

# Humana®

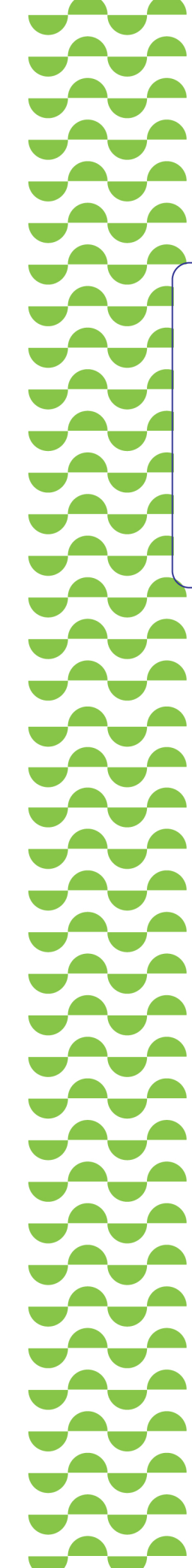
A more human way  
to healthcare™

Humana Group Medicare  
Humana Inc.  
P.O. Box 669  
Louisville, KY 40201-0669

## Important plan information

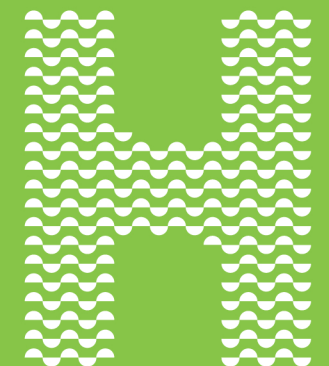
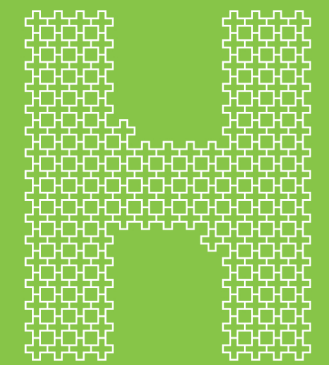
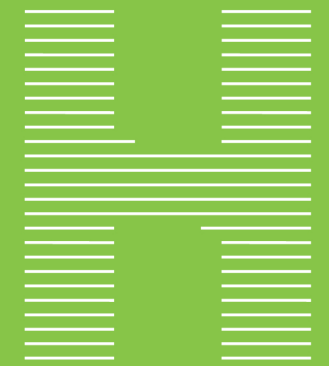


2022  
Humana  
Group  
Medicare



## Beyond healthcare

At Humana, we give you everything you expect from a healthcare plan, but that's just our starting point. We then find more ways to help, and more ways to support your health and your goals. That's human care, and it's just the way things ought to be.



West Virginia PEIA



Public Employees  
Insurance Agency

## What's inside

- Information Sessions Invite
- Renewal Letter
- Important Enrollment Information
- Medical Summary of Benefits, 079/110 and 079/111
- Rx Summary of Benefits, Rx 125 and Rx 126
- Medical Summary of Benefits, 079/283
- Rx Summary of Benefits, Rx 139
- Guidebook
- Go365<sup>®</sup> flyer
- Member to Provider flyer
- Telehealth flyer
- Vaccine
- Benefit Comparison
- In-Home Assessment flyer

## We're here for you!

Humana Group Medicare Customer Care

**1-800-783-4599 (TTY: 711)**

Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.



# Join us and learn what your Humana Group Medicare health plan benefits can do for you

## Sponsored by Humana and West Virginia PEIA

A Humana representative will be available to answer questions about the benefits and services available to Humana Group Medicare members and explain the enrollment process.

Join us in any of the informational meetings below by registering at the link of the desired meeting you wish to attend.

After you register, you may join a meeting by calling the dial-in number and entering the access code for the desired meeting below, or by clicking the link in the confirmation email you received upon registering.

All meetings are Eastern time.

## Join us virtually in October 2021

**Tues., Oct. 5 | 9 – 11 a.m.**

Link: [Huma.na/PEIA1](https://Huma.na/PEIA1)

Dial-in: 1-415-655-0052

Access code: 118-685-616

**Wed., Oct. 6 | 11 a.m. – 1 p.m.**

Link: [Huma.na/PEIA2](https://Huma.na/PEIA2)

Dial-in: 1-562-247-8422

Access code: 851-494-710

**Thurs., Oct. 7 | 1 – 3 p.m.**

Link: [Huma.na/PEIA3](https://Huma.na/PEIA3)

Dial-in: 1-562-247-8422

Access code: 500-156-928

**Tues., Oct. 12 | 3 – 5 p.m.**

Link: [Huma.na/PEIA4](https://Huma.na/PEIA4)

Dial-in: 1-631-992-3221

Access code: 781-221-984

**Tues., Oct. 19 | 9 – 11 a.m.**

Link: [Huma.na/PEIA5](https://Huma.na/PEIA5)

Dial-in: 1-914-614-3221

Access code: 398-955-674

**Wed., Oct. 20 | 11 a.m. – 1 p.m.**

Link: [Huma.na/PEIA6](https://Huma.na/PEIA6)

Dial-in: 1-213-929-4232

Access code: 934-706-451

**Thurs., Oct. 21 | 1 – 3 p.m.**

Link: [Huma.na/PEIA7](https://Huma.na/PEIA7)

Dial-in: 1-562-247-8422

Access code: 392-263-758

**Tues., Oct. 26 | 3 – 5 p.m.**

Link: [Huma.na/PEIA8](https://Huma.na/PEIA8)

Dial-in: 1-562-247-8422

Access code: 612-399-098



Please have your Enrollment Kit and Medicare ID card to reference.



You can RSVP by calling Humana Group Medicare Customer Care at **1-800-308-9964 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Humana is a Medicare Advantage HMO and PPO organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. For accommodation of persons with special needs, call **1-800-824-8242 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

## Important!

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call the number on your ID card or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you.

#### Call the number on your ID card (TTY: 711).

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### Language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé' níká'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

# Humana Group Medicare Advantage PPO plan

We're glad to have you as a member

Dear Humana Member,

Humana is here to support you on your healthcare journey and we're sending you information about what's included in your plan beginning in 2022.

## Renewing is easy

We'll take care of it for you. You do not need to take any action to keep the same Humana plan for 2022.

There are two plans being offered through Humana that you may choose from for 2022. The plans are the Humana/PEIA Plan 1 and Humana/PEIA Plan 2 options. Please review the Summary of Benefits for each plan carefully and decide which plan best suits your coverage needs.

## Know your benefits

- Look inside this packet for the Humana/PEIA Plan 1 and Humana/PEIA Plan 2 Summary of Benefits and details on how to use this plan.
- You can also access your plan and coverage information on MyHumana—your personal secure online member account. Visit **Humana.com** to register.

## Maintain your health with resources and support

- SilverSneakers® Fitness – Fun exercise classes and workout programs.
- Telehealth – See a doctor virtually when you need one, for non-emergency medical conditions.
- Member Information Page - <https://our.humana.com/wvpeia/>
  - Here you will find an electronic version of the PowerPoint for up coming seminars.
  - You will also be able to view 2022 Prescription Drug Guide, Evidence of Coverage, and additional Open Enrollment information once available.

Thank you for being a Humana member. We look forward to serving you again in 2022.

Sincerely,  
Group Medicare Operations

## We're here for you

**Humana Group Medicare Customer Care**  
**1-800-783-4599 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time  
**Humana.com**

2022

# Summary of Benefits

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**Humana Group Medicare Advantage PPO Plan  
PPO 079/110 and 079/111**

**West Virginia PEIA  
Humana/PEIA Plan 1**

**Humana®**

Our service area includes specific counties within the United States, Puerto Rico and all other major US Territories.





# Let's talk about the **Humana Group Medicare Advantage PPO Plan.**

Find out more about the Humana Group Medicare Advantage PPO plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

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## **To be eligible**

To join the Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call Group Medicare Customer Care.

## **Plan name:**

Humana Group Medicare Advantage PPO plan

## **How to reach us:**

Members should call toll-free **1-800-783-4599** for questions **(TTY/TDD 711)**

Call Monday – Friday, 8 a.m. - 9 p.m. Eastern Time.

Or visit our website: **Humana.com**



## **A healthy partnership**

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

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# Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
<b>PLAN COSTS</b>		
<b>Monthly premium</b> You must keep paying your Medicare Part B premium.	For information concerning the actual premiums you will pay, please contact your employer/union group.	
<b>Medical deductible</b>	<b>\$150</b> per year for some combined in- and out-of-network services	<b>\$150</b> per year for some combined in- and out-of-network services
<b>Maximum out-of-pocket responsibility</b> The most you pay for copays, coinsurance and other costs for medical services for the year.	<p><b>In-Network Maximum Out-of-Pocket</b>  <b>\$1,350</b> out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.</p>	<p><b>Combined In and Out-of-Network Maximum Out-of-Pocket</b>  <b>\$1,350</b> out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium do not apply to the combined maximum out-of-pocket.</p> <p>Out-of-Network Exclusions: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.</p> <p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.</p>

**Note:** some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ACUTE INPATIENT HOSPITAL CARE</b>		
Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	<b>\$100</b> per admit	<b>\$100</b> per admit
<b>OUTPATIENT HOSPITAL COVERAGE</b>		
<b>Outpatient hospital visits</b>	<b>\$0 to \$100</b> copay	<b>\$0 to \$100</b> copay
<b>Ambulatory surgical center</b>	<b>\$100</b> copay	<b>\$100</b> copay
<b>DOCTOR OFFICE VISITS</b>		
<b>Primary care provider (PCP)</b>	<b>\$20</b> copay	<b>\$20</b> copay
<b>Specialists</b>	<b>\$40</b> copay	<b>\$40</b> copay
<b>PREVENTIVE CARE</b>		
Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings. Any additional preventive services approved by Medicare during the contract year will be covered.	<b>Covered at no cost</b>	<b>Covered at no cost</b>
<b>EMERGENCY CARE</b>		
<b>Emergency room</b> If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	<b>\$50</b> copay for Medicare-covered emergency room visit(s)	<b>\$50</b> copay for Medicare-covered emergency room visit(s)
<b>Urgently needed services</b> Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	<b>\$0 to \$40</b> copay	<b>\$0 to \$40</b> copay

**Note:** some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>DIAGNOSTIC SERVICES, LABS AND IMAGING</b>		
<b>Diagnostic radiology</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Lab services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Diagnostic tests and procedures</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Outpatient X-rays</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Radiation therapy</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>HEARING SERVICES</b>		
<b>Medicare-covered hearing</b>	<b>\$40</b> copay	<b>\$40</b> copay
<b>DENTAL SERVICES</b>		
<b>Medicare-covered dental</b>	<b>\$40</b> copay	<b>\$40</b> copay
<b>VISION SERVICES</b>		
<b>Medicare-covered vision services</b>	<b>\$40</b> copay	<b>\$40</b> copay
<b>Medicare-covered diabetic eye exam</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered glaucoma screening</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered eyewear (post-cataract)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>MENTAL HEALTH SERVICES</b>		
<b>Inpatient</b> The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility	<b>\$100</b> per admit	<b>\$100</b> per admit
<b>Outpatient group and individual therapy visits</b>	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>SKILLED NURSING FACILITY</b>		
Our plan covers up to 100 days in a SNF.	<b>\$0</b> copay per day for days 1-100	<b>\$0</b> copay per day for days 1-100
No 3-day hospital stay is required. Plan pays \$0 after 100 days		
<b>PHYSICAL THERAPY</b>		
	<b>\$0</b> copay	<b>\$0</b> copay
<b>AMBULANCE</b>		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	<b>\$0</b> copay	<b>\$0</b> copay
<b>PART B PRESCRIPTION DRUGS</b>		
	<b>\$0</b> copay	<b>\$0</b> copay
<b>ACUPUNCTURE SERVICES</b>		
<b>Medicare-covered acupuncture</b> 20 combined In & Out-of-Network visit limit per plan year	<b>\$20</b> copay	<b>\$20</b> copay
Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.		
<b>ALLERGY</b>		
<b>Allergy shots &amp; serum</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>CHIROPRACTIC SERVICES</b>		
<b>Medicare-covered chiropractic visit(s)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Routine chiropractic visit(s)</b> 20 combined In & Out-of-Network visit limit per plan year	<b>\$20</b> copay	<b>\$20</b> copay
<b>COVID-19</b>		
<b>Testing and Treatment</b>	<b>\$0</b> copay for testing and treatment services for COVID-19	
<b>DIABETES MANAGEMENT TRAINING</b>		
	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** some services require prior authorization.





# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>FOOT CARE (PODIATRY)</b>		
Medicare-covered foot care	\$0 copay	\$0 copay
<b>HOME HEALTH CARE</b>		
	\$0 copay	\$0 copay
<b>MEDICAL EQUIPMENT/SUPPLIES</b>		
Durable medical equipment (like wheelchairs or oxygen)	0% of the cost	0% of the cost
Medical supplies	0% of the cost	0% of the cost
Prosthetics (artificial limbs or braces)	0% of the cost	0% of the cost
Diabetes monitoring supplies	0% of the cost	0% of the cost
<b>OUTPATIENT SUBSTANCE ABUSE</b>		
Outpatient group and individual substance abuse treatment visits	\$0 copay	\$0 copay
<b>REHABILITATION SERVICES</b>		
Occupational and speech therapy	\$0 copay	\$0 copay
Cardiac rehabilitation	\$0 copay	\$0 copay
Pulmonary rehabilitation	\$0 copay	\$0 copay
Massage therapy 20 combined In & Out-of-Network visit limit per plan year	\$0 copay	\$0 copay
<b>RENAL DIALYSIS</b>		
Renal dialysis	\$0 copay	\$0 copay
Kidney disease education services	\$0 copay	\$0 copay
<b>TELEHEALTH SERVICES (in addition to Original Medicare)</b>		
Primary care provider (PCP)	\$0 copay	Not Covered
Specialist	\$40 copay	Not Covered
Urgent care services	\$0 copay	Not Covered
Substance abuse or behavioral health services	\$0 copay	Not Covered

**Note:** some services require prior authorization.



# Covered Medical and Hospital Benefits

## IN-NETWORK

## OUT-OF-NETWORK

### FITNESS AND WELLNESS

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

### HOSPICE

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

**Note:** some services require prior authorization.



# PEIA Retiree Benefit Assistance Program

The PEIA retiree benefit assistance program offers qualified retirees reduced copayments on certain services. If PEIA determines you qualify for this assistance, the copayments for the services listed below will apply. For services not listed here, the copayments on the previous pages will apply. For more information regarding qualifications, please contact PEIA.



## Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
<b>PLAN COSTS</b>		
<b>Medical deductible</b>	<b>\$50</b> per year for some combined in- and out-of-network services	<b>\$50</b> per year for some combined in- and out-of-network services
<b>Maximum out-of-pocket responsibility</b> The most you pay for copays, coinsurance and other costs for medical services for the year. The Medical Deductible amount applies to the Maximum Out-of-Pocket.	<b>In-Network Maximum Out-of-Pocket</b> <b>\$650</b> out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Fitness Program; Health Education Services; Meal Benefit; Smoking Cessation (Additional) and the Plan Premium.  If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.	<b>Combined In and Out-of-Network Maximum Out-of-Pocket</b> <b>\$650</b> out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Fitness Program; Health Education Services; Meal Benefit; Smoking Cessation (Additional); and the Plan Premium do not apply to the combined maximum out-of-pocket.  Out-of-Network Exclusions: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.  Your limit for services received from in-network providers will count toward this limit.  If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

**Note:** some services require prior authorization and referrals from providers.



# Covered Medical and Hospital Benefits

## IN-NETWORK

## OUT-OF-NETWORK

### ACUTE INPATIENT HOSPITAL COVERAGE

Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

**\$100** per admit

**\$100** per admit

### OUTPATIENT HOSPITAL COVERAGE

Outpatient hospital visits

**\$0** to **\$50** copay

**\$0** to **\$50** copay

Ambulatory surgical center

**\$50** copay

**\$50** copay

### DOCTOR OFFICE VISITS

**Primary care provider (PCP)**

**\$2** copay

**\$2** copay

**Specialists**

**\$5** copay

**\$5** copay

**Note:** some services require prior authorization and referrals from providers.





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- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.  
If you need help filing a grievance, call **1-800-783-4599** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
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**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



## Find out **more**

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You can see your plan's provider directory at **Humana.com** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to compare our plan with other Medicare health plans, you can call your employer or union sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Humana**<sup>®</sup>

Humana.com

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SB079111EN22

2022

# Prescription Drug Summary of Benefits

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**Humana Group Medicare Advantage Plan  
Rx 125 and 126**

**West Virginia PEIA  
Humana/PEIA Plan 1**

**Humana®**

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# Let's talk about the **Humana Group Medicare Advantage Rx Plan.**

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

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## Deductible

### Pharmacy (Part D) deductible

This plan has a **\$75** deductible.



## Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. After your Maximum out-of-pocket drug costs reach **\$1,825**, Humana pays **100%** of your total drug costs.

Tier	Standard Retail Pharmacy	Standard Mail Order
<b>30-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$5</b> copay	<b>\$5</b> copay
<b>2 (Preferred Brand)</b>	<b>\$15</b> copay	<b>\$15</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>50%</b> of the cost	<b>50%</b> of the cost
<b>4 (Specialty Tier)</b>	<b>\$100</b> copay	<b>\$100</b> copay
<b>90-day supply (Maintenance Drugs)</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$10</b> copay	<b>\$10</b> copay
<b>2 (Preferred Brand)</b>	<b>\$30</b> copay	<b>\$30</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>50%</b> of the cost	<b>50%</b> of the cost
<b>4 (Specialty Tier)</b>	N/A	N/A

\*\*Some Immunosuppressive Drugs are covered at **100%** for all members.

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary.

### ADDITIONAL DRUG COVERAGE

#### Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain WV Buy-up, Cough/Cold, Vitamins/Minerals, Erectile Dysfunction drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage. Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$4,430**. After you enter the coverage gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total **\$7,050**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

## Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,050**, you pay the greater of:

- **\$3.95** for generic (including brand drugs treated as generic) and a **\$9.85** copay for all other drugs, or
- **5%** coinsurance (**\$100** maximum out-of-pocket per prescription for a one-month supply) regardless of tier.



## PEIA Retiree Benefit Assistance Program

The PEIA retiree benefit assistance program offers qualified retirees reduced copayment on certain services. If PEIA determines you qualify for this assistance, the copayments for the services listed below will apply. For services not listed here, the copayments on the previous pages will apply. For more information regarding qualifications, please contact PEIA.



### Deductible

**Pharmacy (Part D) deductible** This plan has a **\$75** deductible.



### Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. After your Maximum out-of-pocket drug costs reach **\$325**, Humana pays **100%** of your total drug costs.

Tier	Standard Retail Pharmacy	Standard Mail Order
<b>30-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$5</b> copay	<b>\$5</b> copay
<b>2 (Preferred Brand)</b>	<b>\$15</b> copay	<b>\$15</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>50%</b> of the cost	<b>50%</b> of the cost
<b>4 (Specialty Tier)</b>	<b>\$100</b> copay	<b>\$100</b> copay
<b>90-day supply (Maintenance Drugs)</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$10</b> copay	<b>\$10</b> copay
<b>2 (Preferred Brand)</b>	<b>\$30</b> copay	<b>\$30</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>50%</b> of the cost	<b>50%</b> of the cost
<b>4 (Specialty Tier)</b>	N/A	N/A

\*\*Some Immunosuppressive Drugs are covered at **100%** for all members.

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary.

#### ADDITIONAL DRUG COVERAGE

##### Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain WV Buy-up, Cough/Cold, Vitamins/Minerals, Erectile Dysfunction drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage. Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

#### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$4,430**. After you enter the coverage gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total **\$7,050**, which is the end of the coverage gap. Not everyone will enter the coverage gap.



## Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,050**, you pay the greater of:

- **\$3.95** for generic (including brand drugs treated as generic) and a **\$9.85** copay for all other drugs, or
- **5%** coinsurance (**\$100** maximum out-of-pocket per prescription for a one-month supply) regardless of tier.

# Notes

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# Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.  
If you need help filing a grievance, call **1-800-783-4599** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

## **Auxiliary aids and services, free of charge, are available to you. 1-800-783-4599 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### **Language assistance services, free of charge, are available to you.**

**1-800-783-4599 (TTY: 711)**

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

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**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

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**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

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**Diné Bizaad (Navajo):** Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódílnih éí bee t'áá jii'eh saad bee áká'ánida'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



## Find out **more**

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You can see your plan's pharmacy directory at **<https://www.humana.com/finder/pharmacy/>** or call us at the number listed at the beginning of this booklet and we will send you one.



You can see your plan's drug formulary at **[www.humana.com/medicaredruglist](http://www.humana.com/medicaredruglist)** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

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RX125EN22  
RX126EN22

2022

# Summary of Benefits

Silver Plan

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Humana Group Medicare Advantage PPO Plan  
PPO 079/283

West Virginia PEIA  
Humana/PEIA Plan 2

**Humana**<sup>®</sup>

Our service area includes specific counties within the United States, Puerto Rico and all other major US Territories.



# Let's talk about the **Humana Group Medicare Advantage PPO Plan.**

Find out more about the Humana Group Medicare Advantage PPO plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

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## **To be eligible**

To join the Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call Group Medicare Customer Care.

## **Plan name:**

Humana Group Medicare Advantage PPO plan

## **How to reach us:**

Members should call toll-free **1-800-783-4599** for questions **(TTY/TDD 711)**

Call Monday – Friday, 8 a.m. – 9 p.m. Eastern Time.

Or visit our website: **Humana.com**



## **A healthy partnership**

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

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# Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
<b>PLAN COSTS</b>		
<b>Monthly premium</b> You must keep paying your Medicare Part B premium.	For information concerning the actual premiums you will pay, please contact your employer/union group.	
<b>Medical deductible</b>	<b>\$375</b> per year for some combined in- and out-of-network services	<b>\$375</b> per year for some combined in- and out-of-network services
<b>Maximum out-of-pocket responsibility</b> The most you pay for copays, coinsurance and other costs for medical services for the year.	<p><b>In-Network Maximum Out-of-Pocket</b>  <b>\$2,325</b> out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.</p>	<p><b>Combined In and Out-of-Network Maximum Out-of-Pocket</b>  <b>\$2,325</b> out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium do not apply to the combined maximum out-of-pocket.</p> <p>Out-of-Network Exclusions: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.</p> <p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.</p>

**Note:** some services require prior authorization.





# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ACUTE INPATIENT HOSPITAL CARE</b>		
Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	<b>\$150</b> per admit	<b>\$150</b> per admit
<b>OUTPATIENT HOSPITAL COVERAGE</b>		
<b>Outpatient hospital visits</b>	<b>\$0</b> to <b>\$115</b> copay	<b>\$0</b> to <b>\$115</b> copay
<b>Ambulatory surgical center</b>	<b>\$115</b> copay	<b>\$115</b> copay
<b>DOCTOR OFFICE VISITS</b>		
<b>Primary care provider (PCP)</b>	<b>\$20</b> copay	<b>\$20</b> copay
<b>Specialists</b>	<b>\$50</b> copay	<b>\$50</b> copay
<b>PREVENTIVE CARE</b>		
Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings. Any additional preventive services approved by Medicare during the contract year will be covered.	<b>Covered at no cost</b>	<b>Covered at no cost</b>
<b>EMERGENCY CARE</b>		
<b>Emergency room</b> If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	<b>\$65</b> copay for Medicare-covered emergency room visit(s)	<b>\$65</b> copay for Medicare-covered emergency room visit(s)
<b>Urgently needed services</b> Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	<b>\$0</b> to <b>\$50</b> copay	<b>\$0</b> to <b>\$50</b> copay

**Note:** some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>DIAGNOSTIC SERVICES, LABS AND IMAGING</b>		
<b>Diagnostic radiology</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Lab services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Diagnostic tests and procedures</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Outpatient X-rays</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Radiation therapy</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>HEARING SERVICES</b>		
<b>Medicare-covered hearing</b>	<b>\$50</b> copay	<b>\$50</b> copay
<b>DENTAL SERVICES</b>		
<b>Medicare-covered dental</b>	<b>\$50</b> copay	<b>\$50</b> copay
<b>VISION SERVICES</b>		
<b>Medicare-covered vision services</b>	<b>\$50</b> copay	<b>\$50</b> copay
<b>Medicare-covered diabetic eye exam</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered glaucoma screening</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered eyewear (post-cataract)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>MENTAL HEALTH SERVICES</b>		
<b>Inpatient</b> The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility	<b>\$150</b> per admit	<b>\$150</b> per admit
<b>Outpatient group and individual therapy visits</b>	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>SKILLED NURSING FACILITY</b>		
Our plan covers up to 100 days in a SNF.	<b>\$0</b> copay per day for days 1-100	<b>\$0</b> copay per day for days 1-100
No 3-day hospital stay is required. Plan pays \$0 after 100 days		
<b>PHYSICAL THERAPY</b>		
	<b>\$0</b> copay	<b>\$0</b> copay
<b>AMBULANCE</b>		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	<b>\$0</b> copay	<b>\$0</b> copay
<b>PART B PRESCRIPTION DRUGS</b>		
	<b>\$0</b> copay	<b>\$0</b> copay
<b>ACUPUNCTURE SERVICES</b>		
<b>Medicare-covered acupuncture</b> 20 combined In & Out-of-Network visit limit per plan year	<b>\$20</b> copay	<b>\$20</b> copay
Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.		
<b>ALLERGY</b>		
<b>Allergy shots &amp; serum</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>CHIROPRACTIC SERVICES</b>		
<b>Medicare-covered chiropractic visit(s)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Routine chiropractic visit(s)</b> 20 combined In & Out-of-Network visit limit per plan year	<b>\$20</b> copay	<b>\$20</b> copay
<b>COVID-19</b>		
<b>Testing and Treatment</b>	<b>\$0</b> copay for testing and treatment services for COVID-19	
<b>DIABETES MANAGEMENT TRAINING</b>		
	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>FOOT CARE (PODIATRY)</b>		
Medicare-covered foot care	\$0 copay	\$0 copay
<b>HOME HEALTH CARE</b>		
	\$0 copay	\$0 copay
<b>MEDICAL EQUIPMENT/SUPPLIES</b>		
Durable medical equipment (like wheelchairs or oxygen)	0% of the cost	0% of the cost
Medical supplies	0% of the cost	0% of the cost
Prosthetics (artificial limbs or braces)	0% of the cost	0% of the cost
Diabetes monitoring supplies	0% of the cost	0% of the cost
<b>OUTPATIENT SUBSTANCE ABUSE</b>		
Outpatient group and individual substance abuse treatment visits	\$0 copay	\$0 copay
<b>REHABILITATION SERVICES</b>		
Occupational and speech therapy	\$0 copay	\$0 copay
Cardiac rehabilitation	\$0 copay	\$0 copay
Pulmonary rehabilitation	\$0 copay	\$0 copay
Massage therapy 20 combined In & Out-of-Network visit limit per plan year	\$0 copay	\$0 copay
<b>RENAL DIALYSIS</b>		
Renal dialysis	\$0 copay	\$0 copay
Kidney disease education services	\$0 copay	\$0 copay
<b>TELEHEALTH SERVICES (in addition to Original Medicare)</b>		
Primary care provider (PCP)	\$0 copay	Not Covered
Specialist	\$50 copay	Not Covered
Urgent care services	\$0 copay	Not Covered
Substance abuse or behavioral health services	\$0 copay	Not Covered

**Note:** some services require prior authorization.



# Covered Medical and Hospital Benefits

## IN-NETWORK

## OUT-OF-NETWORK

### FITNESS AND WELLNESS

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

### HOSPICE

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

**Note:** some services require prior authorization.



# Important!

At Humana, it is important you are treated fairly.

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- You may file a complaint, also known as a grievance:  
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## Find out **more**

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Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to compare our plan with other Medicare health plans, you can call your employer or union sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Humana**<sup>®</sup>

Humana.com

SB079283EN22



2022

# Prescription Drug Summary of Benefits

Silver Plan

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Humana Group Medicare Advantage Plan  
Rx 139

West Virginia PEIA  
Humana/PEIA Plan 2

**Humana**<sup>®</sup>

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# Let's talk about the **Humana Group Medicare Advantage Rx Plan.**

Find out more about the Humana Group Medicare Advantage Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

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## Deductible

### Pharmacy (Part D) deductible

This plan has a **\$150** deductible.



## Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. After your Maximum out-of-pocket drug costs reach **\$1,900**, Humana pays **100%** of your total drug costs.

Tier	Standard Retail Pharmacy	Standard Mail Order
<b>30-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$5</b> copay	<b>\$5</b> copay
<b>2 (Preferred Brand)</b>	<b>\$20</b> copay	<b>\$20</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>50%</b> of the cost	<b>50%</b> of the cost
<b>4 (Specialty Tier)</b>	<b>\$100</b> copay	<b>\$100</b> copay
<b>90-day supply (Maintenance Drugs)</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$10</b> copay	<b>\$10</b> copay
<b>2 (Preferred Brand)</b>	<b>\$40</b> copay	<b>\$40</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>50%</b> of the cost	<b>50%</b> of the cost
<b>4 (Specialty Tier)</b>	N/A	N/A

\*\*Some Immunosuppressive Drugs are covered at **100%** for all members.

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary.

### ADDITIONAL DRUG COVERAGE

#### Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain WV Buy-up, Cough/Cold, Vitamins/Minerals, Erectile Dysfunction drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage. Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$4,430**. After you enter the coverage gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total **\$7,050**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

## Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,050**, you pay the greater of:

- **\$3.95** for generic (including brand drugs treated as generic) and a **\$9.85** copay for all other drugs, or
- **5%** coinsurance (**\$100** maximum out-of-pocket per prescription for a one-month supply) regardless of tier.



# Important!

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## Find out **more**

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You can see your plan's pharmacy directory at **<https://www.humana.com/finder/pharmacy/>** or call us at the number listed at the beginning of this booklet and we will send you one.



You can see your plan's drug formulary at **[www.humana.com/medicaredruglist](http://www.humana.com/medicaredruglist)** or call us at the number listed at the beginning of this booklet and we will send you one.

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Humana.com

RX139EN22



Only for Humana members

# A fun way to earn rewards for making healthier choices



Welcome to Go365 by Humana®, the wellness program that rewards you for completing eligible healthy activities.



## It's part of your Humana Medicare Advantage plan

Go365 by Humana makes wellness fun and easy. We can help you reach your physical and emotional health goals. Track your activity and redeem rewards:

- online, at [MyHumana.com](https://MyHumana.com)
- by filling out and mailing in paper forms

Staying connected socially is important to your overall health and well-being. Social and cognitive activities can help contribute to better long-term mental health, and may help ward off dementia and depression.<sup>1</sup>



## Earn rewards you can redeem for gift cards

**More healthy activities = more gift cards for you**

Complete eligible healthy activities like walking, getting your Annual Wellness Visit or volunteering and you can earn rewards to redeem for gift cards. Once you've earned at least \$10 in rewards, choose your gift cards in the Go365 Mall.

## Activate your Go365 Profile

**Now it's time to get going with Go365**

If you have a MyHumana account, you can use the same information to log in to Go365.com. If not, activate your profile at MyHumana.com. Once you log into Go365, you'll see eligible activities you can complete to earn rewards and details on how to track your actions.

## Track your exercise program the easy way

Earn \$5 in rewards a month for completing 8 workouts, or \$10 in rewards for completing 16 workouts. Here are three easy ways to track and earn:

- 1. Attend a participating SilverSneakers® Fitness class** to earn rewards automatically if your plan includes SilverSneakers. Your reward may take up to 45 days to show up in your Go365 account.
- 2. Log your workouts online** in your Go365 account or use a paper workout tracker to record your exercise. Eligible activities include taking a fitness class or exercising on your own - it just needs to be a min. of 500 steps.
- 3. Connect a compatible activity tracker to Go365**, then log at least 500 steps a day and earn automatic rewards for device workouts.

Go365 is compatible with activity trackers from a variety of manufacturers like Fitbit and Garmin. For a full list, sign in to your Go365 account.

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

Join the Go365 support community [Go365.com/MedicareCommunity](https://Go365.com/MedicareCommunity)



Activity	Reward	Activity limit
<b>GET HEALTHY: Preventive screenings</b>		
Annual Wellness Visit	\$25	1 per year
Mammogram	\$30	1 per year
Colorectal screening	\$30	1 per year *
Cardiovascular disease screening	\$10	1 per year
Bone density screening	\$20	once every 2 years *
Flu shot	\$10	1 per year

Your reward will show up automatically in your Go365 account if billed through your Humana medical or pharmacy plan. This can take up to 90 days.

<b>GET INVOLVED: Social and educational activities</b>		
Attend a class: offered by a Humana Neighborhood Center or related to an activity such as painting, dancing, or at a local university (in person or online)	\$5	
Complete an athletic event (e.g., 5k walk/run, cycling , virtual Run Club)	\$5	
Volunteer	\$5	
Attend an eligible health education seminar/class (in person or online)	\$5	12 times per year (\$60 annual maximum)
Attend a Social Club such as garden, book, religious, or sports/golf/pickleball/ walking, etc. (virtual or in person)	\$5	
Post or comment in the Go365 Member Community	\$5	
Video or phone call (3 times) with friends or family	\$5	
Discuss health, virtually exercise, or play a game with friends or family (3 times)	\$5	

<b>GET ACTIVE: Exercise and fitness</b>		
8-15 workouts per month—SilverSneakers®, connected activity tracker or paper fitness tracker (minimum of 500 steps/day)	\$5	Once per month (\$120 annual maximum)
16 or more workouts per month	\$10	
Other fitness event (e.g. dance competition, bocce ball tournament)		

\*If applicable

<sup>1</sup>World Health Organization (2011). “Global Health and Aging.” Available at [http://www.who.int/ageing/publications/global\\_health.pdf](http://www.who.int/ageing/publications/global_health.pdf) <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

Rewards have no cash value and can only be redeemed in the Go365 Mall. Rewards must be earned and redeemed within the same program year. Rewards not redeemed by Dec. 31 will be forfeited.

You must redeem your rewards in the program year they are earned. Any rewards that are not redeemed by 12/31 will be forfeited. Rewards have no cash value.

Some items may be discontinued in the Go365 Mall and new items may be added. For the most updated list, visit Go365.com or call 1-866-677-0999.

In accordance with the federal requirement of the Centers for Medicare & Medicaid Services, no amounts on the gift cards shall be used to purchase covered medical supplies or prescription drugs nor are they redeemable for cash.

Receive language assistance or have materials provided in alternative formats as noted in the enclosed accessibility flyer.

# Take this to your provider

Having a provider you're happy with can play an important role in your health and meeting your needs.

What if my doctor says they do not accept Humana insurance?

**Give this flyer to your provider.**

Once you are a member of the Humana Group Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.

**Don't forget to take your Humana member ID card to your first appointment as well.**



## A message for your provider

Humana will provide coverage for this retiree under a Group Medicare PPO plan. This member's in-network and out-of-network benefits are the same. This means you can provide services to this retiree or any member of this plan if you are a provider who is eligible to participate in Medicare.

**Contracted healthcare providers** – If you're a Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

**Out-of-network healthcare providers** – Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.

**If you need more information** about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at **1-800-626-2741**, Monday – Friday, 8 a.m. – 5 p.m., Central time.

**NOTE:** This number is not for patient use. Patients, please call the Group Medicare Customer Care number on the back of your Humana member ID card.

The in-network and out-of-network benefits are structured the same for any member of this plan.

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# Connect with a provider virtually

## Care when you need it

Your primary care provider may offer virtual visits as another convenient way to be treated by your care team.

## What are virtual visits?

Virtual visits connect you with your provider via telephone or video chat using your phone, tablet or computer.\* They may allow you to get help with chronic condition management, follow-up care after an in-office visit, medication reviews and refills and much more, just like an in-office visit.

## When should I use it?

- For a nonemergency issue, instead of going to the emergency room (ER) or an urgent care center.
- For nonemergency mental and behavioral health conditions a behavioral health specialist may offer virtual visits.

## What kinds of conditions can be treated?

Providers may help with chronic condition management, follow-up care after an in-office visit, medication reviews and refills in addition to many other conditions including but not limited to: allergies, fever, cold and flu symptoms, sore throat, constipation, sinus infection, diarrhea, insect bites and depression, anxiety, stress and family and relationship counseling.

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Call your provider to find out if they offer virtual visits and if so, what you need to do to get started.

If you don't have a primary care provider or if your PCP doesn't offer virtual visits, you can use the "Find a doctor" tool on [Humana.com](https://www.humana.com) or call the number on the back of your member ID card to get connected with a provider that offers this service.

**Remember, when you have a life-threatening injury or major trauma, call 911.**

\*Standard data rates may apply.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

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**Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼

**Humana**<sup>®</sup>

# What you should know about COVID-19 vaccines

## SIDE EFFECTS ARE NORMAL

You may experience some or none at all. Side effects are just an indication that your body is working to build protection against the virus. These side effects may occur within a day or two of getting the vaccine and should go away within a few days.

Here's what you may experience:

### On the arm where you got the shot

- Pain
- Redness
- Swelling

### Throughout the rest of your body

- Tiredness
- Chills
- Headache
- Fever
- Muscle pain
- Nausea



## YOU NEED TO KEEP PROTECTING YOURSELF

Until you're fully vaccinated, continue to practice the 3 Ws when out in public:



**Wear a mask**



**Watch your distance**



**Wash hands frequently**

## HOW LONG UNTIL YOU'RE FULLY VACCINATED

You're not fully vaccinated until two weeks after your second dose of the Pfizer/BioNTech or Moderna COVID-19 vaccines, and two weeks after the single-dose Johnson & Johnson COVID-19 vaccine.

### Once you're fully vaccinated, here's some of what you can do

Resume pre-pandemic activities without wearing a mask or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. The CDC recommends continued observance of travel protocols and, if you have symptoms of COVID-19, testing and staying at home or away from others.



**For the latest guidelines from the CDC, please visit:**  
[www.cdc.gov/coronavirus/2019-ncov/vaccines](https://www.cdc.gov/coronavirus/2019-ncov/vaccines).

This material is provided for informational use only and should not be construed as medical, legal, financial, or other professional advice or used in place of consulting a licensed professional. You should consult with an applicable licensed professional to determine what is right for you.

## THE VACCINES ARE SAFE AND EFFECTIVE

Vaccines have undergone extensive and rigorous testing prior to FDA authorization. Per the CDC, "The U.S. vaccine safety system ensures that all vaccines are as safe as possible."

The Pfizer/BioNTech, Moderna and Johnson & Johnson clinical trials showed the vaccines are **over 99% effective at preventing hospitalizations and deaths.**<sup>1</sup>

**The CDC recommends you get the vaccine even if you have already had COVID-19 and recovered.**<sup>2</sup>

<sup>1</sup>[www.usatoday.com/story/opinion/2021/02/12/all-covid-vaccines-stop-death-severe-illness-column/6709455002/](https://www.usatoday.com/story/opinion/2021/02/12/all-covid-vaccines-stop-death-severe-illness-column/6709455002/)

<sup>2</sup>[www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html)

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# 2022 WV PEIA plan comparison



Medical Comparison  
at a glance

	Humana/PEIA Plan 1 DED \$150/MOOP \$1,200	Humana/PEIA Plan 1 Benefit Assistance DED \$50/MOOP \$600	Humana/PEIA Plan 2 DED \$375/MOOP \$1,950
Primary Care Copay	\$20	\$2	\$20
Specialist Copay	\$40	\$5	\$50
Inpatient Hospital Copays	\$100	\$100	\$150
Emergency Room	\$50	\$50	\$65
Outpatient/Office Surgery Copay	\$100	\$50	\$115
Ambulance	\$0	\$0	\$0
Skill Nursing Facility	\$0	\$0	\$0

# Humana®



If you have questions, call Humana Customer Service at 1-800-783-4599 (TTY: 711), Monday – Friday, 8 a.m. – 9 p.m., Eastern time.



Pharmacy Comparison at a glance	Humana/PEIA Plan 1 DED \$75/MOOP \$1,750	Humana/PEIA Plan 1 Benefit Assistance DED \$75/MOOP \$250	Humana/PEIA Plan 2 DED \$150/MOOP \$1,750
Tier 1 (Generic/Preferred Generic)	\$5	\$5	\$5
Tier 2 (Preferred Brand)	\$15	\$15	\$20
Tier 3 (Non-Preferred Drug)	50%	50%	50%
Tier 4 (Specialty)	\$100	\$100	\$100



If you have questions, call Humana Customer Service at **1-800-783-4599 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.



Humana is a Medicare Advantage HMO and PPO organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. This information is not a complete description of benefits. Call **1-800-783-4599 (TTY: 711)**, for more information.

### Important!

**At Humana, it is important you are treated fairly.**

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion.

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-824-8242 (TTY: 711)**.

**Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-824-8242 (TTY: 711)**.  
**繁體中文 (Chinese):** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-800-824-8242 (TTY: 711)**。

# This is your time, let's make the most of it



## Members can schedule their in-home health assessment at no additional cost

Humana has teamed up with Signify Health to offer you an In-home Health and Well-being Assessment (IHWA). An IHWA is a detailed annual review in the privacy of your own home, providing an extra set of eyes and ears for your doctor.

This visit may include recommended screenings and tests. Best of all, we make it easy by coming to you. The IHWA is not meant to replace your doctor's care but is available as an extra resource.



For members, it's included in your Medicare Advantage plan at no additional cost.



A licensed medical professional will spend 45–60 minutes with you.



Results are shared with you and your primary care provider.



## Members, call Signify today to schedule your appointment

**855-319-4450 (TTY: 711)**  
Monday – Friday,  
7 a.m. – 7 p.m., Central time.

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