

November 22, 2021

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Member ID #: H62838540  
Effective Date: 01/01/2022  
Rx ID: H62838540  
Rx Group: 323504  
Rx BIN: 015581  
Rx PCN: 03200000

Dear

**Details of Your New  
Humana Coverage**

Thank you for enrolling in the Humana Group Medicare Prescription Drug Plan (PDP). Medicare has approved your enrollment beginning 01/01/2022.

**Your coverage details**

**Customer Care**  
1-866-396-8810  
(for TTY, dial 711)

Starting 01/01/2022, please start using Humana network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy and it isn't an emergency, Humana may not pay for your medications. You can find network pharmacies in your area by looking in your pharmacy directory or by calling our Customer Care team.

Monday–Friday  
8:00 a.m.–8:00 p.m. ET

Humana.com

You must use Humana network pharmacies - except under non-routine circumstances - when you fill your prescriptions. Quantity limits and restrictions may apply. For more information about mail-order prescription drug services, call the number at the end of this letter.

Remember, you must continue to pay your Medicare Part B premiums.

## Getting extra help

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75 percent or more of your drug costs. This includes monthly premiums. Those who qualify won't have a coverage gap or a late-enrollment penalty. Many people qualify for these savings and don't know it.

For more information about this extra help, visit your local Social Security office. If you prefer, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You also can apply online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).

If you think you qualify for extra help, but you don't have proof, please contact us.

## Late-enrollment penalty

The LEP is an amount added to your premium for as long as you have Medicare prescription drug coverage. This penalty is required by law. It encourages people to join a Medicare Prescription Drug Plan (PDP) when they're first eligible. It also encourages people to keep other prescription drug coverage that meets Medicare's minimum standards.

You may owe a late-enrollment penalty if you didn't join a Medicare drug plan when you were first eligible for Medicare Part A and/or Part B, and:

- You didn't have other prescription drug coverage that met Medicare's minimum standards; OR
- You had a break in coverage of at least 63 days.

If we determine you owe a late-enrollment penalty, we'll send you a letter confirming the LEP amount.

## Changes to your supplemental insurance

If you have a Medigap policy - Medicare Supplement - that includes prescription drug coverage, you need to contact your Medigap issuer to let them know you've joined a Medicare PDP. Your Medigap issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Call your Medigap issuer for details.

## Call if you need us

For help and information, please call our Customer Care team at **1-866-396-8810**. If you have a speech or hearing impairment and use a TTY, call **711**. You can call us seven days a week from 8 a.m. to 8 p.m.

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Our automated phone system may answer your call after 8 p.m. and on Saturdays, Sundays, and some holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

Sincerely,

Humana's Customer Care Team

**PS:** You can show this letter to your pharmacy as proof of insurance until you get your Humana ID card.

Humana is a Medicare Advantage HMO, PPO and PFFS organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

You must continue to pay your Medicare Part B premium.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

## Important!

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### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-877-320-1235** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

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