

2013

Summary of Benefits Extra Services and Programs

Humana Complete (PDP)
S5884-043



Humana®

2013

Summary of Benefits

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Humana®

Section I - Introduction to Summary of Benefits

Thank you for your interest in Humana Complete (PDP). Our plan is offered by HUMANA INSURANCE COMPANY, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Humana Complete (PDP) and ask for the "Evidence of Coverage".

You Have Choices In Your Medicare Prescription Drug Coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Humana Complete (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How Can I Compare My Options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Humana Complete (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where Is Humana Complete (PDP) Available?

The service area for this plan includes: Indiana, Kentucky. You must live in one of these areas to join this plan.

Who Is Eligible To Join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

Where Can I Get My Prescriptions?

Humana Complete (PDP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

Humana Complete (PDP) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copayment or coinsurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at http://www.humana.com/Medicare/medicare_prescription_drugs. Our customer service number is listed at the end of this introduction.

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

Humana Complete (PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies associated with the delivery of insulin that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Section I (continued)

What Is A Prescription Drug Formulary?

Humana Complete (PDP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What Should I Do If I Have Other Insurance In Addition To Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Humana Complete (PDP). Get this information before you decide to enroll in this plan.

How Can I Get Extra Help With My Prescription Drug Plan Costs Or Get Extra Help With Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

What Are My Protections In This Plan?

All Medicare Prescription Drug 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 the Medicare Prescription Drug Program. 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 Prescription 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 Complete (PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. 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.

Section I (continued)

What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Humana Complete (PDP) for more details.

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 Insurance Company for more information about Humana Complete (PDP).

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. Eastern

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

Current members should call toll-free **(800)-281-6918** .
(TTY/TDD 711)

Prospective members should call toll-free **(800)-706-0872** .
(TTY/TDD 711)

Current members should call locally **(800)-281-6918** .
(TTY/TDD 711)

Prospective members should call locally **(800)-706-0872** .
(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 Insurance Company for details.

Section II – Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
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><u>Drugs covered under Medicare Part D</u></p> <p><u>General</u></p> <ul style="list-style-type: none"> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp on the web. Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> have limited incomes, live in long term care facilities, or have access to Indian/Tribal/Urban (Indian Health Service) providers. \$113.80 monthly premium Most people will pay their Part D 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 D 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. The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). Total yearly drug costs are the total drug costs paid by both you and a Part D plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Humana Complete (PDP) for certain drugs. You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. The plan charges a minimum cost sharing amount for certain low-cost drugs. If you request a formulary exception for a drug and Humana Complete (PDP) approves the exception, you will pay Tier 3: Non-Preferred Brand cost sharing for that drug. <p><u>In-Network</u></p> <ul style="list-style-type: none"> \$0 deductible. <p><u>Initial Coverage</u></p>

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Section II – Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<ul style="list-style-type: none"> You pay the following until total yearly drug costs reach \$2,970: <u>Retail Pharmacy</u> <ul style="list-style-type: none"> <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> \$4 copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy \$12 copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy \$9 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy \$27 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. <u>Tier 2: Preferred Brand</u> <ul style="list-style-type: none"> \$37 copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy \$111 copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy \$42 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy \$126 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. <u>Tier 3: Non-Preferred Brand</u> <ul style="list-style-type: none"> \$70 copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy \$210 copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy \$75 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy \$225 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. <u>Tier 4: Specialty Tier</u> <ul style="list-style-type: none"> 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy <u>Long Term Care Pharmacy</u>

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Section II – Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$4 copayment for a one-month (31-day) supply of drugs in this tier • <u>Tier 2: Preferred Brand</u> <ul style="list-style-type: none"> – \$37 copayment for a one-month (31-day) supply of drugs in this tier • <u>Tier 3: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$70 copayment for a one-month (31-day) supply of drugs in this tier • <u>Tier 4: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (31-day) supply of drugs in this tier • Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed. <p>Mail Order</p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$0 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$0 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$4 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. – \$12 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 2: Preferred Brand</u> <ul style="list-style-type: none"> – \$37 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$101 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$37 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. – \$111 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 3: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$70 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$200 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$70 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.

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Section II – Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<ul style="list-style-type: none"> – \$210 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 4: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Coverage Gap</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2,970, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 47.5% for the plan's costs for brand drugs and 79% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,750. <p>Additional Coverage Gap</p> <ul style="list-style-type: none"> • The plan covers some formulary generics (10%-64% of formulary generic drugs), some formulary brands (10%-64% of formulary brand drugs) through the coverage gap. • The plan offers additional coverage in the gap for the following tiers. • You pay the following: <p>Retail Pharmacy</p> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$4 copayment for a one-month (30-day) supply of all drugs covered in this tier from a preferred pharmacy – \$12 copayment for a three-month (90-day) supply of all drugs covered in this tier from a preferred pharmacy – \$9 copayment for a one-month (30-day) supply of all drugs covered in this tier at a non-preferred pharmacy – \$27 copayment for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 2: Preferred Brand</u> <ul style="list-style-type: none"> – 50% coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a preferred pharmacy – 50% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a preferred pharmacy – 55% coinsurance for a one-month (30-day) supply of select drugs covered in this tier at a non-preferred pharmacy

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

Section II – Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<ul style="list-style-type: none"> – 55% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 3: Non-Preferred Brand</u> <ul style="list-style-type: none"> – 50% coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a preferred pharmacy – 50% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a preferred pharmacy – 55% coinsurance for a one-month (30-day) supply of select drugs covered in this tier at a non-preferred pharmacy – 55% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. <u>Long Term Care Pharmacy</u> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$4 copayment for a one-month (31-day) supply of all drugs in this tier • <u>Tier 2: Preferred Brand</u> <ul style="list-style-type: none"> – 50% coinsurance for a one-month (31-day) supply of select drugs in this tier • <u>Tier 3: Non-Preferred Brand</u> <ul style="list-style-type: none"> – 50% coinsurance for a one-month (31-day) supply of select drugs in this tier • Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed. <u>Mail Order</u> <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$0 copayment for a one-month (30-day) supply of all drugs covered in this tier from a preferred mail order pharmacy – \$0 copayment for a three-month (90-day) supply of all drugs covered in this tier from a preferred mail order pharmacy – \$4 copayment for a one-month (30-day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy – \$12 copayment for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 2: Preferred Brand</u> <ul style="list-style-type: none"> – 50% coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a preferred mail order pharmacy

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Section II – Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<ul style="list-style-type: none"> – 50% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy – 55% coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy – 55% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • <u>Tier 3: Non-Preferred Brand</u> <ul style="list-style-type: none"> – 50% coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a preferred mail order pharmacy – 50% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy – 55% coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy – 55% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy • Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. • Please contact the plan for a complete list of drugs covered through the gap. <u>Catastrophic Coverage</u> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,750, you pay the greater of: <ul style="list-style-type: none"> – 5% coinsurance, or – \$2.65 copayment for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs. <u>Out-of-Network</u> <ul style="list-style-type: none"> • Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Humana Complete (PDP). <u>Out-of-Network Initial Coverage</u> <ul style="list-style-type: none"> • You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,970: <ul style="list-style-type: none"> • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$9 copayment for a one-month (30-day) supply of drugs in this tier • <u>Tier 2: Preferred Brand</u> <ul style="list-style-type: none"> – \$42 copayment for a one-month (30-day) supply of drugs in this tier • <u>Tier 3: Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$75 copayment for a one-month (30-day) supply of drugs in this tier

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Section II – Summary of Benefits

BENEFIT	ORIGINAL MEDICARE	Humana Complete (PDP)
		<ul style="list-style-type: none"> • <u>Tier 4: Specialty Tier</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier • You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. <p><u>Out-of-Network Coverage Gap</u></p> <ul style="list-style-type: none"> • You will be reimbursed up to 21% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,750. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s). • You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,750. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s). <p><u>Additional Out-of-Network Coverage Gap</u></p> <ul style="list-style-type: none"> • The plan covers some formulary generics (10%-64% of formulary generic drugs), some formulary brands (10%-64% of formulary brand drugs) through the coverage gap. • You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following: • <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> – \$9 copayment for a one-month (30-day) supply of all drugs covered in this tier • <u>Tier 2: Preferred Brand</u> <ul style="list-style-type: none"> – 55% coinsurance for a one-month (30-day) supply of select drugs covered in this tier • <u>Tier 3: Non-Preferred Brand</u> <ul style="list-style-type: none"> – 55% coinsurance for a one-month (30-day) supply of select drugs covered in this tier • You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount. <p><u>Out-of-Network Catastrophic Coverage</u></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,750, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of: <ul style="list-style-type: none"> – 5% coinsurance, or – \$2.65 copayment for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs. • You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.

Section III – About Your Plan

This section further explains some of the benefits of our plan. To get a complete list of benefits, limitations, and exclusions, call Humana and ask for the “Evidence of Coverage.”

Humana Complete (PDP)

Enrollment Limitations

- Eligible individuals can enroll in only one Medicare Prescription Drug Plan (PDP) at a time.
- You can't enroll in a Medicare Advantage Plan HMO or PPO and a stand-alone PDP at the same time.
- You can enroll in a Private-Fee-For-Service (PFFS) plan and a stand alone PDP. However, you can't do so if the PFFS plan already has a prescription drug benefit attached.

Days' Supply Available

Unless otherwise specified, you can get your Part D medicine in the following days' supply amounts:

- One-month supply (up to 30 days)*
- Two-month supply (31 – 60 days)
- Three-month supply (61 – 90 days)

*Long Term Care Pharmacy (one month supply = 31 days)

Specialty Drugs

Regardless of tier placement, Specialty drugs are limited to a one-month supply.

Coverage Gap Cost Shares

- Humana Complete PDP provides coverage for all Tier 1 Preferred Generics in the gap. Your cost share for these Tier 1 medications will remain the same as during Initial Coverage.
- Humana Complete PDP will also cover select Brand medications in Tiers 2 and 3 in the gap. Your cost shares for these medications will increase when you are in the gap.
- Please refer to Section II of this Summary of Benefits for details.

Limit Out-of-Pocket Costs by using Preferred Pharmacies

- **Preferred Mail Order Pharmacy: \$0 Tier 1 Preferred Generics**

With Humana Complete Prescription Drug Plan, you pay nothing for Tier 1 medications when filled by Humana's preferred mail order pharmacy.

- **Preferred Retail Pharmacies**

Using preferred retail pharmacies will minimize your out-of-pocket costs. Humana has both preferred and non-preferred retail pharmacies in its network. If you get your prescription(s) filled at a non-preferred retail pharmacy, your cost-share (per 30-day supply) may increase.**

**Will not apply to low income subsidized beneficiaries.

If you are a member of a qualified State Pharmaceutical Assistance Program, please contact the program, to verify that the mail order pharmacy will coordinate with the program.

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2013

Value-Added Services

Humana Complete (PDP)

S5884-043

Humana®

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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**.

Health and Wellness Products

Members of some Humana plans may be able to get discounts on over-the-counter (OTC) health and wellness products from RightSourceRx.

The discounts are for a wide range of non-prescription products like:

- Vitamins and minerals
- Pain relievers
- Cold and allergy medicines
- Antacids
- Laxatives and anti-diarrhea products
- First-aid and medical supplies
- Women's health products
- And many more OTC health and wellness products

How the discount works

Simply call our Customer Care team at **1-855-211-8370**. Ask for an OTC health and wellness order form. Then fill it out and mail it to:

RightSourceRx
P.O. Box 1197
Cincinnati, OH 45201-1197

Contact information

To find out if you can get the discounts or to ask for an order form, call our Customer Care team at **1-855-211-8370**. 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 are calling. We'll call back by the end of the next business day. Please have your Humana ID card with you when you call.

HumanaDental Discount

You can save on dental care with HumanaDental. Just see a HumanaDental dentist or specialist. The discount will be taken off your bill.

How it works

Simply choose a HumanaDental dentist. Call to make an appointment. Cut out the HumanaDental discount card on the last page of this booklet. Show the dentist your Humana ID card and the dental discount card when you go in. The dentist will give you the discount. He or she will tell you if you pay then or should wait for a bill. You don't need to send a claim form to HumanaDental.

Contact information

To find a dentist or specialist near you, visit **HumanaDental.com**. Call HumanaDental at **1-800-898-0371**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time. If you use a TTY, call **1-800-325-2025**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time.

- The HumanaDental program does not take the place of any other dental coverage.
- If your dentist leaves the network, you'll need to find another dentist in the HumanaDental network. Not all types of dentists may be in your area.
- If you have questions or concerns about the care you got from a Humana dentist, call Customer Care at the number on your Humana ID card.
- If you already started dental work before joining Humana, you can't get the discount.
- Procedures not contracted with the dentist or contracted at the dentist's normal fee are not subject to a discount.

TruHearing's Discount Hearing Program

As a Humana member, you can get discounts and services from TruHearing, a national hearing aid provider. You can use the discounts and services when you buy your hearing aid. You must call TruHearing and make an appointment to get the discount. Please check with TruHearing for locations and available discounts in your area.

How the discount works

Save hundreds to thousands of dollars on hearing aids with TruHearing MemberPlus compared to national average retail. When you combine TruHearing MemberPlus with Humana hearing benefits, you save even more! Get the best savings – and find the lowest prices – on hearing aids through TruHearing MemberPlus.

TruHearing's members usually pay \$108 for these discounts. All Humana members pay nothing extra for these discounts.

Examples of savings per hearing aid (visit www.TruHearingMemberPlus.com/products for a full listing):

	National Avg. Retail	TruHearing MemberPlus	YOU SAVE:
ReSound Live 9 Wireless	\$2,800	\$1,395	\$1,405
Unitron Quantum Pro	\$3,500	\$2,195	\$1,305
Medallion Bridge 12+	\$1,999	\$995	\$1,004

Similar savings on more than 90 models in more than 420 styles.

TruHearing MemberPlus discount program features include:

- No enrollment fee for Humana members
- Save between \$600 to \$1,400 per hearing aid compared to national retail average
- Choose from five leading manufacturers; over 90 models and over 420 styles
- Access to more than 2,200 hearing providers nationwide, financing available OAC
- Only \$75 each year for a comprehensive hearing exam

Purchases through TruHearing MemberPlus include:

- Forty-five-day money back guarantee and supply of 48 batteries per aid
- Three visits to a hearing professional for fitting and adjustments
- Three-year manufacturers repair warranty
- Three-year manufacturers coverage for one-time loss and damage (replacement fee paid to the manufacturer)

Signing up for TruHearing MemberPlus is simple:

1. Visit www.TruHearingMemberPlus.com/enroll.
2. Enter group number MPHU-MANA to get your free membership.
3. Enter your information.
4. Call **1-877-379-4530** (TTY: **1-800-975-2674**) to make your appointment. All appointments must be made through TruHearing.

THIS IS NOT INSURANCE

TruHearing provides discounts through contracted health plans and enrolled employer groups for hearing aid sales and professional services at selected hearing care providers. Professional services for fitting, programming, and three adjustment visits are included in the price of the aids. The customer is obligated to pay for testing, and all other post-fitting hearing care services, but will receive a discount from those health care providers who have contracted with TruHearing. For Florida and Oklahoma residents: The Member may cancel membership within 30 days, and receive a full refund of fees. The Member must return hearing aids within 30 days of purchase to receive a full refund of the purchase price. In Florida, the DMPO does not make payments directly to providers. As with all Members nationwide, fitting fees, programming fees and first three adjustment visits are included in the price of the aids.

This discount cannot be used in addition to any Humana hearing benefit plan.

HearUSA's Discount Hearing Program

As a Humana member, you can get discounts and services from HearUSA, a national hearing aid provider. You can use the discounts and services when you buy your hearing aid. You must call HearUSA and make an appointment to get the discount. Please check with HearUSA for locations and available discounts in your area.

How the discount works

Call HearUSA toll-free at **1-800-442-8231** (TTY: **1-888-300-3277**), to make an appointment with the nearest provider. Your appointment must be made by HearUSA to make sure you get the discount.

- HearUSA has the only accredited hearing care network with more than 2,500 providers nationwide.
- Humana members get these benefits:
 - o All-digital hearing aids from several manufacturers
 - o Prices range from \$995 – \$2,500 per hearing aid (up to a **40 percent** savings)
 - o Free two-year supply of batteries (up to 96 cells)
 - o Comprehensive three-year warranty, including loss and damage*
 - o In-office service at no charge for the life of the hearing aids
 - o 60-day money-back guarantee
 - o No interest financing may be available
- A **20 percent** discount on accessories and assisted listening devices is also available. Just call **1-800-432-7872** or visit www.hearingshop.com. Please be sure to use checkout code “EARHUMANA.”

Contact information

To find out more about HearUSA, America's Most Trusted Name in Hearing Care, call HearUSA toll-free at **1-800-442-8231** (TTY: **1-888-300-3277**) Monday through Friday, 8:30 a.m. to 8:30 p.m. Eastern time.

*Loss and damage claims limited to one per hearing aid and a deductible applies.

This discount cannot be used in addition to any Humana hearing benefit plan.

Beltone

As a Humana member, you can join the Beltone/Humana Hearing Care Program. You must call the provider to make an appointment before you can get the discount.

How the discount works

Call Beltone to make an appointment.

Humana Hearing Care Discount Program – 2013 Summary

Retail price each	\$2,795	\$2,495	\$1,995	\$1,495	\$995
Products	True 17	True 9	True 6	True 3, Origin 3, Force	Origin 2, Turn
Channels	17	9	6	6	4
Features available	Feedback Eraser, Whistle Stop, Spatial Directionality, Band Split Directionality, 15-point Smart Beam Steering, Sound Cleaner Pro, 7-Environment Smart Gain Pro, 4 Programs, Speech Spotter Pro, Wireless Connectivity	Speech Spotter Pro, 6-point Adaptive Directionality, Sound Cleaner, Feedback Eraser, 4-Environment Smart Gain, 4 programs, Wireless connectivity	3-point Adaptive Directionality, Speech Pattern Detection, Feedback Eraser Basic, 3 Programs, Wireless connectivity	2 Programs, Wireless connectivity, Automatic feedback cancellation, auto-phone	2 Programs, Automatic feedback cancellation, Noise reduction, Multi-memory

- Up to **50 percent** off suggested retail pricing for specified technology levels
- BelCare™ patient satisfaction plan includes:
 - o Lifetime Care™ Program
 - o Two-year hearing loss change protection
 - o Authorized service at any U.S. Beltone location
 - o Patient Care toll-free phone line (**1-888-313-9512**)
- Free two-year supply of batteries (96 cells) with purchase (\$120 value)
- Free three-year manufacturer's warranty on all products
- Free three-year Loss, Stolen & Damage coverage included
- 45-day money-back guarantee
- Unlimited support for fitting and training on your hearing aids
- Exclusive Patient Financing Program available:
 - o Low fixed monthly payments with up to 60 months to pay
 - o No-interest promotions available
 - o Based on approved credit, some minimums apply
- Nationwide network of hearing care providers
- No annual membership fees

Contact information

To get more information, or for your nearest provider location, call Beltone at **1-888-313-9512**, Monday through Friday from 8 a.m. to 8 p.m., Eastern Time. If you use a TTY, call **711**. You can call seven days a week from 8 a.m. to 8 p.m. Our phone system may answer your call on Saturdays, Sundays, and some public holidays. Just leave a message and let us know why you are calling. We'll call back by the end of the next business day. Please have your Humana ID card with you when you call.

Prescription Medicine Discount

As a Humana member, you can get discounts on some medicines you get from the drug store. Use this discount for prescriptions Medicare won't pay for.

How the discount works

Show your Humana ID card at a participating pharmacy when you buy non-covered medicines. Dependent upon the medicine purchased, quantity limits may apply.

Contact Information

Most pharmacy chains will give you a discount. To find out if an independent pharmacy will give you a discount, call Customer Care at **1-800-281-6918**. 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.

Vision Discount Program

You can get this program through EyeMed Vision Care. Vision wellness is important to your overall health and well-being. With the vision discount program, it's easy to care for your eyes. You can also save on your eyewear needs. You have access to the extensive EyeMed network of 40,000 providers across the country. They are at about 20,000 locations. Some of them are companies that you know and trust. These include LensCrafters®, Pearle Vision®, Sears Optical, Target Optical, and JCPenney™ Optical. The program includes the following services:

- Exam with dilation (if necessary) – **\$5 off** routine exam; **\$10 off** contact lens exam.
- Frames – **40 percent off** retail price on most frames.
- Lenses – fixed prices for lenses and lens options.
- Contact Lens – **15 percent off** retail price for non-disposable contact lenses.
- Laser Vision Correction (Lasik or PRK)* – **15 percent off** retail price or **5 percent off** promotional price.

How the discount works

You can get a discount on services you get from providers in the EyeMed Select network. Find an EyeMed provider by visiting **Humana.com** > Find a doctor > on the right side under Provider Search click onto EyeMed Vision Care. You can also call EyeMed at **1-866-392-6056**. Once you choose a provider, call and set up your appointment. Make sure to tell them you have the EyeMed discount through Humana.

Clip out the EyeMed Vision discount card from the last page of this booklet. Show the card when you go to your appointment. The EyeMed provider will take care of the rest. You won't need to submit a claim. Since this is a discount offer, your ID, name, and address are not in EyeMed's files.

If you lose your discount card, just tell your provider you're a Humana member with the EyeMed discount.

Contact information

To choose a participating EyeMed Select provider, visit **Humana.com**. You can also call EyeMed's provider locator service at **1-866-392-6056**, Monday through Saturday, 7:30 a.m. to 11 p.m., and Sunday, 11 a.m. to 8 p.m. Eastern time. If you use a TTY, call **1-866-308-5375**, Monday through Friday, 8 a.m. to 5 p.m. Eastern time.

* LASIK or PRK vision correction is a procedure you choose to have done. It isn't needed for medical reasons. It is performed by specially trained providers. You may not always be able to get this discount from a provider near you. For a location near you and the discount authorization, please call **1-877-5LASER6 (1-877-552-7376)**, Monday through Friday, 8 a.m. to 8 p.m., and Saturday, 9 a.m. to 5 p.m. Eastern time. If you use a TTY, call **1-866-308-5375**, Monday through Friday, 8 a.m. to 5 p.m. Eastern time.

Lifeline® Medical Alert Systems

Every day, Lifeline® helps thousands of people live more independent, active lives at home. Lifeline offers a monthly rate of **\$35** for its standard medical alert service to all Humana members. You can also get **free** activation – a \$90.00 value.

How the discount works

Standard Lifeline Service

Set up fee

- Regular rate for set up: \$90
- Humana members' set up: **Free**

Monthly fee

- Regular rate: \$42.00
- Humana members: **\$35**

How this service works

The standard service includes the new Lifeline CarePartners Home Communicator model and Lifeline monitoring services by a trained, dedicated professional staff 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. They will 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.

Contact information

For details about the program, visit the Lifeline website at www.lifelinesys.com or call **1-800-594-8192**, 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**. If you live in Massachusetts and use a TTY, call **1-800-439-0183**, Monday through Friday, 7:30 a.m. to 10 p.m., and Saturday, 8 a.m. to 7 p.m. Eastern time.

Cut out this card and keep it in your wallet for handy reference.

<p>HumanaVision Medicare Discount Card</p> <p>Member Name: _____ Plan ID: 9243247</p> <p>Humana.</p>	<p>For more information, call EyeMed: 1-866-392-6056</p> <p>This discount program is not part of your Medicare Advantage plan coverage. Discounts are only available at participating providers.</p> <p>EyeMed VISION CARE®</p>
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Cut out this card and keep it in your wallet for handy reference.

<p>HumanaDental Access Discount Card</p> <p>Member Name: _____ Member ID: _____</p> <p>Humana.</p> <p>More information on other side of this card.</p>	<p>For more information, visit Humana-Medicare.com or call 1-800-898-0371. This discount program is not part of your Medicare Advantage plan coverage. Discounts are only available at participating providers. In addition to the HumanaDental network, the following networks are available in the respective states: DenteMax in District of Columbia, Connecticut, Maryland, Michigan, Massachusetts, New Jersey, New York, Pennsylvania & Virginia, MN Premier in Minnesota, Diversified in Nevada, ADP in Wisconsin</p>
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

A stand-alone prescription drug plan with a Medicare contract.

Humana®

[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 1-800-281-6918. 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 1-800-281-6918. 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 1-800-281-6918。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 1-800-281-6918。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-281-6918. 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 1-800-281-6918. 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 1-800-281-6918 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 1-800-281-6918. 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 1-800-281-6918 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 1-800-281-6918. 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 1 800 281 6918. 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 1-800-281-6918. 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 1-800-281-6918. 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 1-800-281-6918. 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 1-800-281-6918. 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 1-800-281-6918 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ございます。通訳をご用命になるには、1-800-281-6918 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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