



2024

Annual Notice of Changes

Humana Group Medicare PDP Plan

Humana.



Thank you for being a Humana member

We believe the simplest way to help you feel your best is to do what's right by you. That means going above and beyond what you may expect. We call this human care, and it's one of the reasons people have chosen Humana for their Medicare plan.

Your plan will automatically renew on January 1, 2024.

2024 Plan Materials



See how your plan has changed. Review this Annual Notice of Changes (ANOC) document for upcoming changes to your plan in 2024. These could mean differences in prescription drug coverage and costs like premium, copays, deductibles and coinsurance.



Know that this document doesn't include all your benefits. The ANOC highlights plan changes but does not include a full list of your plan benefits. View your 2024 Evidence of Coverage (EOC) at www.Humana.com/PlanMaterials for a complete listing. See the back panel of this document for more instructions.



Annual Notice of Changes for 2024

You are currently enrolled as a member of Humana Group Medicare PDP. Next year, there will be changes to the plan's costs and benefits. ***Please see page 6 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.humana.com. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premium, deductibles, and cost sharing
- Check the changes in the 2024 "Drug Guide" to make sure the drugs you currently take are still covered.
- Think about whether you are happy with our plan.

OMB Approval 0938-1051 (Expires: February 29, 2024)

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you want to keep the Humana Group Medicare PDP, you don't need to do anything. You will stay in the Humana Group Medicare PDP.
- To change to a different plan, contact the benefit administrator at your former employer or union to obtain information on how to switch plans.

Additional Resources

- This information is available for free in other languages.
- Please contact Customer Care at the phone number located on the back cover of this document for additional information. (TTY users should call 711.) Hours are from 8 a.m. to 9 p.m., Eastern time, Monday through Friday. Customer Care also has free language interpreter services available for non-English speakers. This call is free.
- This information is available in a different format, including Braille, large print, and audio. Please call Customer Care at the phone number located on the back cover of this document if you need plan information in another format.

About Humana Group Medicare PDP

- Humana Group Medicare PDP is a Medicare Advantage Prescription Drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Humana Insurance Company, Humana Insurance of Puerto Rico, Inc., and Humana Insurance Company of New York. When it says "plan" or "our plan," it means Humana Group Medicare PDP.

Annual Notice of Changes for 2024

Table of Contents

Summary of Important Costs for 2024

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Premium

Section 1.2 Changes to the Pharmacy Network

Section 1.3 Changes to Part D Prescription Drug Coverage

SECTION 2 Deciding Which Plan to Choose

Section 2.1 If you want to stay in Humana Group Medicare PDP

Section 2.2 If you want to change plans

SECTION 3 Deadline for Changing Plans

SECTION 4 Programs That Offer Free Counseling about Medicare

SECTION 5 Programs That Help Pay for Prescription Drugs

SECTION 6 Questions?

Section 6.1 Getting Help from Humana Group Medicare PDP

Section 6.2 Getting Help from Medicare

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Humana Group Medicare PDP in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (See Section 1.3 for details.)</p>	<p>Deductible: Your plan does not have a deductible</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> ● Drug Tier 1: \$5 copay Member pays 15% in addition to the tier specific cost share ● Drug Tier 2: \$15 copay Member pays 25% in addition to the tier specific cost share ● Drug Tier 3: \$25 copay Member pays 50% in addition to the tier specific cost share ● Drug Tier 4: \$25 copay Member pays 50% in addition to the tier specific cost share <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> ● During this payment stage, the plan pays most of the cost for your covered drugs. ● For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.) 	<p>Deductible: Your plan does not have a deductible</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> ● Drug Tier 1: \$5 copay Member pays 15% in addition to the tier specific cost share ● Drug Tier 2: \$15 copay Member pays 25% in addition to the tier specific cost share ● Drug Tier 3: \$25 copay Member pays 50% in addition to the tier specific cost share ● Drug Tier 4: \$25 copay Member pays 50% in addition to the tier specific cost share <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> ● During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

You may be receiving a subsidy from your former employer or union to pay for some or all of your plan's premium. Please contact your former employer or union's group benefit plan administrator for information about your plan premium. (See Chapter 1, Section 4.1 of the *Evidence of Coverage* for more information.)

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Premium
--

You may be receiving a subsidy from your former employer or union to pay for some or all of your plan's premium. Please contact your former employer or union's group benefit plan administrator for information about your plan premium. (See Chapter 1, Section 4.1 of the *Evidence of Coverage* for more information.)

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at www.humana.com. You may also call Customer Care for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

Section 1.3 Changes to Part D Prescription Drug Coverage

Changes to "Drug Guide"

Our list of covered drugs is called a Formulary or "Drug Guide." A copy of our "Drug Guide" is provided electronically. The "Drug Guide" includes many - but not all - of the drugs that we will cover next year. If you don't see your drug on this list, it might still be covered. **You can get the complete "Drug Guide"** by calling Customer Care (see the back cover) or visiting our website www.humana.com.

We made changes to our "Drug Guide", which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the "Drug Guide" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the "Drug Guide" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug Guide" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 7 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Care for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive "Extra Help" and haven't received this insert, please call Customer Care and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage).

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. The costs in this row are for a one-month 30-day supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Your cost for a 30 day supply filled at a network pharmacy with standard cost-sharing</p> <p>\$5 copay Member pays 15% in addition to the tier specific cost share for Tier 1 drug 30 day supply</p> <p>\$15 copay Member pays 25% in addition to the tier specific cost share for Tier 2 drug 30 day supply</p> <p>\$25 copay Member pays 50% in addition to the tier specific cost share for Tier 3 drug 30 day supply</p> <p>\$25 copay Member pays 50% in addition to the tier specific cost share for Tier 4 drug 30 day supply</p> <hr/> <p>Once your total drug costs have reached \$4,660.00 you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a 30 day supply filled at a network pharmacy with standard cost-sharing</p> <p>\$5 copay Member pays 15% in addition to the tier specific cost share for Tier 1 drug 30 day supply</p> <p>\$15 copay Member pays 25% in addition to the tier specific cost share for Tier 2 drug 30 day supply</p> <p>\$25 copay Member pays 50% in addition to the tier specific cost share for Tier 3 drug 30 day supply</p> <p>\$25 copay Member pays 50% in addition to the tier specific cost share for Tier 4 drug 30 day supply</p> <hr/> <p>Once your total drug costs have reached \$5,030.00 you will move to the next stage (the Coverage Gap Stage).</p>

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages - the Coverage Gap Stage and the Catastrophic Coverage Stage - are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 If you want to stay in Humana Group Medicare PDP

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare, you will automatically be enrolled as a member of our plan for 2024.

Section 2.2 If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan
- --OR-- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- --OR-- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see "Exhibit A" in the *Evidence of Coverage*), or call Medicare. (See Section 6.2).

Additionally, you may contact your former employer or union to obtain more information on electing other coverage.

Step 2: Change your coverage

- To change **to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Humana Group Medicare PDP.
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Humana Group Medicare PDP.

- You will automatically be disenrolled from Humana Group Medicare PDP if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
- If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Humana Group Medicare PDP for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Humana Group Medicare PDP. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Humana Group Medicare PDP. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do so.
 - --OR-- Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

Are there other times of the year to make a change?

- In certain situations, changes are also allowed at other times of the year. Examples include, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. Contact information for your State Health Insurance Assistance Program (SHIP) can be found in "Exhibit A" in the *Evidence of Coverage*.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, copayments, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m. Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778 ; or
 - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please see "Exhibit A" in the *Evidence of Coverage*.

SECTION 6 Questions?

Section 6.1 Getting Help from Humana Group Medicare PDP

Questions? We're here to help. Please call Customer Care at the phone number located on the back cover of this booklet. (TTY only, call 711.) We are available for phone calls from 8 a.m. to 9 p.m., Eastern time, Monday through Friday. Calls to these numbers are free.

Read your 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for Humana Group Medicare PDP. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.Humana.com/PlanMaterials. You may also call Customer Care to ask us to mail you an Evidence of Coverage.

Visit our website

You can also visit our website at www.humana.com. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our *list of covered drugs (Formulary/"Drug Guide")*.

Section 6.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2024

You can read the *Medicare & You 2024* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website

(<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Notice of Privacy Practices

For your personal health information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is personal and health information?

Personal and health information includes both medical information and personal information, like your name, address, telephone number, or Social Security number. The term "information" in this notice includes any personal and health information. This includes information created or received by a health care provider or health plan. The information relates to your physical or mental health or condition, providing health care to you, or the payment for such health care.

How do we protect your information?

We have a responsibility to protect the privacy of your information in all formats including electronic, written and oral information. We have safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy policies and programs

How do we use and disclose your information?

We use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

We have the right to use and disclose your information:

- To a doctor, a hospital, or other health care provider so you can receive medical care
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments
- For health care operation activities. Including processing your enrollment, responding to your inquiries, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission or your plan sponsor has to certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you if you have not opted out as described below. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency. To your family and friends or any other person you identify. This applies if the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation
- To public health agencies if we believe that there is a serious health or safety threat
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence
- In response to a court or administrative order, subpoena, discovery request, or other lawful process
- For law enforcement purposes, to military authorities and as otherwise required by law

- To help with disaster relief efforts
- For compliance programs and health oversight activities
- To fulfill our obligations under any workers' compensation law or contract
- To avert a serious and imminent threat to your health or safety or the health or safety of others
- For research purposes in limited circumstances
- For procurement, banking, or transplantation of organs, eyes, or tissue
- To a coroner, medical examiner, or funeral director

Will we use your information for purposes not described in this notice?

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing. The following uses and disclosures will require your written permission:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of protected health information

What do we do with your information when you are no longer a member?

Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

We are committed to responding to your rights request in a timely manner:

- Access - You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. If you request copies, we may charge you a fee for the labor for copying, supplies for creating the copy (paper or electronic), and postage.
- Adverse Underwriting Decision - If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate Communications - To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.

- Amendment - You have the right to request correction of any of this personal information through amendment or deletion. Within 30 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. In the event that we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.*
- Disclosure - You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice - You have the right to request and receive a written copy of this notice at any time.
- Restriction - You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

What types of communications can I opt out of that are made to me?

- Appointment reminders
- Treatment alternatives or other health-related benefits or services
- Fundraising activities

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at 1-866-861-2762
- Accessing our Website at www.humana.com and going to the Privacy Practices link

* This right applies only to our Massachusetts residents in accordance with state regulations.

- Send completed request form to:
Humana Inc.
Privacy Office 003/10911
101 E. Main Street
Louisville, KY 40202

If I believe my privacy has been violated, what should I do?

If you believe that your privacy has been violated, you may file a complaint with us by calling us at: 1-866-861-2762 any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also e-mail your complaint to www.OCRComplaint@hhs.gov. If you elect to file a complaint, your benefits will not be affected and we will not punish or retaliate against you in any way.

We support your right to protect the privacy of your personal and health information.

We follow all federal and state laws, rules, and regulations addressing the protection of personal and health information. In situations when federal and state laws, rules, and regulations conflict, we follow the law, rule, or regulation which provides greater protection.

We are required by law to abide by the terms of this notice currently in effect.

What will happen if my information is used or disclosed inappropriately?

We are required by law to provide individuals with notice of our legal duties and privacy practices regarding personal and health information. If a breach of unsecured personal and health information occurs, we will notify you in a timely manner.

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, gender identity, ancestry, ethnicity, marital status, religion, or language. 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 **1-800-585-7417** 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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or 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>.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-800-585-7417 (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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (听障专线：711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (聽障專線：711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخططنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY: 711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。

The information you need is
just a click away



You can view and search these 2024 plan documents online at
www.Humana.com/PlanMaterials:

- **Evidence of Coverage:** Details about your plan, including benefits and costs

www.Humana.com/PlanMaterials has the most up-to-date information about your plan and is easy to search so you can find the information you are looking for quickly.

We're here to help. If you have trouble using these online tools, please call the number on the back of your Humana member ID card for support.

To get paper copies of these documents by mail, submit your request online at the website above, or call (800) 585-7417 (**TTY: 711**). Please have your Humana member ID card ready when you call. When asked for the reason you've called, say "Evidence of Coverage". Please allow up to two weeks to receive the documents by mail.

Humana Inc.
PO Box 14168
Lexington, KY 40512-4168

Important information about changes to your
Prescription Drug Plan



Look inside

Here's a summary of your **Humana Medicare Employer PDP** that takes effect on January 1, 2024.

Humana.

Humana.com