MORE WAYS
to add to your coverage

- ### Medicare Supplement insurance plans

  Medicare Supplement plans can be purchased to go with Original Medicare to help with some costs Parts A and B don't pay, like copayments, coinsurance and deductibles.

- ### Special Needs Plans (SNPs)

  Medicare Special Needs Plans (SNPs) are available only to people with specific diseases or circumstances. These plans include tailored benefits, providers and Drug Lists to meet the needs of members.

For more information about Medicare Supplement plans and SNPs, go to **www.medicare.gov** and search these subjects.

Where can I

find out MORE?

- ### Medicare Advantage

  Medicare Advantage plans usually include extra benefits and services beyond Original Medicare like fitness pr grams, mail-delivery pharmacy and more. **See Medicare Part C.**

  See "Medicare & You" handbook at **www.medicare.gov**.

- ### Medicare Supplement plans

  See "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" at **www.medicare.gov**.

- ### State health insurance assistance programs

  Go to **www.shiptalk.org**.

- ### Financial assistance for those with limited incomes

  See if you qualify by contacting your state Medicaid office or call the Social Security Administration at 1-800-772-1213. If you use a TTY, call **1-800-325-0778.**

TERMS to know

HMO. Deductible. Out-of-pocket costs. Knowing commonly used terms can help you understand your healthcare and coverage.

Annual Election Period (AEP): From Oct. 15–Dec. 7, people with Medicare eligibility can enroll in, disenroll from or change to the Medicare Advantage or Medicare prescription drug plan of their choice for the following year.

Initial Enrollment Period (IEP): When you're eligible to sign up for Medicare Part A or Part B for the first time.

Medicare: Health insurance for people 65 or over, those under 65 with certain disabilities and people of any age with end-stage renal disease.

Original Medicare Parts A and B: Original Medicare is the traditional fee-for-service program offered by the federal government, which pays directly for your healthcare. You can see any doctor who takes Medicare, anywhere in the country.

Health maintenance organization (HMO): A type of health plan. Generally, a primary care provider arranges your healthcare in the plan's provider network.

Preferred provider organization (PPO): This type of health plan gives you the freedom to choose your own doctors and hospitals. Your out-of-pocket costs may be lower if you choose healthcare providers in the plan's provider network.

Private-fee-for-service (PFFS): Plan requires the member to find doctors, hospitals and other types of providers that accept Medicare and the plan's payment terms. Some PFFS plans have a network of providers. You can still see out-of-network providers that accept the plan's payment terms, although you may pay more. A PFFS plan is not for Medicare Supplement insurance. Providers who do not contract with the PFFS plan are not required to see plan members except in an emergency.

Special Needs Plan (SNP): Plans that may offer benefits, providers and Drug Lists designed to meet the specific needs of the groups they serve. People with chronic conditions, like diabetes or heart conditions, or who have both Medicare and Medicaid, may benefit from this type of plan.

Coinsurance: A percentage of your medical and drug costs that you pay out of your pocket. Some plans may require that you pay a deductible first.

Copayment: The fixed dollar amount some plans require you to pay when you receive medical services or have a prescription filled.

Deductible: The amount you pay for medical services or prescriptions before your plan pays for your benefits.

Formulary: Also called a Drug List, the formulary lists the drugs your plan covers. It's often divided into sections, or tiers, based on the amount your plan will pay for the drugs in that group.

Mail-delivery pharmacy: These pharmacies allow you to order your medicines and supplies (like diabetes test strips) and have them mailed to you. Many mail-delivery pharmacies will allow you to fill many maintenance medications for up to a 90-day supply and provide regular refill reminders. Some medications may only be filled for a 30-day supply.

Medically necessary: Medicare defines this as services or supplies needed for the diagnosis or treatment of a medical condition. These services and supplies must meet the standards of good medical practice in the local area and cannot be mainly for the convenience of you or your doctor.

Network: A group of healthcare providers who have agreed to provide care based on a plan's terms and conditions. These providers include doctors, hospitals and other healthcare professionals and facilities.

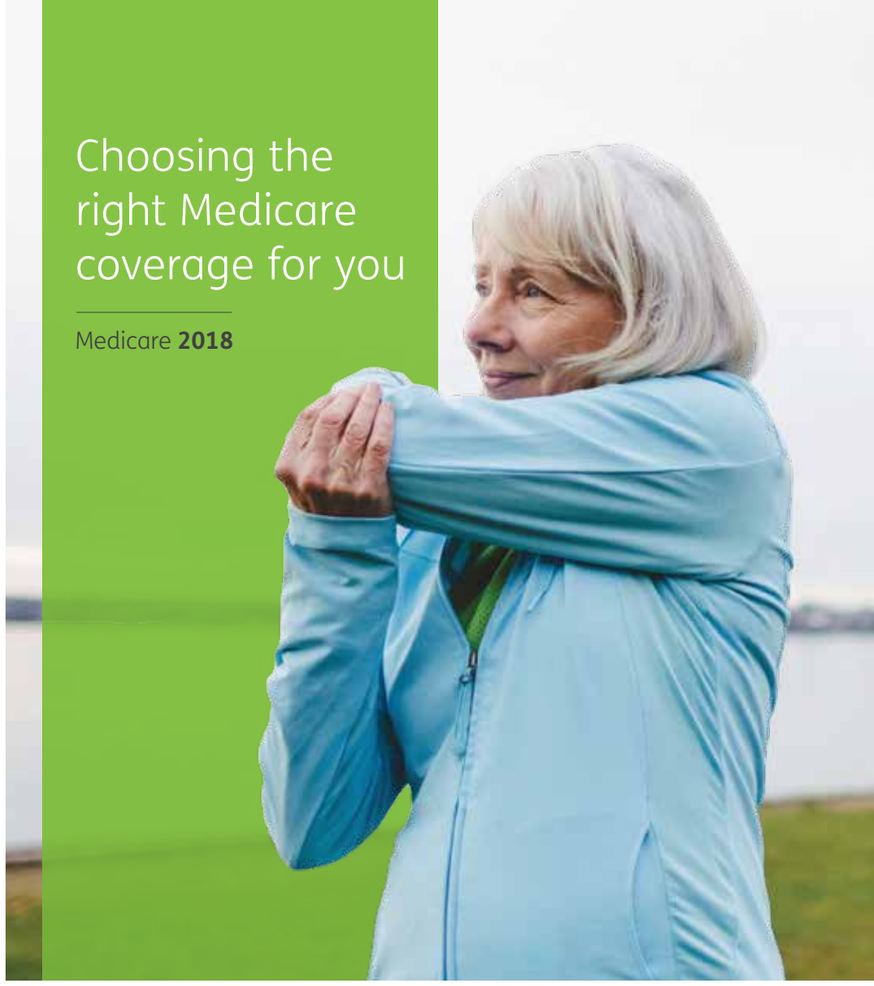
Out-of-pocket costs: Anything you are required to pay for medical care, prescriptions and other healthcare services. These include coinsurance, copayments and deductibles.

Premium: What you pay Medicare or a health plan for healthcare coverage, usually on a monthly basis.

[1]Centers for Medicare & Medicaid Services (Ed.). (2015, July 28). On its 50th anniversary, more than 55 million Americans covered by Medicare. Retrieved from www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-07-28.html

Choosing the right Medicare coverage for you

Medicare **2018**



Is now the time?

If you are within three months of turning 65, you are eligible for the Medicare Initial Enrollment Period (IEP) and can enroll in a Medicare plan.

Humana.

Medicare is the U.S. government's largest health insurance program. It serves more than 55 million people,[1] covering U.S. citizens and legal residents 65 and older, and people who qualify on the basis of disability or end-stage renal disease (ESRD). The Centers for Medicare & Medicaid Services (CMS), part of the U.S. Department of Health and Human Services, runs Medicare.

Make sure you're Medicare-eligible

Visit **www.medicare.gov** or call **1-800-MEDICARE (1-800-633-4227),** 24 hours a day, seven days a week. If you use a TTY, call **1-877-486-2048**.

WHAT TO THINK ABOUT

when considering plan choices

Cost	How much will you pay for premiums, deductibles, coinsurance and copayments?
Benefits	Does the plan include prescription drug coverage or other additional benefits?
Doctor and hospital	Do your doctors, hospitals, pharmacies and other providers accept the plan?
Convenience	Do you need to complete claim forms? Are your providers who accept the plan nearby? Can you get prescription or specialty drugs through the mail?
Healthcare history	How often have you needed care over the past few years? Are you fairly healthy, or do you have a chronic condition that requires ongoing care?
Healthcare future	Even if you don't spend much on prescription drugs now, you may in the future. That's when Medicare Part D can help cover the cost of prescription drugs.

Humana.

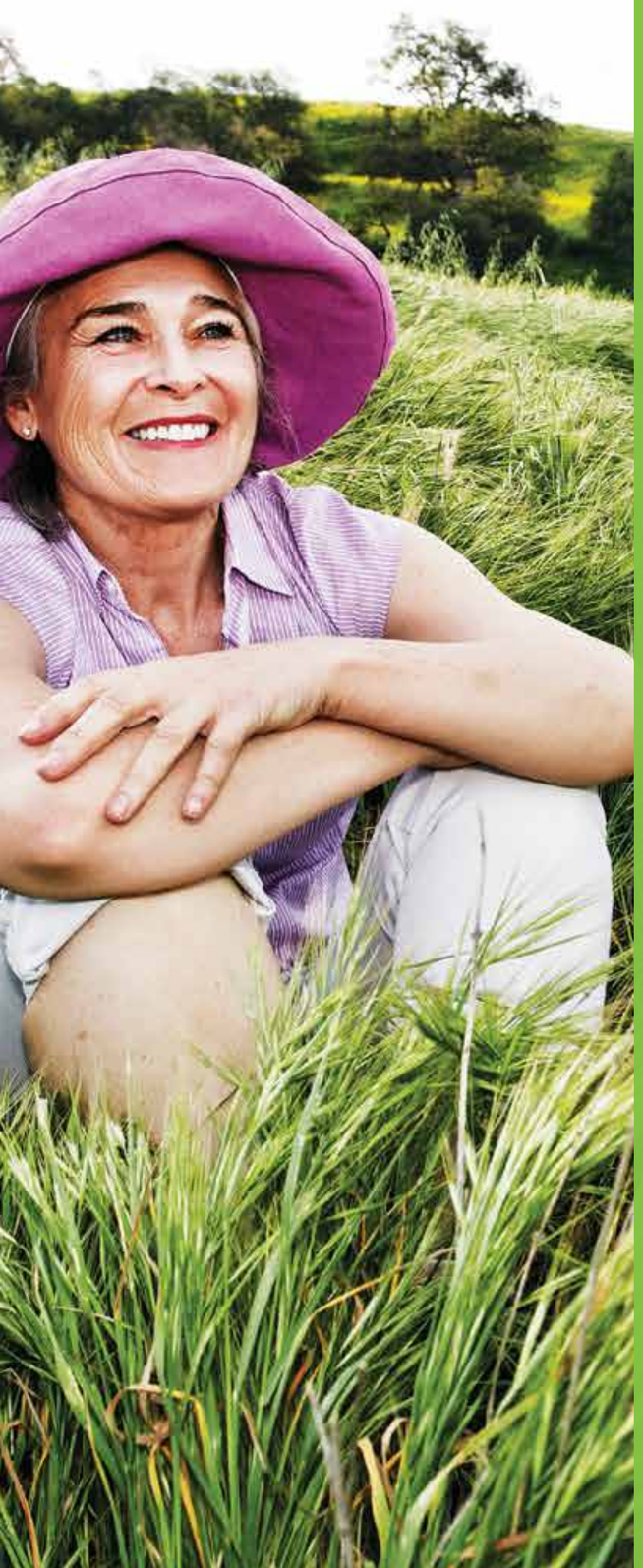
GNHH2ZTHH_18 0417

Life is all about choices

Traveling. Spending time with your grandkids. Taking up new hobbies. Whatever you enjoy, you're looking forward to enjoying more of it. Taking care of your health can help you do just that.

Humana developed this guide to help you decide which Medicare coverage—Original Medicare, Original Medicare with a Medicare Supplement plan or a Medicare Advantage plan—is the right fit for you. Here, we go over Medicare's parts, cost considerations and how to learn more. We want you and your health to be ready for the great things ahead.

It's normal to have questions. We have the answers. You'll understand the basics of Medicare, including its parts and what it covers. Want a deeper dive? We've included references that lead to additional information.



What is covered?

Different Medicare PARTS

Medicare is divided into four parts—**A, B, C and D**. Different parts cover different services.

Medicare Parts A and B

What it is

Medicare Part A is hospital insurance that helps cover hospital, skilled nursing, home health and hospice care.

Medicare Part B is medical insurance that helps cover doctor visits, outpatient care and preventive services. It also helps pay for services Part A doesn't cover, like occupational and physical therapies.

Where to get it

Federal government.

What it means to you

Covers much of your medical care but not all of it, and you typically pay a deductible and coinsurance when you use it. That's why many people buy coverage with benefits beyond those included in Original Medicare.

Medicare Part C

Medicare Advantage **(MA)**

What it is

It covers everything Parts A and B cover, and often includes extra services at no additional cost and may include prescription drug coverage. You must have both Medicare Parts A and B to join a Medicare Advantage plan.

Where to get it

Private companies.

What it means to you

Medicare Advantage plans usually include extra benefits and services—like fitness programs and gym memberships, mail-delivery pharmacy access, health education programs, and a 24-hour nurse advice line—and may lower your out-of-pocket costs. You may also be able to customize your plan to meet your needs with optional supplemental benefits, such as dental or vision coverage, for an added cost.

Learn more about Medicare Advantage plan types

- **Health maintenance organization (HMO)**
  A primary care physician arranges your healthcare in the plan's network
- **Preferred provider organization (PPO)**
  Choose any provider, although you may pay less for in-network services
- **Private-fee-for-service (PFFS)**
  More freedom to choose providers may be available; however, a network arrangement may still apply

Medicare Part D

What it is

A Medicare prescription drug plan—available prescription drug coverage for people with Medicare.

Where to get it

Private companies.

What it means to you

If you have a Part D plan, it must offer at least the basic benefits required by Medicare.

How does **Part D** COVERAGE GAP affect costs of my medicines?

Most Medicare and prescription drug plans have a coverage gap, also known as the donut hole. Not everyone will enter the donut hole. You enter the donut hole after you and your plan have spent a certain amount for covered drugs. During the gap, you have to pay a higher percentage of your drug costs.

Phase **1**

Phase **2**

Phase **3**

Here's how it works

- Once you've met your deductible, your plan pays a higher percentage of your prescription drug costs until you reach a specified amount
- When you reach that amount, you enter the coverage gap, where you pay a higher percentage of your drug costs
- When you reach the specified total annual out-of-pocket amount, you return to paying a lower percentage of your drug costs

TWO ways people choose **Part D**

- A stand-alone prescription drug plan to cover medicines when you have Original Medicare or when you pair Medicare Supplement insurance with your Original Medicare
- As part of a Medicare Advantage plan; if you enroll in a Medicare Advantage plan with prescription drug coverage, you don't need to sign up for a stand-alone prescription drug plan

Each prescription drug plan has its own list of covered drugs (formulary). Choose a plan that includes medicines you take regularly.

How my **plan choices** affect COSTS

Whether you choose Original Medicare or Medicare Advantage, you must pay your Part A premium and Part B premium, if you have one. Medicare Advantage, Medicare Part D prescription drug coverage and Medicare Supplemental insurance may have additional premiums. Your costs depend on the coverage you choose. The cost for a Medicare Advantage plan depends on whether the plan charges a monthly premium and pays any of your monthly Part B premium.

Original Medicare and Medicare Advantage plans both cover routine services. Medicare Advantage plans are required to cover everything covered by Original Medicare, including coverage for services that Medicare considers medically necessary.

If you choose a Medicare Advantage plan, you still have Medicare coverage; you simply choose to receive your Medicare benefits through a private insurance company. You may pay an additional plan premium for the extra services and benefits of a Medicare Advantage plan.

Signing up late can affect costs

You may have to pay a penalty if you sign up late for Part B or Part D. Find out more by going to **www.medicare.gov** and searching for:

- Part B late enrollment penalty
- Part D late enrollment penalty
- Special circumstances (Special Election Periods)

WANT MORE than Original Medicare?

MA ▪ Medicare Advantage ▪ OR PDP ▪ Prescription Drug Plan ▪

CHOOSE the coverage you want, at the price that works FOR YOU

OR YOU CAN GET A **MEDICARE SUPPLEMENT PLAN** ▪ GET MORE INFORMATION AT **WWW.MEDICARE.GOV**