

HUMANA MEDICARE EMPLOYER LPPO PLAN
2021 LPPO for City of West Allis Plan 079 Option 406 - Passive
Effective Date: 01/01/2021 - 12/31/2021

		2020		2021	
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) 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) Worldwide Coverage and the Plan Premium) 	
Annual Deductible		<ul style="list-style-type: none"> • Combined In and Out-of-Network: NONE • In-Network Exclusions: N/A • Out-of-Network Exclusions: N/A 		<ul style="list-style-type: none"> • Combined In and Out-of-Network: NONE • In-Network Exclusions: N/A • 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) 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%
	• 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% • For eyeglasses and contacts following cataract surgery	100% • For eyeglasses and contacts following cataract surgery	100% • For eyeglasses and contacts following cataract surgery	100% • For eyeglasses and contacts following cataract surgery
	• Diabetic Eye Exam	100%	100%	100%	100%
	• Acupuncture (Medicare-covered)	Benefit became available after 01/01/2020	Benefit became available after 01/01/2020	100% • Up to 20 visits per year	100% • Up to 20 visits per year
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				
	• 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				
	• Lung Cancer Screening				
	• Medical Nutrition Therapy				
	• Obesity Screening and Therapy				
	• Physical Exams (Routine)				
	• Prostate Cancer Screening Exam				
	• STI Screening and Counseling				
	• Smoking and Tobacco Use Cessation				
	• "Welcome to Medicare" Preventive Visit				
Inpatient Hospital Services	• Immunizations	100%	100%	100%	100%
	• Medicare Diabetes Prevention Program (MDPP)	100%	100%	100%	100%
	• 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%
	• Opioid Treatment Services	100%	100%	100%	100%
Outpatient Hospital	• 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%
	• 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

Network Provider	<ul style="list-style-type: none"> US Travel Benefit 	<ul style="list-style-type: none"> Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area. 	Not Available	<ul style="list-style-type: none"> Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area. 	Not Available
Worldwide Coverage	<ul style="list-style-type: none"> Emergency Services and Urgently Needed Care Only 	Not Available	<ul style="list-style-type: none"> \$100 deductible, 80% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services 	Not Available	<ul style="list-style-type: none"> \$100 deductible, 80% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services
Comprehensive Outpatient Rehabilitation Facility	<ul style="list-style-type: none"> Pulmonary Therapy 	100%	100%	100%	100%
	<ul style="list-style-type: none"> Therapies (Occupational, Physical, Audiology, and Speech) 	100%	100%	100%	100%
Freestanding Radiological Facility	<ul style="list-style-type: none"> Advanced Imaging Services 	100%	100%	100%	100%
	<ul style="list-style-type: none"> Nuclear Medicine Services 	100%	100%	100%	100%
	<ul style="list-style-type: none"> Diagnostic Procedures and Tests 	100%	100%	100%	100%
	<ul style="list-style-type: none"> Radiation Therapy 	100%	100%	100%	100%
Ambulatory Surgical Center	<ul style="list-style-type: none"> Surgical Procedures 	100%	100%	100%	100%
	<ul style="list-style-type: none"> Diagnostic Colonoscopy 	100%	100%	100%	100%
Freestanding Laboratory	<ul style="list-style-type: none"> Lab Services 	100%	100%	100%	100%
Dialysis Center	<ul style="list-style-type: none"> Renal Dialysis Services 	100%	100%	100%	100%
Home Health	<ul style="list-style-type: none"> Home Health Care 	100% <ul style="list-style-type: none"> Excludes Personal Home Care 	100% <ul style="list-style-type: none"> Excludes Personal Home Care 	100% <ul style="list-style-type: none"> Excludes Personal Home Care 	100% <ul style="list-style-type: none"> Excludes Personal Home Care
DME Provider	<ul style="list-style-type: none"> Durable Medical Equipment 	100%	100%	100%	100%
	<ul style="list-style-type: none"> Diabetic Monitoring Supplies 	100%	100%	100%	100%
Medical Supply Provider	<ul style="list-style-type: none"> Medical Supplies 	100%	100%	100%	100%
Prosthetics Provider	<ul style="list-style-type: none"> Prosthetics 	100%	100%	100%	100%
Pharmacy (Part B Only)	<ul style="list-style-type: none"> Durable Medical Equipment 	100%	100%	100%	100%
	<ul style="list-style-type: none"> Medical Supplies 	100%	100%	100%	100%
	<ul style="list-style-type: none"> Diabetic Monitoring Supplies 	100%	100%	100%	100%
	<ul style="list-style-type: none"> Medicare-covered Part B Drugs 	100%	100%	100%	100%
Additional Telehealth Services	<ul style="list-style-type: none"> Primary Care Physician - Virtual Visit 	100%	Not Available	100%	Not Available
	<ul style="list-style-type: none"> Specialist - Virtual Visit 	Not Available	Not Available	100%	Not Available
	<ul style="list-style-type: none"> Behavioral Health and Substance Abuse - Virtual 	100%	Not Available	100%	Not Available
	<ul style="list-style-type: none"> Urgently Needed Care - Virtual Visit 	100%	Not Available	100%	Not Available

Other Benefits	<ul style="list-style-type: none"> Hearing Services (Routine) 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> Podiatry Services (Routine) 	<ul style="list-style-type: none"> 100% Limited for up to 6 visits per year. 	<ul style="list-style-type: none"> 100% Limited for up to 6 visits per year. 	<ul style="list-style-type: none"> 100% Limited for up to 6 visits per year. 	<ul style="list-style-type: none"> 100% Limited for up to 6 visits per year.
	<ul style="list-style-type: none"> Vision Services (Routine) 	<ul style="list-style-type: none"> 100% for routine exam, which includes refraction. - VIS916 	<ul style="list-style-type: none"> 100% for routine exam, which includes refraction. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - VIS916 	<ul style="list-style-type: none"> 100% for routine exam, which includes refraction. - VIS916 	<ul style="list-style-type: none"> 100% for routine exam, which 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)	<ul style="list-style-type: none"> SilverSneakers® 	Available	Available
	<ul style="list-style-type: none"> Personal Health Coaching 	Available	Available
	<ul style="list-style-type: none"> Smoking Cessation (Additional) 	Available	Available
	<ul style="list-style-type: none"> Meal Program 	Available	Available
	<ul style="list-style-type: none"> COVID-19 Care Package 	Not Available	Available
Care Management	<ul style="list-style-type: none"> Clinical Programs/Disease Management (3) <ul style="list-style-type: none"> Case Management Humana At Home® Chronic Condition Management Transplant Management Behavioral Health Care Coordination 	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 - Not available in Puerto Rico	Available	Available
	• Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico	Available	Available
	• Dental Discount (Careington Dental) - Available in Florida only	Available	Available
	• Healthy Hearing Discount (HearUSA) - Available in Florida only	Available	Available
	• Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico	Available	Available
	• Go365 by Humana (Rock and Roll Marathon Series)	Available	Available
	• Lifeline® Medical Alert Systems	Available	Available
	• Meal Delivery Discount	Available	Available
	• Vision Discount (EyeMed)	Available	Available
	• Weight Management Discount (Jenny Craig®)	Available	Available

Go365® by Humana is included in this plan

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