Get the most from your healthcare plan and your retirement years

Welcome to the Humana Medicare Employer PPO Plan. Your organization (or former employer) chose Humana to offer you an enhanced Medicare Advantage plan that gives you more than Original Medicare.

Humana has more than 25 years of experience with Medicare. That experience means you get a medical plan that:

• Is easy to use
• Gives you a wide choice of providers
• Protects you from catastrophic medical expenses
• Includes extra benefits to keep you healthy

It all adds up to an excellent value that helps you live life fully.

Important phone numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humana Group Medicare Customer Care</td>
<td>1-866-396-8810</td>
</tr>
<tr>
<td>Humana At Home™</td>
<td>1-800-662-9508</td>
</tr>
<tr>
<td>HumanaFirst® Nurse Advice Line</td>
<td>1-800-622-9529</td>
</tr>
<tr>
<td>Centers for Medicare &amp; Medicaid Services (CMS)</td>
<td>1-800-633-4227</td>
</tr>
<tr>
<td>QuitNet®</td>
<td>1-888-572-4074</td>
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</table>
Take a closer look at the Humana Medicare Employer PPO Plan

Understanding your Medicare plan and how it works is important to you. Humana is here to help. We give you information each step of the way to help you feel more confident about managing your costs – and your health.

This guidebook tells you about your new plan – the Humana Medicare Employer Preferred Provider Organization (PPO) Plan. You’ll find information inside about the key features of the Humana Medicare Employer PPO Plan. You’ll see how this plan gives you the value and flexibility you deserve from your healthcare coverage.

The Humana Medicare Employer PPO Plan

Get the basics on your Humana Medicare Employer PPO Plan and how to use your benefits.

Our commitment to customer care

Humana is a company that works for you. For us, Medicare is a personal thing. Find out how we are there for you - every step of the way.

Manage your health

Find out how Humana helps you manage your health with tools and programs that are easy to access and use.

Frequently asked questions

Get answers about your Humana Medicare Employer PPO plan.

Glossary

Don't know what an insurance term means? Just look it up in the glossary.

About Humana
The Humana Medicare Employer PPO Plan

Key features of your Humana Medicare Employer PPO Plan

• You can go to any doctor or hospital, as long as the provider accepts Medicare

• You don’t need a referral to see any healthcare provider, including specialists

• You’re covered for office visits, including routine physical exams

• You can count on emergency coverage anywhere in the world

Go to any doctor who accepts Medicare

This plan combines great benefits with flexibility when choosing your healthcare providers. Each time you need healthcare, you can get care from any doctor who accepts Medicare. Unlike traditional PPO plans, most of the benefits covered under this PPO plan will not cost you more if you decide to see an out-of-network provider.

When you use an out-of-network doctor or provider, your share of the costs may be higher if the benefit is a coinsurance amount instead of a copayment. A coinsurance means that you’re paying a percentage of the cost for the benefit instead of a specific dollar amount for the benefit. Out-of-network providers may be able to bill a higher fee than in-network providers. This is because in-network providers have negotiated a cost for the service with Humana that may be lower than Original Medicare standards. Out-of-network providers may charge at or above the Original Medicare rate. If your out-of-network provider charges above the Original Medicare rate, your member responsibility for the cost of the service may be higher. Please see your “Summary of Benefits” to review your in-network and out-of-network coverage.

To find out whether your doctor is in Humana’s Medicare Employer PPO network, call Humana Group Medicare Customer Care at 1-866-396-8810 (TTY: 711).
How you’ll use your benefits

• Show your Humana Medicare Employer PPO Plan member ID card each time you need care. Put your Medicare ID card in a safe place, and don’t use it when you go to your doctor.

• If your benefit has a copayment: When you get care from a provider, either in the Humana network or outside of the network, you will pay the copayment to your provider. Your provider sends a claim to Humana for the rest of the payment.

• If your benefit has a coinsurance: When you get care from a provider, the provider asks Humana for their part of the payment. You get a bill just for the amount you owe. Sometimes an out-of-network provider may ask you to pay the whole amount right away. To get your money back, just send the doctor’s itemized receipt and a copy of your Humana member ID card to the claims address on the back of the member ID card. Make sure the receipt includes your name and Humana member ID number. Your member ID number is printed on your Humana member ID card.

Talk with your doctors

We understand you want to keep seeing your own doctors. To make things easier for both of you, bring the “Please Give This to Your Doctor” flyer to your next doctor’s appointment. The flyer is included in this packet.

If your doctors say they will not accept the Humana Medicare Employer PPO Plan:

1. Confirm with the doctor or provider that he/she accepts Medicare.

2. Tell them that the plan provides the same level of coverage for in-network and out-of-network services.

3. Call Humana’s Customer Care center at 1-866-396-8810 (TTY: 711) to see about getting a doctor into the network for 2015.

For more information

We’re here for you. If you need answers, call Humana Group Medicare Customer Care at 1-866-396-8810 (TTY: 711). You can call Monday – Friday, – 8 a.m. – 9 p.m., Eastern time. Our phone system may answer your call after hours, and on Saturdays, Sundays and some holidays. Just leave a message and we’ll call back by the end of the next business day.
Humana’s commitment to you

Our goal is to give you the information you need to make sure you get the most from your benefits. But if you have questions or need more details, all you have to do is call.

Dedicated Group Medicare Customer Care representatives

We have Customer Care representatives who only serve our Group Medicare customers. They are dedicated to understanding and helping you with your needs. Call them with your questions.

We may even call you from time to time. It might be to remind you of preventive health screenings or tell you about ways to save money on your medical care.

If you have questions, just give us a call 1-866-396-8810 (TTY: 711). We’re available Monday – Friday, 8 a.m. – 9 p.m., Eastern time. We’re here to help.

Is your doctor in Humana’s provider network?

Physician Finder Plus – Humana’s online provider search tool – is the easiest way to find doctors, hospitals and other healthcare providers in Humana’s network. With this tool, you can:

• Find the most recently updated list of in-network providers quickly
• Get provider phone numbers, addresses and directions to the provider’s office
• Customize your search by specialty and other criteria, as well as distance from an address
• Find a certain provider by name, group or facility

The online provider search tool is available in two places:

• On Humana.com – Choose the “Search” from the “Find a doctor” section on our home page
• On MyHumana – After your plan is effective, sign in to MyHumana, your secure personal website on Humana.com; choose the “Find a Doctor” link under “Plan Tools”

You also can call our Humana Group Medicare Customer Care representatives at 1-866-396-8810 (TTY: 711) to find out if your doctor is in our network.
Plan features to manage your health

HumanaFirst® Nurse Advice Line
If you have questions about symptoms you’re experiencing but aren’t sure if you need to see your doctor, Humana can help. Call HumanaFirst, our advice line for members, 24 hours a day, seven days a week at 1-800-622-9529 (TTY 711). It’s staffed by nurses who can help address your immediate health concerns and answer questions about particular medical conditions.

Why call HumanaFirst?
• If you have symptoms but aren’t sure if you need to see your doctor
• If you need a refresher course in changing your bandage after a recent surgery
• If you have a fever at 3 a.m.
• If you have questions about diabetes, cancer or another serious condition

Put the professionals from HumanaFirst on your health information and support team with just one phone call! Don’t use HumanaFirst in an emergency. If you have an emergency, call 911.

MyHumana – your personalized online plan information source
As soon as you receive your Humana member ID card, go to Humana.com and register for MyHumana. This personal, secure online account contains your plan details, claims, records and other health benefits information.

With MyHumana, you can:
• Find a network doctor in your area
• Review your plan benefits
• Look up your medical claims
• View or print your Evidence of Coverage booklet
• Use health and wellness tools

SmartSummary®
Humana believes Medicare members deserve a better way to understand, track, manage and save money on their healthcare. That’s why we developed SmartSummary, an in-depth, monthly benefits summary tailored specifically to our Medicare members.

How it works
Each month you use your medical benefits, Humana mails you an updated SmartSummary the next month. You also can sign in to MyHumana and see your past SmartSummary statements anytime. These statements help you:
• Understand your monthly and yearly totals of healthcare costs, the discounted cost, what you paid and what Humana paid.
• Communicate with your providers about the healthcare services you receive.
• Find out about preventive measures, treatments and therapies for medical conditions and health issues. SmartSummary personalizes this section so it may have articles about your health or medical conditions.
Feel better with Humana Active Outlook®

Find out how to live a healthier, happier life with the award-winning* Humana Active Outlook program. No matter what your personal health goals are, this health and wellness education program can help. And best of all, there’s no extra cost to you!

Read
• Discover inspiring stories and ideas for fun, healthy living in HAO Magazine
• Get practical tips for living with chronic health conditions from HAO Digest
• Track and organize health information with MyHealth Planner
• Make important life choices and get organized with the LifeKeeper Advance Care Planning Guide®

Explore
• Get the latest health information through Humana Active Outlook classes – in person, online and by phone.
• Find help to get you through life’s challenges with Member Assistance Program (MAP). With MAP, you get access by phone to MAP professionals who are there to talk with you about life issues such as grief, family relationships and adjusting to retirement. You get three phone sessions per life issue. You also can look for information online at HumanaActiveOutlook.com.

Go online
• Read the latest wellness information and find helpful tools at HumanaActiveOutlook.com
• Download copies of our magazines, health planner and other publications
• Find and sign up for classes in your area**
• View “Classes to Go” online in the comfort of your home

*Humana Active Outlook has won more than 100 major national publishing awards, including the APEX Awards for Publication Excellence and the MarCom Awards. These awards were not given by Medicare.

**Classes may not be offered in your area. Call Humana Group Medicare Customer Care 1-866-396-8810 (TTY: 711) Monday – Friday, 8 a.m. – 9 p.m., Eastern time, to find out if they are available near you.
Helpful programs to meet your specific health needs

Break the tobacco habit with QuitNet®

Humana’s tobacco cessation program can help you meet your goal of quitting tobacco for good. With QuitNet, you get phone counseling and web-based support. You also receive two treatments of nicotine replacement therapy at no additional cost. You don’t have to quit alone! Call QuitNet today to find out more about how to enroll and receive additional information on QuitNet. Call 1-888-572-4074 (TTY: 711), Monday – Friday, 8 a.m. – midnight and Saturday, 9 a.m. – 5 p.m., Eastern time. You also can visit www.quitnet.com/humana.

Exercise programs

Fun exercise classes and workout programs to help you boost muscle tone strength and energy while meeting others (details on page 8).

Help when serious illness strikes

If you’re diagnosed with a complex health condition - such as diabetes, congestive heart failure, cancer or Alzheimer’s - you may be eligible for Humana at Home®. Humana at Home is a long-term care management program that offers you personalized communications to help you better manage your condition. You may receive a call to enroll in one of these programs if you’re eligible, or you can enroll by calling 1-800-662-9508 (TTY: 711). We are available Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

Well Dine® inpatient meal program

After your overnight stay in a hospital or nursing facility, you are eligible for ten healthy, precooked frozen meals delivered to your door at no cost to you.
Get fit your way™ with SilverSneakers

Humana offers SilverSneakers® Fitness.

Work out when, where and how you want with this innovative program offered by Humana as one of your benefits.

**Workout indoors** - with a basic fitness membership and SilverSneakers group exercise classes.

**Go outside with FLEX™** - try tai chi, yoga, walking groups and more. Available at local parks, recreation centers and churches (in select states).

**Get SilverSneakers Steps®** for at home or on the go - receive your choice of a kit for general fitness, strength, walking or yoga.

**Connect online** - get support from the SilverSneakers community or get meal plans and healthy recipes.

Find a location online at www.silversneakers.com, or call a Humana Group Medicare Customer Care representative at 1-866-396-8810 (TTY: 711), for more information. Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Try SilverSneakers today

Go to
www.silversneakers.com
Frequently asked questions

How can I compare the Humana Medicare Employer PPO Plan to Original Medicare?

See the “Summary of Benefits” in your enrollment packet. We think you’ll like what you see. The charts list some important benefits of your new Humana plan.

Our members receive all of the benefits Original Medicare offers, plus additional benefits that may change from year to year.

When does my coverage begin?

Check with your benefits administrator for the proposed effective date of your enrollment. You’ll receive a letter from Humana confirming your enrollment after the Centers for Medicare & Medicaid Services (CMS) OKs the change. Be sure to keep your current healthcare coverage until your Medicare Employer Plan enrollment is confirmed. Some overlap in coverage may occur.

Who do I call if I have questions about my plan?

Our dedicated representatives are available to help if you have a question or problem. Simply call a Humana Group Medicare Customer Care representative at 1-866-396-8810 (TTY: 711).

Do I need to take both my Humana member ID card and my Medicare ID card to my doctor or hospital?

No. The minute your Humana Medicare Employer Plan coverage begins, your Humana member ID card is the only card you need.

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 do I use if my member ID card hasn’t arrived or if I don’t have it with me?

If you don’t have your ID card or other proof of coverage, call your Humana Group Medicare Customer Care representative at 1-866-396-8810 (TTY: 711) to verify your benefits. In the rare case your enrollment hasn’t been processed and you aren’t in the Humana system yet, you may have to submit a claim for reimbursement.

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

To request reimbursement for a charge you paid for a service, just send the provider’s itemized receipt and a copy of your Humana member ID card to the claims address on the back of the member ID card. Make sure the receipt includes your name and Humana member ID number.
What if I have other health insurance coverage?
If you have other health insurance, show your Humana member ID card and your other insurance cards when you see a healthcare provider.

The Humana Medicare Employer Plan may be used in combination with other types of health insurance coverage you may have. This is called “coordination of benefits.”

What’s the difference between emergency and urgently needed care?

Emergency care means medical conditions that are life-threatening or cause severe pain. The severity of these symptoms or pain would lead a person with average knowledge of health and medicine to reasonably expect that immediate medical attention is needed to prevent any of the following:
• Serious risk to your health
• Serious damage or impairment to the functioning of your body
• Serious problems with any organ or part of your body

Examples of covered emergency services include:
• Chest pain
• Difficulty breathing
• Severe burns
• Penetrating wounds
• Vomiting blood

Urgently needed care means covered services that are medically necessary and immediately required as a result of an unforeseen illness, injury or condition.

What should I do in the case of an emergency?
When you have a medical emergency, call 911 for assistance, or go to the nearest hospital emergency room for immediate treatment. You’re covered for emergency care wherever you are. You don’t need a referral or authorization from Humana to receive emergency or urgently-needed services. It’s important that you or the doctor or hospital treating you notify Humana or your primary care physician (PCP) as soon as your condition is considered “stable” by the doctor, so that your PCP can be included in planning any follow-up care.

What should I do if I move?
If you move to another area or state, it may affect your plan. Please contact your group benefits administrator for details.
Can my coverage be canceled by the plan?

Your coverage cannot be canceled because of age or health. Your coverage may be canceled by Humana only if:

- You become ineligible for Medicare Part A coverage or you are no longer enrolled in Part B.
- You or your group benefits administrator fail to pay any monthly plan premiums.
- You engage in illegal, dishonest or unsafe behavior that affects your health or the health of other members.
- Your group benefits administrator notifies Humana that you’re no longer eligible for their group plan.
- Your group benefits administrator notifies Humana that they are canceling their group coverage with Humana.
- Our annual contract with CMS isn’t renewed in the service area where you live. If this happens, Humana will notify you ahead of time.
- You move outside of the plan’s service area.

If I lose or cancel my Humana Medicare Employer Plan coverage, can I still be covered by Medicare?

Yes, you can return to Original Medicare (Parts A and B). Please notify your benefits administrator if you decide to cancel your Humana coverage.

What are my protections in this plan?

If Humana ever denies your claim or a service, we’ll explain our decision to you. You always have the right to appeal and ask us to review the denied claim or service. If a decision isn’t made in your favor, an independent organization that works for Medicare will review your appeal.

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Glossary

**Coinsurance.** The amount you may be required to pay for services after you pay any plan deductibles. In Original Medicare, this is a percentage of the Medicare-approved amount. You have to pay this amount after you pay the deductible for Part A and/or Part B.

**Copayment.** A copayment is usually a set amount you pay for specific services. For example, this could be $10 or $20 for a doctor’s visit or prescription. Original Medicare also has copayments for some hospital outpatient services.

**Deductible.** The amount you must pay for healthcare before Original Medicare or other insurance begins to pay. For example, in Original Medicare, you pay a new deductible for each benefit period for Part A and each year for Part B. These amounts can change every year.

**Licensed representative.** Certified representatives of Humana/MarketPoint® who hold a state insurance license. Only licensed representatives may answer questions about the features and benefits of the Humana Medicare Employer Plan before coverage begins.

**Medicare Advantage.** A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. For Part B plans, a plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits, available to anyone entitled to Part A and enrolled in Part B of Medicare. Medicare Advantage plans are known as a Health Maintenance Organization, Preferred Provider Organization or Private-Fee-for-Service plan. If you are enrolled in a Medicare Advantage plan, Medicare services are covered through the plan and are not paid by Original Medicare.

**Medicare-approved amount.** In Original Medicare, this is the amount a doctor or supplier can be paid, including what Medicare pays and any deductible, coinsurance or copayment you pay. The Medicare-approved amount may be less than the actual amount charged by a doctor or supplier.

**Original Medicare.** A fee-for-service health plan that lets you go to any doctor, hospital or other healthcare provider that accepts Medicare and is accepting new Medicare patients. You must pay the deductible. Original Medicare has two parts: Part A (hospital insurance) and Part B (medical insurance). Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance).

**Out-of-pocket costs.** Any amounts you may have to pay out of your pocket for most plans, such as deductibles, copayments or coinsurance.

**Out-of-pocket limit.** The maximum amount of covered expenses you pay in a calendar year for most plans. Once you reach your annual out-of-pocket limit, the Humana Medicare Employer Plan pays 100 percent of the Medicare-approved amount for most covered charges. Certain amounts you pay – such as for benefits from a third party, Part D prescription drugs, extra services, worldwide coverage and plan premiums – don’t count toward this out-of-pocket limit. Please refer to your Evidence of Coverage for more information.

**Premium.** The amount you (and/or your employer) regularly pay for Medicare or Medicare Advantage coverage.
About Humana

Humana, headquartered in Louisville, Kentucky, is a leading healthcare company that offers a wide range of insurance products. Our health and wellness services use an integrated approach to lifelong well-being.

Here’s just some of what you’ll get with Humana:

**Enrollment support** – However you choose to enroll, we’ll help you understand your options and make an informed choice.

**Easy-to-use benefits** – Just show your Humana member ID card each time you receive medical care or services; then pay your share of the cost. Plus, among national health plans, Humana pays claims faster with the most approvals.¹

**Support for your overall health and well-being** – If you have a healthcare need, chances are we have a wellness service or health program that can help.

To find out more about Humana, visit [Humana.com](http://Humana.com).

¹ Athenahealth PayerView Survey 2014. This award was not given by Medicare.
Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits and member cost share may change each year.

This information is available for free in other languages. Please call our customer care number at 1-866-396-8810 (TTY: 711). You can call Monday - Friday, from 8 a.m. - 9 p.m., Eastern time.

Esta información está disponible gratuitamente en otros lenguajes. Póngase en contacto con nuestro Departamento de Atención al Cliente al 1-866-396-8810 (TTY: 711). Los representantes están disponibles de lunes a viernes de 8 a.m. a 9 p.m., hora del Este.