

HUMANA MEDICARE EMPLOYER LPPO PLAN
2021 LPPO for Pension Boards-United Church of Christ Plan 079 Option TBD1 - Passive
Effective Date: 01/01/2021 - 12/31/2021

Annual Maximum Out-of-Pocket	<ul style="list-style-type: none"> In-Network: \$2,000 per individual per plan year (excludes Part D Pharmacy, Acupuncture, Hearing Services (Routine), Chiropractic Services (Routine), Private Duty Nursing, Vision Services (Routine), Wigs (Medically Necessary), Extra Services, and the Plan Premium) 		
	<ul style="list-style-type: none"> Combined In and Out-of-Network: \$2,000 per individual per plan year (excludes Part D Pharmacy, Acupuncture, Hearing Services (Routine), Chiropractic Services (Routine), Private Duty Nursing, Vision Services (Routine), Wigs (Medically Necessary) Extra Services, and the Plan Premium) 		
Annual Deductible	<ul style="list-style-type: none"> Combined In and Out-of-Network: \$242 per individual per plan year 		
	<ul style="list-style-type: none"> In-Network Exclusions: Part D Pharmacy, Medicare-Covered Diabetic Monitoring Supplies received at a Pharmacy, All Preventive Services, All Emergency Services, Urgently Needed Care, Diabetic Eye Exam, Additional Telehealth Services, Extra Services and the Plan Premium 		
	<ul style="list-style-type: none"> Out-of-Network Exclusions: Part D Pharmacy, Medicare-Covered Diabetic Monitoring Supplies received at a Pharmacy, All Preventive Services, All Emergency Services, Urgently Needed Care, Worldwide Coverage and the Plan Premium 		
Place of Treatment	Benefit	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):
Primary Care Physician	• Office Visit	96% after combined annual deductible	96% after combined annual deductible
	• Diagnostic Procedures and Tests	96% after combined annual deductible	96% after combined annual deductible
	• Lab Services	96% after combined annual deductible	96% after combined annual deductible
	• Surgical Procedures	96% after combined annual deductible	96% after combined annual deductible
	• Allergy Shots and Injections	96% after combined annual deductible	96% after combined annual deductible
	• Mental Health/Substance Abuse Services	96% after combined annual deductible	96% after combined annual deductible
	• Administration of Drugs in a Physician's Office	96% after combined annual deductible	96% after combined annual deductible
Specialist	• Office Visit	96% after combined annual deductible	96% after combined annual deductible
	• Advanced Imaging Services	96% after combined annual deductible	96% after combined annual deductible
	• Diagnostic Procedures and Tests	96% after combined annual deductible	96% after combined annual deductible
	• Lab Services	96% after combined annual deductible	96% after combined annual deductible
	• Surgical Procedures	96% after combined annual deductible	96% after combined annual deductible
	• Diagnostic Colonoscopy	96% after combined annual deductible	96% after combined annual deductible
	• Podiatry Services (Medicare-covered)	96% after combined annual deductible	96% after combined annual deductible
	• Chiropractic Services (Medicare-covered)	96% after combined annual deductible	96% after combined annual deductible
	• Cardiac Therapy	96% after combined annual deductible	96% after combined annual deductible
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	96% after combined annual deductible	96% after combined annual deductible
	• Pulmonary Therapy	96% after combined annual deductible	96% after combined annual deductible
	• Therapies (Occupational, Physical, Audiology, and Speech)	96% after combined annual deductible	96% after combined annual deductible
	• Radiation Therapy	96% after combined annual deductible	96% after combined annual deductible
	• Allergy Shots and Injections	96% after combined annual deductible	96% after combined annual deductible
	• Mental Health/Substance Abuse Services	96% after combined annual deductible	96% after combined annual deductible
	• Opioid Treatment Services	96% after combined annual deductible	96% after combined annual deductible
	• Administration of Drugs in a Physician's Office	96% after combined annual deductible	96% after combined annual deductible
	• Chemotherapy Drugs	96% after combined annual deductible	96% after combined annual deductible
	• Dental Services (Medicare-covered)	96% after combined annual deductible	96% after combined annual deductible

	• Hearing Services (Medicare-covered)	96% after combined annual deductible	96% after combined annual deductible
	• Vision Services (Medicare-covered)	96% after combined annual deductible	96% after combined annual deductible
	• Eyewear for Post-Cataract Surgery	96% after combined annual deductible • For eyeglasses and contacts following cataract surgery	96% after combined annual deductible • For eyeglasses and contacts following cataract surgery
	• Diabetic Eye Exam	100%	100%
	• Acupuncture (Medicare-covered)	96% after combined annual deductible • Up to 20 visit per year	96% after combined annual deductible • Up to 20 visit per year
Preventive Services	• Abdominal Aortic Aneurysm Screening • Alcohol Misuse Screening and Counseling • Annual Wellness Visit • Bone Mass Measurement • Breast Cancer Screening • Cardiovascular Disease Behavioral Therapy • Cardiovascular Disease Screening • Cervical and Vaginal Cancer Screening • Colorectal Cancer Screening • Depression Screening • Diabetes Screening • Diabetes Self-Management Training • Glaucoma Screening • Hepatitis C Screening • HIV Screening • Kidney Disease Education Services • Lung Cancer Screening • Medical Nutrition Therapy • Obesity Screening and Therapy • Physical Exams (Routine) • Prostate Cancer Screening Exam • STI Screening and Counseling • Smoking and Tobacco Use Cessation • "Welcome to Medicare" Preventive Visit	100%	100%
	• Immunizations	100%	100%
	• Medicare Diabetes Prevention Program (MDPP)	100%	100%
Inpatient Hospital Services	• Inpatient Care (all authorized admissions)	100% after combined annual deductible and \$272 copayment per admission	100% after combined annual deductible and \$272 copayment per admission
	• Inpatient Physician Services	100% after combined annual deductible	100% after combined annual deductible
	• Inpatient Mental Health Care/Substance Abuse Services (all authorized admissions)	100% after combined annual deductible and \$272 copayment per admission	100% after combined annual deductible and \$272 copayment per admission
Inpatient Psychiatric Facility	• Inpatient Mental Health Care/Substance Abuse Services (all authorized admissions)	100% after combined annual deductible and \$272 • 190 day lifetime limit in a psychiatric facility	100% after combined annual deductible and \$272 • 190 day lifetime limit in a psychiatric facility
	• Inpatient Mental Health/Substance Abuse Physician Services	100% after combined annual deductible	100% after combined annual deductible
Partial Hospitalization	• Mental Health/Substance Abuse Services	96% after combined annual deductible	96% after combined annual deductible
	• Opioid Treatment Services	96% after combined annual deductible	96% after combined annual deductible
Outpatient Hospital Services	• Surgical Services	96% after combined annual deductible	96% after combined annual deductible
	• Diagnostic Colonoscopy	96% after combined annual deductible	96% after combined annual deductible
	• Advanced Imaging Services	96% after combined annual deductible	96% after combined annual deductible
	• Nuclear Medicine Services	96% after combined annual deductible	96% after combined annual deductible
	• Diagnostic Procedures and Tests	96% after combined annual deductible	96% after combined annual deductible
	• Lab Services	96% after combined annual deductible	96% after combined annual deductible

	• Radiation Therapy	96% after combined annual deductible	96% after combined annual deductible
	• Cardiac Therapy	96% after combined annual deductible	96% after combined annual deductible
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	96% after combined annual deductible	96% after combined annual deductible
	• Pulmonary Therapy	96% after combined annual deductible	96% after combined annual deductible
	• Therapies (Occupational, Physical, Audiology, and Speech)	96% after combined annual deductible	96% after combined annual deductible
	• Chemotherapy Drugs	96% after combined annual deductible	96% after combined annual deductible
	• Renal Dialysis Services	96% after combined annual deductible	96% after combined annual deductible
	• Mental Health/Substance Abuse Services	96% after combined annual deductible	96% after combined annual deductible
	• Opioid Treatment Services	96% after combined annual deductible	96% after combined annual deductible
	• Outpatient Physician Services	96% after combined annual deductible	96% after combined annual deductible
Skilled Nursing Facility (SNF)	• SNF Care (no 3-day hospital stay is required)	100% after combined annual deductible per day (days 1 - 20); \$35 copayment per day (days 21 - 100); 80% per day (days 101 - 365)	100% after combined annual deductible per day (days 1 - 20); \$35 copayment per day (days 21 - 100); 80% per day (days 101 - 365)
	• SNF Physician Services	100% after combined annual deductible	100% after combined annual deductible
Urgent Care Center	• Urgently Needed Care	96%	96%
	• Lab Services	96% after combined annual deductible	96% after combined annual deductible
Emergency Room	• Emergency Services (2)	96% up to a \$120 maximum out-of-pocket ; waived if admitted within 24 hours	96% up to a \$120 maximum out-of-pocket ; waived if admitted within 24 hours
	• Emergency Room Physician Services	100%	100%
Ambulance	• Ambulance Services	96% after combined annual deductible	96% after combined annual deductible
		• Limited to Medicare-covered transportation	• Limited to Medicare-covered transportation
Worldwide Coverage	• Emergency Services and Urgently Needed Care Only	N/A	• \$100 deductible, 80% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.
Comprehensive Outpatient Rehabilitation Facility	• Pulmonary Therapy	96% after combined annual deductible	96% after combined annual deductible
	• Therapies (Occupational, Physical, Audiology, and Speech)	96% after combined annual deductible	96% after combined annual deductible
Freestanding Radiological Facility	• Advanced Imaging Services	96% after combined annual deductible	96% after combined annual deductible
	• Nuclear Medicine Services	96% after combined annual deductible	96% after combined annual deductible
	• Diagnostic Procedures and Tests	96% after combined annual deductible	96% after combined annual deductible
	• Radiation Therapy	96% after combined annual deductible	96% after combined annual deductible
Ambulatory Surgical Center	• Surgical Procedures	96% after combined annual deductible	96% after combined annual deductible
	• Diagnostic Colonoscopy	96% after combined annual deductible	96% after combined annual deductible
Freestanding Laboratory	• Lab Services	96% after combined annual deductible	96% after combined annual deductible
Dialysis Center	• Renal Dialysis Services	96% after combined annual deductible	96% after combined annual deductible
Home Health	• Home Health Care	96% after combined annual deductible	96% after combined annual deductible
		• Excludes Personal Home Care	• Excludes Personal Home Care

DME Provider	• Durable Medical Equipment	96% after combined annual deductible	96% after combined annual deductible
	• Diabetic Monitoring Supplies	96% after combined annual deductible	96% after combined annual deductible
Medical Supply Provider	• Medical Supplies	96% after combined annual deductible	96% after combined annual deductible
Prosthetics Provider	• Prosthetics	96% after combined annual deductible	96% after combined annual deductible
Pharmacy (PART B ONLY)	• Durable Medical Equipment	96% after combined annual deductible	96% after combined annual deductible
	• Medical Supplies	96% after combined annual deductible	96% after combined annual deductible
	• Diabetic Monitoring Supplies	96%	96%
	• Medicare-covered Part B Drugs	96% after combined annual deductible	96% after combined annual deductible
Additional Telehealth Services	• Primary Care Physician - Virtual Visit	100%	Not Available
	• Specialist - Virtual Visit	96%	Not Available
	• Behavioral Health and Substance Abuse - Virtual Visit	100%	Not Available
	• Urgently Needed Care - Virtual Visit	100%	Not Available
Other Benefits	• Acupuncture	<ul style="list-style-type: none"> • 80% after combined annual deductible • \$3,000 combined maximum benefit coverage amount per year 	<ul style="list-style-type: none"> • 80% after combined annual deductible • \$3,000 combined maximum benefit coverage amount per year
	• Chiropractic Services (Routine)	<ul style="list-style-type: none"> • 80% after combined annual deductible • \$2,000 combined maximum benefit coverage amount per year 	<ul style="list-style-type: none"> • 80% after combined annual deductible • \$2,000 combined maximum benefit coverage amount per year
	• Hearing Services (Routine) - HER934	<ul style="list-style-type: none"> • 100% after combined annual deductible for fitting/evaluation, routine hearing exams up to unlimited per year. • \$3,000 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years. 	<ul style="list-style-type: none"> • 100% after combined annual deductible for fitting/evaluation, routine hearing exams up to unlimited per year. • \$3,000 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years. • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions
	• Private Duty Nursing (Inpatient Hospital)	<ul style="list-style-type: none"> • 80% after combined annual deductible • \$5,000 combined maximum benefit coverage amount per year 	<ul style="list-style-type: none"> • 80% after combined annual deductible • \$5,000 combined maximum benefit coverage amount per year
	• Private Duty Nursing (Member's Home)	<ul style="list-style-type: none"> • 80% after combined annual deductible • \$5,000 combined maximum benefit coverage amount per year 	<ul style="list-style-type: none"> • 80% after combined annual deductible • \$5,000 combined maximum benefit coverage amount per year
	• Vision Services (Routine) - VISTBD	<ul style="list-style-type: none"> • 100% after combined annual deductible and \$40 copayment for routine exam up to 1 per year. 	<ul style="list-style-type: none"> • 100% after combined annual deductible and \$40 copayment for refraction, routine exam up to 1 per year. • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions
	• Wigs (Medically Necessary)	<ul style="list-style-type: none"> • 80% after combined annual deductible • Up to 1 every 2 years 	<ul style="list-style-type: none"> • 80% after combined annual deductible • Up to 1 every 2 years
	• COVID-19 Testing	Testing and treatment for members with COVID-19 diagnosis will be covered at 100%	

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor.

Extra Benefits (MSB)	• SilverSneakers®	In most service areas members will have free membership to a local fitness center through the SilverSneakers program.
	• Personal Health Coaching	Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.
	• Smoking Cessation (Additional)	A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.
	• Meal Program	After a member's overnight inpatient stay in a hospital or skilled nursing facility, they are eligible for nutritious meals delivered to their door at no cost.
	• COVID-19 Care Package	Coverage includes a respiratory care kit from our mail order catalog.
Care Management	<ul style="list-style-type: none"> • Clinical Programs/Disease Management (3) <ul style="list-style-type: none"> - Case Management - Humana At Home® - Chronic Condition Management - Transplant Management - Behavioral Health Care Coordination 	Health education and clinical programs that provide support to members and caregivers to optimize health outcomes.

(1) All coinsurance percentages are based on the Medicare fee schedule and not billed charges. All copayments are on a "per visit" basis, unless otherwise noted.

(2) Emergency room copayment waived if admitted or if hospital is outside the U.S.

(3) We have provided examples of various Health Education and clinical programs. Actual programs may vary by market.

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor. The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of the member's Humana membership card.
CMS does not permit discussing the below services with potential enrollees prior to enrollment.

Extra Services (VAIS)	<ul style="list-style-type: none"> Complementary and Alternative Medicine and Weight Management - Not available in Puerto Rico 	Discounts for complementary and alternative medicine services including chiropractic, acupuncture, massage therapy and nutrition. Services must be received from participating designated providers.
	<ul style="list-style-type: none"> Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico 	Discounts on dental services. Services must be received from participating HumanaDental providers.
	<ul style="list-style-type: none"> Dental Discount (Careington Dental) - Available in Florida only 	Discounts on dental services. Services must be received from participating Careington providers.
	<ul style="list-style-type: none"> Healthy Hearing Discount (HearUSA) - Available in Florida only 	Discounts on hearing aids, accessories and hearing assistance products.
	<ul style="list-style-type: none"> Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico 	Discounts on hearing aids. Services must be received at a TruHearing hearing center.
	<ul style="list-style-type: none"> Go365 by Humana (Rock and Roll Marathon Series) 	Discount on the Rock 'n' Roll Marathon Series (includes 5K, 10K, 1/2 Marathon, and Marathon).
	<ul style="list-style-type: none"> Lifeline® Medical Alert Systems 	Philips Lifeline may help members live independently with peace of mind. Personal emergency response services connect members to caregivers and emergency services when an incident occurs. Wireless or landline options available.
	<ul style="list-style-type: none"> Meal Delivery Discount 	Discounts on home delivered meals to help support nutritional needs. Purchases may be placed online at MomsMeals.com/welldine or by calling 1.877.347.3438.
	<ul style="list-style-type: none"> Vision Discount (EyeMed) 	Discounts from participating EyeMed Vision Care Select network providers on routine vision services such as: Exam, contact lens fitting and follow-up, lenses, frames and laser vision correction. Discounts are taken at point of sale. Discount and funded benefits cannot be utilized within the same transaction.
	<ul style="list-style-type: none"> Weight Management Discount (Jenny Craig®) 	Members pay for unlimited weekly one-on-one consultations. Discount on products, including food.

Go365® by Humana is included in this plan
Go365 is a wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help them establish and maintain a healthy lifestyle. As they achieve manageable health goals, Go365 keeps members engaged and motivated by acknowledging their efforts. By completing healthy activities like walking, getting an Annual Wellness Exam, or volunteering, members earn rewards they can redeem for gift cards in the Go365 Mall.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. Certain services under the plan require authorization by network providers. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.