

Humana Group Medicare
Humana Inc.
P.O. Box 669
Louisville, KY 40201-0669

Important plan information



**2026 PEEHIP Humana Group Medicare
PPO and PDP Plans**

Public Education Employees' Health Insurance Plan

MEDICARE ADVANTAGE PPO PLAN

&

PRESCRIPTION DRUG PLAN



PEEHIP

We're here for you

PEEHIP Humana Group Medicare Customer Care

800-747-0008 (TTY: 711)

Monday – Friday, 7 a.m. – 8 p.m., Central time

your.Humana.com/peehip

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 **800-747-0008 (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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Humana[®]

Humana®

Let's get started
understanding
your benefits and
coverage

Learn more about extra
programs and services
PEEHIP Humana offers

Scan the QR code with your
mobile device.



Inside this packet you'll find:

Welcome to Humana

Your benefits include

Know before you enroll

PEEHIP Medical Summary of Benefits

PEEHIP PDP Summary of Benefits

Important Prescription Drug Information

Commonly Prescribed Medication List

What to expect after you enroll

Manage your PEEHIP Humana account online

Find Care tool

Take this to your Provider

Know your numbers

Welcome to Humana

Dear PEEHIP Group Medicare Retiree,

We're excited to let you know that **Public Education Employees' Health Insurance Plan (PEEHIP) along with Humana** will offer you a Medicare Advantage Preferred Provider Organization (PPO) plan and a prescription drug plan that gives you more benefits than Original Medicare.

Your health is more important than ever. That's why Humana has a variety of tools, programs and resources to help you stay on track. At Humana, helping you achieve lifelong well-being is our mission. During our over 30 years of experience with Medicare, we've learned how to be a better partner in health.

Learn more about the PEEHIP Humana Group Medicare plans

Review the enclosed materials for the PEEHIP Group Medicare Advantage medical and pharmacy coverages that will be provided separately with Humana. These two plans will continue to provide the same benefits but with a lower premium. You will also find information on the extra services Humana offers at no cost such as SilverSneakers®, Go365 by Humana® and our Post-discharge meal program.

- **Questions About Your Premium?** Please contact **PEEHIP at 334-517-7000 (TTY: 711) or toll-free at 877-517-0020 (TTY: 711)**, Monday – Friday, 8 a.m. – 5 p.m., Central time.
- **Member ID Cards:** You will receive separate Humana medical and prescription drug member ID cards. The ID cards will be mailed separately. You will need to provide your new medical plan ID card and your new prescription ID card to your medical providers and your network pharmacies.
- **Access Your Plan Information:** Sign in or activate your account on MyHumana for safe, immediate access to your plan information. Visit your.humana.com/peehip to register.
- **No Need to Change Providers or Pharmacies:** This change will not require you to change your medical provider(s) or pharmacy. The Preferred Provider Organization (PPO) plan allows you to visit any provider that accepts Medicare and agrees to bill Humana. You can continue using your current in-network pharmacy.

We look forward to serving you now and for many years to come.

Sincerely,
Group Medicare Operations

Your benefits include:



All the benefits of Original Medicare, plus extra benefits



Maximum out-of-pocket protections



Worldwide emergency coverage



Programs to help improve health and well-being

Get the care you deserve

- Your benefit levels are the same for in-network and out-of-network providers
- A network of providers, specialists and hospitals to choose from
- There are more than 61,000 participating pharmacies in our network
- You don't need a referral to see any healthcare provider
- Coverage for office visits, including routine physical exams
- Dedicated Customer Care specialists who serve only our PEEHIP members

Coverage that fits the way you live

When you become a member of the Humana family, you can expect healthcare designed with you in mind—that meets you where you are today and delivers care that takes you where you want to be.

Care delivered how and where you need it

Humana offers a variety of programs for patients who need care for complex medical situations or support for chronic conditions. Through these programs, care managers collaborate with physicians and other healthcare professionals to help patients manage their healthcare needs at home, in the hospital, by phone or email.

Benefits that put you first

Our health and well-being tools and resources make it easy to set health goals, chart your progress, strengthen your mind and body and build connections with others. It's about giving you the things you expect from an insurance company—and then finding more ways to help make your life better.

Know before you enroll

You must be entitled to Medicare Part A and enrolled in Medicare Part B as the PEEHIP Humana Group Medicare PPO plan is a Medicare Advantage plan.

When does my coverage begin?

Check with PEEHIP at 334-517-7000 or toll-free at 877-517-0020 if there are questions about your enrollment. Be sure to keep your current healthcare coverage until your PEEHIP Humana Group Medicare PPO plan and PDP plan enrollment is confirmed.

Is your provider and pharmacy in-network or out-of-network?

The custom PEEHIP Humana Group Medicare Advantage medical plan provides the same services in- or out-of-network. You can find a doctor or pharmacy in your network by using Humana's Find Care tool, visit your.Humana.com/peehip.

What does insurance cover?

- Every health plan is different. Check coverage details before you see a doctor, use services or have procedures.
- Sometimes, your plan may not cover procedures and treatments, or may require prior authorization. Knowing what is and is not covered may save you time and money.
- See if your prescription medication is covered and if you have any open transfers that need to occur.

What if I have other health insurance coverage?

You can enroll in only one Medicare Advantage plan and one Medicare prescription drug plan at a time. Enrollment in this plan will cancel your enrollment in a different Medicare Advantage plan and Medicare prescription drug plan.

If you have other health insurance, show your Humana member ID card and your other insurance cards when you see a healthcare provider. This is called coordination of benefits. Please notify PEEHIP if you have any other medical coverage, such as VA or TRICARE®.

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

No. You'll get a Humana member ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

What if my provider says they will not accept my plan?

If your provider says they will not accept your PPO plan, you can give your provider the "Member to Provider" information page in this packet. It explains how your PPO plan works. You can also call PEEHIP Humana Customer Care at **800-747-0008 (TTY: 711)** and have a Humana representative contact your provider and explain how your PPO plan works.

What should I do if I need prescriptions filled before I receive my Humana member ID card?

If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

Summary of Benefits

PEEHIP Humana Group Medicare Advantage PPO Plan
PPO 079/828

PEEHIP



PEEHIP

Humana®

Our service area includes specific counties within the United States, Puerto Rico and all other major U.S. territories.



Let's talk about the **PEEHIP Humana Group Medicare Advantage PPO Plan.**

Find out more about the PEEHIP Humana Group Medicare Advantage PPO Plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. 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."

To be eligible

To join the PEEHIP Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

PEEHIP Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call PEEHIP Humana Group Medicare Customer Care at **1-800-747-0008**.

Plan name:

PEEHIP Humana Group Medicare Advantage PPO plan



A healthy partnership

Get more from this plan — with extra services and resources provided by Humana!

How to reach us:

Members should call toll-free **1-800-747-0008** for questions
(TTY/TDD: 711)

Call Monday – Friday, 7 a.m. – 8 p.m.,
Central time.

Or visit our website:
your.humana.com/peehip



Monthly Premium, Deductible and Limits

PLAN COSTS

Monthly premium

You must keep paying your Medicare Part B premium. For information concerning your PEEHIP premium, please contact PEEHIP at **1-334-517-7000** or toll free at **1-877-517-0020**.

Medical deductible

\$257 per year for some combined in- and out-of-network services

Medical Combined In and Out-of-Network Maximum out-of-pocket responsibility

The most you pay for copays and other costs for medical services for the year.

\$8,850 out-of-pocket limit for Medicare-covered services.

Combined In and Out-of-Network Exclusions: Part D Pharmacy; Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; Personal Emergency Response System; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Uniform Flexibility Non-Emergency Medical Transportation; Vision Services (Routine) and the Plan Premium do not apply to the combined maximum out-of-pocket.

Out-of-Network Exclusions: Part D Pharmacy, Hearing Services (Routine); Personal Emergency Response System; Vision Services (Routine); Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.

Your limit for services received from in-network providers will count toward this limit.

If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUTE INPATIENT HOSPITAL CARE		
This plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	\$200 copay per day for day 1 \$25 copay per day for days 2-5 \$0 copay per day for days 6-365	\$200 copay per day for day 1 \$25 copay per day for days 2-5 \$0 copay per day for days 6-365
OUTPATIENT HOSPITAL COVERAGE		
Diagnostic colonoscopy	\$0 copay	\$0 copay
Diagnostic mammography	\$0 copay	\$0 copay
Observation services	\$0 copay	\$0 copay
Surgery services	\$0 copay	\$0 copay
AMBULATORY SURGICAL CENTER		
Diagnostic colonoscopy	\$0 copay	\$0 copay
Surgery services	\$0 copay	\$0 copay
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	\$13 copay	\$13 copay
Specialists	\$18 copay	\$18 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE		
<p>This plan covers all Medicare preventative services including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screening & counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening • Cardiovascular disease behavioral therapy • Cardiovascular disease screening • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes self-management training • Diabetes screening • Glaucoma screening • Hepatitis C screening • HIV screening • Kidney disease education services • Lung cancer screening • Medical nutrition therapy • Obesity screening and therapy • Physical exams (routine) • Prostate cancer screening exam • Smoking and tobacco use cessation • STI screening and counseling • "Welcome to Medicare" preventative visit 	Covered at no cost	Covered at no cost
<ul style="list-style-type: none"> • Immunizations • Medicare diabetes prevention program (MDPP) 	Covered at no cost	Covered at no cost

Any additional preventative services approved by Medicare during the contract year will be covered.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
EMERGENCY CARE		
Emergency room If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	\$35 copay for Medicare-covered emergency room visit(s)	\$35 copay for Medicare-covered emergency room visit(s)
Urgently needed services		
<ul style="list-style-type: none"> • Primary care provider (PCP) • Specialist's office • Urgent care center Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	<ul style="list-style-type: none"> \$13 copay \$18 copay \$18 copay 	<ul style="list-style-type: none"> \$13 copay \$18 copay \$18 copay
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Advanced imaging services (MRI, MRA, PET and CT Scan)		
<ul style="list-style-type: none"> • Primary care provider (PCP) • Specialist's office • Freestanding radiological facility • Outpatient Hospital 	<ul style="list-style-type: none"> \$0 copay \$0 copay \$0 copay \$0 copay 	<ul style="list-style-type: none"> \$0 copay \$0 copay \$0 copay \$0 copay
Diagnostic mammography		
<ul style="list-style-type: none"> • Primary care provider (PCP) • Specialist's office • Freestanding radiological facility • Outpatient Hospital 	<ul style="list-style-type: none"> \$0 copay \$0 copay \$0 copay \$0 copay 	<ul style="list-style-type: none"> \$0 copay \$0 copay \$0 copay \$0 copay
Diagnostic procedures and tests		
<ul style="list-style-type: none"> • Primary care provider (PCP) • Specialist's office • Urgent care center • Freestanding radiological facility • Outpatient Hospital 	<ul style="list-style-type: none"> \$0 copay \$0 copay \$18 copay \$0 copay \$0 copay 	<ul style="list-style-type: none"> \$0 copay \$0 copay \$18 copay \$0 copay \$0 copay
EKG screening		
<ul style="list-style-type: none"> • Primary care provider (PCP) • Specialist's office 	<ul style="list-style-type: none"> \$0 copay \$0 copay 	<ul style="list-style-type: none"> \$0 copay \$0 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Lab services		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Urgent care center	\$0 copay	\$0 copay
• Freestanding laboratory	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Nuclear medicine services		
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Outpatient x-rays		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Urgent care center	\$18 copay	\$18 copay
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Radiation therapy		
• Specialist's office	\$0 copay	\$0 copay
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
HEARING SERVICES		
Medicare-covered hearing: diagnostic hearing and balance exams	\$18 copay	\$18 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<p>Routine hearing</p> <p>TruHearing Provider must be used. Contact PEEHIP Humana Group Medicare Customer Care team at 1-800-747-0008 to locate a provider.</p>	<p>\$0 copayment for routine hearing exams up to 1 per year. \$500 maximum benefit coverage amount for hearing aid(s) (all types) up to 2 every 3 years. Benefit includes prescription or over-the-counter hearing aid(s). Note: Includes 80 batteries per aid and 3 year warranty.</p>	<p>\$0 copayment for routine hearing exams up to 1 per year. \$500 maximum benefit coverage amount for hearing aid(s) (all types) up to 2 every 3 years. Benefit includes prescription or over-the-counter hearing aid(s). Note: Prior authorization is required to access out-of-network benefits depending on provider availability in service area. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.</p>

DENTAL SERVICES

Medicare-covered dental	\$18 copay	\$18 copay
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VISION SERVICES

Medicare-covered vision services	\$18 copay	\$18 copay
Medicare-covered diabetic eye exam (1 per year)	\$0 copay	\$0 copay
Medicare-covered glaucoma screening (1 per year)	\$0 copay	\$0 copay
Medicare-covered eyewear (post-cataract)	\$0 copay	\$0 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
<p>Routine vision</p> <p>EyeMed is the In-Network provider for the routine vision benefit. Contact Customer Service to locate a provider.</p>	<p>\$0 copay for routine exam (includes refraction) up to 1 per year.</p>	<p>\$175 combined maximum benefit coverage amount per year for routine exam (includes refraction). \$0 copay for routine exam (includes refraction) up to 1 per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges</p>

PERSONAL EMERGENCY RESPONSE SYSTEM

<p>Personal Emergency Response System (PERS)</p>	<p>\$0 copay for either an On The Go Mobile personal help button or an On the Go Mobility personal help button. Both function in and out of the home. On The Go uses two way voice communication & five location seeking technologies to send help quickly to wherever the member is located. On the Go Mobility mobile device offers fall detection remotely activated/deactivated, up to 5 days of battery life, location services, and wandering. Accommodation for Pacemakers and Implanted Devices when worn at the waist with free leather pouch and auto fall detection deactivated.</p>	<p>The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges</p>
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Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
MENTAL HEALTH SERVICES		
Inpatient The inpatient hospital care limit applies to inpatient mental services provided in a general hospital or a psychiatric facility. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	\$200 copay per day for day 1 \$25 copay per day for days 2-5 \$0 copay per day for days 6-365	\$200 copay per day for day 1 \$25 copay per day for days 2-5 \$0 copay per day for days 6-365
Partial Hospitalization	\$0 copay	\$0 copay
Intensive Outpatient Services	\$0 copay	\$0 copay
Outpatient individual therapy visits		
• Primary care provider (PCP)	\$18 copay	\$18 copay
• Specialist's office	\$18 copay	\$18 copay
• Urgent care	\$18 copay	\$18 copay
• Outpatient Hospital	\$18 copay	\$18 copay
Outpatient group therapy visits		
• Primary care provider (PCP)	\$13 copay	\$13 copay
• Specialist's office	\$13 copay	\$13 copay
• Urgent care	\$18 copay	\$18 copay
• Outpatient Hospital	\$13 copay	\$13 copay
SKILLED NURSING FACILITY		
This plan covers up to 100 days in a SNF. No 3-day hospital stay is required. Plan pays \$0 after 100 days.	\$0 copay per day for days 1-20 \$161 copay per day for days 21-100	\$0 copay per day for days 1-20 \$161 copay per day for days 21-100
AMBULANCE		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	\$0 copay	\$0 copay
MEDICARE PART B PRESCRIPTION DRUGS		
Chemotherapy drugs		
• Specialist's office	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Medicare Part B covered drugs		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
• Pharmacy	\$0 copay	\$0 copay
Medicare Part B insulin drugs		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
• Pharmacy	\$0 copay	\$0 copay
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture visit(s) for chronic low back pain	\$0 copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	\$0 copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
ALLERGY		
Allergy shots & serum		
• Primary care provider (PCP)	\$13 copay	\$13 copay
• Specialist's office	\$18 copay	\$18 copay
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	\$0 copay	\$0 copay
Routine chiropractic visit(s)	20% of the cost for routine chiropractic visits up to 18 combined in and out of network visit(s) per year.	20% of the cost for routine chiropractic visits up to 18 combined in and out of network visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
DIABETES SERVICES AND SUPPLIES		
Continuous glucose monitor (CGM)		
• Durable medical equipment provider	0% of the cost	0% of the cost
• Pharmacy	0% of the cost	0% of the cost

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Diabetes management training		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
Diabetes monitoring supplies		
• Durable medical equipment provider	\$0 copay	\$0 copay
• Pharmacy	\$0 copay	\$0 copay
• Preferred diabetic supplier	\$0 copay	Not Covered
Diabetes screening		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
FOOT CARE (PODIATRY)		
Medicare-covered foot care	\$18 copay	\$18 copay
Routine foot care	\$18 copay for routine podiatry visits up to 6 combined in and out of network visit(s) per year.	\$18 copay for routine podiatry visits up to 6 combined in and out of network visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
HOME HEALTH CARE		
	\$0 copay	\$0 copay
HOSPICE		
You must get care from a Medicare-certified hospice. You must consult with your plan at 1-800-747-0008 before you select hospice.		
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment		
• Durable medical equipment provider	0% after combined annual deductible	0% after combined annual deductible
• Pharmacy	0% after combined annual deductible	0% after combined annual deductible
Medical supplies (includes but not limited to: catheters, IV set-up and supplies)		
• Medical supply provider	0% of the cost	0% of the cost
• Pharmacy	0% of the cost	0% of the cost
Prosthetics (artificial limbs or braces)		
• Prosthetics provider	0% of the cost	0% of the cost

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: Humana.com/PAL.



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Compression stockings		
• Durable medical equipment provider	\$0 copay	\$0 copay
• Pharmacy	\$0 copay	\$0 copay
4 pair(s) per year		
OUTPATIENT SUBSTANCE ABUSE		
Outpatient individual substance abuse treatment visits		
• Primary care provider (PCP)	\$18 copay	\$18 copay
• Specialist's office	\$18 copay	\$18 copay
• Urgent care	\$18 copay	\$18 copay
• Outpatient hospital	\$18 copay	\$18 copay
Outpatient group substance abuse treatment visits		
• Primary care provider (PCP)	\$13 copay	\$13 copay
• Specialist's office	\$13 copay	\$13 copay
• Urgent care	\$18 copay	\$18 copay
• Outpatient hospital	\$13 copay	\$13 copay
REHABILITATION SERVICES		
Audiology Therapy		
• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
Cardiac rehabilitation		
• Specialist's office	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
Occupational therapy		
• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
Physical therapy		
• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Pulmonary rehabilitation		
• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
Speech therapy		
• Specialist's office	\$0 copay	\$0 copay
• Comprehensive outpatient rehab facility	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
RENAL DIALYSIS		
Renal dialysis services		
• Dialysis center	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
Kidney disease education services		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
HUMANA IN-NETWORK TELEHEALTH VENDORS, i.e. MDLive (in addition to Original Medicare)		
Primary care provider (PCP)	\$0 copay	Not Covered
Substance abuse or behavioral health services	\$0 copay	Not Covered
TRANSPORTATION		
Uniform Flexibility Non-Emergency Medical Transportation	\$0 copay for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer Diagnosis. This benefit offers unlimited miles per trip.	The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Additional Benefits

FITNESS AND WELLNESS

Live a healthier, more active life through fitness and social connection at participating SilverSneakers® locations and online.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

HEALTH EDUCATION SERVICES

Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

POST-DISCHARGE SERVICES

\$0 copay for the following benefits per discharge event following each inpatient or skilled nursing facility stay:

- Assistance from a qualified aid to help perform activities of daily living within the home. Minimum of 4 hours per day, up to a maximum of 8 hours. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.
- 2 meals per day for 14 days, up to 28 meals delivered to your door.
- Transportation to plan approved locations by rideshare services, car, van or wheelchair accessible vehicle.

Services must be provided by approved vendors, scheduled within 30 days of discharge event and utilized within 60 days of discharge.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

SMOKING CESSATION (ADDITIONAL)

A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.

The in-network provider must be used for this service. If you choose to utilize another provider, you are responsible for all charges.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

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Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm a sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

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ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וסקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at <https://www.humana.com/legal/multi-language-support>.

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日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយប្រុងប្រយ័ត្នសម្រាប់អ្នកមានការប្រើប្រាស់ទូរសព្ទ។
លេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
877-320-1235 (TTY: 711)번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ໄດ້.
ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiiik'eh, t'áadoole'é binahji' bee adahodooníłígíí diné bich'í' anídahazt'i'í, dóó łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohji' hodíłnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

877-320-1235 (TTY: 711) اردو: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: ቋንቋ፣ አገዥ ማዳመጫ እና አማራጫ ቅርፅ ለላቸው አገልግሎቶችዎ ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bàsco [Bassa]: Wuḍu-xwíniín-mú-zà-zà kùà, Hwòdò-fońa-nyo, kè nyo-boŭn-po-kà bě bé nyuεε se wíqí pɛ̀ɛ̀-pɛ̀ɛ̀ d̀ò ko. **877-320-1235 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn isẹ̀ àtìlẹ̀hìn ìrànlọ́wọ̀ èdè, àtì ọ̀nà kíkà mírà̀n wà lárọ̀wọ̀tọ̀. Pe **877-320-1235 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।



Find out **more**



You can see this plan's provider directory at your.Humana.com/peehip or call us at **1-800-747-0008** and we will send you one.

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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Summary of Benefits

PEEHIP Humana Group Medicare Prescription Drug Plan
PDP 037/395

PEEHIP



PEEHIP

Humana®

Our service area includes the United States and Puerto Rico.



Let's talk about the **PEEHIP Humana Group Medicare Prescription Drug Plan (PDP).**

Find out more about the PEEHIP Humana Group Medicare PDP – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. 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."

To be eligible

To join the PEEHIP Humana Group Medicare PDP, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Plan name:

PEEHIP Humana Group Medicare PDP

How to reach us:

Members should call toll-free
1-800-747-0008 for questions
(TTY/TDD: 711)

Call Monday – Friday, 7 a.m. – 8 p.m.,
Central time.

Or visit our website:
your.Humana.com/peehip



Deductible

Pharmacy (Part D) deductible This plan does not have a deductible.



Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total out-of-pocket drug costs reach **\$2,100**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier Standard Retail Pharmacy

30-day supply

1 (Generic or Preferred Generic) \$6 copay

2 (Preferred Brand) \$40 copay

3 (Non-Preferred Drug) \$60 copay

4 (Specialty Tier) \$60 copay

60-day supply

1 (Generic or Preferred Generic) \$12 copay

2 (Preferred Brand) \$80 copay

3 (Non-Preferred Drug) \$120 copay

4 (Specialty Tier) N/A

90-day supply

1 (Generic or Preferred Generic) \$12 copay

2 (Preferred Brand) \$120 copay

3 (Non-Preferred Drug) \$180 copay

4 (Specialty Tier) N/A

Some Preventive Medications are covered at **100% for all members.

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. To view the most complete and current Drug Guide information online, visit www.humana.com/SearchResources, locate, as of October 1st, 2025, Prescription Drug section, select www.humana.com/MedicareDrugList link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP82.

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 your PEEHIP Humana Group Medicare Customer Care at **1-800-747-0008** 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.

ADDITIONAL DRUG COVERAGE

Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Cough/Cold, Dental, Fertility, Senior Care, Vitamins/Minerals drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage.

Contact PEEHIP Humana Group Medicare Customer Care at **1-800-747-0008** for more details.

Catastrophic Coverage

After your total out-of-pocket costs reach **\$2,100**, you pay **\$0** for plan-covered Part D and plan-covered excluded drugs.

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हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

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日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

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លេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
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Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

877-320-1235 (TTY: 711) اردو: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: ቋንቋ፣ አገዥ ማዳመጫ እና አማራጭ ቅርፅ ለላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bàsco [Bassa]: Wuḍu-xwíniín-mú-zà-zà kùà, Hwòdò-fońa-nyo, kè nyo-boŭn-po-kà bě bé nyuεε se wíqí pɛ́ɛ-pɛ́ɛ dò ko. **877-320-1235 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn isẹ̀ àtìlẹ̀hìn ìrànlọ́wọ̀ èdè, àtì ọ̀nà kíkà mírà̀n wà lárọ̀wọ̀tọ̀. Pe **877-320-1235 (TTY: 711)**.

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।



Find out **more**



You can see this plan's pharmacy directory at **your.Humana.com/peehip** or call us at **1-800-747-0008** and we will send you one.



You can see this plan's drug formulary at **your.Humana.com/peehip/plan-documents** or call us at **1-800-747-0008** and we will send you one.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.



Get to know your coverage with your Prescription Drug Guide

Your Humana Medicare Advantage plan includes prescription coverage—and plenty of support. One way we help you make the most of your plan is with your Prescription Drug Guide, also called a formulary or drug list. It's the robust list of prescription drugs or medications that your plan covers. That way, you can confirm coverage for the medication you need.



Complete list of generic and brand-name drugs covered in your plan.



Created and regularly updated by doctors and pharmacists.



Can be printed from, viewed on and downloaded to your phone, tablet or computer.*



Available in multiple languages.



Scan this QR code

Scan this QR code with your mobile device to view your plan's prescription drug guide.

Have questions?

If you have questions about medications or would like additional assistance, you may contact PEEHIP Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

Humana[®]

View your plan's Prescription Drug Guide

View your plan's Prescription Drug Guide at your.Humana.com/peehip or scan the QR code with your phone or tablet's camera.

- Scroll to **Coverage and Communications**, select the **plan year tab** and then select the link for your **Prescription Drug Guide**.

*Standard data rates may apply.

Prescription drug coverage for commonly prescribed medications

Learn more about your prescription drug coverage for commonly prescribed medications

The commonly prescribed medication list is a guide to medications in select therapeutic categories. You and your provider can use this list to determine if there are lower cost or covered alternatives available for a medication you are currently taking.



Partial list of common generic and brand-name medications in select therapeutic categories that are covered by your plan.



Can be printed from, viewed on and/or downloaded to your phone, tablet or computer.*

This is not a complete list. For a complete medication listing, please review “Get to know your coverage with your Prescription Drug Guide”.

To view a list of commonly prescribed medications, scan the QR code with your phone or tablet’s camera, or by visiting [Humana.com/CPML26800](https://www.humana.com/CPML26800).



If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

*Standard data rates may apply.

Humana®

What to expect after you enroll

- **Enrollment confirmation**

You'll receive a letter from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.

- **Humana member ID cards**

Your separate PEEHIP Humana medical and prescription drug member ID cards will arrive separately in the mail shortly after PEEHIP has provided your enrollment information. Once you receive both your ID cards, create a MyHumana profile. Having access to your important health documents online, all in one place, is a great way to stay organized, and you can get to your information at any time. To activate your account, visit your.humana.com/peehip.

- **Evidence of Coverage (EOC)**

You will receive information on how to view or request a copy of the Evidence of Coverage documents (also known as a member contract or subscriber agreement). Please read the document to learn about the plan's coverage and services. This will also include your privacy notice.

- **Your personalized benefits statement**

Humana's SmartSummary[®] provides a comprehensive overview of your health benefits and healthcare spending. You'll receive these statements after each month you've had a claim processed. You can also sign in to your MyHumana account and see your past SmartSummary statements anytime.

- **Health and Well-being Assessment (HWA)**

This is a yearly detailed health review conducted in the comfort of your home, providing an extra set of eyes and ears for your doctor so you can feel more in control of your health and well-being.

You may receive a call from one of our HWA vendors, Signify Health or Matrix Medical Network, to schedule your assessment. If you have questions, you may ask when they call, or contact Humana at the phone number listed on the back of your member ID card.

We're here for you

If you have questions or need help, call PEEHIP Humana Group Medicare Customer Care,
800-747-0008 (TTY: 711),
Monday – Friday, 7 a.m. – 8 p.m., Central time

Manage your Humana plan online

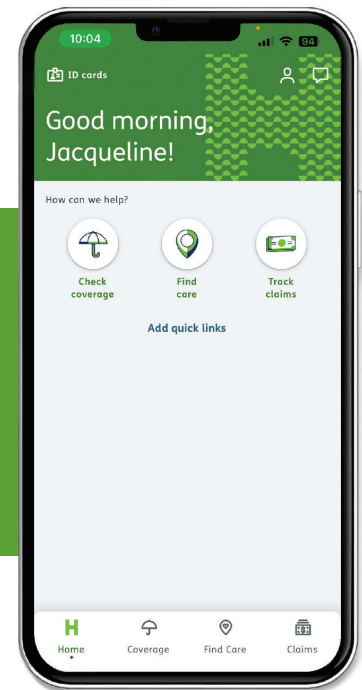
MyHumana on the go

Get the most out of your plan with a MyHumana account and take your Humana essentials wherever you go with the MyHumana mobile app.

Depending on your plan, you can use the MyHumana mobile app to:

- Explore coverage and benefit details the moment you need them
- Get Humana member ID cards and add them to your phone's wallet
- Find care close to you and get directions on your phone's map app
- Review claims status
- Access your exclusive member discounts

Once your Humana plan coverage begins, go to your.Humana.com/peehip to activate your account or download and register on the MyHumana app for iOS and Android.* Learn more at Humana.com/member/manage-your-account.



Getting started is easy— just have your Humana member ID card and follow these three steps:

- 1 Create your account.**
Visit your.Humana.com/peehip and select the green button in the upper right hand corner.
- 2 Choose your preferences.**
The first time you sign into your MyHumana account, be sure to choose how you want to receive information from us—online or mailed to your home. You can update your communication preferences at any time.
- 3 View your plan benefits.**
After you set up your account, be sure to view your plan documents so you understand your benefits and costs. You can also update your member profile if your contact information has changed.



Scan this QR code

Scan this QR code with your mobile device to create your account.

*App Store and Google Play app store are registered trademarks of Apple Inc. and Google. All rights reserved. Apple and Google are not participants in or sponsors of this promotion.

Find a doctor using Humana's Find Care search tool

Choosing a doctor or healthcare facility is an important decision. You can use Humana's Find Care search tool to find in-network doctors, pharmacies, and more.

Go to

your.humana.com/peehip, scroll down to **Find Care**.

Search as a Member or Guest


- Sign in to your secure MyHumana account to conduct a search, or
- Search as a guest by entering your location.

Already a Humana plan member?

[Sign in →](#)

Don't have an account?

[Sign in using your member ID →](#)



Search as a guest

Enter your location and network to search near you

Your location

Address, city, county, or ZIP code

[Get started →](#)

Choose the type of care you are looking for

Use the tabs to help you search for a doctor or pharmacy.

Choose your medical network

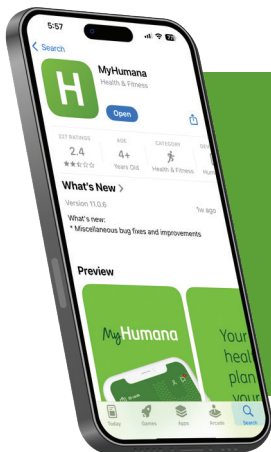
Select a lookup method from the drop-down menu.

Find medical care

Select a tab to search by Provider Name, Facility or Specialty.

Select the “Search” button for your results

Have you found the doctor or facility that you're looking for? If you need to revise your search, you can search again without leaving the results page.



Find Care on the MyHumana mobile app

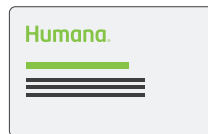
Once you are enrolled with Humana, you can download and use the MyHumana mobile app to find care near you. On the app dashboard, locate the “Find Care” section.

Call our Customer Care team at **800-747-0008 (TTY: 711)**, Monday – Friday, 7 a.m. – 8 p.m., Central time.

If your healthcare provider says they do not accept Humana insurance, give them this page

Member to provider information

Once you are a member of the PEEHIP Humana Group Medicare Preferred Provider Organization (PPO) plan, sharing this information can help your provider understand how this plan works.



Don't forget to take your Humana member ID card to your first appointment.

A message for your provider

Humana will provide coverage for this member under a PEEHIP Group Medicare PPO plan. The in-network and out-of-network benefits are structured the same for any member of this plan. This means you can provide services to this member or any member of this plan if you are a provider who is eligible to participate in Medicare.

Contracted healthcare providers

If you're a PEEHIP Humana Medicare Employer PPO-contracted healthcare provider, you'll receive your contracted rate.

Out-of-network healthcare providers

Humana is dedicated to an easy transition. If you're a provider who is eligible to participate in Medicare, you can treat and receive payment for your Humana-covered patients who have this plan. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.



Claims process for providers

If you need more information about our claims processes or about becoming a Humana Medicare Employer PPO-contracted provider, call Provider Relations at **800-626-2741**, Monday – Friday, 8 a.m. – 5 p.m., Central time. **This number is not for patient use.**

Patients, please call PEEHIP Humana Group Medicare Customer Care at 800-747-0008 (TTY: 711), Monday – Friday, 7 a.m. – 8 p.m., Central time.

Know your numbers

Find important numbers anytime you need them*

PEEHIP Humana Group Medicare

Customer Care

800-747-0008 (TTY: 711),

Monday – Friday, 7 a.m. – 8 p.m., Central time

MyHumana

Sign in to or register for MyHumana to access your personal and secure plan information at your.Humana.com/peehip.

MyHumana mobile app

Humana.com/mobile-apps

Doctors in your network

your.Humana.com/peehip

Telehealth

Please contact your local provider to ask about virtual visit opportunities, or access nationwide Humana in-network telehealth options by using the “Find Care” tool on Humana.com or call the number on the back of your member ID card to get connected with a provider that offers this service.

Humana Clinical Pharmacy Review Team

800-555-2546 (TTY: 711),

Monday – Friday, 7 a.m. – 7 p.m., Central time

SilverSneakers®

888-423-4632 (TTY: 711),

Monday – Friday, 7 a.m. – 7 p.m., Central time

SilverSneakers.com

Go365 by Humana®

Go365.com

Humana Care Management

800-747-0008 (TTY: 711),

Monday – Friday, 7 a.m. – 8 p.m., Central time

Humana.com/home-care

Post-discharge Meal Program

800-747-0008 (TTY: 711),

Monday – Friday, 7 a.m. – 8 p.m., Central time

Humana.com/home-care/well-dine

Humana Health Coaching

877-567-6450 (TTY: 711),

Monday – Friday, 7 a.m. – 5 p.m., Central time

Caregiver Support

Humana.com/caregiver

CenterWell Specialty Pharmacy™

800-486-2668 (TTY: 711),

Monday – Friday, 7 a.m. – 10 p.m., and

Saturday, 7 a.m. – 5:30 p.m., Central time

CenterWellSpecialtyPharmacy.com

State health insurance program offices

800-633-4227 (TTY: 711), daily

www.cms.gov/apps/contacts/#

*You must be a Humana member to use these services.



Humana®

A more human way
to healthcare™

