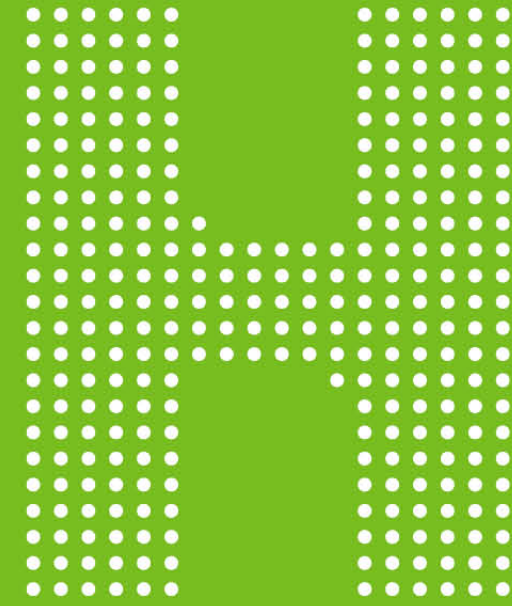
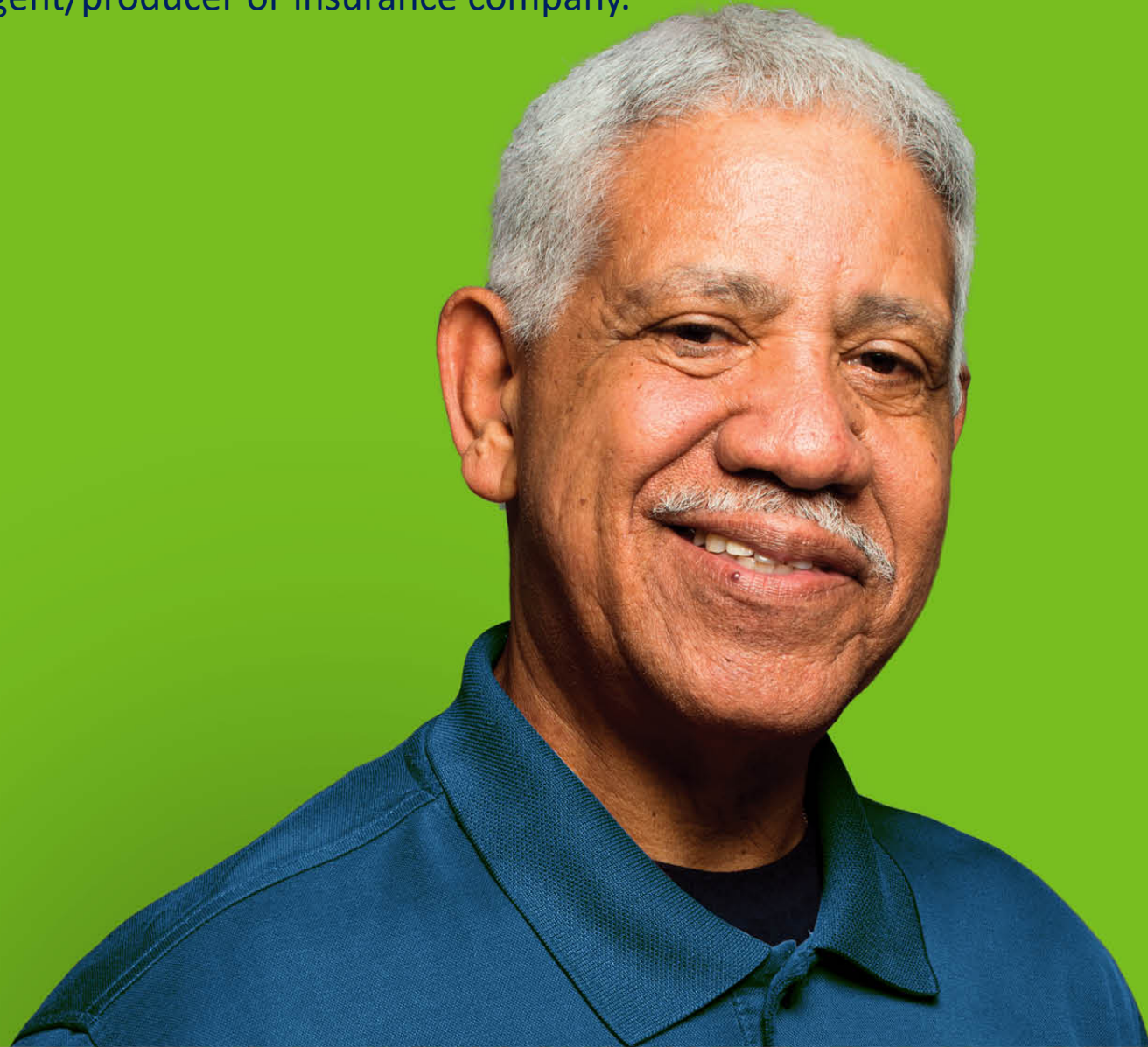


The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent/producer or insurance company.



## 2022 Humana Achieve Medicare Supplement Insurance Plans



**Humana**

Y0040\_GHHKEGRENB\_C  
LAHKHE2EN\_21



# A Medicare Supplement insurance plan isn't only about the security

It's about the care.



Medicare Supplement insurance plans provide coverage to help pay healthcare costs not paid by Medicare Parts A and B.

As with any health plan, I match the right Humana Achieve Medicare Supplement Insurance Plan to your needs and your budget. And it's not just what I do but how we at Humana do it.



Humana gets to know its policyholders and what would make their lives better—then works on making that happen. That can mean guiding you to programs to help you maintain your health, removing barriers to healthcare and helping clarify your plan choice.

## Humana



# Experience behind the coverage

Humana is a leading healthcare company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being.

## **Dedication to the community**

- Over 50 years of helping people during their pre-retirement and retirement years.

## **Financial stability**

- Fortune 100 company\*

## **National coverage**

- Providing Medicare Supplement plans in 50 states, Puerto Rico and the District of Columbia.

\*2021 Fortune 500 List issued by Fortune Magazine  
<https://fortune.com/fortune500>





## Let's talk about...

- What Humana has to offer
- Choosing healthcare coverage
- Medicare Supplement plans
- Humana Achieve Medicare Supplement Insurance Plans
- How to apply

**Humana**



# What to consider when choosing a plan

- What type of plan do I have now?
- What do I like about my current coverage?
- What would I change about my current coverage?
- Does my current plan include a prescription drug plan?
- Do I need a Part D prescription drug plan?

**Note:** An application may be subject to medical underwriting and not approved unless it qualifies for guaranteed acceptance.

**Humana**



# What are my needs?

- Coverage when I travel anywhere in all 50 states, Puerto Rico and D.C.
- Freedom to choose any doctor, hospital or other provider that accepts Medicare patients
- Not having to pay for some out-of-pocket expenses found with Medicare Parts A and B
- Do I need referrals to see a specialist?
- What premium and out-of-pocket expenses make sense to me?
- Do I rely on anyone to assist me in making these types of decisions?
- Do I want a plan that is guaranteed not to be cancelled as long as I pay my premium?

**Humana**





# Medicare Supplement plans

- Health insurance sold by private insurance companies to help you pay a portion of the costs not covered by Parts A and B of Medicare
- Depending on the plan you choose, Medicare Supplement plans pay most, if not all, of the deductibles, coinsurance and copayments under Medicare Parts A and B
- Several standardized benefit plans are available with different levels of coverage and premiums

**Humana**

# With Medicare Supplement plans

- Choose any doctor or hospital that accepts Medicare patients
- Easy to use with little or no paperwork
- Guaranteed renewable plan as long as premium is paid, even if you move
- Several premium levels based on coverage are available
- Discounts that may be available on your monthly premium with a Humana

Medicare Supplement plan:

- Electronic payment discount
- Household discount

# Humana



## Benefits – standardized plans

All standardized plans are listed for illustration purposes.

A	B	D	G/G*	C	F/F*
Basic benefits, including 100% Part B coinsurance	Basic benefits, including 100% Part B coinsurance	Basic benefits, including 100% Part B coinsurance	Basic benefits, including 100% Part B coinsurance	Basic benefits, including 100% Part B coinsurance	Basic benefits, including 100% Part B coinsurance
		Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance
	Medicare Part A deductible	Medicare Part A deductible	Medicare Part A deductible	Medicare Part A deductible	Medicare Part A deductible
				Medicare Part B deductible	Medicare Part B deductible
			Medicare Part B excess charge (100%)		Medicare Part B excess charge (100%)
		Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency
			*Out-of-pocket annual deductible of \$2,490 before plan pays		*Out-of-pocket annual deductible of \$2,490 before plan pays

Individuals who attain the age of 65, or those who become eligible for Medicare on January 1, 2020 or after, may not purchase a Plan C, F, or High Deductible Plan F.

# Benefits – standardized plans (continued)

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic benefits, including 100% Part B coinsurance	Basic benefits, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 for ER
50% skilled nursing facility coinsurance	75% skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance
50% Medicare Part A deductible	75% Medicare Part A deductible	50% Medicare Part A deductible	Medicare Part A deductible
		Foreign travel emergency	Foreign travel emergency
Out-of-pocket annual limit \$6,620; paid at 100% after limit reached	Out-of-pocket annual limit \$3,310; paid at 100% after limit reached		



## Benefits – example plan F\*

Services	Medicare pays	Medicare Supplement plan pays	Policyholder pays
Hospitalization (first 60 days)	All but Part A deductible	Part A deductible	\$0
Skilled nursing facility (21–100 days)	All but \$194.50 per day	Up to \$194.50 per day	\$0
Blood – Medicare Part A	\$0	Three pints	\$0
Medical expenses (including outpatient hospital treatment) First \$233 of Medicare approved amounts	\$0	\$233 (Part B deductible)	\$0
Medical expenses – remainder of Medicare amounts	Generally pays 80%	Generally pays 20%	\$0
Blood – Medicare Part B (three pints)	\$0	100%	\$0
Blood – Medicare Part B (remainder amounts)	80%	20%	\$0
Home healthcare durable medical equipment (after Part B deductible)	80%	20%	\$0
Foreign travel – emergency care (after you pay \$250 deductible)	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime max
Medicare Part B excess charges**	\$0	100%	\$0

\*Plan F is also offered as a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of \$2,490 before your policy pays anything.

\*\*Difference between Medicare’s approved payment amount and a provider’s actual charge subject to Medicare limiting charge.



## Benefits – example plan G\*

Services	Medicare pays	Medicare Supplement plan pays	Policyholder pays
Hospitalization (first 60 days)	All but Part A deductible	Part A deductible	\$0
Skilled nursing facility (21–100 days)	All but \$194.50 per day	Up to \$194.50 per day	\$0
Blood – Medicare Part A	\$0	Three pints	\$0
Medical expenses (including outpatient hospital treatment) First \$233 of Medicare approved amounts	\$0	\$0	\$233 (Part B deductible)
Medical expenses – remainder of Medicare amounts	Generally pays 80%	Generally pays 20%	\$0
Blood – Medicare Part B (three pints)	\$0	100%	\$0
Blood – Medicare Part B (remainder amounts)	80%	20%	\$0
Home healthcare durable medical equipment (after Part B deductible)	80%	20%	\$0
Foreign travel – emergency care (after you pay \$250 deductible)	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime max
Medicare Part B excess charges**	\$0	100%	\$0

\*Plan G is also offered as a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of \$2,490 before your policy pays anything.

\*\*Difference between Medicare's approved payment and a provider's actual charge subject to Medicare limiting charge.





## Benefits – example plan N

Services	Medicare pays	Medicare Supplement plan pays	Policyholder pays
Hospitalization (first 60 days)	All but Part A deductible	Part A deductible	\$0
Skilled nursing facility (21–100 days)	All but \$194.50 per day	Up to \$194.50 per day	\$0
Blood – Medicare Part A	\$0	Three pints	\$0
Medical expenses (including outpatient hospital treatment) First \$233 of Medicare approved amounts	\$0	\$0	\$233 (Part B deductible)
Medical expenses – remainder of Medicare amounts	Generally 80%	Generally pays Balance*	Up to \$20/office visit and up to \$50/ER visit**
Blood – Medicare Part B (three pints)	\$0	100%	\$0
Blood – Medicare Part B (remainder amounts)	80%	20%	\$0
Home healthcare durable medical equipment (after Part B deductible)	80%	20%	\$0
Foreign travel – emergency care (after you pay \$250 deductible)	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime max
Medicare Part B excess charges***	\$0	\$0	100%

\*The plan will pay the balance, other than up to \$20 per office visit and up to \$50 per emergency room visit.

\*\*The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.

\*\*\*Difference between Medicare's approved payment amount and a provider's actual charge subject to Medicare limiting charge.

# Extra value and services

- Prescription drug discount
- Vision discounts
- Hearing discounts
- 24-hour HumanaFirst<sup>®</sup> Nurse Advice Line
- Humana Well Dine<sup>®</sup> meal program
- Online tools at **Humana.com**

**Note:** The programs and services described in this section are not insurance and are neither contractually offered nor guaranteed under our Medicare Supplement insurance policies. These programs and services may be provided by a third party, discontinued at any time, and are subject to geographic availability.

# Humana



# Next steps

Let's review the Outline of Coverage to find the plan that suits you best

Here are some key considerations:

- Coverage level desired
- Premium level
- Available discounts (examples: payment method, household)
- Ask your agent if you are interested in learning more about a prescription drug plan (PDP)

**Humana**



# Not connected with or endorsed by the U.S. government or the federal Medicare program

**PLEASE NOTE:** Medicare Supplement insurance is available to those age 65 and older enrolled in Medicare Parts A and B and to those under age 65 eligible for Medicare due to disability or end-stage renal disease.

Insured by CompBenefits Insurance Company.

Coverage is guaranteed renewable and can only be cancelled for non-payment of premiums or material misrepresentation. Coverage is limited to Medicare-eligible expenses. Benefits vary by plan and the premium will vary with the amounts of benefits selected. Depending on the plan chosen you may be responsible for deductibles and coinsurance before benefits are payable. These policies have exclusions and limitations; please call your agent/producer or Humana for complete details of coverage or costs. AN OUTLINE OF COVERAGE MAY BE REQUESTED BY CONTACTING HUMANA. Policy form series: AIMES or state equivalent.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this plan depends on contract renewal. A stand-alone prescription drug plan must be purchased separately from a Medicare Supplement Insurance plan.

# Humana

# Important!

## At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances  
P.O. Box 14618,  
Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-800-866-0581** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

## Auxiliary aids and services, free of charge, are available to you.

**1-800-866-0581 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.



Language assistance services, free of charge, are available to you.  
**1-800-866-0581 (TTY: 711)**

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi):** برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda'í béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic):** الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك