

HUMANA MEDICARE EMPLOYER LPPO PLAN

2024 LPPO for City of West Allis Plan 079 Option 406 - Passive

Effective Date: 01/01/2024 - 12/31/2024

		2023		2024	
Annual Maximum Out-of-Pocket		<ul style="list-style-type: none"> • In-Network: \$1,000 per individual per plan year (excludes Part D Pharmacy, Hearing Services (Routine), Podiatry Services (Routine), Vision Services (Routine), Extra Services and the Plan Premium). • Combined In and Out-of-Network: \$1,000 per individual per plan year (excludes Part D Pharmacy, Hearing Services (Routine), Podiatry Services (Routine), Vision Services (Routine), Extra Services, Worldwide Coverage and the Plan Premium). 		<ul style="list-style-type: none"> • In-Network: \$1,000 per individual per plan year (excludes Part D Pharmacy, Hearing Services (Routine), Podiatry Services (Routine), Vision Services (Routine), Extra Services and the Plan Premium). • Combined In and Out-of-Network: \$1,000 per individual per plan year (excludes Part D Pharmacy, Hearing Services (Routine), Podiatry Services (Routine), Vision Services (Routine), Extra Services, Worldwide Coverage and the Plan Premium). 	
Annual Deductible		<ul style="list-style-type: none"> • Combined In and Out-of-Network: NONE • Combined In-Network Exclusions: N/A • Combined Out-of-Network Exclusions: N/A 		<ul style="list-style-type: none"> • Combined In and Out-of-Network: NONE • Combined In-Network Exclusions: N/A • Combined Out-of-Network Exclusions: N/A 	
Place of Treatment	Benefit	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):
Primary Care Physician	• Office Visit	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
	• Surgical Procedures	100%	100%	100%	100%
	• Allergy Shots and Injections	100%	100%	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%	100%	100%
Specialist	• Office Visit	100%	100%	100%	100%
	• Advanced Imaging Services	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
	• Surgical Procedures	100%	100%	100%	100%
	• Diagnostic Colonoscopy	100%	100%	100%	100%
	• Podiatry Services (Medicare-covered)	100%	100%	100%	100%
	• Chiropractic Services (Medicare-covered)	100%	100%	100%	100%
	• Cardiac Therapy	100%	100%	100%	100%
	• Supervised Exercise Therapy (SET) Symptomatic Peripheral Artery Disease (PAD) Services	100%	100%	100%	100%
	• Pulmonary Therapy	100%	100%	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%	100%	100%
	• Radiation Therapy	100%	100%	100%	100%
	• Allergy Shots and Injections	100%	100%	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
	• Opioid Treatment Services	100%	100%	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%	100%	100%
	• Chemotherapy Drugs	100%	100%	100%	100%
	• Dental Services (Medicare-covered)	100%	100%	100%	100%
	• Hearing Services (Medicare-covered)	100%	100%	100%	100%
	• Vision Services (Medicare-covered)	100%	100%	100%	100%
• Eyewear for Post-Cataract Surgery	100%	100%	100%	100%	
• Diabetic Eye Exam	100%	100%	100%	100%	
• Acupuncture Services (Medicare-covered) for Chronic Lower Back Pain • Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.	•100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. - CLB309	100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - CLB309	100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - CLB309	100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - CLB309	
Preventive Services	• Abdominal Aortic Aneurysm Screening	100%	100%	100%	100%
	• Alcohol Misuse Screening and Counseling				
	• Annual Wellness Visit				
	• Bone Mass Measurement				
	• Breast Cancer Screening				
	• Cardiovascular Disease Behavioral Therapy				
	• Cardiovascular Disease Screening				
	• Cervical and Vaginal Cancer Screening				
	• Colorectal Cancer Screening				
	• Depression Screening				
	• Diabetes Screening				
	• Diabetes Self-Management Training				
	• Glaucoma Screening				
• Hepatitis C Screening					
• HIV Screening					
• Kidney Disease Education Services					

	<ul style="list-style-type: none"> Immunizations Lung Cancer Screening Medicare Diabetes Prevention Program Medical Nutrition Therapy Obesity Screening and Therapy Physical Exams (Routine) Prostate Cancer Screening Exam Smoking and Tobacco Use Cessation STI Screening and Counseling "Welcome to Medicare" Preventive Visit 				
Inpatient Hospital Services	• Inpatient Care (All Authorized Admissions)	100% per admission	100% per admission	100% per admission	100% per admission
	• Inpatient Physician Services	100%	100%	100%	100%
	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% per admission	100% per admission	100% per admission	100% per admission
Inpatient Psychiatric Facility	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% per admission •190 day lifetime limit in a psychiatric facility	100% per admission •190 day lifetime limit in a psychiatric facility	100% per admission •190 day lifetime limit in a psychiatric facility	100% per admission •190 day lifetime limit in a psychiatric facility
	• Inpatient Mental Health/Substance Abuse Physician Services	100%	100%	100%	100%
Partial Hospitalization	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
Outpatient Hospital	• Opioid Treatment Services	100%	100%	100%	100%
	• Surgical Services	100%	100%	100%	100%
	• Diagnostic Colonoscopy	100%	100%	100%	100%
	• Advanced Imaging Services	100%	100%	100%	100%
	• Nuclear Medicine Services	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
	• Radiation Therapy	100%	100%	100%	100%
	• Cardiac Therapy	100%	100%	100%	100%
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100%	100%	100%	100%
	• Pulmonary Therapy	100%	100%	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%	100%	100%
	• Chemotherapy Drugs	100%	100%	100%	100%
	• Renal Dialysis Services	100%	100%	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
	• Opioid Treatment Services	100%	100%	100%	100%
	• Medicare-covered Part B Drugs	100%	100%	100%	100%
• Outpatient Physician Services	100%	100%	100%	100%	
Skilled Nursing Facility (SNF)	• SNF Care (no 3 day hospital stay is required)	100% per day (days 1-100) •Plan pays \$0 after 100 days	100% per day (days 1-100) •Plan pays \$0 after 100 days	100% per day (days 1-100) •Plan pays \$0 after 100 days	100% per day (days 1-100) •Plan pays \$0 after 100 days
	• SNF Physician Services	100%	100%	100%	100%
Urgent Care Center	• Urgently Needed Care	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
Emergency Room	• Emergency Services (2)	100%	100%	100%	100%
	• Emergency Room Physician Services	100%	100%	100%	100%
Ambulance	• Ambulance Services	100% per date of service •Limited to Medicare-covered transportation	100% per date of service •Limited to Medicare-covered transportation	100% per date of service •Limited to Medicare-covered transportation	100% per date of service •Limited to Medicare-covered transportation
Travel Benefit	• US Travel Benefit	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	N/A	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	N/A
Worldwide Coverage	• Emergency Services and Urgently Needed Care Only	N/A	80% coinsurance limited to emergency Medicare-covered services. \$100 deductible per year, \$25,000 Maximum Benefit per year or 60 consecutive days, whichever is reached first.	N/A	80% coinsurance limited to emergency Medicare-covered services. \$100 deductible per year, \$25,000 Maximum Benefit per year or 60 consecutive days, whichever is reached first.
Comprehensive Outpatient Rehabilitation Facility	• Pulmonary Therapy	100%	100%	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%	100%	100%
Freestanding Radiological Facility	• Advanced Imaging Services	100%	100%	100%	100%
	• Nuclear Medicine Services	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Radiation Therapy	100%	100%	100%	100%
Ambulatory Surgical Center	• Surgical Procedures	100%	100%	100%	100%
	• Diagnostic Colonoscopy	100%	100%	100%	100%
Freestanding Laboratory	• Lab Services	100%	100%	100%	100%
Dialysis Center	• Renal Dialysis Services	100%	100%	100%	100%
Home Health	• Home Health Care	100% •excludes Personal Home Care	100% •excludes Personal Home Care	100% •excludes Personal Home Care	100% •excludes Personal Home Care

DME Provider	• Durable Medical Equipment	100%	100%	100%	100%
	• Diabetic Monitoring Supplies	100%	100%	100%	100%
Medical Supply Provider	• Medical Supplies	100%	100%	100%	100%
Preferred Diabetic Supplier	• Diabetic Monitoring Supplies	100%	N/A	100%	N/A
Prosthetics Provider	• Prosthetics	100%	100%	100%	100%
Pharmacy (Part B Only)	• Durable Medical Equipment	100%	100%	100%	100%
	• Medical Supplies	100%	100%	100%	100%
	• Diabetic Monitoring Supplies	100%	100%	100%	100%
	• Medicare-covered Part B Drugs	100%	100%	100%	100%
Additional Telehealth Services	• Primary Care Physician - Virtual Visit	100%	N/A	100%	N/A
	• Specialist - Virtual Visit	100%	N/A	100%	N/A
	• Behavioral Health and Substance Abuse - Virtual Visit	100%	N/A	100%	N/A
	• Urgently Needed Care - Virtual Visit	100%	N/A	100%	N/A
Other Benefits	• Hearing Services (Routine)	•100% for fitting/evaluation, routine hearing exams up to 1 per year. •\$250 combined in and out of network maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear per year. - HER013	•100% for fitting/evaluation, routine hearing exams up to 1 per year. •\$250 combined in and out of network maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - HER013	•100% for fitting/evaluation, routine hearing exams up to 1 per year. •\$250 combined in and out of network maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear per year. - HER013	•100% for fitting/evaluation, routine hearing exams up to 1 per year. •\$250 combined in and out of network maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - HER013
	• Podiatry Services (Routine)	•100% for routine podiatry visits up to 6 combined in and out of network visit(s) per year. - POD107	•100% for routine podiatry visits up to 6 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - POD107	•100% for routine podiatry visits up to 6 combined in and out of network visit(s) per year. - POD107	•100% for routine podiatry visits up to 6 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - POD107
	• Vision Services (Routine)	•100% for routine exam (includes refraction). - VIS916	•100% for routine exam (includes refraction). •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - VIS916	•100% for routine exam (includes refraction). - VIS916	•100% for routine exam (includes refraction). •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - VIS916

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor.					
Extra Benefits (MSB)	• SilverSneakers®	Available	Available	Available	Available
	• Personal Health Coaching	Available	Available	Available	Available
	• Smoking Cessation (Additional)	Available	Available	Available	Available
	• Meal Program	Available	Available	Available	Available
	• Post-Discharge Transportation Services	Available	Available	Available	Available
	• Post-Discharge Personal Home Care	Available	Available	Available	Available
Care Management	• Clinical Programs/Disease Management (3) - Case Management - Humana at Home® - Chronic Condition Management - Transplant Management - Behavioral Health Care Coordination	Available	Available	Available	Available

(1) All coinsurance percentages are based on the Medicare fee schedule and not billed charges. All copayments are on a 'per visit' basis, unless otherwise noted.

(2) Emergency room copayment waived if admitted or if hospital is outside the U.S.

(3) We have provided examples of various Health Education and clinical programs. Actual programs may vary by market.

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor. The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of the member's Humana membership card. CMS does not permit discussing the below services with potential enrollees prior to enrollment.

Extra Services (VAIS)	• Complementary and Alternative Medicine and Weight Management (Tivity) - Not available in Puerto Rico	Available	Available
	• Dental Discount (Florida GoldPlus) - Available in Florida only	Available	Available
	• Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico	Available	Available
	• Healthy Hearing Discount (HearUSA) - Available in Florida only	Available	Available
	• Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico	Available	Available
	• Personal Emergency Response System (Lifeline® Medical Alert Systems)	Available	Available
	• Meal Delivery Discount (Mom's Meals)	Available	Available
	• Bill Management Service (Silver Bills)	Available	Available
	• Dental Health (Truthbrush)	Not Available	Available
	• Digital Fitness Program Discount (Balanced)	Not Available	Available
• Vision Discount (EyeMed)	Available	Available	

Go365® by Humana is included in this plan:

A wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help your members establish and maintain a healthy lifestyle. As your members achieve manageable health goals, Go365 keeps them engaged and motivated by acknowledging their efforts. By completing healthy activities like walking, getting an Annual Wellness Exam, or volunteering, your members earn rewards they can redeem for gift cards in the Go365 Mall.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. Certain services under the plan require authorization by network providers. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.