

HUMANA MEDICARE EMPLOYER LPPO PLAN
2022 LPPO for Sheet Metal Workers Local 20 Plan 079 Option 365 - Passive
Effective Date: 01/01/2022 - 12/31/2022

		2021		2022	
Annual Maximum Out-of-Pocket		<ul style="list-style-type: none"> • In-Network: \$147 per individual per plan year (excludes Part D Pharmacy, COVID-19 Testing, COVID-19 Treatment, Extra Services and the Plan Premium). • Combined In and Out-of-Network: \$147 per individual per plan year (excludes Part D Pharmacy, COVID-19 Testing, COVID-19 Treatment, Extra Services, Worldwide Coverage and the Plan Premium). 		<ul style="list-style-type: none"> • In-Network: \$147 per individual per plan year (excludes Part D Pharmacy, COVID-19 Testing, COVID-19 Treatment, Extra Services and the Plan Premium). • Combined In and Out-of-Network: \$147 per individual per plan year (excludes Part D Pharmacy, COVID-19 Testing, COVID-19 Treatment, Extra Services, Worldwide Coverage and the Plan Premium). 	
Annual Deductible		<ul style="list-style-type: none"> • Combined In and Out-of-Network: \$147 per individual per plan year • Combined In-Network Exclusions: Part D Pharmacy, Additional Telehealth Services, All Preventive Services, COVID-19 Testing, COVID-19 Treatment, Diabetic Eye Exam, Diabetic Monitoring Supplies: Pharmacy, Emergency Services, Extra Services, Hearing Services (Routine), Home Health Care, Inpatient Acute Care, Inpatient Mental Health Care, Physician and Professional Services: Emergency Room-Hospital, Physician and Professional Services: Inpatient Hospital, Physician and Professional Services: Skilled Nursing Facility, Skilled Nursing Care, Urgently Needed Services and the Plan Premium • Combined Out-of-Network Exclusions: Part D Pharmacy, All Preventive Services, COVID-19 Testing, COVID-19 Treatment, Diabetic Eye Exam, Diabetic Monitoring Supplies: Pharmacy, Emergency Services, Hearing Services (Routine), Home Health Care, Inpatient Acute Care, Inpatient Mental Health Care, Physician and Professional Services: Emergency Room-Hospital, Physician and Professional Services: Inpatient Hospital, Physician and Professional Services: Skilled Nursing Facility, Skilled Nursing Care, Urgently Needed Services, Worldwide Coverage and the Plan Premium 		<ul style="list-style-type: none"> • Combined In and Out-of-Network: \$147 per individual per plan year • Combined In-Network Exclusions: Part D Pharmacy, Additional Telehealth Services, All Preventive Services, COVID-19 Testing, COVID-19 Treatment, Diabetic Eye Exam, Diabetic Monitoring Supplies: Pharmacy, Emergency Services, Hearing Services (Routine), Home Health Care, Inpatient Acute Care, Inpatient Mental Health Care, Physician and Professional Services: Emergency Room-Hospital, Physician and Professional Services: Inpatient Hospital, Physician and Professional Services: Skilled Nursing Facility, Skilled Nursing Care, Urgently Needed Services and the Plan Premium • Combined Out-of-Network Exclusions: Part D Pharmacy, All Preventive Services, COVID-19 Testing, COVID-19 Treatment, Diabetic Eye Exam, Diabetic Monitoring Supplies: Pharmacy, Emergency Services, Hearing Services (Routine), Home Health Care, Inpatient Acute Care, Inpatient Mental Health Care, Physician and Professional Services: Emergency Room-Hospital, Physician and Professional Services: Inpatient Hospital, Physician and Professional Services: Skilled Nursing Facility, Skilled Nursing Care, Urgently Needed Services, Worldwide Coverage and the Plan Premium 	
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% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Diagnostic Procedures and Tests	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Lab Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Surgical Procedures	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Allergy Shots and Injections	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Mental Health/Substance Abuse Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Administration of Drugs in a Physician's Office	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
Specialist	• Office Visit	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Advanced Imaging Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Diagnostic Procedures and Tests	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Lab Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Surgical Procedures	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Diagnostic Colonoscopy	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Podiatry Services (Medicare-covered)	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Chiropractic Services (Medicare-covered)	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Cardiac Therapy	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Supervised Exercise Therapy (SET) Symptomatic Peripheral Artery Disease (PAD) Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Pulmonary Therapy	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Radiation Therapy	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Allergy Shots and Injections	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Mental Health/Substance Abuse Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Opioid Treatment Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Administration of Drugs in a Physician's Office	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible

	<ul style="list-style-type: none"> • Chemotherapy Drugs 	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> • Dental Services (Medicare-covered) 	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> • Hearing Services (Medicare-covered) 	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> • Vision Services (Medicare-covered) 	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> • Eyewear for Post-Cataract Surgery 	100% after combined annual deductible •for eyeglasses and contacts following cataract surgery	100% after combined annual deductible •for eyeglasses and contacts following cataract surgery	100% after combined annual deductible •for eyeglasses and contacts following cataract surgery	100% after combined annual deductible •for eyeglasses and contacts following cataract surgery
	<ul style="list-style-type: none"> • Diabetic Eye Exam 	100%	100%	100%	100%
	<ul style="list-style-type: none"> • Acupuncture (Medicare-covered) -Limited to 20 combined visit(s) per year - Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements 	100% after combined annual deductible • Limited to 20 visit(s) per year	100% after combined annual deductible • Limited to 20 visit(s) per year	100% after combined annual deductible	100% after combined annual deductible
Preventive Services	<ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • 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 • 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 	100%	100%	100%	100%
Inpatient Hospital Services	<ul style="list-style-type: none"> • Inpatient Care (All Authorized Admissions) 	100% per admission	100% per admission	100% per admission	100% per admission
	<ul style="list-style-type: none"> • Inpatient Physician Services 	100%	100%	100%	100%
	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> • Inpatient Mental Health/Substance Abuse Physician Services 	100%	100%	100%	100%
Partial Hospitalization	<ul style="list-style-type: none"> • Mental Health/Substance Abuse Services 	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> • Opioid Treatment Services 	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible

Outpatient Hospital	• Surgical Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Diagnostic Colonoscopy	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Advanced Imaging Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Nuclear Medicine Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Diagnostic Procedures and Tests	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Lab Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Radiation Therapy	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Cardiac Therapy	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Pulmonary Therapy	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Chemotherapy Drugs	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Renal Dialysis Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Mental Health/Substance Abuse Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Opioid Treatment Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
• Outpatient Physician Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	
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% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
Emergency Room	• Emergency Services (2)	100%	100%	100%	100%
	• Emergency Room Physician Services	100%	100%	100%	100%
Ambulance	• Ambulance Services	100% after combined annual deductible per date of service •Limited to Medicare-covered transportation	100% after combined annual deductible per date of service •Limited to Medicare-covered transportation	100% after combined annual deductible per date of service •Limited to Medicare-covered transportation	100% after combined annual deductible 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. Limited to emergency Medicare-covered services.	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. Limited to emergency Medicare-covered services.

Comprehensive Outpatient Rehabilitation Facility	• Pulmonary Therapy	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
Freestanding Radiological Facility	• Advanced Imaging Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Nuclear Medicine Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Diagnostic Procedures and Tests	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Radiation Therapy	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
Ambulatory Surgical Center	• Surgical Procedures	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Diagnostic Colonoscopy	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
Freestanding Laboratory	• Lab Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
Dialysis Center	• Renal Dialysis Services	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
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% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Diabetic Monitoring Supplies	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
Medical Supply Provider	• Medical Supplies	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
Prosthetics Provider	• Prosthetics	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
Pharmacy (Part B Only)	• Durable Medical Equipment	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Medical Supplies	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
	• Diabetic Monitoring Supplies	100%	100%	100%	100%
	• Medicare-covered Part B Drugs	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible	100% after combined annual deductible
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	• COVID-19 Testing and Treatment	100%	100%	100%	100%
	• Hearing Services (Routine)	<ul style="list-style-type: none"> • \$50 combined in and out of network maximum benefit coverage amount for routine hearing exams up to unlimited every 2 years. • \$3,000 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years. - HER842 	<ul style="list-style-type: none"> • \$50 combined in and out of network maximum benefit coverage amount for routine hearing exams up to unlimited every 2 years. • \$3,000 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years. • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - HER842 	<ul style="list-style-type: none"> • \$50 combined in and out of network maximum benefit coverage amount for routine hearing exams up to unlimited every 2 years. • \$3,000 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years. • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - HER842 	<ul style="list-style-type: none"> • \$50 combined in and out of network maximum benefit coverage amount for routine hearing exams up to unlimited every 2 years. • \$3,000 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years. • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - HER842

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
	• Personal Health Coaching	Available	Available
	• Health Essentials Kit	Available	Not Available
	• Meal Program	Available	Available
	• Smoking Cessation (Additional)	Available	Available
	• Post Discharge Transportation Services	Not Available	Available
	• Post Discharge Personal Home Care	Not Available	Available
Care Management	<ul style="list-style-type: none"> • Clinical Programs/Disease Management (3) - 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 your 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™ (Rock and Roll Marathon)	Available	Available
	• Lifeline® Medical Alert Systems	Available	Available
	• Vision Discount (EyeMed)	Available	Available
	• Weight Management Discount (Jenny Craig®)	Available	Not 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 and 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.