

Humana Group Medicare Employer Plan

2024 OPEN ENROLLMENT



THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Humana®





Making healthcare decisions— what you need to know



1 Medicare

How does Medicare work, and how is it different from Medicare Advantage?

2 Your plan

What is my plan, and how does it work for me?

3 Enrollment

What do I do next, and what do I have to do to enroll in this plan?

4 Your care

What to expect after you enroll.

5 Extra benefits and resources

Included in your plan at no additional cost to you.



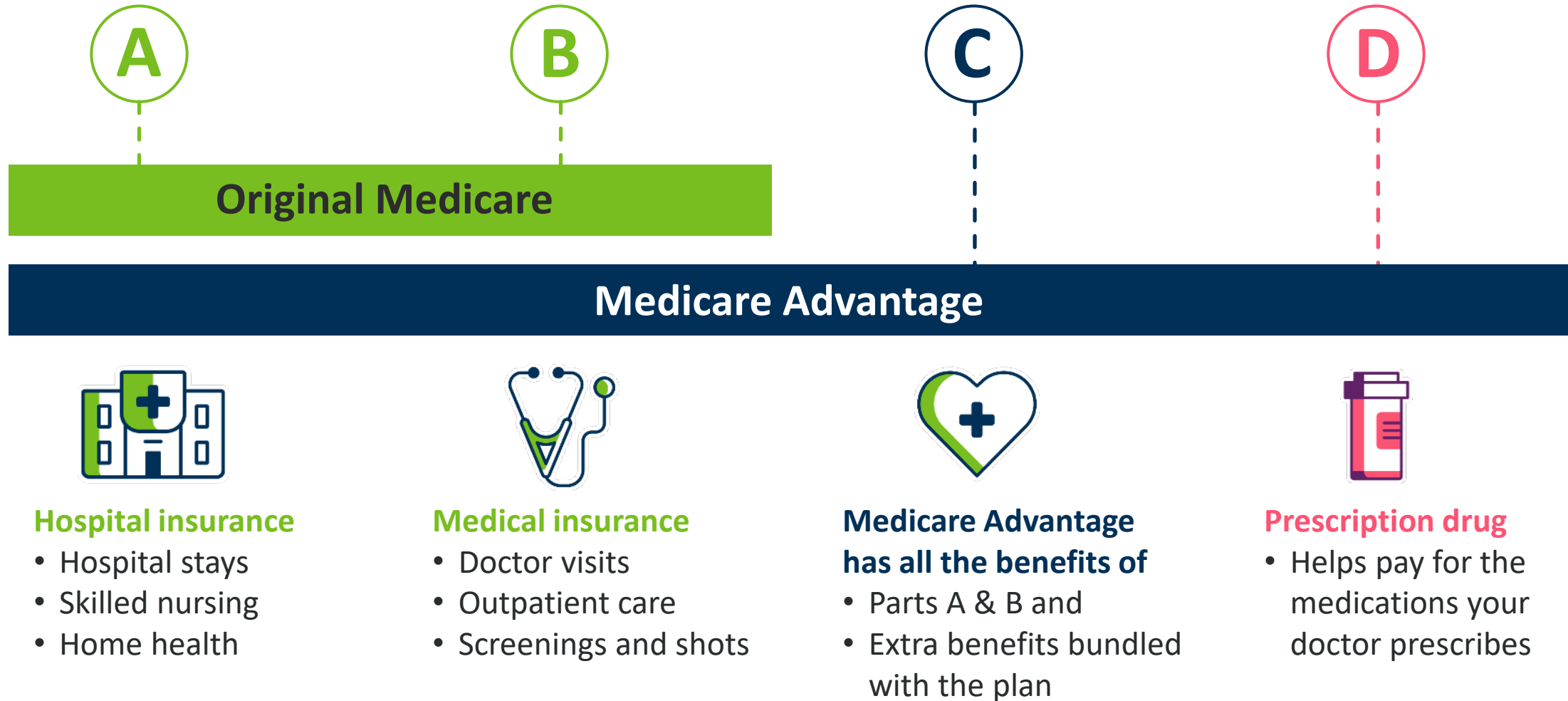


Medicare

How does Medicare work, and how is it different from Medicare Advantage?



Original Medicare vs. Medicare Advantage



Your Medicare options

Original Medicare



- Members with Original Medicare (Parts A and B) often choose to add a stand-alone prescription drug plan (Part D) and a Medicare Supplement plan to get additional coverage
- Possible to have up to 3 different cards

Medicare Advantage Plan



- Includes Original Medicare Parts A and B (must continue to pay Part B premium) and extra benefits bundled with the plan
- 1 card and 1 place to call with questions



Humana Group Medicare Advantage

At Humana, we are here to help you make the most of your benefits.

About Humana:

- Dedicated to communities around the country for **more than 30 years**
- **Over 8.7 million Medicare members** just like you, across all **50 states**¹
- Easily find a provider with our **nationwide network of providers**
- Providing Medicare plans to beneficiaries **since 1987**

¹Humana Inc. 2022 Annual Report, February 2023



Your plan

What is my plan, and how does it work for me?



Medicare Part C

Medicare Advantage plan types

PPO

Humana.

HUMANA MEDICARE (EMPLOYER PPO)

A Medicare Health Plan with Prescription Drug Coverage

CARD ISSUED: MM/DD/YYYY

MEMBER NAME

Member ID: HXXXXXXXXX

Plan (80840) 9140461101

BOARD OF PENSIONS

RxBIN: XXXXXX

RxPCN: XXXXXXXX

RxGRP: XXXXX



MedicareRx
Prescription Drug Coverage

CMS XXXXX XXX



Member/Provider Service: 1-855-273-0021
If you use a TTY, call 711

Pharmacist/Physician Rx Inquiries: 1-800-865-8715
Claims, PO Box 14601, Lexington, KY 40512-4601
Medicare limiting charges apply
Please visit us at **Humana.com**

Additional Benefits: DEN416 VIS207 HER245

Preferred Provider Organization

Choose any provider that accepts Medicare and agrees to bill the plan. With your PPO plan, you will pay the same amount for both in- and out-of-network services.

- No copay for certain preventive care
- Out-of-pocket maximum
- Worldwide emergency coverage



Your PPO benefits

With your PPO plan, you will pay the same amount for in- and out-of-network services.

Your PPO plan	
Annual deductible	\$0
Annual maximum out-of-pocket	\$2,590
Hospital care	
Outpatient hospital visits	0% to 4% of the cost
Inpatient hospital	\$320 per admit
Physician and facility services	
Primary care provider	0% of the cost
Specialist	4% of the cost
Outpatient ambulatory surgical center	4% of the cost
Durable medical equipment	4% of the cost
Emergency services	
Emergency room care	4% of the cost; waived if admitted within 24 hours
Urgent care	4% of the cost

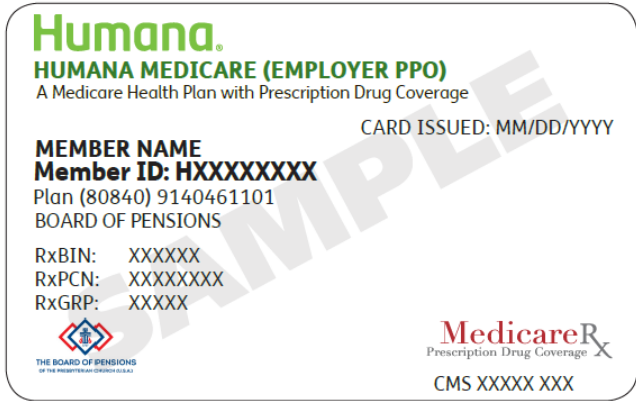
Your PPO benefits

With your PPO plan, you will pay the same amount for in- and out-of-network services.

Other benefits	
Hearing	<p>\$0 copay for routine hearing exams up to 1 per year. \$0 copay for follow-up provider visits up to unlimited per year. \$99 copay for each Advanced level hearing aid up to 1 per ear per year. \$399 copay for each Premium level hearing aid up to 1 per ear per year. Note: Includes 80 batteries per aid and 3-year warranty. Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase.</p>
Vision	<p>\$0 copay for routine exam (includes refraction) up to 1 per year. \$150 combined maximum benefit coverage amount per year for contact lenses and eyeglasses Out of Network - \$175 combined maximum benefit coverage for routine eye exam.</p>
Dental	<p>0% of the cost for scaling and root planning (deep cleaning) up to 1 per quadrant every 3 years. 0% of the cost for comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years. 0% of the cost for complete dentures, partial dentures up to 1 set(s) every 5 years. 0% of the cost for panoramic film or diagnostic x-rays up to 1 every 5 years. 0% of the cost for bitewing x-rays up to 1 set(s) per year. 0% of the cost for adjustments to dentures, denture rebase, denture relines, denture repair, emergency diagnostic exam, intraoral x-rays, root canal or retreatment, tissue conditioning up to 1 per year. 0% of the cost for amalgam and/or composite filling, crown, emergency treatment for pain, fluoride treatment, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year. 0% of the cost for periodontal maintenance up to 4 per year. 0% of the cost for general anesthesia (nitrous oxide, anxiolysis, intravenous-conscious-sedation/analgesia), simple or surgical extraction up to unlimited per year</p>

Medicare Part D

Prescription drug plan



Prescription Drug Plan

Prescription drug coverage is available as part of your Medicare Advantage plan with prescription drug coverage (MAPD).

- Generic, brand and specialty drug coverage
- List of covered drugs may vary by plan
- Access to mail-order pharmacies



Medicare Part D

Your plan includes prescription drug coverage

- Access to over 66,000 national, regional and independent local pharmacies
- Generic, brand and specialty drug coverage
- **Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list will be \$0¹**
- **Member cost share of this plan's covered insulin products covered under Part B and Part D will be no more than \$35 for every one-month (up to a 30-day) supply²**

¹For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html.

²Starting July 1, 2023.



Your Part D benefits

Humana’s Part D coverage is spread among four groupings based on the drug type—also called “tiers”.

Tiers	Standard retail copay/coinsurance cost sharing (30-day supply)	Standard mail order copay/coinsurance cost sharing (90-day supply)	Common medications that fall into each tier
Tier 1 Generic/preferred generic	\$5 Copay	\$12.50 Copay	Levothyroxine Sodium Simvastatin Omeprazole
Tier 2 Preferred brand	30% of the cost (\$20 copay minimum and \$100 copay maximum member out-of-pocket per prescription)	30% of the cost (\$50 copay minimum and \$250 copay maximum member out-of-pocket per prescription)	Synthroid, Eliquis, Xarelto
Tier 3 Nonpreferred drug	50% of the cost (\$50 copay minimum and \$150 copay maximum member out-of-pocket per prescription)	50% of the cost (\$125 copay minimum and \$375 copay maximum member out-of-pocket per prescription)	Zocor, Prilosec
Tier 4 Specialty	50% of the cost (\$50 copay minimum and \$150 copay maximum member out-of-pocket per prescription)	N/A	Enbrel, Humira



Rx mail delivery

Your plan includes access to a network of pharmacies, including mail order pharmacies. CenterWell Pharmacy™ is one option.

Accuracy and safety

Free standard shipping in discreet, temperature-controlled packaging.

Convenience

No driving to the pharmacy or waiting in line.

Reminders

Refill reminders by email, text or phone—you decide.

Learn more

Learn more by visiting **CenterWellPharmacy.com** or by calling **800-379-0092 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

Part B vs. Part D prescription drug coverage

Humana's Part D coverage is designed to help you manage your out-of-pocket costs.



Part B

- **Injectable/IV drugs given in provider's office.**
- **Diabetic testing supplies, insulin pumps, insulin for insulin pump and CGMs.**
- **Vaccines covered under Part B:**
 - Influenza (flu) vaccine
 - Pneumococcal (pneumonia) vaccines
 - Hepatitis B vaccines for persons at increased risk of hepatitis
 - Vaccines directly related to the treatment of an injury (rabies and tetanus)



Part D

- **Diabetes medications**
- **Insulin administered (or used) with syringes or pens**
- **Syringes, pen needles or other insulin administration devices that are not durable medical equipment (e.g., Omnipod or VGO)**
- **Covers most medications**
- **Vaccines like the examples below:**
 - Shingles
 - Tdap
 - Hepatitis A



Enrollment

What do I do next?

What do I have to do to enroll in this plan?

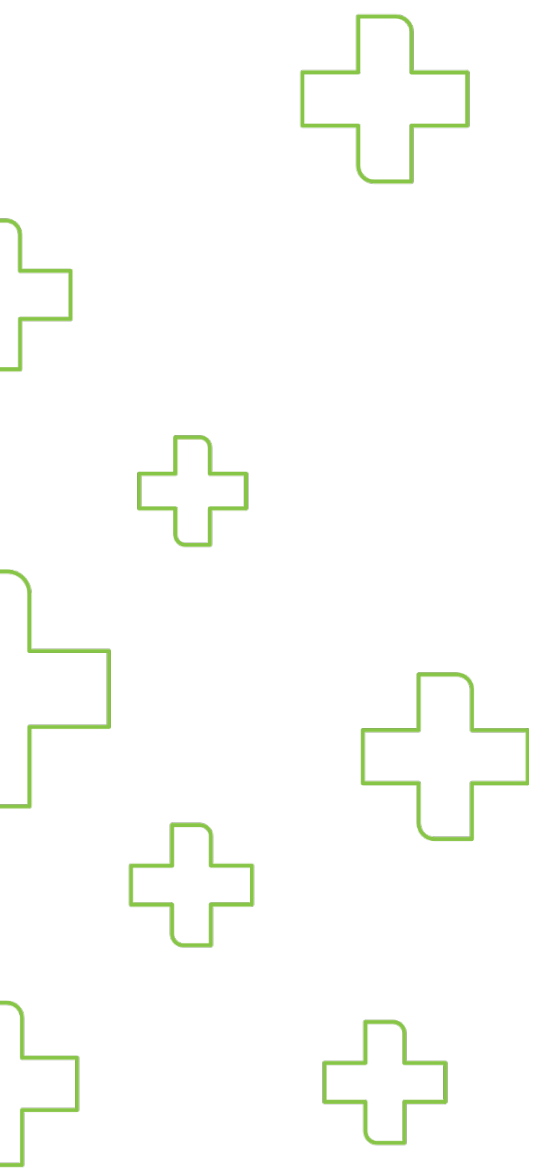
How to enroll

Through your employer

Board of Pensions will get your information and enroll you in the Humana plan

Your enrollment kit is an important tool. The packet includes information on your healthcare coverage along with extra benefits included in your Humana plan.





Your care

What to expect after you enroll

What to expect after you enroll



Enrollment confirmation

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



Humana member ID card

You will receive your ID card approximately two weeks after you are enrolled.



Evidence of Coverage (EOC)

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



Medicare Health Assessment

CMS requires Humana to ask new members to complete a health survey within their first few months of enrollment.

Instructions on how to complete the survey are included in the booklet mailed to you.



In-home Health and Well-being Assessment (IHWA)

This is a yearly detailed health review conducted in the comfort of your home, providing an extra set of eyes and ears for your doctor so you can feel more in control of your health and well-being. You may receive a call from one of our IHWA vendors, Signify Health or Matrix Medical Network, to schedule your assessment.



Enrollment in the Humana Group Medicare Advantage plan will automatically result in disenrollment from any prior Medicare Advantage plan.

SmartSummary

Your personalized benefits statement

Humana's SmartSummary provides a comprehensive overview of your health benefits and healthcare spending.

You'll receive this statement after each month you've had a claim processed.

You can sign in to your MyHumana account and see your SmartSummary statements anytime.

Go Green—update your member preferences to receive your SmartSummary statement electronically.

SmartSummary
Your Pharmacy, Medical, and Hospital claims processed in February 2023

Humana.

JOHN DOE
Member ID: H12345678
Plan name: Humana Group Medicare LPPD
Rx PCN or Rx Group number: 03200000

THIS IS NOT A BILL

This summary is your "Explanation of Benefits" (EOB) and claim payments for your medical, hospital and your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. This is not a bill.

OVERVIEW OF YOUR FEBRUARY CLAIMS

Medical, hospital and Part B pharmacy (see page 3)

Total billed charges this month	\$90.01
Humana discounts	-\$0.01
Benefit exclusions	-\$0.00
Other insurance	-\$0.00
Amount Humana paid	-\$90.00
Your share	\$0.00

Part D prescription drug claims (see page 9)

Total cost this month	\$1,452.09
Other payments	-\$0.00
Amount Humana paid	-\$1,146.09
Your share	\$306.00

You are currently in **Stage Two** of your Part D Drug Payment Plan. (see page 6)

CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.

Questions
Log in to MyHumana at Humana.com to see

SmartSummary
Your personal prescription and medical benefits statement

Page 2 of 16
John Doe

Medical and hospital deductible and yearly limits

Yearly limits - These limits give you financial protection

These limits tell the **most** you will have to pay in 2023 in "out-of-pocket" costs (copays, coinsurance, and your deductible) for medical and hospital services covered by the plan.

These yearly limits are called your "out-of-pocket maximums." They put a limit on how much you have to pay, but they do not put a limit on how much care you can get. This means:

- Once you have reached a limit in out-of-pocket costs, **you stop paying medical claims costs.**
- You keep getting your covered services as usual, and **the plan will pay the full cost for the rest of the year.**

2023 Combined Annual Plan Out-of-pocket

This statement contains claims that were processed in a prior plan year. Below is the adjusted limit information.

In 2023, \$8,850.00 is the most you will have to pay for covered services from providers.

Your Combined Annual Plan Out-of-pocket is:	\$8,850.00
As of February 28, 2023 you have paid:	\$1,822.90
Your remaining amount is:	\$7,027.10

21%

2023 Individual In-network Out-of-pocket

This statement contains claims that were processed in a prior plan year. Below is the

SmartSummary
Your personal prescription and medical benefits statement

Page 3 of 16
John Doe

Details for medical and hospital claims processed in February 2023

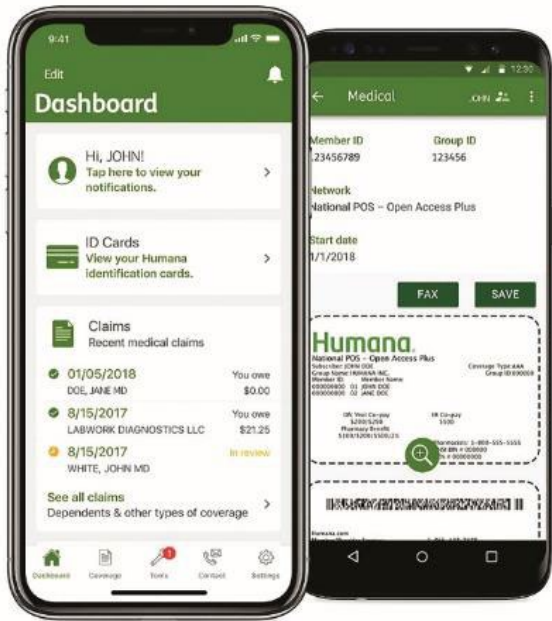
What does Your share mean in your SmartSummary?
Your share: This is the amount you may owe or may have paid to your providers.

Medical and hospital claims

Service Date: 06/29/2023	Amount the provider billed the plan	\$0.00
Claim # 55555555555555	Humana discounts	-\$0.00
HEALTH CARE INC	Benefit exclusions	-\$0.00
-Home health prospective payment system (HRG)	Other insurance	-\$0.00
In-network (billing code 023) ₁	Total cost (amount the plan approved)	\$0.00
	Amount Humana paid	-\$0.00
	Your share	\$0.00
Service Date: 06/29/2023	Amount the provider billed the plan	\$90.00
Claim # 55555555555555	Humana discounts	-\$0.00
HEALTH CARE INC	Benefit exclusions	-\$0.00
-Skilled Nursing-Visit Charge	Other insurance	-\$0.00
(Billing code 551) ₁		

MyHumana and MyHumana mobile app

Get your personalized health information on MyHumana



A valuable part of your Humana plan is a secure online account called MyHumana where you can keep track of your claims and benefits, find providers, view important plan documents and more.

The MyHumana mobile app

If you have an iPhone or Android, download the MyHumana Mobile app. You'll have your plan details with you at all times.*

Visit [Humana.com/mobile-apps](https://www.humana.com/mobile-apps) to learn about our many mobile apps, the app features and how to use them.

With MyHumana and the MyHumana mobile app, you can:

- Review your plan benefits and claims
- Find pharmacies in your network
- Find providers in your network
- Lookup and compare medication prices
- View or update your medication list
- View or print your Humana member ID card

*Standard data rates may apply.

Building healthy provider relationships

Benefits of having a primary care provider (PCP)

- Your PCP can get to know your overall health history
- You can build a trusting, long-term relationship
- Your PCP will help take care of you when you're sick and help you to maintain your health with preventive care





Find a Doctor/Pharmacy

Humana's online provider directory

Go to [Humana.com/FindaDoctor](https://www.humana.com/FindaDoctor)

Find a doctor or pharmacy

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

Location

Enter a ZIP code and the distance radius you want to search.

Select a lookup method from 3 options:

- 1) Coverage type—choose Medicare PPO,
- 2) Member ID, or
- 3) Sign in to MyHumana for more accurate results in finding your network.

Select the “Search” button for your results

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

Virtual care where you're most comfortable

Telehealth visits are available through your Humana plan

Telehealth visits allow you to get nonemergency medical care through your phone,* tablet or computer.†

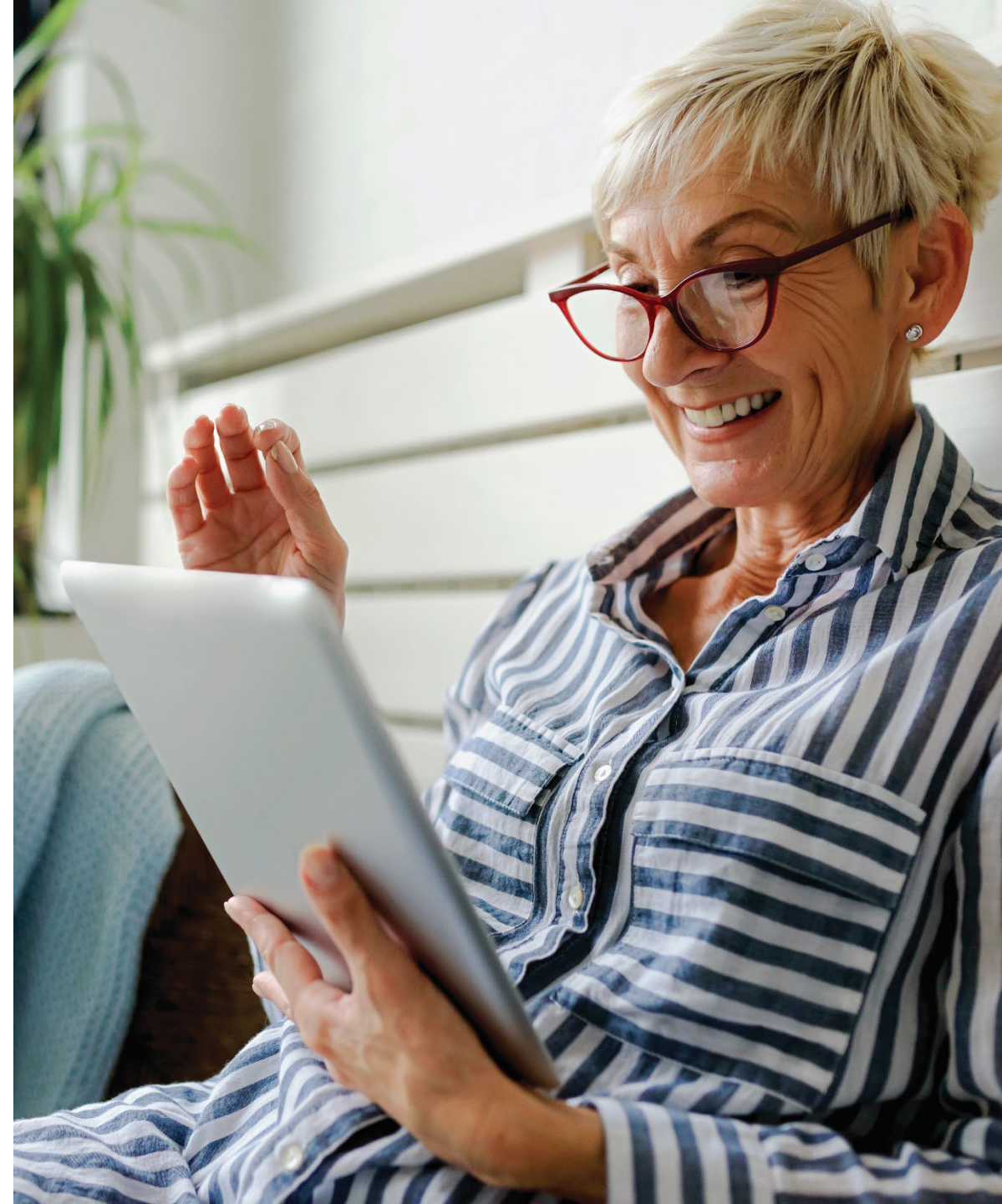
Telehealth could be used for chronic condition management, follow-up care after an in-office visit, medication reviews and refills, and much more—just like an in-office visit.

Ask your trusted provider if they offer telehealth visits and if so, what you need to do to get started

*Depending on the initial consultation, video may be required for telehealth visits.

†Standard data rates may apply.

Humana®



Continuous glucose monitors and supplies

Medicare-covered therapeutic continuous glucose monitors (CGMs) and supplies are **covered under your Humana Group Medicare Part B medical benefit.**

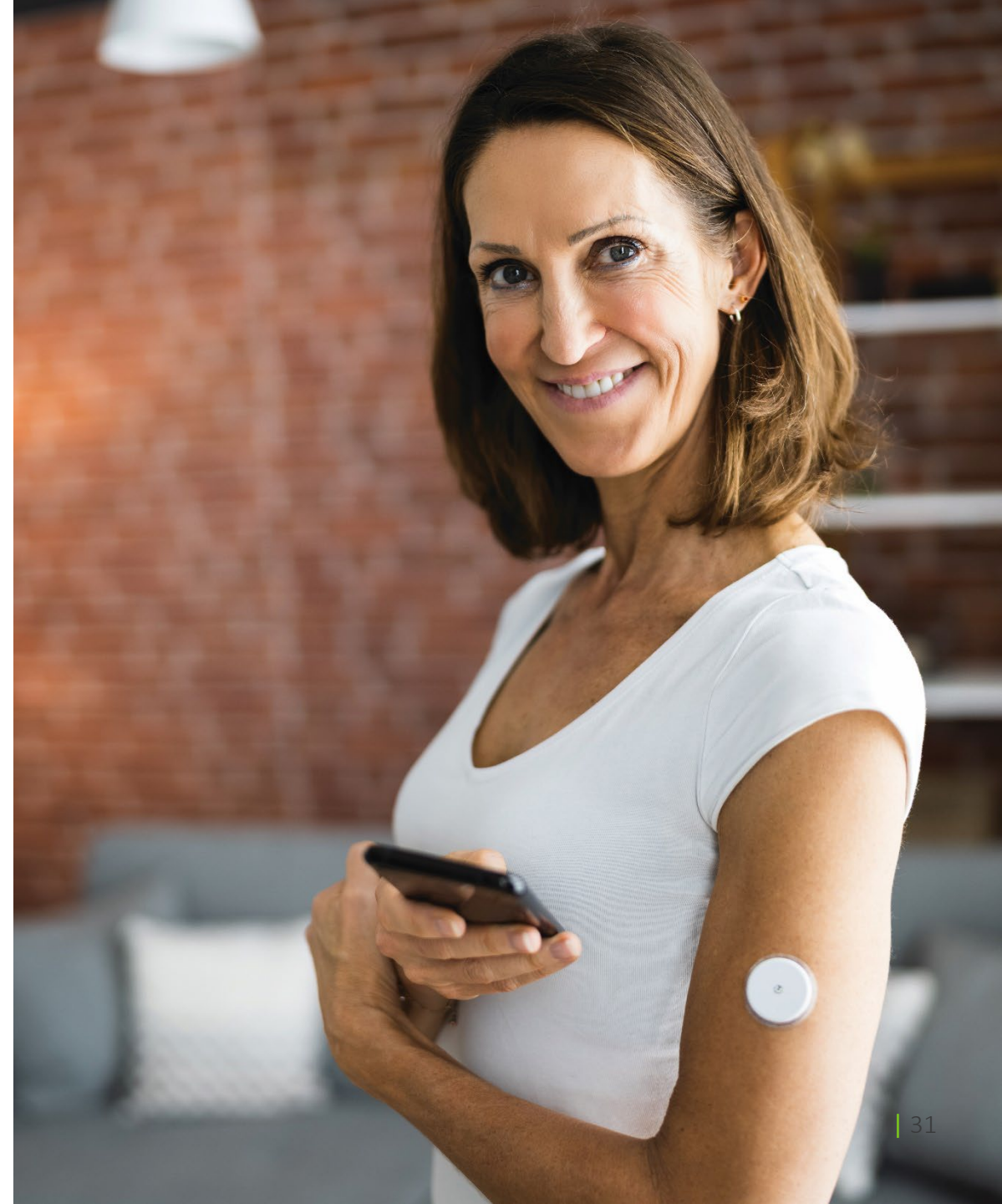
- CGMs and supplies should be obtained from a durable medical equipment (DME) provider that accepts Medicare and will bill your insurance.
- CGMs and supplies will not be covered through your pharmacy benefit at the pharmacy.

Humana preferred DME providers

CCS Medical, 877-531-7959

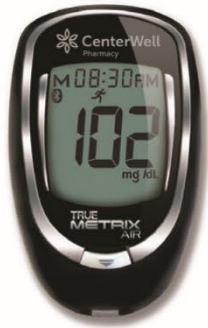
Edwards Healthcare, 888-344-3434

Humana®



Diabetic testing supplies are covered under your medical benefit

Your Humana Group Medicare Advantage plan covers diabetic testing supplies under your medical benefit, even though you get them from the pharmacy



CenterWell TRUE METRIX® AIR by Trividia

- Bluetooth® technology
- No coding
- Tiny, 0.5-microliter sample size
- Results in 4 seconds



Accu-Chek Guide Me® by Roche

- Large, easy to read display
- Bluetooth® technology
- Small, 0.6-microliter sample size
- Results in 4 seconds
- No coding required
- Automatically log blood glucose test results to your Android or iOS device with the mySugr app



Accu-Chek Guide® by Roche

- Simple to see, day or night
- Bluetooth® technology
- Small, 0.6-microliter sample size
- Results in 4 seconds
- No coding required
- Automatically log blood glucose test results to your Android or iOS device with the mySugr app

Your doctor can send prescriptions for meters and other testing supplies by fax or e-prescribe.

You can request a no-cost meter from the manufacturer by calling Roche at **877-264-7263 (TTY: 711)**, or Trividia Health at **866-788-9618 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.



SilverSneakers®

A total health and physical activity program included in your plan at no extra cost

- SilverSneakers gives you access to exercise equipment, group fitness classes and social events.
- Work towards improving muscle strength, bone density, flexibility and balance.
- Use thousands of fitness locations nationwide, with weights, swimming, classes and cardio equipment (equipment and classes vary by location).
- Enjoy group fitness classes outside of traditional gyms.
- Start workout programs tailored to your level with the SilverSneakers GO™ app.
- Learn more at **SilverSneakers.com**.
- Included in your plan at no extra cost.



Go365 by Humana®

Your wellness program that rewards you for completing eligible activities that help you make healthy choices, at not extra cost to you

Your health can be rewarding

Go365 by Humana makes wellness fun and easy. We can help you reach your physical and emotional health goals. Track your activity and redeem rewards:

- online, at **MyHumana.com**
- by filling out and mailing in paper forms

Earn rewards you can redeem for gift cards

Complete eligible healthy activities like walking or getting your Annual Wellness Visit. You can earn rewards to redeem for gift cards. Once you've earned at least \$10 in rewards, choose your gift cards in the Go365 Mall.

Now it's time to get going with Go365

If you have a MyHumana account, you can use the same information to log in to **Go365.com**. If not, activate your profile at MyHumana.com.



Humana's Medicare clinical programs

Humana's educational programs and health support services can complement your doctor's care. These programs reinforce how important it is to follow your physician's treatment plan and promote healthy living.

- Humana Care Management
- Medication Therapy Management
- Behavioral healthcare coordination and consultation
- Health Coaching

To find out more about how these services can help you, call **800-558-0187 (TTY: 711)**.

Post-discharge services

Post-discharge Transportation

- 12 one-way trips by car, van or wheelchair access vehicle, up to 50 miles per trip.
- Transportation services must be utilized within 60 days of discharge event.

Post-discharge Personal Home Care

- \$0 copayment for a minimum of 4 hours per day, up to a maximum of 8 hours total per discharge, for certain in-home support services following a discharge from a skilled nursing facility or from an inpatient hospitalization.
- Qualified aides can offer assistance performing activities of daily living (ADLs) within the home and instrumental activities of daily living (IADLs) related to personal care.
- ADL activities may include bathing or showering, dressing, getting in and out of bed or a chair, walking, toileting, and eating.
- IADL activities may include preparing meals, shopping on behalf of the member for groceries or personal items, performing light housework, laundry, dishes, and/or using a telephone.
- A member must be receiving assistance with a minimum of one ADL to receive assistance with any IADL.
- Personal home care services must be initiated within 30 days of discharge event and utilized within 60 days of discharge.



*My*Directives®

MyDirectives®

Advance care planning

MyDirectives, an online advance care plan platform, ensures your wishes are met in case unexpected medical emergencies happen or as illnesses progress. With MyDirectives, you can make your exact wishes known and identify the people you trust to speak for you as well.

Sign in to **MyHumana.com**, go to MyHealth tab, in the drop down select MyHealth Overview and then select MyDirectives under Resources.



Humana Well Dine[®]

After your overnight inpatient stay in a hospital or skilled nursing facility, you're eligible for up to 28 nutritious meals (2 meals per day for 14 days). The meals will be shipped to your door at no additional cost to you.

Humana Well Dine meal plans include:

- General wellness
- Renal friendly
- Heart friendly
- Diabetes friendly
- Cancer support
- Vegetarian
- Gluten-free
- Lower sodium
- Pureed

For more information, please contact the number on the back of your Humana member ID card or visit [Humana.com/home-care/well-dine](https://www.humana.com/home-care/well-dine).



Humana Health Coaching

Support and guidance from a professional

Ready to get started on your path to better health?

Available to all Humana Group Medicare members, our health coaching program provides guidance to help you develop a plan of action that supports your health and well-being goals.

A health coach works with you to create a personal vision for your health and well-being, brings clarity to your goals and priorities and provides accountability and support.

Get started by calling **877-567-6450** (TTY: 711), 8 a.m. – 6 p.m., Eastern time.



Humana Neighborhood Centers

What can you do at your neighborhood Humana location?

At many locations, you can:

- Focus on how to improve health
- Stay social with crafts and games
- Nutrition and cooking demos
- Virtual health and wellness classes
- Help with Humana health plans

Find the Humana Neighborhood Center classes that are right for you

Visit us online at [HumanaNeighborhoodCenter.com](https://www.humana.com/neighborhood-centers) to see a full list of virtual activities and to RSVP for classes and other events.

Go to [Humana.com/Humana-neighborhood-centers](https://www.humana.com/Humana-neighborhood-centers) to find a Humana Neighborhood Center near you.

Health resources

There are other clinical programs/health resources available to eligible members

Case Management

- Assess members' current medical conditions, procedures, and discharge plans
- Educate members on the health condition(s),
- Refer members to appropriate websites, community resources, and health programs,
- Assist with hospital discharge plans and care throughout treatment

Disease Management

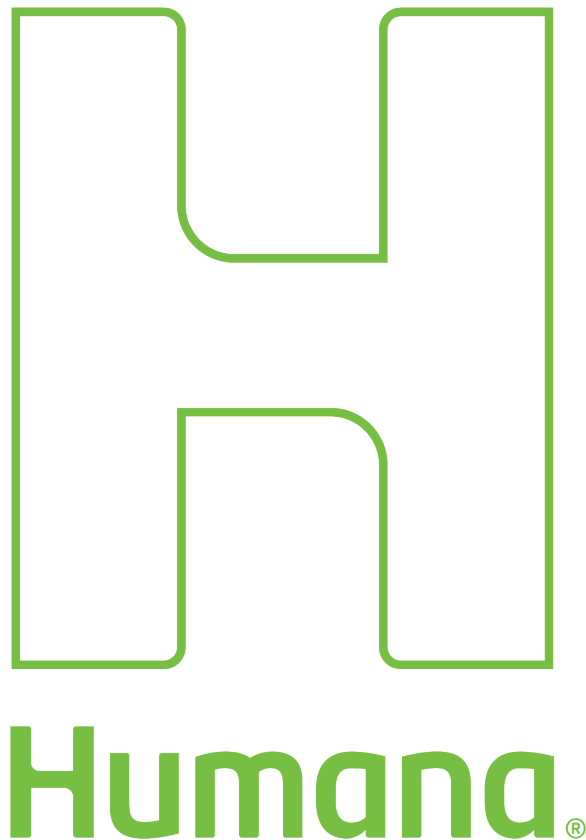
- Humana offers a wide variety of Disease Management (DM) programs to assist members who experience chronic or acute health conditions. Programs for Heart Failure, Asthma, Cancer, Diabetes and many more

Transplant Management

- Guide members through transplants by providing information and resources which allow members to make informed decisions
- Provide the member with a single point of contact during the duration of the organ or bone marrow transplant process
- Provide benefit guidance
- Coordination of services
- Personal support and counseling

Health Planning and Support nurses

- Offer clinical interventions guidance, Case Management, and Disease Management
- Offer in network provider guidance.
- Provide a link between members and specially trained clinical staff who can address the member's unique health-related needs



Thanks for your time and attention, stay connected with Humana

For more information:

- Refer to your informational kit
- Visit **your.humana.com/boardofpensions**
- Use MyHumana, a secure online account to access your plan information. Visit **Humana.com/registration** to get started.
- Call Humana Group Medicare Customer Care team for anything related to your Humana plan at **855-273-0021 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time



Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Call **855-273-0021 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services is for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

Other providers are available in our network. The provider network may change at any time. You will receive notice when necessary.

Humana[®]

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (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.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。

Humana®