbursement and the out-of-network provider's charges. This is known as balance billing.** Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in the member's area.
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.

2026 DEN415

HumanaDental® Medicare Network

Deductible	\$0			
Annual maximum	\$2,000			
Waiting periods	None			
ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	100%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	100%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic radiographic image		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Anesthesia – general (in conjunction with extensive and/or complex procedures, subject to plan limitations and exclusions, subject to clinical review)				
D9222	Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof		100%	100%
D9223	Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof		100%	100%
D9239	Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof		100%	100%
D9243	Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof		100%	100%
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof		100%	100%
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof		100%	100%
Anesthesia – nitrous oxide/analgesia (in conjunction with covered services, subject to plan limitations and exclusions, subject to clinical review)				
D9230	Administration of nitrous oxide	As needed with covered codes	100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent		80%	80%
D2150	Amalgam – two surfaces, primary or permanent		80%	80%
D2160	Amalgam – three surfaces, primary or permanent		80%	80%
D2161	Amalgam – four or more surfaces, primary or permanent		80%	80%
D2330	Resin-based composite – one surface, anterior (front)	Two procedure codes from this group per calendar year	80%	80%
D2331	Resin-based composite – two surfaces, anterior (front)		80%	80%
D2332	Resin-based composite – three surfaces, anterior (front)		80%	80%
D2335	Resin-based composite – four or more surfaces (anterior)		80%	80%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorations (fillings) (continued)				
D2391	Resin-based composite – one surface, posterior (back)		80%	80%
D2392	Resin-based composite – two surfaces, posterior (back)	Two procedure codes from this group per calendar year	80%	80%
D2393	Resin-based composite – three surfaces, posterior (back)		80%	80%
D2394	Resin-based composite – four or more surfaces, posterior (back)		80%	80%
Re-cement of crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	80%	80%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		80%	80%
D2920	Re-cement or re-bond crown		80%	80%
Re-cement of bridge				
D6930	Re-cement or re-bond fixed partial denture	One procedure code every five calendar years	80%	80%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		80%	80%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Unlimited	80%	80%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	80%	80%
Crowns				
D2542	Onlay – metallic – two surfaces	Two procedure codes from this group per calendar year	50%	50%
D2543	Onlay – metallic – three surfaces		50%	50%
D2544	Onlay – metallic – four or more surfaces		50%	50%
D2642	Onlay – porcelain/ceramic – two surfaces		50%	50%
D2643	Onlay – porcelain/ceramic – three surfaces		50%	50%
D2644	Onlay – porcelain/ceramic – four or more surfaces		50%	50%
D2662	Onlay – resin-based composite – two surfaces		50%	50%
D2663	Onlay – resin-based composite – three surfaces		50%	50%
D2664	Onlay – resin-based composite – four or more surfaces		50%	50%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2710	Crown – resin-based composite (indirect)		50%	50%
D2712	Crown – 3/4 resin-based composite (indirect)		50%	50%
D2720	Crown – resin with high noble metal		50%	50%
D2721	Crown – resin with predominantly base metal		50%	50%
D2722	Crown – resin with noble metal		50%	50%
D2740	Crown – porcelain/ceramic		50%	50%
D2750	Crown – porcelain fused to high noble metal		50%	50%
D2751	Crown – porcelain fused to predominantly base metal	Two procedure codes from this group per calendar year	50%	50%
D2752	Crown – porcelain fused to noble metal		50%	50%
D2753	Crown – porcelain fused to titanium and titanium alloys		50%	50%
D2780	Crown – 3/4 cast high noble metal		50%	50%
D2781	Crown – 3/4 cast predominantly base metal		50%	50%
D2782	Crown – 3/4 cast noble metal		50%	50%
D2783	Crown – 3/4 porcelain/ceramic		50%	50%
D2790	Crown – full cast high noble metal		50%	50%
D2791	Crown – full cast predominantly base metal		50%	50%
D2792	Crown – full cast noble metal		50%	50%
D2794	Crown – titanium and titanium alloys		50%	50%
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	50%	50%
D2952	Post and core in addition to crown, indirectly fabricated		50%	50%
D2953	Each additional indirectly fabricated post – same tooth		50%	50%
D2954	Prefabricated post and core in addition to crown		50%	50%
D2957	Each additional prefabricated post – same tooth		50%	50%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		50%	50%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		50%	50%
D3330	Endodontic therapy, molar tooth (excluding final restoration)	One procedure code from this group per calendar year	50%	50%
D3346	Retreatment of previous root canal therapy – anterior		50%	50%
D3347	Retreatment of previous root canal therapy – premolar		50%	50%
D3348	Retreatment of previous root canal therapy – molar		50%	50%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	50%	50%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		50%	50%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code every three calendar years	50%	50%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	100%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	One upper and lower complete or one upper and lower immediate denture every five calendar years	50%	50%
D5120	Complete denture – mandibular		50%	50%
D5130	Immediate denture – maxillary		50%	50%
D5140	Immediate denture – mandibular		50%	50%
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	50%	50%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		50%	50%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	50%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	50%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		50%	50%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		50%	50%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	50%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	50%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	50%	50%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		50%	50%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		50%	50%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		50%	50%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		50%	50%
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		50%	50%
Other removable partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	One procedure code per quadrant from this group every five calendar years	50%	50%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		50%	50%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary		50%	50%
D5411	Adjust complete denture – mandibular		50%	50%
D5421	Adjust partial denture – maxillary		50%	50%
D5422	Adjust partial denture – mandibular		50%	50%
Repairs to dentures (not covered if within six months of initial placement)				
D5511	Repair broken complete denture base, mandibular		50%	50%
D5512	Repair broken complete denture base, maxillary		50%	50%
D5520	Replace missing or broken teeth – complete denture – per tooth		50%	50%
D5611	Repair resin partial denture base, mandibular		50%	50%
D5612	Repair resin partial denture base, maxillary		50%	50%
D5621	Repair cast partial framework, mandibular	One procedure code from this group per calendar year	50%	50%
D5622	Repair cast partial framework, maxillary		50%	50%
D5630	Repair or replace broken retentive/clasping materials – per tooth		50%	50%
D5640	Replace missing or broken teeth – partial denture – per tooth		50%	50%
D5650	Add tooth to existing partial denture – per tooth		50%	50%
D5660	Add clasp to existing partial denture – per tooth		50%	50%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		50%	50%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		50%	50%
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	50%	50%
D5711	Rebase complete mandibular denture		50%	50%
D5720	Rebase maxillary partial denture		50%	50%
D5721	Rebase mandibular partial denture		50%	50%
D5725	Rebase hybrid prosthesis		50%	50%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)		50%	50%
D5731	Reline complete mandibular denture (direct)		50%	50%
D5740	Reline maxillary partial denture (direct)		50%	50%
D5741	Reline mandibular partial denture (direct)	One procedure code from this group per calendar year	50%	50%
D5750	Reline complete maxillary denture (indirect)		50%	50%
D5751	Reline complete mandibular denture (indirect)		50%	50%
D5760	Reline maxillary partial denture (indirect)		50%	50%
D5761	Reline mandibular partial denture (indirect)		50%	50%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	50%	50%
D5851	Tissue conditioning, mandibular		50%	50%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue		50%	50%
D7230	Removal of impacted tooth – partially bony		50%	50%
D7240	Removal of impacted tooth – completely bony		50%	50%
D7250	Removal of residual tooth roots (cutting procedure)		50%	50%
D7284	Excisional biopsy of minor salivary glands	Two procedure codes from this group per calendar year	50%	50%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		50%	50%
D7286	Incisional biopsy of oral tissue – soft		50%	50%
D7287	Exfoliative cytological sample collection		50%	50%
D7288	Brush biopsy – transepithelial sample collection		50%	50%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		50%	50%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		50%	50%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		50%	50%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		50%	50%
D7412	Excision of benign lesion, complicated		50%	50%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		50%	50%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Two procedure codes from this group per calendar year	50%	50%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		50%	50%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		50%	50%
D7509	Marsupialization of odontogenic cyst		50%	50%
D7510	Incision and drainage of abscess – intraoral soft tissue		50%	50%
D7961	Buccal/labial frenectomy (frenulectomy)		50%	50%
D7962	Lingual frenectomy (frenulectomy)		50%	50%
D7963	Frenuloplasty		50%	50%
D7970	Excision of hyperplastic tissue – per arch		50%	50%
D7971	Excision of pericoronal gingiva		50%	50%
D7972	Surgical reduction of fibrous tuberosity		50%	50%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code every three calendar years	50%	50%

Current Dental Terminology © 2026 American Dental Association. All rights reserved.

Routine Hearing

\$0 exam

Routine Hearing Benefit Summary		
Hearing services	In-network	Out-of-network*
Routine hearing exam • 1 exam every calendar year	\$0 copayment	\$0 copayment
Fitting/evaluation • Up to 1 per year	N/A	N/A
Hearing aids • N/A	N/A	N/A

*Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions.

Humana is a Medicare Advantage organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

Humana[®]

Y0040_GHHLZ4WTE_26_HER003_M

Humana Medicare Insight Network

When members receive necessary routine vision services, they will be covered according to the following schedule.

Vision care services	In-network member cost	Out-of-network reimbursement
Exam (One per calendar year) Routine eye exam (includes refraction)	\$0 copay	\$0 copay Up to \$175
Eyewear benefit (One per calendar year) Benefit toward the purchase of frame and pair of lenses or contact lenses (conventional or disposable)	Any retail amount over \$100 allowance	Up to \$100

The network of providers for your supplemental vision benefits through **Humana Medicare Insight Network** may be different than the network of providers for the Medicare-covered vision benefits. The provider locator for routine or Medicare-covered vision can be found at Humana.com/FindCare.

The benefit can only be used one time. Any remaining benefit dollars do not "roll over" to a future purchase.

Eyeglass lens options may be available with the maximum benefit coverage amount up to one pair per year. Maximum benefit coverage amount is limited to one-time use per year.

Benefit allowance is applied toward the retail price. Member is responsible for any costs above the plan-approved amount. Lost or broken materials are not covered. Benefits are offered on a calendar basis. Any amount unused at the end of the year will expire.

2026 VIS200

Additional discounts:

Member may receive a 20% discount on items not covered by the plan at in-network locations. Discount does not apply to provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see our online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.

Members may receive a 40% discount off complete-pair eyeglass purchases and may receive a 15% discount off conventional contact lenses once the funded benefit has been used.

Member may receive a 15% discount off the retail price or may receive 5% off any promotional price of Lasik or photorefractive keratectomy (PRK) laser vision correction procedures. Lasik or PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Please note that since Lasik and PRK vision correction are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your immediate location, so members should first call **844-608-2020** for the nearest facility and to receive authorization for the discount.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that may apply to out-of-network services.

Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

2026

Prescription Drug

Summary of Benefits

Humana Group Medicare Advantage Plan
Rx 256

Iron Workers District Council of SO OH & Vicinity Benefit Trust

Humana[®]

This page is left intentionally blank.



Let's talk about the **Humana Group Medicare Advantage Rx Plan.**

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage."



Deductible

Pharmacy (Part D) deductible

This plan does not have a deductible.



Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total out-of-pocket drug costs reach **\$2,100**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	\$7 copay	\$7 copay
2 (Preferred Brand)	\$25 copay	\$25 copay
3 (Non-Preferred Drug)	\$40 copay	\$40 copay
4 (Specialty Tier)	\$40 copay	\$40 copay
90-day supply		
1 (Generic or Preferred Generic)	\$14 copay	\$14 copay
2 (Preferred Brand)	\$50 copay	\$50 copay
3 (Non-Preferred Drug)	\$80 copay	\$80 copay
4 (Specialty Tier)	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit www.humana.com/SearchResources, locate Prescription Drug section, select www.humana.com/MedicareDrugList link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for **GRP12**.

Important Message About What You Pay for Vaccines – This plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Humana Group Medicare Customer Care for more information.

Important Message About What You Pay for Insulin – You won't pay more than **\$35** for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it's on. Note: Not all tiers may include insulin. Please refer to your Prescription Drug Guide to confirm insulin coverage.

ADDITIONAL DRUG COVERAGE

Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Erectile Dysfunction, Vitamins/Minerals drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage.

Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

Catastrophic Coverage

After your total out-of-pocket costs reach **\$2,100**, you pay **\$0** for plan-covered Part D and plan-covered excluded drugs.

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجاناً. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլնտրանսլային ծևառափի ծառայություններ: Չանգահարեք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותי אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**.

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at <https://www.humana.com/legal/multi-language-support>.

GHHNOA2025HUM_0425

日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。877-320-1235 (TTY: 711) までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្លូវការភាសា ជំនួយ និង សេវាកម្មជាគម្រោងមេដ្ឋានជំនួយអាជារណានៅ ទូរសព្ទទៅលេខ 877-320-1235 (TTY: 711)។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.

877-320-1235 (TTY: 711) 번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ອົບປະກອນລ່ວມເຫັນ 110 ລະຫວ່າງລົດກົ່ນໃຫ້ໄວ້ຝັດ. ລົບ 877-320-1235 (TTY: 711).

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjí' bee adahoodooniígíí diné bich'í' anídahazt'i'i, dóó lahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'i dahólq. Kohjí' hodíilnih 877-320-1235 (TTY: 711).

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer 877-320-1235 (TTY: 711).

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue 877-320-1235 (TTY: 711).

ਪੰਜਾਬੀ [Punjabi]: ਮੁੜਤ ਭਾਸ਼ਾ, ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। 877-320-1235 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру 877-320-1235 (TTY: 711).

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al 877-320-1235 (TTY: 711).

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyon pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa 877-320-1235 (TTY: 711).

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. 877-320-1235 (TTY: 711) ஜி அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్రాయ ఫార్మేట్ సేవలు అందుబాటులో గలవు. 877-320-1235 (TTY: 711) కి కాల్ చేయండి.

اردو [Urdu]: مفت زبان، معلوم امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال (877-320-1235 (TTY: 711))

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi 877-320-1235 (TTY: 711).

አማርኛ [Amharic]: አንድ: አገዛ ማቅረብ እና አማርኛ ቁጥር ፩፭፻፭ የለችው አገልግሎቶችም ይገኛል:: ፩ 877-320-1235 (TTY: 711) ላይ ይደምላ::

Bāsəɔ̄́ [Bassa]: Wuqu-xwíñíñ-mú-zà-zà kùà, Hwòdò-fíñó-ñyó, kè nyó-boññ-po-kà bě bé nyuee se wíqdí pèè-péè dò kò. 877-320-1235 (TTY: 711) dá.

Bekee [Igbo]: Asusụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọ 877-320-1235 (TTY: 711).

Òyìnbó [Yoruba]: Àwọn isé àtìlèhìn ìrànlówó èdè, àti ọnà kíkà míràn wà lárówótó. Pe 877-320-1235 (TTY: 711).

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । 877-320-1235 (TTY: 711) मा कल गर्नुहोस् ।



Find out **more**



You can see this plan's pharmacy directory at
<https://www.Humana.com/finder/pharmacy/> or call us at the number listed at the beginning of this booklet and we will send you one.



You can see this plan's drug formulary at **www.Humana.com/medicaredruglist** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

Humana[®]

Humana.com

RX256EN26



Get to know your coverage with your Prescription Drug Guide

Your Humana Medicare Advantage plan includes prescription coverage—and plenty of support. One way we help you make the most of your plan is with your Prescription Drug Guide, also called a formulary or drug list. It's the robust list of prescription drugs or medications that your plan covers. That way, you can confirm coverage for the medication you need.



Complete list of generic and brand-name drugs covered in your plan.



Created and regularly updated by doctors and pharmacists.



Can be printed from, viewed on and downloaded to your phone, tablet or computer.*



Available in multiple languages.

View your plan's Prescription Drug Guide

Visit Humana.com/pharmacy/medicare-drug-list or scan the QR code with your phone or tablet's camera.

- Scroll to “Required Fields”; from the “Select plan type” menu, choose “Group Medicare”; then “Select plan year” and then select the “Find Drug Guide” button.
- Scroll and locate PDG **GRP 12** within the drug list.

*Standard data rates may apply.

Scan this QR code

Scan this QR code with your mobile device to view your plan's prescription drug guide.

Have questions?

If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

Humana®

Y0040_GHHM9VXEN_26_GRP 12_C
PDGFLY

Prescription drug coverage for commonly prescribed medications

Learn more about your prescription drug coverage for commonly prescribed medications

The commonly prescribed medication list is a guide to medications in select therapeutic categories. You and your provider can use this list to determine if there are lower cost or covered alternatives available for a medication you are currently taking.



Partial list of common generic and brand-name medications in select therapeutic categories that are covered by your plan.



Can be printed from, viewed on and/or downloaded to your phone, tablet or computer.*

This is not a complete list. For a complete medication listing, please review “Get to know your coverage with your Prescription Drug Guide”.

To view a list of commonly prescribed medications, scan the QR code with your phone or tablet’s camera, or by visiting Humana.com/CPML26800.



If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

*Standard data rates may apply.

Humana[®]