



2009 Summary of Benefits

Humana Gold Choice **PFFS H1804-218**

East
Select Counties in Ohio



HUMANA[®]
Guidance when you need it most

Section I – Introduction to the Summary of Benefits

Humana Gold Choice PFFS H1804-218 • January 1, 2009 - December 31, 2009 • Select Counties in Ohio

Thank you for your interest in Humana Gold Choice PFFS H1804-218. Our plan is offered by Humana Insurance Company, a Medicare Advantage Private Fee-for-Service Organization. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Humana Gold Choice PFFS H1804-218 and ask for the "Evidence of Coverage".

You Have Choices in Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare Advantage Private Fee-for-Service plan, like Humana Gold Choice PFFS H1804-218. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call Humana Gold Choice PFFS H1804-218 at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare Humana Gold Choice PFFS H1804-218 and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where Is Humana Gold Choice PFFS H1804-218 Available?

The service area for this plan includes: Ashland, Brown, Butler, Carroll, Champaign, Clark, Clermont, Darke, Delaware, Fairfield, Fayette, Franklin, Greene, Hamilton, Hancock, Holmes, Knox, Licking, Madison, Mercer, Miami, Montgomery, Morgan, Morrow, Muskingum, Noble, Pickaway, Preble, Shelby, Stark, Tuscarawas, Union, Warren, Wayne, Williams, Wyandot counties in OH. You must live in one of these areas to join the plan.

Who Is Eligible To Join Humana Gold Choice PFFS H1804-218?

You can join Humana Gold Choice PFFS H1804-218 if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Humana Gold Choice PFFS H1804-218 unless they are members of our organization and have been since their dialysis began.

Can I Choose My Doctors?

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide healthcare services to you, except in emergencies.

Does My Plan Cover Medicare Part B or Part D Drugs?

Humana Gold Choice PFFS H1804-218 does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Section I (continued)

Where Can I Get My Prescriptions If I Join This Plan?

Humana Gold Choice PFFS H1804-218 has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp. Our customer service number is listed at the end of this introduction.

Humana Gold Choice PFFS H1804-218 has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copayment or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

What Is A Prescription Drug Formulary?

Humana Gold Choice PFFS H1804-218 uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at

http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How Can I Get Extra Help With Prescription Drug Plan Costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Humana Gold Choice PFFS H1804-218, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

Section I (continued)

What Are My Protections In This Plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Humana Gold Choice PFFS H1804-218, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Humana Gold Choice PFFS H1804-218 for more details.

What Types of Drugs May Be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Humana Gold Choice PFFS H1804-218 for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
 - **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
 - **Erythropoietin (Epoetin alpha or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
 - **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
 - **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
 - **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
 - **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
 - **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.
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Please call Humana Insurance Company for more information about Humana Gold Choice PFFS H1804-218.

Visit us at www.humana-medicare.com or, call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. - 8 p.m.

Current members should call toll-free **(877) 511-5000** for questions related to the Medicare Advantage program.
(TTY/TDD (800) 833-3301)

Prospective members should call toll-free **(800) 833-2312** for questions related to the Medicare Advantage program.
(TTY/TDD (877) 833-4486)

Current members should call toll-free **(877) 511-5000** for questions related to the Medicare Part D Prescription Drug program.
(TTY/TDD (800) 833-3301)

Prospective members should call toll-free **(800) 833-2312** for questions related to the Medicare Part D Prescription Drug program.
(TTY/TDD (877) 833-4486)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

Section II - Summary of Benefits

IMPORTANT INFORMATION

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
<p>① Premium and Other Important Information</p>	<ul style="list-style-type: none"> In 2009 the monthly Part B premium is \$96.40 and the yearly Part B deductible amount is \$135. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. 	<p>General</p> <ul style="list-style-type: none"> \$78 monthly plan premium in addition to your monthly Medicare Part B premium. Balance billing means that a provider may charge and bill you more than the plan's payment amount for services. There is a limit on what providers may charge for Medicare-covered services. Providers may balance bill 1% to 15% of the plan payment amount for the following services: <ul style="list-style-type: none"> – Doctor Office Visits – Chiropractic Services – Podiatry Services – Other Health Care Professional \$6,000 out-of-pocket limit. All Medicare services covered under the out-of-pocket limit. <p>See page 23 for additional information about Premium and Other Important Information</p>
<p>② Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<ul style="list-style-type: none"> You may go to any doctor, specialist or hospital that accepts Medicare. 	<ul style="list-style-type: none"> You may have to pay a separate copayment for certain doctor office visits. You may go to any doctor, specialist, or hospital that accepts the plan's payment. <p>See page 23 for additional information about Doctor and Hospital Choice</p>

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INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
<p>3 Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<ul style="list-style-type: none"> In 2009 the amounts for each benefit period are: <ul style="list-style-type: none"> Days 1 - 60: \$1,068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. 	<p>General</p> <ul style="list-style-type: none"> You may go to any doctor, specialist, or hospital that accepts the plan's Terms and Conditions of payment except in emergencies. For Medicare-covered hospital stays: <ul style="list-style-type: none"> Days 1 - 5: \$225 copayment per day Days 6 - 90: \$0 copayment per day \$0 copayment for additional hospital days No limit to the number of days covered by the plan each benefit period. <p>See page 24 for additional information about Inpatient Hospital Care</p>
<p>4 Inpatient Mental Health Care</p>	<ul style="list-style-type: none"> Same deductible and copayment as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day lifetime limit in a Psychiatric Hospital. 	<ul style="list-style-type: none"> For hospital stays: <ul style="list-style-type: none"> Days 1 - 5: \$225 copayment per day Days 6 - 90: \$0 copayment per day You get up to 190 days in a Psychiatric Hospital in a lifetime. <p>See page 24 for additional information about Inpatient Mental Health Care</p>

(Inpatient Care - Continued on next page)

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INPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
<p>⑤ Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<ul style="list-style-type: none"> In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: <ul style="list-style-type: none"> — Days 1 - 20: \$0 per day — Days 21 - 100: \$133.50 per day 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. 	<ul style="list-style-type: none"> For SNF stays: <ul style="list-style-type: none"> — Days 1 - 20: \$0 copayment per day — Days 21 - 100: \$128 copayment per day Plan covers up to 100 days each benefit period No prior hospital stay is required. <p>See page 24 for additional information about Skilled Nursing Facility</p>
<p>⑥ Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<ul style="list-style-type: none"> \$0 copayment. 	<ul style="list-style-type: none"> \$0 copayment for each Medicare-covered home health visit.
<p>⑦ Hospice</p>	<ul style="list-style-type: none"> You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice. 	<p>General</p> <ul style="list-style-type: none"> You must get care from a Medicare-certified hospice.

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OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
8 Doctor Office Visits	<ul style="list-style-type: none"> 20% coinsurance. 	<p>General</p> <ul style="list-style-type: none"> You may go to any doctor, specialist, or hospital that accepts the plan's payment. See "Physical Exams," for more information. \$15 to \$30 copayment for each primary care doctor visit for Medicare-covered benefits. \$30 copayment for each specialist visit for Medicare-covered benefits. <p>See page 24 for additional information about Doctor Office Visits</p>
9 Chiropractic Services	<ul style="list-style-type: none"> Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. 	<ul style="list-style-type: none"> \$30 copayment for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.
10 Podiatry Services	<ul style="list-style-type: none"> Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. 	<ul style="list-style-type: none"> \$30 copayment for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
11 Outpatient Mental Health Care	<ul style="list-style-type: none"> 50% coinsurance for most outpatient mental health services. 	<ul style="list-style-type: none"> \$30 copayment for each Medicare-covered individual or group therapy visit.
12 Outpatient Substance Abuse Care	<ul style="list-style-type: none"> 20% coinsurance 	<ul style="list-style-type: none"> \$30 copayment for Medicare-covered individual or group visits.

(Outpatient Care - Continued on next page)

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OUTPATIENT CARE

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
<p>13 Outpatient Services/Surgery</p>	<ul style="list-style-type: none"> • 20% coinsurance for the doctor • 20% of outpatient facility charges 	<ul style="list-style-type: none"> • \$75 copayment for each Medicare-covered ambulatory surgical center visit. • \$100 copayment [or 20% of the cost] for each Medicare-covered outpatient hospital facility visit. <p>See page 24 for additional information about Outpatient Services/Surgery</p>
<p>14 Ambulance Services (medically necessary ambulance services)</p>	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • \$100 copayment for Medicare-covered ambulance benefits.
<p>15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<ul style="list-style-type: none"> • 20% coinsurance for the doctor • 20% of facility charge or a set copayment per emergency room visit. • You don't have to pay the emergency room copayment if you are admitted to the hospital for the same condition within 3 days of the emergency room visit • NOT covered outside of the U.S. except under limited circumstances. 	<ul style="list-style-type: none"> • \$50 copayment for Medicare-covered emergency room visits. • \$25,000 limit for emergency services outside the U.S. every year. • If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit <p>See page 25 for additional information about Emergency Care</p>
<p>16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<ul style="list-style-type: none"> • 20% coinsurance, or a set copayment. • NOT covered outside the U.S. except under limited circumstances. 	<p>General</p> <ul style="list-style-type: none"> • Cost sharing is the same as Doctor Office Visit cost sharing.
<p>17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • \$30 to \$100 copayment for Medicare-covered Occupational Therapy visits. • \$30 to \$100 copayment for Medicare-covered Physical and/or Speech/Language Therapy visits. <p>See page 25 for additional information about Outpatient Rehabilitation Services</p>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • 20% of the cost for Medicare-covered items.
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	<ul style="list-style-type: none"> • 20% coinsurance 	<ul style="list-style-type: none"> • 20% of the cost for Medicare-covered items.
20 Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	<ul style="list-style-type: none"> • 20% coinsurance • Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. 	<ul style="list-style-type: none"> • \$0 copayment for Diabetes self-monitoring training. • \$0 copayment for Nutrition Therapy for Diabetes . • 20% of the cost for Diabetes supplies.

(Outpatient Medical Services and Supplies - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
<p>21 Diagnostic Tests, X-Rays, and Lab Services</p>	<ul style="list-style-type: none"> • 20% coinsurance for diagnostic tests and x-rays • \$0 copayment for Medicare-covered lab services • Lab services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol. 	<ul style="list-style-type: none"> • \$0 to \$100 copayment for Medicare-covered lab services. • \$15 to \$100 copayment for Medicare-covered diagnostic procedures and tests. • \$15 to \$100 copayment for Medicare-covered X-rays. • \$15 to \$100 copayment for Medicare-covered diagnostic radiology services. • \$15 to \$100 copayment for Medicare-covered therapeutic radiology services. <p>See page 25 for additional information about Diagnostic Tests, X-rays, and Lab Services</p>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

PREVENTIVE SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
<p>22 Bone Mass Measurement (for people with Medicare who are at risk)</p>	<ul style="list-style-type: none"> • 20% coinsurance • Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. 	<ul style="list-style-type: none"> • \$0 copayment for Medicare-covered bone mass measurement. <p>See page 26 for additional information about Bone Mass Measurement</p>
<p>23 Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<ul style="list-style-type: none"> • 20% coinsurance • Covered when you are high risk or when you are age 50 and older. 	<ul style="list-style-type: none"> • \$0 copayment for Medicare-covered colorectal screenings. <p>See page 26 for additional information about Colorectal Screening Exams</p>
<p>24 Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<ul style="list-style-type: none"> • \$0 copayment for Flu and Pneumonia vaccines • 20% coinsurance for Hepatitis B vaccine • You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. 	<ul style="list-style-type: none"> • \$0 copayment for Flu and Pneumonia vaccines. • \$0 copayment for Hepatitis B vaccine. <p>See page 26 for additional information about Immunizations</p>
<p>25 Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<ul style="list-style-type: none"> • 20% coinsurance • No referral needed • Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39. 	<ul style="list-style-type: none"> • \$0 copayment for Medicare-covered screening mammograms. <p>See page 26 for additional information about Mammograms (Annual Screenings)</p>
<p>26 Pap Smears and Pelvic Exams (for women with Medicare)</p>	<ul style="list-style-type: none"> • \$0 copayment for Pap Smears. • Covered once every 2 years. Covered once a year for women with Medicare at high risk. • 20% coinsurance for Pelvic Exams. 	<ul style="list-style-type: none"> • \$0 copayment for Medicare-covered pap smears and pelvic exams <p>See page 26 for additional information about Pap Smears and Pelvic Exams</p>
<p>27 Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<ul style="list-style-type: none"> • 20% coinsurance for the digital rectal exam. • \$0 for the PSA test; 20% coinsurance for other related services. • Covered once a year for all men with Medicare over age 50. 	<ul style="list-style-type: none"> • \$0 copayment for Medicare-covered prostate cancer screening. <p>See page 26 for additional information about Prostate Cancer Screening Exams</p>

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OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
<p>28 End-Stage Renal Disease</p>	<ul style="list-style-type: none"> • 20% coinsurance for renal dialysis • 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease • Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. 	<ul style="list-style-type: none"> • 20% of the cost for renal dialysis • \$0 copayment for Nutrition Therapy for End-Stage Renal Disease.
<p>29 Prescription Drugs</p>	<ul style="list-style-type: none"> • Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. 	<p><u>Drugs covered under Medicare Part B General</u></p> <ul style="list-style-type: none"> • 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). • 20% of the cost for Part B-covered chemotherapy drugs. <p><u>Drugs covered under Medicare Part D General</u></p> <ul style="list-style-type: none"> • This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.humana.com/members/tools/prescription_tools/medicare_drug_list.asp on the web. • Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> – have limited incomes, – live in long term care facilities, or – have access to Indian/Tribal/Urban (Indian Health Service). • The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel). • Total yearly drug costs are the total drug costs paid by both you and the plan.

(Other Services - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
		<ul style="list-style-type: none"> • The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. • Some drugs have quantity limits. • Your provider must get prior authorization from Humana Gold Choice PFFS H1804-218 for certain drugs. • You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov. • If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. • \$0 deductible. <p>Initial Coverage</p> <ul style="list-style-type: none"> • You pay the following until total yearly drug costs reach \$2,700: <p>Retail Pharmacy</p> <p><u>Preferred Generic</u></p> <ul style="list-style-type: none"> – \$7 copayment for a one-month (30-day) supply of drugs in this tier – \$21 copayment for a three-month (90-day) supply of drugs in this tier <p><u>Preferred Brand</u></p> <ul style="list-style-type: none"> – \$40 copayment for a one-month (30-day) supply of drugs in this tier – \$120 copayment for a three-month (90-day) supply of drugs in this tier <p><u>Non-Preferred Brand</u></p> <ul style="list-style-type: none"> – \$65 copayment for a one-month (30-day) supply of drugs in this tier – \$195 copayment for a three-month (90-day) supply of drugs in this tier <p><u>Specialty</u></p> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Long Term Care Pharmacy</p> <p><u>Preferred Generic</u></p>

(Other Services - Continued on next page)

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OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
		<ul style="list-style-type: none"> – \$7 copayment for a one-month (34-day) supply of drugs in this tier <u>Preferred Brand</u> – \$40 copayment for a one-month (34-day) supply of drugs in this tier <u>Non-Preferred Brand</u> – \$65 copayment for a one-month (34-day) supply of drugs in this tier <u>Specialty</u> – 33% coinsurance for a one-month (34-day) supply of drugs in this tier <p>Mail Order</p> <p><u>Preferred Generic</u></p> <ul style="list-style-type: none"> – \$0 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$0 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$7 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. – \$21 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p><u>Preferred Brand</u></p> <ul style="list-style-type: none"> – \$40 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$100 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$40 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. – \$120 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p><u>Non-Preferred Brand</u></p> <ul style="list-style-type: none"> – \$65 copayment for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – \$162.50 copayment for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy.

(Other Services - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
		<ul style="list-style-type: none"> – \$65 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. – \$195 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p><u>Specialty</u></p> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Coverage Gap</p> <ul style="list-style-type: none"> • The plan covers Some Generics, Some Brands through the coverage gap. • You pay the following: <p>Retail Pharmacy</p> <p><u>Preferred Generic</u></p> <ul style="list-style-type: none"> – \$7 copayment for a one-month (30-day) supply of Some Generics drugs covered in this tier – \$21 copayment for a three-month (90-day) supply of Some Generics drugs covered in this tier <p><u>Preferred Brand</u></p> <ul style="list-style-type: none"> – \$40 copayment for a one-month (30-day) supply of Some Brands drugs covered in this tier – \$120 copayment for a three-month (90-day) supply of Some Brands drugs covered in this tier <p><u>Non-Preferred Brand</u></p> <ul style="list-style-type: none"> – \$65 copayment for a one-month (30-day) supply of Some Brands drugs covered in this tier – \$195 copayment for a three-month (90-day) supply of Some Brands drugs covered in this tier <p><u>Specialty</u></p> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of Some Generics, Some Brands drugs covered in this tier <p>Long Term Care Pharmacy</p> <p><u>Preferred Generic</u></p>

(Other Services - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
		<ul style="list-style-type: none"> – \$7 copayment for a one-month (34-day) supply of Some Generics drugs <u>Preferred Brand</u> – \$40 copayment for a one-month (34-day) supply of Some Brands drugs <u>Non-Preferred Brand</u> – \$65 copayment for a one-month (34-day) supply of Some Brands drugs <u>Specialty</u> – 33% coinsurance for a one-month (34-day) supply of Some Generics, Some Brands drugs covered in this tier <p>Mail Order</p> <p><u>Preferred Generic</u></p> <ul style="list-style-type: none"> – \$0 copayment for a one-month (30-day) supply of Some Generics drugs covered in this tier from a preferred mail order – \$0 copayment for a three-month (90-day) supply of Some Generics drugs covered in this tier from a preferred mail order – \$7 copayment for a one-month (30-day) supply of Some Generics drugs covered in this tier from a non-preferred mail order – \$21 copayment for a three-month (90-day) supply of Some Generics drugs covered in this tier from a non-preferred mail order <p><u>Preferred Brand</u></p> <ul style="list-style-type: none"> – \$40 copayment for a one-month (30-day) supply of Some Brands drugs covered in this tier from a preferred mail order – \$100 copayment for a three-month (90-day) supply of Some Brands drugs covered in this tier from a preferred mail order – \$40 copayment for a one-month (30-day) supply of Some Brands drugs covered in this tier from a non-preferred mail order – \$120 copayment for a three-month (90-day) supply of Some Brands drugs covered in this tier from a non-preferred mail order <p><u>Non-Preferred Brand</u></p> <ul style="list-style-type: none"> – \$65 copayment for a one-month (30-day) supply of Some Brands drugs covered in this tier from a preferred mail order

(Other Services - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
		<ul style="list-style-type: none"> – \$162.50 copayment for a three-month (90-day) supply of Some Brands drugs covered in this tier from a preferred mail order – \$65 copayment for a one-month (30-day) supply of Some Brands drugs covered in this tier from a non-preferred mail order – \$195 copayment for a three-month (90-day) supply of Some Brands drugs covered in this tier from a non-preferred mail order <p><u>Specialty</u></p> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of Some Generics, Some Brands drugs covered in this tier from a preferred mail order – 33% coinsurance for a one-month (30-day) supply of Some Generics, Some Brands drugs covered in this tier from a non-preferred mail order <ul style="list-style-type: none"> • Please contact the plan for a complete list of drugs covered through the gap. <p>Catastrophic Coverage</p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: <ul style="list-style-type: none"> – A \$2.40 copayment for generic (including brand drugs treated as generic) and a \$6.00 copayment for all other drugs, or – 5% coinsurance. • Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Humana Gold Choice PFFS H1804-218. <p>Out-of-Network Initial Coverage</p> <ul style="list-style-type: none"> • You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700: <p>Out-of-Network Pharmacy</p>

(Other Services - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

OTHER SERVICES

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
		<p><u>Preferred Generic</u></p> <ul style="list-style-type: none"> – \$7 copayment for a one-month (30-day) supply of drugs in this tier <p><u>Preferred Brand</u></p> <ul style="list-style-type: none"> – \$40 copayment for a one-month (30-day) supply of drugs in this tier <p><u>Non-Preferred Brand</u></p> <ul style="list-style-type: none"> – \$65 copayment for a one-month (30-day) supply of drugs in this tier <p><u>Specialty</u></p> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p><u>Out-of-Network Coverage Gap</u></p> <ul style="list-style-type: none"> • The plan covers Some Generics, Some Brands through the gap. • You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> <u>Preferred Generic</u> <ul style="list-style-type: none"> – \$7 copayment for a one-month (30-day) supply of Some Generics drugs covered in this tier <u>Preferred Brand</u> <ul style="list-style-type: none"> – \$40 copayment for a one-month (30-day) supply of Some Brands drugs covered in this tier <u>Non-Preferred Brand</u> <ul style="list-style-type: none"> – \$65 copayment for a one-month (30-day) supply of Some Brands drugs covered in this tier <u>Specialty</u> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of Some Generics, Some Brands drugs covered in this tier <p><u>Out-of-Network Catastrophic Coverage</u></p> <ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul style="list-style-type: none"> – A \$2.40 copayment for generic (including brand drugs treated as generic) and a \$6.00 copayment for all other drugs, or – 5% coinsurance. <p>See page 26 for additional information about Prescription Drugs</p>

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

ADDITIONAL BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
30 Dental Services	<ul style="list-style-type: none"> Preventive dental services (such as cleaning) not covered. 	<ul style="list-style-type: none"> In general, preventive dental benefits (such as cleaning) not covered. \$30 copayment for Medicare-covered dental benefits.
31 Hearing Services	<ul style="list-style-type: none"> Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. 	<ul style="list-style-type: none"> Hearing aids not covered. <ul style="list-style-type: none"> \$30 copayment for Medicare-covered diagnostic hearing exams \$30 copayment for up to 1 routine hearing test(s) every two years
32 Vision Services	<ul style="list-style-type: none"> 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk. 	<ul style="list-style-type: none"> Non-Medicare-covered eye exams and glasses not covered. <ul style="list-style-type: none"> \$25 copayment for one pair of eyeglasses or contact lenses after cataract surgery. \$30 copayment for exams to diagnose and treat diseases and conditions of the eye.
33 Physical Exams	<ul style="list-style-type: none"> 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage When you get Medicare Part B, you can get a one time physical within the first 12 months of your new Part B coverage. The coverage does not include lab tests. 	<ul style="list-style-type: none"> \$0 copayment for routine exams. Limited to 1 exam(s) every year. \$0 copayment for Medicare-covered benefits.

(Additional Benefits - Continued on next page)

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

ADDITIONAL BENEFITS

BENEFIT	ORIGINAL MEDICARE	Humana Gold Choice PFFS H1804-218
Health/Wellness Education	<ul style="list-style-type: none"> • Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies. 	<ul style="list-style-type: none"> • This plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> – Written health education materials, including Newsletters – Additional Smoking Cessation – Health Club Membership/Fitness Classes – Nursing Hotline • Copayments may apply for these benefits. • \$15 to \$30 copayment for each Medicare-covered smoking cessation counseling session. <p>See page 26 for additional information about Health/Wellness Education</p>
Transportation (routine)	<ul style="list-style-type: none"> • Not covered. 	<ul style="list-style-type: none"> • This plan does not cover routine transportation.
Acupuncture	<ul style="list-style-type: none"> • Not covered. 	<ul style="list-style-type: none"> • This plan does not cover Acupuncture.

SECTION III - ABOUT YOUR PLAN

Humana Gold Choice PFFS H1804-218

This section further explains some of the benefits of your plan. To get a complete list of benefits, limitations, and exclusions, call Humana and ask for the "Evidence of Coverage."

HOW TO USE YOUR PLAN

Access to services

A Medicare Advantage Private-Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide healthcare services to you, except in emergencies. **You must present your Humana Gold Choice ID card to providers before you receive services.** If any providers you choose don't accept Humana Gold Choice because they're not familiar with the plan, they can call our provider line, 1-866-291-9714, or visit **Humana.com** for more information. You may also use providers who do not accept assignment from Original Medicare. These providers may charge you more for Medicare covered services, up to the Medicare Limiting Charge, and you would be responsible for those excess charges. **Remember, your Humana plan ID card must be presented to providers before you receive services.**

① Premium and Other Important Information

Maximum out-of-pocket limit

For certain covered services, the maximum amount that you will be required to pay during a calendar year is **\$6000**. If your out-of-pocket costs reach this maximum, you pay no further copayments or coinsurance for those covered services for the remainder of the calendar year.

While most expenses apply to the maximums, the following do not:

- Your plan premium
- Any expenses for Part D prescription drugs when received from an in-network pharmacy
- Health expenses you incur during foreign travel

② Doctor and Hospital Choice

Primary care physicians, specialists, and other providers that accept Medicare and Humana's terms and conditions are not the agents, employees, or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgment or treatment recommendations made by the physicians or other providers you may access.

Primary care physician or specialist copayment applies for office and clinic visits.

INPATIENT CARE

- ③ Inpatient Hospital Care
- ④ Inpatient Mental Health Care
- ⑤ Skilled Nursing Facility

Prior authorization is not required. However, notification of hospital admissions is requested. This is one way we can let your doctor know about Humana programs that may be of assistance to you during this time.

You may also choose to contact us to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. See your Humana Gold Choice PFFS H1804-218 ID card for the telephone number.

When admitted to a **Skilled Nursing Facility**, you're covered for skilled care as defined by Original Medicare guidelines. No prior hospital stay is required. Your plan does not cover custodial care.

OUTPATIENT COVERAGE

You can receive outpatient services at different types of facilities. Your out-of-pocket costs depend on the type of service you receive or where you receive it, as outlined below.

If your provider needs to refer you to a health professional at another office or facility, you may want to ask your provider to refer you to the location with the lowest cost share.

Usually, you pay only one copayment or coinsurance for each visit to an office or facility, no matter how many services you receive during the visit or the actual cost of those services. But if, for example, you receive care in your doctor's office and are then sent to another facility for additional services, you may have to pay an additional copayment or coinsurance.

In some cases, you may have to pay the office visit copayment, as well as an additional coinsurance for the actual service(s) received.

⑧ Doctor Office Visits

Drugs administered in a doctor's office

- You pay your primary care doctor or specialist office visit copayment, in addition to **20%** of the cost for the service(s) received.
- For chemotherapy services you pay only for the drugs and their administration.

⑬ Outpatient Services/Surgery

You pay:

- **\$100** copayment at an outpatient hospital facility
 - **\$50** copayment at all other outpatient free-standing facilities
 - **\$75** copayment at an ambulatory surgical center
 - **20%** of the cost for renal dialysis services
-

15 Emergency Care

Remember to carry your Humana Gold Choice plan ID card with you and to show it to each provider before receiving services. This will give the provider the opportunity to contact us for our payment terms and conditions. If your ID card is not available because of an emergency situation, you're still covered.

NOTE: If you're traveling outside the United States and Puerto Rico, your coverage is subject to a **\$250** annual deductible and **20%** coinsurance. Coverage is limited to **\$25,000** each calendar year and up to 60 consecutive days of foreign travel.

17 Outpatient Rehabilitation Services

For outpatient rehabilitation services, you pay:

- **\$30** copayment at a specialist's office
- **\$100** copayment at an outpatient hospital facility
- **\$50** copayment at a Comprehensive Outpatient Rehabilitation Facility

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

21 Diagnostic Tests, X-Rays, and Lab Services

For diagnostic tests and X-rays, you pay:

- **\$15** copayment at a primary care doctor's office
- **\$30** copayment at a specialist's office
- **\$50** copayment at a free-standing outpatient facility
- **\$100** copayment at an outpatient hospital facility

For lab services, you pay:

- **\$15** copayment at a primary care doctor's office
 - **\$30** copayment at a specialist's office
 - **\$50** copayment at a free-standing outpatient facility
 - **\$100** copayment at an outpatient hospital facility
 - **\$0** copayment at a free-standing laboratory facility
-

PREVENTIVE SERVICES

- ②② Bone Mass Measurement
- ②③ Colorectal Screening Exams
- ②④ Immunizations
- ②⑤ Mammograms (Annual Screening)
- ②⑥ Pap Smears and Pelvic Exams
- ②⑦ Prostate Cancer Screening Exams

You pay **\$0** if you receive no other services during the visit.

If you receive other services during the visit, you pay:

- **\$0** copayment at a free-standing laboratory facility
- **\$15** copayment at a primary care doctor's office
- **\$30** copayment at a specialist's office
- **\$100** copayment at an outpatient hospital facility
- **\$50** copayment at all other outpatient free-standing facilities
- **\$75** copayment at an ambulatory surgical center

OTHER SERVICES

②⑨ Prescription Drugs

Drugs covered under Medicare Part B

For Medicare-covered Part B drugs purchased at a pharmacy, you pay **20%** of the cost.

You pay **20%** of the cost for Medicare-covered Part B drugs administered in doctor's office

Drugs covered under Medicare Part D

This plan covers some home infusion generic and some home infusion brand drugs through the gap. Drugs covered in the gap are limited to certain home infusion drugs that are used as an alternative to inpatient treatment. Your cost for the medication is the same before and during the coverage gap. Contact Humana to determine if a particular drug is covered or visit **Humana-Medicare.com**.

You may receive a one-month (30-day) or three-month (90-day) supply of drugs at an in-network retail pharmacy or a mail-order pharmacy. However, Specialty drugs are limited to a one-month (30-day) supply.

ADDITIONAL BENEFITS

HEALTH/WELLNESS EDUCATION

Stop-Smoking Program

You pay **\$0** for QuitNet® smoking-cessation program. Through the QuitNet program, you have access to a customized Website, telephone counseling and coaching, a QuitGuide, e-mail support. You can also get selected over-the-counter nicotine replacement products – Nicoderm® Patch, Nicorette® Gum, and Commit® Lozenge products for **\$0** when you participate in the program. You can enroll by phone at **1-888-572-4074** or online at **www.quitnet.com**.

For Medicare covered smoking cessation counseling sessions you pay:

- **\$15** copayment at primary care physician's office

- **\$30** copayment at specialist office
-

Humana Active Outlook®

Humana Active Outlook is a lifestyle enrichment program exclusively for Humana Medicare Advantage members. This no-cost health and wellness education program consists of:

- HAO Magazine
- **Live It Up! Digest**, sent to members identified as having chronic conditions
- Personalized health programs with access to a health coach
- The **HumanaActiveOutlook.com** Website, featuring custom senior health information and interactive tools
- Community outreach through seminars and classes in local markets
- Additional programs

For more information on the Humana Active Outlook program, call toll-free 1-800-781-4233, 8 a.m. - 8 p.m. Eastern time, Monday-Friday (TTY: 1-800-833-3301).

HumanaFirst® 24 Hour Nurse Advice Line

As a Humana member, you have access to health information, guidance, and support. Whether you have an immediate health concern or questions about a particular medical condition, call HumanaFirst for expert advice and guidance at no additional cost to you.

Why call HumanaFirst?

You may not have health concerns or medical questions very often but when you do, call the HumanaFirst Nurse Advice Line. We're your health information and support team:

- If you need a refresher course in changing your bandage after a recent surgery
 - If you've been diagnosed with a medical condition such as diabetes or cancer
 - If you have a fever at 3:00 in the morning
-

SilverSneakers® Fitness Program

The SilverSneakers Fitness Program is a health and physical activity program. In addition to a basic membership at participating locations, you can participate in low-impact SilverSneakers classes, have access to a specially trained Senior Advisor, and use any participating SilverSneakers fitness center in the country. If you're an eligible member who lives 15 miles or more from a participating SilverSneakers fitness center, you can participate in SilverSneakers Steps, a pedometer-measured walking program.



- Medicare
- Group Health
- Individual health
- Dental, Life, Vision
- Pharmacy

An Insurance Company with a Medicare Advantage contract to offer a Private Fee-for-Service plan available to anyone enrolled in both Part A and Part B of Medicare through age or disability. You must continue to pay your Medicare applicable premiums if not otherwise paid for under Medicaid or by another third-party. Copayment, service area, and benefit limitations may apply. If you are a member of a Qualified State Pharmaceutical Assistance Program, please contact the Program, to verify that the mail order pharmacy will coordinate with the program.

Humana.com

