

Humana Gold Choice (PFFS)

2013 Health Benefits Presentation



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



Humana

Y0040_GHHHAAXHH CMS Approved 08012012



Experience behind the coverage

Humana is a leading health care company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being.

Dedication to the community

- Over Fifty years of helping people during their pre-retirement and retirement years

Financial stability

- Fortune 100 company

National coverage

- Providing Medicare plans in 50 states, Puerto Rico, and the District of Columbia

Let's talk about ...

1 Choosing a healthcare plan

2 Humana Gold Choice (PFFS)

3 How to enroll



Live - Life - Fully

Important Dates

1. Pre Enrollment: Oct. 1 – Oct. 14

- Compare your options and cost
- Be ready to enroll in a Medicare Advantage or stand-alone prescription drug plan by Oct. 15

2. Annual Election: Oct. 15 – Dec. 7

- If eligible, you can enroll in one of the following Medicare health plans:
- Medicare Advantage plan with or without prescription drug coverage or stand-alone prescription drug plan
- Your plan selection becomes effective Jan. 1, 2013

3. Annual Disenrollment: Jan. 1 – Feb. 14

- Medicare Advantage plan members can disenroll during this time.
- Medicare Advantage plan members can return to Original Medicare or enroll in a stand-alone drug plan. If you disenroll and return to original Medicare, you can still enroll in a stand-alone drug plan.
- **You cannot switch** to a different Medicare Advantage or stand-alone prescription drug plan during this time

4. Feb. 15 – Oct. 14

- You aren't allowed to make a plan change unless special circumstances arise – you move, you qualify for or lose eligibility for Medicaid, etc.

This information doesn't apply to Medicare Supplement Plans or Original Medicare

Today's Medicare environment

Original
Medicare

Supplement
Plan

Medicare
Part D

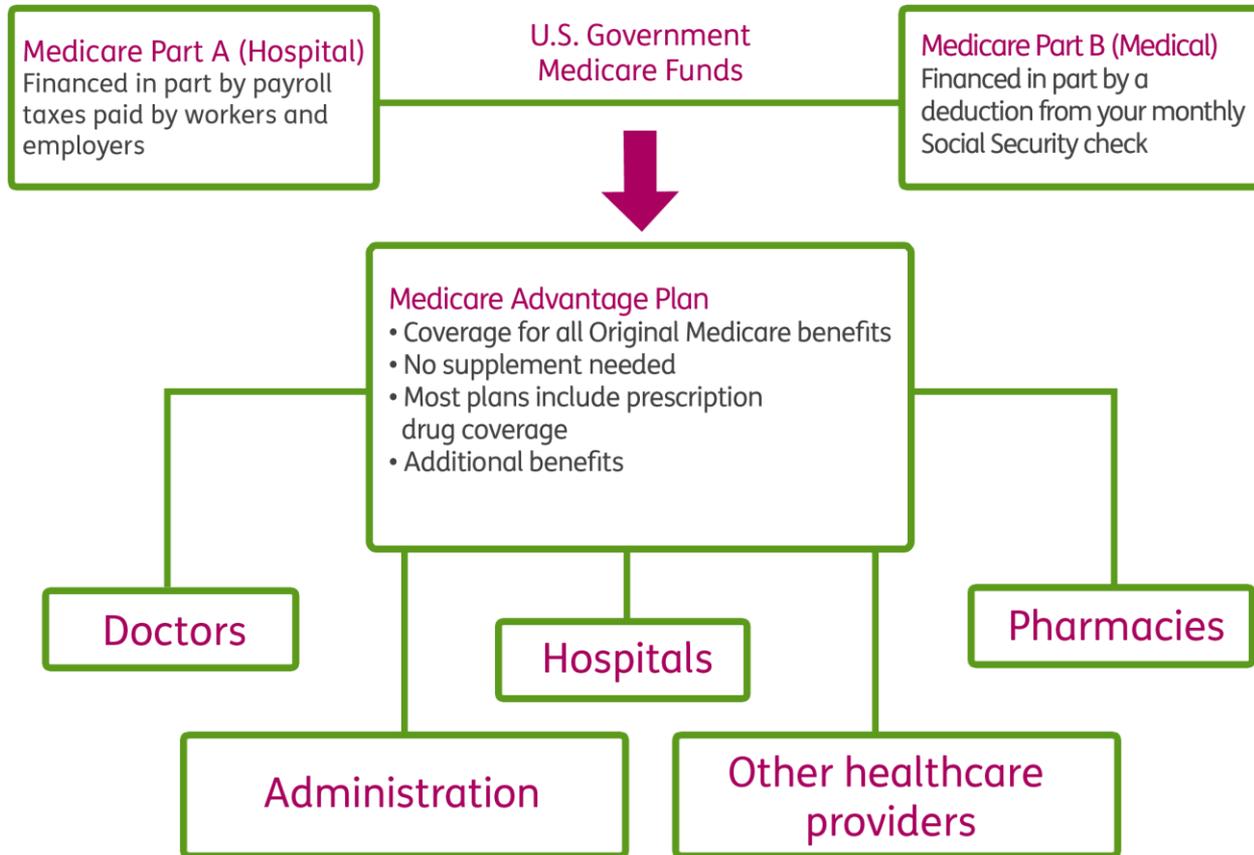
Or

Medicare
Advantage
Plan with
Prescription
Drug
Coverage

What are Medicare Advantage (MA) health plans?

- Medicare Advantage (MA) plans are called Medicare Part C
 - Private insurance companies approved by Medicare provide this coverage
- MA plans aren't the same as Medicare Supplement (Medigap) insurance
- Medicare pays the plan (Humana) to administer your benefits
- MA plans must offer all benefits of Original Medicare and can include Part D prescription drug coverage and may offer additional coverage such as: dental, vision, hearing and health wellness plans.

How can Humana offer these benefits?



Private-Fee-for-Service (PFFS)

- No referral needed to see any doctor
- Most plans include provider networks but any provider can participate EXCEPT
 - ✓ Your doctor must agree to accept the Private-Fee-for-Service plan's payment terms and conditions
 - ✓ For plans with Rx coverage, you must use network pharmacies to obtain prescription drugs, except in emergencies or urgent situations

Private-Fee-for-Service (PFFS)

- **Before seeing a provider you should consider . . .**
- If a provider decides not to accept the terms of the plan, you will need to find another provider who will
- If your PFFS plan has a network, you can still receive services from non-network providers. However, you may pay more to see a doctor or other healthcare professional who isn't in our network.
- Private-Fee-for-Service plans **do not** pay after Medicare pays its share.
- If your provider chooses to provide services, then your provider must bill the Private-Fee-for-Service plan for your covered healthcare services. Your provider may not bill you.
- You're required to pay the appropriate deductibles, copayments, and coinsurance.

Private-Fee-for-Service (PFFS)

- A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. We have network providers - that is, providers who have signed contracts with our plan - for all services covered under Original Medicare in our fully networked plans.
- For partial network plans, contracted providers are limited to certain durable medical equipment and home health providers, as well as some freestanding labs and hospitals. These providers have already agreed to see members of our plan. If you obtain covered services from network providers, you may pay less – even if your coinsurance is the same for both in-network and out-of-network services.

Private-Fee-for-Service (PFFS)

- If your provider isn't one of our network providers, or if you have a non-network plan, then the provider is not required to agree to accept the plan's terms and conditions of payment, and your provider may choose not to provide health care services to you, except in emergencies.
- If this happens, you'll need to find another provider that will accept our terms and conditions of payment.
- Providers can find the plan's terms and conditions of payment on our website at www.humana-medicare.com/medicare-advantage-plans/humana-gold-choice-terms-conditions.asp

The right plan for your needs

- What type of plan do you have now?
- What do you like about your coverage?
- What would you add to your current coverage to make it ideal for you?
- Who helps you make decisions about your healthcare?

Are you eligible?

- Enrolled in Medicare Part A and Part B through age or disability?
- Permanent resident in service area?
- Do you have End-Stage Renal Disease (ESRD)?

Federal law won't allow us to accept anyone who has End-Stage Renal Disease, commonly called kidney failure, unless you:

1. Are a member of another health plan offered by the same organization within the same state, or
2. Were enrolled in a Medicare Advantage plan that was terminated or discontinued after Dec. 31, 1998, and this is your first election following that plan termination or discontinuance.

Next Steps

Enrollment

- Review benefits
- Complete application to enroll

Once you become a member

- You'll receive your ID card
- Complete Humana's Health Assessment (you may qualify for special health programs)
- Take full advantage of your plan and the extras
- Contact Humana or your Humana Agent any time you want
- Attend a member orientation

Extra help

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, seven days a week;
- The Social Security office at 1-800-772-1213 between 7 a.m. and 7 p.m. Monday through Friday. TTY users should call, 1-800-325-0778
- Your state Medicaid office

Where to find information:

- “Medicare and You 2013” handbook
- www.medicare.gov
- Your local State Health Insurance Program (SHIP)

Humana is a Medicare Advantage organization with a Medicare contract. You must continue to pay your Medicare Part B premium. A Medicare Advantage Private Fee-for-Service plan is not a Medicare supplement plan. Providers who do not contract with our plan are not required to see you except in an emergency. Medicare beneficiaries may enroll in the plan only during specific times of the year. Contact Humana for more information. With the exception of emergencies and urgent care situations it may cost more for covered services received outside the network. This information is available for free in other languages.

This information is available for free in other languages. Please call Customer Care at 1-800-457-4708 TTY 711, 8 a.m. to 8 p.m, seven days a week, Sept. 11, 2012 – Feb. 14, 2013 and 8 a.m. to 8 p.m., Monday-Friday, Feb. 15, 2013 – Sept. 10, 2013.

Este documento está disponible en formatos o lenguajes alternativos. Llame al Departamento de Servicio al Cliente al 1-800-457-4708 TTY 711, de 8 a.m. a 8 p.m, los siete días de la semana, del 11 de septiembre de 2012 al 14 de febrero de 2013 y de 8 a.m. a 8 p.m., de lunes a viernes, del 15 de febrero al 10 de septiembre de 2013.

