Frequently asked questions

Do I need to show my red, white and blue Medicare card when I visit the doctor?
No. You'll get a Humana member ID card that will take its place. Keep your Medicare ID card in a safe place—or use it only when it's needed for discounts and other offers from retailers.

What should I do if I move or have a temporary address change?
If you move to another area or state, it may affect your plan. It's important to contact your group benefits administrator for details and call to notify Humana of the move.

What should I do if I have to file a claim?
Call Humana Group Medicare Customer Care for more information and assistance. To request reimbursement for a charge you paid for a service, send the provider's itemized receipt and the Health Benefits Claim Form (also available at **Humana.com**) to the claims address on the back of your Humana member ID card. Make sure the receipt includes your name and Humana member ID number.

What if I have other health insurance coverage?
If you have other health insurance, show your Humana member ID card and your other insurance cards when you see a healthcare provider. The Humana Group Medicare plan may be eligible in combination with other types of health insurance coverage you may have. This is called coordination of benefits. Please notify Humana if you have any other medical coverage.

When does my coverage begin?
Your former employer or union decides how and when you enroll. Check with your benefits administrator for the proposed effective date of your enrollment. Be sure to keep your current healthcare coverage until your Humana Group Medicare PPO plan enrollment is confirmed.

What if my service needs a prior authorization?
If your medical service or medication requires a prior authorization, your provider can contact Humana to request it. You can call Customer Care if you have questions regarding what medical services and medications require prior authorization.

What if my provider says they will not accept my plan?
If your provider says they will not accept your PPO plan, you can give your provider the "Group Medicare Provider Information" flyer on page 11. It explains how your PPO plan works. You can also call Customer Care and have a Humana representative contact your provider and explain how your PPO plan works.

What should I do if I need prescriptions filled before I receive my Humana member ID card?
If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

How can I get help with my drug plan costs?
People with limited incomes may qualify for assistance from the Extra Help program to pay for their prescription drug costs. To see if you qualify for Extra Help, call **800-MEDICARE (800-633-4227)**, 24 hours a day, seven days a week. If you use a TTY, call **877-486-2048**. You can also call the Social Security Administration at **800-772-1213**. If you use a TTY, call **800-325-0778**. Your state's Medical Assistance (Medicaid) Office may also be able to help, or you can apply for Extra Help online at **www.socialsecurity.gov**.

Medical insurance terms

Coinsurance
Your share of the cost after deductible
A percentage of your medical and drug costs that you may pay out of your pocket for covered services after you pay any plan deductible.

Copayment
What you pay at the provider's office for medical services
The set dollar amount you pay when you receive medical services or have a prescription filled.

Deductible
What you pay up front
The amount you pay for healthcare before your plan begins to pay for your benefits.

Exclusions and limitations
Anything not covered or covered under limited situations or conditions
Specific conditions or circumstances that aren't covered under a plan.

Maximum out-of-pocket
The most you'll spend before your plan pays 100% of the cost
The most you would have to pay for services covered by a health plan, including deductibles, copays and coinsurance. If and when you reach your annual out-of-pocket limit, the Humana Group Medicare plan pays 100% of the Medicare-approved amount for most covered medical charges.

Network
Your plan's contracted medical providers
A group of healthcare providers contracted to provide medical services at discounted rates. The providers include doctors, hospitals and other healthcare professionals and facilities.

Plan discount
A way Humana helps you save money
Amount you are not responsible for due to Humana's negotiated rate with provider.

Premium
The regular monthly payment for your plan
The amount you and/or your employer regularly pay for Medicare or Medicare Advantage coverage.

Pharmacy terms

Catastrophic coverage
What you pay for covered drugs after reaching $8,000
Once your out-of-pocket costs reach the $8,000 maximum, you pay $0 until the end of the plan year.

Coinsurance
Your share of your prescription's cost
This is a percentage of the total cost of a medication you pay each time you fill a prescription.

Copayment
What you pay at the pharmacy for your prescription
The set dollar amount you pay when you fill a prescription.

Deductible
Your cost for Part D prescription medications before the plan pays
The amount you pay for Part D prescription medications before the plan begins to pay its share.

Exclusions and limitations
Anything not covered
Specific conditions or circumstances that aren't covered under a plan.

Formulary
Medications covered under your plan
A list of medications approved for coverage under the plan. Also called a Drug List.

Out-of-pocket
Portion of costs you pay
Amount you may have to pay for most plans, including deductibles, copays and coinsurance.