

**2012**

Summary of Benefits  
Humana Medicare Employer HMO

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**HMO 076/994**

State of Louisiana Retirees

Thank you for your interest in the Humana Medicare Employer HMO plan. This plan is offered by Humana Health Plan, Inc., Humana Medical Plan, Inc., Humana Medical Plan of Utah, Inc., Humana Health Plan of Texas, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plans of Puerto Rico, Inc., Humana Health Plan of California, Inc., Humana Benefit Plan of Illinois, Inc., Humana Employers Health Plan of Georgia, Inc., Humana AdvantageCare Plan, Inc., Humana Wisconsin Health Organization Insurance Corporation, and Humana Health Plan of Ohio, Inc., all are Medicare Advantage Health Maintenance Organizations (HMO). This **Summary of Benefits** tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. A complete list of benefits is available in the "**Evidence of Coverage.**" You may also choose to contact Humana to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. Please refer to the customer care number on the back of your ID card.

Our Members receive all the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year. You always have the option of switching to Original Medicare. However, there are serious implications about this decision. For more information about your options, please contact your benefits administrator.

Participating primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

You must use plan providers except in emergent or urgent care situations, or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor Humana will be responsible for the costs. Specialists and facilities may require referrals from your PCP.

### **What are my protections in this plan?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. If a Medicare Advantage Plan leaves the program the following year, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area. As a member of Humana Medicare Employer HMO you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

### **What types of drugs may be covered under Medicare Part B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.

- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

### Where is Humana Medicare Employer HMO available?

This plan is available in: **Alabama:** Baldwin, Clarke, Jefferson, Limestone, Madison, Mobile, and Shelby; **Arizona:** Cochise, Maricopa, Pima, and select areas in Pinal include the following zip codes: 85117, 85118, 85119, 85120, 85140, 85142, 85143, 85178, 85217, 85218, 85219, 85220, 85240, 85243, 85278, 85623, and 85739; **Arkansas:** Benton, Crawford, Franklin, Logan, Madison, Sebastian, and Washington; **California:** Fresno, Kings, Riverside, San Bernardino, and San Diego; **Colorado:** Adams, Arapahoe, Broomfield, Denver, Douglas, El Paso, Jefferson, and Teller; **Florida:** Baker, Broward, Charlotte, Citrus, Clay, Collier, Duval, Escambia, Flagler, Glades, Hernando, Hillsborough, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Nassau, Orange, Okeechobee, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, and Volusia; **Georgia:** Cherokee, DeKalb, Forsyth, Fulton, and Gwinnett; **Idaho:** Ada, Canyon, Gem, and Twin Falls; **Illinois:** Boone, Cook, Dupage, select areas in Kane include the following zip codes: 60010, 60102, 60119, 60120, 60121, 60122, 60134, 60142, 60144, 60147, 60151, 60174, 60175, 60177, 60178, 60183, 60184, 60185, 60504, 60505, 60506, 60507, 60510, 60511, 60538, 60539, 60542, 60543, 60554, and 60568; Kendall, Knox, La Salle, Livingston, Marshall, Mclean, Peoria, Sangamon, Stark, Stephenson, Tazewell, Will, Winnebago, and Woodford; **Indiana:** Boone, Clark, Hamilton, Hancock, Hendricks, Johnson, Madison, and Marion; **Kansas:** Johnson, Leavenworth, and Wyandotte; **Kentucky:** Boone, Bullitt, Campbell, Clark, Fayette, Jefferson, Jessamine, Kenton, Oldham, and Woodford; **Louisiana:** Grant and Rapides in Alexandria parishes; Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, West Baton Rouge, and West Feliciana in Baton Rouge parishes; Lafayette, in Lafayette parishes; Calcasieu and Cameron in Lake Charles parishes; Assumption, Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Tammany, Tangipahoa, Terrebonne, and Washington in New Orleans parishes; Bossier, Caddo, and Webster in Shreveport parishes; **Missouri:** Cass, Christian, Clay, Greene, Henry, Jackson, Johnson, Laclede, Lafayette, Lawrence, Platte, Ray, and Stone; **Mississippi:** Copiah, Hinds, Madison, and Rankin; **Nebraska:** Douglas, and Sarpy; **Nevada:** the following zip codes in Clark: 88901, 88905, 89002, 89004, 89005, 89006, 89007, 89009, 89011, 89012, 89014, 89015, 89016, 89018, 89019, 89021, 89024, 89025, 89026, 89027, 89030, 89031, 89032, 89033, 89034, 89036, 89039, 89040, 89044, 89046, 89052, 89053, 89054, 89070, 89074, 89077, 89081, 89084, 89085, 89086, 89087, 89101, 89102, 89103, 89104, 89105, 89106, 89107, 89108, 89109, 89110, 89111, 89112, 89113, 89114, 89115, 89116, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89125, 89126, 89127, 89128, 89129, 89130, 89131, 89132, 89133, 89134, 89135, 89136, 89137, 89138, 89139, 89140, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89150, 89151, 89152, 89153, 89154, 89155, 89156, 89157, 89159, 89160, 89161, 89162, 89163, 89164, 89165, 89166, 89169, 89170, 89173, 89177, 89178, 89179, 89180, 89183, 89185, 89191, 89193, 89195 and 89199 and the following zip codes in Nye: 89041, 89048, 89060 and 89061; **New Mexico:** Bernalillo, Sandoval, Santa Fe, and Valencia; **Ohio:** Butler, Clermont, Cuyahoga, Greene, Hamilton, Lorain, Medina, Montgomery, and Warren; **Puerto Rico:** Island Wide; **South Carolina:** Greenville, Pickens, Richland, and Spartanburg; **Tennessee:** Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Davidson, Grainger, Greene, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Rutherford, Scott, Sevier, Sullivan, Unicoi, Union, Washington, and Williamson; **Texas:** Aransas, Atascosa, Bandera, Bastrop, Bee, Bexar, Caldwell, Collin, Comal, Dallas, Denton, Ellis, El Paso, Guadalupe, Hays, Jim Wells, Kaufman, Kendall, Kenedy, Kleberg, Medina, Nueces, Rockwall, San Patricio, Tarrant, Travis, Williamson, and Wilson; **Utah:** Davis, Salt Lake, Utah, and Weber; **Virginia:** Botetourt, Bristol City, Buchanan, Chesterfield, Dickenson, Franklin, Goochland, Hanover, Henrico, Lee, Louisa, Powhatan, Richmond City, Roanoke, Roanoke City, Russell, Salem City, Scott, Smyth, Washington, and Wise. You must live in one of these service areas to join the plan.

**Note: This information applies to Alabama, Florida, Georgia, Louisiana, Mississippi, Puerto Rico, South Carolina, and Tennessee residents only** – Your primary care physician (PCP) determines what specialists to refer patients to or you may self refer to any network specialist for certain covered services. No referral is necessary in the case of emergency, urgently needed care, or out of area kidney dialysis. Please see your Evidence of Coverage for a complete list of services requiring prior authorization.

The employer, union or trust determines where they are going to offer the plan.

	<b>Benefit</b>	<b>Original Medicare Plan* Pays:</b>	<b>Humana Medicare Employer HMO Pays:</b>
<b>Physician Services</b>	• Office visits in conjunction with an illness or injury	<b>80%</b> after <b>\$162</b> deductible	<b>100%</b> per visit after <b>\$5</b> copayment to primary care physician; or <b>100%</b> per visit after <b>\$15</b> copayment to specialists
	• Allergy injections and serum	<b>80%</b> after <b>\$162</b> deductible	<b>100%</b> (1)
	• Diagnostic tests and X-rays	<b>80%</b> after <b>\$162</b> deductible	<b>100%</b> per visit after <b>\$5</b> copayment to primary care physician; or <b>100%</b> per visit after <b>\$15</b> copayment to specialists
	• Medicare-approved lab services	<b>100%</b>	<b>100%</b> per visit after <b>\$5</b> copayment to primary care physician; or <b>100%</b> per visit after <b>\$15</b> copayment to specialists
<b>Preventive Care</b>	• Physical exams	<b>100%</b> for one exam every 12 months; does not include lab tests	<b>100%</b> per visit at a primary care physician (limited to one per year) (1)
	• Diabetes self-monitoring training	<b>80%</b> after <b>\$162</b> deductible	<b>100%</b> (1)
	• Bone mass measurement (for people with Medicare who are at risk)	<b>100%</b> once every 24 months	<b>100%</b> (limited to one per year) (1)
	• Colorectal screening exams (for people with Medicare age 50 and older)	<b>100%</b> for screening colonoscopy or screening flexible sigmoidoscopy; visits are limited depending on the type of test	<b>100%</b> (limited to one per year) (1)
	• Immunizations (flu vaccine, Hepatitis B vaccine, and pneumonia vaccine)	<b>100%</b> (you may only need the pneumonia vaccine once in your lifetime; please contact your doctor for further details)	<b>100%</b> (1)
	• Mammograms (annual screening for women with Medicare age 40 and over)	<b>100%</b> once every 12 months	<b>100%</b> (limited to one per year) (1)
	• Pap smears and pelvic exams (for women with Medicare)	<b>100%</b> for pelvic exam (there is no copayment for a Pap smear once every 24 months; once every 12 months for beneficiaries at high risk)	<b>100%</b> (limited to one per year) (1)
	• Prostate cancer screening exams (for men with Medicare age 50 and older)	<b>100%</b> for the PSA test once every 12 months; <b>80%</b> for the digital rectal exam and other related services once every 12 months	<b>100%</b> (limited to one per year) (1)
	• Nutrition therapy (for ESRD or diabetic patients)	<b>100%</b>	<b>100%</b> (1)

	<b>Benefit</b>	<b>Original Medicare Plan* Pays:</b>	<b>Humana Medicare Employer HMO Pays:</b>
<b>Preventive Care</b> (Continued)	• Smoking cessation (Medicare-covered)	<b>80%</b> after <b>\$162</b> deductible if ordered by a doctor. Covers up to 8 face to face visits every 12 months; <b>100%</b> if you have not been diagnosed with an illness caused or complicated by tobacco use	<b>100%</b> (1)
	• Abdominal aortic aneurysm screening (for people with Medicare who are at risk)	<b>100%</b> one time screening if deemed necessary from your physical exam	<b>100%</b> (limited to one per year) (1)
	• Cardiovascular disease testing	<b>100%</b> for the test once every five years	<b>100%</b> (limited to one per year) (1)
	• Glaucoma screening (for people at high risk)	<b>80%</b> after <b>\$162</b> deductible once every 12 months	<b>100%</b> (limited to one per year) (1)
	• HIV screening (for pregnant women and people at high risk)	<b>100%</b> for the test once every 12 months or three times during pregnancy	<b>100%</b> (limited to one per year) (1)
	• EKG screening	<b>80%</b> after <b>\$162</b> deductible for one time screening if deemed necessary from your physical exam	<b>100%</b> (limited to one per year) (1)
	• Diabetes screening (for people at high risk)	<b>100%</b> for the test up to two times per year	<b>100%</b> (limited to one per year) (1)
	• Kidney disease education services	<b>80%</b> after <b>\$162</b> deductible for up to 6 sessions if you have Stage IV chronic kidney disease, and your doctor refers you for the service	<b>100%</b> (1)
	<b>Hospital Services</b>	• Inpatient care at network hospitals (semiprivate room, ancillary services, physician visits)	<b>100%</b> after the following amounts for each benefit period - <b>\$1,132</b> deductible for days 1-60; <b>\$283</b> copayment per day (days 61-90); <b>\$566</b> copayment per lifetime reserve day (days 91-150) (3)
• Outpatient nonsurgical services		<b>80%</b> after <b>\$162</b> deductible	<b>100%</b> per visit after <b>\$0-\$100</b> copayment per visit (based on services received)
• Outpatient surgical services		<b>80%</b> after <b>\$162</b> deductible	<b>100%</b> per visit after <b>\$50</b> copayment
• Emergency care (emergency room, emergency services)		<b>80%</b> after <b>\$162</b> deductible and emergency room copayment (waived if admitted to hospital within 3 days of emergency room visit)	<b>100%</b> per visit after <b>\$50</b> copayment (waived if admitted to hospital within 24 hours)

	<b>Benefit</b>	<b>Original Medicare Plan* Pays:</b>	<b>Humana Medicare Employer HMO Pays:</b>
<b>Additional Medical Services</b>	• Ambulatory surgical center	<b>80%</b> after <b>\$162</b> deductible	<b>100%</b> per visit after <b>\$50</b> copayment
	• Immediate care facility	<b>80%</b> after <b>\$162</b> deductible	<b>100%</b> per visit after <b>\$15</b> copayment
	• Ambulance	<b>80%</b> after <b>\$162</b> deductible	<b>100%</b> after <b>\$100</b> copayment per date of service
	• Physical, respiratory, audiology, cardiac, occupational or speech therapy	<b>80%</b> after <b>\$162</b> deductible	<b>100%</b> per visit after <b>\$5</b> copayment
	• Home health services	<b>100%</b>	<b>100%</b>
	• Durable medical equipment (includes oxygen received from a durable medical equipment provider or a pharmacy)	<b>80%</b> after <b>\$162</b> deductible	<b>80%</b>
	• Diabetic monitoring supplies	<b>80%</b> after <b>\$162</b> deductible	<b>100%</b> (1)
	• Renal dialysis	<b>80%</b> after <b>\$162</b> deductible	<b>80%-100%</b> (based on where services are received)
	• Skilled nursing facility	<b>100%</b> for days 1-20 (3-day hospital stay required); <b>100%</b> after <b>\$141.50</b> copayment per day (days 21-100) per benefit period (3)	<b>100%</b> for days 1-20 (no 3-day hospital stay is required); <b>100%</b> after <b>\$20</b> copayment per day (days 21-100) per benefit period (3)
<b>Mental and Nervous Disorder Services</b>	• Inpatient care at network hospitals (semiprivate room, ancillary services, physician visits) (190-day lifetime maximum at a psychiatric facility)	<b>100%</b> after the following amounts for each benefit period - <b>\$1,132</b> deductible for days 1-60; <b>\$283</b> copayment per day (days 61-90); <b>\$566</b> copayment per lifetime reserve day (days 91-150) (3)	<b>100%</b> after <b>\$10</b> copayment per day (days 1-10) per admission; <b>100%</b> after day 10 (2)
	• Outpatient	<b>55%</b> after <b>\$162</b> deductible	<b>100%</b> per visit after <b>\$5-\$50</b> copayment (based on where services are received)
<b>Alcohol and Drug Abuse Services</b>	• Inpatient care at network hospitals (semiprivate room, ancillary services, physician visits)	<b>100%</b> after the following amounts for each benefit period - <b>\$1,132</b> deductible for days 1-60; <b>\$283</b> copayment per day (days 61-90); <b>\$566</b> copayment per lifetime reserve day (days 91-150) (3)	<b>100%</b> after <b>\$10</b> copayment per day (days 1-10) per admission; <b>100%</b> after day 10 (2)
	• Outpatient	<b>80%</b> after <b>\$162</b> deductible	<b>100%</b> per visit after <b>\$5-\$50</b> copayment (based on where services are received)

	<b>Benefit</b>	<b>Original Medicare Plan* Pays:</b>	<b>Humana Medicare Employer HMO Pays:</b>
<b>Prescription Drugs</b>	• Prescription Drugs covered under Part B	<b>80%</b> after <b>\$162</b> deductible	<b>80%</b>
	• Prescription Drugs covered under Part D	Most drugs are not covered under Original Medicare	Please see attached Prescription Drug Schedule
<b>Dental Services</b>	• Routine dental services	This benefit is not offered	<b>100%</b> per visit for the following every 12 months: 1 oral exam, 1 X-ray, 1 routine prophylaxis, 1 amalgam
<b>Hearing Services</b>	• Routine hearing services	This benefit is not offered	<b>100%</b> per visit after <b>\$5</b> copayment for the following every 36 months: 1 routine hearing exam; <b>100%</b> per visit after <b>\$5</b> copayment for the following every 24 months: 1 fitting evaluation for hearing aids; <b>\$400</b> benefit for hearing aids every 36 months
<b>Out-of-Pocket Maximum</b>		<b>None</b>	<b>100%</b> after <b>\$2,500</b> per plan year (If you reach this maximum, no further out-of-pocket will be required of you for covered expenses during the year. Expenses for outpatient Part D prescription drugs, routine dental services, routine hearing services, and plan premiums do not apply toward this maximum)

\* This Summary of Benefits includes the 2011 Medicare cost sharing amounts and will change effective January 1, 2012. Social Security will notify you of the new 2012 Medicare Part B premium, deductible and Part A cost sharing amounts prior to January 1, 2012.

**Benefits apply to Medicare-covered services only and costs are calculated using Medicare-approved amounts. Please see your Evidence of Coverage for a complete list of covered benefits. You may also choose to contact Humana to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. Please refer to the customer service number on the back of your ID card.**

- (1) Copayment or coinsurance may apply if other services are received at the time of the visit.
- (2) Inpatient hospital admissions, except in emergency or urgently needed care situations, require prior authorization from Humana.
- (3) A "benefit period" starts the day you go into the hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you have.

	<b>Health and Wellness Programs</b>	<b>These Services are not offered by Original Medicare</b>	<b>You Pay Nothing for these Programs</b>
<b>Extra Benefits</b>	• SilverSneakers®	This benefit is not offered	Available to all members except for those who live in Nevada and Pennsylvania
	• Silver&Fit™	This benefit is not offered	Available to all members who live in Nevada and Pennsylvania
	• Humana Active Outlook <sup>SM</sup>	This benefit is not offered	Health and wellness education available to all Humana Medicare Advantage members
	• HumanaFirst®	This benefit is not offered	A toll-free 24-hour, 7-day-a-week medical information service with specially trained registered nurses to answer questions on symptom-related health conditions
	• Well Dine Inpatient Meal Program	This benefit is not offered	After your overnight stay in a hospital or nursing facility, you are eligible for ten nutritious, precooked frozen meals delivered to your door at no cost to you. Not available to members who live in Alaska or Hawaii.
	• QuitNet®	This benefit is not offered	Smoking cessation service available to all Humana Medicare Advantage members through QuitNet®

# HUMANA®

A health plan with a Medicare contract available to anyone entitled to Part A and enrolled in Part B of Medicare through age or disability. You must continue to pay your Medicare Part B premiums. This is an advertisement; for full information on plan benefits, contact the plan.

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