

Caring for your needs today—and tomorrow

At Humana, we don't provide coverage that's one-size-fits-all. We get to know you, your goals and the things that matter to you. And then we connect you with a plan with the benefits you need to manage your health and that help make your life easier. It goes beyond healthcare. We call it human care.

How to speak Medicare

Medicare: Health insurance for people 65 or over with certain disabilities and any age with end-stage renal disease (ESRD).

Special Needs Plan (SNP): Plans designed to meet the needs of people with Original Medicare and at least one of the following:

- A chronic condition
- Medicaid assistance from the state
- A need for nursing care, at home or in a facility like a nursing home

Medicare Supplement insurance plans (Medigap): Plans that help pay certain costs not covered by Original Medicare.

Formulary (Drug List): A list of drugs covered by your plan, often divided into tiers based on cost.

Medicare Advantage plans

Health maintenance organization (HMO): Generally, a primary care physician arranges your healthcare in the plan's network.

Preferred provider organization (PPO): Allows you to choose any provider, though you may pay less for in-network providers.

Private-fee-for-service (PFFS): May offer more freedom to choose providers, but a network arrangement may still apply. Providers must accept Medicare and agree to bill the PFFS plan per its terms and conditions.



To learn more about how you can enhance your Original Medicare coverage, visit www.medicare.gov.



Answers at your fingertips

Here are important Medicare resources to help you make an informed choice.

Medicare Advantage

Search for Medicare Part C in the “Medicare & You” handbook at www.medicare.gov.

Medicare Supplement insurance plans

See “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare” at www.medicare.gov.

Special Needs Plan

Visit www.medicare.gov and search for Special Needs Plan.

State health insurance assistance programs

Visit www.shiptacenter.org.

Financial assistance for limited incomes

See if you qualify by contacting your state Medicaid office or calling the Social Security Administration at 1-800-772-1213.

If you use a TTY, call 1-800-325-0778, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Medicare Supplement plans are not connected with or endorsed by the U.S. Government or the federal Medicare program. Out-of-network/non-contracted providers are under no obligation to treat Humana members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

At Humana, it is important you are treated fairly. Humana Inc. and its subsidiaries comply with applicable Federal Civil Rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. **English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**. **Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**. **繁體中文 (Chinese):** 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)**。



Human care listens, then delivers a plan with the benefits that speak to you

Are you eligible?
It's time to explore your Medicare options.

Humana®

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Plan choice considerations	
COST	How much will you pay for premiums, deductibles, coinsurance and copayments?
BENEFITS	Does the plan include prescription drug coverage or other additional benefits?
COVERAGE	Do your doctors, hospitals, pharmacies and other providers accept the plan?
CONVENIENCE	Are you required to submit claim forms and other paperwork? Can you get prescriptions by mail?
HEALTH HISTORY	How often have you needed care in recent years? Do you have a chronic condition requiring ongoing care?
HEALTH FUTURE	Your health may change. Consider what your future medical needs may be.



Make sure you're Medicare eligible

Visit www.medicare.gov or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. If you use a TTY, call **1-877-486-2048**.



Choosing a Medicare plan starts with understanding your options

Are you newly or soon-to-be eligible for Medicare? Do you have Medicare but want to switch plans? We're committed to helping you enjoy your best possible physical, emotional and social health, and we've got the information you need to make an informed decision.

Advantages of Medicare Advantage

With Medicare Advantage, you get everything Original Medicare covers, but you may also receive additional coverage* for your health and well-being, such as virtual visits, fitness programs, prescriptions by mail and more depending on the plan selected. Many plans offer both medical and prescription drug coverage, and you may even have lower out-of-pocket costs than with Original Medicare.

Plan choice affects cost

Whether you choose Original Medicare or Medicare Advantage, you must pay your Original Medicare premium if you have one. Medicare Advantage, Medicare prescription drug and Medicare supplemental plans may have additional premiums, but they often provide extra services and benefits.

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

Call a licensed independent sales agent



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You may be eligible for Parts A and B if:



You are turning or have turned 65 (even if you still work)



You have a disability or end-stage renal disease (ESRD)



Current Medicare members:



Enroll in Medicare Advantage



Change or renew your Medicare Advantage plan

You may do so during the Medicare Advantage and Prescription Drug Plan Annual Election Period (AEP), from **October 15 to December 7**.

Other enrollment periods

Special Enrollment Period (SEP): You can change your plan due to special circumstances, like moving or leaving a group plan.

Medicare 101

Medicare Part C (Medicare Advantage) includes the benefits of Original Medicare, while Medicare Part D (stand alone Prescription Drug plan) is designed to enhance your Original Medicare coverage with prescription drug benefits.

ORIGINAL MEDICARE



Medicare Parts A and B (Original Medicare) are offered by the federal government

- Part A helps cover hospital, skilled nursing, home health and hospice care.
- Part B helps cover doctor visits, outpatient and preventive care.
- It may also help pay for services like occupational and physical therapy.
- You may pay a deductible and co-insurance.



To learn more about how you can enhance your Original Medicare, visit www.medicare.gov.

MEDICARE ADVANTAGE



Medicare Part C (Medicare Advantage) is offered by a private company

- You must have Original Medicare to enroll.
- Covers everything Parts A and B cover.
- Generally includes additional benefits and services.
- Often there are options available to add supplemental benefits like vision and hearing.
- May include prescription drug coverage.

PRESCRIPTION DRUG PLAN



Medicare Part D (Prescription Drug Plan) is offered by a private company

- A prescription drug plan for people with Medicare.
- May be paired with Original Medicare or a Medicare Supplement insurance plan with Original Medicare.
- If you enroll in a Medicare Advantage plan with prescription drug coverage, you don't need Part D.
- Choose a Prescription Drug Plan that covers medicines you take regularly.
- If you sign up late for Part B or Part D, you may pay a penalty.

What is the coverage gap?

Most Medicare Prescription Drug Plans have a coverage gap, which starts once you and your plan have spent \$4,430 on covered drugs. While in the coverage gap, you may have to pay a higher percentage of your prescription costs.

The coverage gap ends once your total-out-of-pocket costs reach \$7,050.

Your prescription drug coverage

