

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

Important plan information



2026 Humana Group Medicare

Your journey to better health, for better retirement



Humana®

A more human way
to healthcare™



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HUMANA GROUP MEDICARE ADVANTAGE HMO PLAN

Office of Group
Benefits State of
Louisiana



We're here for you

Humana Group Medicare Customer Care

877-889-9885 (TTY: 711)

Monday – Friday, 7 a.m. – 8 p.m., Central time

Humana is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **877-889-9885 (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.

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Humana®

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Let's get started understanding your benefits and coverage

Learn more about extra programs and services Humana offers

Scan the QR code with your
mobile device.



Inside this packet you'll find:

Welcome to a more human way to healthcare

Your benefits include

Know before you enroll

Important Enrollment Information

What to expect after you enroll

Manage your Humana account online

Find Care tool

Know your numbers

Medical Summary of Benefits

Dental Benefits

Hearing Benefits

Vision Benefits

Rx Summary of Benefits

Important Prescription Drug Information

Commonly Prescribed Medication List



Welcome to a more human way to healthcare

Take action to enroll

Dear Group Medicare Beneficiary,

We're excited to inform you that **State of Louisiana, Office of Group Benefits** has partnered with Humana to offer you a Medicare Advantage Health Maintenance Organization (HMO) and Prescription Drug Plan that provides more benefits than Original Medicare.

Understanding your Medicare plan and how it works is important. Humana believes everyone should have access to the tools and support needed to have a fair and just opportunity to be as healthy as possible. During our over 30 years of experience with Medicare, we've learned how to be a better partner in health.

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 OGB's Customer Service at **800-272-8451 (TTY: 711)**, Monday – Friday, 8 a.m. - 4:30 p.m., Central time.
- Review the Important Prescription Drug Information on how to view or request a copy of a Prescription Drug Guide.
- Please see the Find Care page in this packet for instructions on finding a list of network providers or network pharmacies.

Enrollment Information

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

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

Sincerely,
Group Medicare Operations

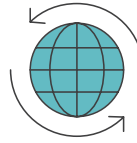
Your benefits include:



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

Get the care you deserve

- Your choice of an in-network provider to manage your care
- A network of providers, specialists and hospitals to choose from
- There are more than 61,000 participating pharmacies in our network
- Coverage for office visits, including routine physical exams
- Coverage for medically necessary stays in the hospital
- Almost no claim forms to fill out or mail—we take care of that for you
- Predictable costs, so you'll know how much your copayments and coinsurance percentages are upfront
- Dedicated Customer Care specialists who serve only our Group Medicare members

Coverage that fits the way you live

When you become a member of the Humana family, you can expect healthcare designed with you in mind—that meets you where you are today and delivers care that takes you to where you want to be.

Care delivered how and where you need it

Humana offers a variety of programs for patients who need care for complex medical situations or support for chronic conditions. Through these programs, care managers collaborate with physicians and other healthcare professionals to help patients manage their healthcare needs at home, in the hospital, by phone or email.

Benefits that put you first

Our health and well-being tools and resources make it easy to set health goals, chart your progress, strengthen your mind and body and build connections with others. It's about giving you the things you expect from an insurance company—and then finding more ways to help make your life better.

Know before you enroll

You must be entitled to Medicare Part A and enrolled in Medicare Part B as the Humana Group Medicare HMO plan is a Medicare Advantage plan.

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 HMO plan enrollment is confirmed.

Is your provider and pharmacy in-network or out-of-network?

You can find a doctor or pharmacy in your network by using Humana's Find Care tool, visit [Humana.com/findcare](https://www.humana.com/findcare).

What does insurance cover?

- Every health plan is different. Check coverage details before you see a doctor, use services or have procedures.
- Sometimes, your plan may not cover procedures and treatments, or may require prior authorization. Knowing what is and is not covered may save you time and money.
- See if your prescription medication is covered and if you have any open transfers that need to occur.

What if I have other health insurance coverage?

You can enroll in only one Medicare Advantage plan and one Medicare prescription drug plan at a time. Enrollment in this plan will cancel your enrollment in a different Medicare Advantage plan and Medicare prescription drug plan.

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 plans 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.

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 need prescriptions filled before I receive my Humana member ID card?

If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

Important Enrollment Information

State of Louisiana, Office of Group Benefits is offering you the option to enroll in the Humana Group Medicare health maintenance organization (HMO) plan. If you want to enroll in this plan, please follow the instructions below. Your plan will start on the date set by your benefit administrator.

Enrollment in this plan will cancel your enrollment in a different Medicare Advantage or a Medicare Prescription Drug (Part D) plan. However, if you are currently enrolled in a Medicare Supplement plan, you will have to take action to cancel your enrollment.

How do I enroll?

If you want to enroll in this Group Medicare Advantage health plan, you will need to complete the Office of Group Benefits annual enrollment form found in the OGB Annual Enrollment Guide (or the OGB Enrollment/change form if you become eligible for this plan outside of the annual enrollment period) and return to the address provided. For more information, contact OGB's Customer Service at 800-272-8451, Monday - Friday, 8 a.m. - 4:30 p.m., Central time.

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

This enrollment packet includes important information about this plan and what it covers, including a Summary of Benefits document. Please review this information carefully.

Once enrolled, you will receive information on how to view or request a copy of an Evidence of Coverage document (also known as a member contract or subscriber agreement) from the Humana Group Medicare HMO plan. Please read the document to learn about the plan's coverage and services. As a member of the Humana Group Medicare HMO 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 HMO plan begins, you must receive all of your healthcare from providers that are a part of Humana's provider network. The exceptions are for emergency care, out of area dialysis services, or urgently needed services. If you get care or services that aren't approved or covered by your plan, neither Medicare nor the Humana Group Medicare HMO plan may pay for these 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 HMO plan?

You aren't required to be enrolled in this plan. If you don't want to enroll or have enrollment questions, contact OGB's Customer Service at 800-272-8451, Monday - Friday, 8 a.m. - 4:30 p.m., Central time.

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.

What if I want to leave the Humana Group Medicare HMO 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 Humana Group Medicare. Please note that in order to maintain your medical and prescription drug coverage through Office of Group Benefits, you must remain in an OGB-sponsored plan. For more information contact OGB's Customer Service at 800-272-8451, Monday – Friday, 8 a.m. – 4:30 p.m., Central time. 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 HMO plan serves a specific service area. **If you move to another area or state, it may affect your plan.** It's important to contact OGB's Customer Service 800-272-8451, Monday – Friday, 8:00 a.m. – 4:30 p.m. Central time, to change to another OGB sponsored plan. Please also call Humana Group Medicare Customer Care at **877-889-9885 (TTY: 711)**, Monday – Friday, 7 a.m. – 8 p.m., Central time, to notify of the new address and phone number.

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 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. Once you receive your ID card, you can create a MyHumana profile. Having access to your important health documents online, all in one place, is a great way to stay organized, and you can get to your information at any time. To activate your account, visit **Humana.com/Registration**.

- **Evidence of Coverage (EOC)**

You will receive information on how to view or request a copy of the Evidence of Coverage document (also known as a member contract or subscriber agreement). Please read the document to learn about the plan's coverage and services. This will also include your privacy notice.

- **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.

- **Health and Well-being Assessment (HWA)**

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 HWA 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're here for you

If you have questions or need help, call Humana Group Medicare Customer Care,

877-889-9885 (TTY: 711),

Monday – Friday, 7 a.m. – 8 p.m., Central time

Manage your Humana plan online

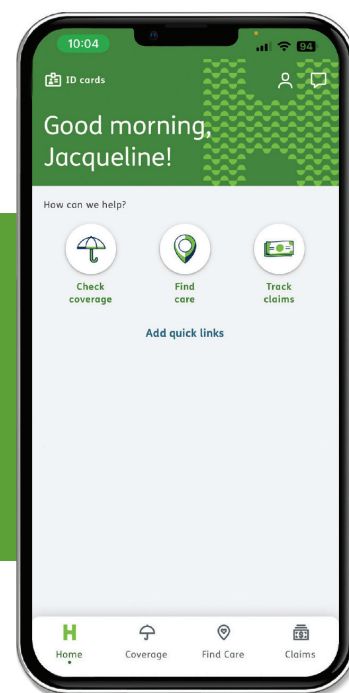
MyHumana on the go

Get the most out of your plan with a MyHumana account and take your Humana essentials wherever you go with the MyHumana mobile app.

Depending on your plan, you can use the MyHumana mobile app to:

- Explore coverage and benefit details the moment you need them
- Get Humana member ID cards and add them to your phone's wallet
- Find care close to you and get directions on your phone's map app
- Review claims status
- Access your exclusive member discounts

Once your Humana plan coverage begins, go to **MyHumana.com** to activate your account or download and register on the MyHumana app for iOS and Android.* Learn more at **Humana.com/member/manage-your-account**.



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

- 1 Create your account.**
Visit **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.



Scan this QR code

Scan this QR code with your mobile device to create your account.

*App Store and Google Play app store are registered trademarks of Apple Inc. and Google. All rights reserved. Apple and Google are not participants in or sponsors of this promotion.

Find a doctor using Humana's Find Care search tool

Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find Care search tool to find in-network doctors, pharmacies, and more.

Go to

Humana.com/FindCare

Search as a Member or Guest


- Sign in to your secure MyHumana account to conduct a search, or
- Search as a guest by entering your location.

Already a Humana plan member?

Sign in →

Don't have an account?

Sign in using your member ID →



Search as a guest

Enter your location and network to search near you

Your location

Address, city, county, or ZIP code

Get started →

Choose the type of care you are looking for

Use the tabs to help you search for a doctor or pharmacy.

Choose your medical network

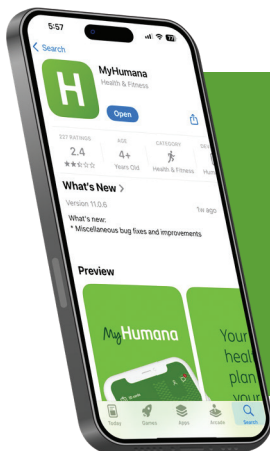
Select a lookup method from the drop-down menu.

Find medical care

Select a tab to search by Provider Name, Facility or Specialty.

Select the “Search” button for your results

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



Find Care on the MyHumana mobile app

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

Call our Customer Care team at **877-889-9885 (TTY: 711)**, Monday – Friday, 7 a.m. – 8 p.m., Central time.

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care

877-889-9885 (TTY: 711),

Monday – Friday, 7 a.m. – 8 p.m., Central time

MyHumana

Sign in to or register for MyHumana to access your personal and secure plan information at **Humana.com**

MyHumana mobile app

Humana.com/mobile-apps

Doctors in your network

Humana.com/findcare

Telehealth

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

Humana Clinical Pharmacy Review Team

800-555-2546 (TTY: 711),

Monday – Friday, 7 a.m. – 7 p.m., Central time

SilverSneakers®

888-423-4632 (TTY: 711),

Monday – Friday, 7 a.m. – 7 p.m., Central time

SilverSneakers.com

Go365 by Humana®

Go365.com

Humana Care Management

877-889-9885 (TTY: 711),

Monday – Friday, 7 a.m. – 8 p.m., Central time

Humana.com/home-care

Post-discharge Meal Program

877-889-9885 (TTY: 711),

Monday – Friday, 7 a.m. – 8 p.m., Central time

Humana.com/home-care/well-dine

Humana Health Coaching

877-567-6450 (TTY: 711),

Monday – Friday, 7 a.m. – 5 p.m., Central time

Caregiver Support

Humana.com/caregiver

CenterWell Pharmacy™

800-379-0092 (TTY: 711),

Monday – Friday, 7 a.m. – 10 p.m., and

Saturday, 7 a.m. – 5:30 p.m., Central time

CenterWellPharmacy.com

CenterWell Specialty Pharmacy™

800-486-2668 (TTY: 711),

Monday – Friday, 7 a.m. – 10 p.m., and

Saturday, 7 a.m. – 5:30 p.m., Central time

CenterWellSpecialtyPharmacy.com

State health insurance program offices

800-633-4227 (TTY: 711), daily

www.cms.gov/apps/contacts/#

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

2026

Summary of Benefits

Humana Group Medicare Advantage HMO Plan
HMO 076/596

Office of Group Benefits State of Louisiana



Humana®

Our service area includes the following: **Louisiana:** Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn.



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

Find out more about the Humana Group Medicare Advantage HMO 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 HMO 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 HMO plan has a network of doctors, hospitals, and other providers. For more information, please call Humana Group Medicare Customer Care.

Plan name:

Humana Group Medicare Advantage HMO plan



A healthy partnership

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

How to reach us:

Members should call toll-free
1-877-889-9885 for questions
(TTY/TDD: 711)

Call Monday – Friday, 7 a.m. – 8 p.m.,
Central time.

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



Monthly Premium, Deductible and Limits

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 group benefits plan administrator.

Medical deductible

This plan does not have a deductible.

Medical 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

\$2,000 out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Dental Services (Routine); Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Uniform Flexibility Non-Emergency Medical Transportation; Vision Services (Routine) and the Plan Premium do not apply to the in-network maximum out-of-pocket.

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.



Covered Medical Benefits

IN-NETWORK

ACUTE INPATIENT HOSPITAL CARE

This 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.

\$50 copay per day for days 1-10

OUTPATIENT HOSPITAL COVERAGE

Diagnostic colonoscopy **\$0** copay

Diagnostic mammography **\$0** copay

Observation services **\$0** copay

Surgery services **\$0** copay

AMBULATORY SURGICAL CENTER

Diagnostic colonoscopy **\$0** copay

Surgery services **\$0** copay

DOCTOR OFFICE VISITS

Primary care provider (PCP) **\$0** copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

IN-NETWORK

Specialists

\$10 copay

PREVENTIVE CARE

This plan covers all Medicare preventative services including:

- Abdominal aortic aneurysm screening
- Alcohol misuse screening & counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening
- Cardiovascular disease behavioral therapy
- Cardiovascular disease screening
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes self-management training
- Diabetes screening
- Glaucoma screening
- Hepatitis C screening
- HIV screening
- Kidney disease education services
- Lung cancer screening
- Medical nutrition therapy
- Obesity screening and therapy
- Physical exams (routine)
- Prostate cancer screening exam
- Smoking and tobacco use cessation
- STI screening and counseling
- "Welcome to Medicare" preventative visit

Covered at no cost

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

IN-NETWORK

- Immunizations
 - Medicare diabetes prevention program (MDPP)
- Covered at no cost**

Any additional preventative services approved by Medicare during the contract year will be covered.

EMERGENCY CARE

Emergency room **\$50** copay for Medicare-covered emergency room visit(s)

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.

Urgently needed services

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$10** copay
- Urgent care center **\$10** copay

Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.

DIAGNOSTIC SERVICES, LABS AND IMAGING

Advanced imaging services (MRI, MRA, PET and CT Scan)

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$0** copay
- Freestanding radiological facility **\$0** copay
- Outpatient Hospital **\$0** copay

Diagnostic mammography

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$10** copay
- Freestanding radiological facility **\$0** copay
- Outpatient Hospital **\$0** copay

Diagnostic procedures and tests

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$10** copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

IN-NETWORK

- Urgent care center **\$10** copay
- Freestanding radiological facility **\$0** copay
- Outpatient Hospital **\$0** copay

EKG screening

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$0** copay
- Freestanding radiological facility **\$0** copay
- Outpatient Hospital **\$0** copay

Lab services

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$0** copay
- Urgent care center **\$0** copay
- Freestanding laboratory **\$0** copay
- Outpatient Hospital **\$0** copay

Nuclear medicine services

- Freestanding radiological facility **\$0** copay
- Outpatient Hospital **\$0** copay

Outpatient x-rays

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$10** copay
- Urgent care center **\$10** copay
- Freestanding radiological facility **\$0** copay
- Outpatient Hospital **\$0** copay

Radiation therapy

- Specialist's office **\$10** copay
- Freestanding radiological facility **\$0** copay
- Outpatient Hospital **\$0** copay

HEARING SERVICES

Medicare-covered hearing: diagnostic hearing and balance exams **\$10** copay

Routine hearing **\$25** copay for fitting/evaluation, routine hearing exams up to 1 per year.
\$2,000 maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years.

DENTAL SERVICES

Medicare-covered dental **\$10** copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

IN-NETWORK

Routine dental

0% of the cost for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.

0% of the cost for panoramic film or diagnostic x-rays up to 1 every 5 years.

0% of the cost for bitewing x-rays up to 1 set(s) per year.

0% of the cost for emergency diagnostic exam, intraoral x-rays up to 1 per year.

0% of the cost for amalgam and/or composite filling, fluoride treatment, periodic oral exam, prophylaxis (cleaning) up to 2 per year.

0% of the cost for periodontal maintenance up to 4 per year.

0% of the cost for simple or surgical extraction up to unlimited per year.

0% of the cost for necessary anesthesia (inhalation of nitrous oxide/analgesia, anxiolysis) with covered service up to as needed with covered codes per year.

\$500 maximum benefit coverage amount per year for all preventive and comprehensive benefits.

Limitations and exclusions may apply. Please see your Evidence of Coverage (EOC) for additional details. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Dental benefits under this plan may not cover all ADA procedure codes. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire. Information regarding each plan is available at [Humana.com/sb](https://www.humana.com/sb).

In-network dentists have agreed to provide covered services at contracted rates (per the in-network fee schedules, or INFS). If a member visits a participating network dentist, the member cannot be billed for charges that exceed the negotiated fee schedule (but any applicable coinsurance payment still applies).

The Mandatory Supplemental Dental benefits are provided through the Humana Dental Medicare Network. Contact Customer Service to locate a provider.

VISION SERVICES

Medicare-covered vision services

\$10 copay

Medicare-covered diabetic eye exam (1 per year)

\$0 copay

Medicare-covered glaucoma screening (1 per year)

\$0 copay

Medicare-covered eyewear (post-cataract)

\$0 copay

Routine vision

\$0 copay for routine exam (includes refraction) up to 1 per year.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

IN-NETWORK

MENTAL HEALTH SERVICES

Inpatient

The inpatient hospital care limit applies to inpatient mental services provided in a general hospital or a psychiatric facility. 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.

\$25 copay per day for days 1-5

Partial Hospitalization

\$0 copay

Intensive Outpatient Services

\$0 copay

Outpatient group and individual therapy visits

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$0** copay
- Urgent care **\$10** copay
- Outpatient Hospital **\$0** copay

SKILLED NURSING FACILITY (SNF)

This plan covers up to 100 days in a SNF.

\$0 copay per day for days 1-20
\$25 copay per day for days 21-100

No 3-day hospital stay is required.
Plan pays \$0 after 100 days.

AMBULANCE

Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.

\$50 copay

TRANSPORTATION

**Uniform Flexibility
Non-Emergency Medical
Transportation**

\$0 copay for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer Diagnosis.
This benefit is not to exceed 50 miles per trip.

MEDICARE PART B PRESCRIPTION DRUGS

Chemotherapy drugs

- Specialist's office **\$0** copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

IN-NETWORK

- Outpatient Hospital

\$0 copay

Medicare Part B covered drugs

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$0** copay
- Outpatient Hospital **\$0** copay
- Pharmacy **0%** of the cost

Medicare Part B insulin drugs

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$0** copay
- Outpatient Hospital **\$0** copay
- Pharmacy **0%** of the cost

ACUPUNCTURE SERVICES

Medicare-covered acupuncture visit(s) for chronic low back pain **\$10** copay for acupuncture for chronic low back pain visits up to 20 visit(s) per year.

ALLERGY

Allergy shots & serum

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$10** copay

CHIROPRACTIC SERVICES

Medicare-covered chiropractic visit(s) **\$10** copay

DIABETES SERVICES AND SUPPLIES

Continuous glucose monitor (CGM)

- Durable medical equipment provider **5%** of the cost
- Pharmacy **0%** of the cost

Diabetes management training

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$0** copay
- Outpatient hospital **\$0** copay

Diabetes monitoring supplies

- Durable medical equipment provider **5%** of the cost
- Pharmacy **5%** of the cost
- Preferred diabetic supplier **\$0** copay

Diabetes screening

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$0** copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

IN-NETWORK

FOOT CARE (PODIATRY)

Medicare-covered foot care **\$10** copay

HOME HEALTH CARE

\$0 copay

HOSPICE

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

MEDICAL EQUIPMENT/SUPPLIES

Durable medical equipment

- Durable medical equipment provider **5%** of the cost
- Pharmacy **0%** of the cost

Medical supplies (includes but not limited to: catheters, IV set-up and supplies)

- Medical supply provider **5%** of the cost
- Pharmacy **0%** of the cost

Prosthetics (artificial limbs or braces)

- Prosthetics provider **5%** of the cost

OUTPATIENT SUBSTANCE ABUSE

Outpatient group and individual substance abuse treatment visits

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$0** copay
- Urgent care **\$10** copay
- Outpatient hospital **\$0** copay

REHABILITATION SERVICES

Audiology Therapy

- Specialist's office **\$0** copay
- Comprehensive outpatient
rehab facility **\$0** copay
- Outpatient hospital **\$0** copay

Cardiac rehabilitation

- Specialist's office **\$0** copay
- Outpatient hospital **\$0** copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

IN-NETWORK

Occupational therapy

- Specialist's office \$0 copay
- Comprehensive outpatient rehab facility \$0 copay
- Outpatient hospital \$0 copay

Physical therapy

- Specialist's office \$0 copay
- Comprehensive outpatient rehab facility \$0 copay
- Outpatient hospital \$0 copay

Pulmonary rehabilitation

- Specialist's office \$0 copay
- Comprehensive outpatient rehab facility \$0 copay
- Outpatient hospital \$0 copay

Speech therapy

- Specialist's office \$0 copay
- Comprehensive outpatient rehab facility \$0 copay
- Outpatient hospital \$0 copay

RENAL DIALYSIS

Renal dialysis services

- Dialysis center \$0 copay
- Outpatient hospital \$0 copay

Kidney disease education services

- Primary care provider (PCP) \$0 copay
- Specialist's office \$0 copay
- Outpatient hospital \$0 copay

HUMANA IN-NETWORK TELEHEALTH VENDORS, i.e. MDLive (in addition to Original Medicare)

Primary care provider (PCP) \$0 copay

Specialist \$10 copay

Urgent care services \$0 copay

Substance abuse or behavioral health services \$0 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Additional Benefits

FITNESS AND WELLNESS

Live a healthier, more active life through fitness and social connection at participating SilverSneakers® locations and online.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

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.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

POST-DISCHARGE SERVICES

\$0 copay for the following benefits per discharge event following each inpatient or skilled nursing facility stay:

- Assistance from a qualified aid to help perform activities of daily living within the home. Minimum of 4 hours per day, up to a maximum of 8 hours. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.
- 2 meals per day for 14 days, up to 28 meals delivered to your door.
- Transportation to plan approved locations by rideshare services, car, van or wheelchair accessible vehicle.

Services must be provided by approved vendors, scheduled within 30 days of discharge event and utilized within 60 days of discharge.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

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.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

TRAVEL BENEFIT

Members may receive in-network benefits when services are received from a participating HMO National Network provider when traveling to other states. Eligibility dependent on member residential address.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**.

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at <https://www.humana.com/legal/multi-language-support>.

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日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយប្រភេទផ្សេងៗដល់សហគមន៍កម្ពុជា។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
877-320-1235 (TTY: 711)번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ຊ່ວຍກ່ອນຊ່ວຍເຫຼືອ ແລະ ຊ່ວຍແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ພຣິ.
ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjì' bee adahodooníílgíí diné bich'í' anídahazt'i'í, dóó łahgo át'éego bee hada' dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjì' hodílnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyon pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

877-320-1235 (TTY: 711) اردو: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bàsàw` [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fóhó-nyo, kè nyo-boŭn-po-kà bě bé nyuεε se wídí pée-pée dò kò. **877-320-1235 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn isẹ àtìlẹ̀hìn ìrànlọ̀wọ̀ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ̀tọ̀. Pe **877-320-1235 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।



Find out **more**



You can see this 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 HMO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to compare this 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.

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2026 DEN493

HumanaDental® Medicare Network

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the annual maximum benefit coverage amount. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. to 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. to 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but any applicable coinsurance payment still applies). The provider locator for our nationwide network can be found at **Humana.com/FindCare**.
- No out-of-network coverage on this plan.
- Humana is a Medicare Advantage health maintenance organization (HMO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a preferred provider organization (PPO) dental network.



2026 DEN493

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$500
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	0%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	0%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	0%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	0%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic radiographic image		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	0%
D0230	Intraoral – periapical each additional radiographic image		100%	0%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	0%
D0272	Bitewings – two radiographic images		100%	0%
D0273	Bitewings – three radiographic images		100%	0%
D0274	Bitewings – four radiographic images		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	0%
D1208	Topical application of fluoride – excluding varnish		100%	0%
Anesthesia – nitrous oxide/analgesia (in conjunction with covered services, subject to plan limitations and exclusions, subject to clinical review)				
D9230	Administration of nitrous oxide	As needed with covered codes	100%	0%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	100%	0%
D2150	Amalgam – two surfaces, primary or permanent		100%	0%
D2160	Amalgam – three surfaces, primary or permanent		100%	0%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	0%
D2330	Resin-based composite – one surface, anterior (front)		100%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	0%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	0%
D2391	Resin-based composite – one surface, posterior (back)		100%	0%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	0%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100%	0%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	0%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	0%

Current Dental Terminology © 2026 American Dental Association. All rights reserved.

Routine Hearing

\$25 exam / \$2,000 allowance

Routine Hearing Benefit Summary		
Hearing services	In-network	Out-of-network*
Routine hearing exam <ul style="list-style-type: none">• 1 exam every calendar year	\$25 copayment	N/A
Fitting/evaluation <ul style="list-style-type: none">• Up to 1 per year	Included with exam	N/A
Hearing aids <ul style="list-style-type: none">• Maximum benefit coverage amount for both hearing aid(s) (all types)• Up to 2 every 3 years.	\$2,000 maximum benefit coverage amount	N/A

*Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions.

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



Routine Vision

\$0 exam

Routine Vision Benefit Summary		
Vision services	In-network	Out-of-network
Routine eye exam (includes refraction)	\$0 copayment; up to 1 per year.	N/A

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



2026

Prescription Drug

Summary of Benefits

Humana Group Medicare Advantage Plan
Rx 295

Office of Group Benefits State of Louisiana



Humana®

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

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

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



Deductible

Pharmacy (Part D) deductible

This plan does not have a deductible.



Prescription Drug Benefits

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

You pay the following until your total out-of-pocket drug costs reach **\$2,100**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	\$0 copay	\$0 copay
2 (Preferred Brand)	\$20 copay	\$20 copay
3 (Non-Preferred Drug)	\$40 copay	\$40 copay
4 (Specialty Tier)	20% of the cost	20% of the cost
90-day supply		
1 (Generic or Preferred Generic)	\$0 copay	\$0 copay
2 (Preferred Brand)	\$60 copay	\$50 copay
3 (Non-Preferred Drug)	\$120 copay	\$100 copay
4 (Specialty Tier)	N/A	N/A

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 GRP2.

Important Message About What You Pay for Vaccines – This plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Humana Group Medicare Customer Care for more information.

Important Message About What You Pay for Insulin – You won't pay more than **\$35** for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it's on. Note: Not all tiers may include insulin. Please refer to your Prescription Drug Guide to confirm insulin coverage.

Catastrophic Coverage

After your total out-of-pocket costs reach **\$2,100**, you pay **\$0** for plan-covered Part D drugs.

[illegible]

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**.

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at <https://www.humana.com/legal/multi-language-support>.

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日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយប្រភេទផ្សេងៗដល់សហគមន៍កម្ពុជា។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
877-320-1235 (TTY: 711)번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ຊ່ວຍກ່ອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ພຣີ.
ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjì' bee adahodoonílgíí diné bich'í' anídahazt'i'í, dóó łahgo át'éego bee hada' dilyaaígíí bee bika'aanída'awo'í dahólq. Kohjì' hodílnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyon pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

877-320-1235 (TTY: 711) اردو: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bàsà̀ [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fónó-nyo, kè nyo-boŭn-po-kà bě bé nyuɛɛ se wídí pée-pée dò kò. **877-320-1235 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn ọ̀ṣẹ àtìlẹ̀hìn ìrànlọ̀wọ̀ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ̀tó. Pe **877-320-1235 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।



Find out **more**



You can see this 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 this 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.

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Get to know your coverage with your Prescription Drug Guide

Your Humana Medicare Advantage plan includes prescription coverage—and plenty of support. One way we help you make the most of your plan is with your Prescription Drug Guide, also called a formulary or drug list. It's the robust list of prescription drugs or medications that your plan covers. That way, you can confirm coverage for the medication you need.



Complete list of generic and brand-name drugs covered in your plan.



Created and regularly updated by doctors and pharmacists.



Can be printed from, viewed on and downloaded to your phone, tablet or computer.*



Available in multiple languages.



Scan this QR code

Scan this QR code with your mobile device to view your plan's prescription drug guide.

Have questions?

If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

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View your plan's Prescription Drug Guide

Visit Humana.com/pharmacy/medicare-drug-list or scan the QR code with your phone or tablet's camera.

- Scroll to “**Required Fields**”; from the “**Select plan type**” menu, choose “**Group Medicare**”; then “**Select plan year**” and then select the “**Find Drug Guide**” button.
- Scroll and locate PDG **GRP 02** within the drug list.

*Standard data rates may apply.

Prescription drug coverage for commonly prescribed medications

Learn more about your prescription drug coverage for commonly prescribed medications

The commonly prescribed medication list is a guide to medications in select therapeutic categories. You and your provider can use this list to determine if there are lower cost or covered alternatives available for a medication you are currently taking.



Partial list of common generic and brand-name medications in select therapeutic categories that are covered by your plan.



Can be printed from, viewed on and/or downloaded to your phone, tablet or computer.*

This is not a complete list. For a complete medication listing, please review “Get to know your coverage with your Prescription Drug Guide”.

To view a list of commonly prescribed medications, scan the QR code with your phone or tablet’s camera, or by visiting [Humana.com/CPML26800](https://www.humana.com/CPML26800).



If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

*Standard data rates may apply.

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