ANEJO 4 HUMANA HEALTH PLAN OF PR, INC. RUBI MAX



HUMANA MEDICARE EMPLOYER HMO PLAN

2022 HMO for ELA Plan 076 Option 938 - Puerto Rico Only - Rubi Max - Part B Buy-Down \$65

Effective Date: 01/01/2022 - 12/31/2022

Annual		2021	2022
Annuai		In-Network: \$1,500 per individual per plan year (excludes Part D)	• In-Network: \$1,500 per individual per plan year (excludes Part D
	Maximum Out-of-Pocket	Pharmacy, COVID-19 Testing, COVID-19 Treatment, Dental Services	Pharmacy, COVID-19 Testing, COVID-19 Treatment, Dental Services
		(Routine), Vision Services (Routine) Extra Services and the Plan Premium).	(Routine), Vision Services (Routine) Extra Services and the Plan Premium)
		• In-Network: NONE	
	Annual Deductible	• In-Network Exclusions: N/A	• In-Network: NONE
Place of Treatment	Benefit	Network Coverage Plan Pays [1]:	In-Network Exclusions: N/A Network Coverage Plan Pays (1):
	Office Visit	100%	100%
hysician			10070
	Diagnostic Procedures and Tests	100%	100%
	Lab Services	100%	100%
	Surgical Procedures	100%	100%
	Allergy Shots and Injections	100%	100%
	Mental Health/Substance Abuse	100%	100%
	Services		
	 Administration of Drugs in a Physician's 	100%	100%
	Office		
	Office Visit	100%	100%
-	Advanced Imaging Services	100%	100%
-	Diagnostic Procedures and Tests Lab Services	100%	100%
1	Lab Services Surgical Procedures	100%	100%
1	Diagnostic Colonoscopy	100%	100%
1		100%	100%
			15576
F	Chiropractic Services (Medicare-	100%	100%
	covered)		
1	Cardiac Therapy	100%	100%
	Supervised Exercise Therapy (SET)	100%	100%
1	Symptomatic Peripheral Artery Disease		
1	(PAD) Services		
		100%	100%
1		100%	100%
-	Audiology, and Speech		
1		100%	100%
1	Allergy Shots and Injections	100%	100%
		100%	100%
	Services Opioid Treatment Services	100%	100%
-	 Administration of Drugs in a Physician's 		100%
	Office	100/6	100%
i i		100%	100%
		100%	100%
		100%	100%
		100%	100%
T I	Eyewear for Post-Cataract Surgery	100%	100%
Į.		for eyeglasses and contacts following cataract surgery	•for eyeglasses and contacts following cataract surgery
		100%	100%
1		100%	100%
	-Limited to 20 visit(s) per year		
	- Your plan allows services to be		I .
			I.
	received by a provider licensed to		
	received by a provider licensed to perform acupuncture or by providers		
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider		
	received by a provider licensed to perform acupuncture or by providers		
reventive Sendose	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.	100%	100%
reventive Services	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider	100%	100%
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. • Abdominal Aortic Aneurysm Screening	100%	100%
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and	100%	
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. • Abdominal Aortic Aneurysm Screening	100%	
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling	100%	
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit	100%	
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit Bone Mass Measurement	100%	EDHINISTRACIO
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit Bone Mass Measurement Breast Cancer Screening Cardiovascular Disease Behavioral Therapy	100%	EDMINISTRACIO
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counselling Annual Wellness Visit Bone Mass Measurement Breast Cancer Screening Cardiovascular Disease Behavioral Therapy Cardiovascular Disease Screening	100%	EDMINISTRACIO
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit Bone Mass Measurement Breast Cancer Screening Cardiovascular Disease Behavioral Therapy	100%	Contrato Número
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit Bone Mass Measurement Breast Cancer Screening Cardiovascular Disease Behavioral Therapy Cardiovascular Disease Screening Cervical and Vaginal Cancer Screening	100%	Contrato Número
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit Bone Mass Measurement Breast Cancer Screening Cardiovascular Disease Behavioral Therapy Cardiovascular Disease Screening Cervical and Vaginal Cancer Screening	100%	Contrato Número m
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and 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	100%	Contrato Número III
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit Bone Mass Measurement Breast Cancer Screening Cardiovascular Disease Behavioral Therapy Cardiovascular Disease Screening Cardiovascular Disease Screening Cardiovascular Osease Screening Cardiovascular Disease Screening Cardiovascular Disease Screening	100%	Contrato Número III
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit Bone Mass Measurement Breast Cancer Screening Cardiovascular Disease Behavioral Therapy Cardiovascular Disease Screening Cardiovascular Disease Screening Corocal and Vaginal Cancer Screening Colorectal Cancer Screening Depression Screening Diabetes Screening Diabetes Screening	100%	Contrato Número m
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit Bone Mass Measurement Breast Cancer Screening Cardiovascular Disease Behavioral Therapy Cardiovascular Disease Screening Cervical and Vaginal Cancer Screening Cervical Cancer Screening Depression Screening Diabetes Screening Diabetes Screening	100%	Contrato Número III
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and 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 Screening Diabetes Screening Glaucoma Screening	100%	Contrato Número m
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and Counseling Annual Wellness Visit Bone Mass Measurement Breast Cancer Screening Cardiovascular Disease Behavioral Therapy Cardiovascular Disease Screening Cervical and Vaginal Cancer Screening Coroctal Cancer Screening Depression Screening Diabetes Screening Diabetes Screening Diabetes Screening Blaucoma Screening Diabetes Screening Hepatitis C Screening Heystitis C Screening	100%	Contrato Número III
	received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Abdominal Aortic Aneurysm Screening Alcohol Misuse Screening and 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 Screening Diabetes Screening Glaucoma Screening	100%	Contrato Número m



	Medicare Diabetes Prevention Program		
	Medical Nutrition Therapy		
	Obesity Screening and Therapy		
	Physical Exams (Routine)		
	Prostate Cancer Screening Exam		
	Smoking and Tobacco Use Cessation		
	STI Screening and Counseling		1
	"Welcome to Medicare" Preventive Visit		
Inpatient Hospital Services	Inpatient Care (All Authorized Admissions)	100% per admission	100% per admission
	Inpatient Physician Services	100%	100%
	Inpatient Mental Health	100% per admission	100% per admission
	Care/Substance Abuse Services (All Authorized Admissions)		
Inpatient Psychiatric	Inpatient Mental Health	100% per admission	100% per admission
Facility	Care/Substance Abuse Services (All Authorized Admissions)	•190 day lifetime limit in a psychiatric facility	• 190 day lifetime limit in a psychiatric facility
	Inpatient Mental Health/Substance Abuse Physician Services	100%	100%
Partial	Mental Health/Substance Abuse	100%	100%
Hospitalization	Services		
	Opioid Treatment Services	100%	100%
Outpatient Hospital	Surgical Services	100%	100%
	Diagnostic Colonoscopy	100%	100%
	Advanced Imaging Services	100%	100%
	Nuclear Medicine Services	100%	100%
ì	Diagnostic Procedures and Tests	100%	100%
1	Lab Services	100%	100%
	Radiation Therapy	100%	100%
	Cardiac Therapy	100%	100%
	 Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services 	100%	100%
1	Pulmonary Therapy	100%	100%
	Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%
	Chemotherapy Drugs	100%	100%
	Renal Dialysis Services	100%	100%
	Mental Health/Substance Abuse Services	100%	100%
	Opioid Treatment Services	100%	100%
	Outpatient Physician Services	100%	100%
Skilled Nursing	SNF Care (no 3 day hospital stay is	100% per day (days 1-100)	100% per day (days 1-100)
Facility (SNF)	required) • SNF Physician Services	Plan pays \$0 after 100 days 100%	Plan pays \$0 after 100 days
Hennet Com Conton	Urgently Needed Care	100%	100%
Urgent Care Center			100%
	Lab Services	100%	100%
Emergency Room	Emergency Services (2)	100% after \$15 copayment Waived if admitted within 24 hours	100% after \$15 copayment • Waived if admitted within 24 hours
	Emergency Room Physician Services	100%	100%
Ambulance	Ambulance Services	100% per date of service	100% per date of service
		Limited to Medicare-covered transportation	•Limited to Medicare-covered transportation
Worldwide Coverage	Emergency Services and Urgently	100% after \$15 copayment	100% after \$15 copayment
	Needed Care Only	Waived if admitted within 24 hours	Waived if admitted within 24 hours
		Limited to emergency Medicare-covered services	Limited to emergency Medicare-covered services
Comprehensive	Pulmonary Therapy	100%	100%
Outpatient Rehabilitation	- Funitorially therapy	100%	100%
Facility	Therapies (Occupational, Physical,	100%	100%
Freestanding	Audiology, and Speech) • Advanced Imaging Services	100%	100%
Radiological Facility	Nuclear Medicine Services	100%	100%
1	Diagnostic Procedures and Tests	100%	100%
1	Radiation Therapy	100%	100%
Ambulatory Surgical Center	Surgical Procedures	100%	100%
	Diagnostic Colonoscopy	100%	100%
Freestanding	Lab Services	100%	100%
Laboratory			
Dialysis Center	Renal Dialysis Services	100%	100%
Home Health	Home Health Care	100%	100%
		excludes Personal Home Care	•excludes Personal Home Care
DME Provider	Durable Medical Equipment Diabetic Monitoring Supplies	100% 100%	100% 100%
Medical Supply	Medical Supplies	100%	100%
Provider Prosthetics Provider	Prosthetics	100%	100%

Nation Member Use; Employer Use Only; Subject to CMS Approval

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Contrato Número M 22 - 038 CUPOS DE SAN

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Pharmacy (Part B Only)	Durable Medical Equipment	100%	100%
- · · · //	Medical Supplies	100%	100%
	Diabetic Monitoring Supplies	100%	100%
	Medicare-covered Part B Drugs	100%	100%
Additional Telehealth Services	Primary Care Physician - Virtual Visit	100%	100%
	Specialist - Virtual Visit	100%	100%
	Behavioral Health and Substance Abuse - Virtual Visit	100%	100%
	 Urgently Needed Care - Virtual Visit 	100%	100%
Other Benefits	COVID-19 Testing and Treatment	100%	100%
	Acupuncture Services (Routine)	• 100% • Limited to 6 visit(s) per year	•100% • Limited to 6 visit(s) per year
	Bathroom Safety Devises	•100% for bath chairs up to 1 every 5 years.	• 100% for bath chairs up to 1 every 5 years.
		Provided to members who meet medical criteria BCS001	Provided to members who meet medical criteria BCS001
	Blood Pressure Monitor	•100% for blood pressure monitoring unit up to 1 every 5 years.	•100% for blood pressure monitoring unit up to 1 every 5 years.
		Provided to members who meet medical criteria for ongoing monitoring of	Provided to members who meet medical criteria for ongoing monitoring of
	ľ	blood pressure BPM001	blood pressure BPM001
	Chiropractic Services (Routine)	•100%	•100%
		Limited to 15 visit(s) per year	Limited to 15 visit(s) per year
	Dental Services (Routine)	•100% for bitewing x-rays up to 1 set(s) every 2 years.	•100% for bitewing x-rays up to 1 set(s) every 2 years.
		• 100% for scaling and root planing (deep cleaning) up to 1 every 2 years.	•100% for scaling and root planing (deep cleaning) up to 1 every 2 years.
		•100% for amalgam or composite filling up to 1 per tooth every 3 years.	•100% for amalgam or composite filling up to 1 per tooth every 3 years.
	1	•100% for comprehensive oral exam, panoramic film up to 1 every 3 years.	•100% for comprehensive oral exam, panoramic film up to 1 every 3 years.
		•100% for crown up to 1 per tooth every 5 years.	•100% for crown up to 1 per tooth every 5 years.
		•100% for dentures up to 1 set(s) every 5 years.	•100% for dentures up to 1 set(s) every 5 years.
		• 100% for oral evaluation, prophylaxis (cleaning) up to 2 per year.	•100% for oral evaluation, prophylaxis (cleaning) up to 2 per year.
		•100% for endodontics up to unlimited per year.	•100% for endodontics up to unlimited per year.
		•100% for extractions up to 1 per tooth , - DEN945	•100% for extractions up to 1 per tooth DEN945
	Hearing Services (Routine)	•100% for fitting/evaluation, routine hearing exams up to 1 per year. •\$1,000 maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear per year HER855	•100% for fitting/evaluation, routine hearing exams up to 1 per year. •\$1,000 maximum benefit coverage amount for each hearing aid(s) (all types)
	Over-the-Counter Drugs	•\$200 maximum benefit coverage amount per quarter (3 months) for over-the	up to 1 per ear per year HER865 -\$200 maximum benefit coverage amount per quarter (3 months) for over-the
	- Over-tite-counter brugs	counter (OTC) card to purchase eligible OTC health and wellness products at	counter (OTC) card to purchase eligible OTC health and wellness products at
		participating retailers OTC203	participating retailers OTC203
	Transportation (Routine)	•100% for plan approved location up to 24 one-way trip(s) per year by taxi, van TRN022	•100% for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle TRNTBD
	Vision Services (Routine)	•100% for routine exam (includes refraction) up to 1 per year.	•100% for routine exam up to 1 per year.
	1	•\$600 maximum benefit coverage amount per year for contact lenses or	•\$1,000 maximum benefit coverage amount per year for contact lenses and/o
	l	eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames.	eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames.
		Eyeglasses include ultraviolet protection and scratch resistant coating VIS212	

Extra Benefits (MSB)	SilverSneakers*	Available	Available
	Personal Health Coaching	Available	Available
	Health Essentials Kit	Available	Not Available
	 Smoking Cessation (Additional) 	Available	Available
	Meal Program	Available	Available
	Special Supplemental Benefits for the Chronically III - (Non-Medical Transportation for 24 one-way trips)	Not Available	Available
	Post-Discharge Transportation	Not Available	Available
	Post-Discharge Personal Home Care	Not Available	Available
Care Management	Clinical Programs/Disease Management (3) - Case Management - Humana at Home* - Chronic Condition Management - Transplant Management - Behovioral Health Care Coordination	Available	Available

- (1) All coinsurance percentages are based on the Medicare fee schedule and not billed charges. All copayments are on a 'per visit' basis, unless otherwise noted.
 (2) Emergency room copayment waived if admitted or if hospital is outside the U.S.
- (3) We have provided examples of various Health Education and clinical programs. Actual programs may vary by market.





The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor. The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of your Humana membership card.

CMS does not permit discussing the below services with potential enrollees prior to enrollment.

Extra Services (VAIS)	Complementary and Alternative Medicine and Weight Management Not available in Puerto Rico	Available	Available
	Dental Discount (HumanaDental) Not available in Florida or Puerto Rico	Available	Available
	Dental Discount (Careington Dental) Available in Florida only	Available	Available
	Healthy Hearing Discount (HearUSA) Available in Florida only	Available	Available
	Hearing Discount (TruHearing) Not available in Florida or Puerto Rico	Available	Available
	Lifeline® Medical Alert Systems	Available	Available
	Meal Delivery Discount	Available	Available
	Vision Discount (EyeMed)	Available	Available
	Go365 by Humana (Rock and Roll Marathon Series)	Available	Available
	Weight Management Discount (Jenny Craig®)	Available	Not Available

Go365® by Humana is included in this plan

Go365 is a wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help them establish and maintain a healthy lifestyle. As they achieve manageable health goals, Go365 keeps members engaged and motivated by acknowledging their efforts. By completing healthy activities like walking, getting and Annual Wellness Exam, or volunteering, members earn rewards they can redeem for gift cards in the Go365 Mall.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. Members residing in some states can get coverage for most services without a referral or approval ahead of time from their PCP. 'Self-referred' means members get services on their own from network specialists. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer HMO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.









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Humana

HUMANA MEDICARE EMPLOYER Rx PLAN
2022 Rx for ELA Rx 143. Puerto Rico Only - Rubi Max
Group Salest Formulary
With Package(s): 6 [Encelle Dysfunction)
Effective Date: 01/01/2022 - 12/31/2022

30 day Supplies

Plan/ Option	30 day	30 day Standard Retail from \$0 to ICL (1)	ard Retail fro ICL (1)	30 to	30 day S	30 day Standard Retall from ICL to Catastrophic (2) "Coverage Gap"	30 day Stendard Retall from Catastrophic to Unlimited	Out-of-Pocket that triggers	30 day St	andard R Drug	30 day Standard Retail Home Infusion Drugs (3)	hrfusion
	Ter 1*	Tier 2	Tier 3	Ther 4	Tier 1.	Tier1* Tier3 Tier4 Tier1* Tier2 Tier4		nata and an	Tler 1*	Tier 2	Tier 3	Tier 4
076/938	80	\$0	Z.	25%	\$0	25% For Ganaric and Brand Drugs	Member pays the greater of \$3.95 for generic/preferred multi source drugs/biosimilars and \$9.85 for all other drugs; OR 5%, colnsurance.	\$7,050	89	S	23	25%
Plan/ Option	30 day	30 day Standard Mail Order from \$0 to ICL (1)	ndard Mail Ord \$0 to ICL (1)	er from	30 day l	30 day Standard Mail Order from ICL to Catastrophic (2) "Coverage Gap"	30 day Standard Meil Order from Catastrophic to Unlinited	Out-of-Pocket that triggers Catastrophic		Standard Infusion	30 day Standard Mail Order Home Infusion Drugs (3)	Home emost
	Ther 1.	Tler 2	Tier 3	Tier 4	Tler 1	Tier1* Tier2 Tier3 Tier4 Tier1* Tier2 Tier4			Tler 1*	Tier 2	Tler 1* Tier 2 Tler 3	Tler 4

25% 83 \$0 \$0

\$7,050

Member pays the greater of \$3.95 for generic/preferred multi-source drugs/bosimilars and \$9.85 for all other drugs; OR 5% coinsurance.

25% For Generic and Brand Drugs

0\$

25%

\$3 Q **\$**

076/938

**Member pays 50 for Insulin.

**Tier 1: Preferred Brand - Calentic or brand drugs that are evolable at the lowest cost share for this plan.

**Inst.?: Preferred Brand - Cananc or trand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.

**Inst.3 Non-Preferred Drug. - Cananc or brand drugs that Humana effered at a nigher cost than Tier 2 Preferred Brand drugs.

**Inst.3 Non-Preferred Drug. - Cananc or brand drugs that Humana effered at a nigher cost than Tier 2 Preferred Brand drugs.

Inst.3 Non-Preferred Brand.









Plan/ Option	90 day §	Standard to IC	dard Retail (4) to ICL (1)	from \$0	90 day Standard Retail (4) from \$0 to Catastrophic (2) to Catastrophic (2) "Coverage Gap"	tandard to to Catast	Standard Retail (4) fr to Catastrophic (2) "Coverage Gap"	rom ICL	90 day Standard Retall (4) from Catastrophic to Unlimited	Out-of-Pocket 90 day Standard Retail Home Infrasion that triggers Drugs (3) Catastrophic	90 day 8	tandard Retall F Drugs (3)	stall Home is (3)	and the second
	Tier 1*	Tier 2	Ther 3	Tier 4	Ter 1* Tier 2 Ther 3 Tier 4 Tier 1* Tier 2 Ther 3 Ther 4	Tler 2	Ther 3	Ther 4			Tier 1*	Tier 1* Tier 2 Tier 3	Tier 3	Tlay 4
076/938	0\$	\$0	ω	N/A	0\$	25% For and Brar	25% For Genaric and Brand Drugs	N/A	Member pays the greater of \$3.85 for generic/preferred multi-source drugs/biosimilars and \$9.85 for all other drugs; OR 5% coinsurance.	\$7,050	0\$	98	98	NA

Plan/ Option	90 day	y Standar from \$0	90 day Standard Mail Order (4) from \$0 to ICL (1)	der (4)	90 day from	Standar ICL to Ca	96 day Standard Mail Order (4) from ICL to Catastrophic (2) "Coverage Gep"	der (4) Ic (2)	90 day Standard Mail Order (4) Out-of-Pocket from Catastrophic that triggers Unimited Catastrophic	Out-of-Pocket that triggers Catastrophic	90 day	90 day Standard Mall Order Home Influsion Drugs (3)	Wall Order Pruge (3)	Home
	Tler 1*	Tler 2	Ther 3	Tier 4	Ter 1" Ter 2 Ter 3 Ter 4 Ter 1 Ter 2 Ter 3 Ter 4	Tler 2	Tier 3	Tler 4			Ter 1°	Tier 1 Tier 2 Tier 3	Tier 3	Tier 4
076/938	\$	9	95	NA A	9	25% For	25% For Generic and Brand Drugs	N/A	Member pays the greater of \$3.95 for generic/preferred multi- source drugs/biosimilars and \$9.85 for all other drugs; OR 5% coinsurance.	\$7,050	0\$	0\$	98	N/A

— Member pays \$0 for insulin.

Foodcase
11CL (Initial Coverage Limit): When total drug cost (the amount the member pays plus the amount Humane pays) reaches \$4,430.

2 Calsatorphia: When a member pays of reaches \$7,000.

2 Calsatorphia: When a member pays of reaches \$7,000.

3 Home invision Drugs: After the deductible has been met, these drugs will be covered at the specified cost shares in the Coverage Gap.

3 Home invision Drugs: After the deductible has been met, these drugs will be covered at the specified cost shares in the Coverage Gap.

4 Refatil and Mail Order: Refatil and Mail Order benefit for a 90-day supply is limited to Rx formulary Tiers 1-2 and most drugs on Tier 3. Regardless of tier placement, Specialty drugs are limited to a 30-day supply:

Out of Natwork Emergency Situations
When a member will set an out-of-network pharmacy in an emergency situation:
When a member will pay the same consustance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or,
b. the member will pay the same copsyment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price,
b. the member will pay the same copsyment as would have applied at a network pharmacy, plus the difference between the out-of-network price and the network pharmacy price.

POWINISTRACO SEGNA OS DE STYLOS Contrato Número





Exits Stayles
The brankli and discount information presented here are surrent as of the date of this document. If a change should occur prior to Implementation, Humana will clerify any change and notify the group sponsor. The products and services described below are notifier of farred nor guaranteed under our conteact with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of your Humana membership card.

CMS does not permit discussing the below services with potential enrolless prior to enrollment.

Humana Sprag medicale Action function

· Prescription Medication Discount

This information is not a complete description of benefits. Contact the pien for more information. Copsyments and restrictions may apply. Benefits, premiums and/or menter cost-share may change each year. The formulary and pharmacy network may change at any time. You will receive notice with a contact may other contractual conditions. For a complete description of benefits, exclusions and limitations to entry other contractual conditions. For a complete description of benefits, exclusions and imitations present and exclusions and imitations or entry other contractual conditions. For a complete description of benefits, exclusions and imitations to entry other contractual conditions. For a complete description of benefits, exclusions and imitations are may other contractual conditions.

Members show their Humans member 1D card at participating pharmacies when they buy non-covered prescription medicines to receive any evailable discounts. Depending on the medicine purchased, quantity limits may apply.

Humana is a Medicare Employer Prescription Drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.



08/03/2021

ANEJO 4 HUMANA HEALTH PLAN OF PR, INC. ZAFIRO

HUMANA MEDICARE EMPLOYER HMO PLAN

2022 HMO for ELA Plan 076 Option 654 - Puerto Rico Only - Zafiro - Part B Buy-Down \$100

Effective Date: 01/01/2022 - 12/31/2022

Telephone II		2021	2022
		* In-Network: \$1500 per individual per plan year (excludes Part D	In-Network: \$1500 per individual per plan year (endudes Part D)
Annu	ual Maximum Out-of-Pocket	Pharmacy, COVID-19 Testing, COVID-19 Treatment, Dental Services	Pharmacy, COVID-19 Testing, COVID-19 Treatment, Dental Services
	an inadition out of touch	(Routine), Vision Services (Routine), Extra Services and the Plan Premium).	(Routine), Vision Services (Routine), Extra Services and the Plan Premium).
	Annual Deductible	• In-Network: NONE	▶ In-Network: NONE
Maria d'Arresta	a 60	In-Network Exclusions: N/A	In-Network Exclusions: N/A
Place of Treatment Primary Care	Office Visit	Network Coverage Plan Pays (1):	Network Coverage Plan Pays (1):
Physician	Office visit	100%	100%
r nyacian	Diagnostic Procedures and Tests	1000/	
	Lab Services	100%	100%
	Surgical Procedures	100%	100%
	Allergy Shots and injections	100%	100%
	Mental Health/Substance Abuse	100%	100%
	Services		100%
	Administration of Drugs in a	100%	100%
	Physician's Office		
Specialist	Office Visit	100% after \$3 copayment	100%
	Advanced Imaging Services	100% after \$3 copayment	100%
	Diagnostic Procedures and Tests	100% after \$3 copayment	100%
	Lab Services	100%	100%
	Surgical Procedures	100% after \$3 copayment	100%
	Diagnostic Colonoscopy	100% after \$3 copayment	100%
	Podiatry Services (Medicare-covered)	100% after \$3 copayment	100%
	Chiropractic Services (Medicare-	100% after \$3 copayment	100%
	covered)		
	Cardiac Therapy	100% after \$3 copayment	100%
	Supervised Exercise Therapy (SET)	100% after \$3 copayment	100%
	Symptomatic Peripheral Artery Disease		
	(PAD) Services		
	Pulmonary Therapy Therapy	100% after \$3 copayment	100%
	Therapies (Occupational, Physical, Audialant and Spendal)	100% after \$3 copayment	100%
	Audiology, and Speech) Radiation Therapy	anny -FAn	19700
	Allergy Shots and Injections	100% after \$3 copayment 100% after \$3 copayment	100%
	Mental Health/Substance Abuse	100% after \$3 copayment	100%
	Services	200% arter 35 copayment	100%
	Opioid Treatment Services	100% after \$3 copayment	100%
	Administration of Drugs in a	100%	100%
	Physician's Office		10070
	Chemotherapy Drugs	100%	100%
	Dental Services (Medicare-covered)	100% after \$3 copayment	100%
	Hearing Services (Medicare-covered)	100% after \$3 copayment	100%
	Vision Services (Medicare-covered)	100% after \$3 copayment	100%
	Eyewear for Post-Cataract Surgery	100% after \$3 copayment	100%
		ofor eyerlasses and contacts following cataract surgery	ofor eyeglasses and contacts following cataract surgery
	Diabetic Eye Exam	100%	100%
	Acupuncture (Medicare-covered)	100% after \$3 copayment	100%
	-Limited to 20 visit(s) per year		
	- Your plan allows services to be	4	
	received by a provider licensed to		
	perform acupuncture or by providers		
7	meeting the Original Medicare		
1	provider requirements.		
reventive Services	Abdominal Agric Aneurysm Screening	1009/	1000
AGUITAG DEL AIVEZ	- Abdominar Auraic Aneurysm screening	100/0	100%
	Alcohol Misuse Screening and		
	Counseling		and the same of th
	Annual Wellness Visit		MCTDA
	Bone Mass Measurement		MISITAC
	Breast Cancer Screening		NISTRACION
	Cardiovascular Disease Behavioral		1
	Therapy		1/0
	Cardiovascular Disease Screening	<	Contrato Número
	Cervical and Vaginal Cancer Screening		2 2 Tallero
	Colorectal Cancer Screening		0 3 8
	Depression Screening		[m]
	Diabetes Screening		0
	Diabetes Self-Management Training		
	Glaucoma Screening		70- 20
	Hepatitis C Screening		SDES
	HIV Screening		GUPOS DE SALIO
	Kidney Disease Education Services		
	Immunizations		
	Lung Cancer Screening	m Y	I



	Medicare Diabetes Prevention		
	Program		
	 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" Preventive		
	Visit		
npatient Hospital	Inpatient Care (All Authorized	100% after \$25 copayment per admission	100% per admission
Services	Admissions)		DAGE STREET WITH CONTROL OF THE
	Inpatient Physician Services	100%	100%
	Inpatient Mental Health	100% after \$25 copayment per admission	100% per admission
	Care/Substance Abuse Services (All		
	Authorized Admissions)		
npatient Psychiatric	A COLUMN TO THE REAL PROPERTY OF THE PARTY O	100% after \$25 copayment per admission	100% per admission
acility	Care/Substance Abuse Services (All	•190 day lifetime limit in a psychiatric facility	•190 day lifetime limit in a psychiatric facility
	Authorized Admissions		
	Inpatient Mental Health/Substance	100%	100%
S-41-1	Abuse Physician Services		
Partial	Mental Health/Substance Abuse Services	100% after \$25 copayment	100%
lospitalization	Services	anny to the	
Testmations Hannis	Oploid Treatment Services Symplest Services	100% after \$25 copayment	100%
Outpatient Hospital	Surgical Services Diagnostic Colonesco	100% after \$15 copayment	100% after \$15 copayment
	Diagnostic Colonoscopy Advanced Imagine Services	100% after \$15 copayment	100% after \$15 copayment
	Advanced Imaging Services Nuclear Madising Services	100% after \$7 copayment	100%
1	Nuclear Medicine Services Diagnostic Research and Tests	100% after \$7 copayment	100% after \$7 copayment
	Diagnostic Procedures and Tests Lab Services	100% after \$7 copayment	100% after \$7 copayment
	Radiation Therapy	100%	100%
	Cardiac Therapy	100% after \$7 copayment	100% after \$7 copayment
	Supervised Exercise Therapy (SET) for	100% after \$15 copayment 100% after \$15 copayment	100% after \$15 copayment
	Symptomatic Peripheral Artery Disease	100% after \$15 cobayment	100% after \$15 copayment
	(PAD) Services		
1	Pulmonary Therapy	1000 -6 615	
	Therapies (Occupational, Physical,	100% after \$15 copayment 100% after \$15 copayment	100% after \$15 copayment
	Audiology, and Speech)	100% arter \$15 copayment	100% after \$15 copayment
	Chemotherapy Drugs	100%	1000
	Renal Dialysis Services	100%	100%
		100%	100%
	Services	100%	100%
		100%	4000/
		100%	100%
killed Nursing		100% per day (days 1-100)	
acility (SNF)	required)	•Plan pays \$0 after 100 days	100% per day (days 1-100)
		100%	Plan pays \$0 after 100 days 100%
Jrgent Care Center		100%	100%
		100%	100%
mergency Room		100% after \$25 copayment	100% after \$20 copayment
		Waived if admitted within 24 hours	Waived if admitted within 24 hours
1	Emergency Room Physician Services	100%	100%
Ambulance		100% per date of service	100% per date of service
		•Limited to Medicare-covered transportation	
Norldwide Coverage			Limited to Medicare-covered transportation
	Emergency Services and Urgently	100% after \$25 copayment	Limited to Medicare-covered transportation 100% after \$25 copayment
		100% after \$25 copayment • Waived if admitted within 24 hours	100% after \$25 copayment
	Emergency Services and Urgently Needed Care Only	Waived if admitted within 24 hours	100% after \$25 copayment • Waived if admitted within 24 hours
			100% after \$25 copayment
Comprehensive	Needed Care Only	Waived if admitted within 24 hours Limited to emergency Medicare-covered services	100% after \$25 copayment Wahved if admitted within 24 hours Limited to emergency Medicare-covered services
	Needed Care Only	Waived if admitted within 24 hours	100% after \$25 copayment • Waived if admitted within 24 hours
Outpatient	Needed Care Only	Waived if admitted within 24 hours Limited to emergency Medicare-covered services	100% after \$25 copayment Wahved if admitted within 24 hours Limited to emergency Medicare-covered services
Outpatient Rehabilitation	Needed Care Only	Waived if admitted within 24 hours Limited to emergency Medicare-covered services	100% after \$25 copayment Wahved if admitted within 24 hours Limited to emergency Medicare-covered services
Outpatient Rehabilitation	Needed Care Only Pulmonary Therapy	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment
Outpatient Rehabilitation	Pulmonary Therapy Therapies (Occupational, Physical,	Waived if admitted within 24 hours Limited to emergency Medicare-covered services	100% after \$25 copayment Wahved if admitted within 24 hours Limited to emergency Medicare-covered services
Outpatient Rehabilitation Facility	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech)	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$3 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to Emergency Medicare-covered services 100% after \$3 copayment 100% after \$3 copayment
Outpatient Rehabilitation acility reestanding	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech)	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment
Outpatient Lehabilitation acility reestanding	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$3 copayment 100% after \$7 copayment	100% after \$25 copayment • Wahved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$3 copayment
Outpatient tehabilitation acility reestanding ladiological Facility	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment	100% after \$25 copayment • Wahved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$3 copayment 100% 100% after \$7 copayment
Outpatient tehabilitation acility reestanding ladiological Facility	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% 100% after \$7 copayment 100% after \$7 copayment
outpatient nehabilitation acility reestanding adiological Facility	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests Radiation Therapy	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment
outpatient schabilitation acility reestanding adiological Facility unbulatory Surgical	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% 100% after \$7 copayment 100% after \$7 copayment
outpatient chabilitation acility reestanding adiological Facility unbulatory Surgical enter	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests Radiation Therapy	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% 100% after \$7 copayment
hutpatient ehabilitation acility reestanding adiological Facility mbulatory Surgical enter	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests Radiation Therapy Surgical Procedures	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$5 copayment 100% after \$1 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment
outpatient schabilitation acility reestanding adiological Facility umbulatory Surgical enter reestanding	Needed Care Only Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests Radiation Therapy Surgical Procedures Diagnostic Colonoscopy	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$5 copayment 100% after \$5 copayment 100% after \$1 copayment 100% after \$1 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$15 copayment
outpatient chabilitation acility reestanding adiological Facility unbulatory Surgical enter reestanding aboratory	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests Radiation Therapy Surgical Procedures Diagnostic Colonoscopy Lab Services	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$5 copayment 100% after \$5 copayment 100% after \$1 copayment 100% after \$1 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$15 copayment
purpatient cehabilitation acility reestanding adiological Facility unbulatory Surgical center reestanding aboratory ialysis Center	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests Radiation Therapy Surgical Procedures Diagnostic Colonoscopy Lab Services Renal Dialysis Services	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$5 copayment 100% after \$5 copayment 100% after \$5 copayment 100% after \$5 copayment 100% after \$15 copayment 100% after \$15 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$15 copayment 100% after \$15 copayment
outpatient tehabilitation acility reestanding tadiological Facility umbulatory Surgical tenter reestanding aboratory tialysis Center	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests Radiation Therapy Surgical Procedures Diagnostic Colonoscopy Lab Services Renal Dialysis Services	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$5 copayment 100% after \$5 copayment 100% after \$5 copayment 100% after \$15 copayment 100% after \$15 copayment 100% after \$15 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$15 copayment 100% after \$15 copayment 100% after \$15 copayment 100% after \$15 copayment
outpatient tehabilitation acility reestanding tadiological Facility umbulatory Surgical tenter reestanding aboratory talysis Center tome Health	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Nuclear Medicine Services Sadiation Therapy Surgical Procedures Diagnostic Colonoscopy Lab Services Renal Dialysis Services Home Health Care	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$1 copayment 100% after \$15 copayment	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$15 copayment
Dutpatient tehabilitation adility reestanding tadiological Facility tembulatory Surgical tenter reestanding aboratory lialysis Center tome Health	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests Radiation Therapy Surgical Procedures Diagnostic Colonoscopy Lab Services Renal Dialysis Services Home Health Care Durable Medical Equipment	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$5 copayment 100% after \$5 copayment 100% after \$15 copayment 100% after \$15 copayment 100% after \$15 copayment 100% 100% 100% 100% 100% 100% 100% 100% 100%	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$15 copayment 100% 100% 100% • excludes Personal Home Care 100%
Outpatient Rehabilitation Freestanding Radiological Facility Ambulatory Surgical Jenter Freestanding Aboratory Dialysis Center Home Health	Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests Radiation Therapy Surgical Procedures Diagnostic Colonoscopy Lab Services Renal Dialysis Services Home Health Care Durable Medical Equipment Diabetic Monitoring Supplies	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$1 copayment 100% after \$15 copayment 100% after \$15 copayment 100% after \$15 copayment 100% 100% 100% 100% 100% 100%	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$15 copayment 100% after \$15 copayment 100% after \$15 copayment 100% after \$15 copayment 100% 100% 100% 100% 100% 100%
Ambulatory Surgical Jenter Jen	Needed Care Only Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests Radiation Therapy Surgical Procedures Diagnostic Colonoscopy Lab Services Renal Dialysis Services Home Health Care Durable Medical Equipment Diabetic Monitoring Supplies	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$5 copayment 100% after \$5 copayment 100% after \$15 copayment 100% after \$15 copayment 100% after \$15 copayment 100% 100% 100% 100% 100% 100% 100% 100% 100%	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$15 copayment 100% 100% 100% • excludes Personal Home Care 100%
Outpatient Rehabilitation Freestanding Radiological Facility Ambulatory Surgical Jenter Freestanding Aboratory Dialysis Center Home Health	Needed Care Only Pulmonary Therapy Therapies (Occupational, Physical, Audiology, and Speech) Advanced Imaging Services Nuclear Medicine Services Diagnostic Procedures and Tests Radiation Therapy Surgical Procedures Diagnostic Colonoscopy Lab Services Renal Dialysis Services Home Health Care Durable Medical Equipment Diabetic Monitoring Supplies Medical Supplies	Waived if admitted within 24 hours Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$1 copayment 100% after \$15 copayment 100% after \$15 copayment 100% after \$15 copayment 100% 100% 100% 100% 100% 100%	100% after \$25 copayment • Walved if admitted within 24 hours • Limited to emergency Medicare-covered services 100% after \$3 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$7 copayment 100% after \$15 copayment 100% after \$15 copayment 100% after \$15 copayment 100% after \$15 copayment 100% 100% 100% 100% 100% 100%

yer Us Only; Subject to CMS Approval

Contrato Número OUPOS DE SEY



Pharmacy (Part B Only)	Durable Medical Equipment	100%	100%
,,	Medical Supplies	100%	100%
	Diabetic Monitoring Supplies	100%	100%
	Medicare-covered Part B Drugs	100%	100%
Additional Felehealth Services	Primary Care Physician - Virtual Visit	100%	100%
	Specialist - Virtual Visit	100% after \$3 copayment	100% after \$3 copayment
	Behavioral Health and Substance Abuse - Virtual Visit	100%	100%
	Urgently Needed Care - Virtual Visit	100%	100%
Other Benefits	COVID-19 Testing and Treatment	100%	100%
	Acupuncture Services (Routine)	•100%	*100%
		Limited to 6 visit(s) per year	Limited to 6 visit(s) per year
	Bathroom Safety Devices - BCS001	•100% for bath chairs up to 1 every 5 years.	•100% for bath chairs up to 1 every 5 years.
		Provided to members who meet medical criteria.	Provided to members who meet medical criteria.
	Chiropractic Services (Routine)	•100%	•Provided to members who meet medical criteria.
	- Chiropractic services (noutrie)	Limited to 15 visit(s) per year	
	Blood Pressure Monitor - BPM001		Limited to 15 visit(s) per year
	- Blood Fleszale Moultot - BhMOOT	• 100% for a blood pressure monitoring unit up to 1 every 5 years. • Provided	•100% for a blood pressure monitoring unit up to 1 every 5 years. •Provide
	1	to members who meet medical criteria for ongoing monitoring of blood	to members who meet medical criteria for ongoing monitoring of blood
		pressure.	pressure.
	Dental Services (Routine)	•100% for bitewing x-rays up to 1 set(s) every 2 years.	•100% for bitewing x-rays up to 1 set(s) every 2 years.
		•100% for amalgam or composite filling up to 1 per tooth every 3 years.	•100% for amalgam and/or composite filling up to 1 per tooth every 3 years
		•100% for comprehensive oral exam, panoramic film up to 1 every 3 years.	•100% for comprehensive oral exam, panoramic film up to 1 every 3 years.
	1	•100% for scaling and root planing (deep cleaning) up to 1 per quadrant per	•100% for crown up to 1 per tooth every 5 years.
		year.	•100% for bridges, complete dentures, partial dentures up to 1 every 5 year
		•100% for periodontal debridement up to 1 per year.	•100% for other restorative services - core buildup and prefabricated post
	1	•100% for periodic oral exam, prophylaxis (cleaning) up to 2 per year.	and core up to 1 per tooth per lifetime.
		•100% for intraoral x-rays up to 6 per year.	•100% for scaling and root planing (deep cleaning) up to 1 per quadrant per
		•100% for extractions up to unlimited per year,	vear.
		•75% for crown up to 1 per tooth every 5 years.	•100% for periodontal debridement up to 1 per year.
		•75% for bridges, complete dentures, partial dentures up to 1 every 5 years.	•100% for periodic oral exam, prophylaxis (cleaning) up to 2 per year. 100%
		•75% for other restorative services - core buildup and prefabricated post and	
			for intraoral x-rays up to 5 per year.
		core up to 1 per tooth per lifetime.	•100% for adjustments to dentures, extractions, root canal up to unlimited
		•75% for adjustments to dentures, root canal up to unlimited per year.	per year.
	l .	•\$1,500 maximum benefit coverage amount per year for adjustments to	•\$5000 maximum benefit coverage amount per year for adjustments to
		dentures, complete dentures, crown, partial dentures, other restorative services - core buildup and prefabricated post and core, bridges DENS20	dentures, complete dentures, crown, partial dentures, other restorative services - core buildup and prefabricated post and core, bridges DENTBD
	I		
	Hearing Services (Routine)	•100% for fitting/evaluation, routine hearing exams up to 1 per year.	•100% for fitting/evaluation, routine hearing exams up to 1 per year.
		•\$250 maximum benefit coverage amount for each hearing aid(s) (all types)	•\$500 maximum benefit coverage amount for each hearing aid(s) (all types)
		up to 1 per ear per year HER727	up to 1 per ear per year HERTBD
	Over-the-Counter Drugs	•\$50 maximum benefit coverage amount per quarter (3 months) for select	•\$50 maximum benefit coverage amount per quarter (3 months) for select
	are the counter brugg	over-the-counter health and wellness products OTC062	over-the-counter health and wellness products OTC062
	Transportation (Routine)		
	- manaportation (noutine)	 100% for plan approved location up to 12 one-way trip(s) per year by taxi, van TRN236 	•100% for plan approved location up to 24 one-way trip(s) per year by car,
	Vision Services (Routine)		van, wheelchair access vehicle TRNTBD
	- A ISION SELAICES (MOURILE)	•100% for routine exam (includes refraction) up to 1 per year.	•100% for routine exam up to 1 per year.
	I	•\$400 maximum benefit coverage amount per year for contact lenses,	•\$850 maximum benefit coverage amount per year for contact lenses and/
		eyeglasses-lenses and frames VIS203	eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. Eyeglasses include ultraviolet protection and scratch resistant coating VISTBD

xtra Benefits (MSB)	SilverSneakers*	Available	Available
	Personal Health Coaching	Available	Available
	Health Essentials Kit	Available	Not Available
	 Smoking Cessation (Additional) 	Available	Available
	Meal Program	Available	Available
	Post-Discharge Transportation	Not Available	Available
	 Post-Discharge Personal Home Care 	Not Available	Available
are Management	Clinical Programs/Disease Management (3) - Case Management - Humana at Home* - Chronic Condition Management - Transplant Management - Behavioral Health Care Coordination	Available	Available

(1) All coinsurance percentages are based on the Medicare fee schedule and not billed charges. All copayments are on a 'per visit' basis, unless otherwise noted.
(2) Emergency room copayment waived if admitted or if hospital is outside the U.S.
(3) We have provided examples of various Health Education and clinical programs. Actual programs may vary by market.





The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor. The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of your Humana membership card.

CMS does not permit discussing the below services with potential enrollees prior to enrollment.

extra Services (VAIS)	Complementary and Alternative Medicine and Weight Management Not available in Puerto Rico	Available	Available
	Dental Discount (HumanaDental) Not available in Florida or Puerto Rico	Available	Available
	Dental Discount (Careington Dental) Available in Florida only	Available	Available
	Healthy Hearing Discount (HearUSA) Available in Florida only	Available	Available
	Hearing Discount (TruHearing) Not available in Florida or Puerto Rico	Available	Available
	Lifeline® Medical Alert Systems	Available	Available
	Meal Delivery Discount	Available	Available
	Vision Discount (EyeMed)	Available	Available
	Go365 by Humana (Rock and Roll Marathon Series)	Available	Available
	Weight Management Discount (Jenny Craige)	Available	Not Available

Go365® by Humana is included in this plan

Go365 is a wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help them establish and maintain a healthy lifestyle. As they achieve manageable health goals, Go365 keeps members engaged and motivated by acknowledging their efforts. By completing healthy activities like walking, getting and Annual Wellness Exam, or volunteering, members earn rewards they can redeem for gift cards in the Go365 Mall.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. Members residing in some states can get coverage for most services without a referral or approval ahead of time from their PCP. 'Self-referred' means members get services on their own from network specialists. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer HMO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.







Humana Grant Mertering Advantages

HUMANA MEDICARE EMPLOYER RX PLAN	2022 Rx for ELA Rx 419 - Puerto Rico Only - Zafiro	Group Select Formulary	With Package(s): 6 (Erectile Dysfunction)	Effective Date: 01/01/2022 - 12/31/2022	30 day Supplies
7					

Plan/ Option	30 Day \$	30 Day Standard Retail from \$0 to ICL (1)	ard Retail fro ICL (1)	om \$0 to	30 Day	y Stand to Cate	30 Day Standard Retail from ICL to Catastrophic (2) "Coverage Gap"		30 day Standard Retall Out-of-Pocket from Calastrophic to that triggers Drugs (3) Calastrophic Catastrophic	Out-of-Pocket that triggers Catastrophic	30 day St	endard Re Drug	rd Retall Home Drugs (3)	mfusion
	Tier 1*	Tier 1* Tier 2 Tier 3 Tier 4 Tier 1* Tier 2 Tier 3 Tier 4	Tier 3	Tier 4	Tler 1*	Tler 2	Tier 3	Tier 4			Tler 1*	Tler 2	Tier 3	Tler 4
076/654	\$0	\$0	\$10	25%	0 9	25% - B	25% - For Generic and Brand Drugs	ric and	Member pays the greater of \$3.95 for genetic/preferred multi-source drugs/biosimilars and \$3.85 for all other drugs; OR 5% colinsurance.	\$7,050	0\$	0\$	\$10	52%
	30 Day Standard Mail from to to	Standard	Mail fro	\$ 5		y Stand	ard Mail	Order	30 Day Standard Mali Order 30 day Standard Mail	Orthor Darkes	a de	Pro Pro Pro	O Hell	1

Plan/ Option	30 Day	Standard	30 Day Standard Mail from \$0 to	m \$0 to	30 Day from K	/ Standa CL to Ca "Covera	y Standard Mali Order ICL to Catastrophic (2) "Coverage Gap"	30 Day Standard Mail Order 30 day Standard Mail from from CL to Catastrophic (2) Catastrophic to	Out-of-Pocket that triggers Catastrophic	30 day	Standard Infusion	Standard Mail Order Infusion Drugs (3)	Ноше
	Tier 1*	Tier 2	Tier 3	Tler 4	Tier 1*	Tier 2	Tier 1" Tier 2 Tier 3 Tier 4 Tier 1" Tier 2 Tier 3 Tier 4	Unlimited	out of the second	Tier 1*	Tier 2	Tier 1" Tier 2 Tier 4	Tler 4
076/654	\$0	0\$	\$10	25%	\$0	25% - F Br	25% - For Generic and Brand Drugs	Member pays the greater of \$3.95 for gener/cpreferred multi-source drugs/blosimilars and \$9.85 for all other drugs; OR 5% colnsurance.	\$7,050	\$0	0\$	\$10	25%

** Member pays \$0 for InsulIn.

"Tier 1: Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.

Tier 2: Preferred Generic - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.

Tier 2: Non-Preferred Drug - Generic or brand drugs that Humana offered at a higher cost than Tier 2 Preferred Brug and drugs.

Tier 4: Specially Tier - Some injectables and other higher-cost drugs.



Humana State Medicon

	90 Day	Standar \$0 to	90 Day Standard Retall (4) from \$0 to ICL (1)	(4) from	90 Day	90 Day Standard Retail from ICL to Catastrophic (2) "Coverage Gap"	rd Retal strophic 3e Gap"	I from (2)	90 day Standard Retail Out-of-Pocket 90 day Standard Retail Home Infusion (3) from Catastrophic to Unlimited Catastrophic	Out-of-Pocket that triggers Catastrophic	90 day St	andard Retail F Drugs (3)	tail Home s (3)	Infusion
1	Tler 1*	Tler 2	Tier 3	Tier 1* Tier 2 Tier 3 Tier 4 Tier 1* Tier 2 Tier 3 Tier 4	Tier 1*	Tler 2	Tier 3	Tier 4			Tier 1*	Tier 1" Tier 2 Tier 3	Tier 3	Tier 4
	\$0	0\$	\$20	N/A	0\$	25% - For Generic and Brand Drugs	. For c and Drugs	N/A	Member pays the greater of \$3.95 for generic/preferred multi-source drugs/biosimilars and \$9.85 for all other drugs; OR 5% coinsurance.	\$7,050	0\$	0\$	\$20	N/A

Plan/ Option	90 Day	90 Day Standard Mall Order (4) from \$0 to ICL (1)	d Malf Or to ICL (1)	der (4)	90 Da from I	90 Day Standard Mail Order from ICL to Catastrophic (2) "Coverage Gap"	ard Mail tastropi ge Gap"	Order ile (2)	90 Day Standard Mail Order 90 day Standard Mail from ICL to Catastrophic (2) Order (3) from Catastrophic to Ca	Out-of-Pocket that triggers Catastrophic	90 day 8	90 dsy Standard Mail Order Home Infusion Drugs (3)	Mail Order Drugs (3)	Home
	Tier 1*	Tier 1* Tier 2 Tier 3 Tier 4 Tier 1* Tier 2 Tier 3 Tier 4	Tier 3	Tler 4	Tier 1*	Tler 2	Tler 3	Tier 4			Tler 1*	Tler 2	Tier 3	Tler 4
076/654	98	9	\$20	N/A	0\$	25% - For Generic and Brand Drugs	- For ic and Drugs	N/A	Member pays the greater of \$3.95 for generic/preferred multits source drugs/blosimilars and \$9.85 for all other drugs; OR 5% colissurance.	\$7,050	0\$	0\$	\$20	N/A

Member pays \$0 for Insulin. Footnotes

1 (CL (Initial Coverage Limit): When total drug cost (the amount the member pays plus the amount Humana pays) reaches \$4,430

Z Gatastrophic: When a member's True Out of Procket (TriODP) cost reaches \$5,7,605.

3 Home infusion Drugs: After the adectivible has been met, these drugs will be covered at the specified cost shares in the Coverage Gap.

4 Retail and Mail Order: Retail and Mail Order benefit for a 90-day supply is limited to Rx formulary Tiers 1-2 and most drugs on Tier 3. Regardless of tier placement, Speciatry drugs are limited to a 30-day supply.

Out of Networh: Emergency Situations When an emergency situation: When a member purchases a drug at an out-of-network pharmacy in an emergency situation: a. the member will gay the same cojosisurance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or, b. the member will pay the same copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price.



Humana

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarity any change and notify the group sponsor. The products and services should be addressed with Customer Care by calling the number of the back of your Humana membership card.

CMS does not permit discussing the below services with potential enrollees prior to enrollment.

Prescription Medication Discount

Members show their Humana member ID card at participating pharmacies when they buy non-covered prescription medicines to receive any available discounts. Depending on the medicine purchased, quantity limits may apply.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. The formulary and pharmacy network may change at any time. You will receive notice when necessary. Please refer to the Evidence of Coverage for additional information regarding coverag services and limitations or any other contractual conditions. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer Prescription Drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.



08/02/2021

ANEJO 4 HUMANA HEALTH PLAN OF PR, INC. BASIC DELUXE



HUMANA MEDICARE EMPLOYER HMO PLAN

2022 HMO for ELA Plan 076 Option 251 - Puerto Rico Only - Basic Deluxe - Part B Buy-Down \$148.50

Effective Date: 01/01/2022 - 12/31/2022

		2021	2022
		• In-Network: \$6,700 per individual per plan year (excludes Part D	• In-Network: \$6,700 per individual per plan year (excludes Part D
Appro	al Maximum Out-of-Pocket	Pharmacy, COVID-19 Testing, COVID-19 Treatment, Extra Services and the	Pharmacy, COVID-19 Testing, COVID-19 Treatment, Extra Services and
Authu	al Maximum out-or-Pocket	Plan Premium).	
		Plan Premium).	Plan Premium).
	Annual Deductible	In-Network: NONE	In-Network: NONE
	Annual Deductible	In-Network Exclusions: N/A	In-Network Exclusions: N/A
ice of Treatment	Benefit	Network Coverage Plan Pays (1):	Network Coverage Plan Pays (1):
mary Care	+	100%	100%
ysician	- Grice visit	100/4	100%
yaluan			
		100%	100%
	Lab Services	95%	95%
	Surgical Procedures	100%	100%
	Allergy Shots and Injections	100%	100%
	Mental Health/Substance Abuse	100%	100%
	Services		19070
	Administration of Drugs in a Physician's	1000/	1000/
		100%	100%
	Office		
pecialist	Office Visit	100% after \$7 copayment	100% after \$7 copayment
	Advanced Imaging Services	90%	90%
		up to \$65 maximum out of pocket per visit	up to \$65 maximum out of pocket per visit
	Diagnostic Procedures and Tests	100% after \$7 copayment	100% after \$7 copayment
		95%	95%
		100% after \$7 copayment	100% after \$7 copayment
		100% after \$7 copayment	
			100% after \$7 copayment
	Podiatry Services (Medicare-covered)	100% after \$7 copayment	100% after \$7 copayment
	Chiropractic Services (Medicare-	100% after \$7 copayment	100% after \$7 copayment
	covered)		
		100% after \$7 copayment	100% after \$7 copayment
		100% after \$7 copayment	100% after \$7 copayment
	Symptomatic Peripheral Artery Disease		100% after \$7 copayment
	(PAD) Services		
	Pulmonary Therapy	100% after \$7 copayment	100% after \$7 copayment
	Therapies (Occupational, Physical,	100% after \$7 copayment	100% after \$7 copayment
	Audiology, and Speech)		
		100% after \$7 copayment	100% after \$7 copayment
		100% after \$7 copayment	
			100% after \$7 conayment
		100% after \$7 copayment	100% after \$7 copayment
	Services		
	Opioid Treatment Services	100% after \$7 copayment	100% after \$7 copayment
	 Administration of Drugs in a Physician's 	100%	100%
	Office		
	Chemotherapy Drugs	100%	100%
		100% after \$7 copayment	
			100% after \$7 copayment
		100% after \$7 copayment	100% after \$7 copayment
		100% after \$7 copayment	100% after \$7 copayment
	Eyewear for Post-Cataract Surgery	100%	100%
		•for eyeglasses and contacts following cataract surgery	ofor eyeglasses and contacts following cataract surgery
	Diabetic Eye Exam	100%	100%
		100% after \$7 copayment	100% after \$7 copayment
	- Limited to 20 visit(s) per year		20010 disci yi copayment
	- Your plan allows services to be		
	received by a provider licensed to		
	perform acupuncture or by providers		
	meeting the Original Medicare provider		
	requirements.		
reventive Services	Abdominal Aortic Aneurysm Screening	100%	100%
			10079
	A Alcohol Micuco Serverine		
	Alcohol Misuse Screening and		and the state of t
	Counseling		DAINISTRACION OF
	Annual Wellness Visit		SINACI
	Bone Mass Measurement		
	Breast Cancer Screening		PI)
	Cardiovascular Disease Behavioral		10/
	Therapy		4 / / /
	Cardiovascular Disease Screening		/ Contrato Número
	Cervical and Vaginal Cancer Screening		[[22 - 0 3 8]]
	Colorectal Cancer Screening		0
	Depression Screening		
	Diabetes Screening		\m\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Diabetes Self-Management Training		0
			00 81
1	Glaucoma Screening		OLAOS DE SA
1	Hepatitis C Screening		000
1	HIV Screening		
	Kidney Disease Education Services		
	Immunizations		



			NISTRACIO
	8		NISTRACION Human
_			16.1
	Medicare Diabetes Prevention Program		Contrato Número
	Medical Nutrition Therapy		22 - 0 3 8
	 Obesity Screening and Therapy 		0
	Physical Exams (Routine)		\mathrew \mathrew \sigma_5 \rightarrow \sigma_5 \ri
	Prostate Cancer Screening Exam Smoking and Tobacco Use Cessation		
	STI Screening and Counseling		POSDESA
	"Welcome to Medicare" Preventive		TOSDE
	Visit		The Parket of th
npatient Hospital	Inpatient Care (All Authorized	100% after \$25 copayment per admission	100% after \$50 copayment per admission
ervices	Admissions)	4800/	
	Inpatient Physician Services Inpatient Mental Health	100% 100% per admission	100% 100% after \$50 copayment per admission
	Care/Substance Abuse Services (All	20070 per daringsion	Took arter 330 copayment per admission
	Authorized Admissions)		
npatient Psychiatric	Inpatient Mental Health	100% per admission	100% after \$50 copayment per admission
acility	Care/Substance Abuse Services (All	•190 day lifetime limit in a psychiatric facility	•190 day lifetime limit in a psychiatric facility
	Authorized Admissions)	4000	
	 Inpatient Mental Health/Substance Abuse Physician Services 	100%	100%
artial	Mental Health/Substance Abuse	100%	100%
lospitalization	Services		
	Opioid Treatment Services	100%	100%
Autpatient Hospital	Surgical Services	100% after \$25 copayment	100% after \$25 copayment
	Diagnostic Colonoscopy	100% after \$25 copayment	100% after \$25 copayment
	Advanced Imaging Services	90%	90%
	Nuclear Medicine Services	up to \$65 maximum out of pocket per visit 90%	up to \$65 maximum out of pocket per visit 90%
	, reside Michigane Services	• up to \$65 maximum out of pocket per visit	• up to \$65 maximum out of pocket per visit
	Diagnostic Procedures and Tests	80%	80%
	Lab Services	95%	95%
	Radiation Therapy	100% after \$7 copayment	100% after \$7 copayment
	Cardiac Therapy Supported Therapy (SET) for	100% after \$7 copayment	100% after \$7 copayment
	 Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease 	100% after \$7 copayment	100% after \$7 copayment
	(PAD) Services		
	Pulmonary Therapy	100% after \$7 copayment	100% after \$7 copayment
	Therapies (Occupational, Physical,	100% after \$7 copayment	100% after \$7 copayment
	Audiology, and Speech)		
	Chemotherapy Drugs Renal Dialysis Services	100% 100%	100%
	Mental Health/Substance Abuse	100% after \$7 copayment	100% after \$7 copayment
	Services	2007a anter 47 copayment	100% arter 57 cupayment
	Opioid Treatment Services	100% after \$7 copayment	100% after \$7 copayment
	Outpatient Physician Services	100%	100%
killed Nursing	SNF Care (no 3 day hospital stay is	100% per day (days 1-100)	100% per day (days 1-100)
acility (SNF)	required)	Plan pays \$0 after 100 days	•Plan pays \$0 after 100 days
Jrgent Care Center	SNF Physician Services Urgently Needed Care	100%	100%
orgent Care Center	Lab Services	95%	100% 95%
mergency Room	Emergency Services (2)	100% after \$50 copayment	100% after \$50 copayment
		Waived if admitted within 24 hours	Waived if admitted within 24 hours
	Emergency Room Physician Services	100%	100%
Ambulance	Ambulance Services	100% per date of service	100% per date of service
Vorldwide Coverage	- F	Limited to Medicare-covered transportation	Limited to Medicare-covered transportation
Acuamide Coverage	Emergency Services and Urgently Needed Care Only	100% after \$50 copayment • Waived if admitted within 24 hours	100% after \$50 copayment • Walved if admitted within 24 hours
	needed care only	Limited to emergency Medicare-covered services	Limited to emergency Medicare-covered services
Comprehensive	Pulmonary Therapy	100% after \$7 copayment	100% after \$7 copayment
Outpatient			
Rehabilitation			
acility	- Thereis 10	sone of the	1000/ 5 42
	Therapies (Occupational, Physical, Audiology, and Speech)	100% after \$7 copayment	100% after \$7 copayment
reestanding	Audiology, and Speech) Advanced Imaging Services	90%	90%
tadiological Facility		up to \$65 maximum out of pocket per visit	• up to \$65 maximum out of pocket per visit
	Nuclear Medicine Services	90%	90%
1		• up to \$65 maximum out of pocket per visit	up to \$65 maximum out of pocket per visit
	Diagnostic Procedures and Tests	80%	80%
	Radiation Therapy	100% after \$7 copayment	100% after \$7 copayment
mbulatory Surgical	Surgical Procedures	100% after \$25 copayment	100% after \$25 copayment
enter	Diagnostic Colonoscopy	100% after \$25 consyment	100% after \$25 consument
reestanding		100% after \$25 copayment 95%	100% after \$25 copayment 95%
aboratory	and gettines	33.0	
ialysis Center	Renal Dialysis Services	100%	100%
lome Health	Home Health Care	100%	100%
		excludes Personal Home Care	•excludes Personal Home Care
ME Provider		80%	80%
Aedical Supply	Diabetic Monitoring Supplies Medical Supplies	100%	100%
rovider	earear supplies	20078	20070
rosthetics Provider	Prosthetics	80%	80%





Pharmacy (Part B Only)	Durable Medical Equipment	100%	100%
	Medical Supplies	100%	100%
	Diabetic Monitoring Supplies	100%	100%
	Medicare-covered Part B Drugs	100%	100%
Additional Telehealth Services	Primary Care Physician - Virtual Visit	100%	100%
	Specialist - Virtual Visit	100% after \$7 copayment	100% after \$7 copayment
	Behavioral Health and Substance	100%	100%
	Abuse - Virtual Visit		
	Urgently Needed Care - Virtual Visit	100%	100%
Other Benefits	COVID-19 Testing and Treatment	100%	100%
	Acupuncture Services (Routine)	100% after \$15 copayment	100% after \$15 copayment
		Limited to 6 visit(s) per year	Limited to 6 visit(s) per year
	Chiropractic Services (Routine)	100% after \$7 copayment	100% after \$7 copayment
		Limited to 15 visit(s) per year	Limited to 15 visit(s) per year
	Dental Services (Routine)	•\$1,000 maximum benefit coverage amount per year.	•100% for bitewing x-rays up to 1 set(s) every 2 years.
		•100% for bitewing x-rays, oral evaluation, sealants, prophylaxis (cleaning).	•100% for amalgam and/or composite filling up to 1 per tooth every 3 years.
		*80% coinsurance for bridgework, crown, dentures, endodontics, extractions,	•100% for comprehensive oral exam, panoramic film up to 1 every 3 years.
		filling, periodontics, implant, root canal DENO15	•100% for crown up to 1 per tooth every 5 years,
			•100% for bridges, complete dentures, partial dentures up to 1 every 5 years.
			• 100% for other restorative services - core buildup and prefabricated post and
			core up to 1 per tooth per lifetime.
			•100% for scaling and root planing (deep cleaning) up to 1 per quadrant per
			vear.
	1		r
			• 100% for periodontal debridement up to 1 per year.
			• 100% for periodic oral exam, prophylaxis (cleaning) up to 2 per year.
			• 100% for intraoral x-rays up to 6 per year.
			•100% for adjustments to dentures, extractions, root canal up to unlimited per
			year.
			•\$1,500 maximum benefit coverage amount per year for adjustments to
			dentures, complete dentures, crown, partial dentures, other restorative
	1		services - core buildup and prefabricated post and core, bridges DENTBD
	Hearing Services (Routine)	•100% for fitting/evaluation, routine hearing exams up to 1 per year.	■100% for fitting/evaluation, routine hearing exams up to 1 per year.
		•\$400 maximum benefit coverage amount for hearing aids (all types) up to 2	•\$400 maximum benefit coverage amount for each hearing aid(s) (all types) up
		every 3 years HEROO8	to 1 per ear per year HERTBD
	Transportation (Routine)	Not Available	*100% for plan approved location up to 24 one-way trip(s) per year by car, van,
			wheelchair access vehicle TRNTBD
	 Vision Services (Routine) 	*100% for routine exam (includes refraction) up to 1 per year.	•100% for routine exam up to 1 per year.
		•\$200 maximum benefit coverage amount every 2 years for contact lenses,	•\$400 maximum benefit coverage amount per year for contact lenses and/or
	I	eyeglasses-lenses and frames VIS772	eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames.
	L		Eyeglasses include ultraviolet protection and scratch resistant coating.
			VISTBD

xtra Benefits (MSB)	SilverSneakers	Available	Available
	Personal Health Coaching	Available	Available
	Health Essentials Kit	Available	Not Available
	 Smoking Cessation (Additional) 	Available	Available
	Meal Program	Available	Available
	 Post-Discharge Transportation 	Not Available	Available
	 Post-Discharge Personal Home Care 	Not Available	Available
are Management	Clinical Programs/Disease Management (3) Case Management Humana at Home Chronic Condition Management Transplant Management Behavioral Health Care Coordination	Available	Available

⁽¹⁾ All coinsurance percentages are based on the Medicare fee schedule and not billed charges. All copayments are on a 'per visit' basis, unless otherwise noted.

(2) Emergency room copayment waived if admitted or if hospital is outside the U.S.

(3) We have provided examples of various Health Education and clinical programs. Actual programs may vary by market.







The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor. The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of your Humana membership card.

CMS does not permit discussing the below services with potential enrollees prior to enrollment.

extra Services (VAIS)	Lifeline® Medical Alert Systems	Available	Available	
	Complementary and Alternative Medicine and Weight Management Not available in Puerto Rico	Available	Available	
	Dental Discount (HumanaDental) Not available in Florida or Puerto Rico	Available	Available	
	Dental Discount (Careington Dental) Available in Florida only	Available	Available	
	Healthy Hearing Discount (HearUSA) Available in Florida only	Available	Available	
	Hearing Discount (TruHearing) Not available in Florida or Puerto Rico	Available	Available	
	Meal Delivery Discount	Available	Available	
	Vision Discount (EyeMed)	Available	Available	
	 Go365 by Humana (Rock and Roll Marathon Series) 	Available	Available	
	Weight Management Discount (Jenny Craig*)	Available	Not Available	

Go365° by Humana is included in this plan

Go365 is a wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help them establish and maintain a healthy lifestyle. As they achieve manageable health goals, Go365 keeps members engaged and motivated by acknowledging their efforts. By completing healthy activities like walking, getting and Annual Wellness Exam, or volunteering, members earn rewards they can redeem for gift cards in the Go365 Mall.

This Information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. Members residing in some states can get coverage for most services without a referral or approval ahead of time from their PCP. 'Self-referred' means members get services on their own from network specialists. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this Information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer HMO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.









HUMANA MEDICARE EMPLOYER Rx PLAN
MEZ Rx for ELA Rx 170 - Dustrô Roo Only - Basic Deluxe
Group Select Formulary
Effective Date: 01/01/2022 - 12/31/2022

30 day Supplies

Plan/ Option	30 day {	Standard Reta ICL (1)	Retail fro (1)	эт \$0 to	30 day	Standar Cetest	30 day Standard Retail from \$0 to 30 day Standard Refall from 1CL to Catastrophic (2) (CL (1)	m fCL to	30 day Standard Retail from Cetastrophic to Unilmited	Out-of-Pocket 30 day Standard Retail Home Infusion that thiggers Druge (3)	30 day St	andard Retail H Druge (3)	stall Home s (3)	Infusion
	Ter 1	Tler 2	Tler 3	Tier 4	Tier t	Ther 2	Hert" Her2 Her3 Her4 Hert" Her2 Her3 Her4	Tier 4			Tler 1*	Tler 1 Ter 2 Tler 3 Tler 4	Tier 3	Tier 4
076/251	0\$	8	27.	25%	25% - F	or Gene	ric and Bra	nd Drugs	\$12 25% - For Generic and Brand Drugs 183.85 for generation of Lindholms and Sand Drugs 183.85 for generations and Sand Drugs 183.85 for all date drugs (185.85 for all date drugs (185.85 for all salter drugs (185.85 for	\$7,050	O\$	0\$	\$12	25%

Plan/ Option	30 day	Standard \$0 to	30 day Standard Mall Order from \$0 to ICL (1)	Jer from	30 day	lay Standard Mall Order fro ICL to Catastrophic (2) "Coverage Gap"	Mall Ord strophic ge Gap"	30 day Standard Mall Order from ICL to Catastrophic (2) "Coverage Gap"	30 day Standard Mail Order Chockert 30 day Standard Mail Order Home from Castartopolic to the Chockert (1) Inference (2) Castarbachte.	Out-of-Pocket that triggers Cetastrophic	30 day	Standard Mail Orde Infusion Drugs (3)	Mell Orde Oruge (3)	- Мот
	Tier 1*	Tler 2	Tier 3	Tier 4	Tler 1 Ter 2 Ther 3 Tier 4 Tier 1 Ther 2 Tier 3 Tier 4	Tler 2	Tler 3	Tler 4		outer to the same	Tier 1*	Tier 1" Tier 2 Tier 4	Tler 3	Tler 4
076/251	\$ 0	ş	\$ 22	25%	25% - Fc	or Generic	and Bran	ad Drugs	Member pays the greater of \$3.95 for plant-loyardward multi \$3.95 for plant-loyardward multi search drugs better drugsbloserims and \$8.85 for all other drugs; CR 5% contentions.	\$7,050	<u>.</u>	0\$	\$12	25%

** Member page 50 for Insulin.
Test 1: Profested Genero - Generoe or transition that are available at the lowest cost share for this plan.
Test 1: Profested Genero - Generoe or transition that a swallable at the lowest cost than Tier 3 host-Preferred Ding.
**Test 2: Preferred Beneroe Center or Center dings that Humans of foreign as a lower cost than Tier 3 host-Preferred Ding.
**Test 3: Specially Tier ** Some infectables and other higher cost dings.



Not for Member Use; Employer Use Only; Subject to CMS Approval



90 day Supplies

Plan/ Option	90 day 5	Standard Retail to ICL (1)	Retail (4) :L (1)	from \$0	90 day 3	90 day Standard Retail (4) from \$0 to Catastrophic (2) to Catastrophic (2) "Coverage Gap"	from ICL.	90 day Standard Retail (4) from Catastrophic to Unlimited	Out-of-Pocket 90 day Standard Retail Home influsion that triggers Catastrophic	90 day 81	andard Re Drug	stall Home ps (3)	- infusion
	Tler 1"	Tier 2	Tier 3	Tler 4	Tier 1°	Ther 1" Tier 2 Tier 4 Tier 1" Tier 2 Tier 3 Tier 4	Ther 4			Tier 1°	Tier 1º Tier 2 Tier 3	Tier 3	Tlar 4
078/251	0\$	9	\$36	N/A	25% - B	25% - For Generic and Brand Drugs	NA	Member pays the greater of \$3.85 for generic/preferred multi source drugsthosimilars and \$9.85 for all other drugs; OR 5% coinsurance.	\$7,050	0\$	0\$	\$36	NA

Plan/ Option	90 day	90 day Standard Mall Order (4) from \$0 to ICL (1)	Mall On o ICL (1)	der (4)	90 day from	Standard Mail Or ICL to Catastroph "Coverage Gap"	t Mail Or tastrophi ge Gap"	(2) (2)	90 day Standard Mail Order (4) 90 day Standard Mail Order (5) Out-of-Pocket from ICL to Catastrophic (2) That triggers "Coverage Gap" Unlimited Catastrophic Cata	Out-of-Pocket that triggers Catestrophic	yeb 08	90 day Standard Mail Order Home Influsion Drugs (3)	Mall Order Fruga (3)	Home
	Ther 1*	Ter 1º Ter 2 Ter 3 Ter 4 Ter 1º Ter 2 Ter 3 Ter 4	Ther 3	Ther 4	Tier 1*	Tler 2	Ther 3	Tier 4			Tier 1*	Tier 1º Ter 2 Ter 3 Tier 4	Tler 3	Tier 4
076/251	20	0\$	\$24	N/A	25% - I	25% - For Generic and Brand Drugs	ic and	NA	Member pays the greater of \$3.95 for generic/preferred multi source drugs/biosimilers and \$9.85 for all other drugs; OR 5% colnsurance.	\$7,050	0\$	g.	\$24	N/A

Exolection From the control of the smount the member pays plus the amount Humana pays) reaches \$4,430.

1.CL (Infalled coverage Limit): When total drug cost (the amount the member pays plus the amount Humana pays) reaches \$4,430.

2. Catestophic When a member 7 frow of 10 Choose a reaches \$7,000.

3. Catestophic When a member 7 frow of 10 Choose 1 from 10 Choos

Obt at Newtonti: Energency Structions
When a member writese a dug at a notwork pharmacy in an emergency struction are a member will pay the same constrance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or,
b. the member will pay the same coparyment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price.

NISTRACIO MANDE SEGNAS OS DE SEGNAS 0 3 8 Contrato Námero ı 22

08/03/2021

The benefit and discount information presented here are current as of the data of this document. If a change should occur prior to implementation, Humans will clarify any change and notify the group aponeor. The products and services described here are not subject to the Medicars appears process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of your Humans membership card.

CMS does not permit discussing the below services with potential enrolless prior to enrollment.

Members stow their Humana member ID card at participating pharmacies when they buy non-covered prescription medicines to receive any aveilable discounts. Desending on the medicine purchassed, quantity limits may apply. Prescription Medication Discount This information is not a compile in description of benefits, Contact the plan for more information. Umitations, copayments and restrictions may apply. Benefits, premiums and/or many change each year. The formulary and pharmacy network may time. You will mostly more service when necessary. Please refer to the actual Evidence of Coverage of the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will premain all instances.

Humana is a Medicara Employer Prescription Drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal

