



**2022 Benefit Grid**

Oahu-HI

2022 Individual Medicare Advantage LPPO

Humana Insurance Company

Humana Honor (PPO)

H5216-234-000

MA

*Effective Date - 1/1/2021*

*Effective Date - 1/1/2022*

**Deductible AND Maximum Out of Pocket**

*Plan Information*

Deductible Combined IN/OON	\$1000.00 All services received from in-network providers do not apply to the combined in-network and out-of-network deductible. Services not covered by Original Medicare, Ambulance services, Emergency Room services, Urgently Needed services at Urgent Care Centers, Immunizations (Flu, Pneumonia), and COVID-19 Tests and Treatment received from out-of-network providers do not apply to the combined in-network and out-of-network deductible.	\$1000.00 All services received from in-network providers do not apply to the combined in-network and out-of-network deductible. Services not covered by Original Medicare, Ambulance services, Emergency Room services, Urgently Needed services at Urgent Care Centers, Immunizations (Flu, Pneumonia), and COVID-19 Tests and Treatment received from out-of-network providers do not apply to the combined in-network and out-of-network deductible.
Maximum Out-of-Pocket IN	\$7550.00 Services not covered by Original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.	\$7550.00 Services not covered by Original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.
Combined IN/OON	\$11300.00 Services not covered by Original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.	\$11300.00 Services not covered by Original Medicare and part D prescription drugs do not apply to the in-network or out-of-network MOOP.
Part B Reduction	\$30.00	\$30.00

**Premium Information**

*Plan Information*

MA Premium	\$0.00	\$0.00
<b>Total Premium</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Medical Benefits**

*Service Place of Treatment*

**Inpatient Acute Care**

IN

**Humana Honor (PPO)**  
**H5216-234-000**

	<i>Effective Date - 1/1/2021</i>	<i>Effective Date - 1/1/2022</i>
Inpatient Hospital	\$480 copay/day Days (1-3)	\$480 copay/day Days (1-3)
Inpatient Hospital	\$0 copay/day Days (4-90)	\$0 copay/day Days (4-90)
OON Inpatient Hospital	40% coinsurance	40% coinsurance
<b>Inpatient Mental Health Care</b>		
IN Inpatient Hospital	\$480 copay/day Days (1-3)	\$480 copay/day Days (1-3)
Inpatient Hospital	\$0 copay/day Days (4-90)	\$0 copay/day Days (4-90)
Inpatient Psychiatric Facility	\$480 copay/day Days (1-3);190 day lifetime limit in a psychiatric facility	\$480 copay/day Days (1-3);190 day lifetime limit in a psychiatric facility
Inpatient Psychiatric Facility	\$0 copay/day Days (4-90)	\$0 copay/day Days (4-90)
OON Inpatient Hospital	40% coinsurance	40% coinsurance
Inpatient Psychiatric Facility	40% coinsurance :190 day lifetime limit in a psychiatric facility	40% coinsurance :190 day lifetime limit in a psychiatric facility
<b>Skilled Nursing Care</b>		
IN Skilled Nursing Facility	\$0 copay/day Days (1-20)	\$0 copay/day Days (1-20)
Skilled Nursing Facility	\$178 copay/day Days (21-100)	\$178 copay/day Days (21-100)
OON Skilled Nursing Facility	40% coinsurance Days (1-100)	40% coinsurance Days (1-100)
<b>Emergency Services</b>		
IN Emergency Room-Hospital	\$90 copay waived if admitted within 24 hours	\$90 copay waived if admitted within 24 hours
OON Emergency Room-Hospital	\$90 copay waived if admitted within 24 hours	\$90 copay waived if admitted within 24 hours
<b>Worldwide Coverage (MSB)</b>		
OON Emergency Room-Hospital	\$90 copay waived if admitted within 24 hours	\$90 copay waived if admitted within 24 hours
<b>US Travel Benefit (MSB)</b>		
IN Network Provider	UST001: • Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	UST001: • Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.
<b>Urgently Needed Services</b>		
IN Primary Care Physician's Office	\$10 copay	\$0 copay
Specialist's Office	20% coinsurance	\$45 copay
Urgent Care Center	\$20 copay	\$20 copay
OON Primary Care Physician's Office	\$40 copay	\$40 copay
Specialist's Office	40% coinsurance	40% coinsurance
Urgent Care Center	20% coinsurance	20% coinsurance
<b>Home Health Care</b>		
IN Member's Home	\$0 copay	\$0 copay
OON Member's Home	40% coinsurance	40% coinsurance
<b>Physician and Professional Services</b>		
IN Inpatient Hospital	\$0 copay	\$0 copay

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	Inpatient Psychiatric Facility	\$0 copay	\$0 copay
	Primary Care Physician's Office	\$10 copay	\$0 copay
	Dialysis Center	20% coinsurance	20% coinsurance
	Specialist's Office	20% coinsurance	\$45 copay
	Urgent Care Center	\$20 copay	\$20 copay
	Freestanding Laboratory	\$0 copay	\$0 copay
	Freestanding Radiological Facility	20% coinsurance	20% coinsurance
	Ambulatory Surgical Center	20% coinsurance	20% coinsurance
	Outpatient Hospital	20% coinsurance	20% coinsurance
	Emergency Room-Hospital	\$0 copay	\$0 copay
	Skilled Nursing Facility	\$0 copay	\$0 copay
OON	Inpatient Hospital	40% coinsurance	40% coinsurance
	Inpatient Psychiatric Facility	40% coinsurance	40% coinsurance
	Primary Care Physician's Office	\$40 copay	\$40 copay
	Dialysis Center	20% coinsurance	20% coinsurance
	Specialist's Office	40% coinsurance	40% coinsurance
	Urgent Care Center	20% coinsurance	20% coinsurance
	Freestanding Laboratory	40% coinsurance	40% coinsurance
	Freestanding Radiological Facility	40% coinsurance	40% coinsurance
	Ambulatory Surgical Center	40% coinsurance	40% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance
	Emergency Room-Hospital	\$0 copay	\$0 copay
	Skilled Nursing Facility	40% coinsurance	40% coinsurance
<b>Allergy Shots and Serum</b>			
IN	Primary Care Physician's Office	\$0 copay	\$0 copay
	Specialist's Office	\$0 copay	\$0 copay
OON	Primary Care Physician's Office	40% coinsurance	40% coinsurance
	Specialist's Office	40% coinsurance	40% coinsurance
<b>Acupuncture Services (Medicare Covered)</b>			
IN	Specialist's Office	20% coinsurance	\$45 copay
OON	Specialist's Office	40% coinsurance	40% coinsurance
Combined IN/OON	All Places of Treatment	20 visit(s) per year	20 visit(s) per year
<b>Chiropractic Services (Medicare Covered)</b>			
IN	Specialist's Office	20% coinsurance	20% coinsurance
OON	Specialist's Office	40% coinsurance	40% coinsurance
<b>Podiatry Services (Medicare Covered)</b>			
IN	Specialist's Office	20% coinsurance	\$45 copay
OON	Specialist's Office	40% coinsurance	40% coinsurance
<b>Mental Health</b>			
IN	Specialist's Office	20% coinsurance	20% coinsurance
	Outpatient Hospital	20% coinsurance	20% coinsurance

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		<i>Effective Date - 1/1/2021</i>	<i>Effective Date - 1/1/2022</i>
OON	Partial Hospitalization	20% coinsurance	\$55 copay
	Specialist's Office	40% coinsurance	40% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance
	Partial Hospitalization	40% coinsurance	40% coinsurance
<b>Outpatient Substance Abuse Care</b>			
IN	Specialist's Office	20% coinsurance	20% coinsurance
	Outpatient Hospital	20% coinsurance	20% coinsurance
	Partial Hospitalization	20% coinsurance	\$55 copay
OON	Specialist's Office	40% coinsurance	40% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance
	Partial Hospitalization	40% coinsurance	40% coinsurance
<b>Opioid Treatment Services</b>			
IN	Specialist's Office	20% coinsurance	20% coinsurance
	Outpatient Hospital	20% coinsurance	20% coinsurance
	Partial Hospitalization	20% coinsurance	\$55 copay
OON	Specialist's Office	40% coinsurance	40% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance
	Partial Hospitalization	40% coinsurance	40% coinsurance
<b>Outpatient Cardiac Therapy</b>			
IN	Specialist's Office	20% coinsurance	20% coinsurance
	Outpatient Hospital	20% coinsurance	20% coinsurance
OON	Specialist's Office	40% coinsurance	40% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Outpatient Pulmonary Rehabilitation</b>			
IN	Specialist's Office	20% coinsurance	20% coinsurance
	Outpatient Hospital	20% coinsurance	20% coinsurance
OON	Specialist's Office	40% coinsurance	40% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services</b>			
IN	Specialist's Office	20% coinsurance	20% coinsurance
	Outpatient Hospital	20% coinsurance	20% coinsurance
OON	Specialist's Office	40% coinsurance	40% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Outpatient Occupational Therapy</b>			
IN	Specialist's Office	20% coinsurance	20% coinsurance
	Comprehensive Outpatient Rehab Facility	20% coinsurance	20% coinsurance
	Outpatient Hospital	20% coinsurance	20% coinsurance
OON	Specialist's Office	40% coinsurance	40% coinsurance
	Comprehensive Outpatient Rehab Facility	40% coinsurance	40% coinsurance

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Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Outpatient Physical Therapy</b>		
IN		
Specialist's Office	20% coinsurance	20% coinsurance
Comprehensive Outpatient Rehab Facility	20% coinsurance	20% coinsurance
Outpatient Hospital	20% coinsurance	20% coinsurance
OON		
Specialist's Office	40% coinsurance	40% coinsurance
Comprehensive Outpatient Rehab Facility	40% coinsurance	40% coinsurance
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Outpatient Speech Therapy</b>		
IN		
Specialist's Office	20% coinsurance	20% coinsurance
Comprehensive Outpatient Rehab Facility	20% coinsurance	20% coinsurance
Outpatient Hospital	20% coinsurance	20% coinsurance
OON		
Specialist's Office	40% coinsurance	40% coinsurance
Comprehensive Outpatient Rehab Facility	40% coinsurance	40% coinsurance
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Sleep Study (Home Based)</b>		
IN		
Member's Home	\$0 copay	\$0 copay
OON		
Member's Home	40% coinsurance	40% coinsurance
<b>Sleep Study (Facility Based)</b>		
IN		
Specialist's Office	20% coinsurance	\$45 copay
Outpatient Hospital	20% coinsurance	20% coinsurance
OON		
Specialist's Office	40% coinsurance	40% coinsurance
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Outpatient Basic Radiological Services</b>		
IN		
Primary Care Physician's Office	\$10 copay	\$0 copay
Specialist's Office	20% coinsurance	20% coinsurance
Urgent Care Center	\$20 copay	\$20 copay
Freestanding Radiological Facility	20% coinsurance	20% coinsurance
Outpatient Hospital	20% coinsurance	20% coinsurance
OON		
Primary Care Physician's Office	\$40 copay	\$40 copay
Specialist's Office	40% coinsurance	40% coinsurance
Urgent Care Center	20% coinsurance	20% coinsurance
Freestanding Radiological Facility	40% coinsurance	40% coinsurance
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>COVID-19 Testing</b>		
IN		
All Places of Treatment	\$0 copay	\$0 copay
OON		
All Places of Treatment	\$0 copay	\$0 copay
<b>COVID-19 Treatment</b>		
IN		
All Places of Treatment	\$0 copay	\$0 copay

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OON	All Places of Treatment	\$0 copay	\$0 copay
<b>Outpatient Diagnostic Procedures and Tests</b>			
IN	Primary Care Physician's Office	\$10 copay	\$0 copay
	Specialist's Office	20% coinsurance	\$45 copay
	Urgent Care Center	\$20 copay	\$20 copay
	Outpatient Hospital	20% coinsurance	20% coinsurance
OON	Primary Care Physician's Office	\$40 copay	\$40 copay
	Specialist's Office	40% coinsurance	40% coinsurance
	Urgent Care Center	20% coinsurance	20% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Outpatient Lab Services</b>			
IN	Primary Care Physician's Office	\$0 copay	\$0 copay
	Specialist's Office	\$0 copay	\$0 copay
	Urgent Care Center	\$20 copay	\$20 copay
	Freestanding Laboratory	\$0 copay	\$0 copay
	Outpatient Hospital	20% coinsurance	\$15 copay
OON	Primary Care Physician's Office	\$40 copay	\$40 copay
	Specialist's Office	40% coinsurance	40% coinsurance
	Urgent Care Center	20% coinsurance	20% coinsurance
	Freestanding Laboratory	40% coinsurance	40% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Outpatient Advanced Imaging Services (MRI, MRA, PET and CT Scan)</b>			
IN	Primary Care Physician's Office	\$10 copay	\$5 copay
	Specialist's Office	20% coinsurance	\$5 copay
	Freestanding Radiological Facility	20% coinsurance	\$100 copay
	Outpatient Hospital	20% coinsurance	\$175 copay
OON	Primary Care Physician's Office	\$40 copay	\$40 copay
	Specialist's Office	40% coinsurance	40% coinsurance
	Freestanding Radiological Facility	40% coinsurance	40% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Outpatient Nuclear Medicine Services</b>			
IN	Freestanding Radiological Facility	20% coinsurance	\$100 copay
	Outpatient Hospital	20% coinsurance	\$175 copay
OON	Freestanding Radiological Facility	40% coinsurance	40% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Outpatient Therapeutic Radiology (Radiation Therapy)</b>			
IN	Specialist's Office	20% coinsurance	\$45 copay
	Freestanding Radiological Facility	20% coinsurance	20% coinsurance
	Outpatient Hospital	20% coinsurance	20% coinsurance
OON	Specialist's Office	40% coinsurance	40% coinsurance

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Freestanding Radiological Facility	40% coinsurance	40% coinsurance
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Diagnostic Mammography</b>		
IN		
Specialist's Office	20% coinsurance	\$5 copay
Freestanding Radiological Facility	20% coinsurance	\$5 copay
Outpatient Hospital	20% coinsurance	\$5 copay
OON		
Specialist's Office	40% coinsurance	40% coinsurance
Freestanding Radiological Facility	40% coinsurance	40% coinsurance
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Diagnostic Colonoscopy</b>		
IN		
Ambulatory Surgical Center	20% coinsurance	20% coinsurance
Outpatient Hospital	20% coinsurance	20% coinsurance
OON		
Ambulatory Surgical Center	40% coinsurance	40% coinsurance
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Surgery Services</b>		
IN		
Primary Care Physician's Office	\$10 copay	\$0 copay
Specialist's Office	20% coinsurance	\$45 copay
Ambulatory Surgical Center	20% coinsurance	20% coinsurance
Outpatient Hospital	20% coinsurance	20% coinsurance
OON		
Primary Care Physician's Office	\$40 copay	\$40 copay
Specialist's Office	40% coinsurance	40% coinsurance
Ambulatory Surgical Center	40% coinsurance	40% coinsurance
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Observation Services</b>		
IN		
Outpatient Hospital	\$0 copay	\$0 copay
OON		
Outpatient Hospital	\$0 copay	\$0 copay
<b>Wound Care</b>		
IN		
Outpatient Hospital	20% coinsurance	\$45 copay
OON		
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Ambulance Emergency</b>		
IN		
Ground Ambulance	20% coinsurance	20% coinsurance
Air Ambulance	20% coinsurance	20% coinsurance
OON		
Ground Ambulance	20% coinsurance	20% coinsurance
Air Ambulance	20% coinsurance	20% coinsurance
<b>Ambulance Non-Emergency</b>		
IN		
Ground Ambulance	20% coinsurance	20% coinsurance
Air Ambulance	20% coinsurance	20% coinsurance
OON		
Ground Ambulance	20% coinsurance	20% coinsurance
Air Ambulance	20% coinsurance	20% coinsurance

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**Durable Medical Equipment**

IN	Durable Medical Equipment Provider	13% coinsurance	13% coinsurance
OON	Durable Medical Equipment Provider	25% coinsurance	25% coinsurance

**Medical Supplies**

IN	Medical Supply Provider	20% coinsurance	20% coinsurance
OON	Medical Supply Provider	30% coinsurance	30% coinsurance

**Prosthetics**

IN	Prosthetics Provider	20% coinsurance	20% coinsurance
OON	Prosthetics Provider	30% coinsurance	30% coinsurance

**Diabetic Shoes and Inserts**

IN	Prosthetics Provider	\$0 copay	\$0 copay
	Durable Medical Equipment Provider	\$0 copay	\$0 copay
OON	Prosthetics Provider	40% coinsurance	40% coinsurance
	Durable Medical Equipment Provider	40% coinsurance	40% coinsurance

**Diabetic Monitoring Supplies**

IN	Preferred Diabetic Supplier	\$0 copay	\$0 copay
	Diabetic Supplier	20% coinsurance	20% coinsurance
	Network Retail Pharmacy	10% coinsurance	10% coinsurance
OON	Diabetic Supplier	40% coinsurance	40% coinsurance
	Pharmacy	40% coinsurance	40% coinsurance

**Renal Dialysis Services**

IN	Dialysis Center	20% coinsurance	20% coinsurance
	Outpatient Hospital	20% coinsurance	20% coinsurance
OON	Dialysis Center	20% coinsurance	20% coinsurance
	Outpatient Hospital	20% coinsurance	20% coinsurance

**Kidney Disease Education Services**

IN	Primary Care Physician's Office	\$0 copay	\$0 copay
	Specialist's Office	\$0 copay	\$0 copay
OON	Primary Care Physician's Office	40% coinsurance	40% coinsurance
	Specialist's Office	40% coinsurance	40% coinsurance

**Diabetes Self Management Training**

IN	Primary Care Physician's Office	\$0 copay	\$0 copay
	Specialist's Office	\$0 copay	\$0 copay
	Outpatient Hospital	\$0 copay	\$0 copay
OON	Primary Care Physician's Office	40% coinsurance	40% coinsurance
	Specialist's Office	40% coinsurance	40% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance



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**Dental Services (Medicare Covered)**

IN

Specialist's Office

20% coinsurance

\$45 copay

OON

Specialist's Office

40% coinsurance

40% coinsurance

**Dental Services (Routine) (MSB)**

IN

HumanaDental

DEN187:

- 0% coinsurance for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.
- 0% coinsurance for panoramic film or diagnostic x-rays up to 1 every 5 years.
- 0% coinsurance for bitewing x-rays up to 1 set(s) per year.
- 0% coinsurance for intraoral x-rays up to 1 per year.
- 0% coinsurance for fluoride treatment, periodic oral exam and/or emergency diagnostic exam, prophylaxis (cleaning) up to 2 per year.
- 0% coinsurance for necessary anesthesia with covered service up to unlimited per year.
- 50% coinsurance for recementation up to 1 every 5 years.
- 50% coinsurance for amalgam and/or composite filling, emergency treatment for pain up to 2 per year.
- 50% coinsurance for simple or surgical extraction up to unlimited per year.
- 70% coinsurance for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years.
- 70% coinsurance for complete dentures, partial dentures up to 1 set(s) every 5 years.
- 70% coinsurance for adjustments to dentures, denture reline, root canal up to 1 per year.
- 70% coinsurance for crown, oral surgery up to 2 per year.
- 70% coinsurance for periodontal maintenance up to 4 per year.
- \$2000 combined maximum benefit coverage amount per year for preventive and comprehensive benefits.

DEN187:

- 0% coinsurance for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.
- 0% coinsurance for panoramic film or diagnostic x-rays up to 1 every 5 years.
- 0% coinsurance for bitewing x-rays up to 1 set(s) per year.
- 0% coinsurance for intraoral x-rays up to 1 per year.
- 0% coinsurance for fluoride treatment, periodic oral exam and/or emergency diagnostic exam, prophylaxis (cleaning) up to 2 per year.
- 0% coinsurance for necessary anesthesia with covered service up to unlimited per year.
- 50% coinsurance for recementation up to 1 every 5 years.
- 50% coinsurance for amalgam and/or composite filling, emergency treatment for pain up to 2 per year.
- 50% coinsurance for simple or surgical extraction up to unlimited per year.
- 70% coinsurance for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years.
- 70% coinsurance for complete dentures, partial dentures up to 1 set(s) every 5 years.
- 70% coinsurance for adjustments to dentures, denture reline, root canal up to 1 per year.
- 70% coinsurance for crown, oral surgery up to 2 per year.
- 70% coinsurance for periodontal maintenance up to 4 per year.
- \$2000 combined maximum benefit coverage amount per year for preventive and comprehensive benefits.

OON

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HumanaDental

- |   |   |
|---|---|
| <p>DEN187:</p> <ul style="list-style-type: none"> <li>• 50% coinsurance for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.</li> <li>• 50% coinsurance for panoramic film or diagnostic x-rays up to 1 every 5 years.</li> <li>• 50% coinsurance for bitewing x-rays up to 1 set(s) per year.</li> <li>• 50% coinsurance for intraoral x-rays up to 1 per year.</li> <li>• 50% coinsurance for fluoride treatment, periodic oral exam and/or emergency diagnostic exam, prophylaxis (cleaning) up to 2 per year.</li> <li>• 50% coinsurance for necessary anesthesia with covered service up to unlimited per year.</li> <li>• 55% coinsurance for recementation up to 1 every 5 years.</li> <li>• 55% coinsurance for amalgam and/or composite filling, emergency treatment for pain up to 2 per year.</li> <li>• 55% coinsurance for simple or surgical extraction up to unlimited per year.</li> <li>• 75% coinsurance for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years.</li> <li>• 75% coinsurance for complete dentures, partial dentures up to 1 set(s) every 5 years.</li> <li>• 75% coinsurance for adjustments to dentures, denture reline, root canal up to 1 per year.</li> <li>• 75% coinsurance for crown, oral surgery up to 2 per year.</li> <li>• 75% coinsurance for periodontal maintenance up to 4 per year.</li> <li>• \$2000 combined maximum benefit coverage amount per year for preventive and comprehensive benefits.</li> <li>• Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.</li> </ul> | <p>DEN187:</p> <ul style="list-style-type: none"> <li>• 50% coinsurance for comprehensive oral evaluation or periodontal exam up to 1 every 3 years.</li> <li>• 50% coinsurance for panoramic film or diagnostic x-rays up to 1 every 5 years.</li> <li>• 50% coinsurance for bitewing x-rays up to 1 set(s) per year.</li> <li>• 50% coinsurance for intraoral x-rays up to 1 per year.</li> <li>• 50% coinsurance for fluoride treatment, periodic oral exam and/or emergency diagnostic exam, prophylaxis (cleaning) up to 2 per year.</li> <li>• 50% coinsurance for necessary anesthesia with covered service up to unlimited per year.</li> <li>• 55% coinsurance for recementation up to 1 every 5 years.</li> <li>• 55% coinsurance for amalgam and/or composite filling, emergency treatment for pain up to 2 per year.</li> <li>• 55% coinsurance for simple or surgical extraction up to unlimited per year.</li> <li>• 75% coinsurance for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years.</li> <li>• 75% coinsurance for complete dentures, partial dentures up to 1 set(s) every 5 years.</li> <li>• 75% coinsurance for adjustments to dentures, denture reline, root canal up to 1 per year.</li> <li>• 75% coinsurance for crown, oral surgery up to 2 per year.</li> <li>• 75% coinsurance for periodontal maintenance up to 4 per year.</li> <li>• \$2000 combined maximum benefit coverage amount per year for preventive and comprehensive benefits.</li> <li>• Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.</li> </ul> |
|---|---|

**Vision Services (Medicare Covered)**

IN Specialist's Office

20% coinsurance

\$45 copay

OON Specialist's Office

40% coinsurance

40% coinsurance

**Diabetic Eye Exam**

IN All Places of Treatment

\$0 copay

\$0 copay

OON All Places of Treatment

40% coinsurance

40% coinsurance

**Vision Services (Routine) (MSB)**

IN

**Humana Honor (PPO)**

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EyeMed Vision

VIS751:

- \$0 copayment for routine exam up to 1 per year.
- \$75 combined maximum benefit coverage amount per year for routine exam.
- \$100 combined maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames.
- Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.

VIS751:

- \$0 copayment for routine exam up to 1 per year.
- \$75 combined maximum benefit coverage amount per year for routine exam.
- \$100 combined maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames.
- Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.

OON

EyeMed Vision

VIS751:

- \$0 copayment for routine exam up to 1 per year.
- \$75 combined maximum benefit coverage amount per year for routine exam.
- \$100 combined maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames.
- Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.
- Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

VIS751:

- \$0 copayment for routine exam up to 1 per year.
- \$75 combined maximum benefit coverage amount per year for routine exam.
- \$100 combined maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames.
- Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.
- Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

**Eyewear (Post Cataract Surgery)**

IN

All Places of Treatment

\$0 copay

\$0 copay

OON

All Places of Treatment

40% coinsurance

40% coinsurance

**Hearing Services (Medicare Covered)**

IN

Specialist's Office

20% coinsurance

\$45 copay

OON

Specialist's Office

40% coinsurance

40% coinsurance

**Hearing Services (Routine) (MSB)**

IN

**Humana Honor (PPO)**

**H5216-234-000**

**Effective Date - 1/1/2021**

**Effective Date - 1/1/2022**

TruHearing

- HER941:
- \$0 copayment for fitting, routine hearing exams up to 1 per year.
  - \$0 copayment for adjustments up to 2 per year.
  - \$699 copayment for Advanced level hearing aid up to 1 per ear per year.
  - \$999 copayment for Premium level hearing aid up to 1 per ear per year.
  - Note: Includes 48 batteries per aid and 3 year warranty.
  - Fitting and adjustments are covered for 1 year after TruHearing hearing aid purchase.

- HER941:
- \$0 copayment for routine hearing exams up to 1 per year.
  - \$0 copayment for follow-up provider visits up to unlimited per year.
  - \$699 copayment for each Advanced level hearing aid up to 1 per ear per year.
  - \$999 copayment for each Premium level hearing aid up to 1 per ear per year.
  - Note: Includes 80 batteries per aid and 3 year warranty.
  - Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase.

OON

TruHearing

- HER941:
- \$0 copayment for fitting, routine hearing exams up to 1 per year.
  - \$0 copayment for adjustments up to 2 per year.
  - \$699 copayment for Advanced level hearing aid up to 1 per ear per year.
  - \$999 copayment for Premium level hearing aid up to 1 per ear per year.
  - Note: Includes 48 batteries per aid and 3 year warranty.
  - Fitting and adjustments are covered for 1 year after TruHearing hearing aid purchase.
  - TruHearing provider must be used for in and out-of-network hearing aid benefit.
  - Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

- HER941:
- \$0 copayment for routine hearing exams up to 1 per year.
  - \$0 copayment for follow-up provider visits up to unlimited per year.
  - \$699 copayment for each Advanced level hearing aid up to 1 per ear per year.
  - \$999 copayment for each Premium level hearing aid up to 1 per ear per year.
  - Note: Includes 80 batteries per aid and 3 year warranty.
  - Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase.
  - TruHearing provider must be used for in and out-of-network hearing aid benefit.
  - Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

**Additional Telehealth Services**

IN

Primary Care Physician-Virtual Visit  
 Specialist-Virtual Visit  
 Behavioral Health and Substance Abuse-Virtual Visit  
 Urgent Care-Virtual Visit

\$0 copay

20% coinsurance

\$0 copay

\$0 copay

\$0 copay

\$45 copay

\$0 copay

\$0 copay

**Preventive Services**

*Service Place of Treatment*

**Abdominal Aortic Aneurysm Screening**

IN

Specialist's Office  
 Freestanding Radiological Facility  
 Outpatient Hospital

\$0 copay

\$0 copay

\$0 copay

\$0 copay

\$0 copay

\$0 copay

OON

Specialist's Office  
 Freestanding Radiological Facility  
 Outpatient Hospital

40% coinsurance

40% coinsurance

40% coinsurance

40% coinsurance

40% coinsurance

40% coinsurance

**Bone Mass Measurement**

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IN	Specialist's Office	<u>\$0 copay</u>	<u>\$0 copay</u>
	Freestanding Radiological Facility	<u>\$0 copay</u>	<u>\$0 copay</u>
	Outpatient Hospital	<u>\$0 copay</u>	<u>\$0 copay</u>
OON	Specialist's Office	<u>40% coinsurance</u>	<u>40% coinsurance</u>
	Freestanding Radiological Facility	<u>40% coinsurance</u>	<u>40% coinsurance</u>
	Outpatient Hospital	<u>40% coinsurance</u>	<u>40% coinsurance</u>

**Cardiovascular Screenings**

IN	Primary Care Physician's Office	<u>\$0 copay</u>	<u>\$0 copay</u>
	Specialist's Office	<u>\$0 copay</u>	<u>\$0 copay</u>
	Freestanding Laboratory	<u>\$0 copay</u>	<u>\$0 copay</u>
	Outpatient Hospital	<u>\$0 copay</u>	<u>\$0 copay</u>
OON	Primary Care Physician's Office	<u>40% coinsurance</u>	<u>40% coinsurance</u>
	Specialist's Office	<u>40% coinsurance</u>	<u>40% coinsurance</u>
	Freestanding Laboratory	<u>40% coinsurance</u>	<u>40% coinsurance</u>
	Outpatient Hospital	<u>40% coinsurance</u>	<u>40% coinsurance</u>

**Cervical and Vaginal Cancer Screening**

IN	Primary Care Physician's Office	<u>\$0 copay</u>	<u>\$0 copay</u>
	Specialist's Office	<u>\$0 copay</u>	<u>\$0 copay</u>
OON	Primary Care Physician's Office	<u>40% coinsurance</u>	<u>40% coinsurance</u>
	Specialist's Office	<u>40% coinsurance</u>	<u>40% coinsurance</u>

**Colorectal Cancer Screening**

IN	Specialist's Office	<u>\$0 copay</u>	<u>\$0 copay</u>
	Ambulatory Surgical Center	<u>\$0 copay</u>	<u>\$0 copay</u>
	Outpatient Hospital	<u>\$0 copay</u>	<u>\$0 copay</u>
OON	Specialist's Office	<u>40% coinsurance</u>	<u>40% coinsurance</u>
	Ambulatory Surgical Center	<u>40% coinsurance</u>	<u>40% coinsurance</u>
	Outpatient Hospital	<u>40% coinsurance</u>	<u>40% coinsurance</u>

**Diabetes Screening**

IN	Primary Care Physician's Office	<u>\$0 copay</u>	<u>\$0 copay</u>
	Specialist's Office	<u>\$0 copay</u>	<u>\$0 copay</u>
	Freestanding Laboratory	<u>\$0 copay</u>	<u>\$0 copay</u>
	Outpatient Hospital	<u>\$0 copay</u>	<u>\$0 copay</u>
OON	Primary Care Physician's Office	<u>40% coinsurance</u>	<u>40% coinsurance</u>
	Specialist's Office	<u>40% coinsurance</u>	<u>40% coinsurance</u>
	Freestanding Laboratory	<u>40% coinsurance</u>	<u>40% coinsurance</u>
	Outpatient Hospital	<u>40% coinsurance</u>	<u>40% coinsurance</u>

**Immunizations**

IN	Primary Care Physician's Office	<u>\$0 copay</u>	<u>\$0 copay</u>
	Specialist's Office	<u>\$0 copay</u>	<u>\$0 copay</u>
OON	Primary Care Physician's Office	<u>\$0 copay</u>	<u>\$0 copay</u>

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Specialist's Office	\$0 copay	\$0 copay
<b>HIV Screening</b>		
IN		
Primary Care Physician's Office	\$0 copay	\$0 copay
Specialist's Office	\$0 copay	\$0 copay
Freestanding Laboratory	\$0 copay	\$0 copay
Outpatient Hospital	\$0 copay	\$0 copay
OON		
Primary Care Physician's Office	40% coinsurance	40% coinsurance
Specialist's Office	40% coinsurance	40% coinsurance
Freestanding Laboratory	40% coinsurance	40% coinsurance
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Lung Cancer Screening</b>		
IN		
Specialist's Office	\$0 copay	\$0 copay
Freestanding Radiological Facility	\$0 copay	\$0 copay
Outpatient Hospital	\$0 copay	\$0 copay
OON		
Specialist's Office	40% coinsurance	40% coinsurance
Freestanding Radiological Facility	40% coinsurance	40% coinsurance
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Breast Cancer Screening (Mammogram)</b>		
IN		
Specialist's Office	\$0 copay	\$0 copay
Freestanding Radiological Facility	\$0 copay	\$0 copay
Outpatient Hospital	\$0 copay	\$0 copay
OON		
Specialist's Office	40% coinsurance	40% coinsurance
Freestanding Radiological Facility	40% coinsurance	40% coinsurance
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Medical Nutrition Therapy</b>		
IN		
Primary Care Physician's Office	\$0 copay	\$0 copay
Specialist's Office	\$0 copay	\$0 copay
Outpatient Hospital	\$0 copay	\$0 copay
OON		
Primary Care Physician's Office	40% coinsurance	40% coinsurance
Specialist's Office	40% coinsurance	40% coinsurance
Outpatient Hospital	40% coinsurance	40% coinsurance
<b>Routine Physical Exams</b>		
IN		
Primary Care Physician's Office	\$0 copay	\$0 copay
OON		
Primary Care Physician's Office	40% coinsurance	40% coinsurance
Combined IN/OON		
All Places of Treatment	1 visit(s) per year	1 visit(s) per year
<b>Welcome to Medicare Visit</b>		
IN		
Primary Care Physician's Office	\$0 copay	\$0 copay
OON		
Primary Care Physician's Office	40% coinsurance	40% coinsurance
<b>Annual Wellness Visit</b>		

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IN	Primary Care Physician's Office	_____ \$0 copay	_____ \$0 copay
OON	Primary Care Physician's Office	_____ 40% coinsurance	_____ 40% coinsurance
<b>Prostate Cancer Screening Exam</b>			
IN	Primary Care Physician's Office	_____ \$0 copay	_____ \$0 copay
	Specialist's Office	_____ \$0 copay	_____ \$0 copay
OON	Primary Care Physician's Office	_____ 40% coinsurance	_____ 40% coinsurance
	Specialist's Office	_____ 40% coinsurance	_____ 40% coinsurance
<b>Smoking and Tobacco Cessation Counseling (Medicare covered)</b>			
IN	Primary Care Physician's Office	_____ \$0 copay	_____ \$0 copay
	Specialist's Office	_____ \$0 copay	_____ \$0 copay
OON	Primary Care Physician's Office	_____ 40% coinsurance	_____ 40% coinsurance
	Specialist's Office	_____ 40% coinsurance	_____ 40% coinsurance
<b>EKG Screening</b>			
IN	Primary Care Physician's Office	_____ \$0 copay	_____ \$0 copay
	Specialist's Office	_____ \$0 copay	_____ \$0 copay
	Outpatient Hospital	_____ \$0 copay	_____ \$0 copay
OON	Primary Care Physician's Office	_____ 40% coinsurance	_____ 40% coinsurance
	Specialist's Office	_____ 40% coinsurance	_____ 40% coinsurance
	Outpatient Hospital	_____ 40% coinsurance	_____ 40% coinsurance
<b>Glaucoma Screening</b>			
IN	Specialist's Office	_____ \$0 copay	_____ \$0 copay
OON	Specialist's Office	_____ 40% coinsurance	_____ 40% coinsurance
<b>Obesity Screening and Therapy</b>			
IN	Primary Care Physician's Office	_____ \$0 copay	_____ \$0 copay
OON	Primary Care Physician's Office	_____ 40% coinsurance	_____ 40% coinsurance
<b>Cardiovascular Disease Behavioral Therapy</b>			
IN	Primary Care Physician's Office	_____ \$0 copay	_____ \$0 copay
OON	Primary Care Physician's Office	_____ 40% coinsurance	_____ 40% coinsurance
<b>STI Screening and Counseling</b>			
IN	Primary Care Physician's Office	_____ \$0 copay	_____ \$0 copay
OON	Primary Care Physician's Office	_____ 40% coinsurance	_____ 40% coinsurance
<b>Depression Screening</b>			
IN	Primary Care Physician's Office	_____ \$0 copay	_____ \$0 copay
OON	Primary Care Physician's Office	_____ 40% coinsurance	_____ 40% coinsurance
<b>Alcohol Misuse Screening and Counseling</b>			

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IN	Primary Care Physician's Office	\$0 copay	\$0 copay
OON	Primary Care Physician's Office	40% coinsurance	40% coinsurance
<b>Medicare Diabetes Prevention Program (MDPP)</b>			
IN	MDPP Supplier	\$0 copay	\$0 copay
OON	MDPP Supplier	\$0 copay	\$0 copay

**Medicare Part B Drugs**

<i>Service</i>	<i>Place of Treatment</i>		
<b>Chemotherapy Drugs and Administration</b>			
IN	Specialist's Office	20% coinsurance	19% coinsurance
	Outpatient Hospital	20% coinsurance	19% coinsurance
OON	Specialist's Office	40% coinsurance	40% coinsurance
	Outpatient Hospital	40% coinsurance	40% coinsurance

**Medicare Part B Covered Drugs**

IN	Primary Care Physician's Office	20% coinsurance	19% coinsurance
	Specialist's Office	20% coinsurance	19% coinsurance
	Pharmacy	20% coinsurance	19% coinsurance
OON	Primary Care Physician's Office	40% coinsurance	40% coinsurance
	Specialist's Office	40% coinsurance	40% coinsurance
	Pharmacy	40% coinsurance	40% coinsurance

**Additional Mandatory Supplemental Benefits (MSB)**

<i>Service</i>	<i>Place of Treatment</i>		
<b>Meal Benefit (MSB)</b>			
IN	Mom's Meals	CVD022: <ul style="list-style-type: none"> <li>\$0 copayment for 14 days of meals (28 meals) for members with COVID-19 diagnosis.</li> </ul>	CVD022: <ul style="list-style-type: none"> <li>\$0 copayment for 14 days of meals (28 meals) for members with COVID-19 diagnosis.</li> </ul>
<b>Fitness Program (MSB)</b>			
IN	Tivity	FTP002: <ul style="list-style-type: none"> <li>\$0 copayment for SilverSneakers®.</li> <li>The fitness program includes access to 16,000+ participating locations and signature group exercise classes led by certified instructors.</li> <li>At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.</li> <li>Go to SilverSneakers.com to learn more about your benefit.</li> </ul>	FTP002: <ul style="list-style-type: none"> <li>\$0 copayment for SilverSneakers®.</li> <li>The fitness program includes access to 16,000+ participating locations and signature group exercise classes led by certified instructors.</li> <li>At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.</li> <li>Go to SilverSneakers.com to learn more about your benefit.</li> </ul>



Health Essentials Kit (MSB)

IN

Humana Pharmacy

CVD019:

- \$0 copayment for Health Essentials Kit from mail order catalog, up to 1 kit per year. Kit includes over-the-counter items useful for the prevention of COVID-19 and other viruses.

Not Available

Incentive Programs

Plan Information

INC009 Humana Medicare Go365 by Humana Incentive Program - Incentive Programs

INC009 - Humana Medicare Go365 by Humana Incentive Program

INC009: Complete eligible healthy activities, like preventive screenings and exams, and get rewarded.

INC009: Complete eligible healthy activities, like preventive screenings and exams, and get rewarded.

VAIS

Plan Information

Complementary Alternative Medicine and Weight Management

CAM004: Discounts on acupuncture, chiropractic, massage, weight management and more. Services must be received from participating Tivity Health's WholeHealth Living providers. To find a participating provider, visit [Humana.wholehealthmd.com](http://Humana.wholehealthmd.com) or call 1(866) 430-8647, (TTY:711). Monday - Friday, 8:30 a.m. to 8 p.m. Eastern time. Not available in Puerto Rico.

CAM004: Discounts on acupuncture, chiropractic, massage, weight management and more. Services must be received from participating Tivity Health's WholeHealth Living providers. To find a participating provider, visit [Humana.wholehealthmd.com](http://Humana.wholehealthmd.com) or call 1(866) 430-8647, (TTY:711). Monday - Friday, 8:30 a.m. to 8 p.m. Eastern time. Not available in Puerto Rico.

Dental Discount

DND006: Up to 20% OFF exams, cleanings, crowns, specialist care and more from participating HumanaDental providers. To find a participating provider visit [Humana.com](http://Humana.com). To receive the discount show your Humana ID card and your dental discount card. Not available in Puerto Rico or Florida.

DND006: Up to 20% OFF exams, cleanings, crowns, specialist care and more from participating HumanaDental providers. To find a participating HumanaDental provider visit [Humana.com](http://Humana.com) or call 1-800-669-6614 (TTY: 711). To receive the discount show your Humana ID card and your dental discount card. Not available in Puerto Rico or Florida.

Hearing Discount

HHE002: Save hundreds of dollars on hearing aid products and services. To find out more about HearUSA, call 1 (844) 340-4615, (TTY:1-888-300-3277), Monday-Friday, 8 a.m. - 8 p.m. Eastern time, to make an appointment with a local provider. Your appointment must be scheduled by HearUSA to make sure you get your discounts. Please have your Humana member ID card when you call. Not available in Florida or Puerto Rico.

HHE002: Save hundreds of dollars on hearing aid products and services. To find out more about HearUSA, call 1 (844) 340-4615, (TTY:1-888-300-3277), Monday-Friday, 8 a.m. - 8 p.m. Eastern time, to make an appointment with a local provider. Your appointment must be scheduled by HearUSA to make sure you get your discounts. Please have your Humana member ID card when you call. Not available in Florida or Puerto Rico.

Hearing Discount

TRU001: Save on hearing aids, plus additional product discounts. Members must schedule an appointment with a TruHearing provider by calling 1-855-299-3591 (TTY: 711) Monday Friday, 7 a.m. 7 p.m. Mountain time. Visit [www.truhearing.com](http://www.truhearing.com) to see all TruHearing products. Not available in Florida or Puerto Rico.

TRU001: Save on hearing aids, plus additional product discounts. Members must schedule an appointment with a TruHearing provider by calling 1-855-299-3591 (TTY: 711) Monday Friday, 7 a.m. 7 p.m. Mountain time. Visit [www.truhearing.com](http://www.truhearing.com) to get more information. Not available in Florida or Puerto Rico.

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Jenny Craig	<p>JCP001: Join for free plus \$200 in food savings plus free coaching (with minimum purchase). Save an extra 5% off your full menu purchases. For more information visit <a href="http://JennyCraig.com/HumanaMedicare">JennyCraig.com/HumanaMedicare</a> or call 1 (877) 536-6970, Monday-Friday 5 a.m.-8 p.m., and weekends 6 a.m.-3 p.m. Pacific time to find a location near you.</p>	<p>Not Available</p>
Lifeline Program	<p>LLP002: Discount savings on Philips Lifeline medical alert systems and medication dispensers. Visit <a href="http://www.offer.lifelinesys.com/Humana">www.offer.lifelinesys.com/Humana</a> for more information. To order, call 1(800) 533-8954 EXT. 54076 (TTY: 711) Monday-Friday 8 a.m.- 9 p.m., and Saturday and Sunday 9 a.m. - 6 p.m. Eastern time. Please have your Humana member ID card when you call and mention program code: MA858.</p>	<p>LLP002: Discount savings on Philips Lifeline medical alert systems and medication dispensers. Visit <a href="http://www.offer.lifelinesys.com/Humana">www.offer.lifelinesys.com/Humana</a> for more information. To order, call 1(800) 533-8954 EXT. 54076 (TTY: 711) Monday-Friday 8 a.m.- 8 p.m., and Saturday and Sunday 9 a.m. - 6 p.m. Eastern time. Please have your Humana member ID card when you call and mention program code: MA858.</p>
Meal Delivery Discount	<p>MOM001: Receive FREE SHIPPING with purchase on meal order delivered direct to your home! Choose from over 50 menu options. To order go online at <a href="http://MomsMeals.com/WellDine">MomsMeals.com/WellDine</a> or Call 1-877-347-3438 (TTY:711) and mention code: Well Dine. Mom's Meals accepts: Debit, Credit (Visa, MasterCard, etc.).</p>	<p>MOM001: Receive FREE SHIPPING with purchase on meal order delivered direct to your home! Choose from over 50 menu options. To order go online at <a href="http://MomsMeals.com/WellDine">MomsMeals.com/WellDine</a> or Call 1-877-347-3438 (TTY:711) and mention code: Well Dine. Mom's Meals accepts: Debit, Credit (Visa, MasterCard, etc.).</p>
Rock and Roll Marathon Series	<p>RRM001: 10% OFF 5K, 10K, 1/2 marathon and marathon. US based races only. The Las Vegas running series is not a part of this discount. To find out more, go to <a href="http://Go365.com">Go365.com</a> or call the number on the back of your Humana member ID card. Only available to members who have Go365™ by Humana.</p>	<p>RRM001: 10% OFF 5K, 10K, 1/2 marathon and marathon. US based races only. The Las Vegas running series is not a part of this discount. To find out more, go to <a href="http://Go365.com">Go365.com</a> or call the number on the back of your Humana member ID card. Only available to members who have Go365™ by Humana. This discount is only eligible on races with open registration. Race availability subject to change due to COVID-19 restrictions.</p>
Sam's Club	<p>Not Available</p>	<p>SAM001: With a Sam's Club membership, you get access to excellent fresh food, high-quality Member's Mark products, and lots of unique and hard to find items at incredible values. With this discount as a part of your plan, you will pay \$25 for a basic membership at Sam's Club which is ordinarily priced at \$45. In order to redeem this offer, go in-store to the Sam's Club nearest you and use discount code Humana at the membership desk. For more information on getting your Sam's Club discounted membership card, visit your local Sam's Club. For a list of full terms and conditions of a Sam's Club basic membership, visit <a href="http://SamsClub.com/termsandconditions">SamsClub.com/termsandconditions</a> or call 1-888-746-7726, Monday - Friday, 8 a.m. - 8 p.m. Eastern Time.</p>
Vision Discount	<p>VID001: \$5 OFF Eye Exams, 5 - 40% OFF Eye Glasses, Conventional Contact Lenses, and more. Mention the EyeMed Humana Medicare discount plan ID 9243247. For an EyeMed Select provider, go to <a href="http://Humana.com">Humana.com</a> or call EyeMed at 1(866) 392-6056. Monday - Saturday, 7:30 a.m.-11 p.m., and Sunday, 11 a.m.- 8 p.m. Eastern time. For TTY, call 711 and ask that a TTY translator call (TTY:1-844-230-6498) Monday- Friday, 8 a.m.-5 p.m. Eastern Time.</p>	<p>VID001: \$5 OFF Eye Exams, \$5 - 40% OFF Eye Glasses, Conventional Contact Lenses, and more. Mention the EyeMed Humana Medicare discount plan ID 9243247. For an EyeMed Select provider, go to <a href="http://Humana.com">Humana.com</a> or call EyeMed at 1(866) 392-6056. Monday - Friday, 8 a.m.-2:00 a.m., Saturday, 8:00 a.m. - 11:00 p.m., and Sunday, 11 a.m.- 8:00 p.m. Eastern time (April 1st- September 30th). Or Monday thru Sunday 8:00 a.m - 2:00 a.m. (October 1st-March 31st) . For TTY, call 711 and ask that a TTY translator call (TTY:1-844-230-6498) Monday- Friday, 8 a.m.-5 p.m. Eastern Time.</p>

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**Service Area**

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*Plan Information*

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Service Area

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HI:Honolulu

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HI:Honolulu

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Plan Geographic Name

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Honolulu County

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Honolulu County

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