

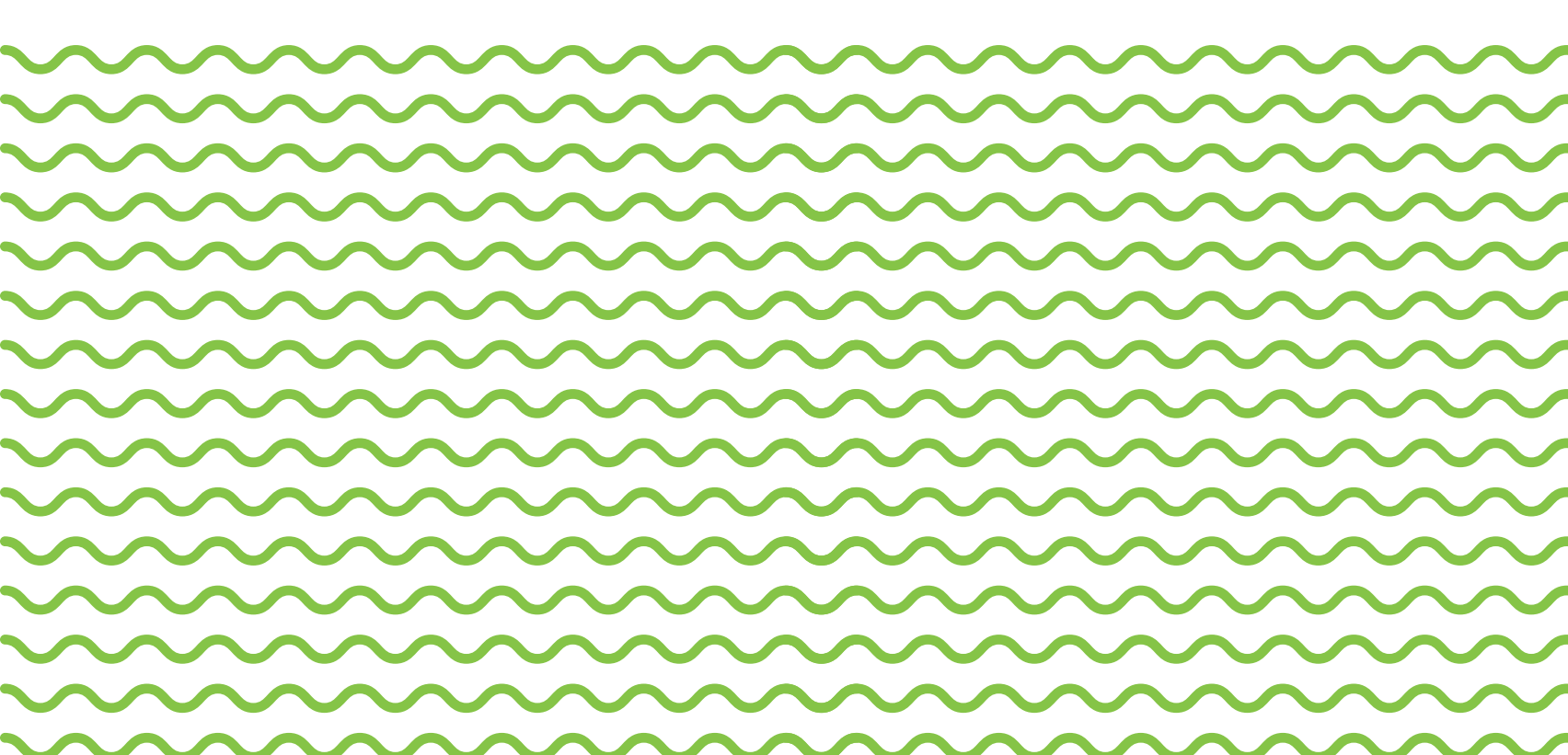
Humana Group Medicare
Humana Inc.
P.O. Box 669
Louisville, KY 40201-0669

Important plan information



2026 Humana Group Medicare

Your journey to better health, for better retirement



Humana®

A more human way
to healthcare™

HUMANA GROUP MEDICARE ADVANTAGE HMO PLAN

Jackson Health
System

We're here for you

Humana Group Medicare Customer Care

866-396-8810 (TTY: 711)

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

Humana is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **866-396-8810 (TTY: 711)** for more information.

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

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Humana®

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Let's get started understanding your benefits and coverage

Learn more about extra programs and services Humana offers

Scan the QR code with your
mobile device.



Inside this packet you'll find:

Welcome to a more human way to healthcare

Your benefits include

Know before you enroll

What to expect after you enroll

Manage your Humana account online

Find Care tool

Know your numbers

Medical Summary of Benefits

Dental Benefits

Hearing Benefits

Vision Benefits

Rx Summary of Benefits

Important Prescription Drug Information

Commonly Prescribed Medication List

Enrollment Form Checklist

Enrollment Form

Business Reply Envelope



Welcome to a more human way to healthcare

Take action to enroll

Dear Group Medicare Beneficiary,

We're excited to inform you that **Jackson Health System** has partnered with Humana to offer you a Medicare Advantage Health Maintenance Organization (HMO) and Prescription Drug Plan that provides more benefits than Original Medicare.

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

Review the enclosed materials

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

- If you have questions about your premium, please call FBMC Benefits Management, Inc. Service Center at **855-565-4748 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time.
- Review the Important Prescription Drug Information on how to view or request a copy of a Prescription Drug Guide.
- Please see the Find Care page in this packet for instructions on finding a list of network providers or network pharmacies.

Enrollment Information

- To begin your Humana coverage, please enroll before your effective date by filling out the enrollment form in the back of this book and mailing the enrollment form in the enclosed envelope or fax to **877-889-9936**.
- You must complete a separate enrollment form for each family member eligible for your plan.
- You also have the option to enroll over the phone by calling our Customer Care number. Be sure to have your Medicare ID on hand.
- Please keep a copy of your enrollment form for your records.

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

Sincerely,
Group Medicare Operations

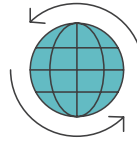
Your benefits include:



All the benefits of Original Medicare, plus extra benefits



Maximum out-of-pocket protections



Worldwide emergency coverage



Programs to help improve health and well-being

Get the care you deserve

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

Coverage that fits the way you live

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

Care delivered how and where you need it

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

Benefits that put you first

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

Know before you enroll

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

When does my coverage begin?

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

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

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

What does insurance cover?

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

What if I have other health insurance coverage?

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

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

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

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

What should I do if I need prescriptions filled before I receive my Humana member ID card?

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

What to expect after you enroll

- **Enrollment confirmation**

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

- **Humana member ID card**

Your Humana member ID card will arrive in the mail shortly after you enroll. Once you receive your ID card, you can create a MyHumana profile. Having access to your important health documents online, all in one place, is a great way to stay organized, and you can get to your information at any time. To activate your account, visit **[Humana.com/Registration](https://www.humana.com/Registration)**.

- **Evidence of Coverage (EOC)**

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

- **Your personalized benefits statement**

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

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

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

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

We're here for you

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

866-396-8810 (TTY: 711),

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

Manage your Humana plan online

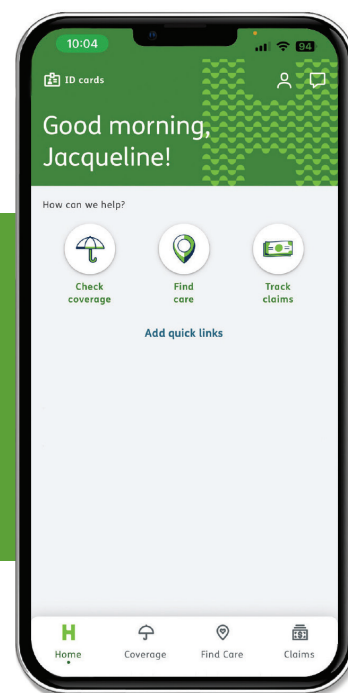
MyHumana on the go

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

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

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

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



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

- 1 Create your account.**
Visit **Humana.com/registration** and select the “Start activation now” button.
- 2 Choose your preferences.**
The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.
- 3 View your plan benefits.**
After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.



Scan this QR code

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

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

Find a doctor using Humana's Find Care search tool

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

Go to

Humana.com/FindCare

Search as a Member or Guest

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

Already a Humana plan member?

Sign in →

Don't have an account?

Sign in using your member ID →



Search as a guest

Enter your location and network to search near you

Your location

Address, city, county, or ZIP code

Get started →

Choose the type of care you are looking for

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

Choose your medical network

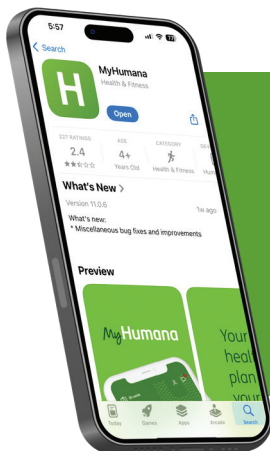
Select a lookup method from the drop-down menu.

Find medical care

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

Select the “Search” button for your results

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



Find Care on the MyHumana mobile app

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

Call our Customer Care team at **866-396-8810 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care

866-396-8810 (TTY: 711),

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

MyHumana

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

MyHumana mobile app

Humana.com/mobile-apps

Doctors in your network

Humana.com/findcare

Telehealth

Please contact your local provider to ask about virtual visit opportunities, or access nationwide Humana in-network telehealth options by using the “Find Care” tool on **Humana.com** or call the number on the back of your member ID card to get connected with a provider that offers this service.

Humana Clinical Pharmacy Review Team

800-555-2546 (TTY: 711),

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

SilverSneakers®

888-423-4632 (TTY: 711),

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

SilverSneakers.com

Go365 by Humana®

Go365.com

Humana Care Management

866-396-8810 (TTY: 711),

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

Humana.com/home-care

Post-discharge Meal Program

866-396-8810 (TTY: 711),

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

Humana.com/home-care/well-dine

Humana Health Coaching

877-567-6450 (TTY: 711),

Monday – Friday, 8 a.m. – 6 p.m., Eastern time

Caregiver Support

Humana.com/caregiver

CenterWell Pharmacy™

800-379-0092 (TTY: 711),

Monday – Friday, 8 a.m. – 11 p.m., and

Saturday, 8 a.m. – 6:30 p.m., Eastern time

CenterWellPharmacy.com

CenterWell Specialty Pharmacy™

800-486-2668 (TTY: 711),

Monday – Friday, 8 a.m. – 11 p.m., and

Saturday, 8 a.m. – 6:30 p.m., Eastern time

CenterWellSpecialtyPharmacy.com

State health insurance program offices

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

www.cms.gov/apps/contacts/#

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

2026

Summary of Benefits

**Humana Group Medicare Advantage HMO Plan
HMO 076/135**

FRS

Humana®

Our service area includes the following: **Florida:** Miami-Dade.



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

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

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

To be eligible

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

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

Plan name:

Humana Group Medicare Advantage HMO plan



A healthy partnership

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

How to reach us:

Members should call toll-free
1-866-396-8810 for questions
(TTY/TDD: 711)

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

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



Monthly Premium, Deductible and Limits

PLAN COSTS

Monthly premium

You must keep paying your Medicare Part B premium.

For information concerning the actual premiums you will pay, please contact Humana, your employer/union group, or your employer group benefits plan administrator.

Medical deductible

This plan does not have a deductible.

Medical Maximum out-of-pocket responsibility

The most you pay for copays, coinsurance and other costs for medical services for the year.

In-Network Maximum Out-of-Pocket

\$500 out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Acupuncture; Dental Services (Routine); Fitness Program; Health Education Services; Hearing Services (Routine); Hyperbaric Oxygen Treatment; Meal Benefit; OTC Drugs and Supplies; Podiatry Services (Routine); Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Sleep Study (Facility Based); Sleep Study (Home Based); Smoking Cessation (Additional); Transportation (Routine); Uniform Flexibility Non-Emergency Medical Transportation; Vision Services (Routine); Wound Care and the Plan Premium do not apply to the in-network maximum out-of-pocket.

If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.



Covered Medical Benefits

IN-NETWORK

ACUTE INPATIENT HOSPITAL CARE

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

\$0 per admit

OUTPATIENT HOSPITAL COVERAGE

Diagnostic colonoscopy **\$25** copay

Diagnostic mammography **\$0** copay

Observation services **\$0** copay

Surgery services **\$25** copay

Hyperbaric oxygen treatment visits **\$75** copay

Wound care visits **\$75** copay

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



Covered Medical Benefits

IN-NETWORK

AMBULATORY SURGICAL CENTER

Diagnostic colonoscopy \$0 copay

Surgery services \$0 copay

DOCTOR OFFICE VISITS

Primary care provider (PCP) \$0 copay

Specialists \$0 copay

PREVENTIVE CARE

This plan covers all Medicare preventative services including:

Covered at no cost

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

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



Covered Medical Benefits

IN-NETWORK

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

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

EMERGENCY CARE

Emergency room

\$40 copay for Medicare-covered emergency room visit(s)

If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.

Urgently needed services

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

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

DIAGNOSTIC SERVICES, LABS AND IMAGING

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

- Primary care provider (PCP) **\$0** copay
- Specialist's office **\$0** copay
- Freestanding radiological facility **\$0** copay
- Outpatient Hospital **\$25** copay

Diagnostic mammography

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

Diagnostic procedures and tests

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

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



Covered Medical Benefits

IN-NETWORK

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

EKG screening

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

Lab services

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

Nuclear medicine services

- Freestanding radiological facility **\$0** copay
- Outpatient Hospital **\$25** copay

Outpatient x-rays

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

Radiation therapy

- Specialist's office **\$0** copay
- Freestanding radiological facility **\$25** copay
- Outpatient Hospital **\$25** copay

HEARING SERVICES

- **Medicare-covered hearing: diagnostic hearing and balance exams** **\$0** copay

Routine hearing

HearUSA provider must be used. Contact Customer Service to locate a provider.

\$0 copay for fitting/evaluation, routine hearing exams up to 1 per year.
\$1,000 maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear per year.
 Note: Includes 1 month battery supply and 1 year warranty.

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



Covered Medical Benefits

IN-NETWORK

DENTAL SERVICES

Medicare-covered dental	\$0 copay
Routine dental	Plan covers up to \$6,000 allowance every year for non-Medicare covered preventive and comprehensive dental services. You are responsible for any amount above the dental coverage limit. Any amount unused at the end of the year will expire. Your benefit can be used for most dental treatments such as: - Preventive dental services, such as exams, routine cleanings, etc. - Basic dental services, such as fillings, extractions, etc. - Major dental services, such as periodontal scaling, crowns, dentures, root canals, bridges etc. Frequency limits may apply. Note: The allowance cannot be used on fluoride, cosmetic services and implants.

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

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

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

VISION SERVICES

Medicare-covered vision services	\$0 copay
Medicare-covered diabetic eye exam (1 per year)	\$0 copay
Medicare-covered glaucoma screening (1 per year)	\$0 copay
Medicare-covered eyewear (post-cataract)	\$0 copay
Routine vision	\$0 copay for routine exam up to 1 per year. \$350 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames plus fitting. Eyeglasses include polycarbonate lenses with ultraviolet protection and scratch-resistant coating.

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



Covered Medical Benefits

IN-NETWORK

MENTAL HEALTH SERVICES

Inpatient**\$0** per admit

The inpatient hospital care limit applies to inpatient mental services provided in a general hospital or a psychiatric facility. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
190 day lifetime limit in a psychiatric facility.

Partial Hospitalization**\$0** copay**Intensive Outpatient Services****\$0** copay**Outpatient group and individual therapy visits**

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

SKILLED NURSING FACILITY (SNF)

This plan covers up to 100 days in a SNF. **\$0** copay per day for days 1-20
\$50 copay per day for days 21-100

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

AMBULANCE

Per date of service regardless of the number of trips. Limited to Medicare-covered transportation. **\$75** copay

TRANSPORTATION

Routine Transportation**\$0** copay for plan approved location up to 50 one-way trip(s) per year.**Uniform Flexibility
Non-Emergency Medical
Transportation**

\$0 copay for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer Diagnosis.
This benefit offers unlimited miles per trip.

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



Covered Medical Benefits

IN-NETWORK

MEDICARE PART B PRESCRIPTION DRUGS

Chemotherapy drugs

- Specialist's office **20%** of the cost
- Outpatient Hospital **20%** of the cost

Medicare Part B covered drugs

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

Medicare Part B insulin drugs

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

ACUPUNCTURE SERVICES

Medicare-covered acupuncture visit(s) for chronic low back pain **\$0** copay for acupuncture for chronic low back pain visits up to 20 visit(s) per year.

Routine acupuncture **\$0** copay for acupuncture visits up to 25 visit(s) per year.

ALLERGY

Allergy shots & serum

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

CHIROPRACTIC SERVICES

Medicare-covered chiropractic visit(s) **0%** of the cost

DIABETES SERVICES AND SUPPLIES

Continuous glucose monitor (CGM)

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

Diabetes management training

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

Diabetes monitoring supplies

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

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



Covered Medical Benefits

IN-NETWORK

- Preferred diabetic supplier

\$0 copay

Diabetes screening

- Primary care provider (PCP)
- Specialist's office

\$0 copay

\$0 copay

Diabetic shoes and inserts

- Prosthetics provider
- Durable medical equipment provider

0% of the cost

0% of the cost

FOOT CARE (PODIATRY)

Medicare-covered foot care

\$0 copay

Routine foot care

\$0 copay for routine podiatry visits up to unlimited visit(s) per year.

HOME HEALTH CARE

\$0 copay

HOSPICE

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

MEDICAL EQUIPMENT/SUPPLIES

Durable medical equipment

- Durable medical equipment provider
- Pharmacy

0% of the cost

0% of the cost

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

- Medical supply provider
- Pharmacy

\$0 copay

\$0 copay

Prosthetics (artificial limbs or braces)

- Prosthetics provider

\$0 copay

OUTPATIENT SUBSTANCE ABUSE

Outpatient group and individual substance abuse treatment visits

- Primary care provider (PCP)
- Specialist's office
- Urgent care
- Outpatient hospital

\$0 copay

\$0 copay

\$0 copay

\$0 copay

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



Covered Medical Benefits

IN-NETWORK

OVER-THE-COUNTER ITEMS

\$75 quarterly allowance on a prepaid spending card to buy approved over-the-counter health and wellness products at participating retail locations or through the plan's approved OTC mail order vendor. Unused amount rolls over to the next quarter and expires at the end of the plan year.

REHABILITATION SERVICES

Audiology Therapy

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

Cardiac rehabilitation

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

Occupational therapy

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

Physical therapy

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

Pulmonary rehabilitation

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

Speech therapy

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

RENAL DIALYSIS

Renal dialysis services

- Dialysis center **20%** of the cost
- Outpatient hospital **20%** of the cost

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



Covered Medical Benefits

IN-NETWORK

Kidney disease education services

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

SLEEP STUDY

- Member's home \$0 copay
- Specialist's office \$75 copay
- Outpatient hospital \$75 copay

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

Primary care provider (PCP) \$0 copay

Specialist \$0 copay

Urgent care services \$0 copay

Substance abuse or behavioral health services \$0 copay

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



Additional Benefits

FITNESS AND WELLNESS

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

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

HEALTH EDUCATION SERVICES

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

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

POST-DISCHARGE SERVICES

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

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

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

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

SMOKING CESSATION (ADDITIONAL)

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

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

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

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Notice of Availability - Auxiliary Aids and Services Notice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GHHNOA2025HUM_0425

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Find out **more**



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

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

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

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

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

2026 DEN875

Florida GoldPlus Dental Network

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

Contact Information

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

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

Additional Plan Details

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



2026 DEN875

Florida GoldPlus Dental Network

Deductible	\$0
Annual maximum	\$6,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam – periodic				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	0%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	Two procedure codes from this group per calendar year	100%	0%
D0160	Detailed and extensive oral evaluation – problem focused, by report		100%	0%
Exam – comprehensive				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years – replaces a periodic exam	100%	0%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	0%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic radiographic image		100%	0%
Intraoral X-rays – periapical				
D0220	Intraoral – periapical first radiographic image	Six procedure codes from this group per calendar year	100%	0%
D0230	Intraoral – periapical each additional radiographic image		100%	0%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	0%
D0272	Bitewings – two radiographic images		100%	0%
D0273	Bitewings – three radiographic images		100%	0%
D0274	Bitewings – four radiographic images		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Cone beam CT capture (limited to only allow with endodontics or oral surgery)				
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	One procedure code from this group every five calendar years	100%	0%
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible		100%	0%
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium		100%	0%
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	0%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One per tooth per surface every two calendar years	100%	0%
D2150	Amalgam – two surfaces, primary or permanent		100%	0%
D2160	Amalgam – three surfaces, primary or permanent		100%	0%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	0%
D2330	Resin-based composite – one surface, anterior (front)		100%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	0%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	0%
D2391	Resin-based composite – one surface, posterior (back)		100%	0%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	0%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns				
D2390	Resin-based composite crown, anterior	One per tooth every five calendar years	100%	0%
D2542	Onlay – metallic – two surfaces		100%	0%
D2543	Onlay – metallic – three surfaces		100%	0%
D2544	Onlay – metallic – four or more surfaces		100%	0%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	0%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	0%
D2644	Onlay – porcelain/ceramic – four or more surfaces		100%	0%
D2662	Onlay – resin-based composite – two surfaces		100%	0%
D2663	Onlay – resin-based composite – three surfaces		100%	0%
D2664	Onlay – resin-based composite – four or more surfaces		100%	0%
D2710	Crown – resin-based composite (indirect)		100%	0%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	0%
D2720	Crown – resin with high noble metal		100%	0%
D2721	Crown – resin with predominantly base metal		100%	0%
D2722	Crown – resin with noble metal		100%	0%
D2740	Crown – porcelain/ceramic		100%	0%
D2750	Crown – porcelain fused to high noble metal		100%	0%
D2751	Crown – porcelain fused to predominantly base metal		100%	0%
D2752	Crown – porcelain fused to noble metal		100%	0%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	0%
D2780	Crown – 3/4 cast high noble metal		100%	0%
D2781	Crown – 3/4 cast predominantly base metal		100%	0%
D2782	Crown – 3/4 cast noble metal		100%	0%
D2783	Crown – 3/4 porcelain/ceramic		100%	0%
D2790	Crown – full cast high noble metal		100%	0%
D2791	Crown – full cast predominantly base metal		100%	0%
D2792	Crown – full cast noble metal		100%	0%
D2794	Crown – titanium and titanium alloys		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	One per tooth every five calendar years	100%	0%
D2931	Prefabricated stainless steel crown – permanent tooth		100%	0%
D2932	Prefabricated resin crown		100%	0%
D2933	Prefabricated stainless steel crown with resin window		100%	0%
Re-cement of crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every two calendar years	100%	0%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	0%
D2920	Re-cement or re-bond crown		100%	0%
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth every five calendar years	100%	0%
D2951	Pin retention – per tooth, in addition to restoration		100%	0%
D2952	Post and core in addition to crown, indirectly fabricated		100%	0%
D2953	Each additional indirectly fabricated post – same tooth		100%	0%
D2954	Prefabricated post and core in addition to crown		100%	0%
D2957	Each additional prefabricated post – same tooth		100%	0%
Other restorative services – post removal				
D2955	Post removal	One per tooth per lifetime	100%	0%
Coping				
D2975	Coping	One per tooth every five calendar years	100%	0%
Other restorative services – repair to material failure				
D2980	Crown repair necessitated by restorative material failure	One procedure code from this group every two calendar years	100%	0%
D2981	Inlay repair necessitated by restorative material failure		100%	0%
D2982	Onlay repair necessitated by restorative material failure		100%	0%
Endodontic services – pulpotomy, endodontic therapy, apexification, apicoectomy				
D3221	Pulpal debridement, primary and permanent teeth	One per tooth per lifetime	100%	0%
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	One per tooth per lifetime	100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services – pulpotomy, endodontic therapy, apexification, apicoectomy				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per tooth per lifetime	100%	0%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	One per tooth per lifetime	100%	0%
D3330	Endodontic therapy, molar tooth (excluding final restoration)	One per tooth per lifetime	100%	0%
D3331	Treatment of root canal obstruction; non-surgical access	One per tooth per lifetime	100%	0%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	One per tooth per lifetime	100%	0%
D3333	Internal root repair of perforation defects	One per tooth per lifetime	100%	0%
D3410	Apicoectomy – anterior	One per tooth per lifetime	100%	0%
D3421	Apicoectomy – bicuspid (first root)	One per tooth per lifetime	100%	0%
D3425	Apicoectomy – molar (first root)	One per tooth per lifetime	100%	0%
D3430	Retrograde filling – per root	One per tooth per lifetime	100%	0%
D3450	Root amputation – per root	One per tooth per lifetime	100%	0%
D3471	Surgical repair of root resorption – anterior	One per tooth per lifetime	100%	0%
D3472	Surgical repair of root resorption – premolar	One per tooth per lifetime	100%	0%
D3473	Surgical repair of root resorption – molar	One per tooth per lifetime	100%	0%
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	One per tooth per lifetime	100%	0%
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	One per tooth per lifetime	100%	0%
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	One per tooth per lifetime	100%	0%
D3920	Hemisection (including any root removal), not including root canal therapy	One per tooth per lifetime	100%	0%
Endodontic retreatment				
D3346	Retreatment of previous root canal therapy – anterior	One per tooth per lifetime	100%	0%
D3347	Retreatment of previous root canal therapy – premolar	One per tooth per lifetime	100%	0%
D3348	Retreatment of previous root canal therapy – molar	One per tooth per lifetime	100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services – apicoectomy, each additional root				
D3426	Apicoectomy (each additional root)	Two per tooth per lifetime	100%	0%
Periodontics – surgical services/other				
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	One per quadrant every three calendar years	100%	0%
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	One per quadrant every three calendar years	100%	0%
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	One per tooth per lifetime	100%	0%
D4245	Apically positioned flap	One per tooth per lifetime	100%	0%
D4249	Clinical crown lengthening – hard tissue	One per tooth per lifetime	100%	0%
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	One per quadrant every three calendar years	100%	0%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	One per quadrant every three calendar years	100%	0%
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	One per tooth per lifetime	100%	0%
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	One per tooth per lifetime	100%	0%
D4265	Biologic materials to aid in soft and osseous tissue regeneration	One per tooth per lifetime	100%	0%
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	One per tooth per lifetime	100%	0%
D4267	Guided tissue regeneration, natural teeth – nonresorbable barrier, per site	One per tooth per lifetime	100%	0%
D4270	Pedicle soft tissue graft procedure	One per tooth per lifetime	100%	0%
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	One per tooth per lifetime	100%	0%
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	One per tooth per lifetime	100%	0%
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	One per tooth per lifetime	100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontics – surgical services/other				
D4276	Combined connective tissue and pedicle graft, per tooth	One per tooth per lifetime	100%	0%
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	One per tooth per lifetime	100%	0%
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	One per tooth per lifetime	100%	0%
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	One per tooth per lifetime	100%	0%
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	One per tooth per lifetime	100%	0%
Periodontics – gingival flap, apically positioned flap, full mouth debridement				
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	One per quadrant every three calendar years	100%	0%
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	One per quadrant every three calendar years	100%	0%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code per calendar year: reduces the number of prophy's	100%	0%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	One upper and lower complete or one upper and lower immediate denture every five calendar years	100%	0%
D5120	Complete denture – mandibular		100%	0%
D5130	Immediate denture – maxillary		100%	0%
D5140	Immediate denture – mandibular		100%	0%
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	100%	0%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Other removable partial dentures (including routine post-delivery care)				
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	One procedure code per quadrant from this group every five calendar years	100%	0%
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		100%	0%
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant		100%	0%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		100%	0%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	Two procedure codes from this group per calendar year	100%	0%
D5411	Adjust complete denture – mandibular		100%	0%
D5421	Adjust partial denture – maxillary		100%	0%
D5422	Adjust partial denture – mandibular		100%	0%
Repairs to dentures – base and framework (not covered if within six months of initial placement)				
D5511	Repair broken complete denture base, mandibular	One upper procedure code and one lower procedure code from this group per calendar year	100%	0%
D5512	Repair broken complete denture base, maxillary		100%	0%
D5611	Repair resin partial denture base, mandibular		100%	0%
D5612	Repair resin partial denture base, maxillary		100%	0%
D5621	Repair cast partial framework, mandibular		100%	0%
D5622	Repair cast partial framework, maxillary		100%	0%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	0%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	0%
Repairs to dentures – broken teeth (not covered if within six months of initial placement)				
D5520	Replace missing or broken teeth – complete denture – per tooth	Two per tooth from this group per calendar year	100%	0%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	0%
D5640	Replace missing or broken teeth – partial denture – per tooth		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Repairs to dentures – additions (not covered if within six months of initial placement)				
D5650	Add tooth to existing partial denture – per tooth	One per tooth from this group every five calendar years	100%	0%
D5660	Add clasp to existing partial denture – per tooth		100%	0%
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	100%	0%
D5711	Rebase complete mandibular denture		100%	0%
D5720	Rebase maxillary partial denture		100%	0%
D5721	Rebase mandibular partial denture		100%	0%
D5725	Rebase hybrid prosthesis		100%	0%
Denture reline – maxillary and mandibular (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	One upper procedure code and one lower procedure code from this group per calendar year	100%	0%
D5731	Reline complete mandibular denture (direct)		100%	0%
D5740	Reline maxillary partial denture (direct)		100%	0%
D5741	Reline mandibular partial denture (direct)		100%	0%
D5750	Reline complete maxillary denture (indirect)		100%	0%
D5751	Reline complete mandibular denture (indirect)		100%	0%
D5760	Reline maxillary partial denture (indirect)		100%	0%
D5761	Reline mandibular partial denture (indirect)		100%	0%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One upper procedure code and one lower procedure code from this group per calendar year	100%	0%
D5851	Tissue conditioning, mandibular		100%	0%
Other removable prosthetic services – precision attachment, overdenture, substructure				
D5862	Precision attachment, by report	One procedure code from this group every five calendar years	100%	0%
D5863	Overdenture – complete maxillary – natural tooth borne		100%	0%
D5864	Overdenture – partial maxillary – natural tooth borne		100%	0%
D5865	Overdenture – complete mandibular – natural tooth borne		100%	0%
D5866	Overdenture – partial mandibular – natural tooth borne		100%	0%
D5876	Add metal substructure to acrylic complete denture – per arch		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Other removable prosthetic services – attachment replacement				
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment	Two procedure codes per calendar year	100%	0%
Bridges – pontic – resin and interim				
D6205	Pontic – indirect resin based composite	One procedure code from this group every five calendar years	100%	0%
D6250	Pontic – resin with high noble metal		100%	0%
D6251	Pontic – resin with predominantly base metal		100%	0%
D6252	Pontic – resin with noble metal		100%	0%
Bridges – pontic – cast, porcelain/ceramic and titanium				
D6210	Pontic – cast high noble metal	One procedure code from this group every five calendar years	100%	0%
D6211	Pontic – cast predominantly base metal		100%	0%
D6212	Pontic – cast noble metal		100%	0%
D6214	Pontic – titanium and titanium alloys		100%	0%
D6240	Pontic – porcelain fused to high noble metal		100%	0%
D6241	Pontic – porcelain fused to predominantly base metal		100%	0%
D6242	Pontic – porcelain fused to noble metal		100%	0%
D6243	Pontic – porcelain fused to titanium and titanium alloys		100%	0%
D6245	Pontic – porcelain/ceramic		100%	0%
Fixed partial denture retainers – inlays/onlays				
D6545	Retainer – cast metal for resin bonded fixed prosthesis	One procedure code from this group every five calendar years	100%	0%
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis		100%	0%
D6549	Resin retainer – for resin bonded fixed prosthesis		100%	0%
D6600	Retainer inlay – porcelain/ceramic, two surfaces		100%	0%
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces		100%	0%
D6602	Retainer inlay – cast high noble metal, two surfaces		100%	0%
D6603	Retainer inlay – cast high noble metal, three or more surfaces		100%	0%
D6604	Retainer inlay – cast predominantly base metal, two surfaces		100%	0%
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fixed partial denture retainers – inlays/onlays (continued)				
D6606	Retainer inlay – cast noble metal, two surfaces	One procedure code from this group every five calendar years	100%	0%
D6607	Retainer inlay – cast noble metal, three or more surfaces		100%	0%
D6608	Retainer onlay – porcelain/ceramic, two surfaces		100%	0%
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces		100%	0%
D6610	Retainer onlay – cast high noble metal, two surfaces		100%	0%
D6611	Retainer onlay – cast high noble metal, three or more surfaces		100%	0%
D6612	Retainer onlay – cast predominantly base metal, two surfaces		100%	0%
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces		100%	0%
D6614	Retainer onlay – cast noble metal, two surfaces		100%	0%
D6615	Retainer onlay – cast noble metal, three or more surfaces		100%	0%
D6624	Retainer inlay – titanium		100%	0%
D6634	Retainer onlay – titanium		100%	0%
Fixed partial denture retainers – crowns				
D6710	Retainer crown – indirect resin based composite	One procedure code from this group every five calendar years	100%	0%
D6720	Retainer crown – resin with high noble metal		100%	0%
D6721	Retainer crown – resin with predominantly base metal		100%	0%
D6722	Retainer crown – resin with noble metal		100%	0%
D6780	Retainer crown – 3/4 cast high noble metal		100%	0%
D6781	Retainer crown – 3/4 cast predominantly base metal		100%	0%
D6782	Retainer crown – 3/4 cast noble metal		100%	0%
D6783	Retainer crown – 3/4 porcelain/ceramic		100%	0%
D6784	Retainer crown – 3/4 titanium and titanium alloys		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Bridges – crown				
D6740	Retainer crown – porcelain/ceramic	Two procedure codes from this group every five calendar years	100%	0%
D6750	Retainer crown – porcelain fused to high noble metal		100%	0%
D6751	Retainer crown – porcelain fused to predominantly base metal		100%	0%
D6752	Retainer crown – porcelain fused to noble metal		100%	0%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys		100%	0%
D6790	Retainer crown – full cast high noble metal		100%	0%
D6791	Retainer crown – full cast predominantly base metal		100%	0%
D6792	Retainer crown – full cast noble metal		100%	0%
D6794	Retainer crown – titanium and titanium alloys		100%	0%
Re-cement of bridge				
D6930	Re-cement or re-bond fixed partial denture	One procedure code per calendar year	100%	0%
Other fixed partial denture services – repair to material failure				
D6980	Fixed partial denture repair necessitated by restorative material failure	One procedure code every two calendar years	100%	0%
Extractions				
D7111	Extraction, coronal remnants – primary tooth	One per tooth per lifetime	100%	0%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	One per tooth per lifetime	100%	0%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	One per tooth per lifetime	100%	0%
Oral surgery – extractions, other surgical and other repair				
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	One per tooth from this group per lifetime	100%	0%
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only		100%	0%
D7290	Surgical repositioning of teeth		100%	0%
D7921	Collection and application of autologous blood concentrate product		100%	0%
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery – extractions, other surgical, alveoloplasty				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	100%	0%
D7230	Removal of impacted tooth – partially bony		100%	0%
D7240	Removal of impacted tooth – completely bony		100%	0%
D7250	Removal of residual tooth roots (cutting procedure)		100%	0%
D7284	Excisional biopsy of minor salivary glands		100%	0%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	0%
D7286	Incisional biopsy of oral tissue – soft		100%	0%
D7287	Exfoliative cytological sample collection		100%	0%
D7288	Brush biopsy – transepithelial sample collection		100%	0%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	0%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	0%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	0%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	0%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	0%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	0%
D7509	Marsupialization of odontogenic cyst		100%	0%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	0%
D7962	Lingual frenectomy (frenulectomy)		100%	0%
D7963	Frenuloplasty		100%	0%
Oral surgery – oroantral fistula closure, primary closure of sinus perforation				
D7260	Oroantral fistula closure	One per tooth per lifetime	100%	0%
D7261	Primary closure of a sinus perforation	One per tooth per lifetime	100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery – vestibuloplasty				
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	One procedure code from this group every five calendar years	100%	0%
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		100%	0%
Oral surgery – surgical incision and excision, maxillary sinusotomy				
D7510	Incision and drainage of abscess – intraoral soft tissue	Unlimited	100%	0%
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		100%	0%
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body		100%	0%
Oral surgery – repair of maxillofacial soft and/or hard tissue defect				
D7955	Repair of maxillofacial soft and/or hard tissue defect	Unlimited	100%	0%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	100%	0%
Anesthesia – general (in conjunction with extensive and/or complex procedures, subject to plan limitations and exclusions, subject to clinical review)				
D9222	Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	Two procedure codes from this group per calendar year	100%	0%
D9239	Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof		100%	0%
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof		100%	0%
Anesthesia – incremental (in conjunction with extensive and/or complex procedures, subject to plan limitations and exclusions, subject to clinical review)				
D9223	Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	As needed with covered codes	100%	0%
D9243	Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof		100%	0%
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Anesthesia – nitrous oxide/analgesia (in conjunction with covered services, subject to plan limitations and exclusions, subject to clinical review)				
D9230	Administration of nitrous oxide	One unit per visit – only covered if primary procedure is covered	100%	0%
Miscellaneous services				
D9944	Occlusal guard – hard appliance, full arch	One procedure code from this group every three calendar years	100%	0%
D9945	Occlusal guard – soft appliance, full arch		100%	0%
D9946	Occlusal guard – hard appliance, partial arch		100%	0%
Occlusal adjustments – limited				
D9951	Occlusal adjustment – limited	Occlusal adjustments when performed in conjunction with periodontal surgery, one per mouth per lifetime	100%	0%

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Routine Hearing

Administered by HearUSA

\$0 exam / \$1,000 allowance

Routine hearing services offered through HearUSA includes a network of provider locations across the state of Florida.*

Routine Hearing Benefit Summary		
Hearing services	In-network	Out-of-network
Routine hearing exam	\$0 copayment for fitting/evaluation, routine hearing exams up to 1 per year.	N/A
Benefit coverage	\$1,000 maximum benefit coverage amount for hearing aid(s) (all types) up to 1 per ear per year.	N/A
Batteries and warranty	1 month battery supply and 1 year warranty.	N/A

*This benefit is only available in the state of Florida.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

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



Routine Vision

Administered by iCare Health Solutions

\$0 exam / \$350 allowance

Routine vision services offered through iCare Health Solutions provides access to a managed network of provider locations across the state of Florida.*

Routine Vision Benefit Summary	
Vision services	In-network
Routine eye exam (includes refraction)	\$0 copayment; up to 1 per year.
Frame, lenses or contact lens options <i>One use available every calendar year</i>	\$350 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames plus fitting. Eyeglasses include polycarbonate lenses with ultraviolet protection and scratch-resistant coating.

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2026

Prescription Drug Summary of Benefits

Humana Group Medicare Advantage Plan
Rx 288

FRS

Humana®

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

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

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



Deductible

Pharmacy (Part D) deductible

This plan does not have a deductible.



Prescription Drug Benefits

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

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

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	\$0 copay	\$0 copay
2 (Preferred Brand)	\$0 copay	\$0 copay
3 (Non-Preferred Drug)	\$40 copay	\$40 copay
4 (Specialty Tier)	33% of the cost	33% of the cost
90-day supply		
1 (Generic or Preferred Generic)	\$0 copay	\$0 copay
2 (Preferred Brand)	\$0 copay	\$0 copay
3 (Non-Preferred Drug)	\$120 copay	\$100 copay
4 (Specialty Tier)	N/A	N/A

****Some Erectile Dysfunction Drugs, Insulin are covered at \$0 for all members.**

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit www.humana.com/SearchResources, locate Prescription Drug section, select www.humana.com/MedicareDrugList link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP6.

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

Important Message About What You Pay for Insulin – You won't pay more than **\$0** for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it's on. Note: Not all tiers may include insulin. Please refer to your Prescription Drug Guide to confirm insulin coverage.

ADDITIONAL DRUG COVERAGE

Original Medicare excluded drugs

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

Catastrophic Coverage

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

Notice of Availability - Auxiliary Aids and Services Notice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Find out **more**



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



You can see this plan's drug formulary at **www.Humana.com/medicaredruglist** or call us at the number listed at the beginning of this booklet and we will send you one.

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

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Humana[®]

Humana.com

RX288EN26



Get to know your coverage with your Prescription Drug Guide

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



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



Created and regularly updated by doctors and pharmacists.



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



Available in multiple languages.



Scan this QR code

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

Have questions?

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

Humana®

View your plan's Prescription Drug Guide

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

- Scroll to “**Required Fields**”; from the “**Select plan type**” menu, choose “**Group Medicare**”; then “**Select plan year**” and then select the “**Find Drug Guide**” button.
- Scroll and locate PDG **GRP 06** within the drug list.

*Standard data rates may apply.

Prescription drug coverage for commonly prescribed medications

Learn more about your prescription drug coverage for commonly prescribed medications

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



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



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

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

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



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

*Standard data rates may apply.

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Important Information – Please Read

Humana must receive your application before the effective date you've requested. You can either mail or fax it.

- If mailing your application, please allow 7 days mailing time so we receive your application before the effective date.
- If faxing the application, fax it to **1-877-889-9936** before the effective date. Be sure to keep your fax confirmation as proof of your submission.

Applications not received before your effective date will be processed for the first day of the following month.

Be sure to include the following on your application:

- ☐ Proposed Effective Date
- ☐ Employer or Union Sponsor Name
- ☐ First and Last Name
- ☐ Medicare Claim Number
- ☐ Residential Address
- ☐ Signature of Applicant or POA and Signature Date



2026 Enrollment Form

Humana Group Medicare

HMO (Health Maintenance Organization)
A Medicare Advantage plan

Follow these easy steps to become
a Humana Medicare member



Have your Medicare card ready

Each individual applying must fill out
a separate form.



Sign and date the enrollment form

If the enrollment form is not completed
and returned within the allotted time
period, the enrollment could be denied.

Please don't send in the same
enrollment form or apply to the
same plan more than once.



Call us with questions

If you have questions, please call a licensed
Humana sales agent at **1-800-824-8242**
(TTY: 711). We're available Monday - Friday,
8 a.m. - 8 p.m. Eastern Time.

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Additional Notes

Asterisks (*) indicate required fields
Answering non-required fields is your choice. You can't be denied coverage if you don't complete them.

Instructions

- Completely fill the ovals.
- Use black ink only.
- Print only one clear number or capital block letter in each box.
- If you make a mistake, fix it by crossing out the box with an X. Put in the correct letter or number above or below the box as shown:

Correct numbers and letters

1 2 3 S M I ~~X~~ H

T

When inputting your Medicare Number on the enrollment form, print it exactly as it is on your Medicare card. N indicates a number, A indicates an alphabetic character, and E indicates either a number or alphabetic character. Medicare numbers will not start with a zero or contain the letters B, I, L, O, S or Z.

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Bàsco [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fónó-nyo, kè nyo-boŭn-po-kà bě bé nyuεε se wídí p'éè-p'éè dǒ ko. **877-320-1235 (TTY: 711)** dá.

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

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

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

Stamp Date

Asterisks (*) indicate required fields

Humana Group Medicare HMO Enrollment Form

EMPLOYER OR UNION SPONSOR NAME* Please use the Employer/Union name listed with your mailing address on your materials.

Please print this information exactly
as it is on your Medicare card.

ADMIN ORG

PROPOSED EFFECTIVE DATE*

M M - 0 1 - 2 0 Y Y

PLAN OPTION*

/

You can find the plan option number on the
front page of your Summary of Benefits in the
bottom right hand corner.

CATEGORY OF APPLICANT*

- ☐ Medicare Eligible Retiree
☐ Medicare Eligible Spouse
☐ Medicare Eligible Dependent

**MEDICARE HEALTH INSURANCE**

LAST NAME*
FIRST NAME* MI
MEDICARE NUMBER*
N A E N - A E N - A A N N
IS ENTITLED TO EFFECTIVE DATE
HOSPITAL (PART A) M M - 0 1 - Y Y Y Y
MEDICAL (PART B) M M - 0 1 - Y Y Y Y

DATE OF BIRTH* M M - D D - Y Y Y Y

SEX* ☐ F ☐ M

RESIDENTIAL ADDRESS* P.O. Box not allowed.

☐ Experiencing homelessness

APT or STE

CITY*

ST*

ZIP*

COUNTY*

MAILING ADDRESS Your residential address confirms your service area. Print your mailing address/P.O. Box
here, if applicable. If your mailing address is your residential address, please fill this oval.

APT or STE

CITY

ST

ZIP

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N - A E N - A A N N

It is important that we can reach you to help you stay informed and take care of your health.
Please provide your telephone number and email address.

TELEPHONE

TELEPHONE TYPE

()

-

☐

Cellphone

☐

Home (landline)

There may be times when Humana will use an automated system to call or text you.
When that happens we will be sure to use the telephone number you provided.

EMAIL By providing your email address, you authorize Humana to send you health information to this address.

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N - A E N - A A N N

If you will have other prescription drug coverage (like VA, TRICARE) in addition to this plan for which you are applying, please fill this oval.* ☐ I will have other prescription drug coverage

Please provide your other prescription drug coverage details here, if applicable.

NAME OF OTHER COVERAGE

ID NUMBER FOR THIS COVERAGE

GROUP NUMBER FOR THIS COVERAGE

Once enrolled, will you or your spouse work?

☐ Yes ☐ No

PRIMARY CARE PHYSICIAN (PCP)*

PCP ID NUMBER*

Are you already a patient of the physician you chose?

☐ Yes ☐ No

You can obtain the PCP ID number on our website at [Finder.Humana.com](https://finder.humana.com).

Preferred Written Language (when available)

☐ English ☐ Spanish ☐ Chinese ☐ Korean ☐ Other _____

Preferred Verbal Language

☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese
☐ Korean ☐ Other _____

If an accessible format is needed, please select one option. If none are selected, you will receive standard font, printed materials.

☐ Audio ☐ Large print ☐ Accessible screen reader PDF
☐ Oral over the phone ☐ Braille ☐ Data CD

Please call **1-877-320-1235 (TTY:711)** if you need information in another format or language.



PLEASE READ THIS IMPORTANT INFORMATION

By completing this enrollment form, I agree to the following:

The Humana Group Medicare HMO plan is a Medicare Advantage plan that has a contract with the federal government and I will need to keep my Medicare Parts A and B to stay in the plan. I must continue to pay my Medicare Part B premium. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare Advantage health plan. It is my responsibility to inform Humana of any prescription drug coverage that I have or may get in the future. **I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.** I understand that if I leave this Humana plan, I may not be eligible to return to the group plan or change plans outside of the group's open enrollment period. I can receive details of my options by calling my plan administrator or customer service.

I understand that when my Humana coverage begins, I must get all of my medical, and prescription drug benefits when applicable, from Humana. Benefits and services provided by Humana and contained in my "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Humana will pay for benefits or services that are not covered. Benefits and services must be obtained from Humana in order to be covered as Medicare benefits, with the exception of hospice and kidney acquisition costs for transplants, which are covered by Medicare. I will abide by the rules of my Evidence of Coverage.

This Humana plan serves a specific service area. If I move out of the area that this Humana plan serves, I need to notify Humana as I may have to disenroll and find a new plan in my new area. Emergency coverage (both within and outside the plan's service area) and urgent care are always covered.

Sales agents/brokers may be compensated if they are helping the applicant enroll.

I understand that I am enrolling into a Humana Medicare Advantage plan and not a Medicare Supplement, Medigap, Medicare Select or Medicaid plan.

The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Release of Information:

By joining this Medicare plan, I acknowledge that Humana will share my information with the U.S. Department of Health and Human Services (HHS), who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below).

Privacy Act Statement:

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. **Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.**

Individuals experiencing homelessness:

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security benefit checks) may be considered and used in the residential address field as your permanent residence address.

If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. Do NOT pay Humana the Part D-IRMAA.

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N - A E N - A A N N

I have read and understand the important information on the preceding pages. I have reviewed and received a copy of the Summary of Benefits.

SIGNATURE OF APPLICANT* or authorized legal representative (including valid Power of Attorney, Legal Guardian, etc.)

SIGNATURE DATE*

M M - D D - 2 0 Y Y

I understand that my signature (or the signature of the individual legally authorized to act on my behalf) on this enrollment form means that I have read and understand the contents of this enrollment form. If signed by an authorized representative (as described above), the signature certifies that: 1) this individual is authorized under state law to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.

If you are the authorized legal representative, you **MUST** sign above and provide the following information:*

LAST NAME

FIRST NAME

MI

STREET ADDRESS

CITY

ST

ZIP

TELEPHONE

()

-

RELATIONSHIP TO APPLICANT

FOR INDIVIDUALS HELPING AN APPLICANT WITH COMPLETING THIS FORM ONLY

Complete this section if you're an individual (e.g. agents, brokers, SHIP counselors, family members, or other third parties) helping an applicant fill out this form.

NAME

SIGNATURE

RELATIONSHIP TO APPLICANT

NATIONAL PRODUCER NUMBER (AGENTS/BROKERS ONLY)

INTERNAL MARKETPOINT AGENTS ONLY

WRITING AGENT NAME*

AGENT NUMBER (SAN)*

DATE*

M M - D D - 2 0 Y Y

REFERRING AGENT NAME

REFERRING AGENT NUMBER (SAN)



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

2026 Enrollment Form

Humana Group Medicare

HMO (Health Maintenance Organization)
A Medicare Advantage plan

Follow these easy steps to become
a Humana Medicare member



Have your Medicare card ready

Each individual applying must fill out
a separate form.



Sign and date the enrollment form

If the enrollment form is not completed
and returned within the allotted time
period, the enrollment could be denied.

Please don't send in the same
enrollment form or apply to the
same plan more than once.



Call us with questions

If you have questions, please call a licensed
Humana sales agent at **1-800-824-8242**
(TTY: 711). We're available Monday - Friday,
8 a.m. - 8 p.m. Eastern Time.

Humana®

Additional Notes

Asterisks (*) indicate required fields
Answering non-required fields is your choice. You can't be denied coverage if you don't complete them.

Instructions

- Completely fill the ovals.
- Use black ink only.
- Print only one clear number or capital block letter in each box.
- If you make a mistake, fix it by crossing out the box with an X. Put in the correct letter or number above or below the box as shown:

Correct numbers and letters

1 2 3 S M I ~~X~~ H

T

When inputting your Medicare Number on the enrollment form, print it exactly as it is on your Medicare card. N indicates a number, A indicates an alphabetic character, and E indicates either a number or alphabetic character. Medicare numbers will not start with a zero or contain the letters B, I, L, O, S or Z.

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

GHHNDN2025HUM

Notice of Availability - Auxiliary Aids and Services Notice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GHHNOA2025HUM_0425

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Bàsco [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fónó-nyo, kè nyo-boŭn-po-kà bě bé nyuεε se wídí p'éè-p'éè dǒ ko. **877-320-1235 (TTY: 711)** dá.

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

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

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

Stamp Date

Asterisks (*) indicate required fields

Humana Group Medicare HMO Enrollment Form

EMPLOYER OR UNION SPONSOR NAME* Please use the Employer/Union name listed with your mailing address on your materials.

Please print this information exactly
as it is on your Medicare card.

ADMIN ORG

PROPOSED EFFECTIVE DATE*

M M - 0 1 - 2 0 Y Y

PLAN OPTION*

/

You can find the plan option number on the
front page of your Summary of Benefits in the
bottom right hand corner.

CATEGORY OF APPLICANT*

- ☐ Medicare Eligible Retiree
☐ Medicare Eligible Spouse
☐ Medicare Eligible Dependent

**MEDICARE HEALTH INSURANCE**

LAST NAME*
FIRST NAME* MI
MEDICARE NUMBER*
N A E N - A E N - A A N N
IS ENTITLED TO EFFECTIVE DATE
HOSPITAL (PART A) M M - 0 1 - Y Y Y Y
MEDICAL (PART B) M M - 0 1 - Y Y Y Y

DATE OF BIRTH* M M - D D - Y Y Y Y

SEX* ☐ F ☐ M

RESIDENTIAL ADDRESS* P.O. Box not allowed.

☐ Experiencing homelessness

APT or STE

CITY*

ST*

ZIP*

COUNTY*

MAILING ADDRESS Your residential address confirms your service area. Print your mailing address/P.O. Box
here, if applicable. If your mailing address is your residential address, please fill this oval.

APT or STE

CITY

ST

ZIP

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N - A E N - A A N N

It is important that we can reach you to help you stay informed and take care of your health.
Please provide your telephone number and email address.

TELEPHONE

TELEPHONE TYPE

()

-



Cellphone



Home (landline)

There may be times when Humana will use an automated system to call or text you.
When that happens we will be sure to use the telephone number you provided.

EMAIL By providing your email address, you authorize Humana to send you health information to this address.

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N - A E N - A A N N

If you will have other prescription drug coverage (like VA, TRICARE) in addition to this plan for which you are applying, please fill this oval.* ☐ I will have other prescription drug coverage

Please provide your other prescription drug coverage details here, if applicable.

NAME OF OTHER COVERAGE

ID NUMBER FOR THIS COVERAGE

GROUP NUMBER FOR THIS COVERAGE

Once enrolled, will you or your spouse work?

☐ Yes ☐ No

PRIMARY CARE PHYSICIAN (PCP)*

PCP ID NUMBER*

Are you already a patient of the physician you chose?

☐ Yes ☐ No

You can obtain the PCP ID number on our website at [Finder.Humana.com](https://finder.humana.com).

Preferred Written Language (when available)

☐ English ☐ Spanish ☐ Chinese ☐ Korean ☐ Other _____

Preferred Verbal Language

☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese
☐ Korean ☐ Other _____

If an accessible format is needed, please select one option. If none are selected, you will receive standard font, printed materials.

☐ Audio ☐ Large print ☐ Accessible screen reader PDF
☐ Oral over the phone ☐ Braille ☐ Data CD

Please call **1-877-320-1235 (TTY:711)** if you need information in another format or language.



PLEASE READ THIS IMPORTANT INFORMATION

By completing this enrollment form, I agree to the following:

The Humana Group Medicare HMO plan is a Medicare Advantage plan that has a contract with the federal government and I will need to keep my Medicare Parts A and B to stay in the plan. I must continue to pay my Medicare Part B premium. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare Advantage health plan. It is my responsibility to inform Humana of any prescription drug coverage that I have or may get in the future. **I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.** I understand that if I leave this Humana plan, I may not be eligible to return to the group plan or change plans outside of the group's open enrollment period. I can receive details of my options by calling my plan administrator or customer service.

I understand that when my Humana coverage begins, I must get all of my medical, and prescription drug benefits when applicable, from Humana. Benefits and services provided by Humana and contained in my "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Humana will pay for benefits or services that are not covered. Benefits and services must be obtained from Humana in order to be covered as Medicare benefits, with the exception of hospice and kidney acquisition costs for transplants, which are covered by Medicare. I will abide by the rules of my Evidence of Coverage.

This Humana plan serves a specific service area. If I move out of the area that this Humana plan serves, I need to notify Humana as I may have to disenroll and find a new plan in my new area. Emergency coverage (both within and outside the plan's service area) and urgent care are always covered.

Sales agents/brokers may be compensated if they are helping the applicant enroll.

I understand that I am enrolling into a Humana Medicare Advantage plan and not a Medicare Supplement, Medigap, Medicare Select or Medicaid plan.

The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Release of Information:

By joining this Medicare plan, I acknowledge that Humana will share my information with the U.S. Department of Health and Human Services (HHS), who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below).

Privacy Act Statement:

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. **Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.**

Individuals experiencing homelessness:

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security benefit checks) may be considered and used in the residential address field as your permanent residence address.

If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. Do NOT pay Humana the Part D-IRMAA.

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N - A E N - A A N N

I have read and understand the important information on the preceding pages. I have reviewed and received a copy of the Summary of Benefits.

SIGNATURE OF APPLICANT* or authorized legal representative (including valid Power of Attorney, Legal Guardian, etc.)

SIGNATURE DATE*

M M - D D - 2 0 Y Y

I understand that my signature (or the signature of the individual legally authorized to act on my behalf) on this enrollment form means that I have read and understand the contents of this enrollment form. If signed by an authorized representative (as described above), the signature certifies that: 1) this individual is authorized under state law to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.

If you are the authorized legal representative, you **MUST** sign above and provide the following information:*

LAST NAME

FIRST NAME

MI

STREET ADDRESS

CITY

ST

ZIP

TELEPHONE

()

-

RELATIONSHIP TO APPLICANT

FOR INDIVIDUALS HELPING AN APPLICANT WITH COMPLETING THIS FORM ONLY

Complete this section if you're an individual (e.g. agents, brokers, SHIP counselors, family members, or other third parties) helping an applicant fill out this form.

NAME

SIGNATURE

RELATIONSHIP TO APPLICANT

NATIONAL PRODUCER NUMBER (AGENTS/BROKERS ONLY)

INTERNAL MARKETPOINT AGENTS ONLY

WRITING AGENT NAME*

AGENT NUMBER (SAN)*

DATE*

M M - D D - 2 0 Y Y

REFERRING AGENT NAME

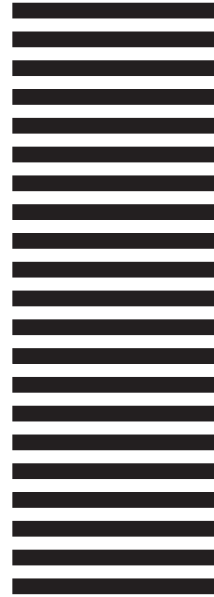
REFERRING AGENT NUMBER (SAN)



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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO.434 LEXINGTON, KY

POSTAGE WILL BE PAID BY ADDRESSEE

HUMANA MEDICARE ENROLLMENT
PO BOX 14309
LEXINGTON KY 40512-9801

