

2018 Humana
Medicare Advantage
with Prescription
Drug Plan

Medicare 2018

Humana.



Great things are ahead
#StartWithHealthy



Life is all
about choices

Travel. Hobbies. Grandkids. Whatever you enjoy, you're looking forward to enjoying more of it. We want to be the healthcare partner that helps you get there.

Medicare / [MAPD](#)



Humana.

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Medicare / MAPD

*Choosing how to receive your Medicare benefits is an important decision. We'll need about 60-90 minutes today, and I want our time together to be helpful to you. Bottom line? We want to make your healthcare experience **SIMPLER!***

Here's what we'll cover:

- How do you decide? I'll share Humana's ideas about that.
- Explain coverage options. Let's make sure you're well-informed so you feel ready to make a good decision.
- You'll learn about the specific benefits that will come with your Humana plan and get full disclosure on every benefit.

- Finally, you'll learn how to enroll in your Humana plan and what happens after you enroll.

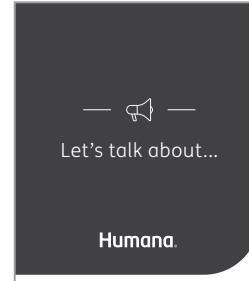
Anything else you would like to discuss?

Seminars:

Ask the group to hold their questions.

You might say:

If you have questions, please note them on the paper provided. I'll take questions at a couple of points during the seminar. Let's have an educational and enjoyable seminar/appointment.



- Your eligibility
- The right Humana plan for you
- Your Medicare options
- Humana's Medicare Advantage with prescription drug plan*
- Things to know
- How to enroll by mail or electronically

*In some areas, plans are also available without prescription drug coverage.

Medicare / MAPD



Let's talk about ...

Humana.

- Your eligibility
- The right Humana plan for you
- Your Medicare options
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- Things to know
- How to enroll by mail or electronically

*In some areas, plans are also available without
prescription drug coverage.

Medicare / MAPD

These are the eligibility **requirements** for a Medicare Advantage plan.

Seminars:

Read the requirements aloud.

- If they are eligible – Congratulations!
- If unsure, see agent afterward to discuss.

In-home presentation:

Ask for Medicare card to confirm eligibility.

Note: If no Medicare card yet, they should have a Medicare entitlement letter. If they can't find the card or letter, the beneficiary can call

1-800-MEDICARE to confirm their eligibility and get the Medicare claim number needed by the agent.

Common question:

Permanent residence is normally the primary residence of an individual, and the person is not away at any time for more than six consecutive months. If uncertain, you can confirm by seeing address on driver's license or voter registration card.



Are you able to choose a Medicare Advantage plan?

Humana.

- Will you be eligible for Medicare soon?
- Are you enrolled in Medicare Part A and Part B?
- Do you have a permanent residence in a Medicare Advantage plan service area?

If so, you're free to choose a **Medicare Advantage plan!**

Federal law will allow us to accept individuals with end-stage renal disease only under certain circumstances. Talk with your licensed Humana sales agent or go to www.medicare.gov for information.

Medicare / MAPD



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choose a Medicare
Advantage plan?

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Medicare / **MAPD**

You have many choices to consider, and that's why I'm here. I can help you navigate your way through these decisions.

Key dates:

Annual Disenrollment Period
Lock-In Period of Feb. 15 – Oct. 14. (Make it clear that the special circumstances listed are only examples and not an all-inclusive list.) Clear on these dates? Any questions?

Annual Disenrollment Period:

This applies to all plans. If you are enrolled in a Medicare Advantage (MA) plan with prescription drug coverage and choose to enroll

in a stand-alone PDP, you'll automatically be disenrolled from your MA plan. For private-fee-for-service (PFFS) plans with no prescription drug coverage, you must request disenrollment from the MA PFFS plan before you can enroll in a stand-alone drug plan during the ADP.



Pre-enrollment:
Oct. 1-Oct. 14, 2017

Compare Medicare Advantage and prescription drug plans so you'll be ready to enroll beginning Oct. 15. Do not submit your application during this time; be sure to wait until Oct. 15.

Annual Election Period:
Oct. 15-Dec. 7, 2017

If you're eligible, you can enroll in a Medicare Advantage plan with or without prescription drug coverage. Or you may choose to enroll in a stand-alone prescription drug plan.

Annual Disenrollment:
Jan. 1-Feb. 14, 2017

You may disenroll from your Medicare Advantage plan and return to Original Medicare. You may also elect enrollment in a stand-alone prescription drug plan.

Feb. 15-Oct. 14, 2018

You can't make a plan change unless special circumstances arise (e.g., you move; you qualify for or lose eligibility for Medicaid).

Medicare / MAPD



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2018 plan year

Medicare Advantage and prescription drug plan

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Medicare / **MAPD**

Let me tell you about Humana, a company that helps people, where dedication to the community, financial stability and national coverage are important descriptors.

We're very proud to say that we're one of the largest administrators of Medicare Advantage plans in the country. Nearly 6.7 million¹ Medicare members have chosen us to be their healthcare partner. And it is a partnership - because at Humana, you're not just buying an insurance plan; you're buying access to everything we do to work with you to improve and manage your health. So our goal becomes

more than just paying your bills when you're sick; our goal is to help you achieve lifelong well-being. Plus, when you work with Humana, you also get me! And I'm here to help.

¹Humana Inc. First Quarter 2014
Earnings Release 5/7/2014



Experience behind the coverage

Humana's experience comes from offering Medicare plans for 30 years.

■ Humana offered its first Medicare plan in 1987

Humana offers a wide range of products and services in an integrated approach to lifelong well-being.

- Our goal is more than just paying your bills when you're sick
- Our goal is to help you achieve lifelong well-being

[Medicare](#) / [MAPD](#)



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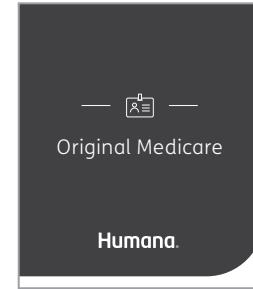
Medicare / MAPD

Original Medicare was launched in 1965 and for many years was the only health plan choice available through the Medicare program.

More about Original Medicare:

- Part A helps pay for hospital charges.
- Part B helps with medical charges, like the cost for doctor services, lab tests and other services received on an outpatient basis.
- There are deductibles and coinsurance with Original Medicare. For Part B, you pay a monthly premium. For 2018, the monthly premium is ____ and

can be adjusted upward for those with higher incomes.



Original Medicare ID card



- Unless you qualify for certain programs, you will pay a monthly premium for Part B

- You have access to any doctor or provider who accepts Medicare

- Out-of-pocket costs include hospital and medical deductible and coinsurance

- You may want to purchase separate Medicare Supplement insurance and a prescription drug plan to cover gaps

Medicare / [MAPD](#)

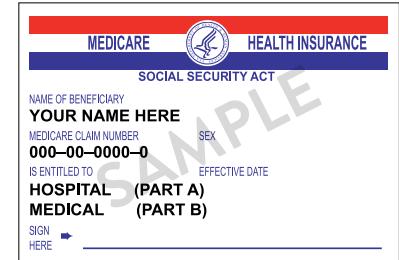


Original Medicare

Humana.

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Medicare / MAPD

There are many choices when it comes to your Medicare benefits. Many people aren't sure how to select the plan that's best for them.

- Ask permission to take notes and write down answers to the questions posed on this slide.
- Ask each question. If they share information, it's not required, about monthly premium or drug costs, write it down and annualize it.
- Many people trust someone else to help make healthcare decisions: a spouse, grown child, or close friend. I can provide you with a copy of the Consent

for Release of Protected Health Information Form that can be found online at Humana.com/caregiver. This consent form is different from granting a medical power of attorney, which allows someone to make decisions about your care when you are unable to do so and is what's required from someone other than you to enroll you in the plan.

Was this exercise helpful?



The right Humana plan for you

- What type of plan do you have now?
- What do you like about your coverage?
- What would you add to your current coverage to make it ideal for you?
- Who helps you make decisions about your healthcare?



The right Humana plan for you

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Medicare / [MAPD](#)

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and can be adjusted upward for those with higher incomes.



- Original Medicare
- Original Medicare plus a Medicare Supplement
- Medicare Advantage
- Medicare Advantage with prescription drug plan
- Stand-alone PDP

Medicare / MAPD



Your Medicare options

Humana.

- Original Medicare
- Original Medicare plus a Medicare Supplement
- Medicare Advantage
- Medicare Advantage with prescription drug plan
- Stand-alone PDP

Medicare / MAPD

If you currently have a Medigap policy and have never had a Medicare Advantage plan, you can try a Medicare Advantage plan for up to 12 months.

- If it's not right for you, you can return to Original Medicare and purchase another Medicare Supplement plan. A company can't refuse to sell you a Medicare Supplement plan if you had been in the Medicare Advantage trial period. You just might not be able to get the same Medicare Supplement plan you previously had.

- The plans that meet this criteria are Medigap Plan A, Plan B, Plan C, Plan F, Plan K or Plan L.

Questions about anything we've covered so far?

IF the beneficiary expresses a desire to enroll in a Medigap policy, this slide is the transition place to discuss Humana Medigap policies. You can begin the Medigap application process. You do not have to come back to this presentation.

IF Medigap is not the solution, continue to the next slide.



Medicare Supplement insurance
(also referred to as a Medigap policy)

- Supplements Original Medicare and helps cover some of the costs Original Medicare doesn't pay, such as coinsurance and deductibles
- Guaranteed renewable even if you have health problems as long as you pay the premium
- Plans are available with varying coverage options
- Freedom to visit any doctor who accepts Medicare patients

Medicare / MAPD



Original Medicare + Medicare Supplement insurance

Humana.

Medicare Supplement insurance (also referred to as a Medigap policy)

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Medicare / [MAPD](#)

*Over the next several slides,
you'll learn more about Medicare
Advantage. Tell me, why are you
considering a Medicare Advantage
plan?*

Add the points to the notes
written earlier.

Remember, when you enroll in
a Medicare Advantage plan, you
STILL have Original Medicare. You
don't lose it. You're just choosing
to allow a private company to
administer your benefits instead of
the federal government.

Medicare Advantage plans must be
reviewed and approved annually

by the Centers for Medicare &
Medicaid Services (CMS).

How does that sound?

— ⚡ —

What are Medicare
Advantage (MA)
health plans?

Humana.

■ Private insurance companies approved or contracted by Medicare provide this coverage

■ The plans give you a choice in how you receive Medicare coverage—an alternative to Original Medicare you get through the federal government

■ MA plans are not Medicare Supplement insurance plans

■ These plans must offer all benefits of Original Medicare and can include Part D prescription drug coverage

■ Humana MA plans are available as HMO, PPO or PFPS types,* and all offer maximum out-of-pocket protections

■ Humana MA plans include emergency coverage when traveling outside the United States

Humana
Humana Gold Plus (HMO)
An HMO with Prescription Drug Coverage

MEMBER NAME Member ID: HXXXXXXX	MEMBER SINCE 01/01/2024	SPRINGFIELD, IL 62703
Address: XXXXX	Phone: XXXXX	HOSPITAL PLAN
SSN: XXXXX	Group: XXXXX	EMERGENCY PLAN
DOB: XXXXX	Plan Type: XXXXX	HOSPITAL-EMERGENCY PLAN
		CMS 00000 XXXX

*Health maintenance organization Preferred provider organization
Private fee-for-service

Medicare / MAPD



What are Medicare Advantage (MA) health plans?

Humana.

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Humana

Humana Gold Plus (HMO)

A Medicare Health Plan with Prescription Drug Coverage

MEMBER NAME

Member ID: HXXXXXXX

Plan (80840) 9140461101

RxBIN: XXXXXX

RxPCN: XXXXXXXX

RxGRP: XXXXX

Copayments

OFFICE VISIT: \$XX

SPECIALIST: \$XX

HOSPITAL EMERGENCY: \$XX

Medicare®

Prescription Drug Coverage

CMS XXXXX XXX

*Health maintenance organization
Preferred provider organization

Private-fee-for-service

Medicare / MAPD

*Over the next several slides,
you'll learn more about Medicare
Advantage. Tell me, why are
you considering a Medicare
Advantage plan?*

Add the points to the notes
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Remember, when you enroll in
a Medicare Advantage plan, you
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don't lose it. You're just choosing
to allow a private company to
administer your benefits instead
of the federal government.

Medicare Advantage plans must be
reviewed and approved annually by

the Center for Medicare & Medicaid
Services (CMS).

How does that sound?



Why choose Medicare Advantage?

- Many plans offer medical and prescription drug coverage in one plan
- May have lower out-of-pocket costs than Original Medicare
- Extra resources and services may include*
 - Access to mail delivery
 - Nurse advice telephone line
 - Fitness programs
 - Care management programs

*Resources and services listed may not be available on all plans, in all areas or in a single benefits package.

Medicare / MAPD



Humana®

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Medicare / MAPD

Briefly differentiate between plan types.

In this area, Humana offers these plans: _____ (fill in based on local offerings - HMO, PPO, PFFS, and/or PDP). Based on your scope of appointment or advertised seminar today we will discuss _____ (predetermined by Scope of Appointment Form or by seminar type advertised).

Our goal today is to find a plan that best meets your needs and budget.

Speak to the Part D points on the slide if MA plan does not include prescription drug coverage.

If using the flip chart, flip to the tab that explains the specific product that is being presented (HMO, PPO or PFFS).

If using the PowerPoint, click on the link to go to the slide of the specific product that is being presented (HMO, PPO, PFFS).

You are not required to explain the details of each plan type, only those advertised or agreed upon, and you will still be giving a compliant presentation.



Medicare Advantage (MA) plans offered by Humana

- Includes all the benefits of Original Medicare
- May lower out-of-pocket costs and many have extra benefits

Part D Medicare prescription drug coverage

- May be purchased as a stand-alone plan
- May be purchased as part of a Medicare Advantage prescription drug (MAPD) plan



Humana.

Medicare Advantage (MA) plans offered by Humana

- Includes all the benefits of Original Medicare
- May lower out-of-pocket costs and many have extra benefits

Part D Medicare prescription drug coverage

- May be purchased as a stand-alone plan
- May be purchased as part of a Medicare Advantage prescription drug (MAPD) plan

Medicare / **MAPD**



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Health Maintenance Organization plan

Medicare 2018

Humana®

HMO



With an HMO, there's an established Humana network of participating doctors, specialists, hospitals and other medical service providers.

You will be required to receive services from network providers, except in the case of urgent or emergency care needed while away. With an HMO, you have a primary care physician, or PCP, who is invested in guiding your healthcare. You may need referrals for most specialist visits. On the other hand, you will have low out-of-pocket costs.

Review our online provider directory, called Physician Finder Plus, to see if your current doctor participates.

(Note: Physician Finder Plus on Humana.com or m.Humana.com

is the most current source for participating providers.) Even if your doctor isn't in the network, the plan benefits may be worth selecting a PCP from the Humana network. If your choice doesn't suit you, you can change PCPs as often as monthly.

Note: HMO referrals are not always required. If referrals are not required for the HMO in your market, explain how to access specialist care in the HMO network.

Note: If the HMO plan includes POS (point-of-service) benefits, certain services beyond emergency and urgent care are covered out of network. Details available in the Summary of Benefits.

Go to slide 22 to explain the available prescription drug benefits.



Is a health maintenance organization (HMO) plan right for you?

- Defined network of providers
- Primary care physician (PCP) coordinates all of your care
- You may have to get a referral from your PCP to see a specialist
- In most cases, you must use network providers for all scheduled care; there is no coverage for out-of-network care, except for emergency or out-of-area urgent care
- Out-of-pocket costs may be lower than Original Medicare

Medicare / [HMO](#)



Humana.

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- Out-of-pocket costs may be lower than Original Medicare

Medicare / HMO

With a Dual SNP, additional benefits are included that are not typically part of Medicaid benefits. Plan availability will vary by geographic location and certain restrictions may apply to the level of Medicaid eligibility required for plan enrollment.

Enhanced care management services are offered that are tailored to your specific needs.

There's an established Humana network of participating doctors, specialists, hospitals and other medical service providers.

You will be required to receive services from network providers, except in the case of urgent or emergency care needed while away or out—network services

approved by your primary care physician (PCP) and the plan.

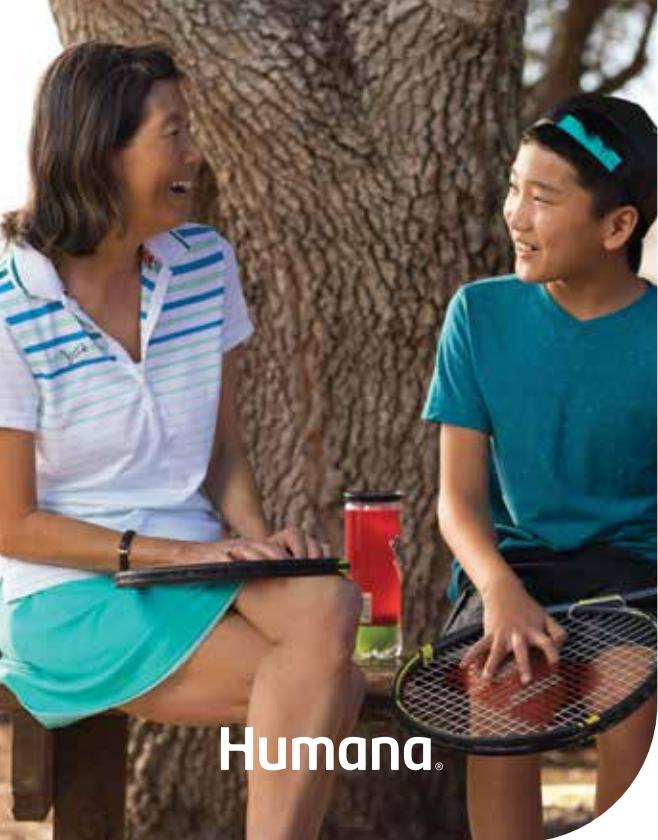
Go to slide 22 to explain the available prescription drug benefits.



Dual-eligible Special Needs Plans (SNPs)

- Additional benefits over Medicaid
- Enhanced care management services Defined network of providers
- Primary care physician (PCP) coordinates all of your care
- Plans that work with your Medicaid benefits
- In most cases, you must use network providers for all scheduled care
- No coverage for out-of-network care, except for emergency or out-of-area urgent care

Medicare / HMO



Dual-eligible Special Needs Plans (SNPs)

- Additional benefits over Medicaid
- Enhanced care management services
- Defined network of providers
- Primary care physician (PCP) coordinates all of your care
- Plans that work with your Medicaid benefits
- In most cases, you must use network providers for all scheduled care
- No coverage for out-of-network care, except for emergency or out-of-area urgent care

Medicare / HMO

With a Chronic condition SNP, additional benefits are included that are tailored specifically to members with diabetes, chronic heart failure, cardiovascular disorders and/or chronic lung disorders. Plan availability and specific conditions covered will vary by geographic location.

Enhanced care management services are offered that are tailored to help meet the care needs of people like you.

There's an established Humana network of participating doctors, specialists, hospitals and other medical service providers.

You will be required to receive services from network providers, except in the case of urgent or

emergency care needed while away or non-network services approved by your primary care physician (PCP) and the plan.

Go to slide 22 to explain the available prescription drug benefits



Chronic condition Special Needs Plans (SNPs)

- Additional benefits tailored to help with certain chronic conditions
- Enhanced care management services
- Defined network of providers
- Primary care physician (PCP) coordinates all of your care
- In most cases, you must use network providers for all scheduled care
- No coverage for out-of-network care, except for out-of-area emergency or urgent care

Medicare / HMO



Humana.

Chronic condition Special Needs Plans (SNPs)

- Additional benefits tailored to help with certain chronic conditions
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Medicare / HMO



Preferred Provider
Organization

Medicare 2018

Humana.

PPO

Preferred Provider
Organization plan

Medicare 2018

Humana®

PPO



If you identify a primary care physician and that provider is in our network, we'll notify him or her that you have a Humana plan. This will make the doctor aware of your preventive benefits and other plan features.

Humana has network providers in many locations around the country in our Medicare ChoiceCare Network. Using in-network providers may save you money with your out-of-pocket costs.

Why is that important to you?

If you are away and need medical treatment, you can call Humana to find out if there are HumanaChoice PPO (Medicare PPO) contracted doctors nearby. If so, you can see them for in-network rates.

Also, if the best doctor or facility for treating your medical condition is located outside your plan's service

area, but is a part of our Medicare ChoiceCare Network, you will be charged in-network rates. We're proud to bring that kind of value. What do you think?

Note: If there's both a local and regional PPO available, the member simply chooses the one that brings them the most value. **Note:** All 2018 local PPO plans require a PCP selection. If the member does not select an in-network PCP, one will be assigned to them and will appear on their ID card. Referrals are NOT required and members can change their PCP on file with Humana by calling customer service.

Go to slide 22 to explain the available prescription drug benefits.



Is a preferred provider organization (PPO) plan right for you?

- Defined network of providers
- Flexibility to use providers who aren't part of the network
- Out-of-pocket costs may increase when you use out-of-network providers, facilities or labs, except for emergency care*
- You may save money when you use network providers because the plan pays a larger share of the cost*

*In some cases, the costs are the same in and out of network

Medicare / PPO



Humana.

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Medicare / PPO



Private-fee-for-service
(PFFS) plan
Medicare 2018

Humana.
PFFS

Private-fee-for-service (PFFS) plan

Medicare 2018

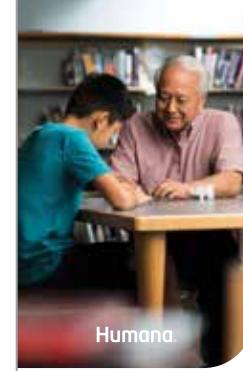


Humana.

PFFS

Most of Humana's PFFS plans have provider networks, and that helps identify providers who you know will accept the plan. With a PFFS plan, you have the freedom to see other providers not listed in the directory as long as the provider agrees to accept Humana's payment terms and conditions.

If you wish to identify a primary care physician, if the person is part of our network, we'll notify him or her that you have a Humana plan. We will make the doctor aware of your preventive benefits and other plan features.



Is a private-fee-for-service (PFFS) plan right for you?

- No referral needed to see any doctor
- Most plans include provider networks, but any provider can participate under the following conditions:
 - The doctor must agree to accept the PFFS plan's payment terms and conditions and agree to bill the plan
 - For plans with prescription drug coverage, you must use network pharmacies for prescription drugs, except in emergencies or urgent situations
 - The doctor must accept Medicare assignment

Medicare / PFFS



Humana®

Is a private-fee-for-service (PFFS) plan right for you?

- No referral needed to see any doctor
- Most plans include provider networks, but any provider can participate under the following conditions:
 - The doctor must agree to accept the PFFS plan's payment terms and conditions and agree to bill the plan
 - For plans with prescription drug coverage, you must use network pharmacies for prescription drugs, except in emergencies or urgent situations
 - The doctor must accept Medicare assignment

Walk through points with beneficiary



PFFS providers and payment

—  —

Humana.

Private-fee-for-service (PFFS)

Before seeing a provider, you should consider the following:

- You can see almost any healthcare provider without a referral as long as the provider accepts Medicare and Humana's PFFS terms and conditions
- Providers are free to decide whether to see you at each visit, so show your Humana member ID card every time; they are not required to see you except in emergency situations
- If providers choose to render services, they must bill the PFFS plan for your covered healthcare services; they may not bill you
- If your PFFS plan has a network, you can still receive services from out-of-network providers, but you may pay more
- You're required to pay the appropriate deductibles, copayments and coinsurance

Medicare / [PFFS](#)



PFFS providers and payment

Humana[®]

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Walk through points with beneficiary

Go to slide 22 to explain the available prescription drug benefits



Private-fee-for-service (PFFS)

- Humana has network providers—providers who have signed contracts with our plan—for all services covered under Original Medicare in all our full network plans
- For partial network plans, contracted providers are limited to certain durable medical equipment providers, home-health providers and some free-standing hospitals and these providers have agreed to see members of our plan, but you may pay more



PFFS plan review

Humana®

Private-fee-for-service (PFFS)

- Humana has network providers—providers who have signed contracts with our plan—for all services covered under Original Medicare in all our full network plans
- For partial network plans, contracted providers are limited to certain durable medical equipment providers, home-health providers and some free-standing hospitals and these providers have agreed to see members of our plan, but you may pay more

2018 Humana
prescription
drug plan
Medicare 2018

Humana.

PDP



2018 Humana Prescription Drug Plan (PDP)

Medicare 2018

Humana®

PDP



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You may choose a stand-alone PDP if you choose to stay with Original Medicare or if you select a Medigap policy.

An important consideration when selecting a PDP is the list of drugs covered by the plan, called the formulary or Drug List. Humana PDP drug lists cover all the drug classes required by Medicare, although that does not mean that they cover every single medicine. With Humana, it's easy to look up covered medicines.

Participating pharmacies are also a key factor. Make sure that the pharmacies you want to use will accept your PDP coverage. Humana has a pharmacy network of more than 60,000 pharmacies nationwide, including Walmart, CVS, Walgreens, mail-delivery options like Humana Pharmacy® and more.

Finally, make sure the premium and your cost share fit your budget. Humana offers several PDP options so that you can choose the one that best meets your needs.

Note: If the plan being presented includes prescription drug coverage, explain what prescription drug benefits are included.

Is this helpful information?



Is a stand-alone prescription drug plan right for you?

Medicare Part D prescription drug plan (PDP)

- Plans are offered by private companies under contract with Medicare
- Companies may offer plans with different levels of coverage
- Compare your prescription drug needs with the plan's coverage, Drug List and your plan's cost for the medications you take



Humana®

Is a stand-alone prescription drug plan right for you?

Medicare Part D prescription drug plan (PDP)

- Plans are offered by private companies under contract with Medicare
- Companies may offer plans with different levels of coverage
- Compare your prescription drug needs with the plan's coverage, Drug List and your plan's cost for the medications you take

Be sure to cover this completely.

Discount program for brand-name medicines

CMS works with drug companies and Part D plans to give you 55 percent off of covered brand-name prescriptions while you're in the coverage gap.

Coverage in the gap for generic medicines

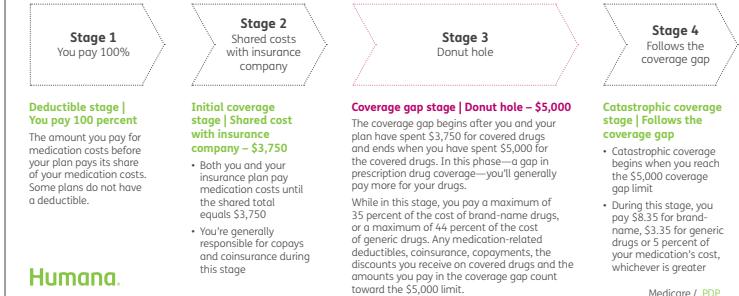
CMS partners with health plans to help you pay for generic drugs while you're in the coverage gap. You'll have 42 percent of the cost covered.

If you receive a low-income subsidy or have an employer-sponsored retiree drug plan – with the exception of employer groups with waivers – you won't be eligible for this discount.

Any questions before we move on?

Getting through the coverage gap

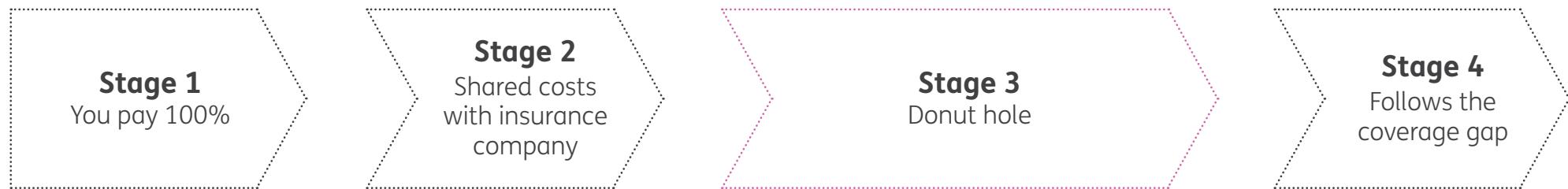
Most Medicare and Medicare Advantage drug plans have a coverage gap



Medicare / PDP

Getting through the coverage gap

Most Medicare and Medicare Advantage drug plans have a coverage gap



Deductible stage | You pay 100 percent

The amount you pay for medication costs before your plan pays its share of your medication costs. Some plans do not have a deductible.

Initial coverage stage | Shared cost with insurance company – \$3,750

- Both you and your insurance plan pay medication costs until the shared total equals \$3,750
- You're generally responsible for copays and coinsurance during this stage

Coverage gap stage | Donut hole – \$5,000

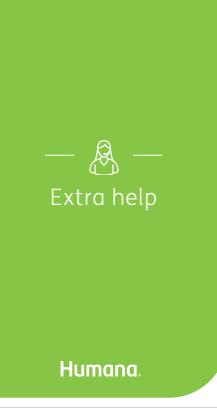
The coverage gap begins after you and your plan have spent \$3,750 for covered drugs and ends when you have spent \$5,000 for the covered drugs. In this phase—a gap in prescription drug coverage—you'll generally pay more for your drugs.

While in this stage, you pay a maximum of 35 percent of the cost of brand-name drugs, or a maximum of 44 percent of the cost of generic drugs. Any medication-related deductibles, coinsurance, copayments, the discounts you receive on covered drugs and the amounts you pay in the coverage gap count toward the \$5,000 limit.

Catastrophic coverage stage | Follows the coverage gap

- Catastrophic coverage begins when you reach the \$5,000 coverage gap limit
- During this stage, you pay \$8.35 for brand-name, \$3.35 for generic drugs or 5 percent of your medication's cost, whichever is greater

Many people do qualify for Extra Help. Make the call to find out if you're one of them.



Do you wonder if you can afford your prescription medicines?

Call to see if you may qualify for money the federal government has set aside to help people with their drug expenses:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day, seven days a week.
- The Social Security office at **1-800-772-1213**. TTY users should call **1-800-325-0778**, Monday - Friday, 7 a.m. - 7 p.m., Eastern time.
- Your state Medicaid office.



Extra help

Humana®

Do you wonder if you can afford your prescription medicines?

Call to see if you may qualify for money the federal government has set aside to help people with their drug expenses:

- **1-800-MEDICARE (1-800-633-4227).** TTY users should call **1-877-486-2048**, 24 hours a day, seven days a week.
- The Social Security office at **1-800-772-1213**. TTY users should call **1-800-325-0778**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time.
- Your state Medicaid office.

Provide the Summary of Benefits booklet for the specific plan being presented today.

Direction:

- Explain how the benefits booklet is organized by providing a brief overview of the two sections: section 1: plan info and your protections, section 2: benefit descriptions
- Scan through section 1
 - Pointing out what it contains
 - Read aloud the plan service area and first paragraph of “Plan Protections”
- Present the STARs rating for the plan, mentioning that Humana aspires for the highest possible rating and works continuously to improve and enhance our plans
- For section 2, explain how the benefits grid is organized
 - Explain every benefit
 - Emphasize the importance of using the preventive benefits

Present remaining PowerPoint/
flipchart slides before the
enrollment decision.



**Let's talk about
Humana Gold Plus® plan**

Humana Gold Plus® is a coordinated care plan with Medicare contract. This is a Health Maintenance Organization (HMO) plan. Enrollees in this plan must receive services from a network of providers who are part of the plan. Payment depends on contract renewal.

Find out more about the Humana Gold Plus plan - including the health and drug services it covers - in the [Table of Contents](#).

To join Humana Gold Plus H1036-141 (HMO) or Humana Gold Plus H1036-052 (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Find out more about the Humana Gold Plus plan - including the health and drug services it covers - in the [Table of Contents](#).

Humana Gold Plus is a coordinated care plan with Medicare contract. This is a Health Maintenance Organization (HMO) plan. Enrollees in this plan must receive services from a network of providers who are part of the plan. Payment depends on contract renewal.

Find out more about the Humana Gold Plus plan - including the health and drug services it covers - in the [Table of Contents](#).

It doesn't list every service that we cover or the every limitation or exclusion. For a complete list of services we cover, see us for the [Table of Coverage](#).

Plan Name

Humana Gold Plus H1036-052 (HMO)

[More about Humana Gold Plus](#)

H1036-141 (HMO)

[More about Humana Gold Plus](#)

H1036-052 (HMO)

[More about Humana Gold Plus](#)

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Learn more about your Humana benefits

Humana[®]



Let's talk about **Humana Gold Plus[®] plan**

Humana Gold Plus has a network of doctors, hospitals, pharmacies and other providers. If you use providers who aren't in our network, the plan may not pay for these services.

To be eligible

To join Humana Gold Plus H1036-141 (HMO) or Humana Gold Plus H1036-052 (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Plan name

Humana Gold Plus H1036-141 (HMO)

More about Humana Gold Plus[®] **H1036-141 (HMO)**

As a member of this plan, you will not be responsible for cost sharing for plan benefits.

The Comprehensive Benefits Chart shows the benefits you will receive from Humana and how Medicaid covers your cost sharing for those plan benefits. The chart also lists some benefits you could receive from Medicaid if you are eligible for full Medicaid benefits. If you are entitled to Medicare benefits, your care coordinator will work with you to assist you in understanding and accessing the Medicare and Medicaid benefits you may be entitled to.

How to reach us

If you have questions about your benefits or your level of eligibility for assistance from Medicaid, contact Humana's customer service department or your state Medicaid office for further details.

Find out more about the Humana Gold Plus plan—including the health and drug services it covers—in this easy-to-use guide.

Humana Gold Plus is a coordinated care plan with a Medicare contract and a contract with the Kentucky Medicaid program. Enrollment in this Humana plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, ask us for the "Evidence of Coverage."

Plan name

Humana Gold Plus H1036-052 (HMO)

More about Humana Gold Plus[®] **H1036-052 (HMO)**

As a member of this plan, you will not be responsible for cost sharing for plan benefits.

The Comprehensive Benefits Chart shows the benefits you will receive from Humana and how Medicaid covers your cost sharing for those plan benefits. The chart also lists some benefits you could receive from Medicaid if you are eligible for full Medicaid benefits. If you are entitled to Medicare benefits, your care coordinator will work with you to assist you in understanding and accessing the Medicare and Medicaid benefits you may be entitled to.

If you're a member: **1-XXX-XXX-XXXX (TTY: 711)**.

If you're **not** a member: **1-XXX-XXX-XXXX (TTY: 711)**.

Or visit our website: **Humana-medicare.com**.

For the most current Kentucky Medicaid coverage information, please visit the Kentucky Medicaid website at chfs.ky.gov/dmns/ or call the Medicaid Hotline at **1-800-635-2570**.

I know having access to your providers is an important part of the plan decision-making process. Let's discuss how we can determine what providers you will have access to with this plan.

Reminder: Some plans require you to select a network PCP.



In-network providers

No insurer can guarantee that your provider is in or will remain part of a plan network.

Here are two ways you can determine whether your provider accepts your Humana Medicare Advantage plan:

- Visit Humana.com/PhysicianFinder
- Call your provider's billing department and ask if the provider accepts the specific Humana plan you're considering



In-network providers

No insurer can guarantee that your provider is in or will remain part of a plan network.

Here are two ways you can determine whether your provider accepts your Humana Medicare Advantage plan:

- Visit Humana.com/PhysicianFinder
- Call your provider's billing department and ask if the provider accepts the specific Humana plan you're considering

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Humana lets members customize their plans by adding OSBs, like vision or dental coverage.

If you're interested, you can add them to your plan for an extra premium at any time throughout the year. It's easy. Election periods do not apply.

Identify the optional supplemental benefits offered with the plan and provide cost information.



Add optional
benefits

Humana.

You have unique needs for maintaining your health. That's why Humana offers optional supplemental benefits (OSBs), such as dental and vision care.*

OSBs are extra benefits not included in Original Medicare that:

- Provide choices that may make it easier for you to get the coverage you want
- May help control costs and help personalize your benefits
- Can be added when you enroll in Medicare Advantage or at any time during the year

These benefits have an extra premium that's combined with your Medicare Advantage plan premium for one convenient payment.

*Benefits listed may not be available on all plans, in all areas or in a single benefits package.

Medicare / PDP



Add optional
benefits

Humana[®]

You have unique needs for maintaining your health.
That's why Humana offers optional supplemental benefits
(OSBs), such as dental and vision care.*

OSBs are extra benefits not included in Original Medicare that:

- Provide choices that may make it easier for you to get the coverage you want
- May help control costs and help personalize your benefits
- Can be added when you enroll in Medicare Advantage or at any time during the year

These benefits have an extra premium that's combined with your Medicare Advantage plan premium for one convenient payment.

*Benefits listed may not be available on all plans, in all areas or in a single benefits package.

- Mail-delivery pharmacies, like Humana Pharmacy®, may save you money and time and are usually more convenient. Up to a 90-day supply of your maintenance medicines will be shipped to you at home or the location of your choice.
- Plans may include a fitness plan or guidance on exercising. Use this to stay well.
- Have you ever not felt well and wondered whether you need to see a doctor? With your Humana plan, you'll have a registered nurse available by phone around the clock.
- With your Humana plan, you'll also receive a SmartSummary® that gives you valuable, easy-to-read information that includes tips to help you save money.
- Work with a personal health coach on ways to manage your weight; care for your back; manage your blood sugar, cholesterol; stop smoking; and much more.
- MyHumana is your secure, personal online account at Humana.com where you can:
 - View details about your plan, benefits and claims.
 - Select how you receive communications from us – via U.S. mail, email, text.
 - Access tools that can help you plan, budget, and estimate healthcare expenses, such as the Drug Pricing Tool and the Rx Calculator.
- **m.Humana.com** is Humana's mobile Web address. If you use a smartphone, you can download several helpful apps here. For example, there's one that allows you to compare the cost of a particular drug from all available sources. Shopping can pay off!



Enjoy extra value and possible savings

Availability varies by plan

- Access to mail-delivery pharmacies, like Humana Pharmacy®*
- Fitness program
- 24-hour nurse advice line
- SmartSummary®
- Personal health coaching
- Access your health plan information on your MyHumana account at [Humana.com](#)

Benefits or services listed may not be available on all plans, in all areas or in a single benefits package.

*Other plans are available in our network. Humana Pharmacy shipments are typically delivered within 7-10 days from the date of your order. If you don't receive your shipment within this time frame, call 1-800-379-0092 (TTY: 711), Monday - Friday, 8 a.m. - 11 p.m., and Saturday, 8 a.m. - 6:30 p.m., Eastern time.

Medicare / [PDF](#)



Humana

Enjoy extra value and possible savings

Availability varies by plan

- Access to mail-delivery pharmacies, like Humana Pharmacy®*
- Fitness program
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- Personal health coaching
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To close – summarize the notes from your needs analysis and how Humana meets those needs. “Are you ready to enroll today? I just need your Medicare card to get you started for a proposed effective date of _____.”

If not ready to enroll

Let's talk about your concerns. What's your reservation about enrolling? Tell me what you're feeling.

- There's no pressure to enroll. Whatever you decide is fine by me. However, I don't want you to miss out on a great plan because I didn't explain something thoroughly enough or speak to your concerns.

Reference/tear out the informational card within the Enrollment Book to make sure they understand the basics of their plan and have it handy in case they need to reference it.

Any questions before we move on?



- Decide how you would like to receive your member materials from Humana—online or by mail. The online option is easy. We'll send you an email letting you know when your plan documents are available, then you can access them from your MyHumana account at [Humana.com](#) (not all documents are available electronically).
- Humana will send you a Verification letter or email when we process your application.
- Humana will send you an Confirmation of Enrollment letter or email once Medicare has confirmed your enrollment.
- Humana will mail your Humana member ID card and Plan Coverage Package.
- New members will receive a Welcome to Medicare call with a health questionnaire.

Medicare / PDP

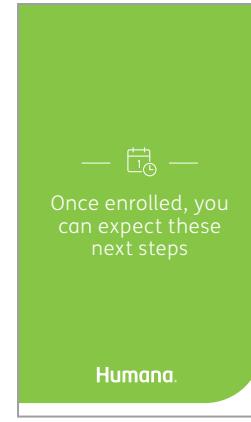


If you enroll today,
here's what will
happen next

- Decide how you would like to receive your member materials from Humana—online or by mail. The online option is easy. We'll send you an email letting you know when your plan documents are available, then you can access them from your MyHumana account at **Humana.com** (not all documents are available electronically).
- Humana will send you a Verification letter or email when we process your application.
- Humana will send you a Confirmation of Enrollment letter or email once Medicare has confirmed your enrollment.
- Humana will mail your Humana member ID card and Plan Coverage Package.
- New members will receive a Welcome to Medicare call with a health questionnaire.

Humana[®]

- I'll call to touch base with you and make sure all your questions are answered (30-60-90 days)
- If you have a medical or prescription drug claim, you'll receive your SmartSummary® statements monthly.
- Use your benefits to get your Annual Wellness Visit. This visit adds to the benefit of the "Welcome to Medicare Exam," called the Initial Preventive Physical Examination, with an annual visit that allows you and your doctor to develop a personalized plan for your care.
- Continue to use your preventive services benefits to stay healthy.



In the months to come:

- Your licensed Humana sales agent will call you to ensure that all is going well
- You should schedule your Annual Wellness Visit (covered under your plan premiums)
- You should schedule necessary preventive screenings, many of which are covered as part of your plan

Once enrolled, you
can expect these
next steps



In the months to come:

- Your licensed Humana sales agent will call you to ensure that all is going well
- You should schedule your Annual Wellness Visit (covered under your plan premiums)
- You should schedule necessary preventive screenings, many of which are covered as part of your plan

If you need information either before or after you've enrolled in a plan, you can go to any of these sources:

- Your "Medicare and You" 2018 handbook, which you should receive in the mail from the Centers for Medicare & Medicaid Services.
- The Medicare website, www.medicare.gov, contains a lot of helpful information about Medicare benefits and prescription drug plans.
- You can call 1-800-MEDICARE 1-800-633-4227 or its TTY line (1-877-486-2048) to get answers to your questions.
- You can also call your local state Health Insurance Program. [You may want to provide the SHIP phone number for your state to save your audience the trouble of having to look it up. Ask them to write the number down in case they ever need it.]
- You can also call Humana at 1-800-337-0953 (TTY: 711) for any questions about our plans.

Here's what a Member Orientation meeting will do for you:

- Provide information about how to get the most from your Humana membership.
- Help you sign up or take advantage of services like our fitness programs.
- Provide a chance for you to get additional information about plan benefits. There will be people there who can answer your questions. We covered a lot today. It's hard to remember everything about Humana's plan.
- Meet other members who've also selected these benefits and more.



Thanks for your time and attention

Any questions? Here's where to find your information:

- "Medicare and You" 2018 handbook (available in October or November 2017)
- www.medicare.gov
- Your state's State Health Insurance Program (SHIP)
- Humana.com
- Humana member orientation meeting* (Call 1-877-713-6173 for locations and dates.)

*Bring your Humana Member Guide if you attend.



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Humana

Medicare / MAPD

Thank you for meeting with me today.

Note - if the person didn't enroll:

The plan wasn't right for you today but it may be in the future. Or another one that Humana offers may meet your future needs.

Please stay in touch with me. I want to be your Humana agent. You have my business card.

Humana is a licensed and certified representative of Medicare Advantage HMO, PPO and PPFS organizations and stand-alone prescription drug plans with a Medicare contract. Enrollment in any plan depends on contract renewal.

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, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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, or sex, 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 <http://www.hhs.gov/ocr/office/file/index.html>.

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Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**....
ATENCIÓN: Si habla español, tiene o su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**.... 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-877-320-1235 (TTY: 711)**.... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-320-1235 (TTY: 711)**.... 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-320-1235 (TTY: 711)**.... 注意: 您如果不会说英文, 我们为您提供免费的语言援助服务。请致电 **1-877-320-1235 (TTY: 711)**.... 注意: 您如果不会说英文, 我們提供免費的語言援助服務。請致電 **1-877-320-1235 (TTY: 711)**.... ATTENZIONE: Se non parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-320-1235 (TTY: 711)**.... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-320-1235 (TTY: 711)**.... 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-877-320-1235 (TTY: 711)**まで、お電話にてご連絡ください。...
توجه: اگر به زبان فارسی گفتگو می کنید، تمهیلات زبانی بیمودرت راگان برای شما فراهم می پاده با.
Díi baă akó ninizin: Díi saad bee yániti'go Diné Bizaad, saad bee áká'ániда'áwo'déé', t'áá jiik'eh, eí ná hólǫ́, kojí' hódiilníh
1-877-320-1235 (TTY: 711).... ATTENÇÃO: Si vous parlez français, des services d'aide linguistique sont proposés gratuitement. Appellez le **1-877-320-1235 (ATS: 711)**.... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwon pod numer **1-877-320-1235 (TTY: 711)**.... ATTENZIONE: In caso la lingua parlato sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-320-1235 (TTY: 711)**.... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-320-1235 (TTY: 711)**.... 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-877-320-1235 (TTY: 711)**まで、お電話にてご連絡ください。...
ملاحظة: إذا كنت تتحدث لغة اللغة، فإن خدمات المساعدة اللغوية توافق لك بال minden. اتصل برقم **1-877-320-1235 (رم. هاتف العمل والمكالمات: 711)**

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Multi-Language Interpreter Services

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1-877-320-1235 (TTY: 711) 번으로 전화해 주십시오.... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-320-1235 (TTY: 711)**.... Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-320-1235 (телефон: 711)**.... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-320-1235 (TTY: 711)**.... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-320-1235 (ATS: 711)**.... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-320-1235 (TTY: 711)**.... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-320-1235 (TTY: 711)**.... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-320-1235 (TTY: 711)**.... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-320-1235 (TTY: 711)**.... 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-877-320-1235 (TTY: 711)** まで、お電話にてご連絡ください。...

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Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólǫ́, koji' hódíílnih **1-877-320-1235 (TTY: 711)**....

ملحوظة: إذا كنت تتحدث لغةً أخرى، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم **1-877-320-1235 (رقم هاتف الصم والبكم: 711)**.