

2017 Benefits at a Glance

HumanaChoice® H6609-083 (PPO) Columbus, OH

Plan Costs	In-Network	Out-of-Network
Monthly plan premium	\$67	
Medical deductible		\$1,500 combined
Annual out-of-pocket maximum	\$6,700	\$10,000 combined
Doctor Office Visits		
Primary care physician (PCP)	\$15 copay	30% of the cost
Specialist	\$45 copay	30% of the cost
Preventive Care		
Including: Medicare covered screenings	Covered at no cost when you see an in-network provider	
Inpatient Care		
Acute inpatient hospital care	\$360 copay per day for days 1-5 \$0 copay per day for days 6-90	30% of cost
Emergency Services		
Ground ambulance services	\$265 copay	\$265 copay
Emergency room	\$75 copay	\$75 copay
Urgently needed services	\$35 copay	30% of the cost
Outpatient Care		
Outpatient surgery at ambulatory surgical center	\$330 copay	30% of the cost
Physical therapy at therapy facility	\$15 copay	30% of the cost
X-rays at outpatient hospital facility	\$105 copay	30% of the cost
Diagnostic testing at outpatient hospital facility	\$105 copay	30% of the cost
Lab Services		
Lab tests from lab facility	\$0 copay	30% of the cost
Lab tests from outpatient hospital facility	\$95 copay	30% of the cost
Prescription Drugs		
Pharmacy deductible	\$175 only applies to Tier 3, Tier 4, Tier 5	
Preferred retail 30-day supply Tier 1/ Tier 2/ Tier 3/ Tier 4/ Tier 5	\$7 copay/\$17 copay/\$47 copay/\$100 copay/29% of the cost	
Preferred mail order 90-day supply Tier 1/ Tier 2/ Tier 3/ Tier 4	\$0 copay/\$0 copay/\$131 copay/\$290 copay	

Continued:

Additional Benefits & Programs

Go365™ by Humana	Rewards for completing preventive health screenings/activities
Web/Phone based technology	Included - please refer to the Summary of Benefits for additional details
Routine dental services	Included - please refer to the Summary of Benefits for additional details
Routine vision services	Included - please refer to the Summary of Benefits for additional details
SilverSneakers® fitness program	Included
Over-the-counter (OTC) drug & supply allowance	\$0 copay; up to \$30 every 3 months
WellDine meal program	Included
HumanaFirst 24-hour nurse line	Included

***All services received from in network providers are excluded from the combined deductible. Services not covered by Original Medicare, Ambulance services, Emergency room services, Urgently Needed Services at Urgent Care Centers, Immunizations (Flu & Pneumonia) received from out-of network providers are also excluded from the combined deductible.

If you have questions and are a Humana member, please contact Customer Care at **1-800-457-4708** (TTY: **711**). If you are not currently a Humana member, please contact a licensed Humana agent at **1-844-775-9622** (TTY: **711**), 8 a.m. - 8 p.m. seven days a week from Oct. 1, 2016 - Feb. 14, 2017 and Monday through Friday the rest of the year.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost-share may change on January 1 of each year. You must continue to pay your Medicare Part B premium. This information is available for free in other languages. If you are a Humana member, contact Customer Care at 1-800-457-4708 (TTY: 711). If you are not currently a Humana member, please contact a licensed Humana sales agent at 1-844-775-9622 (TTY: 711), 8 a.m. - 8 p.m. seven days a week from Oct. 1, 2016 - Feb. 14, 2017 and Monday through Friday the rest of the year. Esta información está disponible gratuitamente en otros idiomas. Si usted está afiliado a Humana, comuníquese con el Departamento de atención al cliente al teléfono **1-800-457-4708** (TTY: **711**). Si no está afiliado a Humana, comuníquese con un agente de ventas certificado de Humana al teléfono **1-844-775-9622** (TTY: **711**), de 8 a.m. a 8 p.m., los siete días de la semana del 1 de octubre de 2016 al 14 de febrero de 2017, y de lunes a viernes el resto del año.

Out-of-network/non-contracted providers are under no obligation to treat Humana members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Discrimination is Against the Law

Humana, Inc. and its subsidiaries ("Humana") comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-457-4708 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-457-4708 (TTY: 711).

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繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言
援助服務。請致電 1-800-457-4708 (TTY: 711)。



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