

2013

# Summary of Benefits Optional Supplemental Benefits Extra Services and Programs

Humana Reader's Digest Healthy  
Living Plan (Regional PPO)  
R5826-074





2013

# Summary of Benefits

Humana Reader's Digest Healthy Living Plan (Regional PPO)  
R5826-074

Region 9  
State of Florida



# Section I - Introduction to Summary of Benefits

Thank you for your interest in Humana Reader's Digest Healthy Living Plan (Regional PPO). Our plan is offered by HUMANA INSURANCE COMPANY, a Medicare Advantage Preferred Provider Organization (PPO) that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Humana Reader's Digest Healthy Living Plan (Regional PPO) and ask for the "Evidence of Coverage".

## **You Have Choices In Your Health Care**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Humana Reader's Digest Healthy Living Plan (Regional PPO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call Humana Reader's Digest Healthy Living Plan (Regional PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## **How Can I Compare My Options?**

You can compare Humana Reader's Digest Healthy Living Plan (Regional PPO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

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

## **Where Is Humana Reader's Digest Healthy Living Plan (Regional PPO) Available?**

The service area for this plan includes: Florida. You must live in this area to join the plan.

## **Who Is Eligible To Join Humana Reader's Digest Healthy Living Plan (Regional PPO)?**

You can join Humana Reader's Digest Healthy Living Plan (Regional PPO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in Humana Reader's Digest Healthy Living Plan (Regional PPO) unless they are members of our organization and have been since their dialysis began.

## **Can I Choose My Doctors?**

Humana Reader's Digest Healthy Living Plan (Regional PPO) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at [www.humana.com/members/tools](http://www.humana.com/members/tools). Our customer service number is listed at the end of this introduction.

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

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

## **Section I** (continued)

### **Where Can I Get My Prescriptions If I Join This Plan?**

Humana Reader's Digest Healthy Living Plan (Regional PPO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [http://www.humana.com/Medicare/medicare\\_prescription\\_drugs](http://www.humana.com/Medicare/medicare_prescription_drugs). Our customer service number is listed at the end of this introduction.

Humana Reader's Digest Healthy Living Plan (Regional PPO) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copayment or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

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

Humana Reader's Digest Healthy Living Plan (Regional PPO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

### **What Is A Prescription Drug Formulary?**

Humana Reader's Digest Healthy Living Plan (Regional PPO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at

[http://www.humana.com/members/tools/prescription\\_tools/medicare\\_drug\\_list.asp](http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp).

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

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

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

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

### **What Are My Protections In This Plan?**

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

As a member of Humana Reader's Digest Healthy Living Plan (Regional PPO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision.

## Section I (continued)

Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Humana Reader's Digest Healthy Living Plan (Regional PPO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

### What Is A Medication Therapy Management (MTM) Program?

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

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

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Humana Reader's Digest Healthy Living Plan (Regional PPO) for more details.

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

### Where Can I Find Information On Plan Ratings?

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

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Please call Humana Insurance Company for more information about Humana Reader's Digest Healthy Living Plan (Regional PPO).

Visit us at [www.humana-medicare.com](http://www.humana-medicare.com) or, call us:

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

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

Current members should call toll-free **(800)-457-4708** for questions related to the Medicare Advantage Program.  
**(TTY/TDD 711)**

Prospective members should call toll-free **(800)-833-2364** for questions related to the Medicare Advantage Program.  
**(TTY/TDD 711)**

Current members should call locally **(800)-457-4708** for questions related to the Medicare Advantage Program.  
**(TTY/TDD 711)**

Prospective members should call locally **(800)-833-2364** for questions related to the Medicare Advantage Program.  
**(TTY/TDD 711)**

Current members should call toll-free **(800)-457-4708** for questions related to the Medicare Part D Prescription Drug program.  
**(TTY/TDD 711)**

Prospective members should call toll-free **(800)-833-2364** for questions related to the Medicare Part D Prescription Drug program.  
**(TTY/TDD 711)**

Current members should call locally **(800)-457-4708** for questions related to the Medicare Part D Prescription Drug program.  
**(TTY/TDD 711)**

Prospective members should call locally **(800)-833-2364** for questions related to the Medicare Part D Prescription Drug program.  
**(TTY/TDD 711)**

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

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

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

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

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

## Section II - Summary of Benefits

### IMPORTANT INFORMATION

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>① Premium and Other Important Information</b></p>	<ul style="list-style-type: none"> <li>In 2012 the monthly Part B Premium was <b>\$99.90</b> and may change for 2013 and the annual Part B deductible amount was <b>\$140</b> and may change for 2013.</li> <li>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</li> <li>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over <b>\$85,000</b> for singles, <b>\$170,000</b> for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li><b>\$0</b> monthly plan premium in addition to your monthly Medicare Part B premium.</li> <li>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over <b>\$85,000</b> for singles, <b>\$170,000</b> for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</li> <li>Some physicians, providers and suppliers that are out of a plan's network (i.e., out-of-network) accept "assignment" from Medicare and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare "assignment," your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare "limiting charge." If you are a member of a plan that charges a copayment for out-of-network physician services, the higher Medicare "limiting charge" does not apply. See the publications Medicare &amp; You or Your Medicare Benefits available on <a href="http://www.medicare.gov">www.medicare.gov</a> for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to "assignment" and "limiting charges" that apply by benefit type.</li> <li>To find out if physicians and DME suppliers accept assignment or participate in Medicare, visit <a href="http://www.medicare.gov/physician">www.medicare.gov/physician</a> or</li> </ul>

(Important Information - Continued on next page)



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## Section II - Summary of Benefits

### IMPORTANT INFORMATION

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
		<p>www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>\$4,950</b> out-of-pocket limit for Medicare-covered services.</li> </ul> <p><b><u>In and Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>\$10,000</b> out-of-pocket limit for Medicare-covered services.</li> </ul> <p><b>See page 34 for additional information about Premium and Other Important Information</b></p>
<p>② <b>Doctor and Hospital Choice</b> (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<ul style="list-style-type: none"> <li>• You may go to any doctor, specialist or hospital that accepts Medicare.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• No referral required for network doctors, specialists, and hospitals.</li> </ul> <p><b><u>In and Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li>• You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits.</li> </ul> <p><b><u>Out of Service Area</u></b></p> <ul style="list-style-type: none"> <li>• Plan covers you when you travel in the U.S. or its territories.</li> </ul> <p><b>See page 34 for additional information about Doctor and Hospital Choice</b></p>

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

## INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>3 Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<ul style="list-style-type: none"> <li>In 2012 the amounts for each benefit period were:               <ul style="list-style-type: none"> <li>Days 1 - 60: <b>\$1,156</b> deductible</li> <li>Days 61 - 90: <b>\$289</b> per day</li> <li>Days 91 - 150: <b>\$578</b> per lifetime reserve day</li> </ul> </li> <li>These amounts may change for 2013.</li> <li>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</li> <li>Lifetime reserve days can only be used once.</li> <li>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>No limit to the number of days covered by the plan each hospital stay.</li> <li>For Medicare-covered hospital stays:               <ul style="list-style-type: none"> <li>Days 1 - 5: <b>\$300</b> copayment per day</li> <li>Days 6 - 90: <b>\$0</b> copayment per day</li> </ul> </li> <li><b>\$0</b> copayment for each additional hospital day.</li> <li>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> </ul> <p><b><u>Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li>For hospital stays:               <ul style="list-style-type: none"> <li>Days 1 - 27: <b>\$375</b> copayment per day</li> <li>Days 28 - 90: <b>\$0</b> copayment per day</li> </ul> </li> </ul> <p><b>See page 34 for additional information about Inpatient Hospital Care</b></p>
<p><b>4 Inpatient Mental Health Care</b></p>	<ul style="list-style-type: none"> <li>In 2012 the amounts for each benefit period were:               <ul style="list-style-type: none"> <li>Days 1 - 60: <b>\$1,156</b> deductible</li> <li>Days 61 - 90: <b>\$289</b> per day</li> <li>Days 91 - 150: <b>\$578</b> per lifetime reserve day</li> </ul> </li> <li>These amounts may change for 2013.</li> <li>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</li> <li>For Medicare-covered hospital stays:               <ul style="list-style-type: none"> <li>Days 1 - 5: <b>\$285</b> copayment per day</li> <li>Days 6 - 90: <b>\$0</b> copayment per day</li> </ul> </li> <li>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> </ul> <p><b><u>Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li>For hospital stays:               <ul style="list-style-type: none"> <li>Days 1 - 27: <b>\$375</b> copayment per day</li> <li>Days 28 - 90: <b>\$0</b> copayment per day</li> </ul> </li> </ul> <p><b>See page 34 for additional information about Inpatient Mental Health Care</b></p>

(Inpatient Care - Continued on next page)

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

## INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>5 Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<ul style="list-style-type: none"> <li>In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay were:               <ul style="list-style-type: none"> <li>Days 1 - 20: <b>\$0</b> per day</li> <li>Days 21 - 100: <b>\$144.50</b> per day</li> </ul> </li> <li>These amounts may change for 2013.</li> <li>100 days for each benefit period.</li> <li>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>Plan covers up to 100 days each benefit period</li> <li>No prior hospital stay is required.</li> <li>For SNF stays:           <ul style="list-style-type: none"> <li>Days 1 - 20: <b>\$50</b> copayment per day</li> <li>Days 21 - 58: <b>\$100</b> copayment per day</li> <li>Days 59 - 100: <b>\$0</b> copayment per day</li> </ul> </li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>For each SNF stay:           <ul style="list-style-type: none"> <li>Days 1 - 58: <b>\$175</b> copayment per SNF day</li> <li>Days 59 - 100: <b>\$0</b> copayment per SNF day</li> </ul> </li> </ul> <p><b>See page 34 for additional information about Skilled Nursing Facility (SNF)</b></p>
<p><b>6 Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<ul style="list-style-type: none"> <li><b>\$0</b> copayment.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li><b>\$0</b> copayment for Medicare-covered home health visits</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li><b>30%</b> of the cost for Medicare-covered home health visits</li> </ul>
<p><b>7 Hospice</b></p>	<ul style="list-style-type: none"> <li>You pay part of the cost for outpatient drugs and inpatient respite care.</li> <li>You must get care from a Medicare-certified hospice.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</li> </ul>

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

## OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>8</b> Doctor Office Visits</p>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• \$15 copayment for each Medicare-covered primary care doctor visit.</li> <li>• \$40 copayment for each Medicare-covered specialist visit.</li> </ul> <p><b><u>Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li>• \$45 copayment for each Medicare-covered primary care doctor visit</li> <li>• \$45 copayment for each Medicare-covered specialist visit</li> </ul> <p><b>See page 35 for additional information about Doctor Office Visits</b></p>
<p><b>9</b> Chiropractic Services</p>	<ul style="list-style-type: none"> <li>• Supplemental routine care not covered</li> <li>• 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• \$20 copayment for each Medicare-covered chiropractic visit</li> <li>• Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor.</li> </ul> <p><b><u>Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li>• \$45 copayment for Medicare-covered chiropractic visits.</li> </ul>
<p><b>10</b> Podiatry Services</p>	<ul style="list-style-type: none"> <li>• Supplemental routine care not covered.</li> <li>• 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• \$40 copayment for each Medicare-covered podiatry visit</li> <li>• Medicare-covered podiatry visits are for medically-necessary foot care.</li> </ul> <p><b><u>Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li>• \$45 copayment for Medicare-covered podiatry visits</li> </ul>

(Outpatient Care - Continued on next page)

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

## OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>11 Outpatient Mental Health Care</b></p>	<ul style="list-style-type: none"> <li>• <b>35%</b> coinsurance for most outpatient mental health services</li> <li>• Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copayment cannot exceed the Part A inpatient hospital deductible.</li> <li>• "Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$40</b> copayment for each Medicare-covered individual therapy visit</li> <li>• <b>\$40</b> copayment for each Medicare-covered group therapy visit</li> <li>• <b>\$40</b> copayment for each Medicare-covered individual therapy visit with a psychiatrist</li> <li>• <b>\$40</b> copayment for each Medicare-covered group therapy visit with a psychiatrist</li> <li>• <b>\$40</b> copayment for Medicare-covered partial hospitalization program services</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>30%</b> of the cost for Medicare-covered partial hospitalization program services</li> <li>• <b>\$45</b> copayment for Medicare-covered Mental Health visits with a psychiatrist</li> <li>• <b>\$45</b> copayment for Medicare-covered Mental Health visits</li> </ul> <p><b>See page 35 for additional information about Outpatient Mental Health Care</b></p>
<p><b>12 Outpatient Substance Abuse Care</b></p>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$290</b> copayment for Medicare-covered individual substance abuse outpatient treatment visits</li> <li>• <b>\$290</b> copayment for Medicare-covered group substance abuse outpatient treatment visits</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>30%</b> of the cost for Medicare-covered substance abuse outpatient treatment visits</li> </ul> <p><b>See page 35 for additional information about Outpatient Substance Abuse Care</b></p>

(Outpatient Care - Continued on next page)

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

## OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>13</b> <b>Outpatient Services</b></p>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance for the doctor's services</li> <li>• Specified copayment for outpatient hospital facility services. Copayment cannot exceed the Part A inpatient hospital deductible.</li> <li>• <b>20%</b> coinsurance for ambulatory surgical center facility services</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$250</b> copayment for each Medicare-covered ambulatory surgical center visit</li> <li>• <b>\$290</b> copayment [or <b>20%</b> of the cost] for each Medicare-covered outpatient hospital facility visit</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>30%</b> of the cost for Medicare-covered outpatient hospital facility visits</li> <li>• <b>30%</b> of the cost for Medicare-covered ambulatory surgical center visits</li> </ul> <p><b>See page 35 for additional information about Outpatient Services</b></p>
<p><b>14</b> <b>Ambulance Services</b> (medically necessary ambulance services)</p>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$200</b> copayment for Medicare-covered ambulance benefits.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$200</b> copayment for Medicare-covered ambulance benefits.</li> </ul>
<p><b>15</b> <b>Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance for the doctor's services</li> <li>• Specified copayment for outpatient hospital facility emergency services.</li> <li>• Emergency services copayment cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</li> <li>• You don't have to pay the emergency room copayment if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</li> <li>• Not covered outside the U.S. except under limited circumstances.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• <b>\$65</b> copayment for Medicare-covered emergency room visits</li> <li>• Worldwide coverage.</li> <li>• If you are admitted to the hospital within 24-hour(s) for the same condition, you pay <b>\$0</b> for the emergency room visit.</li> </ul>

(Outpatient Care - Continued on next page)

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

## OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>16 Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance, or a set copayment</li> <li>• NOT covered outside the U.S. except under limited circumstances.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• <b>\$45</b> copayment for Medicare-covered urgently-needed-care visits</li> </ul> <p><b>See page 35 for additional information about Urgently Needed Care</b></p>
<p><b>17 Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$290</b> copayment for Medicare-covered Occupational Therapy visits</li> <li>• <b>\$290</b> copayment for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$45</b> copayment [or <b>30%</b> of the cost] for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits</li> <li>• <b>\$45</b> copayment [or <b>30%</b> of the cost] for Medicare-covered Occupational Therapy visits.</li> </ul> <p><b>See page 36 for additional information about Outpatient Rehabilitation Services</b></p>

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

## OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>18 Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)</p>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>20%</b> of the cost for Medicare-covered durable medical equipment</li> <li>• You may pay less if you purchase these items from the plan's preferred manufacturers/vendors. Contact the plan for a list of non-preferred and preferred manufacturers/vendors.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>30%</b> of the cost for Medicare-covered durable medical equipment</li> </ul>
<p><b>19 Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)</p>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>20%</b> of the cost for Medicare-covered prosthetic devices</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>30%</b> of the cost for Medicare-covered prosthetic devices.</li> </ul>
<p><b>20 Diabetes Programs and Supplies</b></p>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance for diabetes self-management training</li> <li>• <b>20%</b> coinsurance for diabetes supplies</li> <li>• <b>20%</b> coinsurance for diabetic therapeutic shoes or inserts</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copayment for Medicare-covered Diabetes self-management training</li> <li>• <b>\$0</b> copayment for Medicare-covered:               <ul style="list-style-type: none"> <li>– Therapeutic shoes or inserts</li> </ul> </li> <li>• <b>0% to 20%</b> of the cost for Medicare-covered Diabetes monitoring supplies</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>30%</b> of the cost for Medicare-covered Diabetes self-management training</li> <li>• <b>30%</b> of the cost for Medicare-covered Diabetes monitoring supplies</li> <li>• <b>30%</b> of the cost for Medicare-covered Therapeutic shoes or inserts</li> </ul> <p><b>See page 36 for additional information about Diabetes Programs and Supplies</b></p>

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



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

## OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b></p>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance for diagnostic tests and x-rays</li> <li>• <b>\$0</b> copayment for Medicare-covered lab services</li> <li>• Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$0 to \$290</b> copayment for Medicare-covered lab services</li> <li>• <b>\$0 to \$290</b> copayment for Medicare-covered diagnostic procedures and tests</li> <li>• <b>\$15 to \$290</b> copayment for Medicare-covered X-rays</li> <li>• <b>\$100 to \$290</b> copayment for Medicare-covered diagnostic radiology services (not including X-rays)</li> <li>• <b>\$40</b> copayment [or <b>20%</b> of the cost] for Medicare-covered therapeutic radiology services</li> <li>• If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of <b>\$15 to \$40</b> may apply</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$45</b> copayment [or <b>30%</b> of the cost] for Medicare-covered therapeutic radiology services</li> <li>• <b>\$45</b> copayment [or <b>30%</b> of the cost] for Medicare-covered outpatient X-rays</li> <li>• <b>\$45</b> copayment [or <b>30%</b> of the cost] for Medicare-covered diagnostic procedures, tests, and lab services</li> <li>• <b>\$150</b> copayment [or <b>30%</b> of the cost] for Medicare-covered diagnostic radiology services</li> </ul> <p><b>See page 36 for additional information about Diagnostic Tests, X-rays, Lab Services and Radiology Services</b></p>

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

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

## OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>22 Cardiac and Pulmonary Rehabilitation Services</b></p>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance for Cardiac Rehabilitation services</li> <li>• <b>20%</b> coinsurance for Pulmonary Rehabilitation services</li> <li>• <b>20%</b> coinsurance for Intensive Cardiac Rehabilitation services</li> <li>• This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$40 to \$290</b> copayment for Medicare-covered Cardiac Rehabilitation Services</li> <li>• <b>\$40 to \$290</b> copayment for Medicare-covered Intensive Cardiac Rehabilitation Services</li> <li>• <b>\$40 to \$290</b> copayment for Medicare-covered Pulmonary Rehabilitation Services</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$45</b> copayment [or <b>30%</b> of the cost] for Medicare-covered Cardiac Rehabilitation Services</li> <li>• <b>\$45</b> copayment [or <b>30%</b> of the cost] for Medicare-covered Intensive Cardiac Rehabilitation Services</li> <li>• <b>\$45</b> copayment [or <b>30%</b> of the cost] for Medicare-covered Pulmonary Rehabilitation Services</li> </ul> <p><b>See page 37 for additional information about Cardiac and Pulmonary Rehabilitation Services</b></p>

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

## PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>23 Preventive Services, Wellness/Education and other Supplemental Benefit Programs</b></p>	<ul style="list-style-type: none"> <li>• No coinsurance, copayment or deductible for the following:               <ul style="list-style-type: none"> <li>– Abdominal Aortic Aneurysm Screening</li> <li>– Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>– Cardiovascular Screening</li> <li>– Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>– Colorectal Cancer Screening</li> <li>– Diabetes Screening</li> <li>– Influenza Vaccine</li> <li>– Hepatitis B Vaccine for people with Medicare who are at risk</li> <li>– HIV Screening. <b>\$0</b> copayment for the HIV screening, but you generally pay <b>20%</b> of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</li> <li>– Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.</li> <li>– Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease</li> </ul> </li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copayment for all preventive services covered under Original Medicare at zero cost sharing.</li> <li>• Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copayment for an annual physical exam</li> <li>• The plan covers the following supplemental education/wellness programs:           <ul style="list-style-type: none"> <li>– Health Education</li> <li>– Nursing Hotline</li> </ul> </li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>30%</b> of the cost for an annual physical exam</li> <li>• <b>50%</b> of the cost for supplemental education/wellness programs</li> <li>• <b>0% to 30%</b> of the cost for Medicare-covered preventive services</li> </ul> <p><b>See page 37 for additional information about Preventive Services, Wellness/Education, and other Supplemental Benefit Programs</b></p>

(Preventive Services - Continued on next page)

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

## PREVENTIVE SERVICES

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

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

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>24</b> <b>Kidney Disease and Conditions</b></p>	<ul style="list-style-type: none"> <li>• <b>20%</b> coinsurance for renal dialysis</li> <li>• <b>20%</b> coinsurance for kidney disease education services</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• <b>0% to 20%</b> of the cost for Medicare-covered renal dialysis</li> <li>• <b>\$0</b> copayment for Medicare-covered kidney disease education services</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• <b>30%</b> of the cost for Medicare-covered kidney disease education services</li> <li>• <b>0% to 20%</b> of the cost for Medicare-covered renal dialysis</li> </ul> <p><b>See page 37 for additional information about Kidney Disease and Conditions</b></p>
<p><b>25</b> <b>Outpatient Prescription Drugs</b></p>	<ul style="list-style-type: none"> <li>• Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</li> </ul>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>• <b>20%</b> of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.</li> <li>• <b>20% to 30%</b> of the cost for Medicare Part B drugs out-of-network.</li> </ul> <p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>• This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp">http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp</a> on the web.</li> <li>• Different out-of-pocket costs may apply for people who             <ul style="list-style-type: none"> <li>– have limited incomes,</li> <li>– live in long term care facilities, or</li> <li>– have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> </li> <li>• The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</li> <li>• Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</li> </ul>

(Other Services - Continued on next page)

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

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
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### Outpatient Prescription Drugs (continued)

		<ul style="list-style-type: none"> <li>• The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</li> <li>• Some drugs have quantity limits.</li> <li>• Your provider must get prior authorization from Humana Reader's Digest Healthy Living Plan (Regional PPO) for certain drugs.</li> <li>• You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</li> <li>• If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</li> <li>• The plan charges a minimum cost sharing amount for certain low-cost drugs.</li> <li>• If you request a formulary exception for a drug and Humana Reader's Digest Healthy Living Plan (Regional PPO) approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug.</li> </ul> <p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> deductible.</li> </ul> <p><b><u>Initial Coverage</u></b></p> <ul style="list-style-type: none"> <li>• You pay the following until total yearly drug costs reach <b>\$2,970</b>:</li> </ul> <p><b><u>Retail Pharmacy</u></b></p> <ul style="list-style-type: none"> <li>• <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> <li>– <b>\$6</b> copayment for a one-month (30-day) supply of drugs in this tier</li> <li>– <b>\$18</b> copayment for a three-month (90-day) supply of drugs in this tier</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> </ul>
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(Other Services - Continued on next page)

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

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
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### Outpatient Prescription Drugs (continued)

		<ul style="list-style-type: none"> <li>• <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> <li>– <b>\$15</b> copayment for a one-month (30-day) supply of drugs in this tier</li> <li>– <b>\$45</b> copayment for a three-month (90-day) supply of drugs in this tier</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> <li>– <b>\$45</b> copayment for a one-month (30-day) supply of drugs in this tier</li> <li>– <b>\$135</b> copayment for a three-month (90-day) supply of drugs in this tier</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> <li>– <b>\$95</b> copayment for a one-month (30-day) supply of drugs in this tier</li> <li>– <b>\$285</b> copayment for a three-month (90-day) supply of drugs in this tier</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> </li> </ul> <p><b><u>Long Term Care Pharmacy</u></b></p> <ul style="list-style-type: none"> <li>• <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> <li>– <b>\$6</b> copayment for a one-month (31-day) supply of drugs in this tier</li> </ul> </li> <li>• <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> <li>– <b>\$15</b> copayment for a one-month (31-day) supply of drugs in this tier</li> </ul> </li> <li>• <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> <li>– <b>\$45</b> copayment for a one-month (31-day) supply of drugs in this tier</li> </ul> </li> <li>• <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> <li>– <b>\$95</b> copayment for a one-month (31-day) supply of drugs in this tier</li> </ul> </li> <li>• <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> </li> </ul>
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(Other Services - Continued on next page)

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

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
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### Outpatient Prescription Drugs (continued)

		<ul style="list-style-type: none"> <li>• Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.</li> <li><b>Mail Order</b></li> <li>• <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> <li>– <b>\$0</b> copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>\$0</b> copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>\$6</b> copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>– <b>\$18</b> copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> <li>– <b>\$0</b> copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>\$0</b> copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>\$15</b> copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>– <b>\$45</b> copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> <li>– <b>\$45</b> copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> </ul> </li> </ul>
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(Other Services - Continued on next page)



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

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
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### Outpatient Prescription Drugs (continued)

		<ul style="list-style-type: none"> <li>– <b>\$125</b> copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>\$45</b> copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>– <b>\$135</b> copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> <li>– <b>\$95</b> copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>\$275</b> copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>\$95</b> copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>– <b>\$285</b> copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> </li> </ul> <p><b>Coverage Gap</b></p> <ul style="list-style-type: none"> <li>• After your total yearly drug costs reach <b>\$2,970</b>, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than <b>47.5%</b> for the plan's costs for brand drugs and <b>79%</b> of the plan's costs for generic drugs until your</li> </ul>
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(Other Services - Continued on next page)

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

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
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### Outpatient Prescription Drugs (continued)

		<p>yearly out-of-pocket drug costs reach <b>\$4,750.</b></p> <p><b>Additional Coverage Gap</b></p> <ul style="list-style-type: none"> <li>The plan covers few formulary generics (less than <b>10%</b> of formulary generic drugs), few formulary brands (less than <b>10%</b> of formulary brand drugs) through the coverage gap.</li> <li>The plan offers additional coverage in the gap for the following tiers.</li> <li>You pay the following:</li> </ul> <p><b>Retail Pharmacy</b></p> <ul style="list-style-type: none"> <li><b>Tier 1: Preferred Generic</b> <ul style="list-style-type: none"> <li><b>\$6</b> copayment for a one-month (30-day) supply of select drugs covered in this tier</li> <li><b>\$18</b> copayment for a three-month (90-day) supply of select drugs covered in this tier</li> </ul> </li> <li>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li><b>Tier 2: Non-Preferred Generic</b> <ul style="list-style-type: none"> <li><b>\$15</b> copayment for a one-month (30-day) supply of select drugs covered in this tier</li> <li><b>\$45</b> copayment for a three-month (90-day) supply of select drugs covered in this tier</li> </ul> </li> <li>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li><b>Tier 3: Preferred Brand</b> <ul style="list-style-type: none"> <li><b>\$45</b> copayment for a one-month (30-day) supply of select drugs covered in this tier</li> <li><b>\$135</b> copayment for a three-month (90-day) supply of select drugs covered in this tier</li> </ul> </li> <li>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li><b>Tier 4: Non-Preferred Brand</b></li> </ul>
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(Other Services - Continued on next page)

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

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
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### Outpatient Prescription Drugs (continued)

		<ul style="list-style-type: none"> <li>– <b>\$95</b> copayment for a one-month (30-day) supply of select drugs covered in this tier</li> <li>– <b>\$285</b> copayment for a three-month (90-day) supply of select drugs covered in this tier</li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier</li> </ul> </li> </ul> <p><b>Long Term Care Pharmacy</b></p> <ul style="list-style-type: none"> <li>• <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> <li>– <b>\$6</b> copayment for a one-month (31-day) supply of select drugs in this tier</li> </ul> </li> <li>• <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> <li>– <b>\$15</b> copayment for a one-month (31-day) supply of select drugs in this tier</li> </ul> </li> <li>• <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> <li>– <b>\$45</b> copayment for a one-month (31-day) supply of select drugs in this tier</li> </ul> </li> <li>• <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> <li>– <b>\$95</b> copayment for a one-month (31-day) supply of select drugs in this tier</li> </ul> </li> <li>• <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (31-day) supply of select drugs in this tier</li> </ul> </li> <li>• Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.</li> </ul> <p><b>Mail Order</b></p> <ul style="list-style-type: none"> <li>• Tier 1: Preferred Generic</li> </ul>
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(Other Services - Continued on next page)

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

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
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### Outpatient Prescription Drugs (continued)

		<ul style="list-style-type: none"> <li>– <b>\$0</b> copayment for a one-month (30-day) supply of select drugs covered in this tier from a preferred mail order pharmacy</li> <li>– <b>\$0</b> copayment for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy</li> <li>– <b>\$6</b> copayment for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> <li>– <b>\$18</b> copayment for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> <li>– <b>\$0</b> copayment for a one-month (30-day) supply of select drugs covered in this tier from a preferred mail order pharmacy</li> <li>– <b>\$0</b> copayment for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy</li> <li>– <b>\$15</b> copayment for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> <li>– <b>\$45</b> copayment for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 3: Preferred Brand</u> <ul style="list-style-type: none"> <li>– <b>\$45</b> copayment for a one-month (30-day) supply of select drugs covered</li> </ul> </li> </ul>
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(Other Services - Continued on next page)

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

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
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### Outpatient Prescription Drugs (continued)

		<p>in this tier from a preferred mail order pharmacy</p> <ul style="list-style-type: none"> <li>– <b>\$125</b> copayment for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy</li> <li>– <b>\$45</b> copayment for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> <li>– <b>\$135</b> copayment for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> </ul> <ul style="list-style-type: none"> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> <li>– <b>\$95</b> copayment for a one-month (30-day) supply of select drugs covered in this tier from a preferred mail order pharmacy</li> <li>– <b>\$275</b> copayment for a three-month (90-day) supply of select drugs covered in this tier from a preferred mail order pharmacy</li> <li>– <b>\$95</b> copayment for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> <li>– <b>\$285</b> copayment for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> </ul> </li> <li>• Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</li> <li>• <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a preferred mail order pharmacy</li> </ul> </li> </ul>
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(Other Services - Continued on next page)

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

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
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### Outpatient Prescription Drugs (continued)

		<ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a non-preferred mail order pharmacy</li> <li>• Please contact the plan for a complete list of drugs covered through the gap.</li> </ul> <p><b>Catastrophic Coverage</b></p> <ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs reach <b>\$4,750</b>, you pay the greater of:             <ul style="list-style-type: none"> <li>– <b>5%</b> coinsurance, or</li> <li>– <b>\$2.65</b> copayment for generic (including brand drugs treated as generic) and a <b>\$6.60</b> copayment for all other drugs.</li> </ul> </li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>• Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Humana Reader's Digest Healthy Living Plan (Regional PPO).</li> </ul> <p><b>Out-of-Network Initial Coverage</b></p> <ul style="list-style-type: none"> <li>• You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach <b>\$2,970</b>:</li> <li>• <b>Tier 1: Preferred Generic</b> <ul style="list-style-type: none"> <li>– <b>\$6</b> copayment for a one-month (30-day) supply of drugs in this tier</li> </ul> </li> <li>• <b>Tier 2: Non-Preferred Generic</b> <ul style="list-style-type: none"> <li>– <b>\$15</b> copayment for a one-month (30-day) supply of drugs in this tier</li> </ul> </li> <li>• <b>Tier 3: Preferred Brand</b> <ul style="list-style-type: none"> <li>– <b>\$45</b> copayment for a one-month (30-day) supply of drugs in this tier</li> </ul> </li> <li>• <b>Tier 4: Non-Preferred Brand</b> <ul style="list-style-type: none"> <li>– <b>\$95</b> copayment for a one-month (30-day) supply of drugs in this tier</li> </ul> </li> </ul>
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(Other Services - Continued on next page)

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

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
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### Outpatient Prescription Drugs (continued)

		<ul style="list-style-type: none"> <li>• <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> </li> <li>• You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</li> </ul> <p><b><u>Out-of-Network Coverage Gap</u></b></p> <ul style="list-style-type: none"> <li>• You will be reimbursed up to <b>21%</b> of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach <b>\$4,750</b>. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</li> <li>• You will be reimbursed up to <b>52.5%</b> of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach <b>\$4,750</b>. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</li> </ul> <p><b><u>Additional Out-of-Network Coverage Gap</u></b></p> <ul style="list-style-type: none"> <li>• The plan covers few formulary generics (less than <b>10%</b> of formulary generic drugs), few formulary brands (less than <b>10%</b> of formulary brand drugs) through the coverage gap.</li> <li>• You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:</li> <li>• <u>Tier 1: Preferred Generic</u> <ul style="list-style-type: none"> <li>– <b>\$6</b> copayment for a one-month (30-day) supply of select drugs covered in this tier</li> </ul> </li> <li>• <u>Tier 2: Non-Preferred Generic</u> <ul style="list-style-type: none"> <li>– <b>\$15</b> copayment for a one-month (30-day) supply of select drugs covered in this tier</li> </ul> </li> <li>• Tier 3: Preferred Brand</li> </ul>
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(Other Services - Continued on next page)

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

## OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<b>Outpatient Prescription Drugs (continued)</b>		
		<ul style="list-style-type: none"> <li>– <b>\$45</b> copayment for a one-month (30-day) supply of select drugs covered in this tier</li> <li>• <u>Tier 4: Non-Preferred Brand</u> <ul style="list-style-type: none"> <li>– <b>\$95</b> copayment for a one-month (30-day) supply of select drugs covered in this tier</li> </ul> </li> <li>• <u>Tier 5: Specialty Tier</u> <ul style="list-style-type: none"> <li>– <b>33%</b> coinsurance for a one-month (30-day) supply of select drugs covered in this tier</li> </ul> </li> <li>• You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</li> </ul> <p><b><u>Out-of-Network Catastrophic Coverage</u></b></p> <ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs reach <b>\$4,750</b>, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of: <ul style="list-style-type: none"> <li>– <b>5%</b> coinsurance, or</li> <li>– <b>\$2.65</b> copayment for generic (including brand drugs treated as generic) and a <b>\$6.60</b> copayment for all other drugs.</li> </ul> </li> <li>• You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</li> </ul> <p><b>See page 37 for additional information about Outpatient Prescription Drugs</b></p>



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

## ADDITIONAL SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
<p><b>26</b> <b>Dental Services</b></p>	<ul style="list-style-type: none"> <li>Preventive dental services (such as cleaning) not covered.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li><b>\$0</b> copayment for the following preventive dental benefits:               <ul style="list-style-type: none"> <li>up to 2 oral exam(s) every year</li> <li>up to 2 cleaning(s) every year</li> <li>up to 1 dental x-ray(s) every year</li> </ul> </li> <li><b>\$40</b> copayment for Medicare-covered dental benefits</li> </ul> <p><b><u>Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li><b>\$45</b> copayment for Medicare-covered comprehensive dental benefits</li> <li><b>50%</b> of the cost for supplemental comprehensive dental benefits</li> <li><b>50%</b> of the cost for supplemental preventive dental benefits</li> </ul> <p><b><u>In and Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li>Contact the plan for availability of additional in-network and out-of-network comprehensive dental benefits.</li> </ul> <p><b>See page 38 for additional information about Dental Services</b></p>
<p><b>27</b> <b>Hearing Services</b></p>	<ul style="list-style-type: none"> <li>Supplemental routine hearing exams and hearing aids not covered.</li> <li><b>20%</b> coinsurance for diagnostic hearing exams.</li> </ul>	<p><b><u>General</u></b></p> <ul style="list-style-type: none"> <li>Authorization rules may apply.</li> </ul> <p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>In general, supplemental routine hearing exams and hearing aids not covered.</li> <li><b>\$40</b> copayment for Medicare-covered diagnostic hearing exams</li> </ul> <p><b><u>Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li><b>\$45</b> copayment for Medicare-covered diagnostic hearing exams.</li> </ul>
<p><b>28</b> <b>Vision Services</b></p>	<ul style="list-style-type: none"> <li><b>20%</b> coinsurance for diagnosis and treatment of diseases and conditions of the eye.</li> <li>Supplemental routine eye exams and glasses not covered.</li> <li>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</li> <li>Annual glaucoma screenings covered for people at risk.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li><b>\$0</b> copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</li> <li><b>\$0 to \$40</b> copayment for Medicare-covered exams to diagnose and treat diseases and conditions of the eye.</li> <li><b>\$0</b> copayment for up to 1 supplemental routine eye exam(s) every year</li> </ul> <p><b><u>Out-of-Network</u></b></p>

(Additional Services - Continued on next page)

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

## ADDITIONAL SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
		<ul style="list-style-type: none"> <li>• <b>\$45</b> copayment for Medicare-covered eye exams</li> <li>• <b>\$0</b> copayment for supplemental eye exams</li> <li>• <b>\$0</b> copayment for Medicare-covered eye wear</li> </ul> <p><b><u>In and Out-of-Network</u></b></p> <ul style="list-style-type: none"> <li>• <b>\$40</b> plan coverage limit for supplemental routine eye exams every year. This limit applies to both in-network and out-of-network benefits.</li> </ul> <p><b>See page 38 for additional information about Vision Services</b></p>
<b>Over-the-Counter Items</b>	<ul style="list-style-type: none"> <li>• Not covered.</li> </ul>	<p><b><u>General</u></b></p> <ul style="list-style-type: none"> <li>• The plan does not cover Over-the-Counter items.</li> </ul>
<b>Transportation (Routine)</b>	<ul style="list-style-type: none"> <li>• Not covered.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• This plan does not cover supplemental routine transportation.</li> </ul>
<b>Acupuncture</b>	<ul style="list-style-type: none"> <li>• Not covered.</li> </ul>	<p><b><u>In-Network</u></b></p> <ul style="list-style-type: none"> <li>• This plan does not cover Acupuncture.</li> </ul>

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

## OPTIONAL SUPPLEMENTAL BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Reader's Digest Healthy Living Plan (Regional PPO)
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### OPTIONAL SUPPLEMENTAL PACKAGE #1

<p><b>Premium and Other Important Information</b></p>		<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Package: 1 - MyOption Fitness Well-Being:</li> <li>• <b>\$32</b> monthly premium, in addition to your <b>\$0</b> monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:             <ul style="list-style-type: none"> <li>– Supplemental Education/Wellness Programs</li> </ul> </li> </ul> <p><b>See page 38 for additional information about Optional Supplemental Benefits</b></p>
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## SECTION III - ABOUT YOUR PLAN

### Humana Reader's Digest Healthy Living Plan (Regional PPO)

This section further explains some of the benefits of your plan. To get a complete list of benefits, limitations, and exclusions, call Humana Reader's Digest Healthy Living Plan (Regional PPO) and ask for the "**Evidence of Coverage.**"

## HOW TO USE YOUR PLAN

### ① Premium and Other Important Information

#### Maximum out-of-pocket limit

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

- Your Optional Supplemental Benefit monthly premium(s) and services
- Outpatient Part D prescription drugs
- Routine vision services
- Routine dental services

If you qualify for Medicaid coverage through your state, be sure to show your Medicaid ID card in addition to your Humana Reader's Digest Healthy Living Plan (Regional PPO) membership card to make your provider aware that you may have additional coverage.

### ② Doctor and Hospital Choice

#### Choosing a doctor

As a Humana Reader's Digest Healthy Living Plan (Regional PPO) member, it's a good idea to select a doctor to act as your primary care physician (PCP). It's important to have someone focus on your total healthcare. A PCP can provide much of your care. He or she can help ensure you get preventive care, provide timely access to services and coordinate with other doctors if needed. This helps you improve and manage your health.

If you see any **out-of-network** doctors, please make sure they accept Medicare patients; otherwise, **you may have to pay more** for their services. Any doctors who refuse to accept Humana Reader's Digest Healthy Living Plan (Regional PPO) because they're not familiar with the plan can call our provider line, 1-800-457-4708, or visit **Humana-Medicare.com** for more information.

#### U.S. Travel Benefit

You have access to providers in the Humana Reader's Digest Healthy Living Plan (Regional PPO) network in all of our service areas. If you need non-emergency care while traveling outside the plan's service area, call Customer Service. We'll tell you whether you're in one of our other Humana Reader's Digest Healthy Living Plan (Regional PPO) service areas and help you find an in-network provider.

#### Authorization Requirements

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

## INPATIENT CARE

### ③ Inpatient Hospital Care

### ④ Inpatient Mental Health Care

### ⑤ Skilled Nursing Facility (SNF)

Benefit periods don't apply to inpatient hospital care and inpatient mental health care. You pay the amounts shown in Section II each time you're admitted to a hospital, no matter how many days have passed since your last

admission. If transferred to another inpatient facility - for example, to a long-term acute care center from an inpatient acute hospital - the day range will begin at one.

When admitted to a skilled nursing facility, you're covered for skilled care as defined by Original Medicare guidelines. No prior hospital stay is required. Your plan doesn't cover custodial care. Humana Reader's Digest Healthy Living Plan (Regional PPO) follows Original Medicare guidelines in determining authorization for skilled nursing facility services.

## OUTPATIENT CARE

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

### 8 Doctor Office Visits

For Doctor Office Visits:

Primary care doctor's office  
Specialist's office

#### In-Network

**\$15** copayment  
**\$40** copayment

#### Out-of-Network

**\$45** copayment  
**\$45** copayment

### 11 Outpatient Mental Health Care

### 12 Outpatient Substance Abuse Care

Specialist's office  
Hospital facility as an outpatient  
Partial hospitalization at a hospital facility

#### In-Network

**\$40** copayment  
**\$290** copayment  
**\$40** copayment

#### Out-of-Network

**\$45** copayment  
**30%** of the cost  
**30%** of the cost

### 13 Outpatient Services

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

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

Radiation therapy  
Chemotherapy drugs  
Renal dialysis services  
All other services for this benefit category  
received at a hospital facility as an outpatient

#### In-Network

**20%** of the cost  
**20%** of the cost  
**20%** of the cost

**\$290** copayment

#### Out-of-Network

**30%** of the cost  
**30%** of the cost  
**20%** of the cost

**30%** of the cost

### 16 Urgently Needed Care

For Urgently Needed Care, you pay:

Primary care doctor's office  
Specialist's office  
Immediate care facility

#### In-Network

**\$15** copayment  
**\$40** copayment  
**\$40** copayment

#### Out-of-Network

**\$45** copayment  
**\$45** copayment  
**30%** of the cost

## 17 Outpatient Rehabilitation Services

<u>For outpatient rehabilitation services, you pay:</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Specialist's office for all therapy and rehabilitation services	\$40 copayment	\$45 copayment
Comprehensive outpatient rehabilitation facility for occupational, physical and speech therapy services	\$40 copayment	30% of the cost
Hospital facility as an outpatient for occupational, physical and speech therapy services	\$290 copayment	30% of the cost

## OUTPATIENT MEDICAL SERVICES AND SUPPLIES

### 20 Diabetes Programs and Supplies

<u>For preferred diabetic monitoring supplies, you pay:</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Humana's mail order service	0% of the cost	Not available
Pharmacy	10% of the cost	30% of the cost
Durable medical equipment provider	20% of the cost	30% of the cost

<u>For non-preferred diabetic monitoring supplies, you pay:</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Humana's mail order service	0% of the cost	Not available
Pharmacy	20% of the cost	30% of the cost
Durable medical equipment provider	20% of the cost	30% of the cost

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

<u>Lab services</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$15 copayment	\$45 copayment
Specialist's office	\$40 copayment	\$45 copayment
Immediate care facility	\$40 copayment	30% of the cost
Freestanding lab	\$0 copayment	30% of the cost
Hospital facility as an outpatient	\$290 copayment	30% of the cost

<u>Diagnostic procedures and tests</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$15 copayment	\$45 copayment
Specialist's office	\$40 copayment	\$45 copayment
Immediate care facility	\$40 copayment	30% of the cost
Hospital facility as an outpatient	\$290 copayment	30% of the cost

<u>X-rays and diagnostic radiology services</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office	\$15 copayment	\$45 copayment
Specialist's office	\$40 copayment	\$45 copayment
Freestanding radiological facility	\$50 copayment	30% of the cost
Hospital facility as an outpatient	\$290 copayment	30% of the cost
Immediate care facility	\$40 copayment	30% of the cost

<u>Advanced imaging services</u> <u>- MRI, MRA, PET, or CT Scan:</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary care doctor's office - in addition to office visit copayment	\$150 copayment	\$150 copayment
Specialist's office - in addition to office visit copayment	\$150 copayment	\$150 copayment
Freestanding radiological facility	\$100 copayment	30% of the cost
Hospital facility as an outpatient	\$290 copayment	30% of the cost

<u>Nuclear medicine services</u>	<u>In-Network</u>	<u>Out-of-Network</u>
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Freestanding radiological facility	<b>\$100</b> copayment	<b>30%</b> of the cost
Hospital facility as an outpatient	<b>\$290</b> copayment	<b>30%</b> of the cost
<u>Therapeutic radiology services (Radiation Therapy)</u>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
Specialist's office	<b>\$40</b> copayment	<b>\$45</b> copayment
Freestanding radiological facility	<b>20%</b> of the cost	<b>30%</b> of the cost
Hospital facility as an outpatient	<b>20%</b> of the cost	<b>30%</b> of the cost
You pay:	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
EKG screening at all places of treatment.	<b>\$0</b> copayment	<b>30%</b> of the cost

## 22 Cardiac and Pulmonary Rehabilitation Services

<u>For cardiac rehabilitation services, you pay:</u>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
Specialist's office	<b>\$40</b> copayment	<b>\$45</b> copayment
Hospital facility as an outpatient	<b>\$290</b> copayment	<b>30%</b> of the cost
<u>For pulmonary rehabilitation services, you pay:</u>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
Specialist's office	<b>\$40</b> copayment	<b>\$45</b> copayment
Hospital facility as an outpatient	<b>\$290</b> copayment	<b>30%</b> of the cost

## PREVENTIVE SERVICES

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

Routine immunizations are **\$0** copayment out-of-network and all other preventive services are **30%** of the cost out-of-network.

#### **Humana Active Outlook®**

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

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

#### **HumanaFirst® 24 Hour Nurse Advice Line**

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

#### **Reader's Digest Health Education**

**\$0** copayment for health bulletins. These are quarterly reports that cover key health topics including latest research and health and wellness tips plus a Total Health Kit. The kit includes a journal and tools that help members on the path of total health and wellness. This option also includes a health book.

## OTHER SERVICES

### 24 Kidney Disease and Conditions

<u>You pay the following for renal dialysis received at:</u>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
Renal dialysis center	<b>0%</b> of the cost	<b>0%</b> of the cost
Hospital facility as an outpatient	<b>20%</b> of the cost	<b>20%</b> of the cost
<u>You pay the following for kidney disease education services:</u>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
Primary care doctor's office	<b>\$0</b> copayment	<b>30%</b> of the cost
Specialist's office	<b>\$0</b> copayment	<b>30%</b> of the cost

### 25 Outpatient Prescription Drugs

### Drugs covered under Medicare Part B

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

If you use an out-of-network doctor, you pay **30%** of the cost for chemotherapy drugs and **20%** of the cost for all other Medicare-covered Part B drugs.

### Drugs covered under Medicare Part D

Drugs covered in the gap are limited to select home infusion drugs used as an alternative to inpatient treatment. Your cost for the medication is the same before and during the coverage gap. Contact Humana Reader's Digest Healthy Living Plan (Regional PPO) to see if a certain drug is covered or visit **Humana-Medicare.com**.

## ADDITIONAL SERVICES

### 26 Dental Services

You pay:

	<u>In-Network</u>	<u>Out-of-Network</u>
Specialist's office - Medicare-covered benefits only	<b>\$40</b> copayment	<b>\$45</b> copayment
Amalgam filling, up to one per year	<b>\$0</b> copayment	<b>50%</b> coinsurance
Denture reline, up to one per year	<b>\$0</b> copayment	<b>50%</b> coinsurance
Extractions, up to one per year	<b>\$0</b> copayment	<b>50%</b> coinsurance
Bitewing X-rays, up to one set(s) per year	<b>\$0</b> copayment	<b>50%</b> coinsurance
Composite filling, up to two per year	<b>\$0</b> copayment	<b>50%</b> coinsurance
Oral evaluation, up to two per year	<b>\$0</b> copayment	<b>50%</b> coinsurance
Prophylaxis (cleaning), up to two per year	<b>\$0</b> copayment	<b>50%</b> coinsurance
These dental services are equivalent to a yearly value of <b>\$1,827</b>		

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

### 28 Vision Services

Medicare-covered vision services include:

	<u>In-Network</u>	<u>Out-of-Network</u>
Medicare-covered vision services	<b>\$40</b> copayment	<b>\$45</b> copayment
Glaucoma screening, one per year	<b>\$0</b> copayment	<b>30%</b> of the cost

Mandatory Supplemental Benefit includes:

- **\$40** maximum coverage amount for routine comprehensive eye examination by an EyeMed Vision Care Select network optical provider, one per year. Visit any EyeMed Vision Care Select network optical provider and your routine exam charge will not exceed the **\$40** maximum coverage amount. If you choose to use an out-of-network provider, you will be responsible for costs above the plan-approved amount.

## OPTIONAL SUPPLEMENTAL BENEFITS

For more information on customizing your Humana Medicare Advantage coverage, for an additional monthly premium, please see the 2013 Optional Supplemental Benefits book. Ask your agent or call us if you need help finding this information.



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



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

2013

# Optional Supplemental Benefits

Humana Reader's Digest Healthy Living Plan (Regional PPO)  
R5826-074

Region 9  
State of Florida



# My Options, My Choice

## Adding Benefits to Your Plan

You're unique and have unique needs for staying healthy. That's why Humana offers optional supplemental benefits. For an extra premium, each of these extra benefit choices lets you customize your Humana Medicare Advantage plan.

These benefits make it easier for you to get more coverage when you need it. They can also help you control your costs.

You can add these extra benefits when you sign up for your Medicare Advantage plan or any time during the year.

You have many choices. The information in this booklet will tell you about the benefits you can add to your plan. If you have questions, you can call **1-888-866-3154** (TTY: **711**), seven days a week, 8 a.m. to 8 p.m.

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## MyOption Fitness Well-being

The MyOption Fitness Well-being benefit helps you pay for your fitness needs. This benefit covers the cost of a basic membership at any SilverSneakers® fitness center anywhere in the country.

You can reach your health, wellness, and fitness goals with customized classes designed just for you. The premium for this OSB is **\$32.00**. Here's how the benefit works:

### Covered Services

- Basic fitness center membership at any SilverSneakers® fitness center.
- Tools for tracking your physical activity.
- Four personal health guidance sessions with a health guide. You do this by calling a toll-free number found in your member materials.
- SilverSneakers Steps individual fitness program. This is for members who don't live near a fitness center.

### Fitness Center Memberships

- Use of exercise equipment, pool, and sauna. Not every fitness center has all of these options.
- Attend SilverSneakers classes designed just for you to help improve your strength, flexibility, balance, and endurance.
- Attend health education and other events to help you stay healthy.
- Find online support that can help you lose weight, start an exercise program, or reduce your stress.
- Meet with a trained Program Advisor at the fitness center to help you get started.

Humana MyOption Optional Supplemental Benefits (OSB) are only available to members of certain Humana Medicare Advantage (MA) plans, health plans with a Medicare contract. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Not all OSBs are available with all plans. Benefits may change on January 1, 2013. This information is available for free in other languages. For more information, please call Humana customer service at 1-888-866-3154; TTY, call 711. Our hours are 8 a.m. to 8 p.m., seven days a week.

Este documento está disponible en otros formatos o idiomas. Llame al Servicio al Cliente al 1-888-866-3154, TTY, llame al 711. Nuestro horario es de 8 a.m. a 8 p.m. los siete días de la semana.



**2013**

# Value-Added Services

Humana Reader's Digest Healthy Living Plan (Regional PPO)  
R5826-074

Region 9  
State of Florida



# Value Added Services for Humana

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

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

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

# Health and Wellness Products

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

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

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

## How the discount works

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

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

## Contact information

To find out if you can get the discounts or to ask for an order form, call our Customer Care team at **1-855-211-8370**. If you use a TTY, call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time. Our phone system may answer your call on Saturdays, Sundays, and some public holidays. Just leave a message and let us know why you are calling. We'll call back by the end of the next business day. Please have your Humana ID card with you when you call.

# Complementary and Alternative Medicine

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

Services include:

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

## How the discount works

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

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

## Contact information

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

- Health & Wellness
- Savings Center, then select “Alternative Medicine”
- Scroll down to the middle part of the screen and there is a link - select “Find an alternative medicine provider”

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

## Prescription Medicine Discount

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

### How the discount works

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

### Contact Information

Most pharmacy chains will give you a discount. To find out if an independent pharmacy will give you a discount, call Customer Care at **1-800-457-4708**. If you use a TTY, call **711**, seven days a week, 8 a.m. to 8 p.m. Eastern time. Our voice mail system takes your call on Saturdays, Sundays, and some holidays. Just leave a message and tell us why you're calling. We'll call back by the end of the next business day. Please have your Humana ID card when you call.

## Careington Dental Discount

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

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

### How the discount works

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

### Contact information

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

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



# Vision Discount Program

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

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

## How the discount works

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

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

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

## Contact information

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

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

## Nutrisystem® Discount

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

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

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

### How the discount works

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

### Contact information

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

## Hearing Care Program – HEARx and HearUSA

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

### How the discount works

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

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

### Healthy Hearing Program

Other bonuses just for Humana members:

- Humana Battery Club: free hearing enhancement product with enrollment, special pricing for Humana members
- **10 percent** discount on e-hearing health products
- Lifetime in-house service warranty for Humana members
- Two-week check-up: free hearing enhancement product
- Hearing-aid checks at six months, one year, two years and three years: free hearing enhancement product
- You must be a Humana member during the three-year period to fully participate in the Healthy Hearing Program. Your hearing aids must have been purchased during the time period covered by the HearUSA agreement. To

receive Healthy Hearing products and services, visit the authorized provider that originally sold you the hearing aids you have now. This program doesn't apply to hearing aids purchased before 2005.

### **Contact information**

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

## **Reader's Digest Discount**

At the Reader's Digest online store, you can save on health and wellness books, magazines, and other Reader's Digest products. You also can buy other products and tools to help you reach your health and well-being goals. As a Humana Reader's Digest Healthy Living Plan member, you get a **20 percent** discount on most items on this site. This discount may not be used on some items on this site.

### **How the discount works**

It's easy to get started. Simply visit <http://readersdigeststore.com/humana>. You can choose from lots of different health and wellness publications, books, videos, and gifts. Anything you buy will be shipped right to your home. Just use this code to get your discounts at the website's checkout: HURDMAPD.

### **Contact information**

Visit <http://readersdigeststore.com/humana> to learn more about the items you can get at a discount.



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

HumanaVision  
Medicare Discount Card

Member Name: \_\_\_\_\_  
Plan ID: 9243247

**Humana.**

Fold

For more information, call  
EyeMed: **1-866-392-6056**

This discount program is **not** part of your  
Medicare Advantage plan coverage.  
Discounts are only available at  
participating providers.

**EyeMed**  
VISION CARE





Humana Insurance Company is a Medicare Advantage organization with a Medicare contract.



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



# Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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