

# 2020 Health Plan Benefits at a Glance

HumanaChoice® R5361-001 (Regional PPO) States of Illinois and Wisconsin

Plan Costs	With Medicare Only In - Network	With Medicare only Out-of-Network	With Medicare & State Cost-Share Protection
Monthly plan premium	\$0		\$0
Medical deductible (exclusions apply*)		\$100 combined	\$0
Annual out-of-pocket maximum	\$6,700	\$10,000 combined	\$0
<b>Doctor Office Visits</b>			
Primary care provider (PCP)	\$20 copay	50% of the cost	\$0 copay
Specialist	\$50 copay	50% of the cost	\$0 copay
<b>Preventive Care</b>			
Including: Medicare covered screenings	Covered at no cost when you see an in-network provider	Cost-sharing may apply for out-of-network providers	\$0 copay
<b>Inpatient Care</b>			
Acute inpatient hospital care	\$295 copay per day for days 1-6 \$0 copay per day for days 7-90	50% of the cost	\$0 deductible \$0 copay per day for days 1-60 \$0 copay per day for days 61-90 \$0 copay per day for days 91-150
<b>Lab Services</b>			
Lab tests from lab facility	\$10 copay	50% of the cost	\$0 copay
Lab tests from outpatient hospital facility	\$40 copay	50% of the cost	\$0 copay
<b>Outpatient Care</b>			
Outpatient surgery at ambulatory surgical center	\$200 copay	50% of the cost	\$0 copay
Physical therapy at therapy facility	\$40 copay	50% of the cost	\$0 copay
X-rays at outpatient hospital facility	\$100 copay	50% of the cost	\$0 copay
Diagnostic testing at outpatient hospital facility	\$100 copay	50% of the cost	\$0 copay

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## Mental Health Services

Inpatient psychiatric hospital	\$260 copay per day for days 1-6 \$0 copay per day for days 7-90	50% of the cost	\$0 deductible \$0 copay per day for days 1-60 \$0 copay per day for days 61-90 \$0 copay per day for days 91-150 \$0 copay per day for days 150-190; 190 day lifetime limit in a psychiatric facility
Specialist's office	\$40 copay	50% of the cost	\$0 copay
Outpatient hospital	\$100 copay	50% of the cost	\$0 copay
Partial hospitalization	\$55 copay	50% of the cost	\$0 copay

## Emergency Services

Urgently needed services at an urgent care center	\$25 copay	50% of the cost	\$0 copay
Ground ambulance services	\$265 per date of service	\$265 per date of service	\$0 copay
Emergency room	\$90 copay	\$90 copay	\$0 copay

## Additional Benefits & Programs

Routine dental services DEN017	Included - cost share may apply. Please refer to the Summary of Benefits for additional details		
Routine vision services VIS775	Included - cost share may apply. Please refer to the Summary of Benefits for additional details		
Over-the-Counter (OTC) mail order	\$0 copay; up to \$15 every 3 months		
SilverSneakers® fitness program	Included		
Well Dine Meal Program	Included		
Rewards and Incentives by Humana	Rewards for completing preventive health screenings/activities		

\*All services received from in-network providers are excluded from the combined deductible. Services not covered by Original Medicare, Ambulance services, Emergency room services, Urgently Needed Services at Urgent Care Centers, Immunizations (Flu & Pneumonia) received from out-of network providers are also excluded from the combined deductible.



\*Services not covered by Original Medicare, Ambulance services, Emergency Room services, Urgently Needed Services at Urgent Care Centers, Immunizations (Flu & Pneumonia), Preventive services and Diabetic Monitoring Supplies do not apply to the combined in-network or out-of-network deductible.

If you have questions and are a Humana member, please contact Customer Care at 1-800-457-4708 (TTY: 711). If you are not currently a Humana member, please contact a licensed Humana sales agent at 1-844-775-9622 (TTY: 711), 8 a.m. - 8 p.m. seven days a week from Oct. 1, 2019 - Mar. 31, 2020 and Monday through Friday the rest of the year.

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

Out-of-network/non-contracted providers are under no obligation to treat Humana 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.



## Important!

At Humana, it is important you are treated fairly.

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

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through 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, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at **<https://www.hhs.gov/ocr/office/file/index.html>**.

## Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

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

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

1-877-320-1235 (TTY: 711)

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

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

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

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

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

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

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

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

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

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

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

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

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

**فارسی (Farsi)**

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

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

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك