

County of Orange Benefit Highlights

Please visit your custom Humana site at your.humana.com/countyoforange for plan information, documents and more—or call Humana Group Medicare Customer Care at **866-771-1615 (TTY: 711)**, Monday – Friday, 5 a.m. – 9 p.m., Pacific time.

This is not a complete description of benefits. A complete list of covered services will be available in your “Evidence of Coverage.” All services covered by Original Medicare are also covered by this plan.

Humana Group Medicare PPO Plan	In-network	Out-of-network
Annual deductible	n/a	n/a
Annual maximum out-of-pocket	\$3,400	\$3,400
Hospital care		
Outpatient hospital visits	\$20 to \$40	\$20 to \$40
Inpatient hospital	\$100, days 1-5	\$100, days 1-5
Physician and facility services		
Primary care provider	\$25	\$25
Specialist	\$40	\$40
Preventive care	\$0	\$0
Outpatient ambulatory surgical center	\$25	\$25
Durable medical equipment	0% to 10%	0% to 10%
Emergency services		
Emergency room care	\$65	\$65
Urgent care	\$40	\$40
Hearing services		
Medicare-covered hearing	\$40	\$40
Dental services		
Medicare-covered dental	\$40	\$40
Vision services		
Medicare-covered vision	\$40	\$40
Chiropractic		
Medicare-covered chiropractic visit(s)	\$20	\$20
Acupuncture		
Medicare-covered acupuncture	\$15	\$15
<ul style="list-style-type: none"> - 20 combined in- and out-of-network visit limit per plan year - Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Please refer to your “Evidence of Coverage” for the details on Medicare covered acupuncture services. 		
Podiatry		
Medicare-covered foot care	\$25	\$25

Benefit highlights

This information is not a complete description of benefits. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage" or call the number on the back of your member ID card for more information. All services covered by Original Medicare are also covered by this plan.

Prescription Drug Coverage	30-day Standard Retail or Mail	90-day Standard Retail or Mail
Tier 1 Generic or preferred generic	\$0	\$0
Tier 2 Preferred brand	\$40	\$80
Tier 3 Nonpreferred brand	\$45	\$100
Tier 4 Specialty	\$45	N/A

Pharmacy (Part D) deductible

This plan does not have a deductible.

Prescription Drug Tiers

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. The 2024 Prescription Drug Guide/Formulary is currently awaiting approval at Medicare. Every year Medicare must review and approve a Medicare Advantage carriers formulary. Once the formulary is available, it will be provided.

Important Message About What You Pay for Vaccines

Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list **will be \$0**. For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html. Or call the Customer Care number on the back of your member ID.

Important Message About What You Pay for Insulin

Member cost share of this plan's covered insulin products covered under Part Band Part D will be **no more than \$35 for every one-month** (up to a 30-day) supply, no matter what cost-sharing tier it's in.

Mail order option

In addition to in-network retail pharmacies you also have the option to utilize mail order.



Humana.com

Important

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, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618. If you need help filing a grievance, call the number on your ID card or if you use a TTY, call 711.

Auxiliary aids and services, free of charge, are available to you.

Please call the number on your ID card. If you use a TTY, call 711.

Humana provides 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.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。

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