

2019 Health Plan Benefits at a Glance

HumanaChoice® H5216-041 (PPO) Hawaii

Plan Costs	In-Network	Out-of-Network
Monthly plan premium	\$0	
Annual out-of-pocket maximum	\$6,700	\$10,000 combined
Doctor Office Visits		
Primary care provider (PCP)	\$10 copay	40% of the cost
Specialist	\$45 copay	40% of the cost
Preventive Care		
Including: Medicare covered screenings	Covered at no cost when you see an in-network provider	Cost-sharing may apply for out-of-network providers
Inpatient Care		
Acute inpatient hospital care	\$430 copay per day for days 1-4 \$0 copay per day for days 5-90	40% of the cost
Lab Services		
Lab tests from lab facility	\$20 copay	40% of the cost
Lab tests from outpatient hospital facility	\$45 copay	40% of the cost
Outpatient Care		
Outpatient surgery at ambulatory surgical center	15% of the cost	40% of the cost
Physical therapy at therapy facility	\$40 copay	40% of the cost
X-rays at outpatient hospital facility	\$100 copay	40% of the cost
Diagnostic testing at outpatient hospital facility	\$200 copay	40% of the cost
Emergency Services		
Urgently needed services at an urgent care center	\$40 copay	40% of the cost
Ground ambulance services	\$250 per date of service	\$250 per date of service
Emergency room	\$90 copay	\$90 copay
Additional Benefits & Programs		
Go365™ 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 \$30 every 3 months	
Acupuncture	\$20 copay per visit for 25 visits every 12 months	

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Additional Benefits & Programs (continued)

Routine dental services DEN017	Included - cost share may apply. Please refer to the Summary of Benefits for additional details
Routine vision services VIS776	Included - cost share may apply. Please refer to the Summary of Benefits for additional details
SilverSneakers® fitness program	Included
Routine hearing services HER941	Included - cost share may apply. Please refer to the Summary of Benefits for additional details



2019 Prescription Drug Benefits at a Glance

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Deductible This plan has a **\$265** deductible for Tier 3, Tier 4, Tier 5 drugs. You pay the full cost of these drugs until you reach \$265. 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

Mail Order

Humana Pharmacy®

	30-day supply	90-day supply*	30-day supply	90-day supply*
Tier 1: Preferred Generic	\$5	\$15	\$5	\$0
Tier 2: Generic	\$15	\$45	\$15	\$0
Tier 3: Preferred Brand	\$47	\$141	\$47	\$131
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$290
Tier 5: Specialty Tier	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*
Tier 1: Preferred Generic	\$10	\$30	\$10	\$30
Tier 2: Generic	\$20	\$60	\$20	\$60
Tier 3: Preferred Brand	\$47	\$141	\$47	\$141
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty Tier	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 PPO 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.

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.



Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion.

Humana Inc. and its subsidiaries provide: (1) 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; and, (2) free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

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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