



HumanaChoiceSM (PPO) Preferred Provider Organization

A Medicare Advantage PPO health plan
with Part D prescription drug coverage built in!

HUMANA[®]

Get the most from your healthcare plan and your retirement years.

We're here to help.

Humana does much more than give you details about Medicare. We help you understand your choices. Visit Humana-Medicare.com. If you prefer, call **1-800-714-0160** (TTY: **711**)

Hours of operation:

Sept. 11, 2011 – Feb. 14, 2012

8 a.m. – 8 p.m., seven days a week

Feb. 15 – Sept. 7, 2012

8 a.m. – 8 p.m., Monday through Friday

or go to **Humana-Medicare.com**

Our mailing address is:

Humana

P.O. Box 70209

Louisville, KY 40270-0209

You also can get more information about Medicare, including details on health or Part D benefits:

- Call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048) 24 hours a day, seven days a week
- Log on to www.medicare.gov

We're here to help guide you toward getting the most from your healthcare plan and your retirement years.

To find out more about Medicare and the choices you have, you can talk to a Humana-certified agent. Humana can give you information about Medicare and help you understand your choices.

What's inside?

Overview.....2-8

Discover HumanaChoice (PPO) – the benefits of Original Medicare plus extra coverage and services.

Which plan is right for you?.....9-12

It's important to look at your costs and savings before you choose a Medicare Advantage plan. Complete this worksheet to see which plan is best for you.

Frequently asked questions13-16

Get answers about Humana Medicare Advantage and prescription drug plans.

Glossary17

Don't know what an insurance term means? Just look it up in the glossary.

Notice of Privacy Practice.....18-20

This notice describes how your information is accessed and disclosed.

Overview

Choosing which Medicare plan works for you is an important decision. That's why providing clear information to you is Humana's first priority. We'll listen to your needs and explain

Preventive services like mammograms, bone mass measurement, colorectal cancer screening, and diabetes monitoring training are covered at no extra cost to you.

options that may give you greater value for your money.

If you're enrolled in Medicare Part A and Part B, one of your options may be HumanaChoice (PPO). As a member of this plan, you're still a Medicare member. You must continue to pay your Medicare Part B premiums if not paid by Medicaid or another third party. But instead of getting your benefits from the traditional Medicare program, the government pays Humana to administer benefits for you.

With this plan, you enjoy all the benefits of Original Medicare – plus much more. HumanaChoice (PPO) gives you the coverage you need and the extras you deserve:

- Coverage for annual routine physical exam
- Coverage for medically necessary hospital care
- Preventive services like mammograms and colorectal cancer screening covered at no extra cost to you
- Built-in prescription drug coverage¹

You don't need a referral to see any healthcare provider, but you may reduce your out-of-pocket costs by using providers in Humana's network.

You can see a Humana network provider in any of our HumanaChoice (PPO) service areas and receive an in-network benefit. So, for example, if you live in Illinois and vacation in Florida, in-network providers are available in both locations.

Sometimes the selection of in-network providers is limited in certain geographic areas or in some specialties. If the network in your area doesn't offer the specialist you need, you may be allowed to go to a non-network provider at the in-network rate. Be sure to contact non-network doctors before you see them to make sure they accept Medicare assignment and have agreed to accept payment from Humana.

The "Choice" in HumanaChoice (PPO):

- Freedom to see healthcare providers of your choice
- No referral needed to see provider
- Extra services from Humana at no extra cost to you

Best of all, you get all this for less than you'd pay for most Medicare supplement plans.² Take a closer look at a HumanaChoice (PPO) plan.

We think you'll like what you see. Then call to set up an appointment or visit our website at **Humana-Medicare.com**.

¹ You always have the option of prescription drug coverage, but in some areas Medicare Advantage plans are available without prescription drug coverage.

² You must continue to pay your Medicare Part B premiums.

Enroll early!

Enrollment begins Oct. 15, 2011, and continues through Dec. 7, 2011.

With Humana, you get support, guidance, and a choice of three convenient ways to enroll:

- **In person** – Attend a seminar or set up time in your home with a Humana representative. Call Humana at the number below to find out about seminars in your area or to arrange an appointment.
- **By phone** – Call Humana at **1-800-714-0160** (TTY:**711**). Hours are 8 a.m. to 8 p.m., seven days a week.
- **Online** – Go to our website, **Humana-Medicare.com**. Also, you may enroll in our plans through the Centers for Medicare & Medicaid Services Online Enrollment Center at www.medicare.gov.

For more information about enrolling, contact Humana.



The person discussing plan options with you is either employed by or contracted with Humana. The person may be compensated based on your enrollment in a plan.

Extra benefits and services

Get more value from your plan

HumanaChoice (PPO) – and most of Humana’s Medicare Advantage health plans – offers these services at no extra cost:

Know how your plan works for you

- **MyHumana personal website** – Log in to your secure website for details about your plan benefits and claims. You’ll also find lots of health tips and resources. Signing up is quick, easy, and free.
- **MyHumana Mobile App and Website** – To access your information while on the go, log in to your secure mobile website or download our iPhone or Android app for details about your plan benefits, find a doctor in network, find a lower drug cost alternative, review your claims and more.
- **Monthly statement** – SmartSummary® makes it easy to see how you’ve used your Humana plan and what you’ve spent. It also offers tips on how to save on prescription drugs. We send this statement to you monthly if you had claims for the previous month.
- **Prescription home-delivery service** – *RightSourceRx*®, Humana’s preferred prescription home-delivery service, mails up to a three-month supply¹ of your medicine to your home. *RightSourceRx* may also help you save money with 90-day pricing incentives, generic alternatives, and free standard delivery. **Visit *RightSourceRx.com*** for more information. Other pharmacies are available in our network.

¹ Specialty drugs are limited to a one-month (30-day) supply (regardless of tier placement).

² Not available on all plans.

³ The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they aren’t subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Humana grievance process.

Resources for you

- **HumanaFirst® Nurse Advice Line²** – Many plans offer the ability to speak with a registered nurse about illnesses or injuries anytime just by making a toll-free call. This service isn’t intended for emergencies. Use it when you need some advice on a less serious medical concern.
- **Rx Calculator** – While you’re online, use the Rx Calculator to estimate your monthly drug costs and when you’ll reach the various “stages” in your prescription drug coverage. Also get easy-to-understand information about using medicines safely and possible ways to save money.
- **Care management** – These programs are designed to support members in managing their health and living a healthier lifestyle.
- **Fitness program²** – Many Humana Medicare Advantage plans offer fitness programs to our members at no extra cost. In some places, the program also includes fitness center membership.

Save on dental and vision care³

- **Dental care discounts** – Save when you visit network dentists. Our nationwide network is one of the largest, with more than 110,000 dentist locations.
- **Vision care discounts** – Save with providers in EyeMed’s national Select network. The Select network has 40,000 provider locations, including LensCrafters®, Pearle Vision®, Sears Optical, Target Optical, and JCPenney™ Optical.

You, Feeling Better, with Humana Active Outlook[®]

Learn to live a healthier, more fulfilled life with the award-winning¹ **Humana Active Outlook** Program. No matter what your personal health goals are, this free health and wellness education program can help.

- Discover new things in **HAO** Magazine, health tracking materials, and **Live It Up!**, a digest with practical tips for those living with chronic conditions
- Learn from custom health and wellness information and interactive tools at **HumanaActiveOutlook.com**
- Explore new experiences at **Humana Active Outlook** classes and workshops, health education seminars, and community volunteer fairs
- Find support for healthy changes with programs from Humana²:
 - Stop smoking with QuitNet Comprehensive
 - Work toward wellness with Humana personal health coaching
 - Receive precooked frozen meals from Well DineSM after a hospital stay
 - Get fit with Humana Fitness
 - Seek help from specially trained senior consultants
 - Learn to live better with personalized health support for chronic health conditions



1 **Humana Active Outlook** has won more than 100 prestigious national publishing honors from competitions including the APEX Awards for Publication Excellence and the MarCom Awards.

2 These programs may not be available with all plans. Ask your sales representative for details in your area.

For details, visit
HumanaActiveOutlook.com

HumanaVille²

HumanaVille.com, your destination for health and wellness information in a fun and entertaining environment. You will be able to access tools and helpful information, watch videos, and interact with others through games and forums.

Doctors and hospitals in Humana's network

If you use an out-of-network provider, your share of the costs for covered services may be higher. This could happen even if your cost share is the same for both in-network and out-of-network providers. Out-of-network providers may be able to bill a higher fee than in-network providers.

It's best to ask an out-of-network provider to bill your plan first. If you pay for the covered services, you'll be reimbursed for the plan's share of the cost, if those services were medically necessary.

Physician Finder Plus – Humana's online "provider look-up" tool – is the easiest way to find doctors, hospitals, and other healthcare providers in Humana's networks. With this tool, you can:

- Find the most recently updated list of in-network providers quickly
- Get provider phone numbers, addresses, and directions
- Customize your search by specialty and other criteria, as well as distance from an address
- Find a certain provider by name, group, or facility

The online search tool is available in three places:

- **On Humana-Medicare.com** – Enter your ZIP code on the main page to reach our plan comparison tools, then choose the link for doctors or hospitals
- **On Humana.com** – Choose the "Find a Doctor" tab from the home page
- **On MyHumana** – After your plan is effective, log in to your secure website on Humana.com; choose a link under "Provider Search"

In addition, we can provide information

by phone or send a printed directory.

Just call **1-800-714-0160** (TTY: **711**).

Hours are 8 a.m. to 8 p.m., seven days a week.

You may pay more for covered services received outside the network.

Pharmacies in Humana's network

Here are some of the in-network pharmacy chains available to Humana Medicare members.

You must use network pharmacies. Our pharmacy network includes mail order, retail, long-term care, home infusion, and Indian/Tribal/Urban pharmacies. For a complete list of pharmacies in our network – with addresses and phone numbers for more than 60,000 pharmacies nationwide, including more than 20,000 independent pharmacies – visit **Humana-Medicare.com**, go to m.humana.com or download the MyHumana app to find a pharmacy in your network.

Acme Pharmacy	CVS, Inc.	Hy-Vee, Inc.
AHF Pharmacies	Dahl's Pharmacies	Ingles Markets Inc.
Ahold (Giant, Martins, Super G, Stop & Shop)	Dierberg Family Pharmacies	Instymeds
Albertson's (Sav-On, Osco, Biggs, Cub, Shoppers, Shop n Save)	Discount Drug Mart	Jordan Drug
Allcare Pharmacy	Doc's Drugs LTD	Kash n' Karry
Allina Health System	E.W. James Pharmacy	Kerr Drug Inc.
Apothecary Shop of Arizona	Fagen Pharmacy	Knight Drugs
Astrup Drugs	Family Pharmacy	King Kullen Pharmacies Corp.
Auburn Pharmacies	Food City Pharmacies	Kinney Drugs
Aurora	Food Lion	Klingensmith's Drug Stores
Basha's	Fred's Stores of Tennessee, Inc.	K-Mart
Bartell	Fruth Pharmacy, Inc.	Kroger Family of Pharmacies (Fred Meyer, Fry's, King Sooper, City Market, Dillon, Baker's, QFC, Ralph's, Smith's)
Bi-Mart	Giant Eagle Inc.	Lewis Drug, Inc.
Bi-Lo	Giant Pharmacies	Lifechek Drug
Big Y Foods, Inc.	Good Day Pharmacies	Long's of SC
Boone Drug	Gristede's	Lovelace Pharmacy
Brookshire Bros.	Haggen/TOPS	Marc Glassman, Inc.
Brookshire's Grocery Co.	Hannaford Bros.	Market Basket
Buehler Food Markets Inc.	Harmons	Marsh Drugs, LLC
Busch's	Harp's Food Stores	Martin's Pharmacies
Community Pharmacies	Harris Teeter, Inc.	Medicine Chest
Concord Pharmacy	Hartig Drug Co.	
Costco	Harvard Vanguard	
Crest Pharmacy	HealthPartners	
	HEB	
	Hometown Pharmacy	

Medicine Shoppe/ Medicap	QVL Pharmacies	Spartan Retail
Mediserv, Inc.	Raley's	St. John Pharmacies
Meijer, Inc.	Ramey/Price Cutter	Super Rx Pharmacy
Minyard Food Stores, Inc.	Realo Discount Drug	Supervalu Family of Pharmacies
Nash Finch (Erickson's)	Receipt Pharmacy	Target
Navarro Discount Pharmacies	Red Cross Pharmacy	Thriftway Associates
Niagara Pharmacy	Remke Markets	Thrifty White Drug
Nucara	Ridley's Pharmacies	Times Supermarket
Osborn Drugs	Rite-Aid	Tops Markets
Pamida	Ritzman Drugs	United Drugs
Park Medical	Rosauers Supermarkets, Inc.	United Supermarkets, Inc.
Park Nicollet	Rx Discount Pharmacy	USA/Super D (Ike's, May's, Med-X)
Patient First Pharmacy	Safeway Inc. (Carrs, Dominicks, Gennuardi's, Randalls, Tom Thumb, Vons)	U-Save Rx
Pharmkee	Save Mart Supermarkets	U-Save It
Pharma-Card, Inc.	Sav-Mor	WakefernFood Corp/ Shoprite
Pharmaca Integrative	Schnuck Markets, Inc.	Walgreens
Piggly Wiggly Carolina Co.	Scolari's	Wal-Mart and Sam's Club
Prairiestone Pharmacies	Scott & White	Weber Judd Company
Price Chopper Pharmacies	Shopko	Wegmans
Publix	Snyder's Drug Stores, Inc.	Weis Markets Inc.
Q Pharmacy	Southern Family Markets	Winn-Dixie
QoL Meds		Yoke's Pharmacies
Quick Chek Food Stores		

For more information about other types of pharmacies available to you, call Customer Care at **1-800-714-0160**. (TTY: **711**). Hours are 8 a.m. to 8 p.m., seven days a week.

Discount program for brand-name medicines¹

- The Centers for Medicare & Medicaid Services (CMS) is the federal agency that runs Medicare. They have worked with drug companies to give you discounts on your medicines. As a result, you'll get almost 50 percent off on covered brand-name prescriptions while you're in the coverage gap.

Coverage in the gap for generic medicines

- CMS will work with health plans to help you pay for generic drugs while in the coverage gap. Your plan will cover 14 percent of the generic drug costs in 2012. If you already have generic coverage in the coverage gap, you may not qualify for more help.

¹ If you receive a low-income subsidy or have an employer-sponsored retiree drug plan – with the exception of employer groups with waivers – you won't be eligible for this discount.

Which Plan is Right for You?

Cost and Coverage Worksheet

This worksheet is designed to help you make an informed decision about whether a Medicare Advantage plan or stand-alone Medicare Part D plan is right for you. Keep in mind that this worksheet is solely for your use. **It isn't part of the application process.**


You don't need to share this information with any Humana representative.

You're ultimately responsible for selecting the plan that's appropriate for you.

To complete the worksheet, you'll need:

- The Summary of Benefits for your current coverage
- The plan you're considering
- A calculator

If you're only comparing prescription drug plans, you can skip Step 2.



Please be aware that this worksheet doesn't account for participation in these programs that may have an impact on your costs and coverage:

- ✓ VA Benefits
- ✓ TRICARE
- ✓ Medicaid
- ✓ State Pharmacy Assistance Programs

Your current healthcare coverage

Write what you pay each month for your current coverage, and then write what you'd pay with the new plan. If you don't have the type of plan listed, just put a "0" on the line.

MONTHLY PREMIUMS

	Your current plan(s)	The new plan you're considering
Medicare Supplement Insurance	\$ _____	\$ _____
Group Health Plan	\$ _____	\$ _____
Medicare Advantage Plan	\$ _____	\$ _____
Prescription Drug Plan	\$ _____	\$ _____
• Total the numbers above then multiply each column by 12 to find your estimated annual plan premiums	\$ _____ x12	\$ _____ x12
	= \$ _____	= \$ _____

Your medical costs

Skip this step if you're only comparing prescription drug plans.

Write what you've paid out of pocket in the past year, then what you expect to pay with the new plan. If you don't expect to use a service listed, just put a "0" on the line.

ANNUAL OUT-OF-POCKET MEDICAL COSTS

	Your current plan(s)	The new plan you're considering
Doctor's visits	\$ _____	\$ _____
Inpatient at a hospital	\$ _____	\$ _____
Skilled care facility	\$ _____	\$ _____
Home health	\$ _____	\$ _____
Diagnostic tests – labs, X-rays	\$ _____	\$ _____
Ambulance	\$ _____	\$ _____
Emergency room	\$ _____	\$ _____
Durable Medical Equipment (like a wheelchair, walker, etc.)	\$ _____	\$ _____
Other covered costs	\$ _____	\$ _____
• Total the numbers above to find your estimated annual out-of-pocket medical costs	= \$ _____	= \$ _____

Your prescription drug costs

Write the names of the drugs you take now or expect to take. For both your current plan and the plan you're considering, check whether the drug is covered and enter the estimated monthly cost. Multiply the monthly cost by the number of months you'll fill the medicine to find your estimated cost per year.

ANNUAL OUT-OF-POCKET MEDICAL COSTS

Medicine name:	Your current plan(s)				The new plan you're considering			
	Is it covered?	Cost per month	# of months filled	Cost per Year	Is it covered?	Cost per month	# of months filled	Cost per Year
_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	x _____	= \$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	x _____	= \$ _____
_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	x _____	= \$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	x _____	= \$ _____
_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	x _____	= \$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	x _____	= \$ _____
_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	x _____	= \$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	x _____	= \$ _____
• Total the "Cost per year" to find your estimated annual out-of-pocket drug costs				= \$ _____	= \$ _____			

Your total costs

Now go back and find the annual totals you calculated on steps 1, 2, and 3. Write those numbers here, then add up the rows to estimate your total annual costs for your current plan and the plan you're considering.

TOTAL ANNUAL COSTS

	Your current plan(s)	The new plan you're considering
Premiums	\$ _____	\$ _____
Medical costs	\$ _____	\$ _____
Drug costs	\$ _____	\$ _____
• Your estimated total costs for the plan year	= \$ _____	= \$ _____

What happens now?

- Complete an application
- Humana submits to CMS to confirm your eligibility
- Humana calls you:
 - To verify your intent to enroll
 - A nurse may call about chronic conditions or other special needs
 - Your agent will call to ensure all is going well
- You'll receive your ID card in seven to 10 days
- After Humana receives enrollment, we'll send you a Benefits Package. It will arrive in seven to 10 days and include:
 - A booklet containing your Summary of Benefits, Provider Directory showing providers nearest to your home and a Prescription Drug Guide
 - A guide to getting started with Humana

In the coming months. . .

- You'll receive your Evidence of Coverage – we'll mail this within 10 days of CMS approving your enrollment.
- If you have a medical or prescription drug claim, you'll receive your SmartSummary statement monthly.
- Use your plan and the extras, especially the preventive benefits



Frequently asked questions

It's important to ask questions before you choose a Medicare plan. Here are some common questions and answers about the HumanaChoice (PPO) plan.

Q. I've just become eligible for Medicare. When can I enroll in HumanaChoice (PPO) plan?

A. Anyone who is just becoming eligible for Medicare can enroll in a Medicare Advantage or prescription drug plan. You become eligible on the first day of the month of your 65th birthday or when declared eligible for Medicare due to disability. If your birthday is the first day of the month, you're eligible on the first day of the prior month. You can enroll three months before and up to three months after you become eligible for Medicare Part A or B.

If you don't sign up for Medicare when you're 65, you'll pay a penalty for signing up at a later time. For more details, go to Humana-Medicare.com or www.medicare.gov.

Q. Can I get additional help with my plan decisions from my family or friends?

A. Many people trust someone else to help with healthcare matters. For instance, a spouse, sibling, grown child or close friend may help you:

- Talk with your insurance plan
- Keep track of your benefits and claims
- Answer healthcare questions
- Get the care you need in an emergency

Humana calls this person a "caregiver." We can share your information with this person but, by law, we need your permission. To give your permission, you'll need to read and sign a consent form. Here's what to do:

- Go to **Humana.com/caregiver**
- Select the "Caregiver Access" link at the bottom of the page
- Look for the "Allow Caregiver Access to Your Humana Plan Details" – you can download the form in English or Spanish
- Print the form, fill it out, and sign it
- Follow the instructions on the form to mail or fax it back to Humana

This consent only allows insurers to share health plan information with your caregiver. It's different from granting medical power of attorney, which allows someone to make decisions about your care.

Q. Do I need to select a primary care physician for HumanaChoice (PPO)?

A. No. If you select HumanaChoice (PPO), you don't need to choose a primary care physician. However, it's a good idea to have one doctor to coordinate your care – someone who knows you, your medical history, and any medicines you take. Make sure the doctor you choose accepts Original Medicare. Remember, you could save money by using an in-network doctor.

Q. I'd like to see a specialist who's listed in your Provider Directory. Can I see that doctor?

A. If you're enrolled in HumanaChoice (PPO), you can see any specialist you like without a referral. Just remember, you may save money by using an in-network specialist.

Q. Are there any reasons why I couldn't enroll in a Humana plan?

A. Except for the limitations listed below, you're guaranteed acceptance into a HumanaChoice (PPO) plan, regardless of your age or health status.

- The plan must be open for new enrollments.
- You must live in the plan's service area.
- You must be enrolled in Part A and Part B of Medicare. If you're enrolled in Part B only, you must purchase Part A from the Social Security Administration.
- Federal law won't allow Humana to accept anyone who has End-Stage Renal Disease (ESRD) – kidney failure – unless you:
 - Have had a successful kidney transplant
 - No longer need regular dialysis
 - Are currently enrolled in a Humana plan in the same state
 - Were a member in a Medicare Advantage plan that was terminated or discontinued after Dec. 31, 1998, and this is the first time you're choosing a new plan since then.

Q. How do I pay my monthly plan premium?

A. If your Humana plan has a monthly premium, you have five payment options:

- **Deduction from your Social Security check¹** – With this method, you can avoid the hassle and expense of sending a monthly check to Humana. Your payment is always on time. The Social Security Administration will send you a yearly summary of premiums deducted.
- **Deduction from your Railroad Retirement Board (RRB) benefit check¹** – This method also lets you avoid sending a check to Humana each month. Your payment is always on time. You must currently receive a RRB benefit check to qualify for this payment
- **Automatic withdrawal** – Have your monthly plan premium deducted from your checking account.
- **Automatic payment by credit card** – Have your plan premium charged to a credit card each month.
- **Personal check** – We'll send you a book of payment slips. Just write a check each month and mail it with that month's payment slip.

When you enroll in a Humana Medicare Advantage plan, let your Humana agent know which method works best for you. If you decide to change your payment method, just call us and we'll make the change for you.

If you switch to a Social Security or Railroad Retirement Board deduction, it may take up to three months for the change to take effect. Your original payment method will stay in effect during the transition time. You'll receive a letter to confirm when your new payment method has started.

Q. Can Humana cancel my membership in one of its health plans?

A. Humana can't cancel your membership for reasons of age or health. Humana can only cancel your membership if:

- You become ineligible for Medicare Part B or are no longer enrolled in Part A.
- You fail to pay any applicable monthly plan premiums.
- You engage in fraudulent or disruptive behavior that affects your health or the health of other members.
- Your temporary absence from the service area exceeds six consecutive months.
- Humana stops offering the plan in your area. If this happens, we'll notify you in advance and tell you about other Humana plans that may be available to you.
- Humana's annual contract with Centers for Medicare & Medicaid Services (CMS) isn't renewed for your service area. If this occurs, we'll notify you in advance.

Q. Do I need to show my red, white, and blue Medicare card when I visit the doctor?

A. No, you won't use your Medicare card while you're a Humana member. You'll get a Humana ID card that you show anytime you receive healthcare, whether you're visiting a doctor, having a prescription filled, or going to the hospital. However, it's a good idea to keep your Medicare card with your Humana ID card.

Q. What if I have coverage through other health insurance, such as Medicaid?

A. In this case, show your Humana ID card and all other insurance cards when you see a healthcare provider. While your Humana coverage replaces Original Medicare, it may be combined with other types of health insurance coverage you have. This is called "coordination of benefits" because it involves combining all of the health benefits available to you.

Q. What should I do if I need prescriptions filled before I receive my ID card?

A. If you need to fill a prescription after your coverage begins but before you receive your Humana ID card, go to a Humana in-network pharmacy. Tell the pharmacist which Humana Medicare plan you chose and take a copy of your temporary proof of membership. Temporary proof of membership could be a receipt from your sales representative, a copy of your enrollment form, or a printable ID card you can get from **Humana.com**.

Q. How can I get extra help paying for my Humana plan coverage?

A. People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for up to 100 percent of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won't be subject to the coverage gap or a late-enrollment penalty. Many people are eligible for these savings and don't know it. For more information about this extra help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

Q. What are my protections with this plan?

A. Each year, all Humana health plans in the Medicare program agree to stay with the program for the full contract year. Even if a Medicare health plan leaves the program, you won't lose Medicare coverage. If Humana discontinues your plan, we must send you a letter at least 60 days before your coverage ends. The letter will explain your options for healthcare coverage in your area and your right to obtain Medicare supplement insurance coverage. You can choose another health plan if one is available, or you can receive coverage through Original Medicare.

You have the right to ask for an exception to Humana's rules about prescription drug coverage. To ask for an exception, you or your doctor can contact Humana by phone, fax, or letter.

If you feel Humana has incorrectly denied your claim or request for prescription drug coverage, you can write Humana to appeal. You can call to request an expedited appeal process if Humana denied coverage for medicine you need urgently. If you aren't satisfied with Humana, its employees, or providers in Humana's network, you can file a grievance. You can call or write Humana to express your grievance.

For more details about exceptions, appeals, and grievances, refer to the Evidence of Coverage book you receive after your enrollment. Also, you can call Humana at **1-800-457-4708** (TTY: **711**) for more information. Hours are 8 a.m. to 8 p.m., seven days a week. If you are asked to leave a message, we'll call you back by the end of the next business day.

Q. Will this plan be available next year?

A. We fully expect this plan to be available next year. However, CMS (Centers for Medicare & Medicaid Services) requires that we share the following. This plan may not be available next year. This could happen because, by law:

- Humana may choose not to renew our contract with CMS
- We may reduce our service area
- CMS may refuse to renew our contract

One of these actions could cause a termination or non-renewal of your plan.

1 If paying premium by Social Security or Railroad Retirement Board deduction, your first deduction usually takes three months to start. That means three months of premiums will likely be deducted at once. After that, only one premium will be deducted each month.

Glossary

The health insurance business has its own language – but we try to simplify it for you.

Here are definitions of some common “insurance words.”

Caregivers – A spouse, sibling, grown child or close friend who provides support or care to a friend or family member who is ill, elderly or disabled.

Coinsurance – The amount you may be required to pay for services after you pay any plan deductibles. Coinsurance percentages add up to 100 percent. Example: If your plan pays 80 percent coinsurance, you pay 20 percent.

Copayment – The flat dollar amount you pay when you see a doctor, go to a hospital, or have a prescription filled.

Deductible – The amount you must pay before your health plan pays any benefits.

Medicare Advantage plan – A Medicare plan, offered by a private insurer, that includes all the benefits of Original Medicare and usually more, like prescription drug coverage. When you have a Medicare Advantage plan, you still have Medicare.

Original Medicare – The traditional Medicare plan managed by the federal government. If you don’t choose a Medicare Advantage plan, you’ll have the option of Original Medicare. With Original Medicare, you use your red, white, and blue Medicare card when you get healthcare or services and pay any applicable Medicare premiums, deductibles, and coinsurance.

Out-of-pocket costs – Any amounts you pay out of your pocket. These amounts include the deductible, copayments, and coinsurance specified in your plan.

Plan premium – The amount you pay each month for your health plan.

PPO – Short for “Preferred Provider Organization.” This type of health plan gives you freedom to choose your own doctors and hospitals. However, your out-of-pocket costs are usually lower if you choose healthcare providers in the plan’s network.

Total drug cost – The amount you and Humana pay for a prescription drug. This cost is a discounted amount, agreed upon by Humana and the participating pharmacy. So when you pay all or part of the drug cost, you get the benefits of Humana’s discount.

Notice of Privacy Practices for your personal health information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.

Relationships are built on trust. One of the most important elements of trust is respect for an individual's privacy. We at Humana value our relationship with you, and we take your personal privacy seriously.

This notice explains Humana's privacy practices, our legal responsibilities, and your rights concerning your personal and health information. We follow the privacy practices described in this notice and will notify you of any changes.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by law. This includes the right to make changes in our privacy practices and the revised terms of our notice effective for all personal and health information we maintain. This includes information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is personal and health information?

Personal and health information - from now on referred to as "information" - includes both medical information and individually identifiable information, like your name, address, telephone number, or Social Security number. The term "information" in this notice includes any personal and health information created or received by a healthcare provider or health plan that relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

We protect this information in all formats including electronic, written and oral information.

How does Humana protect my information?

In keeping with federal and state laws and our own policy, Humana has a responsibility to protect the privacy of your information. We have safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our associates about company privacy policies and procedures

How does Humana use and disclose my information?

We must use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services
- Where required by law.

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments
- For healthcare operation activities including processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of healthcare professionals, and determining premiums
- For performing underwriting activities. However, we will not use any results of genetic testing.
- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations such as to allow your plan sponsor to obtain bids from other health plans. We will not share detailed health information to your plan

sponsor unless you provide us your permission or your plan sponsor has certified they agree to maintain the privacy of your information.

- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you
- To your family and friends if you are unavailable to communicate, such as in an emergency
- To your family and friends or any other person you identify, provided the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation
- To public health agencies if we believe there is a serious health or safety threat
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence
- In response to a court or administrative order, subpoena, discovery request, or other lawful process
- For law enforcement purposes, to military authorities and as otherwise required by law
- To assist in disaster relief efforts
- For compliance programs and health oversight activities
- To fulfill Humana's obligations under any workers' compensation law or contract
- To avert a serious and imminent threat to your health or safety or the health or safety of others
- For research purposes in limited circumstances
- For procurement, banking, or transplantation of organs, eyes, or tissue
- To a coroner, medical examiner, or funeral director.

Will Humana use my information for purposes not described in this notice?

In all situations other than described in this notice, Humana will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not use or disclose your information for any

reason not described in this notice without your permission.

What does Humana do with my information when I am no longer a Humana member or I do not obtain coverage through Humana?

Your information may continue to be used for purposes described in this notice when your membership is terminated or you do not obtain coverage through Humana. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

The following are your rights with respect to your information:

- Access – You have the right to review and obtain a copy of your information that may be used to make decisions about you, such as claims and case or medical management records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for each page, a per hour charge for staff time to locate and copy your information, and postage.
- Adverse Underwriting Decision – You have the right to be provided a reason for denial or adverse underwriting decision if Humana declines your application or insurance.*
- Alternate Communications – You have the right to receive confidential communications of information in a different manner or at a different place to avoid a life threatening situation. We will accommodate your request if it is reasonable.
- Amendment – You have the right to request an amendment of information we maintain about you if you believe the information is wrong or incomplete. We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will give you a written explanation of the denial.
- Disclosure – You have the right to receive a listing of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for a period of six years at your request. If you request this list more than once in

a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

- Notice – You have the right to receive a written copy of this notice any time you request.
- Restriction – You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable privacy rights request forms. You may obtain any of the forms by:

- Contacting us at 1-866-861-2762 at any time
- Accessing our Website at **Humana.com** and going to the Privacy Practices link
- E-mailing us at privacyoffice@humana.com
Send completed request form to:

Humana Inc.
Privacy Office 003/10911
101 E. Main Street
Louisville, KY 40202

What should I do if I believe my privacy has been violated?

If you believe your privacy has been violated in any way, you may file a complaint with Humana by calling us at 1-866-861-2762 any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You also have the option to e-mail your complaint to OCRComplaint@hhs.gov. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.

Humana follows all federal and state laws, rules, and regulations addressing the protection of personal and health information. In situations when federal and state laws, rules, and regulations conflict, Humana follows the law, rule, or regulation which provides greater member protection.

The following affiliates and subsidiaries also adhere to Humana's privacy policies and procedures:

American Dental Plan of North Carolina, Inc.
American Dental Providers of Arkansas, Inc.
CarePlus Health Plans, Inc.
Cariten Health Plan, Inc.
Cariten Insurance Company
CompBenefits Company
CompBenefits Dental, Inc.
CompBenefits Insurance Company
CompBenefits of Alabama, Inc.
CompBenefits of Georgia, Inc.
CorpHealth, Inc. dba LifeSynch
Corphealth Provider Link, Inc.
DentiCare, Inc.
EmpheSys, Inc.
EmpheSys Insurance Company
HumanaDental Insurance Company
Humana AdvantageCare Plan, Inc. fna Metcare Health Plans, Inc.
Humana Benefit Plan of Illinois, Inc. fna OSF Health Plans, Inc.
Humana Employers Health Plan of Georgia, Inc.
Humana Health Benefit Plan of Louisiana, Inc.
Humana Health Insurance Company of Florida, Inc.
Humana Health Plan of California, Inc.
Humana Health Plan of Ohio, Inc.
Humana Health Plan of Texas, Inc.
Humana Health Plan, Inc.
Humana Health Plans of Puerto Rico, Inc.
Humana Insurance Company
Humana Insurance Company of Kentucky
Humana Insurance Company of New York
Humana Insurance of Puerto Rico, Inc.
Humana MarketPOINT, Inc.
Humana MarketPOINT of Puerto Rico, Inc.
Humana Medical Plan, Inc.
Humana Medical Plan of Michigan, Inc.
Humana Medical Plan of Pennsylvania, Inc.
Humana Medical Plan of Utah, Inc.
Humana Pharmacy, Inc.
Humana Wisconsin Health Organization
Insurance Corporation
Managed Care Indemnity, Inc.
Preferred Health Partnership of Tennessee, Inc.
The Dental Concern, Inc.
The Dental Concern, Ltd.

About Humana

Humana, headquartered in Louisville, Ky., is a leading healthcare company that offers a wide range of insurance products. Our health and wellness services use an integrated approach to lifelong well-being.

We use our strengths to find ways to enhance wellness opportunities for the millions of people with whom we have relationships.

Here's just some of what you'll get with Humana:

Enrollment support –

However you choose to enroll, we'll help you understand your options and make an informed choice.

Ability to customize your coverage –

Many of our Medicare Advantage plans have optional supplemental benefits, like dental and vision coverage, for an additional cost. This lets you customize your coverage for extra protection.

Easy-to-use benefits –

Just show your Humana ID card each time you receive medical care or services, then pay your share of the cost. Plus, among national health plans, Humana pays claims faster with the most approvals.¹

Support for your overall health and well-being –

If you have a healthcare need, chances are we have a wellness service or health program that can help.

To find out more about Humana, visit **Humana.com**.

¹ Athenahealth PayerView Survey 2009



A health plan with a Medicare contract, available to anyone enrolled in both Part A and Part B of Medicare. Medicare beneficiaries may enroll in the plan only during specific times of the year. Contact Humana for more information. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Plan benefits and cost-sharing may change from year to year.

You must use network pharmacies, except under non-routine circumstances. Quantity limitations, copayments, and restrictions may apply. If you are a member of a qualified State Pharmaceutical Assistance Program, please contact the Program to verify that the mail order pharmacy will coordinate with that Program.

This information is available for free in other languages.
Please contact our Customer Care number at **1-800-457-4708** (TTY: **711**) for additional information.

Esta información está disponible gratuitamente en otros lenguajes. Póngase en contacto con nuestro Departamento de Atención al Cliente al **1-800-457-4708** (TTY: **711**) si desea mayores informes.

HUMANA®

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