Humana® 2026 D-SNP

HMO

Humana Dual Integrated
H0963-001-000
Select Counties in MI
H0963001000DSNPEN26PODHMOF

MI:Macomb, Wayne

Enrollment book

2026 D-SNP

Dual Eligible Special Needs Plan

The care you deserve

so you can focus on your health

Humana®

Being in tune with you and delivering what you need

Being a Humana member means having benefits that go beyond Original Medicare—with access to trusted networks and care. We listen to what you need and bring you guidance and support on your journey to help you feel your best. Your Dual Eligible Special Needs Plan (D-SNP) may have additional benefits beyond the ones listed here, so check your Summary of Benefits.

Here's how we help you reach your health goals:

- Multiple large plan networks of doctors, hospitals and pharmacies
- May include **dental, vision, and hearing** coverage
- May include a **monthly allowance** to help pay for covered over-the-counter (OTC) items and, if you qualify, for eligible groceries, rent, utilities and more.****
- Resources at your fingertips with our simple **digital tools** like MyHumana
- May include hundreds of prescriptions with a **$0 copay**—so you'll pay nothing for them all year long.‡
- **Care Manager Support** to work with you right from the start to help you manage the needs of your chronic condition

Decades of experience, at your service

Humana has been in healthcare for over 60 years. We serve millions of members through our plan benefits, competitive premiums, and support that help you feel your best, head to toe. How? We call it human care. It's all the ways we get to know you—and how we aim to go above and beyond to bring you more than you might expect from a health plan.

Get connected to resources in your community like utility services, food assistance, housing support, transportation programs, and more at

Humana.FindHelp.com

Not all benefits and resources listed are available on all plans or in all areas. Consult your Evidence of Coverage or ask your licensed sales agent to find out what benefits are included in this plan.

What's inside

H0963-001-000

Your agent information

Agent name _____

Agent phone number _____

Agent email _____

Let's talk

Call your licensed sales agent. They're ready to walk you through your options and help you enroll.

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HMO

How this plan works

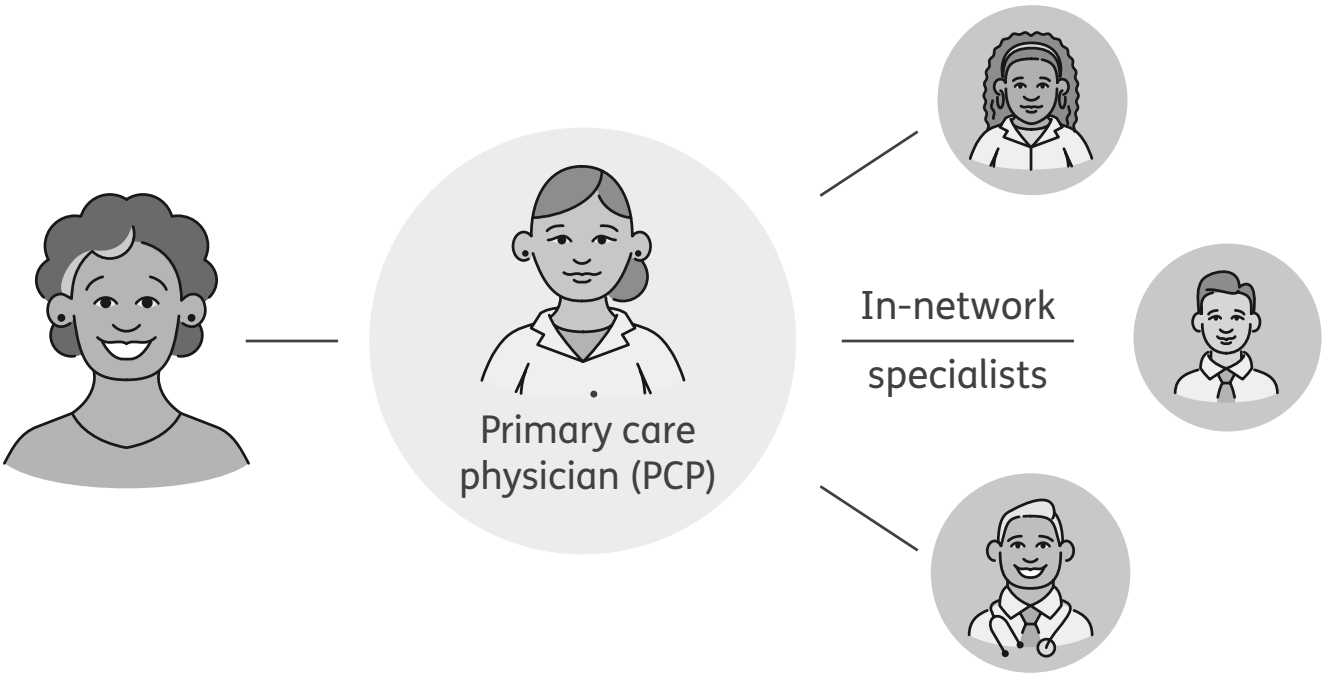
Here's how an HMO Medicare Advantage plan would work. (See all your Medicare options on the following page.)

Health maintenance organization

Health maintenance organization (HMO) plans have their own network of doctors, hospitals and providers. You receive care in the HMO network. In general, your monthly premium (the payment you make each month) is lower than a preferred provider organization, or PPO, plan. You may also expect to pay less out of pocket, than with a PPO.

Using an HMO plan

- You pick an in-network primary care physician (PCP) to manage your care.
- You may need a referral from your PCP to see a specialist.
- Out-of-pocket costs may not be covered for non-network providers and facilities, except for emergency care. In some cases, the costs are the same in and out of network.
- Select HMO plans include point-of-service benefits, which give you the option to choose out-of-network providers.
- The plan may include worldwide coverage for emergency and urgent care when you travel.



Understanding your Medicare options

Step 1 **Enroll in Original Medicare—offered by the federal government.**

Part A helps pay for hospital stays and inpatient care.

Part B helps pay for doctor visits and outpatient care.

Medicaid may offer benefits that Medicare doesn't normally cover, like nursing home care and personal care services, to those who qualify for Medicaid.

Step 2 **After enrolling in Original Medicare, you can explore additional types of coverage—offered by private companies.**

Medicare Part C (Medicare Advantage) is made up of Parts A and B and may include Part D (prescription drug coverage).† It may also give you extra benefits like hearing, dental or vision.

A Dual Eligible Special Needs Plan, also called a D-SNP, coordinates the benefits of Medicaid and Medicare Parts A and B.

Medicare Advantage enrollees can also purchase individual dental and vision plans, or combined dental, vision and hearing plans for added coverage.*

Ask your licensed sales agent about other plan types that may be available to you.

† If you don't enroll in Part D coverage when you're first eligible, you will generally pay a late enrollment penalty fee.

* Plans are not available in all states. Plan benefits may vary by state. Refer to the plan documents for complete details of coverage. Dental and vision plans, excluding Dental Savings Plus, may have a minimum one-year initial contract period. Payment may include an administration fee. Association membership and fees may be required on some plans in some states. A one-time, non-refundable enrollment fee may apply (the fee is non-refundable as allowed by state requirements). Applicable fees are disclosed at time of enrollment. These are not Medicare plans.

For Arizona: This is a solicitation of insurance. A licensed insurance agent/producer may contact you. For Texas: A person should not send money to the issuer in response to the advertisement and a person cannot obtain coverage under the health benefit plan without completing application for coverage.

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Extra Help

"Extra Help" is a government program that helps some people pay for their prescriptions. It's also called the Low-Income Subsidy, or LIS. You may be able to use it for Medicare prescription drug program costs like premiums, deductibles and coinsurance.

→ **To learn more or apply, contact:**

Medicare
1-800-MEDICARE (1-800-633-4227)
(TTY: 1-877-486-2048)
24 hours a day, 7 days a week
www.medicare.gov

The Social Security Administration
800-772-1213
(TTY: 800-325-0778)
Monday – Friday, 8 a.m. – 7 p.m.,
Local time
www.ssa.gov

What's next after you enroll

Once you complete your enrollment application and it is approved by the Centers for Medicare & Medicaid Services (CMS), we'll send you:

A notice confirming your application is approved

Your Humana member ID card

As a Humana member, you'll have access to MyHumana. It's your secure online account where you will be able to set up a personal profile to see your coverage details, check claims, view your Humana member ID card, find in-network providers and more. If you download the MyHumana mobile app for iOS or Android, you can manage your plan anytime, anywhere.

Get this information in your MyHumana account:

- Summary of Benefits—the value-added items and services that may be available with this plan
- Annual Notice of Change
- SmartSummary® (Explanation of Benefits)
- Health and wellness information
- Plan messages and notifications (verification of enrollment, confirmation of enrollment)
- Helpful resources to support your care—and more

Go to **Humana.com/LogOn** to set up your secure MyHumana account. Verifying your identity and updating your communication preferences is simple and easy.

Humana Spending Account Card

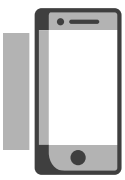
The Humana Spending Account Card lets you access the benefit allowance that comes with your plan. Your plan may include a monthly allowance to help pay for covered over-the-counter (OTC) items like vitamins, pain relievers and first aid supplies.

Plus, you may qualify to also use this money for eligible groceries, utilities, rent, and more if you have been diagnosed with certain chronic conditions and meet additional criteria.* Whatever you don't spend carries over each month. To see your plan's available benefits, allowances, allowance amounts and how often they're loaded to your card, review your plan's Evidence of Coverage.

Humana Healthy Options Allowance®

Everyone who enrolls	Qualifying members*
Use your allowance at participating network retailers, including CenterWell Pharmacy®, on eligible over-the-counter items† in categories including: • **Cold, flu and allergy** • **Dental and denture care** • **First aid and medical supplies** • **Incontinence supplies**	Qualifying members can choose to use the allowance toward eligible items and services, including: • **Over-the-counter (OTC) only products** • **Home & personal supplies** • **Groceries** • **Rent & utilities**

If you're diagnosed with qualifying chronic conditions, you can use the Healthy Options allowance to help pay for OTC items plus other eligible items like groceries, rent, utilities, and more.



Call a licensed Humana sales agent to learn more.

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* Healthy Options Allowance is a special program for members with specific health conditions. Qualifying conditions include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, and chronic heart failure, among others. Other requirements apply and some plans require two or more conditions. See the plan's Evidence of Coverage for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.

† Learn more about eligible retail products at **Humana.com/Medicare/Medicare-Programs/Healthy-Options-Allowance.**

Humana is a Medicare Advantage HMO, PPO, and PFFS organization with a Medicare contract. Humana is also a Dual Eligible Special Needs HMO SNP, PPO SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in any Humana plan depends on contract renewal.

Humana is a DSNP with a Florida Medicaid Contract. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the DSNP. Limitations, copayments and/or restrictions may apply. Benefits and pharmacy network may change.

NOTICE: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any reference to more, extra, or additional Medicare benefits, is applicable to Medicare only and does not indicate increased Medicaid benefits.

These allowance types and amounts vary by plan and location. If your plan includes multiple allowances, the allowances cannot be combined. No amounts on the Humana Healthy Options Allowance® can be used to purchase Medicare-covered prescriptions or services, nor can it be converted to cash. Other restrictions and limitations may apply.

2026

Humana Dual Integrated (HMO D-SNP) H0963-001 | 2026 Summary of Benefits

Humana Dual Integrated (HMO D-SNP) H0963-001

This is a Highly Integrated Dual Eligible (HIDE) Special Needs Plan.

Detroit

Our service area includes the following county/counties in Michigan: Macomb and Wayne.

H0963_SB_MAPD_HMO_001000_2026_M

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member services representative at **800-833-2364 between 8 am to 8 pm EST, seven days a week. The call is free. Please note that our automated phone system may answer your call during weekends and holidays (TTY: 711).**

Understanding the Benefits

- ☐ The *Member Handbook* provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **Humana.com/medicare** or call **800-833-2364 (TTY: 711)** to view a copy of the *Member Handbook*.
- ☐ Review the *Provider and Pharmacy Directory* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the *Provider and Pharmacy Directory* to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the *List of Covered Drugs (Drug List)* to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. Part A/ Part B premiums may be paid for by the Michigan Department of Health & Human Services (Medicaid).
- ☐ Benefits, premiums and/or copays/coinsurance may change on January 1, 2027.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid . This plan may enroll FBDE, QMB+, SLMB+.

Humana Dual Integrated (HMO D-SNP) | 2026 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Humana Dual Integrated (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Humana Dual Integrated (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers

This is a summary of health services covered by Humana Dual Integrated (HMO D-SNP) for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. Visit **Humana.com/PlanDocuments** to view a copy of the *Member Handbook* or call 855-281-6070, TTY 711.

- Humana Dual Integrated (D-SNP) is a Dual Eligible Special Needs Plan (D-SNP) with a Medicare contract and a Medicaid contract with the Michigan Department of Health & Human Services (Medicaid). Enrollment in this Humana plan depends on contract renewal.

- Humana Dual Integrated (HMO D-SNP) H0963-001 has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2028 based on a review of Humana Dual Integrated (HMO D-SNP) H0963-001 Model of Care.

- Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

- All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- For more information about Humana Dual Integrated (HMO D-SNP), you can check the Michigan Medicaid website at **www.michigan.gov/medicaid**, the Beneficiary Help Line: 1-800-642-3195 or email at **beneficiarysupport@michigan.gov**, or the Michigan Healthcare Help Line: 1-855-789-5610 (TTY 1-866-501-5656) from 8:00 AM to 7:00PM, Monday through Friday (except holidays) or contact the MICH Office of the Ombudsman for free help. The MI Community, Home, and Health Ombudsman (MI CHHO) can help you with questions about or problems with the MICH program or our plan. The MI Community, Home, and Health Ombudsman (MI CHHO) is an independent program and isn't connected with this plan. The phone number is 1-888-746-6456. You can also visit the MI Community, Home, and Health Ombudsman (MI CHHO)'s website at **MI-CHHO@meji.org**.

- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 855-281-6070, TTY 711. You can call us seven days a week from 8 a.m. to 8 p.m.. Please note that our automated phone system may answer your call during weekends and holidays. Someone that speaks your language can help you. This is a free service.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 855-281-6070, TTY 711, between 8 am to 8 pm, seven days a week. The call is free.

- This document is available for free in Spanish.

- We want to ensure that you receive your communications from Humana in the format that best suits your needs.

  - If you prefer to receive your written communications in an alternate format such as braille, large font, audio, or another language please contact Member Services at 855-281-6070, TTY 711. You can call us seven days a week from 8 a.m. to 8 p.m.. Please note that our automated phone system may answer your call during weekends and holidays.

- Once we receive your request, all future state mandated communications will be provided in your chosen format. If we are unable to provide printed materials within your requested format, then the member will receive those communications over the phone with an interpreter.
- If a member choses to change their standing request, members can call Member Services at 855-281-6070, TTY 711 to have their request updated.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a highly integrated special needs plan called MI Coordinated Health (MICH)?	MI Coordinated Health is a highly integrated dual eligible (HIDE) special needs plan (SNP) that provides benefits of both Medicare and Medicaid to enrollees. It's for people with both Medicare and Michigan Medicaid. A HIDE SNP Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage your providers and services. They all work together to provide the care you need.
Will I get the same Medicare and Medicaid benefits in Humana Dual Integrated (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Humana Dual Integrated (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor care manager's assessment. You may also get other benefits outside of your health plan the same way you do now directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services. When you enroll in Humana Dual Integrated (HMO D-SNP), you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Humana Dual Integrated (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Humana Dual Integrated (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers in the footer of this document. If you're currently getting services for mental health, substance use, or intellectual/developmental disability needs, you'll continue to get these services the same way you do now. When you enroll in Humana Dual Integrated (HMO D-SNP), you and your care team will work together to develop a Care Plan to address your health and support needs.

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	That is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Humana Dual Integrated (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Humana Dual Integrated (HMO D-SNP)'s network.** If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Humana Dual Integrated (HMO D-SNP)'s plan. You must use network providers to get your medical care and services. If you go elsewhere without proper authorization you will have to pay in full. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Humana Dual Integrated (HMO D-SNP) authorizes use of out-of-network providers. • You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your Care Plan is being completed. If you're currently under treatment with a provider that's out of Humana Dual Integrated (HMO D-SNP)'s network, or have an established relationship with a provider that's out of Humana Dual Integrated (HMO D-SNP)'s network, call Member Services to check about staying connected. To find out if your providers are in the plan's network, call Member Services at the numbers in the footer of this document or read Humana Dual Integrated (HMO D-SNP)'s *Provider and Pharmacy Directory* on the plan's website at **Humana.com/PlanDocuments**. If Humana Dual Integrated (HMO D-SNP) is new for you, we'll work with you to develop Individualized Care Plan to address your needs.
What's a Humana Dual Integrated (HMO D-SNP) care manager?	A Care Coordinator is a health professional who will help you get care and services that affect your health and wellbeing. You're assigned a Care Coordinator when you enroll with Humana Dual Integrated (HMO D-SNP). Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you're getting from us, you can call your Care Coordinator. **Your Care Coordinator is your "go-to" person** for Humana Dual Integrated (HMO D-SNP). Our goal in Humana Dual Integrated (HMO D-SNP) is to meet your needs in a way that works for you. This is why we call our program "person-centered." The person-centered planning process is when you work with your Care Coordinator to create a care plan that's about **your** goals, choices, and abilities. When you create your care plan, you're welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-Term Services and Supports (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but they could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care team will work with that agency.
What happens if I need a service but no one in Humana Dual Integrated (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Humana Dual Integrated (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where is Humana Dual Integrated (HMO D-SNP) available?	The service area for this plan includes: Macomb and Wayne Counties, Michigan. You must live in one of these areas to join the plan. Call Member Services at the numbers in the footer of this document for more information about whether the plan is available where you live.
What's prior authorization?	Prior authorization means that you must get an approval from Humana Dual Integrated (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Humana Dual Integrated (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** Humana Dual Integrated (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Humana Dual Integrated (HMO D-SNP) before the service is provided. Refer to **Chapter 3**, of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Member Handbook* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers in the footer of this document for help.
What's a referral?	A referral means that your care team must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your care team, Humana Dual Integrated (HMO D-SNP) may not cover the services. Humana Dual Integrated (HMO D-SNP) can provide you with a list of services that require you to get a referral from your care team before the service is provided. You don't need a referral for certain specialists, such as women's health specialists. Refer to the *Member Handbook* **Chapter 3** to learn more about when you'll need to get a referral from your care team.
Do I pay a monthly amount (also called a premium) under Humana Dual Integrated (HMO D-SNP)?	No. Because you have Medicaid, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage. You'll be required to keep paying any monthly Freedom to Work program premium you have if applicable. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting **www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00**.

Frequently Asked Questions	Answers
Do I pay a deductible as a member of Humana Dual Integrated (HMO D-SNP)?	No. You don't pay deductibles in Humana Dual Integrated (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Humana Dual Integrated (HMO D-SNP)?	There is no cost sharing for medical services in Humana Dual Integrated (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care **(continued on the next page)**	Inpatient hospital stay	$0	Humana Dual Integrated (HMO D-SNP) includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day. You are covered for an unlimited number of medically necessary inpatient hospital days. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered inpatient hospital care services. Prior authorization requirements may apply.
	Outpatient hospital services, including observation	$0	Humana Dual Integrated (HMO D-SNP) covers medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered outpatient hospital care services. Unless the provider has written an order to admit you as an inpatient to the hospital, you are an outpatient and pay the cost-sharing amounts for outpatient hospital services. Even if you stay in the hospital overnight, you might still be considered an outpatient. If you are not sure if you are an outpatient, you should ask the hospital staff. Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care **(continued)**	Ambulatory surgical center (ASC) services	$0	If you're having surgery in a hospital facility, you should check with your Primary Care Provider (PCP) about whether you'll be an inpatient or outpatient. Unless the provider writes an order to admit you as an inpatient to the hospital, you're an outpatient and pay the cost-sharing amounts for outpatient surgery. Even if you stay in the hospital overnight, you might still be considered an outpatient. Prior authorization requirements may apply.
	Doctor or surgeon care	$0	Humana Dual Integrated (HMO D-SNP) covers medically-necessary services you get from a network doctor or surgeon while you are in a hospital for treatment of an illness or injury. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered inpatient doctor or surgeon care services. Prior authorization requirements may apply.
You want a doctor **(continued on the next page)**	Visits to treat an injury or illness	$0	Humana Dual Integrated (HMO D-SNP) covers medically-necessary services you get from a network doctor or surgeon for treatment of an illness or injury. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered health care provider services. Prior authorization requirements may apply.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Humana Dual Integrated (HMO D-SNP) covers all preventive services covered at no cost under Original Medicare, also at no cost to you.
	Wellness visits, such as a physical	$0	If you've had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This is covered once every 12 months. Your first annual wellness visit can't take place within 12 months of your *Welcome to Medicare* preventive visit. However, you don't need to have had a *Welcome to Medicare* visit to be covered for annual wellness visits after you've had Part B for 12 months.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor **(continued)**	"Welcome to Medicare" (preventive visit one time only)	$0	Humana Dual Integrated (HMO D-SNP) covers the one-time *Welcome to Medicare* preventive visit. The visit includes a review of your health, as well as education and counseling about preventive services you need (including certain screenings and shots), and referrals for other care if needed. Important: We cover the *Welcome to Medicare* preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor's office know you would like to schedule your *Welcome to Medicare* preventive visit.
	Specialist care	$0	Humana Dual Integrated (HMO D-SNP) covers medically-necessary services you get from a network specialist for treatment of an illness or injury. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered specialists care services. Prior authorization requirements may apply.
	Services to help manage your disease	$0	
You need emergency care	Emergency room services	$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network. You are covered for emergency care world-wide under your Humana Dual Integrated (HMO D-SNP). If you have an emergency outside of the U.S. and its territories, you will be responsible to pay for the services rendered upfront. You must submit proof of payment to Humana for reimbursement. For more information please see **Chapter 7** of the *Member Handbook*. We may not reimburse you for all out of pocket expenses. This is because our contracted rates may be lower than provider rates outside of the U.S. and its territories. You are responsible for any costs exceeding our contracted rates as well as any applicable member cost share.
	Urgent care	$0	Urgently needed services are not emergency care. You do not need prior authorization and the urgent care center does not have to be in-network.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Humana Dual Integrated (HMO D-SNP) covers medically necessary diagnostic radiology services you get from a network provider for treatment of an illness or injury. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered diagnostic radiology services. Prior authorization requirements may apply.
	Lab tests and diagnostic procedures, such as blood work	$0	Humana Dual Integrated (HMO D-SNP) covers medically-necessary lab tests and diagnostic procedures you get from a network provider for treatment of an illness or injury. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered lab test and diagnostic procedure services. Prior authorization requirements may apply.
	Screening for tests, such as tests to check for cancer	$0	Prior authorization requirements may apply.
You need hearing/ auditory services	Hearing screenings	$0	Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. Prior authorization requirements may apply.
	Hearing aid evaluation and fitting	$0	
	Hearing aids	$0	Up to 2 TruHearing-branded prescription hearing aids every 3 years (1 per ear every 3 years). Benefit is limited to the TruHearing Advanced prescription hearing aids, which come in various styles and colors. Hearing aid purchase includes: • Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase • 60-day trial period • 3-year extended warranty • 80 batteries per aid for non-rechargeable models Advanced hearing aids are available in rechargeable style options. **You must see a TruHearing provider to use this benefit. Call 1-844-255-7144 Monday - Friday, 9 a.m. to 9 p.m., EST to schedule an appointment (for TTY, dial 711).**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planning, and other periodontal maintenance	$0	• Scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years. • Comprehensive oral evaluation or periodontal exam, scaling for moderate inflammation up to 1 every 3 years. • Panoramic film or diagnostic x-rays up to 1 every 5 years. • Bitewing x-rays, intraoral x-rays up to 1 set(s) per year. • Emergency diagnostic exam up to 1 per year. • Periodic oral exam, prophylaxis (cleaning) up to 2 per year. • Periodontal maintenance up to 4 per year. • Necessary anesthesia with covered service up to as needed with covered codes per year. • Amalgam and/or composite filling up to unlimited per year. • **$2,000** maximum benefit coverage amount per year for all diagnostic/preventive and comprehensive benefits.
	Restorative and emergency dental care	$0	
You need eye care **(continued on the next page)**	Eye exams	$0	Humana Dual Integrated (HMO D-SNP) covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.
	Glasses or contact lenses	$0	Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefit. Eyewear Benefit (1 per calendar year) at a Humana Medicare Insight Network optical provider **$0** copayment for routine exam up to 1 per year. **$400** maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care **(continued)**	Other vision care	$0	Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Original Medicare doesn't cover routine eye exams (eye refractions) for eyeglasses/contacts.
You need behavioral health services	Behavioral health services	$0	Humana Dual Integrated (HMO D-SNP) provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered Behavioral Health Services. Certain telehealth mental health specialty services may be covered under physician/ practitioner services.
	Inpatient and outpatient care and community-based services for people who need Mental Health Services	$0	Humana Dual Integrated (HMO D-SNP) provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment. Specialty behavioral health care services may be provided by a program other than Humana Dual Integrated (HMO D-SNP). Your Humana Dual Integrated (HMO D-SNP) Care Manager can assist you in obtaining those services and coordinate them with the rest of your health care needs.
You need substance use disorder services	Substance use disorder services	$0	Humana Dual Integrated (HMO D-SNP) includes inpatient and outpatient substance use disorder services as well as Opioid treatment program services (OYD). See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered substance use disorder services. Substance use disorder services may be provided by a program other than Humana Dual Integrated (HMO D-SNP). Your Humana Dual Integrated (HMO D-SNP) Care Manager can assist you in obtaining those services and coordinate them with the rest of your health care needs. Prior authorization requirements may apply for your Humana Dual Integrated (HMO D-SNP) benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	$0	Humana Dual Integrated (HMO D-SNP) provides coverage for skilled and intermediate nursing facility care. You are covered for up to 100 medically necessary days per benefit period. Prior hospital stay is not required. A new benefit period will begin on day one when you first enroll in a Medicare Advantage plan, or when you have been discharged from skilled care in a skilled nursing facility for 60 consecutive days. Prior authorization requirements may apply.
	Nursing home care	$0	Prior authorization requirements may apply.
	Adult Foster Care and Group Adult Foster Care	$0	Prior authorization requirements may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs). Prior authorization requirements may apply.
You need help getting to health services **(continued on the next page)**	Ambulance services	$0	Humana Dual Integrated (HMO D-SNP) covered ambulance services, whether for an emergency or non-emergency situation, include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care if they're furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by our plan. If the covered ambulance services aren't for an emergency situation, it should be documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered ambulance services. Ambulance services for other cases (non-emergent) must be approved by us. In cases that are not emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health. Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services **(continued)**	Emergency transportation	$0	Humana Dual Integrated (HMO D-SNP) covered ambulance services, whether for an emergency or non-emergency situation, include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care if they're furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by our plan. If the covered ambulance services aren't for an emergency situation, it should be documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered ambulance services. In emergency situations includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care.
	Transportation to medical appointments and services	$0	
You need drugs to treat your illness or condition **(continued on the next page)**	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs.
	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier	$0 for a 30-day supply of Tier 1 and Tier 2 medications at a network retail pharmacy. Copays for other drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to Humana Dual Integrated (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Once you or others on your behalf pay $2,100, you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the Member Handbook for more information on this stage. You can get up to 100-day supply* of most of your drugs through network retail and mail-order pharmacies. *Some drugs are limited to a 30-day supply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition **(continued)**	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Humana Dual Integrated (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. This plan does cover certain OTC benefits under the Healthy Options Allowance (see Healthy Options section in Additional services).
You need help getting better or have special health needs **(continued on the next page)**	Rehabilitation services	$0	Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs). Prior authorization requirements may apply.
	Medical equipment for home care	$0	Humana Dual Integrated (HMO D-SNP) covered items include, but aren't limited to, wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, IV infusion pumps, speech generating devices, oxygen equipment, nebulizers, and walkers. We cover all medically necessary DME covered by Original Medicare. If our supplier in your area doesn't carry a particular brand or manufacturer, you can ask them if they can special order it for you. The most recent list of suppliers is available on our website **Humana.com/findadoctor**. Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs **(continued)**	Dialysis services	$0	Certain drugs for dialysis are covered under your Medicare Part B drug benefit. For information about coverage for Part B Drugs, please go to the section, Medicare Part B prescription drugs. Covered services include: * Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area, as explained in **Chapter 3** of the *Member Handbook*, or when your provider for this service is temporarily unavailable or inaccessible) * Inpatient dialysis treatments (if you're admitted as an inpatient to a hospital for special care) * Self-dialysis training (includes training for you and anyone helping you with your home dialysis treatments) * Home dialysis equipment and supplies * Certain home support services (such as, when necessary, visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and check your dialysis equipment and water supply) Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	$0	Covered services include: • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) • Routine foot care for members with certain medical conditions affecting the lower limbs Prior authorization requirements may apply.
	Orthotic services	$0	Humana Dual Integrated (HMO D-SNP) covers Orthotics (other than dental) that replace all or part of a body part or function. These include but aren't limited to testing, fitting, or training in the use of prosthetic and orthotic devices; as well as colostomy bags and supplies directly related to colostomy care, pacemakers, braces, prosthetic shoes, artificial limbs, and breast prostheses (including a surgical brassiere after a mastectomy). Includes certain supplies related to prosthetic and orthotic devices, and repair and/or replacement of prosthetic and orthotic devices. Also includes some coverage following cataract removal or cataract surgery – go to Vision Care in the *Member Handbook* for more detail. Prior authorization requirements may apply.
You need durable medical equipment (DME) **Note:** This is not a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*.	Wheelchairs, crutches, and walkers	$0	Humana Dual Integrated (HMO D-SNP) provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits. We cover all medically necessary DME covered by Original Medicare. If our supplier in your area doesn't carry a particular brand or manufacturer, you can ask them if they can special order it for you. The most recent list of suppliers is available on our website **Humana.com/findadoctor**. Prior authorization requirements may apply.
	Nebulizers	$0	Prior authorization requirements may apply.
	Oxygen equipment and supplies	$0	Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Home health services	$0	Prior authorization requirements may apply.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	These services are provided by the plan and are only available to individuals on the MICH 1915(c) waiver. Prior authorization requirements may apply.
	Adult Day Health Services	$0	These services are provided by the plan and are only available to individuals on the MICH 1915(c) waiver. Prior authorization requirements may apply.
	Day habilitation services	$0	Prior authorization requirements may apply.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	These services are provided by the plan and are only available to individuals on the MICH 1915(c) waiver. Prior authorization requirements may apply.
Additional services **(continued on the next page)**	Chiropractic services	$0	We cover only manual manipulation of the spine to correct subluxation. Other services performed by a chiropractor are not covered. Prior authorization requirements may apply.
	Diabetes supplies and services	$0	Humana Dual Integrated (HMO D-SNP) covers diabetes self-management training, diabetic services, and supplies for all people who have diabetes (insulin and non-insulin users. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered diabetes supplies and services. For all people who have diabetes (insulin and non-insulin users). Prior authorization requirements may apply.
	Prosthetic services	$0	Devices (other than dental) that replace all or part of a body part or function. Prior authorization requirements may apply.
	Radiation therapy	$0	Humana Dual Integrated (HMO D-SNP) covers radiation (radium and isotope) therapy including technician materials and supplies services. See **Chapter 4**, Medical Benefits Grid of the *Member Handbook* for covered radiation therapy services. Prior authorization requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services **(continued)**	Services to help manage your disease	$0	Care management services are provided to all Humana Dual Integrated (HMO D-SNP) enrollees. Care management provides a more intensive level of service if your health requires it.
	Meal Benefit	$0	Humana Well Dine® meal program. After your inpatient stay in either a hospital or a nursing facility, you may be eligible to receive 2 home delivered meals per day for 7 days (up to 14 meals). Meals must be requested within 30 days of discharge from your inpatient stay. Limited to 4 times per year.
	HMO Travel	$0	Covered services must be provided by providers within the National Medicare HMO or SNP network. If you are planning to travel outside of your service area and anticipate needing to use the HMO Travel Benefit, it is recommended that you notify your primary care provider.
	Non-emergency medical transportation	$0	The member must contact transportation vendor 72 hours (3 business days) in advance of their appointment to arrange transportation and should contact Member Services to be directed to their plan's specific transportation provider. Trips are for plan approved location up to 48 one-way trip(s) per year. This benefit is not to exceed 50 miles per trip.
	Uniformity Flexibility Non-emergency medical transportation	$0	The member must contact transportation vendor 72 hours (3 business days) in advance of their appointment to arrange transportation and should contact Member Services to be directed to their plan's specific transportation provider. Trips are for plan approved location up to unlimited one-way trip(s) per year for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer Diagnosis. This benefit is not to exceed 50 miles per trip.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services **(continued)**	*Humana Healthy Options Allowance™	$0	**$245** monthly allowance on a prepaid spending card. All plan members receive this amount to buy approved over the counter (OTC) health and wellness products at participating retailers. Plus, members may also use this money for eligible groceries, utilities, rent, and more, ***if*** **they have certain qualifying chronic condition(s) and meet other program criteria.** Any unused amount rolls over each month and expires at the end of the plan year or upon disenrollment, whichever occurs first. • Allowance is available to use at the beginning of every month. • Limitations and restrictions may apply. *This spending allowance is a special program for members with specific health conditions. Qualifying conditions include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. Some plans require at least two conditions and other requirements apply. See the plan's *Member Handbook* for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.
	Rewards and Incentives Go365 by Humana®	$0	Complete eligible healthy activities, like preventive screenings and exams, and get rewarded with Go365 Advanced.
	SilverSneakers® fitness program	$0	Basic fitness center membership including in person and digital fitness classes.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services **(continued)**	Smoking and Tobacco Use Cessation	$0	If you use tobacco, don't have signs or symptoms of tobacco-related disease, and want or need to quit: • We pay for two quit attempts in a 12-month period as a preventive service. This service is free for you. Each quit attempt includes up to four face-to-face counseling visits. If you use tobacco and have been diagnosed with a tobacco-related disease or are taking medicine that may be affected by tobacco: • We pay for two counseling quit attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. To further assist in your effort to quit smoking or tobacco product use, we cover one additional counseling quit attempt within a 12-month period as a service with no cost to you. This is in addition to the two counseling attempts provided by Medicare and includes up to four face-to-face visits. This service can be used for either preventive measures or for diagnosis with a tobacco related disease. The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.
	Wigs Related to Chemotherapy Treatment	$0	Up to a $500 maximum benefit per year.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Humana Dual Integrated (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Humana Dual Integrated (HMO D-SNP) Member Services at the numbers in the footer of this document to get one. If you have questions, you can also call Member Services or visit **Humana.com**.

D. Benefits covered outside of Humana Dual Integrated (HMO D-SNP)

There are some services that you can get that aren't covered by Humana Dual Integrated (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about these services.

Other services covered directly by Medicare or Medicaid	Your costs
Specialty behavioral health services may be provided by Michigan's Prepaid Insurance Health Plans (PIHPs). These include but aren't limited to inpatient behavioral health care, outpatient substance use disorder services and partial hospitalization services.	$0
Community Transition Services (CTS) are provided through MDHHS.	$0

Other services covered directly by Medicare or Medicaid	Your costs
Certain hospice care services covered outside of Humana Dual Integrated (HMO D-SNP)	$0

E. Services that Humana Dual Integrated (HMO D-SNP), Medicare, and Medicaid do not cover

This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about other excluded services.

Services Humana Dual Integrated (HMO D-SNP), Medicare, and Medicaid do not cover	
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television	Cosmetic surgery or procedures

F. Your rights as a member of the plan

As a member of Humana Dual Integrated (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care manager
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly

- Know about all treatment options, no matter what they cost or whether they're covered
- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Humana Dual Integrated (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - Ask for an IMR of Medicaid services or items that are medical in nature
  - Ask for a State Fair Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Humana Dual Integrated (HMO D-SNP) Member Services at the numbers in the footer of this document.

You can also call the Michigan Long Term Care Ombudsman Program for assistance. An "ombudsman" is an advocate who can assist you to resolve problems with plan coverage, plan benefits, health care, behavioral health care and long-term care services and supports. You can contact the Ombudsman at 866-485-9393 (TTY users call 711).

G. How to file a complaint or appeal a denied service

If you have a complaint or think Humana Dual Integrated (HMO D-SNP) should cover something we denied, call Member Services at the numbers in the footer of this document. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook.* You can also call Humana Dual Integrated (HMO D-SNP) Member Services at the numbers in the footer of this document.

For complaints, grievances, appeals, as well as the complaint process, please contact Humana at:

PO Box 14163
Lexington, KY 40512-4163
855-281-6070 (TTY 711)

How to file a complaint or appeal a denied service:

If Humana Dual Integrated (HMO D-SNP) denies an appeal for a Medicare covered service or a Medicare/Medicaid overlap service, we will automatically forward the appeal to the Independent Review Entity (IRE) for review. If the IRE denies the appeal, you can request a hearing with an Administrative Law Judge (ALJ) for Medicare benefits, or you can request a Medicaid State Fair Hearing for Medicaid covered benefits. You can submit a request for a State Fair Hearing to Michigan Office of Administrative Hearings and Rules (MOAHR) within 120 calendar days from the date on Humana's notice of adverse appeal determination letter.

If the ALJ denies an appeal request for Medicare covered services, then you can request review by the Departmental Appeals Board. Any further review of Medicare covered services would be requested to the federal court. If the State Fair Hearing Officer denies an appeal request for Medicaid covered services, then you can request review through the court system.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Humana Dual Integrated (HMO D-SNP) Member Services. Phone numbers are in the footer of this document.
- Or, call the Michigan Department of Health & Human Services (Medicaid) Member Services Center at 800-642-3195. TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE [800-242-2873], by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at **secure.ag.state.mi.us/complaints/medicaid.aspx**.

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

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Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]：我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235（听障专线：711）**。

繁體中文 [Traditional Chinese]：我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235（聽障專線：711）**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French] : Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કૉલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। 8**77-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at **https://www.humana.com/legal/multi-language-support**.

日本語 [Japanese]:言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរសព្ទទៅ លេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **877-320-1235 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao] ມີການບໍລິການດ້ານພາສາ, ຊຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ຟຣີ. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t’áá jiik’eh, t’áadoole’é binahjį’ bee adahodooníłígíí diné bich’į’ anídahazt’i’í, dóó łahgo át’éego bee hada’dilyaaígíí bee bika’aanída’awo’í dahólǫ. Kohjį’ hodíilnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** ‘ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **877-320-1235 (TTY: 711)**۔

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]፦ ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bǎsɔ́ ̀[Bassa]: Wuɖu-xwíníín-mú-zà-zà kǔà, Hwòɖǒ-fɔńɔ-́nyɔ,́kè nyɔ-bɔǔn-po-kà bě bé nyuɛɛ se wídí pɛ́è-pɛ́è ɖò kɔ.̀ **877-320-1235 (TTY: 711)** ɖá.

Bekee [Igbo]: Asụsụ n’efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn iṣẹ́ àtìlẹhìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà lárọwọ́tó. Pe **877-320-1235 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी नि:शुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।

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If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Humana Dual Integrated (HMO D-SNP) Customer Care:

855-281-6070
Calls to this number are free between 8 am to 8 pm, seven days a week.
Customer Care also has free language interpreter services available for non-English speakers.

TTY, call 711
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Calls to this number are free between 8 am to 8 pm, seven days a week.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
If your PCP's office is closed, you can also call 24-Hour Clinical Triage Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The number for the 24-Hour Clinical Triage Line is:

866-220-4102
Calls to this number are free. 24 hours per day, 7 days per week.
Humana Dual Integrated (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY, call 711
Calls to this number are free. 24 hours per day, 7 days per week.

If you need immediate behavioral health care, please call the 24-Hour Clinical Triage Line:

866-220-4102
Calls to this number are free. 24 hours per day, 7 days per week.
Humana Dual Integrated (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY, call 711
Calls to this number are free. 24 hours per day, 7 days per week.

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Get to know this plan's drug coverage with the Prescription Drug Guide

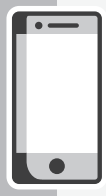
The Prescription Drug Guide—also called a formulary or drug list—is a robust list of prescription drugs that this plan covers. That way, you can confirm coverage for whatever prescription medicine you need.

Complete list of generic and brand-name drugs covered in this plan

Can be printed from, viewed on and downloaded to your smartphone, tablet and computer

Created and regularly updated by doctors and pharmacists

Available in multiple languages



View this plan's Prescription Drug Guide at **huma.na/20260035PDG** or scan the QR code with your smartphone or tablet's camera.

Questions? If you have questions, or to request a printed copy, call Customer Care at **855-281-6070 (TTY: 711)** daily, 8 a.m. to 8 p.m., from Oct. 1 – March 31; and Monday – Friday, 8 a.m. to 8 p.m., from Apr. 1 – Sept. 30.

CenterWell™ Pharmacy

Discover our network of retail and mail-order pharmacies at **Humana.com/Pharmacy**. CenterWell Pharmacy® mail delivery is one of many options in your pharmacy network. Check this plan's Evidence of Coverage for more information on how to fill your prescriptions.

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Care and communication on your terms

Your privacy and well-being are important to us. There may be times when you want a family member or friend to talk to Humana on your behalf.

To make that possible, you must first complete a consent for release of protected health information (PHI) form. This form will allow you to choose a trusted individual who can have access to your protected health information. We would consider this person to be your family, friend or caregiver.

This is not a power of attorney (POA). To have someone help you enroll or to request account changes or updates, you must submit a POA or other authorization under state law to allow them to act on your behalf. You can submit POA and PHI consent forms together.

If you complete the PHI form and grant authorization to someone, we will consider that individual your caregiver who can:

- Speak to Humana on your behalf about the plan—but may not make or request any account changes or updates (unless they are your POA or have other legal authorization from the state to act on your behalf)
- Keep track of your benefits and claims
- Get answers to healthcare coverage questions
- Receive helpful information and advice on caregiving from Humana

How to get started*

You have three options for completing and submitting your consent form.

1. If you have a MyHumana account or plan to create one after enrolling, sign in to your account at **account.Humana.com**. Once signed in, use the search bar at the top right of the page and type in “give shared access” and follow the instructions.
2. Your agent can utilize one of our sales systems to help you complete a consent form electronically as part of your enrollment.
3. Complete the paper form included with this packet (after you have submitted your application and received your Humana member ID card).

You don’t need to use this consent form to authorize an individual if you are also submitting a POA or other legal authorization for the same individual.

* If you have previously submitted a consent form for this individual, you do not need to submit again at this time. We will notify you if your consent is due to expire.

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Consent for release of protected health information

Member information (person whose information will be released):

Name: _____ Date of birth: _____ / _____ / _____
First Middle Last Month Day Year

Address: _____
Street City State ZIP

Member ID: _____ Group # (if applicable): _____

Phone #: _____ ☐ Home ☐ Cell*

I understand that this authorization will allow Humana and its affiliates to use or disclose the protected health† information (PHI) described below: (Please check only **one** box)

☐ Full Disclosure: Any protected health information Humana and its affiliates maintains, including mental health, HIV, health status or substance use or disorder records. This also includes sharing information on mail-order pharmacy, wellness products, and health programs with the person being authorized.

☐ Limited Disclosure: You specify what PHI to share, e.g., condition or treatment information, a specific date range, or product type. Unless you limit by product type, information will apply to all products and services. _____

If Limited Disclosure was selected please indicate which product(s) apply:

☐ **Medical and/or prescription coverage** ☐ **Vision** ☐ **Dental** ☐ **Centerwell Pharmacy™ (mail delivery)** ☐ **Go365®**

This information may be disclosed to, and used by, the following person or organization (such as nursing home, care provider, and care managers) to assist me with the Humana-owned products or services for which I am providing consent to disclose information:

Name: _____ Date of birth: _____ / _____ / _____
First Middle Last *Required Field* Month Day Year

Or if organization: _____
Name

Address: _____
Street City State ZIP

Email: _____

Phone #: _____ ☐ Home ☐ Cell*

Relationship: ☐ Spouse ☐ Sibling ☐ Parent ☐ Child ☐ Agent/Broker ☐ Friend ☐ Organization

I understand:

- I am not required to fill out this consent and Humana cannot base decisions regarding treatment, payment, enrollment or eligibility for benefits on whether I submit it.
- Disclosures may include information from past, present, and/or future treating providers.
- This consent is valid until I cancel my Humana membership. For customers in the following states—CA, CT, GA, IL, MA, MD, MT, NC, NJ, NV, OH, OR, VA—consents will expire in compliance with applicable state laws.‡
- If I cancel consent, it will not apply to any information previously released with this authorization. Once information is shared, Humana cannot prevent the person or organization who has access to it from sharing that information with others, and this information may not be protected by federal privacy regulations.
- **THIS IS NOT A CONSENT for legally appointed POWER OF ATTORNEY.** By submitting this form, I am aware the person signing this consent is not permitted to request preauthorization's for medical or prescription coverage. Additionally, they cannot disenroll me, submit new enrollments, file a grievance, or request an appeal.

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Member or Legal Representative signature _____ Date: ____ / _____ / _____ ☐

Member ☐ Legal Representative

Please note: Legal representatives must attach copies of authorization as required by law. Examples include healthcare power of attorney, healthcare surrogate, living will or guardianship papers.

If you have a MyHumana account or plan to create one after enrolling, you can complete a consent form online from the "Accounts & Settings" page.
If you choose to complete and sign the form, please fax it to **800-633-8188.** Or, if you prefer, mail your completed form to:
Humana Insurance Company, P.O. Box 14168, Lexington, KY 40512-4168

* By giving your cell phone number, you give Humana permission to make calls to your cell.

† Health includes Medical, Dental, Pharmacy, Behavioral Health, Vision, Long-Term Care.

‡ Expires in 12 months: CA, CT, GA, IL, MA, MD, NC, NJ, NV, OH, OR
Expires in 24 months: MT, VA

Humana will follow the more stringent of all federal and state laws and regulations.

For Humana Use Only

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Scope of Appointment form

It's important for you to understand the type of health product(s) that you can choose to discuss before your appointment with a licensed Humana sales agent. The Centers for Medicare & Medicaid Services (CMS) requires sales agents to document the scope of any personal marketing appointment 48 hours prior to the scheduled appointment, except for Scope of Appointment forms that are completed during the last four days of a valid election period for the beneficiary or for unscheduled, in-person meetings (walk-ins) or inbound calls initiated by the beneficiary. All information provided on this form is confidential, and a separate form should be completed by each beneficiary who wishes to discuss plan options or by their legally authorized representative. We look forward to speaking with you.

The licensed sales agent who will discuss the plan options with you is either employed or contracted by a Medicare plan. They do not work for the federal government. This licensed sales agent may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment status, or automatically enroll you in a Medicare plan.

Medicare Advantage plans (Part C)

A Medicare Advantage (MA) plan provides all Original Medicare Part A and Part B health coverage and sometimes offers Part D prescription drug (MAPD) coverage and other additional benefits. There are different types of MA plans, such as:

Health maintenance organization (HMO) plan
This type of MA plan typically requires you to see only in-network providers and you may need a referral from a primary care physician to see a specialist.

Preferred provider organization (PPO) plan
In most cases, on this type of MA plan, you'll pay less if you use in-network providers. Referrals from a primary care doctor are not required.

Private fee-for-service (PFFS) plan
On this type of MA plan, you may go to any Medicare-approved doctor, hospital or provider that accepts the plan's payment, accepts the terms and conditions and agrees to treat you—but not all providers will.

Special Needs Plan (SNP)
This type of MA plan has a benefits package designed for people with special healthcare needs. Examples of groups served include people who have both Medicare and Medicaid, reside in nursing homes, and/or have been diagnosed with an eligible chronic condition.

Stand-alone Medicare prescription drug plans (Part D)

Medicare prescription drug plans (PDP)
This stand-alone drug plan adds prescription drug coverage to Original Medicare and some other Medicare plans.

Other products

Medicare Supplement plans
Medicare Supplement plans are standardized plans that can be bought with varying coverage options to help supplement your Original Medicare plan. While an MA plan takes the place of Original Medicare, a Medicare Supplement plan is simply added on to Original Medicare. Medicare Supplement plans have no provider networks and help pay some of the costs that Original Medicare does not pay. Medicare Supplement plans cannot be paired or used with an MA plan.

Dental plans
Stand-alone dental plans are available at varying levels of coverage at in- and out-of-network providers.

Vision plans
Stand-alone vision plans are available at varying levels of coverage at in- and out-of-network providers.

Hospital Indemnity plans
Hospital Indemnity plans cover some of the costs associated with hospital stays that may not be covered by a primary health plan.

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Scope of Appointment

In the space provided below, please initial next to the type of health product(s) you want the licensed sales agent to discuss.

☐ Medicare Advantage plans (Part C)	☐ Dental plans
☐ Stand-alone prescription drug plans (Part D)	☐ Vision plans
☐ Medicare Supplement plans	☐ Hospital Indemnity plans

Name _____ Phone _____

Address (Street, City, State ZIP code) _____ Relationship to the beneficiary _____

_____ Medicare ID number (optional) _____

By signing this form, you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person who will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the federal government, and they may be compensated based on your enrollment in a plan.

Signing this form does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage plan, prescription drug plan or other Medicare plan.

Beneficiary or legally authorized representative signature and signature date**:**

Signature _____ Signature date _____/_____/_____

To be completed by agent: (Please print)

Agent name _____

Agent phone _____

Agent SAN _____

Agent please mail this form to:
MarketPoint
P.O. Box 14637
Lexington, KY 40512-4637
Or fax to: **877-889-9936**

Initial method of contact: _____

Date and time of form completion:

____/____/____, ____:____ [ ] a.m. [ ] p.m.

Date and time of scheduled appointment:

____/____/____, ____:____ [ ] a.m. [ ] p.m.

If the period between form completion and the scheduled appointment was less than 48 hours, indicate which exception was met to waive the 48-hour requirement:
[ ] Occurred during last four days of a valid election period for the beneficiary
[ ] Walk-in meeting initiated by beneficiary
[ ] Inbound call initiated by beneficiary

Agent signature _____ Agent signature date _____/_____/_____

Plan(s) the agent represented _____

Application number or recording ID _____

Date appointment completed _____/_____/_____

Scope of Appointment documentation is subject to CMS record retention requirements.

2026 Enrollment Form

Dual Eligible Special Needs Plan Enrollment Form

Use this form **ONLY** if you are enrolling into a Humana Dual Eligible Special Needs Plan.

Follow these easy steps to become a Humana Medicare member

Have both your Medicare and Medicaid cards ready

Each individual applying must fill out a separate form.

Sign and date the enrollment form

If the enrollment form is not completed and returned within the allotted time period, the enrollment could be denied.

Submit your enrollment form

You may fax the Member Services pages of this enrollment form to: **1-877-889-9923**. Or mail this enrollment form to:

Humana Medicare Enrollment
P.O. Box 14309
Lexington, KY
40512-4309

Please don't send in the same enrollment form or apply to the same plan more than once.

Call us with questions

If you have questions, please call a licensed Humana sales agent at **1-800-833-2367 (TTY: 711)**. We're available seven days a week, 8 a.m. – 8 p.m.

However, please note that our automated phone system may answer your call on holidays and during weekends April 1 – September 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

Instructions

- Completely fill the ovals.
- Use black ink only.
- Print only one clear number or capital block letter in each box.
- If you make a mistake, fix it by crossing out the box with an X. Put in the correct letter or number above or below the box as shown:

Correct numbers and letters

Humana®

Additional Notes

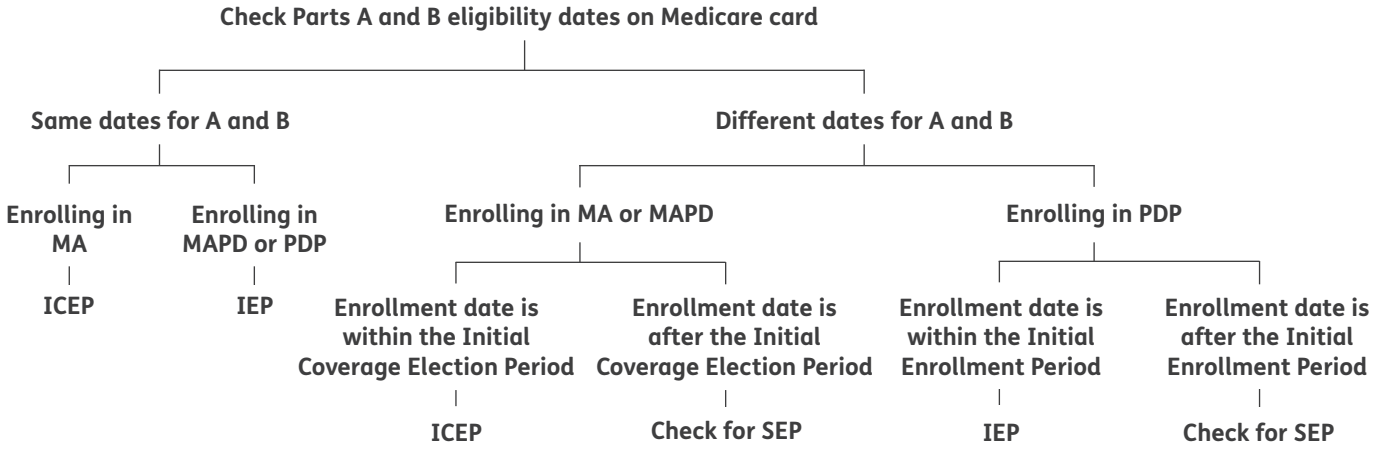
Asterisks (*) indicate required fields
Answering non-required fields is your choice. You can't be denied coverage if you don't complete them.

Initial Enrollment Period (IEP) and Initial Coverage Election Period (ICEP)

- If Part A and Part B dates are the same, the election period spans 7 months: 3 months prior to the month you become eligible, the month you become eligible, and 3 months after the month you became eligible.
- If Part A and Part B dates are different, the election period spans 5 months: 3 months prior to the month of the later effective date (often Part B), the month you become eligible, and 1 month after the month you become eligible. Only for enrollment into a Medicare Advantage (MA)-only plan or a Medicare Advantage prescription drug (MAPD) plan. If enrollment is for a prescription drug plan (PDP), check to see if the 7-month IEP may still be available.
- The coverage start date is based on factors such as Medicare entitlement and the submission of the completed enrollment form.

When inputting your Medicare Number on the enrollment form, print it exactly as it is on your Medicare card. N indicates a number, A indicates an alphabetic character, and E indicates either a number or alphabetic character. Medicare numbers will not start with a zero or contain the letters B, I, L, O, S or Z.

Enrollment periods may overlap. Ensure you mark any Special Election Period (SEP) oval that applies to you from the list of SEP statements on page 4 of the enrollment form. When enrolling specifically during an SEP, one of the SEP statements must be true to be eligible for an SEP. Agents, please refer to the Enrollment Options Job Aid (DMS-024) found in Humana MarketPoint University in Vantage if you do not see the SEP listed on page 4.



Scope Of Appointment (SOA) (Page 8)

Agents, please use one of the three-letter codes below for the appointment type field.

F2F – Face to Face
INH – In Home Appointment
OTH – Other
RET – Retail Partner
SEM – Seminar
TEL – Telephonic
WAL – Walmart

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

GHHNDN2025HUM

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]：我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235（听障专线：711）**。

繁體中文 [Traditional Chinese]：我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235（聽障專線：711）**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French] : Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કૉલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at **https://www.humana.com/legal/multi-language-support**.

GHHNOA2025HUM_0425

日本語 [Japanese]:言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរសព្ទទៅ លេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
877-320-1235 (TTY: 711)번으로 문의하십시오.

ພາສາລາວ [Lao] ມີການບໍລິການດ້ານພາສາ, ຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ຟຣີ. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t’áá jiik’eh, t’áadoole’é binahjį’ bee adahodooníłígíí diné bich’į’ anídahazt’i’í, dóó łahgo át’éego bee hada’dilyaaígíí bee bika’aanída’awo’í dahólǫ. Kohjį’ hodíilnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** ‘ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **877-320-1235 (TTY: 711)**۔

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]፦ ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፀት ያለችው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bǎsɔ́ ̀[Bassa]: Wuɖu-xwíníín-mú-zà-zà kǔà, Hwòɖǒ-fɔńɔ-ńnyɔ,́kè nyɔ-bɔǔn-po-kà bě bé nyuɛɛ se wíɖí pɛ́ɛ̀-pɛ́ɛ̀ ɖò kɔ.̀ **877-320-1235 (TTY: 711)** ɖá.

Bekee [Igbo]: Asụsụ n’efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn iṣẹ́ àtìlẹhìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà láṛọwọ́tó. Pe **877-320-1235 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी नि:शुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।

PLEASE READ THIS IMPORTANT INFORMATION

If you currently have health coverage from an employer or union, joining Humana could affect your employer or union healthcare benefits. You could lose your employer or union health coverage if you join Humana.

By completing this enrollment form, I agree to the following:
If I am enrolling in a Medicare Advantage health plan that has a contract with the federal government, I will need to keep my Medicare Parts A and B to stay in the plan. I must continue to pay my Medicare Part B premium. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare Advantage health plan or prescription drug plan. It is my responsibility to inform Humana of any prescription drug coverage that I have or may get in the future. **I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.** Enrollment in my selected plan is generally for the entire year.

I understand that when my Humana coverage begins, I must get all of my medical and prescription drug benefits from Humana. Benefits and services provided by Humana and contained in my "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Humana will pay for benefits or services that are not covered. Benefits and services must be obtained from Humana in order to be covered as Medicare benefits, with the exception of hospice and kidney acquisition costs for transplants, which are covered by Medicare. I will abide by the rules of my Evidence of Coverage.

This Humana plan serves a specific service area. If I move out of the area that this Humana plan serves, I need to notify Humana so I can disenroll and find a new plan in my new area. Emergency coverage (both within and outside the plan's service area) and urgent care are always covered.

Sales agents/brokers may be compensated if they are helping the applicant enroll.

Once Humana has received my enrollment form, I may get a verification letter to make sure that I understand how my plan works and to confirm my intent to enroll. This is not a secondary plan to Medicare Parts A and B. Humana pays instead of Medicare, and I will be responsible for the amounts that Humana doesn't cover, such as copayments and coinsurances. Medicare Parts A and B won't pay for my healthcare while I am enrolled in a Medicare Advantage health plan with Humana.

- If you are requesting membership in a **Dual Eligible Special Needs Plan (D-SNP)**, the following statement applies: I understand this plan is for individuals with both Medicaid and Medicare. My ability to enroll is based on verification that I am entitled to both Medicare and medical assistance under Medicaid.

  For **FLORIDA** applicants of a D-SNP: I understand that this plan is sponsored by Humana and the State of Florida Agency For Health Care Administration.

  For **INDIANA** applicants of a D-SNP: I understand that my signature on this enrollment form gives Humana and the state of Indiana permission to enroll me into Humana's Medicaid Managed Care plan that aligns with this Humana D-SNP.

  For **TENNESSEE** applicants of a D-SNP: I understand that TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any reference to more, extra or additional Medicare benefits, is applicable to Medicare only and does not indicate increased Medicaid benefits.

- I understand that I am enrolling into a Humana Medicare Advantage plan and not a Medicare Supplement, Medigap, Medicare Select or Medicaid plan.

The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Release of Information:
By joining this Medicare plan, I acknowledge that Humana will share my information with the U.S. Department of Health and Human Services (HHS), who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below).

Privacy Act Statement:
The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. **Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.**

Individuals experiencing homelessness:
If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security benefit checks) may be considered and used in the residential address field as your permanent residence address.

2026 Humana Medicare Dual Eligible Special Needs Plan Enrollment Form

Please print this information exactly as it is on your Medicare card.

Print clearly. Use black ink.
Asterisks (*) indicate required fields.

AGENT NUMBER (SAN)

DATE OF BIRTH* SEX*

M M – D D – Y Y Y Y ○ F ○ M

MEMBER ID NUMBER

H

(For current or past Humana members)

MEDICARE HEALTH INSURANCE

LAST NAME*

FIRST NAME* MI

MEDICARE NUMBER*

N A E N – A E N – A A N N

IS ENTITLED TO EFFECTIVE DATE

HOSPITAL (PART A) M M – 0 1 – Y Y Y Y

MEDICAL (PART B) M M – 0 1 – Y Y Y Y

Please see your agent to complete these questions.

PROPOSED COVERAGE START DATE*

M M – 0 1 – 2 0 2 6

(Must be after the sign date on page 8)

○ ICEP MA or MAPD ○ IEP PDP or MAPD ○ AEP ○ OEP ○ OEP NEW ○ OEPI ○ SEP CODE†

(See Additional Notes page)

†Required if SEP selected. See page 4 for code.

RESIDENTIAL ADDRESS* P.O. Box not allowed. ○ Experiencing homelessness

APT or STE

CITY* ST* ZIP*

COUNTY*

MAILING ADDRESS Your residential address confirms your service area. Print your mailing address/P.O. Box here, if applicable. If your mailing address is your residential address, please fill this oval. ○

APT or STE

CITY ST ZIP

It is important that we can reach you to help you stay informed and take care of your health. Please provide your telephone number and email address.

TELEPHONE

( ) –

TELEPHONE TYPE

○ Cellphone ○ Home (landline)

There may be times when Humana will use an automated system to call or text you. When that happens we will be sure to use the telephone number you provided.

EMAIL By providing your email address, you authorize Humana to send you health information to this address.

Go paperless. Many plan documents are now available in a digital format. See the enrollment book for a list of available communications and guidance on how to view your documents. To choose this option, please fill this oval. ○

We strongly recommend that all medical plan applicants include their primary care physician's (PCP) information below. If you are applying for an HMO plan, then you must complete this section. Please see your Summary of Benefits to determine if your plan requires a PCP.

PCP ID NUMBER

PRIMARY CARE PHYSICIAN (PCP)

Are you already a patient of the physician you chose? ○ Yes ○ No

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N – A E N – A A N N

Typically, you may enroll in a Medicare Advantage or prescription drug plan during the Annual Election Period (AEP) between October 15 and December 7 of each year. In addition, you can choose to change your Medicare Advantage plan once during the annual Open Enrollment Period (OEP) between January 1 and March 31 of each year, or immediately after enrolling in a plan during your IEP/ICEP (OEP NEW). Limitations on allowed plan changes during OEP apply. There are exceptions that may allow you to enroll outside of these periods. Please read the following statements carefully and mark the oval to the left of any statement that applies to you. By marking any of the following ovals you are certifying that, to the best of your knowledge, the text is a true statement about you. **If we later determine that this information is incorrect, you may be disenrolled.**

	SEP Code	**Special Election Period (SEP) statements**
○	**LEC**	I am either losing/leaving coverage I had from an employer or union or lost this type of coverage within the last two months.
○	**NLS**	I had a change in my Extra Help paying for Medicare prescription drug coverage (newly got assistance, had a change in level or lost eligibility) within the last three months.
○	**MCD**	I had a change in my Medicaid status (newly got assistance, had a change in level or lost eligibility) within the last three months.
○	**MOV**	I am moving or have moved within the last two months. The move is either outside the service area for my current plan or this plan is a new option for me.
○	**SNP**	I have been notified that I no longer qualify for my Dual Eligible Special Needs Plan and am in a period of deemed continued eligibility or I was disenrolled from my Dual Eligible Special Needs Plan within the past three months due to a Medicaid change or loss.
○	**INT**	I have both Medicare and full Medicaid benefits, and want to enroll into an integrated Dual Eligible Special Needs Plan. **Note: This SEP is valid once per month throughout each year, and only for enrollment into a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP), Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP), or Applicable Integrated Plan (AIP).**
○	**EOC**	My existing Medicare Advantage (MA) plan is ending its contract for the upcoming contract year. **Note: This SEP is only valid from December 8 through the last day of February.**
○	**OTH**	None of the above statements apply to me. However, I feel I have a special circumstance which allows me an exception to enroll. Humana will contact you to determine if an exception can be granted. **Must include the reason below.**

Notes (if OTH):

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*
N A E N – A E N – A A N N

Plan selection

Please provide the plan information below for the medical plan you'd like.
Plan information can be found in your Summary of Benefits.

CONTRACT* PBP* SEGMENT
0 0

Please provide the base monthly premium for this plan from the Summary of Benefits. This amount helps us identify the plan you would like and should not include any late enrollment penalties or payments from other parties, like Medicaid.

BASE MONTHLY PREMIUM*
$.

Select one option below corresponding with the plan details you provided above.
Refer to your Summary of Benefits or your agent for assistance.

I would like **ONE** of the following options:*

- Humana Gold Plus® HMO D-SNP
- Humana Dual Select HMO D-SNP
- Humana Community HMO D-SNP
- Humana Fully Integrated HMO D-SNP
- Humana Dual Fully Integrated HMO D-SNP
- Humana PathWays Dual Care HMO D-SNP
- Humana Dual Integrated HMO D-SNP
- HumanaChoice® PPO D-SNP
- Humana Dual Select PPO D-SNP

Medicaid eligibility is required for all Dual Eligible Special Needs Plans.

MEDICAID NUMBER

By marking this oval, I attest that I have received award materials for a future Medicaid effective date.

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N – A E N – A A N N

If you will have other prescription drug coverage (like VA, TRICARE) in addition to this plan for which you are applying, please fill this oval.* ◯ I will have other prescription drug coverage

Please provide your other prescription drug coverage details here, if applicable.

NAME OF OTHER COVERAGE

ID NUMBER FOR THIS COVERAGE

GROUP NUMBER FOR THIS COVERAGE

Once enrolled, will you or your spouse work? ◯ Yes ◯ No

Preferred Written Language (when available)

◯ English ◯ Spanish ◯ Chinese ◯ Korean ◯ Other _____

Preferred Verbal Language

◯ English ◯ Spanish ◯ Mandarin ◯ Cantonese

◯ Korean ◯ Other _____

If an accessible format is needed, please select one option. If none are selected, you will receive standard font, printed materials.

◯ Audio ◯ Large print ◯ Accessible screen reader PDF

◯ Oral over the phone ◯ Braille ◯ Data CD

Please call **1-877-320-1235 (TTY:711)** if you need information in another format or language.

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*

N A E N – A E N – A A N N

PLEASE SELECT ONE PREMIUM PAYMENT OPTION. You may pay your monthly plan premium and/or late enrollment penalty via automatic deduction from your bank account, Social Security Administration (SSA) or Railroad Retirement Board (RRB) benefit check, or credit or debit card. You may also choose to pay by mail using a coupon book. **If you do not select a payment option below, you may be defaulted to a coupon book.**

Automatic bank account deduction
Bank account information (Only complete this section if you selected Automatic bank account deduction as your payment option).

Checking account Savings account

BANK NAME

ROUTING NUMBER ACCOUNT NUMBER

Routing number Account number

Social Security benefit check deduction (Please see note below)

Railroad Retirement Board benefit check deduction (Please see note below)
You must currently be receiving a Railroad Retirement Board benefit check in order to qualify for this payment option.

NOTE: Due to processing timelines mandated by CMS (Medicare), your SSA or RRB deduction may be denied for your first premium payment. Humana will issue you an invoice for the initial payment and resubmit your request to CMS (Medicare) for SSA or RRB deduction to begin with your second month's premium. The deduction may take two or more benefit checks to begin. In most cases, if SSA or RRB accepts your request for automatic deduction, the first deduction from your benefit check will start with the month that SSA accepts the withholding. If SSA or RRB does not approve your request for automatic deduction, we will send you a coupon book for your monthly premiums.

Automatic credit or debit card deduction
Credit or debit card information (Only complete this section if you selected Automatic credit or debit card deduction as your payment option).

Mastercard Visa Discover American Express

CREDIT OR DEBIT CARD NUMBER EXPIRATION DATE

M M – 2 0 Y Y

Coupon book

You can visit **Humana.com/pay** to make your monthly premium payments online. If you have selected coupon book as your payment option, you can pay as far in advance as you like. You can also log in to your secure MyHumana account (click Register if you haven't signed up yet) or download the MyHumana mobile app to take advantage of other premium-related services.

If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. Do NOT pay Humana the Part D-IRMAA.

Asterisks (*) indicate required fields

APPLICANT MEDICARE NUMBER*
N A E N – A E N – A A N N

I have read and understand the important information on the preceding pages. I have reviewed and received a copy of the Summary of Benefits.

SIGNATURE OF APPLICANT* or authorized legal representative (including valid Power of Attorney, Legal Guardian, etc.)

SIGNATURE DATE*
M M – D D – 2 0 Y Y

I understand that my signature (or the signature of the individual legally authorized to act on my behalf) on this enrollment form means that I have read and understand the contents of this enrollment form. If signed by an authorized representative (as described above), the signature certifies that: 1) this individual is authorized under state law to complete this enrollment, and 2) documentation of this authority is available upon request by Medicare.

If you are the authorized legal representative, you **MUST** sign above and provide the following information:*

LAST NAME | FIRST NAME | MI

STREET ADDRESS

CITY | ST | ZIP

TELEPHONE
( ) –

RELATIONSHIP TO APPLICANT

FOR INDIVIDUALS HELPING AN APPLICANT WITH COMPLETING THIS FORM ONLY

Complete this section if you're an individual (e.g. agents, brokers, SHIP counselors, family members, or other third parties) helping an applicant fill out this form.

NAME | SIGNATURE

RELATIONSHIP TO APPLICANT | NATIONAL PRODUCER NUMBER (AGENTS/BROKERS ONLY)

AGENT USE ONLY

APPOINTMENT TYPE | SCOPE OF APPOINTMENT ID NUMBER

WRITING AGENT NAME*

AGENT NUMBER (SAN)* | DATE*
M M – D D – 2 0 Y Y

AFFINITY PARTNER | LOCATION | CAMPAIGN

REFERRING AGENT NAME

REFERRING AGENT NUMBER (SAN) | CONTRACT* | PBP* | SEGMENT
0 0

ASK THE APPLICANT: Would you like to provide your Veteran status?*

○ Self ○ Spouse ○ Dependent ○ I am not a Veteran ○ Prefers not to answer

LEAD SOURCE*

○ Book of Business ○ Event ○ Marketing/Advertisement ○ Third-Party ○ Humana

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Y0040_SP_APP_DSNP_2026_C 06262025

GHHKRPWEN_2026

Receipt of Enrollment form

Completion of this form signifies the receipt of enrollment in a Humana Medicare plan. Note: Enrollment is pending review and final approval by the Centers for Medicare & Medicaid Services (CMS) and Humana. Humana will send a letter once processing is complete. You may use this form as temporary proof of coverage until you receive your Humana member ID card. Please note, however, that if the application is not approved, claims may be denied and you may be responsible for the cost of services you receive.

Member name

Humana licensed sales agent name / phone number

Application ID number

Plan name

Plan type

Proposed effective date

Primary care provider (PCP)

PCP phone number (if applicable)

Plan premium _____ Copayment: PCP _____ Specialist _____ ER _____

❑ I have read and reviewed the Summary of Benefits.

Optional supplemental benefits (OSB) you are enrolling in (if applicable):

Please refer to the information below regarding the plan you have applied for until you receive your Humana member ID card.

Medicare Advantage prescription drug (MAPD) plans or prescription drug plans (PDP) (Part D)	PCN: 03200000
	BIN: 015581
Medicare Advantage (MA) plans (without drug coverage)	PCN: 03200004
	BIN: 610649

RX plan – _____ – _____

Processor control number (PCN) Bank identification number (BIN)

_____ – _____ _____

Contract – Plan benefit package (PBP) Segment

_____ _____ _____ _____

Member signature Date Agent signature Date

Humana.

Humana Customer Care
For questions about claims, benefits or anything else regarding your Humana coverage, visit **www.Humana.com/Help** or call **800-457-4708 (TTY: 711)**.

Oct. 1 – Mar. 31	**Apr. 1 – Sept. 30**
Daily	Monday – Friday
8 a.m. – 8 p.m.	8 a.m. – 8 p.m.

24-hour medical service authorization: 800-523-0023 (TTY: 711)

Doctor and hospital: Health maintenance organization (HMO) and preferred provider organization (PPO) plans require authorization for all nonemergency and nonurgent services. Notification is requested for private fee-for-service (PFFS) plans. Providers can call **800-457-4708** for PFFS plan terms and conditions.

Humana MyOption Optional Supplemental Benefits (OSB) are only available to members of certain Humana Medicare Advantage (MA) plans. Members of Humana plans that offer OSBs may enroll in OSBs at the time of initial enrollment in the MA plan or within 3 months after the plan's effective date. Benefits may change on January 1 each year.

A health plan that shines

When you choose Humana, you're not only in good company—joining our more than 8.2 million* Medicare Advantage and stand-alone prescription drug plan members—but you can also be confident you've selected a healthcare partner that will work with you to reach your health goals.

Medicare Star Ratings†

Every year, Medicare evaluates plans based on a Five-Star Quality Rating System.

Medicare rates all health and prescription drug plans based on a plan's quality and performance. Medicare Star Ratings help you know how well a plan is performing.

There are two main types of Star Ratings:

- Those that combine all of our plan scores
- Those that focus on our medical or our prescription drug services

You may receive a survey from the Centers for Medicare & Medicaid Services (CMS) that asks you to rate:

- Your plan's services and care
- How well the doctors and providers in our network detect illnesses and keep members healthy
- How well our plan helps our members use recommended and safe prescription medicines

Please fill it out and tell them what you think. CMS pays attention to the results of the survey when it rates the quality and performance of our plans. Your opinion also helps us develop and improve the programs we offer.

Medicare plans that care for all of you

Being a Humana member means having benefits that go beyond Original Medicare. We listen to what you need and bring you guidance and support to help you on your journey to feel your best.

To find out more about the programs and services your plan offers, please visit **Humana.com**, or call Customer Care at the number on the back of your Humana member ID card.

* Humana Inc. First Quarter 2025 Earnings Release, April 30, 2025

† Star Ratings are calculated each year and may change from one year to the next. For more information on Star Ratings, or to learn more about our plans and how we're different from other plans, see www.medicare.gov.

Humana is a Medicare Advantage HMO, PPO, and PFFS organization and a stand-alone PDP prescription drug plan with a Medicare contract. Humana is also a Dual Eligible Special Needs HMO SNP, PPO SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in any Humana plan depends on contract renewal.

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Important resources guide

Keep this resource guide handy so you can easily and quickly get answers to your questions.

MyHumana
Create a secure online account.
MyHumana.com

Find Care
Need help finding a doctor or other care provider? Use our Find Care tool.
FindCare.Humana.com

Home healthcare services
If the plan you choose has home healthcare services, you can get access to healthcare from the comfort of home.
Humana.com/Home-Care

Virtual visits
If the plan you choose includes virtual visits, you can connect with a doctor via an internet-enabled device and receive care.
Humana.com/VirtualVisits

Humana Healthy Options Allowance®
The plan may include an allowance to help pay for covered over-the-counter items and, if you have an eligible chronic condition that meets certain criteria, for eligible groceries and more.****
Humana.com/Medicare/Medicare-Programs/Healthy-Options-Allowance

Go365 by Humana®
If the plan you choose includes Go365 by Humana®, you can earn rewards by completing healthy activities.
Go365.com

Dental, vision or hearing
Individual dental and vision plans, or combined dental, vision and hearing plans for added coverage.
Humana.com/Dental

Humana Customer Care

For questions about claims, benefits or anything else regarding your Humana coverage, visit **Humana.com/Help** or call **855-599-5751 (TTY: 711).**

Oct. 1 – Mar. 31
Daily, 8 a.m. – 8 p.m.

Apr. 1 – Sept. 30
Monday – Friday, 8 a.m. – 8 p.m.

Not all benefits and resources listed are available on all plans or in all areas. Consult your Evidence of Coverage or ask your licensed sales agent to find out what benefits are included in this plan. Please refer to the Summary of Benefits to learn if your plan includes Go365 by Humana. Go365 by Humana is offered on most plans at no extra charge.
Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

**** Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply. Healthy Options Allowance is part of a special supplemental program for chronically ill members on Special Needs Plans with one or more qualifying conditions, such as: diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, chronic heart failure. Members on other plans must have two or more qualifying conditions. This is not a complete list of qualifying conditions. Having a qualifying condition alone does not mean you will receive the benefit(s). Other requirements may apply. Please see your Evidence of Coverage for more information.

HUD requires people who use plan benefits, including but not limited to Healthy Options Allowance, to pay rent and/or utilities to include it in the calculation of income. Should you have any additional questions or concerns about what must be included in the calculation of income, please contact your local HUD Field Office.

Humana is a Dual Eligible Special Needs HMO SNP, PPO SNP Plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in this Humana plan depends on contract renewal.

‡ Prescription drug coverage can vary across plans. $0 copay may be limited to specific tiers, coverage stages, 3-month supply and certain mail-order pharmacies.

Sponsored by Humana Medical Plan, Inc. and the State of Florida, Agency For Health Care Administration

Humana is a DSNP with a Florida Medicaid Contract. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the DSNP. Limitations, copayments and/or restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/co-insurance may change.

NOTICE: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any reference to more, extra, or additional Medicare benefits, is applicable to Medicare only and does not indicate increased Medicaid benefits.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.