

ENV INSURANCE AGENCY



# Humana Medicare Advantage Plan

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# Frequently Asked Questions (FAQs)

- Is there a network? This plan is a passive Medicare Advantage PPO which means you can see any provider that accepts Medicare and/or will agree to bill Humana.
- Will I have to switch doctors? You should not have to switch.
- What if my doctor does not accept Medicare? In most instances, providers are still able to bill Humana for the service. If your provider has any questions or concerns, we can have Humana reach out to them. The provider may charge an additional fee called a "limiting charge", however members will not have this charge and will pay the same in or out of network.
- How are claims processed? Humana processes all claims.



# Frequently Asked Questions (FAQs)

- What tier is my prescription on? **You would review the formulary for this information.**
- Is there a donut hole? **No.**
- Do I need to be enrolled in Part A and Part B? **Yes, just as you do today.**
- What is IRMAA? **IRMAA stands for Income-Related Monthly Adjustment Amount. This is the amount you pay in addition to your Part B or Part D premium if your income is above a certain threshold.**
- Are there pre-existing conditions? **No**



# Humana Medicare Advantage Plan

- **Change will be effective on July 1, 2022.**
  - This is a Group Medicare Advantage plan, not an Individual Medicare Advantage plan.
- No disruption to medical providers as long as your provider accepts Medicare and/or will bill Humana. The provider must bill Humana, not Original Medicare, to be paid.
  - Humana has a flyer for providers that explains the plan that is available.
- The Humana plan offers a cost saving measure for both the District and Retirees.

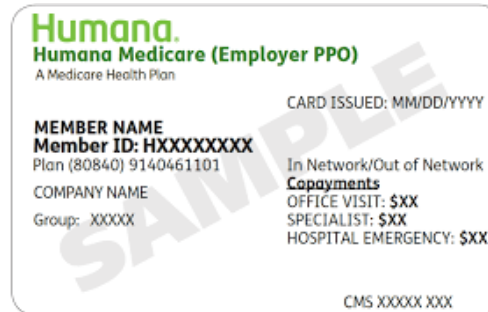




# ALL IN ONE PLAN

- Easy to use
- One ID card for medical and prescription drug needs
- More benefits than Original Medicare Part A and Part B
- Health advocacy and wellness support
- Monthly Explanation of Benefits for medical and pharmacy

Your single ID card



No copayment for certain preventive care

Out of pocket maximum

Worldwide emergency coverage



With your PPO plan, you will pay the same amount for both in and out-of-network care



# Humana.com Features

- View your plan
- Check the status of your claims
- View electronic versions of letters sent to you
- Track your healthcare spending
- Find providers in your network
- Get tips for staying healthy

**Activate your account at [Humana.com/registration](https://www.humana.com/registration)**

**You can also access your SmartSummary online with your MyHumana account...**



# What is the SmartSummary?

The Humana SmartSummary is an overview of your health benefits and health spending on medical and prescriptions throughout the year.

**SmartSummary** Humana

Your Pharmacy, Medical, and Hospital claims processed in August 2018

**THIS IS NOT A BILL**  
This is your "Explanation of Benefits" (EOB) and claim payments for medical, hospital and your Medicare prescription drug coverage (Part D). Please review this and keep it for your records. This is not a bill.

**JOHN A. DOE**  
Member ID: 12345678  
Plan name: HSA05-08 (HSA)  
Rx PCN or Rx Group number: 02000000

**OVERVIEW OF YOUR AUGUST CLAIMS**

Medical, hospital and Part B pharmacy (see page 3)	
Total billed charges this month	\$672.13
Humana discounts	\$75.00
Benefit exclusions	\$15.00
Other insurance	\$3.59
Amount Humana Paid	-\$337.76
Your Share	\$340.78

**MEDICAL, HOSPITAL AND PART B PHARMACY COMBINED ANNUAL PLAN DEDUCTIBLE**

0	\$1500
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Your Combined Annual Plan Deductible is \$1500. You have paid **\$209.99** towards your deductible.

**Part D prescription drug claims (see page 6)**

PART D PRESCRIPTION DEDUCTIBLE	
Total cost this month	\$133.68
Extra Help from Medicare	\$0.00
Other Payments	-\$0.00
Amount Humana Paid	-\$100.26
Your Share	\$33.42

Your plan Deductible is \$405. You have paid **\$209.99** towards your Deductible.

Your plan Maximum Out-of-Pocket is 1,500. You have paid \$5.00 towards your Maximum Out-of-Pocket this year.

**YOU ARE CURRENTLY IN PART D OBLIGATION STAGE**

1	2	3	4
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**Vision and dental claims (see page 11)**

Total billed charges this month	\$520.00
Humana discounts	\$80.00
Benefit exclusions	-\$0.00
Other insurance	\$0.00
Amount Humana Paid	-\$320.00
Your Share	\$320.00

**CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.**

**Benefit questions**  
Visit [Humana.com](http://Humana.com) or call 1-866-235-7451 (TTY 711). Calls to these numbers are free.

**Hours of operation**  
Monday - Sunday, 8 a.m. - 8 p.m. Saturdays, Sundays and holidays your call may be handled by our automated phone system.

**For large print or another format**  
To get this material in either format, or one for language needed on service, call Humana Customer Care at the number on this page.

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**Humana**

**JOHN DOE**  
Member ID: 12345678  
Plan name: Humana Enhanced (HSA)  
Rx PCN or Rx Group number: 02000000

**CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.**

**Benefit questions**  
Visit [Humana.com](http://Humana.com) or call 1-800-281-6918 (TTY 711). Calls to these numbers are free.

**Hours of operation**  
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- Stay informed
- Clear and detailed financials
- Information you can share with your provider
- Prescription information





# Humana

Extra Benefits  
& Resources



# MDLIVE<sup>®</sup> Virtual Visits

Connect with a doctor or behavioral health professional anytime, anywhere you need one.

 **24 hours a day, 7 days a week**

- No appointment needed for medical care (behavioral visits available by appointment)
- Talk with a doctor from the comfort of your home
- Private, secure and confidential
- MDLIVE doctors are behavioral health professionals can address a wide range of nonemergency conditions including allergies, cold and flu, rashes, stress, depression, anxiety, among many others

## To Get Started:



1. Download the MDLIVE mobile app from the App Store<sup>®</sup> or Google Play<sup>®</sup>
2. Visit the following website: [MDLIVE.com/humanaMedicare](https://MDLIVE.com/humanaMedicare)
3. Call 1-888-673-1992 (TTY:711)







**A wellness and rewards program just for Humana members, included in your plan at no extra cost.**

**[Go365.com](http://Go365.com)**



**A total health and physical activity program included in your plan with no extra cost.**

**[silversneakers.com](http://silversneakers.com)**





# Humana Well Dine®

After your overnight inpatient stay in a hospital or skilled nursing facility, you're eligible for 14 nutritious meals delivered to your door at no additional cost to you.

## Humana Well Dine meal plans\*

- Regular
- Diabetic
- Puree
- Vegetarian
- Kosher
- Renal-support

\*Not available in all markets





# Humana My Directives®

Advanced care planning

Use online tools to develop and share your healthcare choices.

- Create a living will, medical power of attorney
- Make your choices known about resuscitation, life support, organ donation and autopsy
- Helps give comfort and reassurance to your family when medical emergencies happen
- Your doctors and your family will know your exact wishes
- A simple way to share information with your doctor and family members
- Available to you at no additional cost



# Humana At Home™

If you are eligible, your care manager can help you:

- Understand your doctor's advice
- Learn about and find ways to help you afford your medicine
- Make arrangements to get to medical appointments
- Make your home a safer place to live
- Provide ways to help you get meals and groceries

# Humana

## Summary of Benefits



# Hartford vs. Humana

<b>PLAN FEATURE HIGHLIGHTS</b>	<i>INN/OON</i>	<i>INN/OON</i>
Network	Passive	Passive
Deductible	\$0	\$0
Standard Co-payment	None	\$0
Standard Co-insurance	None	0%
Out-of-Pocket Maximum	N/A	\$0
Lifetime Maximums	Unlimited	Unlimited

PHYSICIAN OFFICE SERVICES		
Office Visit Copay (PCP)	100% after Medicare	\$0 Copay
Office Visit Copay (Specialist)	100% after Medicare	\$0 Copay
Acupuncture	100% after Medicare (Medicare-covered services for chronic back pain only, up to 20 visits per year)	\$0 Copay (Medicare-covered services for chronic back pain only, up to 20 visits per year)
Chiropractic Care (manual manipulation to correct subluxation)	Not Covered	\$0 Copay
Podiatry	Not Covered	\$0 Copay
Telemedicine (In Network Only)	100% after Medicare (Telehealth Services)	\$0 Copay (Telehealth Svcs)

<b>PREVENTIVE HEALTH CARE SERVICES</b> <i>(office visit copay may apply)</i>		
Annual Routine Physical Exams	100% after Medicare	\$0 Copay
Adult Immunizations <i>(Pneumococcal, Flu, Hepatitis B)</i>	100% after Medicare	\$0 Copay
GYN Exam <i>(includes screening)</i>	100% after Medicare	\$0 Copay
Mammogram Screenings	100% after Medicare	\$0 Copay
Prostate Cancer Screening	100% after Medicare	\$0 Copay
Bone Density Screening	100% after Medicare	\$0 Copay

Colorectal Cancer Screening	100% after Medicare	\$0 Copay
Vision Screening / Exam	Not Covered	\$0 Copay (Medicare-covered service only)
Eyewear – Frames/Lenses or contacts	100% after Medicare (for glasses and contacts following cataract surgery)	\$0 Copay for glasses and contacts following cataract surgery (Medicare-covered services only)
Hearing Screening / Exam	100% after Medicare	\$0 Copay (Medicare-covered service only)
Hearing Aids	Not Covered	Discounts on hearing aids, accessories and hearing assistance products are available

<b>PLAN FEATURE HIGHLIGHTS</b>	<i>INN/OON</i>	<i>INN/OON</i>
<b>INPATIENT SERVICES</b>		
Hospital Inpatient Facility Services	100% Coverage after Medicare PLUS coverage for 365 add'l days after Medicare benefits end.	\$0 Copay
Inpatient Hospital Surgery	100% after Medicare	\$0 Copay
Skilled Nursing Facility (SNF) Inpatient	100% Coverage after Medicare; limited to 100 days per Medicare benefit period	\$0 Copay (up to 100 days)
<b>OUTPATIENT BENEFITS</b>		
Hospital Outpatient Facility Surgery / Freestanding Ambulatory Surgical Center	100% after Medicare	\$0 Copay
Office Surgery	100% after Medicare	\$0 Copay
Radiation Therapy	100% after Medicare	\$0 Copay
Chemotherapy	100% after Medicare	\$0 Copay

<b>PLAN FEATURE HIGHLIGHTS</b>	<i>INN/OON</i>	<i>INN/OON</i>
Outpatient Substance Use / Chemical Dependence Care	100% after Medicare	\$0 Copay
<b>DIAGNOSTIC TESTING</b>		
Diagnostic Laboratory Tests	100% after Medicare	\$0 Copay
Advanced Diagnostic Imaging (MRI, CT, PET, etc.)	100% after Medicare	\$0 Copay
<b>BEHAVIORAL SERVICES</b>		
Inpatient Mental Health Care	100% Coverage after Medicare PLUS coverage for 365 add'l days after Medicare benefits end.	\$0 Copay
Inpatient Substance Use / Chemical Dependence Care	100% Coverage after Medicare PLUS coverage for 365 add'l days after Medicare benefits end.	\$0 Copay
Outpatient Mental Health Care	100% after Medicare	\$0 Copay



<b>PROFESSIONAL / SUPPORT SERVICES</b>		
Home Health Care (Excludes Personal Home Care)	100% after Medicare	\$0 Copay
Hospice Care	Covered by Original Medicare at a Medicare certified hospice	Covered by Original Medicare at a Medicare certified hospice
Therapies: Physical, Speech, Occupational	100% after Medicare	\$0 Copay
Dialysis	100% after Medicare	\$0 Copay
Diabetic Equipment and Education / Treatment of Diabetes Insulin & Supplies	100% after Medicare	\$0 Copay
Durable Medical Equipment	100% after Medicare	\$0 Copay
Prosthetics	100% after Medicare	\$0 Copay

<b>PLAN FEATURE HIGHLIGHTS</b>	<i>INN/OON</i>	<i>INN/OON</i>
<b>EMERGENCY CARE SERVICES</b>		
Emergency Room Care	100% after Medicare	\$0 Copay
Ground Ambulance (Emergency Medical Transportation)	100% after Medicare	\$0 Copay
Urgent Care Visit	100% after Medicare	\$0 Copay
<b>INTERNATIONAL COVERAGE</b>		
International (Emergency and Urgent Care)	Emergencies covered within the first 60 days of travel with a \$250 deductible; 20% coinsurance; \$50,000 lifetime max	\$0 Copay
<b>LIFESTYLE / WELLNESS BENEFITS</b>		
Ways to help you and your family live healthier every day	None	Silver Sneakers, Personal Health Coaching, Meal Program, and Covid-19 Care Package

<b>PLAN FEATURE HIGHLIGHTS</b>	<i>INN/OON</i>	<i>INN/OON</i>
<b>PRESCRIPTION DRUG COVERAGE</b>		
Formulary	Medicare Premier Access Open, Part D	Open
Deductible	None	None
Prior Authorization	Included	Included
Step Therapy	Included	Not Included
Quantity Level Limits	Included	Included
Lifestyle Drugs	Not Included	Included
Generic / Preferred / Non-Preferred / Specialty	\$0/\$10/\$10	\$0/\$9/\$10
Copays per Standard Mail Order (90 day supply)	2x	1x

# Rx Mail Delivery

**Save time by receiving your prescriptions at home!**

- **Accuracy and Safety.**
  - Free standard shipping in discreet, temperature controlled packaging.
- **Convenience**
  - No driving to the Pharmacy or waiting in line.
- **Support**
  - Learn how to set up a new account, start a new Rx and/or download the mobile app by visiting [HumanaPharmacy.com](https://www.humana.com/pharmacy) or calling 1-888-538-3518 (TTY:711), Monday-Friday, 8am-11pm and Saturday, 8am-6:30pm EST.
- **Reminders**
  - Reminders by email, text, or phone. You decide!



**Other pharmacies are  
available in our network**



# Next Steps

- Members will not need to complete a Humana application to be enrolled
- Kits will be mailed out by Humana to members' homes
- Review the formulary
- Ensure any new doctors accept Medicare, accept new patients, and agree to bill Humana
- Prior Authorization reviews have to wait until you receive a Humana ID card with member ID number
- Mail order cannot be set up until you receive a Humana ID card with member ID number
- Ask questions. ENV Call Center 1-800-887-9146 or 315-641-5848 or email [callcenter@insurewithenv.com](mailto:callcenter@insurewithenv.com). You can also connect with Humana:

*My*Humana®

**1-866-396-8810 (TTY:771)**

Monday-Friday, 8am-9pm EST



# Questions About Your Benefits?



**Deposit School District is  
partnered with ENV Insurance  
Agency to advocate for YOU!**

**Call or Email:**

**Mon - Fri 7:30am-5:00pm**

**(315) 641-5848**

**[callcenter@insurewithenv.com](mailto:callcenter@insurewithenv.com)**

