

MORE WAYS TO ADD TO YOUR COVERAGE

Special Needs Plans

Medicare Special Needs Plans (SNPs) are available only to people with specific chronic conditions or circumstances. These plans include tailored benefits, providers and Drug Lists to meet members’ needs.

For more information about Medicare Supplement insurance plans and SNPs, go to [www.medicare.gov](http://www.medicare.gov) and search these subjects.

Medicare Supplement insurance plans

You can purchase Medicare Supplement insurance plans to complement Original Medicare. A supplemental plan will help with some costs Medicare Parts A and B don’t pay, like copayments, coinsurance and deductibles.

WHERE CAN I FIND OUT MORE?

Medicare Advantage

Medicare Advantage plans usually include extra benefits and services beyond Original Medicare, like fitness programs, access to mail-delivery pharmacy and more. See Medicare Part C.

See “Medicare & You” handbook at [www.medicare.gov](http://www.medicare.gov).

Medicare Supplement insurance plans

See “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare” at [www.medicare.gov](http://www.medicare.gov).

State health insurance assistance programs

Go to [www.shiptalk.org](http://www.shiptalk.org).

Financial assistance for those with limited incomes

See if you qualify by contacting your state Medicaid office or call the Social Security Administration at **1-800-772-1213**. If you use a TTY, call **1-800-325-0778**.



Terms to know

HMO. Deductible. Out-of-pocket costs. Knowing commonly used terms can help you understand your healthcare and coverage.

**Annual Enrollment Period (AEP):** From Oct. 15 – Dec. 7, Medicare-eligible people can enroll in, disenroll from or change to a Medicare Advantage or Medicare prescription drug plan for the following year.

**Initial Enrollment Period (IEP):** When you’re eligible to sign up for Medicare Part A or Part B for the first time.

**Medicare:** Health insurance for people 65 or over, those under 65 with certain disabilities and people any age with end-stage renal disease.

**Original Medicare Parts A and B:** Original Medicare is the federal government’s traditional fee-for-service program that pays directly for your healthcare. You can see any doctor who takes Medicare, anywhere in the country.

**Health maintenance organization (HMO):** A type of health plan. Generally, a primary care provider arranges your healthcare in the plan’s provider network.

**Preferred provider organization (PPO):** With this type of plan, you choose your own doctors and hospitals. Your out-of-pocket costs may be lower if you choose network providers.

**Private-fee-for-service (PFFS):** These plans require you to find healthcare providers who accept Medicare and the plan’s terms. Some have a provider network. You can see out-of-network providers who accept the plan but you may pay more. A PFFS plan is not for Medicare Supplement insurance. Non-contracted providers are not required to see plan members except in an emergency.

**Special Needs Plan (SNP):** Plans that may offer benefits, providers and Drug Lists designed to meet specific needs. People with chronic conditions, like diabetes, or who have both Medicare and Medicaid, may benefit from these plans.

**Coinsurance:** A percentage of your medical and drug costs that you pay out of your pocket. Some plans may require that you pay a deductible first.

**Copayment:** The fixed dollar amount some plans require you to pay when you receive medical services or have a prescription filled.

**Deductible:** The amount you pay for medical services or prescriptions before your plan pays for your benefits.

**Formulary:** Also called a Drug List, the formulary lists drugs your plan covers. It’s often divided into tiers based on how much your plan pays for drugs in that group.

**Mail-delivery pharmacy:** These pharmacies allow you to order and have your medicines and supplies (like diabetes test strips) mailed to you. Many mail-delivery pharmacies will fill maintenance medications for up to a 90-day supply and provide regular refill reminders.

**Medically necessary:** Medicare defines this as services or supplies needed for the diagnosis or treatment of a medical condition. These services and supplies must meet local standards of good medical practice and cannot be mainly for the convenience of you or your doctor.

**Network:** A group of healthcare providers who have agreed to provide care based on a plan’s terms and conditions. They include doctors, hospitals and other healthcare professionals and facilities.

**Out-of-pocket costs:** Anything you are required to pay for medical care, prescriptions and other healthcare services. These include coinsurance, copayments and deductibles.

**Premium:** What you pay Medicare or a health plan for healthcare coverage, usually on a monthly basis.

<sup>1</sup>Centers for Medicare & Medicaid Services (Ed.). (2015, July 28). On its 50th anniversary, more than 55 million Americans covered by Medicare. Retrieved from [www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-07-28.html](http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-07-28.html)

Humana is a Medicare Advantage, HMO, PPO and PFFS organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Medicare Supplement plans are not connected with or endorsed by the U.S. Government or the federal Medicare program. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost share may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Other mail-delivery pharmacies are available in network. Out-of-network/non-contracted providers are under no obligation to treat Humana members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services. The pharmacy network and provider network may change at any time. You will receive notice when necessary.

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If you are within three months of turning 65, you are eligible for the Medicare Initial Enrollment Period (IEP) and can enroll in a Medicare plan. If you’re already enrolled in Medicare, you can enroll in a Medicare Advantage and prescription drug plan, or make changes to your Medicare Advantage plan, during the Annual Enrollment Period (AEP) October 15 through December 7 each year.

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Medicare is the U.S. government’s largest health insurance program. When Medicare celebrated its 50th anniversary in 2015, it covered more than 55 million U.S. citizens and legal residents 65 and older, and people who qualified due to disability or end-stage renal disease (ESRD). The Centers for Medicare & Medicaid Services (CMS), part of the U.S. Department of Health & Human Services, runs Medicare.<sup>1</sup>

Make sure you’re Medicare-eligible

Visit [www.medicare.gov](http://www.medicare.gov) or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. If you use a TTY, call **1-877-486-2048**.

✔ Plan choice considerations		
Cost	Benefits	Doctors and hospitals
How much will you pay for premiums, deductibles, coinsurance and copayments?	Does the plan include prescription drug coverage or other additional benefits?	Do your doctors, hospitals, pharmacies and other providers accept the plan?
Convenience	Healthcare history	Healthcare future
Must you complete claim forms? Are your providers nearby? Can you get pharmacy purchases by mail?	How often have you needed care in recent years? Do you have a chronic condition requiring ongoing care?	You may not spend much on prescriptions now but may in the future. Medicare Part D can help cover their cost.





# Life is all about choices

Traveling. Spending time with family. Taking up new hobbies. Whatever you enjoy, you’re looking forward to enjoying more of it. Taking care of your health can help you do just that—to be ready for the great things ahead.

Humana developed this guide to help you decide which Medicare coverage—Original Medicare, Original Medicare with a Medicare Supplement insurance plan or a Medicare Advantage plan—is right for you. We’ll clarify Medicare’s basics, its parts and what it covers. We’ve included references leading to additional information. It’s all here to help you make your best choices.

## Medicare Parts A and B

Original Medicare

### Medicare parts A and B, offered by the federal government

Medicare Part A helps cover hospital, skilled nursing, home health and hospice care.

Medicare Part B helps cover doctor visits, outpatient and preventive care. It also helps pay for services Part A doesn’t cover, like occupational and physical therapies.

### Good coverage, but not complete

Medicare Parts A and B cover much of your medical care but not all of it, and you typically pay a deductible and coinsurance when you use it. That’s why many people buy coverage with benefits beyond those included in Original Medicare.

## Medicare Part C

Medicare Advantage (MA)

### Medicare Part C, offered by a private company

Medicare Part C is Medicare Advantage. It covers everything Original Medicare Parts A and B cover, and may include prescription drug coverage. You must have both Medicare Parts A and B to join a Medicare Advantage plan.

### Medical coverage and more

Medicare Advantage plans usually include extra benefits and services—like fitness programs and gym memberships, mail-delivery pharmacy access, health education programs, and a 24-hour nurse advice line—and may lower your out-of-pocket costs. You may also be able to customize your plan to meet your needs with optional supplemental benefits, such as dental or vision coverage, for an added cost.

## Medicare Part D

Prescription drug plan

### Medicare Part D, offered by a private company

Part D is a prescription drug plan for people with Medicare. It must offer at least the basic benefits required by Medicare.

### Learn more about Medicare Advantage plan types

#### Health maintenance organization (HMO)

Generally, a primary care physician arranges your healthcare in the plan’s network.

#### Preferred provider organization (PPO)

Choose any provider, although you may pay less for services from in-network providers.

#### Private-fee-for-service (PFFS)

Generally, more freedom to choose providers may be available; however, a network arrangement may still apply.

## How does the Part D coverage gap affect costs of my medicines?

Most Medicare prescription drug plans have a coverage gap, also known as the donut hole. Not everyone will reach it. You enter the donut hole after you and your plan have spent a certain amount for covered drugs. During the gap, you have to pay a higher percentage of your drug costs.

Phase  
1

Once you’ve met your deductible, your plan pays a higher percentage of your prescription drug costs until you reach a specified amount.

Phase  
2

When you reach that amount, you enter the coverage gap, where you pay a higher percentage of your drug costs.

Phase  
3

When you reach the specified total annual out-of-pocket amount, you return to paying a lower percentage of your drug costs.

## Two ways people choose medicare Part D prescription coverage

### Stand-alone prescription drug plan

Covers medicines when you have Original Medicare or when you pair a Medicare Supplement insurance plan with your Original Medicare.

### Medicare Advantage plan that includes prescription coverage

If you enroll in a Medicare Advantage plan with prescription drug coverage, you don’t need to sign up for a stand-alone prescription drug plan.

Each prescription drug plan has its own Drug List. Choose a plan that covers medicines you take regularly.

### Signing up late can affect premium costs

You may have to pay a penalty if you sign up late for Part B or Part D. Find out more by going to [www.medicare.gov](http://www.medicare.gov) and searching for:

- Part B late enrollment penalty
- Part D late enrollment penalty
- Special circumstances (Special Enrollment Periods)

## How my plan choices affect costs

Whether you choose Original Medicare or Medicare Advantage, you must pay your Original Medicare premium, if you have one. Medicare Advantage, Medicare Part D prescription drug coverage and Medicare Supplement insurance plans may have additional premiums.

### Costs depend on coverage choices

Original Medicare and Medicare Advantage plans both cover routine services. Medicare Advantage plans are required to cover everything Original Medicare covers, including services Medicare considers medically necessary.

### Medicare Advantage is still Medicare

If you choose a Medicare Advantage plan, you still have Medicare coverage; you just choose to receive your Medicare benefits through a private insurance company. You may pay an additional monthly premium for Medicare Advantage, but often get extra services and benefits.

