

# 2019 Health Plan Benefits at a Glance

Humana Gold Plus<sup>®</sup> H0028-004 (HMO) Hawaii

<b>Plan Costs</b>	<b>In-Network</b>
Monthly plan premium	\$0
Annual out-of-pocket maximum	\$5,750
<b>Doctor Office Visits</b>	
Primary care provider (PCP)	\$0 copay
Specialist	\$40 copay
<b>Preventive Care</b>	
Including: Medicare covered screenings	Covered at no cost when you see an in-network provider
<b>Inpatient Care</b>	
Acute inpatient hospital care	\$325 copay per day for days 1-5 \$0 copay per day for days 6-90
<b>Lab Services</b>	
Lab tests from lab facility	\$20 copay
Lab tests from outpatient hospital facility	\$45 copay
<b>Outpatient Care</b>	
Outpatient surgery at ambulatory surgical center	\$180 copay
Physical therapy at therapy facility	\$35 copay
X-rays at outpatient hospital facility	\$100 copay
Diagnostic testing at outpatient hospital facility	\$170 copay
<b>Emergency Services</b>	
Urgently needed services at an urgent care center	\$35 copay
Ground ambulance services	\$250 per date of service
Emergency room	\$90 copay
<b>Additional Benefits &amp; Programs</b>	
Go365 <sup>™</sup> by Humana	Rewards for completing preventive health screenings/activities
Virtual Visits	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 \$50 every 3 months
Acupuncture	\$10 copay per visit for 25 visits every 12 months

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## Additional Benefits & Programs (continued)

Routine dental services DEN110	Included - cost share may apply. Please refer to the Summary of Benefits for additional details
Routine vision services VIS736	Included - cost share may apply. Please refer to the Summary of Benefits for additional details
Transportation services	\$0 for up to 12 one-way trips to plan approved locations. Not to exceed 50 miles per trip.
SilverSneakers® fitness program	Included



# 2019 Prescription Drug Benefits at a Glance

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**Deductible** This plan has a **\$225** deductible for Tier 3, Tier 4, Tier 5 drugs. You pay the full cost of these drugs until you reach \$225. Then, you only pay your cost-share.

**Initial Coverage** In this stage, you may pay a cost-share that is either a **copay** — a set dollar amount — or **coinsurance** — a set percentage amount you pay each time you fill your drug.

## Preferred cost-sharing

### Pharmacy options

Your lowest cost-share options are in bold

### Retail

To find the preferred cost-share retail pharmacies near you, go to [Humana.com/pharmacyfinder](http://Humana.com/pharmacyfinder)

### Mail Order

Humana Pharmacy<sup>®</sup>

	30-day supply	90-day supply*	30-day supply	90-day supply*
<b>Tier 1: Preferred Generic</b>	\$5	\$15	\$5	<b>\$0</b>
<b>Tier 2: Generic</b>	\$15	\$45	\$15	<b>\$0</b>
<b>Tier 3: Preferred Brand</b>	\$47	\$141	\$47	<b>\$131</b>
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$300	\$100	<b>\$290</b>
<b>Tier 5: Specialty Tier</b>	28%	N/A	28%	N/A

## Standard cost-sharing

### Pharmacy options

**Retail** All other network retail pharmacies.

### Mail Order

Walmart Mail

	30-day supply	90-day supply*	30-day supply	90-day supply*
<b>Tier 1: Preferred Generic</b>	\$10	\$30	\$10	\$30
<b>Tier 2: Generic</b>	\$20	\$60	\$20	\$60
<b>Tier 3: Preferred Brand</b>	\$47	\$141	\$47	\$141
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$300	\$100	\$300
<b>Tier 5: Specialty Tier</b>	28%	N/A	28%	N/A

Once your total yearly drug cost—what is paid both by you and our plan—reach **\$3,820**, the costs of your drugs may go up. Please refer to the Summary of Benefits for more information.

You can get more out of your plan by doing the following:

- **Stay in-network.** You'll pay less for your drugs at in-network pharmacies.
- **Use preferred cost-sharing pharmacies.** They offer a lower cost-share than standard cost-sharing pharmacies for most drugs (your cost-share for specialty drugs is the same at any in-network pharmacy).
- **Get a 90-day supply of many of the drugs you take all of the time.** You'll get more and may pay less, especially when you fill at a preferred cost-sharing mail-order pharmacy.

Other pharmacies are available in our network. \*Some drugs are limited to a 30-day supply.

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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, 2018 - Mar. 31, 2019 and Monday through Friday the rest of the year.

Humana is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Call 1-800-457-4708 (TTY: 711) for more information.

Limitations on healthcare and prescription services delivered via virtual visits and communications options vary by state. Virtual visit services are not a substitute for emergency care and not intended to replace your primary care provider or other providers in your network. This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional.



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If you need these services, call **1-877-320-1235** or if you use a **TTY**, call **711**.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion, you can file a grievance with 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>**.

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