

County of Orange Benefit Highlights

Please visit your custom Humana site at your.humana.com/countyoforange for plan information, documents and more—or call Humana Group Medicare Customer Care at **866-771-1615 (TTY: 711)**, Monday – Friday, 5 a.m. – 9 p.m., Pacific time.

This is not a complete description of benefits. A complete list of covered services will be available in your “Evidence of Coverage.” All services covered by Original Medicare are also covered by this plan.

Humana Group Medicare PPO Plan	In- and Out-of-network
Annual deductible	n/a
Annual medical maximum out-of-pocket (does not include Part D/PDP)	\$3,400
Hospital care	
Acute inpatient hospital care	\$100 per day, days 1-5
Outpatient hospital coverage	\$0 to \$40
Physician and facility services	
Primary care provider (PCP)	\$25 copay
Specialists	\$40 copay
Preventive care	\$0 copay
Ambulatory surgical center	\$25 copay
Durable medical equipment	0% to 10% of the cost
Emergency services	
Emergency care at emergency room	\$65 copay
Urgently needed services at urgent care center	\$40 copay
Hearing services	
Medicare-covered hearing	\$40 copay
Dental services	
Medicare-covered dental	\$40 copay
Vision services	
Medicare-covered vision services	\$40 copay
Chiropractic services	
Medicare-covered chiropractic visit(s)	\$20 copay
Acupuncture services	
Medicare-covered acupuncture	\$15 copay
- 20 combined in- and out-of-network visit limit per year. - Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Please refer to your “Evidence of Coverage” for the details on Medicare covered acupuncture services.	
Foot care (podiatry)	
Medicare-covered foot care	\$25 copay

Humana Group Medicare Prescription Drug Plan	30-day Standard Retail or Mail	100-day Standard Retail or Mail
Tier 1 Generic or preferred generic	\$0	\$0
Tier 2 Preferred brand	\$40	\$80
Tier 3 Nonpreferred brand	\$45	\$100
Tier 4 Specialty	\$45	N/A

Pharmacy (Part D) deductible

This plan does not have a deductible.

Prescription Drug Tiers

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. Visit [Humana.com/pharmacy/medicare-drug-list](https://www.humana.com/pharmacy/medicare-drug-list) to view the most complete and current Drug Guide information online.

- Scroll to Option 1 to search for a list of drugs by signing in to your MyHumana account.
- Scroll to Option 2 to view the prescription drug guide online or to download and print.
 - In the Required fields section, choose plan type **Group Medicare** from the drop-down menu and then choose the plan year you would like to view. Click “Find Drug Guide” and search for **GRP62**.

Important Message About What You Pay for Vaccines

This plan covers most Part D vaccines at no cost to you (even if you haven’t paid your deductible, if applicable). Call Humana Group Medicare Customer Care for more information.

Important Message About What You Pay for Insulin

You won’t pay more than \$35 for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it’s on. *Note: Not all tiers may include insulin. Please refer to your Prescription Drug Guide to confirm insulin coverage.*

Mail order option

In addition to in-network retail pharmacies you also have the option to utilize mail order.

This information is not a complete description of benefits. It doesn’t list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the “Evidence of Coverage” or call the number on the back of your member ID card for more information. All services covered by Original Medicare are also covered by this plan.

Humana is a Medicare Advantage PPO plan and a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Call **866-771-1615 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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