



OPEN ENROLLMENT 2018 Summary of Benefits

# Your Health Benefits

## Archdiocese of Louisville

**Humana.**

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If you'd like a copy of Humana's Notice of Privacy Practices, you can request a copy by:

- Visiting **Humana.com** and clicking the Privacy Practices link at the bottom of the home page
- E-mailing us at [privacyoffice@humana.com](mailto:privacyoffice@humana.com)
- Sending a written request to:  
Humana Privacy Office  
P.O. Box 1438  
Louisville, KY 40202

# Humana CoverageFirst<sup>SM</sup> PPO

## Archdiocese of Louisville

<b>COVERAGEFIRST PPO 08 80/50 PLAN</b>	<b>PLAN PAYS FOR SERVICES AT PARTICIPATING PROVIDERS</b>		<b>PLAN PAYS FOR SERVICES AT NONPARTICIPATING PROVIDERS</b>	
<b>Up-front Benefit Allowance</b>				
<ul style="list-style-type: none"> <li>Annual member benefit (Applies to medical services received from participating providers only. Preventive and pharmacy do not apply. Does not apply to member copayments.)</li> </ul>	\$500 per calendar year per member		Not applicable	
<b>Annual Deductible</b> (per calendar year; copayments do not apply)	Individual \$1,000	Family (1) \$3,000	Individual \$3,000	Family (1) \$9,000
<b>Medical Maximum</b> <b>Out-Of-Pocket Expense Limit</b> (per calendar year; includes deductibles and copayments)	Individual \$3,000	Family \$9,000	Individual \$9,000	Family \$27,000
<b>Plan Maximum Out-Of-Pocket</b>	Individual \$6,250	Family \$12,500		
<b>Preventive Care</b> (does not reduce the benefit allowance)				
<ul style="list-style-type: none"> <li>Annual routine adult physical exam (18 years and above) (2)</li> <li>Routine child care (up to age 18)</li> <li>Routine immunizations (up to age 18)</li> <li>Routine mammography and Pap smears</li> <li>Routine outpatient laboratory tests/X-rays</li> <li>Preventive endoscopy (includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy)</li> </ul>	100%		50% after deductible	
<b>Physician Services (2)</b>				
<ul style="list-style-type: none"> <li>Office visits (excludes diagnostic lab and X-ray)</li> <li>Prenatal benefit (office visit copayment applies to first visit only)</li> <li>Allergy testing (covered as part of office visit)</li> </ul>	100% after \$25 copayment per visit to primary care physician or \$40 copayment per visit to specialist		50% after deductible	
<ul style="list-style-type: none"> <li>Physician visits to emergency room (3)</li> </ul>	100%		100%	
<ul style="list-style-type: none"> <li>Diagnostic tests, lab and X-rays (when done in office by physician)</li> <li>Allergy serum</li> </ul>	100%		50% after deductible	
<ul style="list-style-type: none"> <li>Inpatient services</li> <li>Outpatient services</li> </ul>	80% after deductible		50% after deductible	
<ul style="list-style-type: none"> <li>Allergy injections and nonroutine injections other than allergy</li> </ul>	100% after \$5 copayment per visit		50% after deductible	

COVERAGEFIRST PPO 08 80/50 PLAN	PLAN PAYS FOR SERVICES AT PARTICIPATING PROVIDERS	PLAN PAYS FOR SERVICES AT NONPARTICIPATING PROVIDERS
<b>Hospital Services</b>		
• Inpatient care (semiprivate room and board, nursing care, ICU)	100% after \$100 copayment per day for first five days	50% after deductible
• Outpatient surgery	100% after \$100 copayment per visit	50% after deductible
• Outpatient nonsurgical care	80% after deductible	50% after deductible
• Emergency room visit (copayment is waived if admitted) (3)	100% after \$150 copayment per visit	100% after \$150 copayment per visit
<b>Prescription Drugs</b>		
• Retail (30-day supply)	100% after: Level One        \$10 copayment Level Two        \$25 copayment Level Three      \$50 copayment Level Four       25% copayment (up to \$3,500 maximum out-of-pocket per calendar year)	30% after applicable copayment
• Mail Order (90-day supply)	100% after two times the applicable copayment	30% after applicable copayment
<b>Other Medical Services (4)</b>		
• Skilled nursing facility (up to 60 days per calendar year)	80% after deductible	50% after deductible
• Home health care (up to 100 visits per calendar year)		
• Durable medical equipment (unlimited)		
• Physical, occupational, cognitive, speech and audiology therapy (unlimited)		
• Ambulance (3)	80% after deductible	80% after participating deductible
• Chiropractic (up to 20 visits per calendar year)	Same as primary care physician copayment	50% after deductible
• Transplant services	Same as any other covered condition when services are received from a Humana Transplant Network provider. (when services are received from a Humana Transplant Network Provider)	Same as any other covered condition (covered expenses are limited to a maximum benefit of \$35,000 per transplant)
<b>Behavioral Health</b> (mental health and substance abuse services)		
• Inpatient services	Same as any other covered condition	Same as any other covered condition
• Outpatient therapy sessions		
<b>Lifetime Maximum Benefit</b>		Unlimited

### **Prior authorization**

Humana sometimes requires preauthorization for some services and procedures your physician or other provider may recommend for you. Humana does this solely to determine whether the service or procedure qualifies for payment under your benefit plan. You and your health care provider decide whether you should have such services or procedures. Humana's preauthorization determination relates solely to payment by Humana. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at [Humana.com/members/tools](https://www.humana.com/members/tools) or call Customer Service.

Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits. Your health care practitioner should call Customer Service to obtain preauthorization.

### **Payments**

Participating providers agree to accept amounts negotiated with Humana as payment in full. The member is responsible for any required deductible, coinsurance, or other copayments. Plan benefits paid to nonparticipating providers are based on maximum allowable fees, as defined in your Certificate of Insurance.

Nonparticipating providers may balance bill you for charges in excess of the maximum allowable fee. You will be responsible for charges in excess of the maximum allowable fee in addition to any applicable deductible, coinsurance, or copayment. Additionally, any amount you pay the provider in excess of the maximum allowable fee will not apply to your out-of-pocket limit or deductible.

**Primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.**

**To be covered, expenses must be medically necessary and specified as covered. Please see your Certificate for more information on medical necessity and other specific plan benefits.**

- (1) You are not required to meet individual deductibles once the family deductible has been met.
- (2) Copayments for visits to primary care physicians, as defined in the plan, are generally lower than for visits to specialists. The following are generally defined as primary care physicians under your plan: general practitioner, family practitioner, pediatrician or internist.
- (3) Ambulance transportation and/or services received in an emergency room are not covered unless required because of emergency care, as defined in your Certificate.
- (4) Visit and day limits are combined for participating and nonparticipating providers.

**Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate your coverage. Limitations and exclusions to coverage apply even if a health care practitioner has performed or prescribed a medically appropriate procedure, treatment or supply. This does not prevent your health care practitioner from providing or performing any procedure, treatment or supply. This guide is available at [Humana.com/members/enrollment-center/pre-enrollment-disclosures](https://www.humana.com/members/enrollment-center/pre-enrollment-disclosures) or through your sales representative.**

For general questions about the plan, contact your benefits administrator.

Insured by Humana Health Plan, Inc.

**Humana**<sup>®</sup>

**Humana.com**



# HUMANA HEALTH PLAN, INC./HUMANA INSURANCE COMPANY: KY SP & CPY

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Beginning on or after: 01/01/2018  
Coverage For: Individual + Family | Plan Type: PPO



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.humana.com](http://www.humana.com) or by calling 1-866-4ASSIST (427-7478).

Important Questions	Answers	Why this Matters:
<b>What is the overall deductible?</b>	<p>Network: <b>\$1,000 Individual / \$3,000 Family</b></p> <p>Non-Network: <b>\$3,000 Individual / \$9,000 Family</b></p> <p>Doesn't apply to prescription drugs. Co-insurance and co-payments don't count toward the deductible</p>	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 3 for how much you pay for covered services after you meet the <b>deductible</b> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 3 for other costs for services this plan covers.
<b>Is there an out-of-pocket limit on my expenses</b>	<p>Yes. For Network providers <b>\$3,000 Individual / \$9,000 Family</b></p> <p>For Non-Network providers <b>\$9,000 Individual / \$27,000 Family</b></p>	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.

**Questions:** Call 1-866-4ASSIST (427-7478) or visit us at [www.humana.com](http://www.humana.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-866-4ASSIST (427-7478) to request a copy.

<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Premiums, Balance-billed charges, Health care this plan doesn't cover, Penalties	Even though you pay these expenses, they don't count toward the <b><u>out-of-pocket limit</u></b> .
<b>Is there an overall annual limit on what the plan pays?</b>	No.	The chart starting on page 3 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
<b>Does this plan use a <u>network of providers</u>?</b>	Yes. See <b>www.humana.com or call 1-866-4ASSIST (427-7478)</b> for a list of Network providers.	If you use a network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your network doctor or hospital may use a non-network <b>provider</b> for some services. Plans use the term network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 3 for how this plan pays different kinds of <b>providers</b> .
<b>Do I need a referral to see a <u>specialist</u>?</b>	No.	You can see the <b>specialist</b> you choose without permission from this plan.
<b>Are there services this plan doesn't cover?</b>	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about <b><u>excluded services</u></b> .



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the **allowed amount**. If a non-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a non-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.



Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$25 copay/visit	50% coinsurance	—————none—————
	Specialist visit	\$40 copay/visit	50% coinsurance	—————none—————
	Other practitioner office visit	Chiropractor: \$25 copay/visit	Chiropractor: 50% coinsurance	Chiropractor: 20 visits per calendar or plan year
	Preventive care / screening / immunization	No Charge	50% coinsurance	Any limits for preventive care / screening / immunizations are combined. Immunizations: limited coverage for non-network preventive immunizations
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	No Charge	50% coinsurance	—————none—————
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	Preauthorization required, penalty may apply

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
<b>If you need drugs to treat your illness or condition</b>  <b>More information about <u>prescription drug coverage</u> is available at <a href="http://www.humana.com">www.humana.com</a>.</b>	Level 1 - Lowest cost generic and brand-name drugs	\$10 copay (Retail) \$20 copay (Mail Order)	30% coinsurance after Network copay (Retail)	Preauthorization required, penalties may apply. 30 day supply (Retail) 90 day supply (Mail Order)
	Level 2 - Higher cost generic and brand-name drugs	\$25 copay (Retail) \$50 copay (Mail Order)	See Level 1 for Non-Network benefit	See Level 1 for Limitations and Exceptions
	Level 3 - Generic and brand-name drugs with higher cost than Level 2	\$50 copay (Retail) \$100 copay (Mail Order)	See Level 1 for Non-Network benefit	See Level 1 for Limitations and Exceptions
	Level 4 - Highest cost drugs	25% coinsurance (Retail) 25% coinsurance (Mail Order)	See Level 1 for Non-Network benefit	See Level 1 for Limitations and Exceptions
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$100 copay/visit	50% coinsurance	Preauthorization required, penalty may apply
	Physician/surgeon fees	20% coinsurance	50% coinsurance	—————none—————
<b>If you need immediate medical attention</b>	Emergency room services	\$150 copay/visit	\$150 copay/visit	—————none—————
	Emergency medical transportation	20% coinsurance	20% coinsurance	—————none—————
	Urgent care	\$40 copay/visit	50% coinsurance	—————none—————
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$100 copay/visit	50% coinsurance	Preauthorization required, penalty may apply 5 days for copay per day
	Physician/surgeon fee	20% coinsurance	50% coinsurance	—————none—————

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$40 copay/visit	50% coinsurance	—————none—————
	Mental/Behavioral health inpatient services	\$100 copay/visit	50% coinsurance	Preauthorization required, penalty may apply 5 days for copay per day
	Substance use disorder outpatient services	\$40 copay/visit	50% coinsurance	—————none—————
	Substance use disorder inpatient services	\$100 copay/visit	50% coinsurance	Preauthorization required, penalty may apply 5 days for copay per day
<b>If you are pregnant</b>	Prenatal and postnatal care	20% coinsurance	50% coinsurance	—————none—————
	Delivery and all inpatient services	\$100 copay/day	50% coinsurance	5 days for copay per day
<b>If you need help recovering or have other special health needs</b>	Home health care	20% coinsurance	50% coinsurance	Preauthorization required, penalty may apply 100 visits per calendar or plan year
	Rehabilitation services	20% coinsurance	50% coinsurance	Preauthorization required, penalty may apply
	Habilitation services	20% coinsurance	50% coinsurance	Preauthorization required, penalty may apply
	Skilled nursing care	20% coinsurance	50% coinsurance	Preauthorization required, penalty may apply 60 days per calendar or plan year
	Durable medical equipment	20% coinsurance	50% coinsurance	Preauthorization required, penalty may apply
	Hospice service	No Charge	No Charge	Preauthorization required, penalty may apply
<b>If your child needs dental or eye care</b>	Eye exam	Not Covered	Not Covered	—————none—————
	Glasses	Not Covered	Not Covered	—————none—————
	Dental check-up	Not Covered	Not Covered	—————none—————

## Excluded Services & Other Covered Services:

### Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Bariatric surgery for morbid obesity
- Child dental check-up
- Child eye exam
- Child glasses
- Cosmetic surgery, unless to correct a functional impairment
- Dental care (Adult), unless for dental injury of a sound natural tooth
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

### Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture, if prescribed by a physician for rehabilitation purposes
- Chiropractic care - spinal manipulations are covered

## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-866-4ASSIST (427-7478). You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Humana, Inc.: [www.humana.com](http://www.humana.com) or 1-866-4ASSIST (427-7478)

Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

Department of Insurance, PO Box 517, Frankfort, KY 40602-0517, Phone: 502-564-3630 or 800-595-6053 or TTY: 800-648-6056

Department of Insurance, Consumer Protection Division, PO Box 517, Frankfort, KY 40602-0517, Website: <http://insurance.ky.gov>,

Email: DOI.CAPOmbudsman@ky.gov, Phone: 877-587-7222

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \*
- Patient pays \*

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	★
Copays	★
Coinsurance	★
Limits or exclusions	★
<b>Total</b>	<b>★</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \*
- Patient pays \*

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	★
Copays	★
Coinsurance	★
Limits or exclusions	★
<b>Total</b>	<b>★</b>

\* Coverage Examples are not complete at this time. Example amounts for the "Patient pays" and "Plan pays" fields will be available at a later date.

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from network **providers**. If the patient had received care from non-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

\***No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

\***No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 1-866-4ASSIST (427-7478) or visit us at [www.humana.com](http://www.humana.com).

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# HumanaDental

Simply here for you

## PPO

Archdiocese of Louisville

### Preventive services

- Oral examinations
- X-rays
- Cleanings
- Topical fluoride treatment (through age 14)
- Sealants (through age 14)

See a participating dentist  
**100% no deductible**

See a nonparticipating dentist  
**80% no deductible**

### Basic services

- Space maintainers (through age 14)
- Emergency exams and palliative care for pain relief
- Thumb sucking and harmful habit appliances (through age 14)
- Amalgam, composite fillings
- Oral surgery
- Extractions (routine)
- Non-cast prefabricated stainless steel crowns
- Partial or complete denture repairs/adjustments

**50% no deductible**

**40% after deductible**

### Major services

- Crowns
- Inlays and onlays
- Removable or fixed bridgework
- Partial or complete dentures
- Denture relines/rebases
- Endodontics (root canals)
- Periodontics

**50% no deductible**

**40% after deductible**

### Calendar-year deductible

(excludes orthodontia services)

**Individual**  
\$0

**Family**  
\$0

**Individual**  
\$25

**Family**  
\$75

### Annual maximum

(excludes orthodontia services)

**\$1,000**

### Orthodontia

**Child orthodontia**—covers children through age 18.  
Plan pays 50 percent (no deductible) of the covered orthodontia services, up to:  
\$1,000 lifetime orthodontia maximum

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan.  
To ensure you do not receive additional charges, visit a participating PPO Network dentist.

Waiting periods and frequency/age limits may apply.

# Choose HumanaDental benefits



## Be healthy

Good dental health is a reflection of good overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. HumanaDental's PPO plan focuses on prevention, providing two exams and cleanings per calendar year.

## Be financially-savvy

Your dentist can often detect medical issues before they become severe. HumanaDental's PPO plan offers you a long list of covered services to take care of your health and your pocketbook.

## Be successful

Did you know 74 percent of adult Americans believe that an unattractive smile could hurt a person's chances for career success? That's according to the American Academy of Cosmetic Dentistry. HumanaDental's PPO plan helps you maintain a healthy and attractive smile.

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## Questions?

Check out [www.humanadental.com](http://www.humanadental.com)

Call 1-800-233-4013 anytime for automated information line or 8 a.m. to 6 p.m. for a customer service representative.

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## Use your HumanaDental benefits

### Find a dentist

With HumanaDental's PPO plan, you can see any dentist. You save more money and you receive more benefits when you visit a dentist in HumanaDental's PPO Network. To find a dentist in HumanaDental's PPO Network, log on to [www.humanadental.com](http://www.humanadental.com) or call 1-800-233-4013.

### Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes in detail your HumanaDental benefits. You can find it on [www.humanadental.com](http://www.humanadental.com) or call 1-800-233-4013.

### See your dentist

Simply present your HumanaDental identification (ID) card when you see your dentist. It contains all the information your dentist needs to submit your claims.

### Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits. An explanation of benefits provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on [www.humanadental.com](http://www.humanadental.com) or by calling 1-800-233-4013.

Insured or administered by The Dental Concern Inc.

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.



# HumanaDental

Simply here for you

## Traditional Preferred

Archdiocese of Louisville

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### Preventive services

100% no deductible

- Oral examinations
- X-rays
- Cleanings
- Topical fluoride treatment (through age 14)
- Sealants (through age 14)

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### Basic services

50% after deductible

- Space maintainers (through age 14)
- Emergency exams and palliative care for pain relief
- Thumb sucking and harmful habit appliances (through age 14)
- Amalgam, composite fillings
- Oral surgery
- Extractions (routine)
- Non-cast prefabricated stainless steel crowns
- Partial or complete denture repairs/adjustments

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### Major services

50% after deductible

- Crowns
- Inlays and onlays
- Removable or fixed bridgework
- Partial or complete dentures
- Denture relines/rebases
- Endodontics (root canals)
- Periodontics

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### Calendar-year deductible

(excludes orthodontia services)

**Individual**

\$50

**Family**

\$150

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### Annual maximum

(excludes orthodontia services)

**\$1,000**

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### Orthodontia

**Child orthodontia**—covers children through age 18.

Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum

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Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.

Waiting periods and frequency/age limits may apply.

# Choose HumanaDental benefits



## Be healthy

Good dental health is a reflection of good overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. HumanaDental's Traditional Preferred plan focuses on prevention, providing two exams and cleanings per calendar year.

## Be financially-savvy

Your dentist can often detect medical issues before they become severe. HumanaDental's Traditional Preferred plan offers you a long list of covered services to take care of your health and your pocketbook.

## Be successful

Did you know 74 percent of adult Americans believe that an unattractive smile could hurt a person's chances for career success? That's according to the American Academy of Cosmetic Dentistry. HumanaDental's Traditional Preferred plan helps you maintain a healthy and attractive smile.

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## Questions?

Check out [www.humanadental.com](http://www.humanadental.com)

Call 1-800-233-4013 anytime for automated information line or 8 a.m. to 6 p.m. for a customer service representative.

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# Use your HumanaDental benefits

## Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. You save up to 30 percent on out-of-pocket costs when you visit a dentist in HumanaDental's PPO Network. To find a dentist in HumanaDental's PPO Network, log on to [www.humanadental.com](http://www.humanadental.com) or call 1-800-233-4013.

## Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes in detail your HumanaDental benefits. You can find it on [www.humanadental.com](http://www.humanadental.com) or call 1-800-233-4013.

## See your dentist

Simply present your HumanaDental identification (ID) card when you see your dentist. It contains all the information your dentist needs to submit your claims.

## Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits. An explanation of benefits provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on [www.humanadental.com](http://www.humanadental.com) or by calling 1-800-233-4013.

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# HumanaDental

Simply here for you

## Preventive Plus

Archdiocese of Louisville

### Summary of services

HumanaDental's Preventive Plus plan helps you meet your everyday dental needs. The plan covers services most often used, with the freedom to select any dentist.

#### Preventive services

100% no deductible

- Oral examinations
- X-rays
- Cleaning
- Topical fluoride treatment (through age 14)
- Sealants (through age 14)

#### Basic services

50% after deductible

- Extractions and root removal (nonsurgical)
- Amalgam, composite fillings
- Emergency care for pain relief

#### Calendar-year deductible

Individual	Family
\$50	\$150

#### Annual maximum

\$1,000

### Discount services

Receive a discount on the following services if you see participating dentists. These services are not covered under this plan. Out-of-pocket expenses do not apply to deductible and annual maximum.

#### Basic Services

- Space maintainers
- Oral surgery
- Appliances for children
- Prefabricated stainless steel crowns
- Denture repairs and adjustments

#### Major services

- Periodontics (gum therapy)
- Endodontics (root canals)
- Crowns
- Inlays and onlays
- Bridgework
- Dentures
- Denture relines and rebases

#### Orthodontia services

- Adult and child orthodontia



**HUMANA  
DENTAL**

# Choose HumanaDental benefits



## Be healthy

Good dental health is a reflection of good overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. HumanaDental's Preventive Plus plan focuses on prevention, providing two exams and cleanings per calendar year.

## Be successful

Did you know 74 percent of adult Americans believe that an unattractive smile could hurt a person's chances for career success? That's according to the American Academy of Cosmetic Dentistry. HumanaDental's Preventive Plus plan helps you maintain a healthy and attractive smile.

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## Questions?

Check out [www.humanadental.com](http://www.humanadental.com)

Call 1-800-233-4013 anytime for automated information line or 8 a.m. to 6 p.m. for a customer service representative.

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# Use your HumanaDental benefits

## Find a dentist

With HumanaDental's Preventive Plus plan, you can see any dentist. You save up to 30 percent on out-of-pocket costs when you visit a dentist in HumanaDental's PPO Network. To find a dentist in HumanaDental's PPO Network, log on to [www.humanadental.com](http://www.humanadental.com) or call 1-800-233-4013.

## Know what your plan covers

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# How to view a copy of a member dental identification (ID) card

What happens if a new Humana member needs to pick up a prescription or visit the dentist's office and hasn't yet received a member ID card?

Members will have access to view and print their dental ID cards via the website or mobile app within 10 working days of enrollment.

Here's how:

- Go to [Humana.com](https://www.humana.com) and log in/register for MyHumana
- Click "Access your ID Card" under **Tools & forms** in the lower right of your MyHumana home page or in the page's footer under **Tools & Resources**.
- A new window will appear with links to the ID Card or Proof of Coverage.
- Print if desired.

If your company contact hasn't received a group number and/or an employee is not yet "active" in Humana's system, the employee should inform the provider about the change in carriers, and ask to delay billing. An employee who is required to pay for services up-front can submit a detailed receipt from the provider to Humana for possible coverage consideration. Call Customer Care at 1-866-4ASSIST (1-866-427-7478) for more information.

The screenshot shows the MyHumana website interface. At the top, there's a navigation bar with links for Member Support, Español, Account & Settings, and Sign out. Below that, a user profile for Theresa is shown with Silver status and 2,306 Vitality Points. The main content area is divided into sections: Coverage & claims, Your active coverage (Medical, Dental, Pharmacy, Vision), Spending accounts, Find a doctor, and Tools & forms. The 'Tools & forms' section is highlighted with a yellow circle and a black arrow pointing to the 'Access your ID Card' link. The footer contains a grid of links under categories like Account & Settings, Health & Wellness, Tools & Resources, and Member Support. The 'Tools & Resources' link in the footer is also highlighted with a yellow circle and a black arrow.







# Personal Nurse<sup>®</sup>

Healthcare can be a maze. Ever wish you had someone to help you find your way?

Personal Nurse is a phone-based service, but it's different from a nurse-on-call hotline. Participants talk to their nurse about serious health issues, chronic conditions, and their overall well-being. You talk to the same nurse every time – a nurse who takes the time to understand your unique situation.

[Humana.com](https://www.humana.com)



**Humana**<sup>®</sup>

# A Partnership for Better Health

Personal Nurses provide education specific to your health and healthy lifestyle tips. They provide guidance about benefits, pre- and post-hospitalization counseling, and help you fully understand your health benefit options and choices. Personal Nurses help you navigate the healthcare system, work better with your doctor, and make smart health decisions with confidence.

## What does a Personal Nurse do?

### A Personal Nurse:

- Offers information – The nurse will help you identify health goals, explore treatment options with you, and guide you to resources so you can make informed decisions and take control of your health.
- Develops a personal relationship – You'll be able to stay with your Personal Nurse as long as you remain a Humana member.
- Collaborates with you – The Personal Nurse service doesn't replace your doctor. Instead, the nurse will help you communicate with your caregivers and work with your doctor so you can make decisions with confidence.
- Provides a sounding board – The Personal Nurse will help you gain control of your health – not just manage your symptoms. Sometimes having someone to talk to can mean the difference between you controlling a disease or it controlling you.

### Working with your schedule

Personal Nurses work flexible hours, so the nurse can work with your schedule. During your phone calls, you will work with your nurse to decide future times you can talk. In addition, you'll receive a welcome letter with your Personal Nurse's business card and phone extension, so you can call your Personal Nurse as health concerns arise. All conversations are confidential.

You might be eligible for this program that helps you take charge of your health and fit healthy choices into your life – at no additional cost to you.

Registered nurses are available to help you.

Call Personal Nurse:

**1-877-416-8773**



# Humana

Humana.com

# Savings Center:

## One more reason to **choose** Humana

The Savings Center is a great place to find ways to lower the cost of staying healthy. Take advantage of these Humana member discounts as often as you like:

### Vision discount programs

- **EyeMed – 1-866-392-6056**

Discounts on routine exams, eyeglass frames and lenses – including a wide range of lens options – contact lenses, and laser correction.

To receive your EyeMed discount:

- Visit Physician Finder Plus on **Humana.com** to locate an EyeMed Vision provider near you
- Tell the EyeMed provider you're a Humana member with EyeMed Vision benefits
- Print the discount ID card – you'll find a link on the EyeMed, TruVision, and Alternative Medicine pages – or present your Humana medical or dental ID card to your EyeMed provider

Your EyeMed provider will apply the discount directly to your purchase.

- **TruVision – 1-877-580-2020**

Traditional and custom LASIK to correct problems such as nearsightedness, farsightedness, and astigmatism, offered at more than 200 TruVision centers nationwide for less than \$1,000 per eye. Services include:

- Telephone screening
- Comprehensive eye exam
- LASIK procedure on an FDA-approved excimer laser
- Postoperative care
- Retreatment warranty

To schedule an exam, determine price, find a location in your area, or get more information, call a Customer Care specialist at **1-877-580-2020**.

### Complementary and Alternative Medicine (CAM) discount program\*

- Provided by Healthways WholeHealth Networks (HWHN), with more than 25,000 practitioners  
To access CAM services:
- Participating providers can be found at <http://humana.wholehealthmd.com>.
- Select a provider through the Health & Wellness link of the Savings Center or call the Customer Care number on your member ID card.
- Present the Humana discount card below to receive the specified discount

It's that easy!

You don't need a referral to visit a participating massage therapist, acupuncturist, or chiropractor. However, some Humana health plans offer coverage for some CAM services, so use your insured benefits whenever possible.

\*Not available in Arkansas, Tennessee, Oklahoma and where prohibited by law.



**HUMANA**  
**Discount Card**

SUBSCRIBER NAME: \_\_\_\_\_  
SUBSCRIBER ID: \_\_\_\_\_  
ANSI/BIN# \_\_\_\_\_  
VISION: EyeMed and TruVision  
ALTERNATIVE MEDICINE: HWHN

These discount programs are not part of your insurance.  
Discounts are available only at participating providers.

Cut out this card and keep it in your wallet for handy reference.

## Medication Savings

- Save on over-the-counter (OTC) medications for a wide range of conditions
- Visit the drug coverage search to find alternatives and compare estimated costs for your prescriptions
- Sign up for RightSourceRxSM to get your prescriptions by mail and save time and money

## Stretch your health care dollars

Get special discounts just for Humana members on a wide variety of products and programs, from fitness facilities and weight management programs to tobacco cessation and herbal teas and supplements. Check out the Health & Wellness link for a complete list.

# HUMANA®

These discount programs are not part of your insurance product. Discounts are only available at participating providers. Service providers are solely responsible for the provision of products and services. Humana and its affiliates are not liable for product defects, provider negligence or other errors in the delivery of discount products or services. The insured/administered benefits that make these discount services available are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009 or administered by Humana Insurance Company.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured or administered by Humana Insurance Company.

Please refer to your Certificate of Coverage/Insurance or Summary Plan Description for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.

# ER or urgent care center?

## How to know where to go



Emergency rooms treat serious or life-threatening conditions. For non-emergency conditions, it's better to go to your doctor or an urgent care center.

When you can't see your doctor right away, an urgent care center is a good medical and financial alternative to an emergency room.

Here's why:

- Your wait will probably be shorter.
- Urgent care centers are often open evenings and weekends.
- You don't need an appointment.
- An urgent care center may be closer to your home or workplace.
- Your cost is usually lower than it would be at an emergency room. In fact, if you go to an emergency room for non-emergency care, you may have to pay the entire bill yourself.

The choice is yours. But remember: For treatment of a minor illness or injury, an urgent care center can save you time and money.

To find an urgent care center near you, log on to **Humana.com** and:

- Click "find a doctor"
- Select "Urgent Care Centers" under Provider Search at the right of the page
- Use your member ID or ZIP code on the pop-up window to find an urgent care center near you

**Humana**®

[Humana.com](https://www.humana.com)

Cost of care and out-of-pocket fees are dependent on facility charges. Health Plans are offered/administered by the Humana Family of Insurance and Health Plan Companies. Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance) for more information on the company providing your benefits. Our health plans have Limitations and Exclusions.



## EAP and Work-Life Services



Your company understands that job satisfaction and higher productivity are best achieved when employees' personal needs are being met, and when their work and personal lives are in balance. That's why your company offers you EAP and Work-Life – to help you meet your unique personal needs and life events.

### What is an EAP?

An Employee Assistance Program (EAP) offers short-term counseling up to three visits per issue per year to help you and members of your household manage everyday life issues. EAP professionals are available to assist you with:

- Everyday needs and life events
- Weight control
- Emotional issues
- Relationship concerns
- Family relationships
- Coping with a serious illness
- Sleeping difficulties
- Loss of a loved one
- Eating disorders
- Workplace concerns
- Smoking cessation

### What is Work-Life?

Work-Life offers extensive assistance, information, and support to help you achieve a better balance between work, life, and family to help make your life easier. You can access information and self-search locators to find resources and providers that can help you with:

- Convenience services
- Housing options
- Child care
- Financing college
- Home ownership
- Caregiving from a distance
- Moving and relocation
- Finding colleges and universities
- Services and education for children with special needs
- Adoption, pregnancy and infertility
- Adjusting to retirement
- Locating services and care for older adults
- Pet care
- Finding schools
- Tutors and test prep
- Child development
- Recreational activities
- Consumer education

## What is the Legal and Financial Program?

As part of the EAP, you also have access to a free 30-minute consultation with a local attorney or financial professional on issues such as real estate, retirement planning, divorce and separation, budgeting/debt reconstruction, and trusts and estates. Further legal and tax preparation services are discounted 25 percent.

## What if I'm just looking for information?

You can access many useful articles, tip sheets, and checklists by calling or signing in to the EAP and Work-Life website. Many helpful topics are available, including relationships, communication, life in the workplace, and emotional well-being.

## What else does the website offer?

It includes dozens of locators that allow you to search for health and wellness information, child care providers, adoption services, schools and colleges, daily living needs, older adult care, and much more. The site also offers calculators that can help you with everything from mortgage payment calculations to how much to save for your children's college education.

## Who can use EAP and Work-Life?

All employees as well as household family members.

## Who pays for these services?

Your company pays all costs when you and members of your household use the program. If additional assistance or services are needed, you will receive referrals that consider your preferences, medical plan, and financial circumstances. Please refer to your insurance plan booklet or your human resources department for specific information about your medical plan.

## How do I access these services?

EAP and Work-Life are convenient, confidential and provided at no cost to you and members of your household. We're here 24 hours a day, seven days a week, so call anytime.

### Life made easier.



For free and confidential assistance, call **1-866-440-6556** or visit us at **[Humana.com/eap](https://www.humana.com/eap)**

Username: eap3

Password: eap3

Personal information about participants remains confidential according to all applicable state and federal laws, unless disclosure is required by such laws. Services provided by Humana EAP and Work-Life Services.





## Ready.

Have you ever been someplace new and felt lost? Chances are, all you needed was some basic information and you'd be good to go.

Figuring out the basics of HumanaVitality is no different. That's why we created this simple guide to get you started on the path to better health.



## Set.

1. To get to your personal HumanaVitality website, go to [HumanaVitality.com](https://HumanaVitality.com).
2. Register or log in to enter the secure website.
3. Take the HumanaVitality Health Assessment to begin earning Vitality Points™. This takes about 10-15 minutes.
4. Review your Health Results to receive your Vitality Age™ and find out more about your health status.
5. Set your personal goals, including scheduling a Vitality Check® and other healthy activities to earn more Vitality Points.
6. Review other opportunities to earn Vitality Points in categories like Healthy Living, Fitness, Prevention, and Education on your browser bar. Build Vitality Points to raise your Vitality Status<sup>SM</sup> level and get bigger discounts.
7. Each Vitality Point you earn is worth one Vitality Buck®. Redeem your Vitality Bucks for rewards inside the HumanaVitality Mall.

## Go. Setting goals.

1. From the HumanaVitality home page, click **View My Goals** under the **My Goals** section on your dashboard page.
2. For each recommended goal, click **View** to find out more about how the goal will help you. You also can access the **Set Goal** feature here.
3. Once you set a goal, it will appear in the **My Active Goals** section. Repeat the steps above to add more goals. Once you complete a goal within the specified time frame it will be saved. If the goal is not achieved it will reappear in your **Recommended Goals** section to be selected again.

### MY GOALS

Recommended

GET A VITALITY CHECK

Worth 2000 PTS

[VIEW MY GOALS](#)

RECOMMENDED GOAL

GET MORE ACTIVE

800

Total Vitality Points for completion

[SET GOAL](#)

### My active goals 3

Get a Vitality Check	31 DAYS TO GO	2000 PTS
<a href="#">VIEW</a>		
Reduce your weight	52 DAYS TO GO	800 PTS
<a href="#">VIEW</a>		
Get more active	103 DAYS TO GO	800 PTS
<a href="#">VIEW</a>		

# Getting a Vitality Check®

After you complete your Health Assessment, the Vitality Check automatically becomes one of your Recommended Goals. A Vitality Check includes taking your physical measurements and a blood screening.

- Body mass index (BMI)
- Blood pressure
- Blood glucose level
- Cholesterol levels

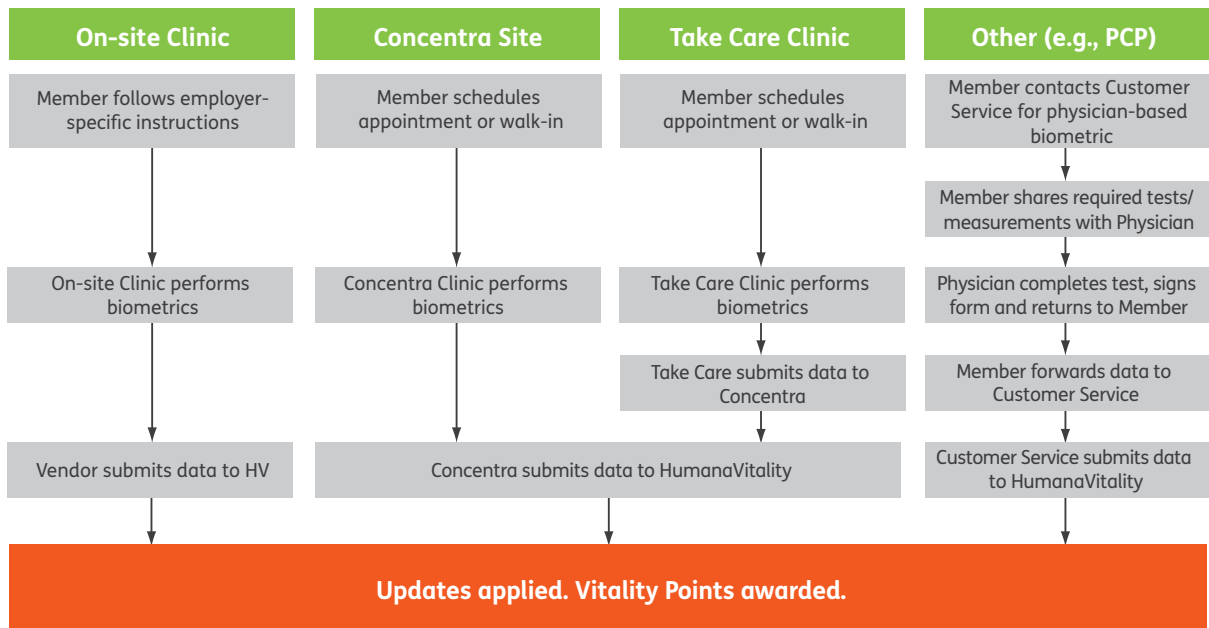
You'll earn 2,000 Vitality Points™ just for completing your Vitality Check. And you'll earn more Vitality Points for results in the healthy range.

**Still have questions about HumanaVitality?  
Call the number on the back of your member ID card.**

## Where to get your Vitality Check

There are several places that you can go to complete your Vitality Check, including HumanaVitality® partners Concentra®, The Little Clinic, or Walgreens Take Care™ clinics. If you prefer, you can visit your personal doctor\*. Some employers even sponsor onsite Vitality Checks.

To find out more about Vitality Checks use the Get a Vitality Check link under Recommended activities. Then follow the link marked **FIND A SCREENING LOCATION**. There you will be forwarded to a Concentra site. Click on Screening Locations and Scheduling to find a location near you and links to location specific forms.



\* If you visit your personal doctor, you'll need to print out and take a copy of the Personal Physician Vitality Check form for him or her to complete during your visit. Forms should be faxed or mailed using the directions included on the form. (For labwork results that may not be available during your doctor visit, a copy of the lab results can be attached to the form when submitted.)

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# Diabetic supplies

## Understanding your pharmacy benefits



## Humana Pharmacy Solutions®

There are many brands of diabetic supplies – glucose monitors and test strips – available through your pharmacy plan.

### What are Humana's preferred diabetic supplies?

Roche Accu-Chek Nano®, Roche Aviva Plus®, Nipro TRUEresult®, and Prodigy Autocode® diabetic supplies are Humana's preferred diabetic supplies. Using preferred diabetic supplies can help you save money on your copayments or coinsurance.



#### Roche Accu-Chek Nano®

- No coding
- 0.6-microliter sample size means less blood
- Fast, accurate results in five seconds
- Pre- and post-meal markers



#### Roche Accu-Chek Aviva Plus®

- Pre-coded for the life of the meter
- 0.6-microliter sample size means less blood
- Fast, accurate results in five seconds



#### Nipro TRUEresult®

- No coding
- 0.5-microliter blood sample means less painful testing
- Results in as fast as four seconds



#### Prodigy Autocode®

- Test strips are no-coding and usable in all Prodigy meters
- Fast, reliable talking glucose meter
- Speaks English, Spanish, French and Arabic

You can get one of the preferred glucose monitors at no-cost, if you don't currently use one. These monitors use the preferred test strips – saving you time and money.

To order your no-cost monitor, call Customer Care at the number on the back of your Humana member ID card. A representative will order a monitor for you and have it mailed to your home. If you have the HumanaFirst® Nurse Advice Line, as part of your plan, you'll be directed to a nurse who can assist you with ordering your no-cost monitor and answer any diabetes-related questions you may have.

Humana  
Pharmacy  
Solutions®

Humana®

Humana.com

## What if I'm using diabetic supplies that are not preferred?

Most plan types require your doctor to receive approval from Humana for diabetic supplies that aren't preferred. When this happens, it's called pre-approval – or “prior authorization.” Your plan will approve the use of non-preferred diabetic supplies after you've tried the preferred supplies and your doctor says they aren't right for you. Even if your plan approves a prior authorization, your copayment or coinsurance will be more than the payment of preferred supplies.

If your plan does not approve your request for a prior authorization for non-preferred diabetic supplies, you're responsible for all charges associated with those diabetic supplies.

Go to **Humana.com** and register for MyHumana, your secure website. You can use the Drug Pricing tool to look up pricing and check coverage for diabetic supplies. Please note that MyHumana is only accessible to Humana members.



Humana Plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, Humana Insurance of Puerto Rico, Inc. License# 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc. Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority. For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Emphesys Insurance Company or insured or administered by Humana Insurance Company. Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits. Our health benefit plans have limitations and exclusions

**Humana**®

[Humana.com](https://www.humana.com)