

	<h1>HUMANA®</h1> <p>Humana Gold Choice 089 H8145-089 Enrollment: 800-833-2312 TTY Enrollment: 877-833-4486 www.humana-medicare.com</p>
Counties	Blue Earth, Brown, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Jackson, Le Sueur, Martin, Mower, Nicollet, Olmsted, Redwood, Rice, Sibley, Steele, Waseca, Watonwan and Winona counties.
Hospital Inpatient	<p>In Network: \$225 per day (Days 1-7) per each Medicare covered admission. Remaining balance up to the Medicare allowed covered in full. No additional co-pay for related professional or ancillary services while inpatient.</p> <p>Out Network: \$225 per day (Days 1-7) per each Medicare covered admission. Remaining balance up to the Medicare allowed covered in full. No additional co-pay for related professional or ancillary services while inpatient.</p>
Physician/Outpatient	<p>Physician In Network: Medicare covered physician services covered in full, subject to a \$15 (primary care doctor) or \$35 (specialist) co-pay.</p> <p>Physician Out of Network: \$15 co-pay for each primary care doctor visit. \$35 co-pay for each specialist visit.</p> <p>Hospital In Network: Outpatient hospital services, including laboratory, x-ray and surgical subject to \$20- 25% co-insurance. Chemotherapy and renal dialysis subject to 20% co-insurance.</p> <p>Hospital Out of Network: 20-25% co-insurance of the cost for outpatient hospital facility benefits. Chemotherapy and renal dialysis subject to 20% co-insurance.</p>
Emergency Services/ Urgent Care	<p>Emergency: \$65 co-pay for Medicare covered emergency room visits. Co-pay is not waived if admitted.</p> <p>Urgently Needed Care: \$15 to \$35 co-pay for Medicare covered urgently needed care visits.</p> <p>Ambulance Services: 20% co-insurance per date of service.</p>
Preventive Services	One annual routine physical with limited lab & radiology covered in full after \$0 (primary care) co-pay. Medicare approved cancer screenings and immunizations covered in full when no other services are provided. Medicare-allowed routine hearing test every 2 years covered in full after \$35 co-pay.
Diagnostic Tests, X-rays and Lab Services	<p>In Network: \$0 - \$35 co-pay and 20% to 25% co-insurance for diagnostic procedures and tests, x-rays, diagnostic radiology and therapeutic radiology. \$0 co-pay for Medicare covered lab services in a free standing lab facility.</p>
Physical/Speech/ Occupational Therapy	<p>In Network: \$35 co-pay for a specialist and 20%-25% co-insurance for Medicare covered occupational, physical and speech therapy. Combined in and out of network maximum benefit of \$1,870 per calendar year for outpatient physical therapy, occupational therapy and physical therapy.</p> <p>Out of Network: \$0-\$35 co-pay and 20-25% co-insurance for Medicare covered occupational, physical and speech therapy. Combined in and out of network maximum benefit of \$1,870 per calendar year for outpatient physical therapy, occupational therapy and physical therapy.</p>
Home Health Care	In Network: \$0 co-pay for Medicare covered home health visits and services.
Mental Health	<p>Inpatient In Network: For Medicare-covered hospital stays: Days 1-7: \$205 co-pay per day, Days 8-90: \$0 co-pay per day.</p> <p>Inpatient Out of Network: For hospital stays: Days 1-7: \$250 co-pay per day.</p> <p>Outpatient In Network: 25% co-insurance for Medicare covered outpatient mental health care.</p> <p>Outpatient Out of Network: 25% co-insurance for outpatient mental health care.</p>
Mental Health Lifetime Maximum	You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count towards the 190-day lifetime limitation only if certain conditions are met. This limitation furnished in a general hospital.
Chemical Dependency	<p>Inpatient In Network: \$35 co-pay for Medicare covered partial hospitalization program services.</p> <p>Inpatient Out of Network: \$35 co-pay for partial hospitalization program services.</p> <p>Outpatient In Network: 25% co-insurance of the cost for Medicare covered outpatient substance abuse benefits at an outpatient hospital.</p> <p>Outpatient Out of Network: 25% co-insurance of the cost for Medicare covered outpatient substance abuse benefits at an outpatient hospital.</p>

Skilled Nursing Care	In Network : Days 1-14 covered in full. \$50 co-pay each day for days 15-100. (No 3-day inpatient qualification stay required). Out of Network : Days 1-14 covered in full. \$50 co-pay each day for days 15-100. (No 3-day inpatient qualification stay required).
Durable Medical Equipment	In Network: 20% co-insurance for Medicare covered durable medical equipment. Equipment must meet Medicare medical necessity guidelines. Out of Network: 20% co-insurance of the cost for durable medical equipment.
Dental	In Network: Limited to coverage provided under Original Medicare and subject to a \$35 co-pay. Routine dental care not covered. Out of Network: \$35 co-pay or comprehensive dental benefits.
Chiropractic	In Network: Medicare covered services. \$15 co-pay per visit. Out of Network: \$15 co-pay for chiropractic benefits.
Travel Benefit	\$ 65 co-pay for Medicare covered emergency room visits. Co-pay is not waived if admitted. Worldwide coverage. \$250 deductible, 20% co-insurance (\$25,000 maximum annual benefit or 60 consecutive days, whichever is reached first), limited to emergency Medicare covered services.
Part B Drugs	In Network: 0%-20% co-insurance of the cost for Part B Drugs. Out of Network: 0%-20% co-insurance of the cost for Part B Drugs.
Part D Outpatient Prescriptions	
Mail Order Available	Yes
Shingles Vaccine	Yes
Shingles Vaccine Out of Pocket Costs	Call plan for details.
Donut Hole Coverage	Some
Donut Hole Coverage Additional Info	During the Coverage Gap Stage, you receive coverage for select Home Infusion medications.
Number of Pharmacies in MN that Participate	60,000 nationwide.
Deductible	\$0
Tier 1 Retail pharmacy:	\$7 co-pay for 30 day supply; \$21 co-pay for 90 day supply.
Tier 1 Mail Order:	\$0 co-pay for 30 day supply; \$0 co-pay for 90 day supply for preferred pharmacy; \$7 co-pay for 30 day supply; \$21 co-pay for 90 day supply for non-preferred pharmacy.
Tier 2 Retail pharmacy:	\$40 co-pay for 30 day supply; \$129 co-pay for 90 day supply.
Tier 2 Mail Order:	\$40 co-pay for 30 day supply; \$110 co-pay for 90 day supply for preferred pharmacy; \$40 co-pay for 30 day supply; \$120 co-pay for 90 day supply for non-preferred pharmacy.
Tier 3 Retail pharmacy:	\$80 co-pay for 30 day supply; \$240 co-pay for 90 day supply.
Tier 3 Mail Order:	\$80 co-pay for 30 day supply; \$230 co-pay for 90 day supply for preferred pharmacy; \$80 co-pay for 30 day supply; \$240 for 90 day supply for non-preferred pharmacy.
Tier 4 Retail pharmacy:	33% co-insurance for 30 day supply; 90 supply does not apply.
Tier 4 Mail Order:	33% co-insurance for 30 day supply; 90 supply does not apply for preferred pharmacy; 33% co-insurance for 30 day supply; 90 supply does not apply for non-preferred pharmacy.

Extra Services	<ul style="list-style-type: none"> • Vision discounts • Hearing discounts • \$0 co-payment for routine vision exam up to 1 per year. • Discounts for complimentary and alternative medicines; NutriSystems discounts; and Lifeline personal response and support services.
Discounts/Special Programs	Silver Sneakers Fitness program. Hearing and vision discounts. QuitNet smoking cessation program and Medicare covered smoking cessation program \$0 (primary care and specialist). 24 hour Nurse hotline, Nutritional Benefit Program, Humana Active Outlook Program (member assistance program), Chronic condition disease management programs and over the counter (OTC) drugs and supplies (\$10).
Number of Providers In-Network	Over 10,000 participating physicians and providers in Minnesota. National reciprocity.
Enrollment Status/Health Screening	Enrollment open during annual, open and initial election periods. Special election periods available if eligible. End Stage Renal Disease ineligible. No health screening.
Referrals Needed	No
Annual Out-of-Pocket Maximum	<p>In Network: Does not apply.</p> <p>Out of Network: Does not apply.</p> <p>Combined In and Out of Network: \$5,000 services not covered by original Medicare and Part D prescription drugs do not apply to the in-network or out-of-network MOOP.</p>
Monthly Premium	\$69

Quick Tips

#31: Do you feel you or a loved one may benefit from some help in your home, but are not sure what resources are available?

- Use the Long-term Care Choices Navigator to find out what resources would be helpful and what is available in your area. The Long-term Care Choices Navigator is available at <http://longtermcarechoices.minnesotahelp.info/>.

Quick Tips

#32: Are you looking to volunteer in your community, but aren't sure what opportunities are available?

- Call the Senior LinkAge Line®. Specialists will assist in helping you get connected to organizations that can find a volunteer opportunity that fits you.

Quick Tips

#33: Should I Enroll in Medicare Part B?

Employer or Union Coverage – If you or your spouse (or family member if you're disabled) **is still working** and you have health coverage through that employer (including the Federal Employee Health Benefits Program) or union, contact your employer or union benefits administrator to find out how your coverage works with Medicare. It may be to your advantage to delay Part B enrollment.

You can sign up for Part B any time you have current employer health coverage. COBRA and retiree health coverage don't count as current employer coverage.

Once the employment ends, three things happen:

1. You have 8 months to sign up for Part B without a penalty. This period will run whether or not you choose COBRA. **If you choose COBRA, don't wait until your COBRA ends to enroll in Part B.** If you don't enroll in Part B during the 8 months, you may have to pay a penalty. You won't be able to enroll until the next General Enrollment Period and you will have to wait before your coverage begins.
2. You may be able to get COBRA coverage, which continues your health insurance through the employer's plan (in most cases for only 18 months) and probably at a higher cost to you.
 - If you already have COBRA coverage when you enroll in Medicare, your COBRA will probably end.
 - If you become eligible for COBRA coverage after you're already enrolled in Medicare, you must be allowed to take COBRA coverage. It will always be secondary to Medicare (unless you have End-Stage Renal Disease (ESRD)).
3. When you sign up for Part B, your Medigap Open Enrollment Period begins.