

2018

# Summary of Benefits

Humana Medicare Employer HMO Plan

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**HMO 076/509**

City of Newport News

**Humana®**

Our service area includes the following: **Alabama:** Baldwin, Bibb, Clarke, Colbert, Escambia, Etowah, Fayette, Jefferson, Lauderdale, Lawrence, Limestone, Madison, Mobile, Shelby, Tuscaloosa, Walker; **Arizona:** La Paz, Maricopa, Mohave, Pima, the following zip codes in Pinal: 85117, 85118, 85119, 85120, 85140, 85142, 85143, 85178, 85217, 85218, 85219, 85220, 85240, 85243, 85278, Yavapai; **Arkansas:** Baxter, Benton, Boone, Carroll, Cleburne, Conway, Craighead, Crawford, Faulkner, Franklin, Fulton, Garland, Hempstead, Howard, Independence, IZard, Jefferson, Johnson, Little River, Lonoke, Madison, Marion, Miller, Perry, Pope, Pulaski, Randolph, Saline, Searcy, Sebastian, Sevier, Sharp, Van Buren, Washington; **California:** Contra Costa, Fresno, Kings, Los Angeles, Madera, Orange, Riverside, San Bernardino, San Diego, San Joaquin, the following zip codes in Santa Barbara: 93013, 93014, 93067, 93101, 93102, 93103, 93105, 93106, 93107, 93108, 93109, 93110, 93111, 93116, 93117, 93118, 93120, 93121, 93130, 93140, 93150, 93160, 93190, Stanislaus, Tulare, Ventura; **Colorado:** Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Fremont, Jefferson, Larimer, Pueblo, Teller, Weld; **Delaware:** Kent, New Castle, Sussex; **Florida:** Alachua, Baker, Bay, Broward, Charlotte, Citrus, Clay, Collier, Columbia, Duval, Escambia, Flagler, Glades, Hardee, Hernando, Highlands, Hillsborough, Lee, Manatee, Martin, Miami-Dade, Nassau, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Volusia, Walton; **Georgia:** Barrow, Bibb, Burke, Chattahoochee, Cherokee, Clarke, Clayton, Columbia, Coweta, Crawford, DeKalb, Elbert, Fayette, Forsyth, Fulton, Greene, Gwinnett, Harris, Henry, Houston, Jones, Madison, Marion, McDuffie, Meriwether, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Peach, Pickens, Putnam, Richmond, Rockdale, Stewart, Talbot, Twiggs, Webster; **Hawaii:** Honolulu, Kauai, Maui; **Iowa:** Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Cedar, Cerro, Gordo, Cherokee, Clay, Clinton, Dallas, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Grundy, Hamilton, Hardin, Henry; **Idaho:** Ada, Bonner, Canyon, Kootenai, Payette; **Illinois:** Boone, Cook, DuPage, Kane, Kendall, Knox, Lake, Livingston, Logan, Madison, Marshall, McHenry, McLean, Peoria, Sangamon, St. Clair, Stark, Stephenson, Tazewell, Will, Winnebago, Woodford; **Indiana:** Adams, Allen, Boone, Clark, De Kalb, Delaware, Elkhart, Floyd, Gibson, Hamilton, Hancock, Hendricks, Howard, Huntington, Johnson, Kosciusko, La Porte, Lake, Madison, Marion, Marshall, Monroe, Montgomery, Morgan, Noble, Posey, St. Joseph, Tippecanoe, Vanderburgh, Warrick, Wells, Whitley; **Iowa:** Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Montgomery, Muscatine, O'Brien, Osceola, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Wapello, Warren, Washington, Webster, Winnebago, Winneshiek, Woodbury, Worth; **Kansas:** Butler, Douglas, Harvey, Jefferson, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, Sumner, Wyandotte; **Kentucky:** Boone, Bourbon, Bullitt, Campbell, Clark, Fayette, Grant, Hardin, Henderson, Jefferson, Jessamine, Kenton, Madison, Montgomery, Oldham, Pendleton, Scott, Woodford; **Louisiana:** Acadia, Ascension, Assumption, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, East Baton Rouge, East Carroll, East Feliciana, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Lafayette, Lafourche, Lincoln, Livingston, Madison, Morehouse, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Richland, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana; **Maine:** Androscoggin, Cumberland, Kennebec, Knox, Oxford, Penobscot, Sagadahoc, Waldo, York; **Michigan:** Ingham, Kent, Macomb, Muskegon, Oakland, Washtenaw, Wayne; **Mississippi:** Attala, Copiah, Covington, DeSoto, Forrest, Hancock, Harrison, Hinds, Jackson, Jones, Lamar, Madison, Marion, Pearl River, Perry, Rankin; **Missouri:** Barry, Cass, Cedar, Christian, Clay, Dade, Dallas, Douglas, Franklin, Greene, Hickory, Howell, Jackson, Jasper, Jefferson, Johnson, Laclede, Lafayette, Lawrence, McDonald, Newton, Ozark, Platte, Polk, Pulaski, Ray, St. Charles, St. Clair, St. Francois, St. Louis, St. Louis City, Stone, Taney,

Warren, Washington, Webster, Wright; **Montana:** Big Horn, Broadwater, Carbon, Cascade, Chouteau, Custer, Deer Lodge, Fergus, Flathead, Golden Valley, Jefferson, Lake, Lewis and Clark, Lincoln, Mineral, Missoula, Musselshell, Pondera, Powell, Ravalli, Rosebud, Sanders, Silver Bow, Stillwater, Sweet Grass, Teton, Treasure, Wheatland, Yellowstone; **Nebraska:** Cass, Dakota, Dodge, Douglas, Lancaster, Sarpy, Saunders, Washington; **Nevada:** Clark, the following zip codes in Nye: 89041, 89048, 89060, 89061; **New York:** Albany, Bronx, Kings, Nassau; **New Hampshire:** Carroll, Hillsborough, Merrimack, Rockingham; **New Mexico:** Bernalillo, San Miguel, Sandoval, Santa Fe, Tarrant, Valencia; **New York:** Oneida, Onondaga, Oswego, Queens, Rensselaer, Richmond, Saratoga, Schenectady, the following zip codes in Suffolk: 11702, 11703, 11704, 11706, 11707, 11708, 11716, 11717, 11718, 11721, 11722, 11724, 11725, 11729, 11730, 11731, 11735, 11739, 11740, 11743, 11745, 11746, 11747, 11749, 11750, 11751, 11752, 11760, 11768, 11769, 11775, 11782, 11788, 11795, 11796, 11798, Warren, Washington; **North Carolina:** Alamance, Anson, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Davidson, Davie, Forsyth, Gaston, Guilford, Haywood, Henderson, Iredell, McDowell, Mecklenburg, Person, Randolph, Rockingham, Rowan, Rutherford, Stanly, Stokes, Transylvania, Yadkin; **Ohio:** Allen, Butler, Carroll, Clark, Clermont, Cuyahoga, Delaware, Erie, Fairfield, Franklin, Geauga, Greene, Hamilton, Lake, Licking, Lorain, Lucas, Mahoning, Medina, Miami, Montgomery, Ottawa, Portage, Preble, Sandusky, Seneca, Stark, Summit, Trumbull, Warren, Wayne, Wood; **Oklahoma:** Canadian, Cleveland, Logan, Oklahoma, Okmulgee, Pottawatomie, Tulsa; **Oregon:** Clackamas, Deschutes, Jefferson, Multnomah, Washington; **Pennsylvania:** Berks, Bucks, Chester, Cumberland, Dauphin, Delaware, Lackawanna, Lancaster, Lawrence, Lehigh, Luzerne, Mercer, Montgomery, Northampton, Perry, Philadelphia, Wyoming; **Puerto Rico:** Island Wide; **South Carolina:** Berkeley, Charleston, Cherokee, Colleton, Dorchester, Greenville, Pickens, Richland, Spartanburg, York; **South Dakota:** Lincoln, Minnehaha, Union; **Tennessee:** Anderson, Bedford, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Davidson, DeKalb, Dickson, Fayette, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Madison, Marion, McMinn, Monroe, Morgan, Putnam, Rhea, Roane, Rutherford, Scott, Sequatchie, Sevier, Shelby, Sullivan, Sumner, Tipton, Unicoi, Union, Warren, Washington, White, Williamson, Wilson; **Texas:** Aransas, Atascosa, Bandera, Bee, Bexar, Bowie, Cass, Collin, Comal, Dallas, Delta, Denton, El Paso, Ellis, Fannin, Fort Bend, Gregg, Guadalupe, Harris, Harrison, Hays, Jefferson, Jim Wells, Johnson, Kendall, Kleberg, Medina, Montgomery, Nueces, Red River, Rockwall, Rusk, San Patricio, Smith, Tarrant, Titus, Travis, Upshur, Williamson, Wilson, Wise; **Utah:** Davis, Salt Lake, Utah, Weber; **Virginia:** Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Appomattox, Arlington, Augusta, Bath, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Caroline, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Falls Church City, Fauquier, Floyd, Franklin, Franklin City, Fredericksburg City, Giles, Gloucester, Goochland, Grayson, Greenville, Halifax, Hampton City, Hanover, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Russell, Salem City, Scott, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Washington, Waynesboro City, Westmoreland, Williamsburg City, Wise, Wythe, York; **Washington:** Clark, King, Kitsap, Pierce, Snohomish, Spokane, Thurston; **Wisconsin:** Brown, Calumet, Door, Fond du Lac, Green Lake, Kenosha,

Kewaunee, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Washington, Waukesha, Waupaca, Waushara, Winnebago

The employer, union or trust determines where they are going to offer the plan.



# Let's talk about **Humana Medicare Employer HMO,**

Find out more about the Humana Medicare Employer HMO 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, ask us for the "Evidence of Coverage" or you will receive one after you enroll.

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## **To be eligible**

To join Humana Medicare Employer HMO, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

## **Plan name:**

Humana Medicare Employer HMO

## **How to reach us:**

Non-Union members should call toll-free **1-866-396-8810** for questions **(TTY/TDD 711)**.

Union 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 Medicare Employer HMO has a network of doctors, hospitals, and other providers. If you use a provider that is not in our network, neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).



## **A healthy partnership**

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

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Para obtener información adicional, llame a Servicio al cliente al número de teléfono que aparece anteriormente.



## Monthly Premium, Deductible and Limits

### IN-NETWORK

#### PLAN COSTS

**Monthly premium**

You must keep paying your Medicare Part B premium.

For information concerning the actual premiums you will pay, please contact Humana, your employer/union group, or your employer group benefits plan administrator.

**Medical deductible**

This plan does not have a deductible.

**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, Counseling Services ; Fitness Program ; Health Education Services ; Meal Benefit ; Nursing Hotline ; Smoking Cessation (Additional) ; Web/Phone Based Technologies and the Plan Premium.

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



## Covered Medical and Hospital Benefits

### IN-NETWORK

#### ACUTE INPATIENT HOSPITAL CARE

Our 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

#### OUTPATIENT HOSPITAL COVERAGE

Outpatient hospital visits **\$0** copay

Ambulatory surgical center **\$0** copay

#### DOCTOR OFFICE VISITS

**Primary care provider (PCP)** **\$0** copay

**Specialists** **\$0** copay

**Note: This information applies to Alabama, Florida, Georgia, Louisiana, Mississippi, Puerto Rico, South Carolina, and Tennessee residents only** – Your primary care physician (PCP) determines what specialists to refer patients to or you may self refer to any network specialist for certain covered services. No referral is necessary in the case of emergency, urgently needed care, or out-of-area kidney dialysis. Please see your Evidence of Coverage for a complete list of services requiring prior authorization.



# Covered Medical and Hospital Benefits

## IN-NETWORK

### PREVENTIVE CARE

Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings. Covered at no cost when you see an in-network provider. Any additional preventive services approved by Medicare during the contract year will be covered.

**Covered at no cost** when you see an in-network provider.

### EMERGENCY CARE

#### Emergency room

**\$0** 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.

**\$0** copay

### DIAGNOSTIC SERVICES, LABS AND IMAGING

#### Diagnostic radiology

**\$0** copay

#### Lab services

**\$0** copay

#### Diagnostic tests and procedures

**\$0** copay

#### Outpatient X-rays

**\$0** copay

#### Radiation Therapy

**\$0** copay

### HEARING SERVICES

#### Medicare covered hearing

**\$0** copay

#### Routine hearing

\$2000 maximum benefit coverage amount every 36 months for Hearing Aids (all types).

### DENTAL SERVICES

#### Medicare covered dental

**\$0** copay

### VISION SERVICES

#### Medicare covered vision services

**\$0** copay

#### Diabetic eye exam

**\$0** copay

#### Eyewear (post-cataract)

**\$0** copay

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# Covered Medical and Hospital Benefits

## IN-NETWORK

### MENTAL HEALTH SERVICES

**Inpatient** \$0 per admit

The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. 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

**Outpatient group and individual therapy visits** Outpatient therapy visit:  
\$0 copay

### SKILLED NURSING FACILITY

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

No 3-day hospital stay is required.

Plan pays \$0 after 100 days

### PHYSICAL THERAPY

\$0 copay

### AMBULANCE

\$0 copay

### TRANSPORTATION

Not covered

### PART B PRESCRIPTION DRUGS

\$0 copay or 0% of the cost

### ALLERGY

**Allergy Shots & Serum** \$0 copay

### CHIROPRACTIC SERVICES

**Medicare covered chiropractic visit(s)** \$0 copay

### DIABETES MANAGEMENT TRAINING

\$0 copay

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# Covered Medical and Hospital Benefits

## IN-NETWORK

### FOOT CARE (PODIATRY)

Medicare covered foot care      **\$0** copay

### HOME HEALTH CARE

**\$0** copay

### MEDICAL EQUIPMENT/SUPPLIES

Durable medical equipment (like wheelchairs or oxygen)      **0%** of the cost

Medical Supplies      **0%** of the cost

Prosthetics (artificial limbs or braces)      **0%** of the cost

Diabetes monitoring supplies      **\$0** copay

### OUTPATIENT SUBSTANCE ABUSE

Outpatient group and individual substance abuse treatment visits      Outpatient substance abuse treatment visit:  
**\$0** copay

### REHABILITATION SERVICES

Occupational and speech therapy      **\$0** copay

Cardiac rehabilitation      **\$0** copay

Pulmonary rehabilitation      **\$0** copay

### RENAL DIALYSIS

Renal dialysis      **\$0** copay

Kidney disease education services      **\$0** copay

### FITNESS AND WELLNESS

SilverSneakers® Fitness Program - Basic fitness center membership including fitness classes.

### HOSPICE

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

**Note: This information applies to Alabama, Florida, Georgia, Louisiana, Mississippi, Puerto Rico, South Carolina, and Tennessee residents only** – Your primary care physician (PCP) determines what specialists to refer patients to or you may self refer to any network specialist for certain covered services. No referral is necessary in the case of emergency, urgently needed care, or out-of-area kidney dialysis. Please see your Evidence of Coverage for a complete list of services requiring prior authorization.

## Discrimination is Against the Law

**Humana Inc. and its subsidiaries** comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Humana Inc. and its subsidiaries** provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-1235 or if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances  
P.O. Box 14618  
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

**1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

# Multi-Language Interpreter Services

**English: ATTENTION:** If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-396-8810 **(TTY: 711)**.

**Español (Spanish): ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-396-8810 **(TTY: 711)**.

**繁體中文 (Chinese): 注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-396-8810 **(TTY: 711)**。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-396-8810 **(TTY: 711)**.

**한국어 (Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-396-8810 **(TTY: 711)** 번으로 전화해 주십시오.

**Tagalog (Tagalog – Filipino): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-396-8810 **(TTY: 711)**.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-396-8810 **(телетайп: 711)**.

**Kreyòl Ayisyen (French Creole): ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-396-8810 **(TTY: 711)**.

**Français (French): ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-396-8810 **(ATS : 711)**.

**Polski (Polish): UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-396-8810 **(TTY: 711)**.

**Português (Portuguese): ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-396-8810 **(TTY: 711)**.

**Italiano (Italian): ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-396-8810 **(TTY: 711)**.

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-396-8810 **(TTY: 711)**.

**日本語 (Japanese): 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-396-8810 **(TTY : 711)** まで、お電話にてご連絡ください。

**فارسی (Farsi):**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با  
1-866-396-8810 **(TTY: 711)** تماس بگیرید.

**Diné Bizaad (Navajo): Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-866-396-8810 **(TTY: 711)**.

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم  
1-866-396-8810 **(رقم هاتف الصم والبكم: 711)**.



## Find out **more**

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You can see our plan's provider directory at our website 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 organization with a Medicare contract. You must continue to pay your Medicare Part B premiums. This is an advertisement. The benefit information provided is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each year.

If you want to compare our 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.

**Humana**<sup>®</sup>

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(Pending CMS Approval) HMO 076/509