

2024 CTA RHCT

HUMANA GROUP MEDICARE PLAN COMPARISON

This is a short description of plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage which can be found online at your.Humana.com/ctarhct.

Medical plan type	Humana HMO 076/255		Humana PPO 079/313	
	In-network	Out-of-network	In-network	Out-of-network
PCP required	Yes	N/A	No	No
Annual deductible	\$390	N/A	\$390	\$390
Annual maximum out-of-pocket	\$3,901	N/A	\$3,901	\$3,901
Medical benefits				
Inpatient hospital care	\$200 copay per day (days 1-7)	N/A	\$200 copay per day (days 1-7)	\$200 copay per day (days 1-7)
Doctor's office visits (primary care)	\$0	N/A	10% of the cost	10% of the cost
Doctor's office visits (specialist)	10% of the cost	N/A	10% of the cost	10% of the cost
Emergency care	\$65 copay; waived if admitted within 48 hours	N/A	\$65 copay; waived if admitted within 48 hours	\$65 copay; waived if admitted within 48 hours
Outpatient hospital surgery	10% of the cost	N/A	10% of the cost	10% of the cost
Ambulance services	10% of the cost	N/A	10% of the cost	10% of the cost
Preventive services	\$0	N/A	\$0	\$0



your.Humana.com/ctarhct

Rx benefits

Standard retail pharmacy	One-month supply	Three-month supply
Tier 1 Generic or Preferred generic	\$5	\$15
Tier 2 Preferred brand	\$15	\$45
Tier 3 Non-preferred drug	\$41	\$123
Tier 4 Specialty	\$41	N/A
Standard mail delivery	One-month supply	Three-month supply
Tier 1 Generic or Preferred generic	\$5	\$10
Tier 2 Preferred brand	\$15	\$31
Tier 3 Non-preferred drug	\$41	\$82
Tier 4 Specialty	\$41	N/A

Humana is a Medicare Advantage HMO and PPO organization and a standalone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Humana members, except in emergency situations. For a decision about whether we will cover an out-of-network service, Humana encourages you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

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, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **877-320-1235 (TTY: 711)**. **Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **877-320-1235 (TTY: 711)**.

繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **877-320-1235 (TTY: 711)**。

Humana[®]



your.Humana.com/ctarhct

Y0040_GHHJGEAEN_24_CTA_M
CTABENCOM24