

2017 Benefits at a Glance

Humana Gold Plus[®] H6622-013 (HMO) Columbus, OH

Plan Costs	In-Network
Monthly plan premium	\$0
Annual out-of-pocket maximum	\$6,700
Doctor Office Visits	
Primary care physician (PCP)	\$7 copay
Specialist	\$45 copay
Preventive Care	
Including: Medicare covered screenings	Covered at no cost when you see an in-network provider
Inpatient Care	
Acute inpatient hospital care	\$395 copay per day for days 1-4 \$0 copay per day for days 5-90
Emergency Services	
Ground ambulance services	\$265 copay
Emergency room	\$75 copay
Urgently needed services	\$35 copay
Outpatient Care	
Outpatient surgery at ambulatory surgical center	\$365 copay
Physical therapy at therapy facility	\$10 copay
X-rays at outpatient hospital facility	\$105 copay
Diagnostic testing at outpatient hospital facility	\$105 copay
Lab Services	
Lab tests from lab facility	\$0 copay
Lab tests from outpatient hospital facility	\$95 copay
Prescription Drugs	
Pharmacy deductible	\$200 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
Routine hearing 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
HumanaFirst 24-hour nurse line	Included

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 HMO 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.

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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).

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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