Your Guide to the Humana Medicare Employer Preferred Provider Organization (PPO) Plan

Take a closer look at the Humana Medicare Employer PPO Plan

You’ll get medical coverage from the Humana Medicare Employer PPO Plan. With this plan, you can choose any hospital, doctor, specialist, or other healthcare provider that takes Medicare – but you may pay less for services from providers in our network.

This guide tells you some things about the plan. It doesn’t list every service the plan covers, every limitation, or every exclusion. After you enroll, you’ll get a full list of benefits called an “Evidence of Coverage” booklet. You’ll get a new one every year to explain your plan and all of your benefits.

**Key features of your Humana Medicare Employer PPO Plan**

- You can go to any Medicare doctor or hospital, but you may save money by using providers in our network.
- Large network of doctors, specialists, and hospitals.
- No referral needed to see any healthcare provider.
- Coverage for office visits, including routine physical exams.
- Almost no claim forms to fill out or mail – we take care of that for you.
- Emergency coverage anywhere in the world.
What you need to know about your plan
Humana has a large network of doctors, specialists, and hospitals, so you can choose any provider you need — a family practitioner, an internist, or a specialist. With the Humana Medicare Employer PPO Plan, you can use any provider who is a part of our network. You can also go to any provider outside of our network that takes Medicare, but you may have to pay more when you do.

Show your Humana ID card when you get care. Your doctor sends the bill to Humana. That saves you the hassle of filing claims. When you need to make a copayment, you pay that at the time of service. When you need to pay a part of the cost (coinsurance), the provider sends that bill to you.

The healthcare providers in our network could change at any time. You can ask for an up-to-date list of providers in our network. Call Group Medicare Customer Care at 1-866-396-8810 (TTY: 711). You can call Monday through Friday, from 8 a.m. to 9 p.m., Eastern time. Our phone system may answer your call after hours, and on Saturdays, Sundays, and some holidays. Just leave a message and we'll call you back by the end of the next business day.

When you need hospital care
If your doctor recommends a hospital stay, Humana recommends asking your doctor to contact Humana. The healthcare professionals at Humana may have information and special programs your doctor can use to help speed your recovery.
When you need emergency care
Your plan covers emergency care at any hospital emergency facility. You don’t need a referral from your doctor or authorization from Humana to receive emergency services.

Questions you may have
Do I need to choose a primary care physician (PCP) for Humana’s PPO Plan?
No. With the Humana Medicare Employer PPO Plan, you don’t need to choose a PCP. You can see any doctor who takes Medicare. However, it’s always a good idea to have one doctor who knows your medical history, any medicines you take, and your personal preferences in healthcare.

I’d like to see a specialist listed in my provider directory. Can I see that doctor?
If you have the Humana Medicare Employer PPO Plan, you can see any specialist that takes Medicare. You don’t need a referral. Just remember that you may save money by using a specialist in the network.

What if I want a second opinion?
You can see any Medicare provider you choose. Just remember that you may have lower copayments or coinsurance if you use providers who are in the network.

What should I do in the case of emergency?

Emergency care
If you have a medical emergency, call 911 for help or go to the nearest emergency room to be treated right away. You’re covered for emergency care wherever you are. You don’t need a referral from your PCP or authorization from Humana to get emergency care. It’s important for you or the emergency care facility to notify Humana or your PCP as soon as possible so your PCP can help plan your follow-up care.

If you need emergency care, you’re covered. You can go to any doctor, specialist, immediate care facility or hospital. If you use a hospital emergency room, you would only need to pay your copayment, whether you use a network or non-network hospital. However, if you use an emergency room at a non-network hospital and need to be put into the hospital, you may need to pay the out-of-network costs.

Urgently needed care
For urgently needed care, you’re covered. You can go to any doctor, specialist, immediate care facility or hospital. When you get care from a network provider, your costs may be lower than if you get care from an out-of-network provider.

If you have any questions, ask your plan sponsor for more information or call Humana Group Medicare Customer Care at 1-866-396-8810 (TTY: 711). You can call Monday through Friday, from 8 a.m. to 9 p.m., Eastern time. Our phone system may answer your call after hours, and on Saturdays, Sundays, and some holidays. Just leave a message and we’ll call back by the end of the next business day.
Humana is a Medicare Advantage organization with a Medicare contract. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact Humana. Limitations, copayments, and restrictions may apply. Benefits may change on Jan. 1 of each year. You must continue to pay your Medicare Part B premium.

This document is available in alternative formats or languages. Please call Customer Care at 1-866-396-8810 (TTY: 711), Monday through Friday, from 8 a.m. to 9 p.m., Eastern time. If you’re asked to leave a message, we’ll call you back by the end of the next business day.