

2022 IUE-CWA Humana Medicare Plan Information

\$99 monthly
premium

BENEFITS

**HUMANA PPO 079/234
IN-NETWORK/OUT-OF-NETWORK**

MEDICAL BENEFITS

Annual deductible	\$0
Annual maximum out-of-pocket	\$4,500
Inpatient hospital care	\$195 copay per day (days 1–5)
Doctor office visits – primary care	\$0 copay
Doctor office visits – specialist	\$30 copay
Emergency care	\$90 copay; waived if admitted within 24 hours
Routine dental	\$250 combined maximum benefit coverage amount per year for preventive benefits
Preventive services	\$0

RX BENEFITS

STANDARD RETAIL PHARMACY

Tier	one-month supply	three-month supply
Tier 1 – Preferred generic	\$5	\$15
Tier 2 – Preferred brand	\$30	\$90
Tier 3 – Non-preferred drug	\$60	\$180
Tier 4 – Specialty tier	25% of the cost	N/A

STANDARD MAIL DELIVERY

Tier	one-month supply	three-month supply
Tier 1 – Preferred generic	\$5	\$0
Tier 2 – Preferred brand	\$30	\$60
Tier 3 – Non-preferred drug	\$60	\$120
Tier 4 – Specialty tier	25% of the cost	N/A



This plan does not have a prescription drug deductible. Most Medicare drug plans have a coverage gap (also called the “donut hole”). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430. After you enter the coverage gap, you pay a portion of the plan’s cost for covered brand name drugs and covered generic drugs until your costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: \$3.95 for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs, or 5% coinsurance.

Humana is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. This information is not a complete description of benefits. Call **1-800-733-9064 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat Humana members, except in emergency situations. For a decision about whether we will cover an out-of-network service, Humana encourages you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal Civil Rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-733-9064 (TTY: 711)**. **Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-733-9064 (TTY: 711)**. **繁體中文 (Chinese):** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-800-733-9064 (TTY: 711)**。

