

West Virginia PEIA



Public Employees
Insurance Agency

We're here for you

Humana Group Medicare Customer Care

800-783-4599 (TTY: 711)

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

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **800-783-4599 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

Sponsored by Humana and West Virginia PEIA

Humana will be hosting a series of informational meetings for WV PEIA retirees to learn more about the WV PEIA Humana Group Medicare Advantage PPO Plan. To make the most of your benefits, please join us at any of the informational meetings included in this invitation.

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.

If you plan to attend one of the meetings listed within this invitation, please call Humana's Group Medicare Customer Care team at **800-308-9964 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time, to reserve your spot. While you are not required to RSVP, we highly encourage you to do so.

For questions about the events or for special needs accommodations, please call **800-308-9964 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

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



For your convenience

If you are unable to attend an in-person meeting, you have the option to attend a teleconference.

A teleconference will be available that will allow you to hear and view the presentation online. The date and time for the teleconference is also included within this invitation.

For your convenience, we have multiple dates available.
Please choose a meeting from the list below.

Wed., Oct. 5, 2022 | 10 a.m. – 12 p.m.

Grand Pointe Conference & Reception Center
1500 Grand Central Ave., Suite 118, Vienna, WV

Tues., Oct. 11, 2022 | 9 – 11 a.m.

Quality Hotel
3350 Big Laurel Highway, Bluefield, WV 24701

Tues., Oct. 11, 2022 | 1:30 – 3:30 p.m.

Tamarack Marketplace
1 Tamarack Park, Beckley, WV 25801

Wed., Oct. 12, 2022 | 10 a.m. – 12 p.m.

Fairfield Inn & Suites
273 Coleman Drive, Lewisburg, WV 24901

Thurs., Oct. 13, 2022 | 9 – 11 a.m.

Delta Hotel
3551 Route 60 E, Barboursville, WV 25504

Thurs., Oct. 13, 2022 | 1:30 – 3:30 p.m.

Chief Logan Lodge
1000 Conference Center Dr., Logan, WV

Tues., Oct. 18, 2022 | 9 – 11 a.m.

Holiday Inn Express
301 Foxcroft Ave., Martinsburg, WV 25401

Tues., Oct. 18, 2022 | 1:30 – 3:30 p.m.

South Branch Inn
64 Heritage Circle, Romney, WV 26757

Wed., Oct. 19, 2022 | 9 – 11 a.m.

WVU Erickson Alumni Center
1 Alumni Drive, Morgantown, WV 26506

Wed., Oct. 19, 2022 | 1:30 – 3:30 p.m.

Bridgeport Conference Center
300 Conference Center Way,
Clarksburg, WV 26330

Tues., Oct. 25, 2022 | 9 – 11 a.m.

Holiday Inn
350 Three Springs Drive, Weirton, WV 26062

Tues., Oct. 25, 2022 | 1:30 – 3:30 p.m.

Oglebay Resort & Conference Center
465 Lodge Dr, Wheeling, WV 26003

Wed., Oct. 26, 2022 | 9 – 11 a.m.

Hampton Inn
76 Hospitality Way, Weston, WV 26452

Wed., Oct. 26, 2022 | 1:30 – 3:30 p.m.

Days Inn
350 Days Drive, Sutton, WV 26601

Thurs., Oct. 27, 2022 | 9 – 11 a.m.

Holiday Inn
400 2nd Ave., Charleston, WV 25303

Thurs., Oct. 27, 2022 | 1:30 – 3:30 p.m.

Holiday Inn
400 2nd Ave., Charleston, WV 25303



Teleconference

Mon., Oct. 31, 2022 | 1:30 – 3:30 p.m.

Virtual Dial In: **312-626-6799** or **888-788-0099** (toll-free)

Link: <https://huma.na/peia>

Webinar ID: **926 2852 4185**

Passcode: If prompted, use **112233**

Group Medicare Advantage

Preferred provider organization (PPO) plan guide

Understanding your Medicare plan and how it works is important. Humana is here for you, we give you information to help you feel more confident about managing your costs—and your health.

Inside this guide you'll find:

What Humana offers you.....	2
Welcome letter	3
Important Enrollment Information.....	7
Parts of Medicare	9
MyHumana and MyHumana mobile app...	10
Choosing a primary care provider	11
Find a Doctor.....	12
Take this to your provider.....	13
Virtual visits / Telehealth.....	15
Choosing a caregiver.....	16
Understanding your vaccines and diabetes coverage	17
SmartSummary®	18
Extra benefits.....	19
Frequently asked questions.....	21
Medical insurance terms and definitions.....	22
Know your numbers	23



Plan specific information

- Medical Summary of Benefits
- Rx Summary of Benefits
- Telehealth flyer
- Vaccines flyer
- Prescription Drug Guide (PDG)
- Benefit Comparison flyer
- SilverSneakers flyer
- Missing Information Letter
- Business Reply Envelope

Your healthcare plan should help you on your journey to better health, **which may help you achieve the retirement you want**—so you can spend more time doing what you love most.



Humana Medicare Advantage PPO offers you:

- All the benefits of Original Medicare, plus extra benefits
- Maximum out-of-pocket protections
- Worldwide emergency coverage
- Programs to help improve health and well-being

A dedicated team and more...

- Your benefit levels are the same for in-network and out-of-network providers
- Large network of providers, specialists and hospitals to pick from
- You don't need a referral to see any healthcare provider
- Coverage for office visits, including routine physical exams
- Almost no claim forms to fill out or mail—we take care of that for you
- Dedicated Customer Care specialists who serve only our Group Medicare members

Humana Group Medicare Advantage PPO plan

Welcome to a more human way to healthcare

You will be automatically enrolled

Dear West Virginia PEIA Retiree,

We're excited to let you know that **PEIA** has asked Humana to offer you a Medicare Advantage and Prescription Drug Plan that gives you more benefits than Original Medicare.

Your health is more important than ever. That's why Humana has a variety of tools, programs and resources to help you stay on track. At Humana, helping you achieve lifelong well-being is our mission. During our over 30 years of experience with Medicare, we've learned how to be a better partner in health.

Get to know your plan

Review the enclosed materials. This packet includes information on your Group Medicare healthcare option along with extra services Humana provides.

- If you have questions about your premium, please call your benefits administrator at **888-680-7342 (TTY: 711)**, Monday – Friday, 8 a.m. – 4:30 p.m., Eastern time.
- Please see your enclosed prescription drug guide (PDG) to determine if your medications have quantity limits, require a prior authorization or step therapy. You can also visit **Humana.com/Pharmacy** or call Group Medicare Customer Care for assistance.
- Use Humana's Find a doctor tool at **Humana.com/FindaDoctor** for a list of providers.
- Two plans are available through Humana for 2023. The plans options 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. If no plan is selected, you will automatically be placed in the Humana/PEIA Plan 1 for 2023.
- Please refer to the Important Information about Enrollment document in this enrollment packet for additional details regarding how and when PEIA needs to be informed of your decision and other information you will need to know about enrollment.
- Visit our Member Information Page at **<https://our.Humana.com/wvpeia/>**
 - You will also be able to view the 2023 Prescription Drug Guide, Evidence of Coverage, and additional Open Enrollment information once available.
- **Missing Information.** If you have not provided PEIA a residential address (not P.O. Box) and/or your Medicare MBI number, it is necessary to do so. For your convenience, enclosed in this packet, is a form and a return envelope to provide this information to PEIA.

- continued on next page

- **What if I have Veteran's Administration (VA) Benefits?**

Due to Federal regulations, the VA facilities are unable to bill Humana directly for medical services.

- **For Medical Claims**

- If you receive VA benefits, you should send a copy of the medical bills you receive from the VA to Humana for reimbursement. You will be reimbursed up to 100% of the Medicare allowable rate for outpatient services from your VA claim.
 - When sending paper claims, please make sure to include your name and member ID number from your Humana ID card. All medical claims must be mailed to the Lexington, Kentucky medical claims address which will be listed on the back of your Humana ID card.

- **For Pharmacy Claims**

- Your prescription drug coverage does not coordinate benefits between the Humana Medicare Employer PPO Plan and the VA. Members must use one or the other.

Enrollment Information

- For enrollment information, please refer to the document titled "Important Enrollment Information," located in this packet.

What to expect after you enroll

- **Enrollment confirmation**

You'll receive a letter from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.

- **Humana member ID card**

Your Humana member ID card will arrive in the mail shortly after you enroll.

- **Evidence of Coverage (EOC)**

This detailed booklet about your healthcare coverage with your plan will arrive in the mail. This will also include your privacy notice.

- **Take your Medicare Health Assessment**

CMS requires Humana to ask new members to complete a health survey within their first few months of enrollment.

It's nine simple questions about your health. Your answers will help us guide you to tools and resources available to help you reach your health goals. The information you provide will not affect your plan premiums or benefits.

Once you have received your Humana member ID card or after your plan is effective, you can call our automated voice service anytime to take this survey at **888-445-3389 (TTY: 711)**.

When you call, you'll be asked to provide your eight-digit member ID number located on the front of your Humana member ID card, so have your ID card handy.

You may also take the survey online at **MyHumana.com** after activating your online account.

- **In-home Health and Well-being Assessment (IHWA)**

This is a yearly detailed health review conducted in the comfort of your home, providing an extra set of eyes and ears for your doctor so you can feel more in control of your health and well-being.

You may receive a call from one of our IHWA vendors, Signify Health or Matrix Medical Network, to schedule your assessment. If you have questions, you may ask when they call, or contact Humana at the phone number listed on the back of your member ID card.

We look forward to serving you now and for many years to come.

Sincerely,
Group Medicare Operations

Important Enrollment Information

West Virginia Public Employees Insurance Agency (PEIA) is offering you the choice between two Humana Medicare Employer Preferred Provider Organization (PPO) Plans for 2023.

If you would like to be enrolled in the Humana/PEIA Plan 1 option, you do not need to do anything to be automatically enrolled in this Medicare health plan.

If you do not want to join this plan or would like to select the Humana/PEIA Plan 2 option, you can follow the instructions below. You must do this by October 31, 2022. **Enrollment in this plan will cancel your enrollment in a different Medicare Advantage or a Medicare Prescription Drug (Part D) plan.**

What do I need to know as a member of the Humana Group Medicare PPO plan?

This mailing includes important information about the Humana/PEIA Plan 1 and Humana/PEIA Plan 2 Humana Medicare Employer PPO plan options being offered this year, including a Summary of Benefits document for both plans. Please review this information carefully.

Once enrolled, you will receive an Evidence of Coverage document (also known as a member contract or subscriber agreement) from the Humana Group Medicare PPO plan. Please read the document to learn about the plan's coverage and services. As a member of the Humana Group Medicare PPO plan, you can appeal plan decisions about payment or services if you disagree. Enrollment in this plan is generally for the entire year.

When your Humana Group Medicare PPO plan begins, Humana will cover all medically necessary items and services, even if you get the services out of network. However, your member cost share may be lower if you use in-network providers. "In-network" means that your doctor or provider is on our list of participating providers. "Out-of-network" means that you are using someone who isn't on this list. The exception is for emergency care, out of area dialysis services, or urgently needed services.

You must use network pharmacies to access Humana benefits, except under limited, non-routine circumstances when you can't reasonably use network pharmacies.

You must keep Medicare Parts A and B as the Humana Group Medicare plan is a Medicare Advantage plan. **You must also continue to pay your Part B premium. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium.** You can enroll in only one Medicare Advantage plan at a time. You must let us know if you think you might be enrolled in a different Medicare Advantage plan or a Medicare prescription drug plan and inform us of any prescription drug coverage that you may get in the future.

What happens if I don't join the Humana Group Medicare PPO plan?

You aren't required to be enrolled in this plan. The Humana Group Medicare Employer PPO plan is the only Medicare plan offered by PEIA. If you decline coverage with this Medicare plan offered through PEIA, you will have no health or pharmacy prescription drug benefits from PEIA.

- continued on next page

If you don't want to enroll or have enrollment questions, you will need to contact **PEIA's Customer Service unit at 888-680-7342**, Monday – Friday, 8 a.m. – 4:30 p.m., Eastern time. You will be asked to complete a Change in Status form to drop your PEIA health coverage.

If you choose to join a different Medicare plan, you can contact **800-MEDICARE** anytime, 24 hours a day, 7 days a week, for help in learning how. TTY users can call **877-486-2048**. Your state may have counseling services through the State Health Insurance Assistance Program (SHIP). They can provide you with personalized counseling and assistance when selecting a plan, including Medicare Supplement plans, Medicare Advantage plans and prescription drug plans. They can also help you find medical assistance through your state Medicaid program and the Medicare Savings Program.

If you want to enroll in the Humana/PEIA Plan 2 option, you can call PEIA at 877-676-5573 to request a Humana/PEIA Plan 2 Open Enrollment form. You can also choose your option by following the instructions that PEIA sent you in a separate mailing. If you would like the Humana/PEIA Plan 2 option, you are required to inform PEIA of your decision for 2023 by October 31, 2022. If you do not inform PEIA by that date, you will automatically be enrolled in the Humana/PEIA Plan 1 option.

What if I want to leave the Humana Group Medicare PPO plan?

You can change or cancel your Humana coverage at any time and return to Original Medicare or another Medicare Advantage plan by using a special election. **You can send a request to the Humana Group Medicare plan. You must also contact your benefit administrator as there could be other benefits impacted.** You can also call **800-MEDICARE** anytime, 24 hours a day, 7 days a week. TTY users can call **877-486-2048**.

What happens if I move?

The Humana Group Medicare PPO plan serves a specific service area. **If you move to another area or state, it may affect your plan.** It's important to contact your group benefits administrator and call to notify Humana of the new address and phone number. You can call Humana Group Medicare Customer Care at **800-783-4599 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Remember that if you leave this plan and don't have creditable prescription drug coverage (as good as Medicare's prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Release of Information

By joining this Medicare Advantage plan, you give us permission to share your information with Medicare and other plans when needed for treatment, payment and health care operations. We do this to make sure you get the best treatment and to make sure that it is covered by the plan. Medicare may also use this information for research and other reasons allowed by Federal law.

What is Medicare?

Medicare is a federal health insurance program for U.S. citizens and legal residents who are 65 and older or those younger than 65 and qualify due to a disability.

How does it work?

Medicare is divided into parts A, B, C and D. Parts A and B are called Original Medicare. You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare PPO plan is a Medicare Advantage plan. You must also continue paying Medicare Part B premiums to remain enrolled in this plan.



Medicare Part A

Hospital insurance

It helps cover medically necessary inpatient care in a hospital or skilled nursing facility. It also helps cover some home healthcare and hospice care.



Medicare Part B

Medical insurance

It helps cover medically necessary providers' services, outpatient care and other medical services and supplies. Part B also helps cover some preventive services.



Medicare Part C

Medicare Advantage plans

These are available through private insurance companies, such as Humana. Medicare Part C helps cover everything medically necessary that Part A and Part B cover, including hospital and medical services. You still have Medicare if you elect Medicare Part C coverage. You must be entitled to Medicare Part A and enrolled in Part B to be eligible for a Medicare Part C plan.



Medicare Part D

Prescription drug coverage

It helps pay for the medications your provider prescribes and is available in a stand-alone prescription drug plan or included in a Medicare Advantage prescription drug plan. Like Part C Medicare Advantage plans, Part D is only available through private companies, such as Humana. Many Part C Medicare Advantage plans include Medicare Part D prescription drug coverage.

Your health at your fingertips with MyHumana

Get your personalized health information on MyHumana

A valuable part of your Humana plan is a secure online account called MyHumana where you can keep track of your claims and benefits, find providers, view important plan documents and more.

Get the most out of MyHumana by keeping your account profile up to date. Whether you prefer using a desktop, laptop, or smartphone, you can access your account anytime.*

Getting started is easy—just have your Humana member ID card ready and follow these three steps:

1

Create your account.

Visit [Humana.com/registration](https://www.humana.com/registration) and select the “Start activation now” button.

2

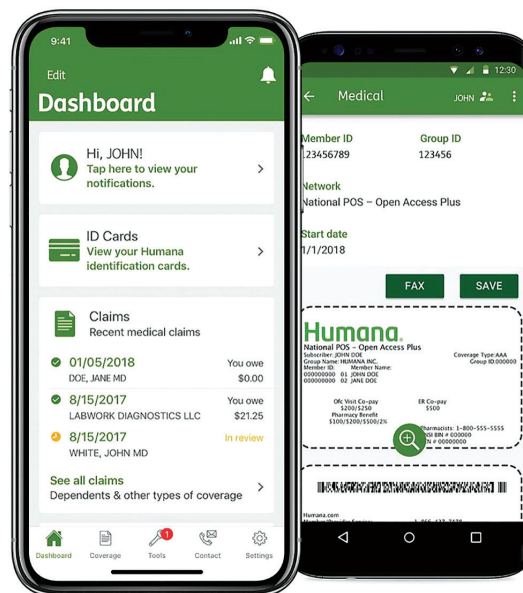
Choose your preferences.

The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.

3

View your plan benefits.

After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.



The MyHumana mobile app

If you have an iPhone or Android, download the MyHumana mobile app. You'll have your plan details with you at all times.*

Visit [Humana.com/mobile-apps](https://www.humana.com/mobile-apps) to learn about our many mobile apps, the app features and how to use them.

With MyHumana and the MyHumana mobile app, you can:

- Review your plan benefits and claims
- Find pharmacies in your network
- Find providers in your network
- Compare drug prices
- View or print your Humana member ID card
- Select your communication preferences

Have questions?

If you need help using MyHumana, try our Chat feature or call Customer Care at the number listed on the back of your Humana member ID card.

*Standard data rates may apply.

Choosing a primary care provider

Building healthy provider relationships

Having a relationship with your primary care provider (PCP) is an important step in protecting and managing your health. With the Humana Group Medicare PPO plan, you can use any provider who accepts Medicare and agrees to bill Humana. Your benefit plan coverage remains the same, even if you receive care from an out-of-network provider. For more information, refer to your Summary of Benefits located in this packet.

Why choose a Humana network provider?

- Humana Medicare PPO network providers must take payment from Humana for treating plan members.
- Network providers coordinate with Humana, which makes it easier to share information. Patients may have a better experience when providers share information this way.
- Humana supplies in-network providers with information about services and programs available to patients with chronic conditions.

Is your healthcare provider in Humana's provider network?

Humana respects your relationship with your provider. We want you to be able to select a provider who's close to home and who can focus on your specific needs. If you need help finding a provider, call our Group Medicare Customer Care team or use our online directory at **[Humana.com/Findadoctor](https://www.humana.com/Findadoctor)**.

You can also find a complete list of network providers and pharmacies at MyHumana, your personal, secure online account at **[MyHumana.com](https://www.mychumana.com)** or on the MyHumana mobile app (standard data rates may apply).



Medical preauthorization

For certain services and procedures, your provider or hospital may need to get advance approval from Humana before your plan will cover any costs. This is called prior authorization or preauthorization. Providers or hospitals will submit the preauthorization request to Humana. If your provider hasn't done this, please call our Customer Care team, as Humana may not be able to pay for these services.

Use Humana's Find a Doctor tool to search for a provider near you

Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find a Doctor tool to search for an in-network provider near you.



Go to **Humana.com/FindaDoctor**.



Find a doctor

Use the tabs to help you search for a doctor.



Location

Enter a ZIP code and the distance radius you want to search.



Options

Select a lookup method from 3 options:

- 1) Coverage type—choose Medicare or Medicare-Medicaid for the network that represents your plan (this is a required field),
- 2) Member ID, or
- 3) Sign in to MyHumana for more accurate results in finding your network.



Select the “Search” button for your results

Have you found the doctor you're looking for? If you need to revise your search, you can search again without leaving the results page.



Find a doctor on the MyHumana mobile app

Once you are enrolled with Humana, you can use the MyHumana mobile app to find a provider near you. On the app dashboard, locate the “Find Care” section.



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

Take this to your provider

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

If your healthcare provider says they do not accept Humana insurance, give them this flyer. 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.

A message for your provider



Humana will provide coverage for this retiree under a Group Medicare PPO plan. The in-network and out-of-network benefits are structured the same for any member of this plan. 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.



Claims process

If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at **800-626-2741**, Monday – Friday, 9 a.m. – 6 p.m., Eastern 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.

Humana®

Y0040_GHHLRLVEN_23_C
MTPFE23

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, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: 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.

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

Please call the number on your ID card. If you use a TTY, call 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.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711).** Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。

GHHLE7BEN 0822

Humana®

Y0040_GHHLRLVEN_23_C
MTPFE23

Telehealth

Telehealth visits are available through your Humana plan

The doctor is in, even if you can't or don't want to go into an office. Telehealth visits allow you to get nonemergency medical care or behavioral healthcare through your phone,* tablet or computer.†

Virtual care where you're most comfortable

Use telehealth for minor illnesses and infections, medication refills, lab orders, help managing chronic conditions, and other nonemergency appointments, 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.

Ask your trusted provider if they offer telehealth 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** or call the number on the back of your member ID card to get connected with a provider that offers this service.

Connect with someone who cares

Use telehealth services to connect with a licensed behavioral health specialist. These providers are available when you may need them to coach you through many of life's challenges. These providers can:

- Discuss healthy ways you can deal with stress, anxiety or sadness
- Listen without judgment as you talk about your life, relationships and feelings
- Help you set and meet behavioral and emotional goals
- Assist you in developing strategies for living a fuller, healthier life

You have many options for care. One option is Array.

Learn about Array, a national in-network virtual behavioral health provider, by visiting **[Arraybc.com/patients/Humana](https://arraybc.com/patients/Humana)** or call **888-410-0405 (TTY: 711)** to schedule your Array virtual visit.

Delivering the care you need securely, conveniently and on your terms—that's human care.



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

*Depending on the initial consultation, video may be required for telehealth visits.

†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 description of when to use telehealth services is 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.

Making sure your caregiver can help you—so you can focus on living your life

Everyone needs a little help now and then. Many people trust a family member or close friend to help them with their healthcare—someone who may help you talk with us about your insurance plan, keep track of your benefits and claims, or ask healthcare questions on your behalf.

We'll need your permission to share your personal information. To give your permission, you'll need to read and sign a consent form.*

A signed consent form allows insurers to share health plan information and protected health information with your designated caregiver. It's different from granting medical power of attorney, which allows someone to make decisions about your care.

Visit [Humana.com/caregiver](https://www.humana.com/caregiver) to learn more about naming a caregiver and how to submit the Consent for Release of Protected Health Information (PHI) form.



Download the consent form

- Download from [Humana.com/PHI](https://www.humana.com/PHI)
- Print it out, complete and sign
- Fax to **800-633-8188**
- Or, if you prefer, mail your completed form to:
Humana Insurance Company
P.O. Box 14168
Lexington, KY 40512-4168



Call Humana Customer Care

Call **800-783-4599 (TTY: 711)**,
Monday – Friday, 8 a.m. – 9 p.m.,
Eastern time.

*The form needs to be renewed every 2 years.

Understanding your vaccines and diabetes coverage

Where you get your vaccines may determine how it is covered

The Medicare Part B portion of your plan pays for the following vaccines at your provider's office and at the pharmacy: influenza (flu) vaccine—once per season; pneumococcal vaccines; hepatitis B vaccines for persons at increased risk of hepatitis and vaccines directly related to the treatment of an injury or direct exposure to a disease or condition, such as rabies and tetanus.



Important information for your pharmacist

Let your pharmacist know to use **BIN 610649** and **PCN 03200004** when filling your prescription for items covered under Part B.

Diabetes coverage

Diabetes prescriptions and supplies

Medicare Part B

Generally, Part B covers the services that may affect people with diabetes. Part B also covers certain preventive services for people at risk for diabetes. You must have Part B to get the services and supplies it covers.

- Diabetic testing supplies
- Insulin pumps*
- Continuous glucose monitors (CGM)*
- Insulin administered (or used) in insulin pumps

Medicare Part D

Part D typically covers diabetes supplies used to inject or inhale insulin. You must be enrolled in a Medicare drug plan to get the supplies Part D covers.

- Diabetes medications
- Insulin administered (or used) with syringes or pens
- Syringes, pen needles or other insulin administration devices that are not durable medical equipment (e.g., Omnipod* or VGO)

Diabetic testing supplies

Your Humana Medicare Advantage Plan helps cover a variety of diabetic glucose testing supplies. The following meters along with their test strips and lancets are covered at \$0 through CenterWell Pharmacy™.

- CenterWell TRUE METRIX® AIR by Trividia
- Accu-Chek Guide Me® by RocheDiabetes
- Accu-Chek Guide® by RocheDiabetes

To order a meter and supplies from CenterWell Pharmacy, call **888-538-3518 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Your doctor can also send prescriptions for meters and other testing supplies by fax or e-prescribe.

You can also request a no-cost meter from the manufacturer by calling Roche at **877-264-7263 (TTY: 711)**, or Trividia Health at **866-788-9618 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

*Available through our preferred durable medical equipment vendors, CCS Medical, 877-531-7959 or Edwards Healthcare, 888-344-3434.

Your personalized benefits statement

Humana's SmartSummary provides a comprehensive overview of your health benefits and healthcare spending. **You'll receive this statement after each month you've had a claim processed.** You can also sign in to your MyHumana account and see your past SmartSummary statements anytime.

SmartSummary helps you:

- Understand your total healthcare picture
- Manage your monthly and yearly healthcare costs
- Engage with your providers by having a list of the healthcare services you receive
- Learn about preventive care, health conditions, treatment options and ways to help reduce health expenses



Your Medical and Hospital claims processed in March 2021

THIS IS NOT A BILL

This is your "Explanation of Benefits" (EOB) and claim payments for medical and hospital coverage. Please review this and keep it for your records. **This is not a bill.**

OVERVIEW OF YOUR MARCH CLAIMS

Medical, hospital and Part B pharmacy (see page 3) Total billed charges this month \$443.00 Humana discounts - \$0.00 Benefit exclusions - \$248.70 Other Insurance - \$0.00 Amount Humana Paid - \$186.53 Your Share \$7.78	MEDICAL, HOSPITAL AND PART B PHARMACY COMBINED ANNUAL PLAN DEDUCTIBLE 0 \$180.00 Your Combined Annual Plan Deductible is \$180.00. You have paid \$180.00 towards your deductible.
--	---

CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.

Questions
 Login to MyHumana at [Humana.com](https://www.humana.com) to see your benefits, drug lists, prescriptions and claims.

Call us
 Call 1-888-445-4788 (TTY: 711)
 Monday to Friday 8 a.m. - 9 p.m. EST. Calls to these numbers are free.
 For large print or another format
 To get this material in other formats, or ask for translation services, call Humana.

Your personal medical benefits statement

Page 3 of 8
John Doe

- This monthly report of claims we processed tells what care you received, what the plan paid, and how much you paid (or can expect to be billed).
- If you owe anything, your doctors and other health care providers will send you a bill.

Details for Medical and Hospital Claims processed in March 2021

MEDICAL AND HOSPITAL CLAIMS	
Service Date: 03/14/2022 Claim # XXXXXXXXXXXXXXXX	Amount the provider billed the plan \$31.00
ABCD MD	
-Electrical stimulation to one or more areas	Humana Discounts - \$0.00
Out-of-network (billing code G0283) 1, 3, 4	Benefit Exclusions - \$21.09
	Other Insurance - \$0.00
	Total Cost (amount the plan approved) \$9.91
	Amount Humana Paid - \$9.91
	Your Share \$0.40
Service Date: 03/14/2022 Claim # XXXXXXXXXXXXXXXX	Amount the provider billed the plan \$112.00
ABCD MD	
-Physical therapy techniques to 1 or more regions	Humana Discounts - \$0.00
Out-of-network (billing code 97140) 2, 3, 4	Benefit Exclusions - \$62.36
	Other Insurance - \$0.00

Your personal medical benefits statement

Page 2 of 8
John Doe

Medical and hospital deductible and yearly limits

YEARLY LIMITS - THESE LIMITS GIVE YOU FINANCIAL PROTECTION

These limits tell the most you will have to pay in 2021 in "out-of-pocket" costs (copays, coinsurance, and your deductible) for medical and hospital services covered by the plan.

These yearly limits are called your "out-of-pocket maximums." They put a limit on how much you have to pay, but they do not put a limit on how much care you can get. This means:

- Once you have reached a limit in out-of-pocket costs, **you stop paying medical claims costs.**
- You keep getting your covered services as usual, and **the plan will pay the full cost for the rest of the year.**

2022 Combined Annual Plan Deductible
 For most covered services, the plan pays its share of the cost only after you have paid your yearly plan deductible.

Your Combined Annual Plan Deductible is: \$180.00
 As of March 30, 2022 you have paid: \$180.00
 Your remaining amount is: \$0.00

2022 Individual In-network Out-of-pocket
 In 2022, \$3,500.00 is the most you will have to pay for covered services from

Your personal medical benefits statement

Page 4 of 8
John Doe

MEDICAL AND HOSPITAL CLAIMS	
Service Date: 03/17/2022 Claim # XXXXXXXXXXXXXXXX	Amount the provider billed the plan \$60.00
ABCD PHYSICAL THERAPY	
-Exercise for strength, endurance, range of motion, and flexibility	Humana Discounts - \$0.00
Out-of-network (billing code 97110) 1, 3, 4	Benefit Exclusions - \$36.69
	Other Insurance - \$0.00
	Total Cost (amount the plan approved) \$23.31
	Amount Humana Paid - \$23.31
	Your Share \$0.93
Service Date: 03/17/2022 Claim # XXXXXXXXXXXXXXXX	Amount the provider billed the plan \$67.00
ABCD PHYSICAL THERAPY	
-Therapeutic procedure to re-educate brain-to-nerve-to-muscle function	Humana Discounts - \$0.00
Out-of-network (billing code 97112) 2, 3, 4	Benefit Exclusions - \$31.70
	Other Insurance - \$0.00
	Total Cost (amount the plan approved) \$35.30
	Amount Humana Paid - \$33.89
	Your Share \$1.41
	Your total claim share: \$2.34

Extra benefits

Extras that may help you improve your overall well-being, at no additional cost



SilverSneakers

SilverSneakers® is a health and fitness program designed for senior adults that offers fun and engaging classes and activities. The program concentrates on improving strength and flexibility so daily living activities become easier. Available at no additional cost through your Humana Medicare Advantage plan, SilverSneakers has online and in-person sessions at any pace—sit, stand, walk or run.

Visit **SilverSneakers.com/StartHere** to get your SilverSneakers ID number and find a location near you, or call SilverSneakers at **888-423-4632 (TTY: 711)**.



Go365

Go365 by Humana® is a wellness program that rewards you for completing eligible healthy activities like working out, getting your Annual Wellness Visit or volunteering. You can earn rewards to redeem for gift cards in the Go365 Mall.

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.

Activity	Reward*	Activity limit
Annual Wellness Visit	\$25	1 per year
Mammogram	\$30	1 per year
Colorectal screening Ages 45+		
Colorectal kit	\$20	1 per year†
Colonoscopy / Sigmoidoscopy	\$50	
Bone density screening	\$20	once every 2 years†

*Amounts shown represent the value of the reward, not actual dollars.

†If applicable.

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 before Dec. 31 will be forfeited. 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 **866-677-0999 (TTY: 711)**. Gift cards cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid or other federal healthcare programs, alcohol, tobacco, e-cigarettes, or firearms. Gift cards must not be converted to cash.



Humana Care Management

Humana care management programs support qualifying members to help them remain independent at home, by providing education about chronic conditions and medication adherence, help with discharge instructions, accessing community resources, finding social support and more, all included in the plan at no additional cost. Call **800-432-4803 (TTY: 711)** or visit **[Humana.com/home-care](https://www.humana.com/home-care)**.



Humana Well Dine® meal program

After your overnight inpatient stay in a hospital or nursing facility, you're eligible to receive up to 28 nutritious meals (2 meals per day for 14 days). The meals will be delivered to your door at no additional cost to you. For more information, please contact the number on the back of your Humana member ID card or visit **[Humana.com/home-care/well-dine](https://www.humana.com/home-care/well-dine)**.



Advance care planning with MyDirectives

MyDirectives®, an online advance care plan platform, helps you ensure your wishes are met in case unexpected medical emergencies happen or as illnesses progress. With MyDirectives, you can make your exact wishes known and identify the people you trust to speak for you as well. Sign in to **MyHumana.com**, go to MyHealth tab, in the drop down select MyHealth Overview and then select MyDirectives under Resources.



Humana Health Coaching

Ready to get started on your path to better health? Available to all Humana Group Medicare members, our health coaching program provides guidance to help you develop a plan of action that supports your health and well-being goals. A health coach works with you to create a personal vision for your health and well-being, brings clarity to your goals and priorities and provides accountability and support. Get started by calling **877-567-6450 (TTY: 711)**, 8 a.m. – 6 p.m., Eastern time.



Humana Neighborhood Center

Humana always has something going on. Humana Neighborhood Centers offer a variety of classes in-person and online, from the comfort of your home.

Watch daily online classes like cooking demos, crafts, and meditation. Check out our calendar to RSVP for upcoming events, browse our video library to see every previous class to date, and create an account to get a personalized experience of each one.

To see a full list of virtual activities and to RSVP for classes and other events, visit **[HumanaNeighborhoodCenter.com](https://www.humana.com/neighborhood-center)**. To find a Humana Neighborhood Center near you, visit **[Humana.com/Humana-neighborhood-centers](https://www.humana.com/Humana-neighborhood-centers)**.

Frequently asked questions

Do I need to show my red, white and blue Medicare card when I visit the doctor?

No. You'll get a Humana member ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

What should I do if I move or have a temporary address change?

If you move to another area or state, it may affect your plan. It's important to contact your group benefits administrator for details and call to notify Humana of the move.

What should I do if I have to file a claim?

Call Humana Group Medicare Customer Care for more information and assistance. To request reimbursement for a charge you paid for a service, send the provider's itemized receipt and the Health Benefits Claim Form (also available at [Humana.com](https://www.humana.com)) to the claims address on the back of your Humana member ID card. Make sure the receipt includes your name and Humana member ID number.

What if I have other health insurance coverage?

If you have other health insurance, show your Humana member ID card and your other insurance cards when you see a healthcare provider. The Humana Group Medicare plan may be eligible in combination with other types of health insurance coverage you may have. This is called coordination of benefits. Please notify Humana if you have any other medical coverage.

When does my coverage begin?

Your former employer or union decides how and when you enroll. Check with your benefits administrator for the proposed effective date of your enrollment. Be sure to keep your current healthcare coverage until your Humana Group Medicare PPO plan enrollment is confirmed.

What if my service needs a prior authorization?

If your medical service or medication requires a prior authorization, your provider can contact Humana to request it. You can call Customer Care if you have questions regarding what medical services and medications require prior authorization.

What if my provider says they will not accept my plan?

If your provider says they will not accept your PPO plan, you can give your provider the "Group Medicare Provider Information" flyer. It explains how your PPO plan works. You can also call Customer Care and have a Humana representative contact your provider and explain how your PPO plan works.

Medical insurance terms and definitions

Coinsurance

Your share of the cost after deductible

A percentage of your medical and drug costs that you may pay out of your pocket for covered services after you pay any plan deductible.

Copayment

What you pay at the provider's office for medical services

The set dollar amount you pay when you receive medical services or have a prescription filled.

Deductible

What you pay up front

The amount you pay for healthcare before your plan begins to pay for your benefits.

Exclusions and limitations

Anything not covered or covered under limited situations or conditions

Specific conditions or circumstances that aren't covered under a plan.

Maximum out-of-pocket

The most you'll spend before your plan pays 100% of the cost

The most you would have to pay for services covered by a health plan, including deductibles, copays and coinsurance. If and when you reach your annual out-of-pocket limit, the Humana Group Medicare plan pays 100% of the Medicare-approved amount for most covered medical charges.

Network

Your plan's contracted medical providers

A group of healthcare providers contracted to provide medical services at discounted rates. The providers include doctors, hospitals and other healthcare professionals and facilities.

Plan discount

A way Humana helps you save money

Amount you are not responsible for due to Humana's negotiated rate with provider.

Premium

The regular monthly payment for your plan

The amount you and/or your employer regularly pay for Medicare or Medicare Advantage coverage.

Know your numbers

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care

800-783-4599 (TTY: 711),

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

MyHumana

Sign in to or register for MyHumana to access your personal and secure plan information at [Humana.com](https://www.humana.com)

Medicare Health Assessment

888-445-3389 (TTY: 711), 24 hours a day, 7 days a week

Doctors in your network

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

Telehealth

Please contact your local provider to ask about virtual visit opportunities, or access nationwide Humana in-network telehealth options by using 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.

Caregivers

800-783-4599 (TTY: 711),

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

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

SilverSneakers®

888-423-4632 (TTY: 711),

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

[SilverSneakers.com](https://www.silversneakers.com)

Go365 by Humana™

[Humana.com/go365](https://www.humana.com/go365)

Humana Neighborhood Centers

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

State health insurance program offices

800-633-4227 (TTY: 711), 24 hours a day, 7 days a week

www.cms.gov/apps/contacts/#

*You must be a Humana member to use these services.

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, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: 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.

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

Please call the number on your ID card. If you use a TTY, call 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.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711).** Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。

GHHLE7BEN 0822

2023

Summary of Benefits

**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".

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!



Monthly Premium, Deductible and Limits

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

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUTE INPATIENT HOSPITAL CARE		
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 \$100 copay	\$0 to \$100 copay
Ambulatory surgical center	\$100 copay	\$100 copay
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	\$20 copay	\$20 copay
Specialists	\$40 copay	\$40 copay
PREVENTIVE CARE		
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.	Covered at no cost	Covered at no cost
EMERGENCY CARE		
Emergency room 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.	\$50 copay for Medicare-covered emergency room visit(s)	\$50 copay for Medicare-covered emergency room visit(s)
Urgently needed services Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	\$0 to \$40 copay	\$0 to \$40 copay

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Diagnostic radiology	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Diagnostic tests and procedures	\$0 copay	\$0 copay
Outpatient X-rays	\$0 copay	\$0 copay
Radiation therapy	\$0 copay	\$0 copay
HEARING SERVICES		
Medicare-covered hearing	\$40 copay	\$40 copay
DENTAL SERVICES		
Medicare-covered dental	\$40 copay (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)	\$40 copay (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)
VISION SERVICES		
Medicare-covered vision services	\$40 copay (services include diagnosis and treatment of diseases and injuries of the eye)	\$40 copay (services include diagnosis and treatment of diseases and injuries of the eye)
Medicare-covered diabetic eye exam	\$0 copay	\$0 copay
Medicare-covered glaucoma screening	\$0 copay	\$0 copay
Medicare-covered eyewear (post-cataract)	\$0 copay	\$0 copay

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
MENTAL HEALTH SERVICES		
Inpatient 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	\$100 per admit	\$100 per admit
Outpatient group and individual therapy visits	Outpatient therapy visit: \$0 copay Partial Hospitalization: \$0 copay	Outpatient therapy visit: \$0 copay Partial Hospitalization: \$0 copay
SKILLED NURSING FACILITY		
Our plan covers up to 100 days in a SNF. No 3-day hospital stay is required. Plan pays \$0 after 100 days	\$0 copay per day for days 1-100	\$0 copay per day for days 1-100
PHYSICAL THERAPY		
	\$0 copay	\$0 copay
AMBULANCE		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	\$0 copay	\$0 copay
PART B PRESCRIPTION DRUGS		
	\$0 copay	\$0 copay

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture visit(s) for chronic low back pain	\$20 copay	\$20 copay
20 combined In & Out-of-Network visit limit per plan year		
Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.		
ALLERGY		
Allergy shots & serum	\$0 copay	\$0 copay
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	\$0 copay	\$0 copay
Routine chiropractic visit(s)	\$20 copay	\$20 copay
20 combined In & Out-of-Network visit limit per plan year		
COVID-19		
Testing and Treatment	Plan specific cost share is applicable to hospitalization, medical services, and FDA approved Rx with confirmed COVID-19 diagnosis.	
DIABETES MANAGEMENT TRAINING		
	\$0 copay	\$0 copay
FOOT CARE (PODIATRY)		
Medicare-covered foot care	\$0 copay	\$0 copay
HOME HEALTH CARE		
	\$0 copay	\$0 copay
MEDICAL EQUIPMENT/SUPPLIES		
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

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Prosthetics (artificial limbs or braces)	0% of the cost	0% of the cost
Diabetes monitoring supplies	0% of the cost	0% of the cost
OUTPATIENT SUBSTANCE ABUSE		
Outpatient group and individual substance abuse treatment visits	\$0 copay	\$0 copay
REHABILITATION SERVICES		
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
RENAL DIALYSIS		
Renal dialysis	\$0 copay	\$0 copay
Kidney disease education services	\$0 copay	\$0 copay
TELEHEALTH SERVICES (in addition to Original Medicare)		
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: A cost share range may display, depending on the service and where the service is provided. 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
PLAN COSTS		
Medical deductible	\$50 per year for some combined in- and out-of-network services	\$50 per year for some combined in- and out-of-network services
Maximum out-of-pocket responsibility 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.	In-Network Maximum Out-of-Pocket \$650 out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional) and the Plan Premium. 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.	Combined In and Out-of-Network Maximum Out-of-Pocket \$650 out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; 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. Out-of-Network Exclusions: Part D Pharmacy; 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, we will pay the full cost for the rest of the year on covered hospital and medical services.

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



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: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

IN-NETWORK

OUT-OF-NETWORK

FITNESS AND WELLNESS

SilverSneakers® is a total health and physical activity program that provides access to exercise equipment, group fitness classes, and social events.

HEALTH EDUCATION SERVICES

Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

MEAL BENEFIT

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are eligible for nutritious meals delivered to their door at no cost.

POST-DISCHARGE PERSONAL HOME CARE

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members may receive assistance performing activities of daily living within the home. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.

POST-DISCHARGE TRANSPORTATION SERVICES

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are provided transportation to plan approved locations by car, van or wheelchair accessible vehicle at no cost.

SMOKING CESSATION (ADDITIONAL)

A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.

HOSPICE

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

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.

Important

At Humana, it is important you are treated fairly.

Humana 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, ethnicity, marital status, religion, or language. 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 **1-877-320-1235** 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.
1-877-320-1235 (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.
1-877-320-1235 (TTY: 711)

Multi-Language Insert

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 1-877-320-1235 (TTY: 711). Someone who speaks English 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711)。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 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711) 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711) 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 1-877-320-1235 (TTY: 711). 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 (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugues: 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-320-1235 (TTY: 711) 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。



Find out **more**



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[®]

Humana.com

SB079110EN23
SB079111EN23

2023

Prescription Drug Summary of Benefits

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

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

Humana®



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".



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 **\$4,660**. 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
30-day supply		
1 (Generic or Preferred Generic)	\$5 copay	\$5 copay
2 (Preferred Brand)	\$15 copay	\$15 copay
3 (Non-Preferred Drug)	50% of the cost	50% of the cost
4 (Specialty Tier)	\$100 copay	\$100 copay
90-day supply (Maintenance Drugs)		
1 (Generic or Preferred Generic)	\$10 copay	\$10 copay
2 (Preferred Brand)	\$30 copay	\$30 copay
3 (Non-Preferred Drug)	50% of the cost	50% of the cost
4 (Specialty Tier)	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. To view the most complete and current Drug Guide information online, visit www.humana.com/SearchResources, locate Prescription Drug section, select www.humana.com/MedicareDrugList link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP11.

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 **\$4,660**. 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 **\$7,400**, 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 **\$7,400**, you pay the greater of either:

- **\$4.15** for generic (including brand drugs treated as generic) and a **\$10.35** copay for all other drugs,
OR
- **5%** coinsurance
 - **One-month Retail: \$100** maximum out-of-pocket per prescription for a one-month supply regardless of tier.
 - **Three-month Mail order: \$100** maximum out-of-pocket per prescription excluded specialty 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 **\$4,660**. 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
30-day supply		
1 (Generic or Preferred Generic)	\$5 copay	\$5 copay
2 (Preferred Brand)	\$15 copay	\$15 copay
3 (Non-Preferred Drug)	50% of the cost	50% of the cost
4 (Specialty Tier)	\$100 copay	\$100 copay
90-day supply (Maintenance Drugs)		
1 (Generic or Preferred Generic)	\$10 copay	\$10 copay
2 (Preferred Brand)	\$30 copay	\$30 copay
3 (Non-Preferred Drug)	50% of the cost	50% of the cost
4 (Specialty Tier)	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. To view the most complete and current Drug Guide information online, visit www.humana.com/SearchResources, locate Prescription Drug section, select www.humana.com/MedicareDrugList link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP11.

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 **\$4,660**. 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 **\$7,400**, 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 **\$7,400**, you pay the greater of either:

- **\$4.15** for generic (including brand drugs treated as generic) and a **\$10.35** copay for all other drugs,
OR
- **5%** coinsurance
 - **One-month Retail: \$100** maximum out-of-pocket per prescription for a one-month supply regardless of tier.
 - **Three-month Mail order: \$100** maximum out-of-pocket per prescription excludes specialty tier.

[illegible]

[illegible]

Important

At Humana, it is important you are treated fairly.

Humana 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, ethnicity, marital status, religion, or language. 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 **1-877-320-1235** 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.
1-877-320-1235 (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.
1-877-320-1235 (TTY: 711)

Multi-Language Insert

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 1-877-320-1235 (TTY: 711). Someone who speaks English 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711)。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 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711) 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711) 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 1-877-320-1235 (TTY: 711). 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 (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugues: 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-320-1235 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。



Find out **more**



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** 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.

Humana[®]

Humana.com

RX125EN23
RX126EN23

2023

Summary of Benefits

Silver Plan

**Humana Group Medicare Advantage PPO Plan
PPO 079/283**

**West Virginia PEIA
Humana/PEIA Plan 2**

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".

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!



Monthly Premium, Deductible and Limits

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

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUTE INPATIENT HOSPITAL CARE		
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.	\$150 per admit	\$150 per admit
OUTPATIENT HOSPITAL COVERAGE		
Outpatient hospital visits	\$0 to \$115 copay	\$0 to \$115 copay
Ambulatory surgical center	\$115 copay	\$115 copay
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	\$20 copay	\$20 copay
Specialists	\$50 copay	\$50 copay
PREVENTIVE CARE		
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.	Covered at no cost	Covered at no cost
EMERGENCY CARE		
Emergency room 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.	\$65 copay for Medicare-covered emergency room visit(s)	\$65 copay for Medicare-covered emergency room visit(s)
Urgently needed services Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	\$0 to \$50 copay	\$0 to \$50 copay

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Diagnostic radiology	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay
Diagnostic tests and procedures	\$0 copay	\$0 copay
Outpatient X-rays	\$0 copay	\$0 copay
Radiation therapy	\$0 copay	\$0 copay
HEARING SERVICES		
Medicare-covered hearing	\$50 copay	\$50 copay
DENTAL SERVICES		
Medicare-covered dental	\$50 copay (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)	\$50 copay (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)
VISION SERVICES		
Medicare-covered vision services	\$50 copay (services include diagnosis and treatment of diseases and injuries of the eye)	\$50 copay (services include diagnosis and treatment of diseases and injuries of the eye)
Medicare-covered diabetic eye exam	\$0 copay	\$0 copay
Medicare-covered glaucoma screening	\$0 copay	\$0 copay
Medicare-covered eyewear (post-cataract)	\$0 copay	\$0 copay

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
MENTAL HEALTH SERVICES		
Inpatient 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	\$150 per admit	\$150 per admit
Outpatient group and individual therapy visits	Outpatient therapy visit: \$0 copay Partial Hospitalization: \$0 copay	Outpatient therapy visit: \$0 copay Partial Hospitalization: \$0 copay
SKILLED NURSING FACILITY		
Our plan covers up to 100 days in a SNF. No 3-day hospital stay is required. Plan pays \$0 after 100 days	\$0 copay per day for days 1-100	\$0 copay per day for days 1-100
PHYSICAL THERAPY		
	\$0 copay	\$0 copay
AMBULANCE		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	\$0 copay	\$0 copay
PART B PRESCRIPTION DRUGS		
	\$0 copay	\$0 copay

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture visit(s) for chronic low back pain	\$20 copay	\$20 copay
20 combined In & Out-of-Network visit limit per plan year		
Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.		
ALLERGY		
Allergy shots & serum	\$0 copay	\$0 copay
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	\$0 copay	\$0 copay
Routine chiropractic visit(s)	\$20 copay	\$20 copay
20 combined In & Out-of-Network visit limit per plan year		
COVID-19		
Testing and Treatment	Plan specific cost share is applicable to hospitalization, medical services, and FDA approved Rx with confirmed COVID-19 diagnosis.	
DIABETES MANAGEMENT TRAINING		
	\$0 copay	\$0 copay
FOOT CARE (PODIATRY)		
Medicare-covered foot care	\$0 copay	\$0 copay
HOME HEALTH CARE		
	\$0 copay	\$0 copay
MEDICAL EQUIPMENT/SUPPLIES		
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

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Prosthetics (artificial limbs or braces)	0% of the cost	0% of the cost
Diabetes monitoring supplies	0% of the cost	0% of the cost
OUTPATIENT SUBSTANCE ABUSE		
Outpatient group and individual substance abuse treatment visits	\$0 copay	\$0 copay
REHABILITATION SERVICES		
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
RENAL DIALYSIS		
Renal dialysis	\$0 copay	\$0 copay
Kidney disease education services	\$0 copay	\$0 copay
TELEHEALTH SERVICES (in addition to Original Medicare)		
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: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



Covered Medical and Hospital Benefits

IN-NETWORK

OUT-OF-NETWORK

FITNESS AND WELLNESS

SilverSneakers® is a total health and physical activity program that provides access to exercise equipment, group fitness classes, and social events.

HEALTH EDUCATION SERVICES

Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

MEAL BENEFIT

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are eligible for nutritious meals delivered to their door at no cost.

POST-DISCHARGE PERSONAL HOME CARE

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members may receive assistance performing activities of daily living within the home. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.

POST-DISCHARGE TRANSPORTATION SERVICES

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are provided transportation to plan approved locations by car, van or wheelchair accessible vehicle at no cost.

SMOKING CESSATION (ADDITIONAL)

A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.

HOSPICE

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

Note: A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.

[illegible]

[illegible]

Important

At Humana, it is important you are treated fairly.

Humana 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, ethnicity, marital status, religion, or language. 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 **1-877-320-1235** 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.
1-877-320-1235 (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.
1-877-320-1235 (TTY: 711)

Multi-Language Insert

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 1-877-320-1235 (TTY: 711). Someone who speaks English 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711)。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 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711) 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711) 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 1-877-320-1235 (TTY: 711). 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 (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugues: 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-320-1235 (TTY: 711) 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。



Find out **more**



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®

Humana.com

SB079283EN23

2023

Prescription Drug Summary of Benefits

Silver Plan

Humana Group Medicare Advantage Plan
Rx 139

West Virginia PEIA
Humana/PEIA Plan 2

Humana®

This page is left intentionally blank.



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".



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 **\$4,660**. 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
30-day supply		
1 (Generic or Preferred Generic)	\$5 copay	\$5 copay
2 (Preferred Brand)	\$20 copay	\$20 copay
3 (Non-Preferred Drug)	50% of the cost	50% of the cost
4 (Specialty Tier)	\$100 copay	\$100 copay
90-day supply (Maintenance Drugs)		
1 (Generic or Preferred Generic)	\$10 copay	\$10 copay
2 (Preferred Brand)	\$40 copay	\$40 copay
3 (Non-Preferred Drug)	50% of the cost	50% of the cost
4 (Specialty Tier)	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. To view the most complete and current Drug Guide information online, visit www.humana.com/SearchResources, locate Prescription Drug section, select www.humana.com/MedicareDrugList link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP11.

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 **\$4,660**. 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 **\$7,400**, 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 **\$7,400**, you pay the greater of either:

- **\$4.15** for generic (including brand drugs treated as generic) and a **\$10.35** copay for all other drugs,
OR
- **5%** coinsurance
 - **One-month Retail: \$100** maximum out-of-pocket per prescription for a one-month supply regardless of tier.
 - **Three-month Mail order: \$100** maximum out-of-pocket per prescription excludes specialty tier.

[illegible]

[illegible]

Notes

Important

At Humana, it is important you are treated fairly.

Humana 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, ethnicity, marital status, religion, or language. 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 **1-877-320-1235** 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.
1-877-320-1235 (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.
1-877-320-1235 (TTY: 711)

Multi-Language Insert

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 1-877-320-1235 (TTY: 711). Someone who speaks English 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711)。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 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711) 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711) 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 1-877-320-1235 (TTY: 711). 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 (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugues: 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711). 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 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-320-1235 (TTY: 711) 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。



Find out **more**



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** 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.

Humana[®]

Humana.com

RX139EN23



Virtual care where you're most comfortable

Telehealth visits are available through your Humana plan

The doctor is in, even if you can't or don't want to go into an office. Telehealth visits allow you to get nonemergency medical care through your phone,* tablet or computer.†

Use telehealth for 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.

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

Ask your trusted provider if they offer telehealth visits and if so, what you need to do to get started

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

*Depending on the initial consultation, video may be required for telehealth visits.

†Standard data rates may apply.

**Delivering the care you need securely, conveniently
and on your terms—that's human care.**

Humana®

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

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.

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, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: 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.

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

Please call the number on your ID card. If you use a TTY, call 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.

This information is available for free in other languages.

Please call the number on your ID card. If you use a TTY, call 711.

Español (Spanish): Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación **(TTY: 711)**.

Chinese (Chinese): 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 **(TTY: 711)**。

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, gender identity, ancestry, ethnicity, marital status, religion, or language.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card.

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®

Y0040_GHHKN52EN_23_C
PVACB23



Vaccines protect your
health—understand your
vaccines coverage

Where you get your vaccines may determine how it is covered

Your Group Medicare plan provides coverage for vaccines, but that coverage depends on the specific vaccine and where you get it. Knowing how your coverage works may save you from paying for vaccines out of pocket.

At your provider's office

The Medicare Part B portion of your plan pays for the following vaccines at your provider's office and at the pharmacy:

- Influenza (flu) vaccine—once per season
- Pneumococcal vaccines
- Hepatitis B vaccines for persons at increased risk of hepatitis
- Vaccines directly related to the treatment of an injury or direct exposure to a disease or condition, such as rabies and tetanus



At a network pharmacy

The Medicare Part D portion of your plan covers all commercially available vaccines—**except for those covered by Part B**—as long as the vaccine is reasonable and necessary to prevent illness.

Get vaccines like the ones listed below at a network pharmacy

If you get them at your doctor's office, you'll pay the full cost of the vaccine out of pocket.

Here are some common vaccines that you should get at your pharmacy, not from your doctor.

- **Shingles:** A virus that causes a painful rash in people who have previously had chickenpox.
- **Tdap:** This booster vaccine protects against tetanus, diphtheria and pertussis (whooping cough). (If you need a tetanus shot due to injury, Medicare Part B will cover that from your doctor.)
- **Hepatitis A:** This highly contagious liver infection can range in severity from a mild illness lasting a few weeks to a severe illness lasting several months.



Important information for your pharmacist

For MA: Let your pharmacist know to use **BIN 610649** and **PCN 03200004** when filling your prescription for items covered under Part B.

For MAPD: Let your pharmacist know to use **BIN 015581** and **PCN 03200000** when filling your prescription for items covered under Part D.



Got questions?

Because vaccines are covered differently at the provider's office and the pharmacy, you may want to call first to understand how your insurance covers a specific vaccine. Call the Customer Care number on the back of your Humana member ID card or sign in to **MyHumana.com**.

2023 WV PEIA Plan Comparison

Medical Comparison at a glance	Humana/PEIA Plan 1	Humana/PEIA Plan 1 Benefit Assistance	Humana/PEIA Plan 2
Annual medical deductible	\$150	\$50	\$375
Annual maximum out-of-pocket	\$1,350	\$650	\$2,325
Primary care physician (PCP)	\$20 copay	\$2 copay	\$20 copay
Specialist	\$40 copay	\$5 copay	\$50 copay
Inpatient hospital care	\$100 copay per admission	\$100 copay per admission	\$150 copay per admission
Emergency room	\$50 copay	\$50 copay	\$65 copay
Outpatient/Office Surgery	\$100 copay	\$50 copay	\$115 copay
Ambulance	\$0	\$0	\$0
Skilled Nursing Facility	\$0	\$0	\$0

Pharmacy Comparison at a glance	Humana/PEIA Plan 1	Humana/PEIA Plan 1 Benefit Assistance	Humana/PEIA Plan 2
Annual medical deductible	\$75	\$75	\$150
Annual maximum out-of-pocket	\$1,825	\$325	\$1,900
Tier 1 Generic/Preferred generic	\$5	\$5	\$5
Tier 2 Preferred brand	\$15	\$15	\$20
Tier 3 Nonpreferred drug	50%	50%	50%
Tier 4 Specialty	\$100	\$100	\$100



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

Humana is a Medicare Advantage PPO organization and a stand alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. This information is not a complete description of benefits. Call **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, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618. **800-783-4599 (TTY: 711)**.

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

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.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 9 p.m., Central time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 9 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線: 711)**。辦公時間：東部時間上午 8 時至晚上 9 時。



BE ACTIVE YOUR WAY WITH SILVERSNEAKERS

SilverSneakers® is more than a fitness program. It's an opportunity to maintain your health, gain confidence and connect with your community. Plus, it's included with many Medicare Advantage plans and select Medicare Supplement plans at **no additional cost**.

With SilverSneakers, you're free to move in the ways that work for you.

At home or on the go

- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers LIVE™ virtual classes and workshops throughout the week
- SilverSneakers GO™ mobile app with adjustable workout plans and more

In participating fitness locations

- Thousands of participating locations¹ with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes² designed for all levels

In your community

- Group activities and classes² offered outside the gym
- Events including shared meals, holiday celebrations and class socials

You may already have SilverSneakers. If your health plan offers it, you just need your member ID to get started. Visit the website below to find out.

[Silversneakers.com/StarthHere](https://silversneakers.com/StarthHere)

Find out if you have SilverSneakers
and get started today.

Did you know?

88%

of participants say
SilverSneakers has
improved their
quality of life.³

Questions? Call us.

888-423-4632 (TTY: 711), Monday - Friday, 8 a.m. - 8 p.m., ET



SSMVF23

Always talk with your doctor before starting an exercise program.

1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.
2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.
3. 2021 SilverSneakers Annual Participant Survey.

SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers On-Demand, SilverSneakers LIVE and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved. HU3655_0622



ACTION REQUIRED: Send West Virginia PEIA Your Medicare Information.

Dear West Virginia PEIA Medicare-Eligible Member,

We are very excited to welcome you to the Humana family starting January 1, 2023. Due to the federal rules governing Medicare Advantage, PEIA and Humana are **required** to have your permanent residential address and Medicare ID number on file and report it to the Center for Medicare and Medicaid Services (CMS).

Your permanent residential address cannot be a Post Office (P.O.) Box. Your Medicare ID number is located on your red, white, and blue Medicare card.

MEDICARE HEALTH INSURANCE	
Name/Nombre JOHN L SMITH	
Medicare Number/Número de Medicare 1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Please complete the form below and return it to PEIA, using the enclosed envelope, **no later than October 31, 2022**. If you do not provide the necessary information, you will not be able to be enrolled in the PEIA/Humana Medicare Retiree Plan effective January 1, 2023.

Please note: Your mailing address and residential address can be different, and your mailing address can be a P.O. Box.

Last Name	First Name	PEIA ID Number

Residential Address:

City:	State:	Zip:
-------	--------	------

Mailing Address:

City:	State:	Zip:
-------	--------	------

Medicare ID:

Signature:	Date:
------------	-------

Please mail your completed form using the enclosed envelope with the WV PEIA address:

WV PEIA
Attn: Medicare Unit
601 57th St. SE, Suite 2
Charleston, WV 25304-9943

If you have any questions about any of this information, please call
Group Medicare Customer Care at **800-783-4599 (TTY: 711)**.
Our hours of operation are Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Sincerely,
Humana and PEIA Medicare Team



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

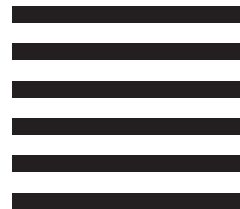
FIRST-CLASS MAIL

PERMIT NO. 866526

CHARLESTON, WV

POSTAGE WILL BE PAID BY ADDRESSEE

WV PEIA
ATTN: MEDICARE UNIT
601 57TH ST. SE SUITE 2
CHARLESTON WV 25304-9943



Y0040_GHHLCAPEN_22_PEIA_C

