



OPEN ENROLLMENT 2020 Summary of Benefits

# Your Health Benefits

## Archdiocese of Louisville

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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        \$35-copayment Level Three       \$55-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.com](https://www.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: 01/01/2020  
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</b> or call <b>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	\$35 copay (Retail) \$70 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	\$55 copay (Retail) \$110 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:

<b>Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)</b>		
<ul style="list-style-type: none"><li>• Bariatric surgery for morbid obesity</li><li>• Child dental check-up</li><li>• Child eye exam</li><li>• Child glasses</li><li>• Cosmetic surgery, unless to correct a functional impairment</li></ul>	<ul style="list-style-type: none"><li>• Dental care (Adult), unless for dental injury of a sound natural tooth</li><li>• Hearing aids</li><li>• Infertility treatment</li><li>• Long-term care</li><li>• Non-emergency care when traveling outside the U.S.</li></ul>	<ul style="list-style-type: none"><li>• Private-duty nursing</li><li>• Routine eye care (Adult)</li><li>• Routine foot care</li><li>• Weight loss programs</li></ul>
<b>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.)</b>		
<ul style="list-style-type: none"><li>• Acupuncture, if prescribed by a physician for rehabilitation purposes</li></ul>	<ul style="list-style-type: none"><li>• Chiropractic care - spinal manipulations are covered</li></ul>	

## 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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Humana Pharmacy Solutions®

## What to know before you get your medicine

Ensure you understand your pharmacy benefits, and what you need to know about prior authorization, step therapy and quantity limits.

You may have to take certain prescription medicines regularly to address health conditions like high blood pressure, while you may take others for a short time, like an antibiotic to treat an infection. Either way, it's important to know if your prescriptions might require certain doctor approvals. You can find out using Humana's secure online tool.

### Research your medication coverage

Visit **Humana.com** and register for MyHumana, your personal, secure online account. Use our online Drug List search by selecting "Drug pricing tool" under "Tools & resources" at the bottom of the page to look up your medicines.



You can also call the Customer Care number on the back of your Humana member ID card.

**Humana**  
Pharmacy Solutions.

GNHHF88HH 0119

At **MyHumana.com**, you may find that your prescriptions require certain doctor approvals. These approvals may include:

### **PRIOR AUTHORIZATION**

Some drugs require approval from Humana before you can fill your prescription. This is known as “prior authorization.” For these prescriptions to be covered, your doctor must get approval from Humana.

Some prescriptions require prior authorization to make sure they don’t interfere with other prescriptions you’re taking or add unnecessary costs. Prescriptions requiring prior authorization are typically costly, are only approved for certain conditions and may require patient monitoring.

### **STEP THERAPY**

Step therapy is a process where you must try a lower-cost medicine before your plan will cover the higher-priced medicine.

Many brand-name medicines have generic versions that provide the same results at a lower cost. If you’ve already tried all lower-cost alternatives and it didn’t help your condition, your doctor may be able to request an exception.

### **QUANTITY LIMITS**

Quantity limits are the maximum amount of a medicine your plan will cover for one copayment or over a certain number of days. For example, you may fill no more than 60 pills in a 30-day period of time.

Having quantity limits on the amount of medicine you can receive helps you get the right dose for your condition.



### **How do I receive prior authorization or inquire about an exception to step therapy or quantity limits?**

If a medicine you take requires a prior authorization, have your prescribing doctor visit [www.covermymeds.com](http://www.covermymeds.com). CoverMyMeds® is a free service that allows prescribers to submit and check the status of drug coverage requests electronically for any Humana plan. Prescribers can also call **1-800-555-CLIN (2546)** Monday – Friday, or fax the request to **1-877-486-2621** (In Puerto Rico, call **1-866-488-5991**.)

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 exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or broker.

## Important!

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights 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, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

### Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog - Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóadahí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowól.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Archdiocese of Louisville

<b>Preventive services</b>	See a participating dentist <b>100% no deductible</b>	See a nonparticipating dentist <b>80% no deductible</b>		
Oral examinations X-rays Cleanings Topical fluoride treatment (through age 14) Sealants (through age 14)				
<b>Basic services</b>	<b>50% no deductible</b>	<b>40% after deductible</b>		
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				
<b>Major services</b>	<b>50% no deductible</b>	<b>40% after deductible</b>		
Crowns Inlays and onlays Removable or fixed bridgework Partial or complete dentures Denture relines/rebases Endodontics (root canals) Periodontics				
<b>Calendar-year deductible</b> (excludes orthodontia services)	<b>Individual</b> \$0	<b>Family</b> \$0	<b>Individual</b> \$25	<b>Family</b> \$75
<b>Annual maximum</b> (excludes orthodontia services)	<b>\$1,000</b>			
<b>Orthodontia</b>	<b>Child orthodontia</b> —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.

Traditional Preferred

Kentucky

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**

	<b>Individual</b>	<b>Family</b>
(excludes orthodontia services)	\$50	\$150

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**Annual maximum**

**\$1,000**

(excludes orthodontia services)

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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.

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.

## 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



# 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

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. Waiting periods may apply. 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.

# MyHumana: Your health plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana plan information, educational resources and access to wellness programs. **It's available anytime, anywhere.**

Quick access to all your plans

View, print and email ID cards

Check your claim status

Review deductibles, coverage levels and limits

Find a doctor near you

- Search by name, specialty or condition
- Compare doctors and get directions

Chat with a representative with any of your questions about your plan

Connect with Go365® and other health and wellness resources\*

Check your spending account balance and view account activity

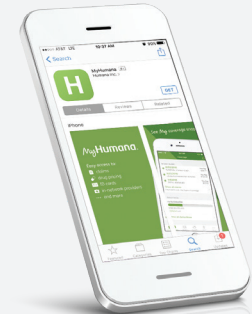
\*Check with your benefits administrator for program availability.

## Registering is easy

1. Go to **Humana.com/register** and "Get Started"
2. Enter your member ID number (or Social Security number), date of birth and ZIP code
3. Create a username, password and security prompt and click "Next" to finish

## Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts\*\* at **Humana.com**.



Register for MyHumana today to stay connected to your health benefits anytime you need them.

\*\*Message and data rates may apply.





## Archdiocese of Louisville

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary • Retinal imaging <sup>1</sup>	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options <sup>2</sup> • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$55 10% off retail	Not covered Not covered
Frames <sup>3</sup>	\$130 allowance 20% off balance over \$130	\$65 allowance
Standard plastic lenses <sup>4</sup> • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options <sup>4</sup> • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating  - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows:  \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses <sup>5</sup> (applies to materials only) • Conventional  • Disposable • Medically necessary	\$130 allowance, 15% off balance over \$130 \$130 allowance \$0	\$104 allowance  \$104 allowance \$200 allowance

# Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
<b>Frequency</b>		
<ul style="list-style-type: none"> <li>Examination</li> <li>Lenses or contact lenses</li> <li>Frame</li> </ul>	Once every 12 months Once every 12 months Once every 12 months	Once every 12 months Once every 12 months Once every 12 months
<b>Diabetic Eye Care: care and testing for diabetic members</b>		
<ul style="list-style-type: none"> <li>Examination - Up to (2) services per year</li> </ul>	\$0	Up to \$77
<ul style="list-style-type: none"> <li>Retinal Imaging - Up to (2) services per year</li> </ul>	\$0	Up to \$50
<ul style="list-style-type: none"> <li>Extended Ophthalmoscopy - Up to (2) services per year</li> </ul>	\$0	Up to \$15
<ul style="list-style-type: none"> <li>Gonioscopy - Up to (2) services per year</li> </ul>	\$0	Up to \$15
<ul style="list-style-type: none"> <li>Scanning Laser - Up to (2) services per year</li> </ul>	\$0	Up to \$33
<b>Optional benefits</b>		
<ul style="list-style-type: none"> <li>12-month Frame Benefit</li> </ul>	Benefit replaces the 24-month frequency of the base plan.	
<ul style="list-style-type: none"> <li>Polycarbonate Lenses for Children &lt;19</li> </ul>	Provides for standard polycarbonate lens with \$0 copay. Not available in AK, CT, ID, & OH.	
<p><sup>1</sup> Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.</p> <p><sup>2</sup> Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.</p> <p><sup>3</sup> Discounts may be available on all frames except when prohibited by the manufacturer.</p> <p><sup>4</sup> Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.</p> <p><sup>5</sup> Plan covers contact lenses or frames, but not both.</p>		
<b>Additional plan discounts</b>		
<ul style="list-style-type: none"> <li>Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, &amp; Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.</li> <li>Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.</li> </ul>		

## Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
  - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
  - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
  - War or any act of war, whether declared or not;
  - Any act of international armed conflict; or
  - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
  - Is not a visual necessity;
  - Does not offer a favorable prognosis;
  - Does not have uniform professional endorsement; or
  - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

## Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis <sup>1</sup>.



<sup>1</sup> Thompson Media Inc.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.



# Choosing Humana Vision is good for your health




Besides checking for changes in your vision, your eye doctor can check for common eye conditions like glaucoma.

An eye exam can also uncover other health issues, such as high blood pressure and diabetes. If you have diabetes, most Humana Vision plans have additional coverage for the care and testing you need to help manage your disease.

## Humana Vision makes good eye health easy and budget friendly

- Get an annual eye exam for \$10
- Earn Points for getting your annual eye exam
- Choose from more than 70,000 eye doctors, in the Humana Insight Network, available in more than 24,000 locations including LensCrafters®, Pearle Vision®, Target Optical®, Sears® Optical, JCPenney Optical and many other private practitioners

### How you can save with Humana Vision

	Retail cost	Cost with Humana Vision	Potential savings
 Exam	\$70	\$10	\$60
 Frames	\$150	\$16	\$134
Single-vision lenses	\$70-120	\$15	\$55-105
Standard scratch-resistant coating	\$40	\$15	\$25
Standard UV coating	\$40	\$15	\$25
 <b>Total</b>	\$370-420	\$71	<b>\$299-349</b>

Almost 80% off the total retail cost

Data is based on the Humana Vision 130 plan. Example is for illustration purposes only, and individual results may vary.



Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

GCHJPVZEN 0218

## 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**

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.







dr. on demand

# 24/7 care for everyday health.

Doctor On Demand supports your everyday healthcare needs.

## 4 easy steps to get started:



### Download the Doctor On Demand App

Available on the App Store or Google Play



### Enter your health insurance info

Select Humana – enter your group ID and member ID



### Enter your payment method

Just \$0–\$49 per visit, depending on your plan



### See a doctor within minutes

or schedule a time that's convenient for you



## Skip the waiting.

Doctor On Demand® allows you to see a board-certified doctor – for non-emergency care – in minutes from your home, office or while you're traveling in the United States, from your smartphone, tablet or computer. It's easy.

# \$0–\$49

depending on your plan.

**MORE AFFORDABLE THAN A VISIT TO THE EMERGENCY ROOM OR URGENT CARE.**

Here are some common issues that Doctor On Demand can help with:

- Colds/Flu/Fever
- Respiratory/Sinus infections
- Urinary tract infections
- Cough/Bronchitis
- Sore throat/Strep
- Skin and eye issues
- Allergies
- Diarrhea/Vomiting
- Prescriptions and refills
- Order labs and screenings

## NEW! Behavioral health services:

Behavioral health services are now available by appointment. For the same cost as an in-office behavioral health visit, behavioral health professionals can help with depression, stress, anxiety, trauma and other nonemergency behavioral health concerns. The cost for the visit will be provided when you schedule an appointment.

**Download the Doctor On Demand App today!**

# Humana®



Doctor On Demand services are not available for Humana members in: Puerto Rico and outside the US. Limitations on healthcare and prescription services delivered via telemedicine and communications options vary by state. Telemedicine is not a substitute for emergency care. This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional.

GCHJWKFN 1018



# Plan ahead with the convenient care options your plan provides

## Know when and where to go

When you have to make a healthcare decision, make sure you're ready. Review some of the choices of care that are available so you can decide where to go the next time you need treatment.



### Doctor's office

Take advantage of the relationship you have with your doctor. Calling your doctor's office during business hours is your best option for treatment in nonemergency situations.



### Virtual visits (Telemedicine)

Virtual visits with board-certified doctors, for nonemergency conditions, 24/7 with Doctor On Demand®.\* If you have telemedicine benefits as part of your Humana plan, you may be able to connect with a U.S board-certified doctor within minutes from the comfort of your own home, office or while traveling. The technology is HIPAA-compliant and most prescriptions may be sent to the pharmacy of your choice. Telemedicine may be an affordable and convenient option.\*\* Doctor On Demand also provides nonemergency psychiatric and therapy services and treatment for anxiety, depression, grief, addictions and other behavioral health conditions. **Behavioral health visits are by scheduled appointment only.**



### Retail health clinic

When you can't see your doctor, a retail clinic can help you with minor problems like a cold, earache or sore throat. Retail clinics are conveniently located at stores, such as CVS®, Target®, Kroger® and Walgreens. Check to see which retail clinics are available in your network.



### Urgent care center

When you have a minor illness or injury and your doctor isn't available, you might consider going to an urgent care center. Waiting periods are usually shorter than in an emergency room. Many centers have X-ray and lab services and are open in the evenings and on weekends.



### Emergency room (ER)

Visit the ER for a serious medical situation that might represent a threat to your life or limbs. It's generally appropriate for situations like uncontrolled bleeding, chest pain, difficulty breathing and possible stroke.

## Decide where to seek medical care

Condition	Doctor's office	Virtual visits	Retail health clinic	Urgent care center
Minor headache	✓	✓	✓	✓
Minor sprain, strain	✓	✓		✓
Nausea, vomiting, diarrhea	✓	✓		✓
Bumps, cuts, scrapes	✓	✓	✓	✓
Cough, sore throat, congestion	✓	✓	✓	✓
Urinary burning	✓	✓	✓	✓

### Emergency room

Generally, you should call 911 or go to the emergency room for the following type of symptoms or any symptom that you feel may represent a threat to your life or limbs.

- Sudden or unexplained loss of consciousness
- Signs of a heart attack, such as sudden/severe chest pain or pressure
- Signs of a stroke, such as numbness of the face, arm or leg on one side of the body; difficulty talking; sudden loss of vision
- Severe shortness of breath
- Coughing up or vomiting blood
- High fever with stiff neck, mental confusion and/or difficulty breathing
- Cut or wound that won't stop bleeding
- Possible poisoning
- Possible broken bones
- Stab wounds
- Sudden, severe abdominal pain
- Suicidal feelings
- Partial or total amputation of a limb



Ensure a provider participates in the Humana network by going to **Humana.com** or using the MyHumana Mobile app on your mobile device.

\*Your plan's provider network may designate a virtual visit provider other than Doctor On Demand.

\*\*Doctor On Demand services are not available for Humana members in Puerto Rico and outside the U.S.

Limitations on healthcare and prescription services delivered via telemedicine and communications options vary by state. Telemedicine is not a substitute for emergency care. This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional.



PERSONAL, VERSATILE, SIMPLE



# The Go365 App

Put the power in your pocket



Download the Go365® App today to your smartphone. Use it to help you stay on track in reaching your health and well-being goals.

## The App has it all

Look what you can do:

- Go head-to-head against other Go365 members and compete in Challenges\*
- Submit proof of eligible activities for Points
- Connect compatible devices and tracking apps
- Personalize experiences with photos
- Complete or update your Health Assessment in quick, two-minute sections
- Explore ways to increase your Points total
- Complete activities that focus on areas such as food and sleep tracking for Points\*\*
- Check on your Go365 Age and Status
- Enroll and interact with a health coach
- See your Points history
- Spend your Bucks in the Go365 Mall

Look how the Go365 App can make your life easier. Sign in today.



Download the Go365 App

Go365 is not an insurance product. Not available with all Humana health plans.

\*Members earn 50 Points for joining a Challenge and 50 more for joining a Challenge team, up to a maximum of 100 combined Points per month no matter how many Challenges and Challenge teams a member may join.

\*\*Depending on the activity, activities can be worth 2 Points a day or may have a weekly or monthly cap. Refer to the App for Points limits.



# EARNING POINTS in Go365



Take the stairs. Keep your blood pressure in check.  
Eat more salads. There are lots of things you can do to get healthier.  
With Go365<sup>®</sup>, you can earn Points for doing them.

## Activities

These are things you do every day—like taking a walk or getting your flu shot—to be your healthiest.

## Recommended activities

These personalized activities are created just for you, based on what you told us about your health in your Health Assessment. Recommended activities are things like losing weight or exercising more that are designed to jump-start your health, and they're worth more Points!

## Challenges

Here's your chance to boost your health even more when you compete against friends and co-workers. Challenge them for most steps taken or pounds lost, or create your own Challenge!

## Go365 Kids

Even your kids can get involved. They'll earn Points for doing healthy things they already enjoy, like playing on a soccer team, as well as for getting checkups and shots.

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## Learn more at [Go365.com](https://www.Go365.com)

Go365 is not an insurance product. Not available with all Humana health plans. Recommended activities are not medical advice. Consult your physician. We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Contact Go365's Customer Care team by signing in to Go365.com and using the secure live chat feature on the bottom right of the screen or by calling the number on the back of your member ID card, and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward.

# EARNING POINTS in Go365

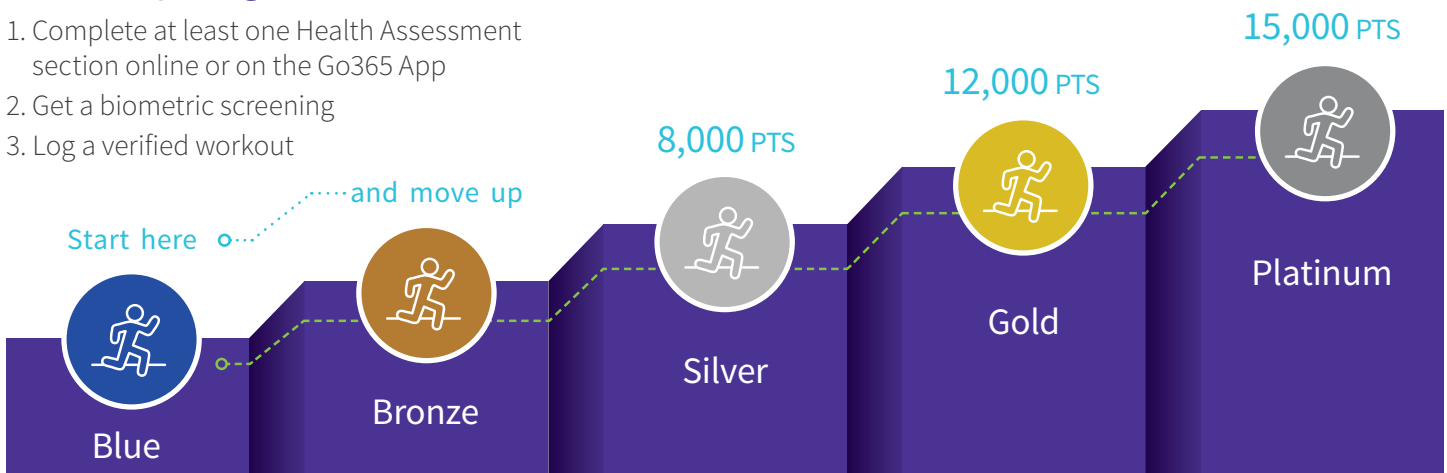


## Unlock activities to earn more Points and move up to a higher Status

Points shown are for the primary member plus one eligible member 18+. Each additional eligible member 18+ adds 3,000 Points to reach Silver Status, 4,000 Points to reach Gold Status or 5,000 Points to reach Platinum Status.

### Three ways to get to Bronze\*

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a biometric screening
3. Log a verified workout



Earn <b>Bonus Bucks</b> when you reach Silver Status or higher	500 Primary member	1,500 Primary member	5,000 Primary member
	250 Eligible member 18+	750 Eligible member 18+	2,500 Eligible member 18+
Earn <b>Double Bonus Bucks</b> when you achieve your prior year highest Status	1,000 Primary member	3,000 Primary member	10,000 Primary member
	500 Eligible member 18+	1,500 Eligible member 18+	5,000 Eligible member 18+

Bonus Bucks are not tied to Points and increase a Go365 members' buying power in the Go365 Mall. Bonus Bucks are awarded when a Go365 member reaches Silver, Gold and Platinum Status, and are doubled when the prior year highest Status is achieved. For example, a year one primary Go365 account holder reaches Gold Status at the end of their program year. The primary Go365 account holder will earn 1,000 Bonus Bucks for reaching Silver Status (1,000 Bonus Bucks are awarded the first time the primary Go365 account holder reaches Silver Status) and 1,500 Bonus Bucks for reaching Gold Status. In the primary Go365 account holder's next program year, the highest Status reached is Gold Status. In this example, 500 Bonus Bucks are awarded at Silver Status and 3,000 Bonus Bucks are awarded when the member reaches Gold Status again. Bonus Bucks apply to the 30,000 Bucks maximum each adult member can earn in a program year.

Eligible dependents 18 years of age and older earn Bonus Bucks, too. When the family reaches a new Status or when the family reaches their highest Status from the prior program year, eligible dependents will earn half the amount of Bonus Bucks awarded to the primary Go365 account holder. For example, when the family reaches Silver Status for the first time the primary Go365 account holder will earn 1,000 Bonus Bucks and each eligible dependent will earn 500 Bonus Bucks. When the family reaches Gold Status in the next program year, the primary Go365 account holder will earn 3,000 Bonus Bucks and each eligible family member will earn 1,500 Bonus Bucks.

\*Adult children can only move a family out of Blue Status by completing a verified workout.

# Activities and Points Adults 18+

Points listed are per program year unless stated otherwise.



## Education

Activity	Points
<input type="radio"/> <b>Health Assessment</b> <p>Take your full Go365 Health Assessment online or on the App and earn Points for completing it for the first time each program year.</p>	500
<input type="radio"/> <b>OR Health Assessment sections</b> <p>&gt;&gt; Get Active &gt;&gt; Eat Better &gt;&gt; Reduce Stress &gt;&gt; Live Well &gt;&gt; Know Your Health &gt;&gt; Introduce Yourself</p> <p><b>200 bonus Points when you complete all six sections</b></p>	50
<b>Bonus Points</b>	
<input type="radio"/> <b>First Step Health Assessment bonus</b>	500 once/lifetime
<input type="radio"/> <b>Fast Start Health Assessment bonus</b>	250
<input type="radio"/> <b>Calculators</b>	75 each (up to 300/program year)
<input type="radio"/> <b>CPR certification</b>	125
<input type="radio"/> <b>First-aid certification</b>	125
<input type="radio"/> <b>Update/confirm contact Information</b>	50
<input type="radio"/> <b>Monthly Go365.com, Humana.com or Go365 App sign-in</b>	10 (up to 120/program year)
<input type="radio"/> <b>First time Go365 App sign-in</b>	50 once/lifetime
<input type="radio"/> <b>Accept online statements</b> Available for Go365 members with Humana medical coverage only.	50 once/lifetime

## Prevention

Activity	Points
<input type="radio"/> <b>Health screening*</b>	400 per eligible screening
<input type="radio"/> <b>Dental exam</b>	200 per exam (up to 400/program year)
<input type="radio"/> <b>Vision exam</b>	200
<input type="radio"/> <b>Flu shot</b>	200
<input type="radio"/> <b>Nicotine test**</b>	400
<b>Biometric screening completion</b>	
<input type="radio"/> <b>Body mass index (BMI)</b>	800
<input type="radio"/> <b>Blood pressure</b>	400
<input type="radio"/> <b>Blood glucose</b>	400
<input type="radio"/> <b>Total cholesterol</b>	400

Maximum Points for Health Assessment completion per program year is 500. Fast Start bonus awarded for full Health Assessment completion within the first 90 days of your program year.

\*Subject to certain requirements and will appear as a recommended activity if they are applicable to you.

\*\*Cost associated with nicotine tests are the responsibility of the Go365 member. Nicotine tests are not associated with biometric screenings.

# Activities and Points Adults 18+

Points listed are per program year unless stated otherwise.



## Healthy living

Activity	Points
○ <b>Blood donation</b>	50 each (up to 300/ program year)
○ <b>Nicotine test (in-range results)</b>	400
○ <b>Virtual well-being coaching ongoing interactions</b>	10 per week (up to 520/program year)
○ <b>Weekly log</b>	10 weekly
○ <b>Sleep diary</b>	25 weekly (up to 150/ program year)
○ <b>Daily health quiz</b>	2 daily
○ <b>Fitness habit</b>	up to 25 per month
<b>Biometric screening (in-range results)</b>	
Adult children are not eligible to earn Points for biometric screening in-range results	
○ <b>Body mass index</b> $\geq 18.5$ and $< 25$ , or BMI $\geq 25$ and $< 30$ , with a waist circumference $< 40$ " for males and $< 35$ " for females	800
○ <b>Blood pressure(systolic and diastolic)</b> $< 130/85$ mm Hg	400
○ <b>Blood glucose</b> $< 100$ mg/dL or A1c $< 6.5\%$	400
○ <b>Total cholesterol</b> $< 200$ mg/dL or an HDL $\geq 40$ mg/dL for males and $\geq 50$ /mg/dL for females	400

## Fitness

Activity	Points
<b>Daily verified workout types</b>	
○ <b>Steps*</b>	up to 50/day 1 Point per 1,000 steps
○ <b>Heart Rate (HR)*</b>	5 Points for every 15 minutes above 60% of maximum HR
○ <b>Calories*</b>	5 Points per 100 calories if burn rate exceeds 200 calories/hour
○ <b>Participating fitness facility*</b>	10 per daily visit
<b>Bonus Points</b>	
○ <b>Exceeded 50 weekly workout Points</b>	50 only one bonus
○ <b>Exceeded 100 weekly workout Points</b>	100 awarded per week
○ <b>First lifetime verified workout</b>	500
○ <b>First verified workout each new program year</b>	750
○ <b>Sports leagues</b>	350 Points per league team (up to 1,400/program year)
<b>Challenges</b>	
Sponsored Challenges are set up by employers or Go365. Member-created Challenges are set up by members.	
○ <b>Participate in a Member-created Challenge</b>	up to 100/month total for all Challenge-related activities 50
○ <b>Participate in a Sponsored Challenge</b>	50
<b>Athletic events</b>	
(running, walking, cross-country skiing, cycling, triathlon)	
○ <b>Level 1</b> (example: 5K)	up to 3,000/program year 250
○ <b>Level 2</b> (example: 10K)	350
○ <b>Level 3</b> (example: half-marathon)	500

\*Calculating daily workout Points: Each day, Go365 will look at Points earned across all workout types and award the category with the highest value for that day. Points are awarded for one workout type per day. Week is defined as Sunday–Saturday. Maximum of 50 daily workout Points can be awarded.

# Go365 Kids Activities and Points




Your dependents under 18 years old who are part of your Go365 program can earn Points that contribute to your family's Points total and Status—1,000 maximum Points per program year. Points listed are per program year unless stated otherwise.

## Education

### Activity






### Points

- Kids Health Assessment**  No Points are awarded for Kids Health Assessment completion.  
The Kids Health Assessment covers a child's physical activity, nutrition, lifestyle and well-being. You get a better understanding of your child's current health and the areas that need improvement.

## Prevention Up to 500 Points per program year per child

### Activity

### Points

- Kids preventive care visits**  200
- Kids dental exam**  100 (up to 200/program year)
- Kids vision exam**  100
- Kids immunizations**  100
- Kids flu shot**  100

## Fitness

### Activity

### Points

- Kids sports leagues**  100 each (up to 200/program year)
- Kids athletic events**  50 each (up to 200/program year)

### Events

- Employer-sponsored events**  10–100 (up to 200/program year)

Go365 Kids is not available on all Go365 programs.

# IMPORTANT!

## At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights 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, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

## Auxiliary aids and services, free of charge, are available to you.

**1-877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

## Language assistance services, free of charge, are available to you.

**1-877-320-1235 (TTY: 711)**

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك