2026 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		Humana PPO	
	In-network	Out-of-network	In-network	Out-of-network
PCP required	Yes	N/A	No	No
Annual deductible	$390 per year for some in-network services	N/A	$390 per year for some combined in- and out-of-network services	$390 per year for some combined in- and out-of-network services
Annual maximum out–of–pocket	$3,901	N/A	$3,901	$3,901
Medical benefits				
Inpatient hospital care	$200 copay per day for days 1–7	N/A	$200 copay per day for days 1–7	$200 copay per day for days 1–7
Doctor's office visits (primary care)	0% of the cost	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	Covered at no cost	N/A	Covered at no cost	Covered at no cost

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Medical plan type	Humana HMO		Humana PPO	
	In-network	Out-of-network	In-network	Out-of-network
Routine Hearing TruHearing provider must be used	• $0 copay for routine hearing exams up to 1 per year • $2,000 maximum benefit coverage amount for hearing aid(s) (all types) up to 2 every 3 years • Includes 80 batteries per aid and 3 year warranty	N/A	• $0 copay for routine hearing exams up to 1 per year • $2,000 maximum benefit coverage amount for hearing aid(s) (all types) up to 2 every 3 years • Includes 80 batteries per aid and 3 year warranty	N/A
Routine Vision EyeMed is the in-network provider for the routine vision benefit*	• $10 copay for routine exam (includes refraction) up to 1 per year • $250 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames)	N/A	• $10 copay for routine exam (includes refraction) up to 1 per year • $250 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames)	• $165 combined maximum benefit coverage amount per year for routine exam (includes refraction) • $10 copay for routine exam (includes refraction) up to 1 per year • $250 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames) • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions

*To locate a provider, contact Humana Group Medicare Customer Care at the number on the back of your member ID card or visit **your.Humana.com/ctarhct.**

Rx benefits

These RX Benefits are included in the HMO and PPO Plan

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

- Plan covered insulin products will not exceed $35 for a one-month supply.
- When the member's cost share for Part D covered prescription drugs plus the costs reimbursed through your group health plan reaches $2,100, Humana pays 100%.

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. For more information, call the number on your member ID card.

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.

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