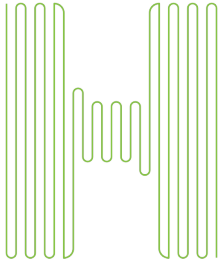


Benefits continued

Are dental procedures performed in a hospital setting covered in the plan?

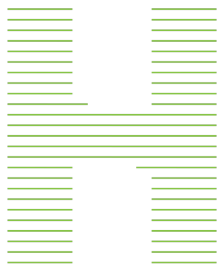
This plan may pay for certain dental services that you get when you are in a hospital including surgery of the jaw or related structures or setting fractures of the jaw or facial bones.

This plan does include a \$250 annual allowance for preventive dental services like cleanings and x-rays. Please refer to your Evidence of Coverage or call customer service at 1-800-733-9064 for further assistance.



What coverage is there for dental?

This plan includes a \$250 annual allowance for preventive dental services like cleanings and x-rays. This allowance is per enrollee.



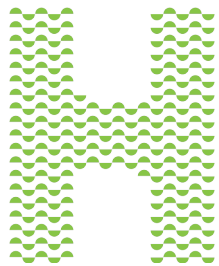
What are the coverage levels for transition and skilled care?

Our plan covers all services that are covered under Original Medicare. Medicare-covered Skilled Nursing services are paid 100% for days 1-20 and 100% after \$178 copayment for days 21-100. Medicare-covered home health care services are paid 100% by the plan.

Do any services require prior authorization?

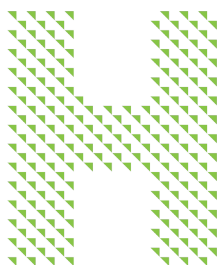
Yes, some services do require a prior authorization. This includes but is not limited to MRI, CT Scan, medical equipment, home health care, non-emergency hospitalization, and some medications.

Please refer to your Evidence of Coverage for additional information.



Is there an appeal process?

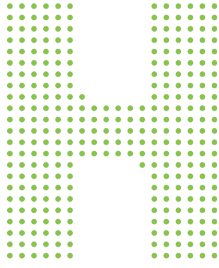
Yes. The Humana Medicare Advantage plan follows Medicare guidelines for appeals on medical and prescription drug claims. Your doctor is able to file an appeal on your behalf or you can call Humana Customer Service for assistance. Our customer service number is 1-800-733-9064. If you are already enrolled in the Humana plan, please refer to your Evidence of Coverage for additional details.



Pharmacy

Are there step-therapy programs in terms of prescription drugs, typically high cost?

Yes, some medication does require step therapy and/or prior authorization. Your Humana Prescription Drug Guide indicates if a particular medication has any special guidelines.

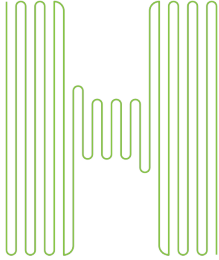


Pharmacy continued

What happens when I enter the donut hole/coverage gap?

This plan offers significant assistance in the donut hole – greater than a typical Medicare Advantage plan. In the donut hole, you will pay either a \$5 copay (generics) or a 20% coinsurance (all other drugs).

Under typical Part D plans, individuals must pay 25% of the cost of a drug while in the donut hole.

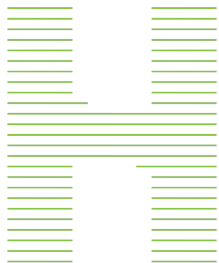


Is the prescription coverage available at a select group of pharmacies, or can you go to Walgreens, Target, Costco, CVS, etc.?

As of 2020, Humana's pharmacy network includes all major national pharmacies including but not limited to Walgreens, Target, Costco, and CVS.

Does the drug coverage benefit apply per person or as a family unit?

All benefits on this plan are per person. Medicare does not allow for family coverage.



Network

Is this plan a PPO plan or a HMO?

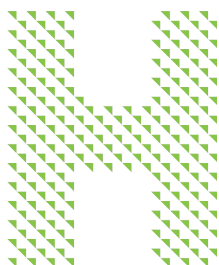
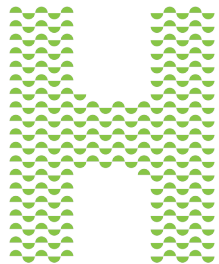
This plan is a Passive PPO, which means your benefit levels are the same for in-network and out-of-network providers. Members on this plan can use any provider in the country who accepts Medicare and agrees to bill Humana.

If there is a problem at the provider's office, can I contact customer service?

Yes. Members may call Humana Customer Service at 1-800-733-9064 for assistance with anything related to the Humana plan.

If a provider does not submit a bill to Humana, can, or should, I submit a claim directly.

Although most health care providers will submit claims to Humana, you can file claims directly. You can download a claim form from our website at www.humana.com or call Customer Care at 1-800-733-9064 for assistance.



Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

