

2013

Summary of Benefits Extra Services and Programs

Humana Gold Plus[®]
H1036-119 (HMO)



Humana[®]

2013

Summary of Benefits

Humana Gold Plus[®]

H1036-119 (HMO)

Tampa

Tampa Metro Area

Humana[®]

Section I - Introduction to Summary of Benefits

Thank you for your interest in Humana Gold Plus H1036-119 (HMO). Our plan is offered by HUMANA MEDICAL PLAN, INC., a Medicare Advantage Health Maintenance Organization (HMO) that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Humana Gold Plus H1036-119 (HMO) and ask for the "Evidence of Coverage".

You Have Choices In Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Humana Gold Plus H1036-119 (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Humana Gold Plus H1036-119 (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare Humana Gold Plus H1036-119 (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

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

Where Is Humana Gold Plus H1036-119 (HMO) Available?

The service area for this plan includes: Hernando, Hillsborough, Manatee, Pasco, Pinellas Counties, FL. You must live in one of these areas to join the plan.

Who Is Eligible To Join Humana Gold Plus H1036-119 (HMO)?

You can join Humana Gold Plus H1036-119 (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in Humana Gold Plus H1036-119 (HMO) unless they are members of our organization and have been since their dialysis began.

Can I Choose My Doctors?

Humana Gold Plus H1036-119 (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at www.humana.com/members/tools. Our customer service number is listed at the end of this introduction.

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

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

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

Humana Gold Plus H1036-119 (HMO) does cover Medicare Part B prescription drugs. Humana Gold Plus H1036-119 (HMO) does NOT cover Medicare Part D prescription drugs.

Section I (continued)

What Are My Protections In This Plan?

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

As a member of Humana Gold Plus H1036-119 (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

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

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Humana Gold Plus H1036-119 (HMO) for more details.

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

Where Can I Find Information On Plan Ratings?

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

Please call Humana Medical Plan, Inc. for more information about Humana Gold Plus H1036-119 (HMO).

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

Customer Service Hours for October 1 - February 14: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
8:00 a.m. - 8:00 p.m. Local

Customer Service Hours for February 15 - September 30: Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. -
8:00 p.m. Local

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

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

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

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

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web. This document may be available in other formats such as Braille, large print or other alternate formats.

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

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

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

Section II - Summary of Benefits

IMPORTANT INFORMATION

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
<p>① Premium and Other Important Information</p>	<ul style="list-style-type: none"> In 2012 the monthly Part B Premium was \$99.90 and may change for 2013 and the annual Part B deductible amount was \$140 and may change for 2013. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. 	<p>General</p> <ul style="list-style-type: none"> \$0 monthly plan premium in addition to your monthly Medicare Part B premium. Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. Humana Medical Plan, Inc. will reduce your monthly Medicare Part B premium by up to \$99.90. <p>In-Network</p> <ul style="list-style-type: none"> \$6,700 out-of-pocket limit for Medicare-covered services. <p>See page 18 for additional information about Premium and Other Important Information</p>
<p>② Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<ul style="list-style-type: none"> You may go to any doctor, specialist or hospital that accepts Medicare. 	<p>In-Network</p> <ul style="list-style-type: none"> You must go to network doctors, specialists, and hospitals. Referral required for network specialists (for certain benefits). <p>See page 18 for additional information about Doctor and Hospital Choice</p>

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

INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
<p>③ Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<ul style="list-style-type: none"> In 2012 the amounts for each benefit period were: <ul style="list-style-type: none"> Days 1 - 60: \$1,156 deductible Days 61 - 90: \$289 per day Days 91 - 150: \$578 per lifetime reserve day These amounts may change for 2013. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: <ul style="list-style-type: none"> Days 1 - 5: \$125 copayment per day Days 6 - 90: \$0 copayment per day \$0 copayment for each additional hospital day. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. <p>See page 19 for additional information about Inpatient Hospital Care</p>
<p>④ Inpatient Mental Health Care</p>	<ul style="list-style-type: none"> In 2012 the amounts for each benefit period were: <ul style="list-style-type: none"> Days 1 - 60: \$1,156 deductible Days 61 - 90: \$289 per day Days 91 - 150: \$578 per lifetime reserve day These amounts may change for 2013. You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. For Medicare-covered hospital stays: <ul style="list-style-type: none"> Days 1 - 5: \$125 copayment per day Days 6 - 90: \$0 copayment per day Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. <p>See page 19 for additional information about Inpatient Mental Health Care</p>

(Inpatient Care - Continued on next page)

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

INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
5 Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	<ul style="list-style-type: none"> In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay were: <ul style="list-style-type: none"> Days 1 - 20: \$0 per day Days 21 - 100: \$144.50 per day These amounts may change for 2013. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> Plan covers up to 100 days each benefit period No prior hospital stay is required. For SNF stays: <ul style="list-style-type: none"> Days 1 - 7: \$0 copayment per day Days 8 - 100: \$50 copayment per day <p>See page 19 for additional information about Skilled Nursing Facility (SNF)</p>
6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<ul style="list-style-type: none"> \$0 copayment. 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> \$0 copayment for Medicare-covered home health visits
7 Hospice	<ul style="list-style-type: none"> You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice. 	<p>General</p> <ul style="list-style-type: none"> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.

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

OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
8 Doctor Office Visits	<ul style="list-style-type: none"> 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> \$0 copayment for each Medicare-covered primary care doctor visit. \$25 copayment for each Medicare-covered specialist visit. <p>See page 19 for additional information about Doctor Office Visits</p>
9 Chiropractic Services	<ul style="list-style-type: none"> Supplemental routine care not covered 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. 	<p>In-Network</p> <ul style="list-style-type: none"> \$20 copayment for each Medicare-covered chiropractic visit Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor.
10 Podiatry Services	<ul style="list-style-type: none"> Supplemental routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. 	<p>In-Network</p> <ul style="list-style-type: none"> \$25 copayment for each Medicare-covered podiatry visit Medicare-covered podiatry visits are for medically-necessary foot care.
11 Outpatient Mental Health Care	<ul style="list-style-type: none"> 35% coinsurance for most outpatient mental health services Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copayment cannot exceed the Part A inpatient hospital deductible. "Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization. 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> \$25 copayment for each Medicare-covered individual therapy visit \$25 copayment for each Medicare-covered group therapy visit \$25 copayment for each Medicare-covered individual therapy visit with a psychiatrist \$25 copayment for each Medicare-covered group therapy visit with a psychiatrist \$25 copayment for Medicare-covered partial hospitalization program services <p>See page 19 for additional information about Outpatient Mental Health Care</p>
12 Outpatient Substance Abuse Care	<ul style="list-style-type: none"> 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> Authorization rules may apply. <p>In-Network</p>

(Outpatient Care - Continued on next page)

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

OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
		<ul style="list-style-type: none"> • \$125 copayment for Medicare-covered individual substance abuse outpatient treatment visits • \$125 copayment for Medicare-covered group substance abuse outpatient treatment visits <p>See page 19 for additional information about Outpatient Substance Abuse Care</p>
13 Outpatient Services	<ul style="list-style-type: none"> • 20% coinsurance for the doctor's services • Specified copayment for outpatient hospital facility services. Copayment cannot exceed the Part A inpatient hospital deductible. • 20% coinsurance for ambulatory surgical center facility services 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$100 copayment for each Medicare-covered ambulatory surgical center visit • \$125 copayment [or 20% of the cost] for each Medicare-covered outpatient hospital facility visit <p>See page 19 for additional information about Outpatient Services</p>
14 Ambulance Services (medically necessary ambulance services)	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$150 copayment for Medicare-covered ambulance benefits.
15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> • 20% coinsurance for the doctor's services • Specified copayment for outpatient hospital facility emergency services. • Emergency services copayment cannot exceed Part A inpatient hospital deductible for each service provided by the hospital. • You don't have to pay the emergency room copayment if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit. • Not covered outside the U.S. except under limited circumstances. 	<p>General</p> <ul style="list-style-type: none"> • \$65 copayment for Medicare-covered emergency room visits • Worldwide coverage. • If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.

(Outpatient Care - Continued on next page)

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

OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<ul style="list-style-type: none"> • 20% coinsurance, or a set copayment • NOT covered outside the U.S. except under limited circumstances. 	General <ul style="list-style-type: none"> • \$0 to \$25 copayment for Medicare-covered urgently-needed-care visits See page 20 for additional information about Urgently Needed Care
17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<ul style="list-style-type: none"> • 20% coinsurance 	General <ul style="list-style-type: none"> • Authorization rules may apply. In-Network <ul style="list-style-type: none"> • \$125 copayment for Medicare-covered Occupational Therapy visits • \$125 copayment for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits See page 20 for additional information about Outpatient Rehabilitation Services

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

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 0% to 20% of the cost for Medicare-covered durable medical equipment • You may pay less if you purchase these items from the plan's preferred manufacturers/vendors. Contact the plan for a list of non-preferred and preferred manufacturers/vendors. <p>See page 20 for additional information about Durable Medical Equipment</p>
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	<ul style="list-style-type: none"> • 20% coinsurance 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered prosthetic devices
20 Diabetes Programs and Supplies	<ul style="list-style-type: none"> • 20% coinsurance for diabetes self-management training • 20% coinsurance for diabetes supplies • 20% coinsurance for diabetic therapeutic shoes or inserts 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 copayment for Medicare-covered Diabetes self-management training • \$0 copayment for Medicare-covered: <ul style="list-style-type: none"> – Therapeutic shoes or inserts • 0% to 20% of the cost for Medicare-covered Diabetes monitoring supplies <p>See page 20 for additional information about Diabetes Programs and Supplies</p>

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

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

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<ul style="list-style-type: none"> • 20% coinsurance for diagnostic tests and x-rays • \$0 copayment for Medicare-covered lab services • Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$0 to \$125 copayment for Medicare-covered lab services • \$0 to \$125 copayment for Medicare-covered diagnostic procedures and tests • \$0 to \$125 copayment for Medicare-covered X-rays • \$100 to \$125 copayment for Medicare-covered diagnostic radiology services (not including X-rays) • \$0 to \$25 copayment [or 20% of the cost] for Medicare-covered therapeutic radiology services • If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$0 to \$25 may apply <p>See page 20 for additional information about Diagnostic Tests, X-rays, Lab Services and Radiology Services</p>
22 Cardiac and Pulmonary Rehabilitation Services	<ul style="list-style-type: none"> • 20% coinsurance for Cardiac Rehabilitation services • 20% coinsurance for Pulmonary Rehabilitation services • 20% coinsurance for Intensive Cardiac Rehabilitation services • This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments. 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • \$25 to \$125 copayment for Medicare-covered Cardiac Rehabilitation Services • \$25 to \$125 copayment for Medicare-covered Intensive Cardiac Rehabilitation Services • \$25 to \$125 copayment for Medicare-covered Pulmonary Rehabilitation Services <p>See page 21 for additional information about Cardiac and Pulmonary Rehabilitation Services</p>

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

PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
23 Preventive Services, Wellness/Education and other Supplemental Benefit Programs	<ul style="list-style-type: none"> No coinsurance, copayment or deductible for the following: <ul style="list-style-type: none"> Abdominal Aortic Aneurysm Screening Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. Cardiovascular Screening Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. Colorectal Cancer Screening Diabetes Screening Influenza Vaccine Hepatitis B Vaccine for people with Medicare who are at risk HIV Screening. \$0 copayment for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease Personalized Prevention Plan Services (Annual Wellness Visits) 	<p>General</p> <ul style="list-style-type: none"> \$0 copayment for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. <p>In-Network</p> <ul style="list-style-type: none"> \$0 copayment for an annual physical exam The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> Health Education Additional Smoking and Tobacco Use Cessation Visits Health Club Membership/Fitness Classes Nursing Hotline <p>See page 21 for additional information about Preventive Services, Wellness/Education, and other Supplemental Benefit Programs</p>

(Preventive Services - Continued on next page)

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

PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
	<ul style="list-style-type: none"> – Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. – Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. – Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. – Screening and behavioral counseling interventions in primary care to reduce alcohol misuse – Screening for depression in adults – Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs – Intensive behavioral counseling for Cardiovascular Disease (bi-annual) – Intensive behavioral therapy for obesity – Welcome to Medicare Preventive Visits (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visits or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	

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

OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
24 Kidney Disease and Conditions	<ul style="list-style-type: none"> • 20% coinsurance for renal dialysis • 20% coinsurance for kidney disease education services 	<p>General</p> <ul style="list-style-type: none"> • Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> • 0% to 20% of the cost for Medicare-covered renal dialysis • \$0 copayment for Medicare-covered kidney disease education services <p>See page 22 for additional information about Kidney Disease and Conditions</p>
25 Outpatient Prescription Drugs	<ul style="list-style-type: none"> • Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. 	<p>Drugs covered under Medicare Part B</p> <p>General</p> <ul style="list-style-type: none"> • Most drugs not covered. • 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs. <p>Drugs covered under Medicare Part D</p> <p>General</p> <ul style="list-style-type: none"> • This plan does not offer prescription drug coverage. <p>See page 22 for additional information about Outpatient Prescription Drugs</p>

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

ADDITIONAL SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
26 Dental Services	<ul style="list-style-type: none"> Preventive dental services (such as cleaning) not covered. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 copayment for the following preventive dental benefits: <ul style="list-style-type: none"> up to 1 oral exam(s) every year up to 1 cleaning(s) every year up to 2 dental x-ray(s) every year \$25 copayment for Medicare-covered dental benefits Plan offers additional comprehensive dental benefits. <p>See page 22 for additional information about Dental Services</p>
27 Hearing Services	<ul style="list-style-type: none"> Supplemental routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 copayment for up to 2 hearing aid(s) every year \$25 copayment for Medicare-covered diagnostic hearing exams \$0 copayment for up to 1 supplemental routine hearing exam(s) every year \$0 copayment for up to 1 hearing aid fitting-evaluation(s) every year \$1,000 plan coverage limit for hearing aids every year. <p>See page 22 for additional information about Hearing Services</p>
28 Vision Services	<ul style="list-style-type: none"> 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Supplemental routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk. 	<p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 copayment for <ul style="list-style-type: none"> one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery up to 1 pair(s) of glasses every year up to 1 pair(s) of contacts every year \$0 to \$25 copayment for Medicare-covered exams to diagnose and treat diseases and conditions of the eye. \$0 copayment for up to 1 supplemental routine eye exam(s) every year \$50 plan coverage limit for eye wear every year. <p>See page 22 for additional information about Vision Services</p>

(Additional Services - Continued on next page)

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

ADDITIONAL SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Plus H1036-119 (HMO)
Over-the-Counter Items	<ul style="list-style-type: none">• Not covered.	General <ul style="list-style-type: none">• Please visit our plan website to see our list of covered Over-the-Counter items.• OTC items may be purchased only for the enrollee.• Please contact the plan for specific instructions for using this benefit. See page 23 for additional information about Over-the-Counter items
Transportation (Routine)	<ul style="list-style-type: none">• Not covered.	In-Network <ul style="list-style-type: none">• \$0 copayment for up to 20 one-way trip(s) to plan-approved location every year See page 23 for additional information about Transportation (Routine)
Acupuncture	<ul style="list-style-type: none">• Not covered.	In-Network <ul style="list-style-type: none">• This plan does not cover Acupuncture.

SECTION III - ABOUT YOUR PLAN

Humana Gold Plus H1036-119 (HMO)

This section further explains some of the benefits of your plan. To get a complete list of benefits, limitations, and exclusions, call Humana Gold Plus H1036-119 (HMO) and ask for the **"Evidence of Coverage."**

HOW TO USE YOUR PLAN

① Premium and Other Important Information

Medicare Part B premium waiver

You pay a **\$0.00** monthly premium and Humana Medical Plan, Inc. pays part of your Medicare Part B monthly premium, up to **\$99.90** per month. This means that while you're enrolled in this plan, the U.S. Social Security Administration will increase the amount of your monthly Social Security check by **\$99.90**. You don't have to complete any paperwork to receive this benefit; Humana Medical Plan, Inc. takes care of it for you. You might not see the increase in your Social Security check for several months after the effective date of your plan. However, once the Social Security Administration completes the processing, your next check will include the increases for any missed months.

IMPORTANT:

If you disenroll from this plan, some delays may occur. Your monthly Social Security check might include the additional **\$99.90** for several months after your disenrollment. Once the processing is completed, the U.S. Social Security Administration will deduct the full amount for the retroactive monthly Part B payments from your next Social Security check.

Maximum out-of-pocket limit

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

- Routine hearing services
- Routine vision services
- Routine dental services
- Routine transportation
- Over-the-counter drugs and supplies

If you qualify for Medicaid coverage through your state, be sure to show your Medicaid ID card in addition to your Humana Gold Plus H1036-119 (HMO) membership card to make your provider aware that you may have additional coverage.

② Doctor and Hospital Choice

Humana Gold Plus H1036-119 (HMO) has formed a network of doctors, specialists, and hospitals. You can only use providers who are part of our network for non-emergent care. The providers in our network can change at any time.

Choosing a doctor

As a member of Humana Gold Plus H1036-119 (HMO), you must select an in-network doctor to act as your primary care doctor. By selecting a primary care doctor from the network, you'll have someone who can focus on your needs and coordinate your care with other in-network providers when needed. This allows you to keep your out-of-pocket costs low and your medical expenses predictable.

Authorization Requirements

Your provider will need an authorization from Humana Gold Plus H1036-119 (HMO) before you receive certain services, except in an emergency or when care is urgently needed. The authorization process helps members receive appropriate and necessary Medicare-covered care and treatment. Providers in our network are aware of this process and will request the authorization. Without the authorization, your plan might not cover the services and you may have to pay the full cost.

INPATIENT CARE

- ③ Inpatient Hospital Care
- ④ Inpatient Mental Health Care
- ⑤ Skilled Nursing Facility (SNF)

Inpatient hospital, inpatient mental health care, and skilled nursing facility admissions require prior authorization from Humana Gold Plus H1036-119 (HMO) except for emergencies or urgently needed care.

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

When admitted to a skilled nursing facility, you're covered for skilled care as defined by Original Medicare guidelines. No prior hospital stay is required. Your plan doesn't cover custodial care. Humana Gold Plus H1036-119 (HMO) follows Original Medicare guidelines in determining authorization for skilled nursing facility services.

OUTPATIENT CARE

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

⑧ Doctor Office Visits

You pay:

- \$0 copayment at your primary care doctor's office
- \$25 copayment at a specialist's office

⑪ Outpatient Mental Health Care

⑫ Outpatient Substance Abuse Care

You pay:

- \$25 copayment at a specialist's office
- \$25 copayment at a hospital facility for partial hospitalization
- \$125 copayment at a hospital facility as an outpatient.

⑬ Outpatient Services

Outpatient services included in this category are lab services, radiation therapy, chemotherapy drugs, occupational therapy, physical therapy, speech therapy, advanced imaging services (MRI, MRA, PET, CT Scan), nuclear medicine, basic radiology, diagnostic mammography, surgery services, and renal dialysis services.

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

- 20% of the cost for radiation therapy
- 20% of the cost for renal dialysis
- 20% of the cost for chemotherapy drugs
- \$125 copayment for all other services in this benefit category

16 Urgently Needed Care

For each Medicare-covered urgently needed care visit, you pay:

- \$0 copayment at your primary care doctor's office
- \$25 copayment at a specialist's office
- \$25 copayment at an immediate care facility

Remember to carry your Humana Gold Plus H1036-119 (HMO) ID card with you and show it to each provider before receiving services. If your Humana Gold Plus H1036-119 (HMO) plan ID card isn't available because of an emergency situation, you're still covered.

Out-of-area care - In most cases, if you're outside the Humana Gold Plus H1036-119 (HMO) service area and need medical care before returning, you should call your primary care doctor before using an out-of-network provider. If this isn't possible, contact your primary care doctor within 48 hours so your doctor can be involved in planning your follow-up care.

17 Outpatient Rehabilitation Services

For outpatient rehabilitation services, you pay:

- \$25 copayment at a specialist's office for all therapy and rehabilitation services
- \$25 copayment at a comprehensive outpatient rehabilitation facility for occupational, physical and speech therapy services
- \$125 copayment at a hospital facility as an outpatient for occupational, physical and speech therapy services

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

18 Durable Medical Equipment

You pay **20%** of the cost for Medicare-covered power-operated vehicles (electric wheelchairs, customized wheelchairs, and scooters), liquid oxygen systems, voice boxes, bone growth stimulators, wearable cardioverter defibrillators, high-frequency chest wall oscillation devices, and insulin pumps. You pay **0%** of the cost for all other durable medical equipment received in-network.

20 Diabetes Programs and Supplies

For preferred diabetic monitoring supplies, you pay:

- 0% of the cost at Humana's mail order service
- 0% of the cost at a pharmacy
- 20% of the cost at a durable medical equipment provider

For non-preferred diabetic monitoring supplies, you pay:

- 0% of the cost at Humana's mail order service
- 20% of the cost at a pharmacy
- 20% of the cost at a durable medical equipment provider

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

For lab services, you pay:

- \$0 copayment at your primary care doctor's office
- \$25 copayment at a specialist's office
- \$0 copayment at a freestanding lab
- \$125 copayment at a hospital facility as an outpatient
- \$25 copayment at an immediate care facility

For diagnostic procedures and tests, you pay:

- \$0 copayment at your primary care doctor's office
- \$25 copayment at a specialist's office
- \$125 copayment at a hospital facility as an outpatient
- \$25 copayment at an immediate care facility

For X-rays and diagnostic radiology services, you pay:

- \$0 copayment at your primary care doctor's office
- \$25 copayment at a specialist's office
- \$0 copayment at a freestanding radiological facility
- \$125 copayment at a hospital facility as an outpatient
- \$25 copayment at an immediate care facility

For advanced imaging (MRI, MRA, PET, or CT Scan) services, you pay:

- \$125 copayment at your primary care doctor's office
- \$125 copayment at a specialist's office - in addition to the office visit copayment
- \$100 copayment at a freestanding radiological facility
- \$125 copayment at a hospital facility as an outpatient

For nuclear medicine services, you pay:

- \$100 copayment at a freestanding radiological facility
- \$125 copayment at a hospital facility as an outpatient

For therapeutic radiology services (Radiation Therapy), you pay:

- \$25 copayment at a specialist's office
- \$0 copayment at a freestanding radiological facility
- 20% of the cost at a hospital facility as an outpatient

You pay \$0 copayment for an EKG screening at all places of treatment.

22 Cardiac and Pulmonary Rehabilitation Services

For cardiac rehabilitation services, you pay:

- \$25 copayment at a specialist's office
- \$125 copayment at a hospital facility as an outpatient

For pulmonary rehabilitation services, you pay:

- \$25 copayment at a specialist's office
- \$125 copayment at a hospital facility as an outpatient

PREVENTIVE SERVICES

23 Preventive Services, Wellness/Education, and other Supplemental Benefit Programs

QuitNet® Stop-Smoking Program

Give up the tobacco habit for good! This program is offered at no extra cost to most Humana Medicare members. There's print, web, and phone support, plus nicotine replacement therapy, like patches and gum. To find out more, visit www.quitnet.com/humana or call **1-888-572-4074** (TTY: **711**), Monday through Friday, 8 a.m. to midnight, and Saturday, 8 a.m. to 9 p.m. Eastern time.

Humana Active Outlook®

Humana Active Outlook is a lifestyle enrichment program with great features like HAO Magazine, Classes and Seminar services, Individual Health Coaching, and other health and wellness educational materials.

For more information, call **1-800-781-4233**, Monday - Friday, 8 a.m. - 8 p.m., Eastern time (TTY **711**)

HumanaFirst® 24 Hour Nurse Advice Line

As a Humana member, you have access to health information, guidance, and support. Whether you have an immediate health concern or questions about a particular medical condition, call HumanaFirst for expert advice and guidance - at no additional cost to you. Just call **1-800-622-9529** (TTY: **711**) to talk with a nurse.

SilverSneakers® Fitness Program

The SilverSneakers Fitness Program is a health and physical activity program. In addition to a basic membership at participating locations, you can participate in low-impact SilverSneakers classes, have access to a specially trained Senior Advisor, and use any participating SilverSneakers fitness center in the country at no additional cost. If you're

an eligible member who lives 15 miles or more from a participating SilverSneakers fitness center, you can participate in SilverSneakers Steps, a pedometer-measured walking program.

Well Dine Inpatient Meal Program

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

OTHER SERVICES

(24) Kidney Disease and Conditions

You pay:

- **0%** of the cost at a dialysis center
- **20%** of the cost at a hospital facility as an outpatient

You pay:

- **\$0** copayment for kidney disease education services at your physician's office.

(25) Outpatient Prescription Drugs

Drugs covered under Medicare Part B

For Medicare-covered Part B drugs, including chemotherapy drugs, you receive at an in-network doctor's office, you pay **20%** of the cost.

ADDITIONAL SERVICES

(26) Dental Services

You pay:

\$25 copayment at a specialist's office - Medicare-covered benefits only

\$0 copayment for oral evaluation, one per year

\$0 copayment for prophylaxis (cleaning), one per year

\$0 copayment for bitewing X-rays, two series per year

\$0 copayment for amalgam or composite filling, one per year

These dental services are equivalent to a yearly value of **\$1,240**.

To receive the in-network benefit, you must visit a CAREINGTON provider.

(27) Hearing Services

You pay **\$25** copayment for a Medicare-covered diagnostic hearing exam once per year.

Mandatory Supplemental Benefit includes:

- **\$0** copayment for routine hearing exam, one per year
- **\$0** copayment for hearing aid fitting-evaluation, one per year
- **\$500** maximum benefit coverage amount for approved hearing aids, one per ear per year

(28) Vision Services

You pay **\$25** copayment for Medicare-covered vision services.

Benefit includes:

- **\$0** copayment for annual eye exam
- **\$0** copayment for annual glaucoma and refractive error screening
- **\$0** copayment for one pair of standard eyeglasses or contact lenses after cataract surgery

- **\$50** annual eyewear benefit for select eyeglasses or contact lenses and fittings from the network optical provider

Over-the-Counter Items

Health and Wellness Products

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

Transportation (Routine)

You pay **\$0** for 20 one-way non-emergency trips each year to plan-approved locations.

2013

Value-Added Services

Humana Gold Plus[®]

H1036-119 (HMO)

Tampa

Tampa Metro Area

Humana[®]

H1036119VAS13 0910

Value Added Services for Humana

Humana has deals that let you get items and services for less. The following pages tell you how you can save. To get some of the discounts, you may need to show your Humana ID card or the discount card from this booklet.

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

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

Jenny Craig Discount

With Jenny Craig, what you see is what you get. That's a commitment to healthy, happy success. Jenny is here for you – every inch of the way.

Jenny's program can help you manage your weight by:

- Creating a healthy relationship with food
- Building a fun, active lifestyle
- Developing a balanced approach to living

Jenny Craig offers personal support and a healthy lifestyle plan that's been proven to work. Jenny's nutritionists work with food scientists to create more than 80 delicious Jenny's Cuisine menu items. That means there's no counting calories, weighing food, or measuring portions.

Losing weight doesn't have to be a struggle. Jenny makes it fun. You can either go to a Jenny Craig center in person, or use Jenny Craig At Home any time you want!

The Perks!

Humana Medicare members can get:

- FREE 30-day Program*
- **25 percent** off Premium Program*

Go to www.jennycraig.com/corporatechannel/humanamedicare.aspx to receive your special offer coupon. Then call **1-877-Jenny70 (1-877-536-6970)** to find your closest Jenny Craig center or to find out more about Jenny Craig At Home.

*Plus the cost of food. Plus the cost of shipping, if applicable. Offer applies to initial membership fee only and is good at participating centers in the United States, Canada, and Puerto Rico and through Jenny Craig At Home. Each offer is a separate offer and can be used once per person. Restrictions apply.

Meal Delivery

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

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

How it works

Go online or call the contact information listed below to order your meals. ILS offers five different packages, each containing a different frozen entrée and side items. The packages cost \$25 each for five meals, including delivery to your home. You have a choice of several diet options:

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

Contact information

For information, visit the ILS website at www.ilsmeals.com. You can order your meals online or call **1-800-460-7176**, Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. If you use a TTY, call **711**, seven days a week, 8 a.m. to 8 p.m.

Eastern time. Our voice mail system takes your call on Saturdays, Sundays, and some holidays. Just leave a message and tell us why you're calling. We'll call back by the end of the next business day. Please have your Humana ID card when you call.

Safety Equipment

Safety equipment includes the things you use around the house to make daily tasks safer and easier. Humana members can buy safety equipment at a **35 percent** discount. There's a delivery fee of \$20.

Your coverage includes many helpful personal and household items like:

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

Contact information

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

Complementary and Alternative Medicine

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

Services include:

- **Acupuncture** - A trained professional uses very thin needles on different parts of the body. Needles are put just deep enough into the skin to keep them from falling out and are usually left in place for a few minutes. Acupuncture can be used to treat conditions such as pain, stomach problems, headaches, and more.
- **Massage** - A massage therapist uses hands and fingers to rub, press, and move your skin and muscles. A massage can relax and energize you and help heal muscles after an injury.
- **Chiropractic** - A chiropractor checks for problems in your spine and fixes them by using hands to adjust the spine, joints, and muscles.

How the discount works

You don't need a referral to visit a practitioner in the HWHN network. You may see HWHN providers as often as you like – but you should talk with your primary care doctor about any treatment you're thinking about getting. If you're already seeing CAM professionals who are not on the HWHN list, you can ask that they be added to the network.

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

Contact information

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

- Health & Wellness
- Savings Center, then select "Alternative Medicine"

- Scroll down to the middle part of the screen and there is a link - select “Find an alternative medicine provider”

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

Careington Dental Discount

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

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

How the discount works

Find a CAREINGTON dentist by calling **1-866-636-9248** or by visiting CAREINGTON online at www.careington.com. At the time of service, present your Humana ID card and you'll get the discount right away. The dental office will let you know if you need to pay right away or wait for a bill. If you need to see a specialist, you can get a **20 percent** discount off their normal fees.

Contact information

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

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

Nutrisystem® Discount

For over 40 years, Nutrisystem has been helping people lose weight in order to live healthier, happier lives. Featuring low calorie, low sodium foods that are high in fiber and protein to help keep you feeling full, Nutrisystem programs are the perfect choice for safe and effective weight loss.

Nutrisystem is based on the proven science of the Glycemic Index, which encourages foods containing “good carbs” to help keep your blood sugar levels stable and your appetite in check. As a result, you can continue to enjoy all of your favorite foods, including pizza, pasta, cookies—even chocolate!

Getting started is easy! Simply choose from over 130 delicious foods, either online or by phone. All of your delicious breakfast, lunch, dinners and snacks will be delivered directly to your door, ready to heat and eat. Nutrisystem entrees are perfectly-portioned so you’ll never have to count calories or points—and with six mealtimes throughout the day, you’ll help cut down on those cravings between meals. And with no center visits or embarrassing weigh-ins, you’ll have access to everything you need, including Nutrisystem phone counseling, right from the privacy of your own home.

How the discount works

As a Humana member, you also get a **12 percent** discount on all 28-day programs. This could mean up to \$45 off on the most expensive Nutrisystem program, plus other offers on the website – and on top of that, you'll also get free support from the online Nutrisystem community.

Contact information

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

Lifeline® Medical Alert Systems

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

How the discount works

Standard Lifeline Service

Set up fee

- Regular rate for set up: \$75
- Humana members' set up rate: **\$40**

The rate is \$75 to have someone come to your home and set up Lifeline Home Communicator for you.

Monthly fee

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

How this service works

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

If you need medical help, a push of a button signals the Lifeline monitoring center. One of our professionals will speak to you over our Home Communicator phone and send any help that may be needed, including family members, friends, neighbors, or emergency service providers who can quickly get to your home.

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

Contact information

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

Hearing Care Program – HEARx and HearUSA

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

How the discount works

- Free hearing test for the purpose of selecting and fitting hearing aids
- \$500 for each hearing aid
- Two years of free batteries with a purchase of hearing aids, up to 40 cells
- Two-year warranty on the hearing aids
- Other hearing items given to you during check-ups

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

Healthy Hearing Program

Other bonuses just for Humana members:

- Humana Battery Club: free hearing enhancement product with enrollment, special pricing for Humana members
- **10 percent** discount on e-hearing health products
- Lifetime in-house service warranty for Humana members
- Two-week check-up: free hearing enhancement product
- Hearing-aid checks at six months, one year, two years and three years: free hearing enhancement product
- You must be a Humana member during the three-year period to fully participate in the Healthy Hearing Program. Your hearing aids must have been purchased during the time period covered by the HearUSA agreement. To receive Healthy Hearing products and services, visit the authorized provider that originally sold you the hearing aids you have now. This program doesn't apply to hearing aids purchased before 2005.

Contact information

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

Vitality HealthyFood™

What is Vitality HealthyFood?

Vitality HealthyFood is a healthy food discount program brought to you by HumanaVitality®, that comes with some Humana Medicare plans. Humana is offering members a **5 percent** future discount on Great For You™ healthy food items only available at Walmart®. You'll get a discount on Great For You foods that are listed as healthy by the U.S. Food and Drug Administration (FDA), U.S. Department of Agriculture (USDA), Institute of Medicine (IOM) and Walmart. The Great For You logo on packages and in-store signs shows groceries that are eligible for the discount. The discount can be used on Great For You fruits, vegetables, lean meats, lean dairy, and oils.



How does it work?

Vitality HealthyFood gives you a discount card that works like a Walmart gift card. To ask for your card, call the Customer Care number on the back of your Humana ID card. You should get your rewards card in the mail within 10 business days.

After you get your Vitality HealthyFood card, go to your local Walmart and buy your groceries as usual. The first time you use your card, have the cashier scan it at checkout. Your future **5 percent** savings on Great For You items will be added to your card in about three business days.

The next time you go to Walmart, you can use your savings. Every time you shop, scan your Vitality HealthyFood card to use the savings that have been added to your card. Each time you buy Great For You healthy food items, more savings will be added to your card for you to use the next time you shop at Walmart. You can only earn the **5 percent** discount at Walmart locations, but you can use the savings on your card anywhere Walmart gift cards are accepted.

For more information, call the number on the back of your Humana ID card or visit **Humana.com**.

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Humana Medical Plan, Inc. is a Medicare Advantage organization with a Medicare contract.



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

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-457-4708. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-457-4708. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-457-4708。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-457-4708。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-457-4708. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-457-4708. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-457-4708 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-457-4708. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-457-4708 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-457-4708. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1 800 457 4708. سيقوم شخص ما يتحدث بمساعدتك. هذه خدمة مجانية العربية.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-457-4708. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-457-4708. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-457-4708. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-457-4708. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-457-4708 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-457-4708 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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