

Local 85 Plumbers, Steamfitters & HVACR

Welcome Retirees!

Benefits Presentation

Tuesday, December 2, 2025



Humana[®]



Humana Group Medicare Advantage

About Humana:

- Dedicated to communities around the country for more than 30 years
- Over 8.7 million Medicare members just like you, across all 50 states¹
- Nationwide network of providers
- 2024 Best Overall Medicare Advantage Plan Company and Best Company for Member Experience²
- Providing Medicare plans to beneficiaries since 1987

¹Humana Inc. 2024 Annual Report, February 2025

²U.S. News Announces the 2024 Best Insurance Companies for Medicare Advantage, Press Room, U.S. News (usnews.com)



What is Medicare?

Different “parts” of Medicare pay for different types of coverage.



Medicare Part A

Hospital insurance

It helps cover medically necessary inpatient care in a hospital or skilled nursing facility. It also helps cover some home healthcare and hospice care.



Medicare Part B

Medical insurance

It helps cover medically necessary providers' services, outpatient care and other medical services and supplies. Part B also helps cover some preventive services.



Medicare Part C

Medicare Advantage plans

These are available through private insurance companies, such as Humana. Medicare Part C helps cover everything medically necessary that Part A and Part B cover, including hospital and medical services. You still have Medicare if you elect Medicare Part C coverage. You must be entitled to Medicare Part A and enrolled in Part B to be eligible for a Medicare Part C plan.



Medicare Part D

Prescription drug coverage

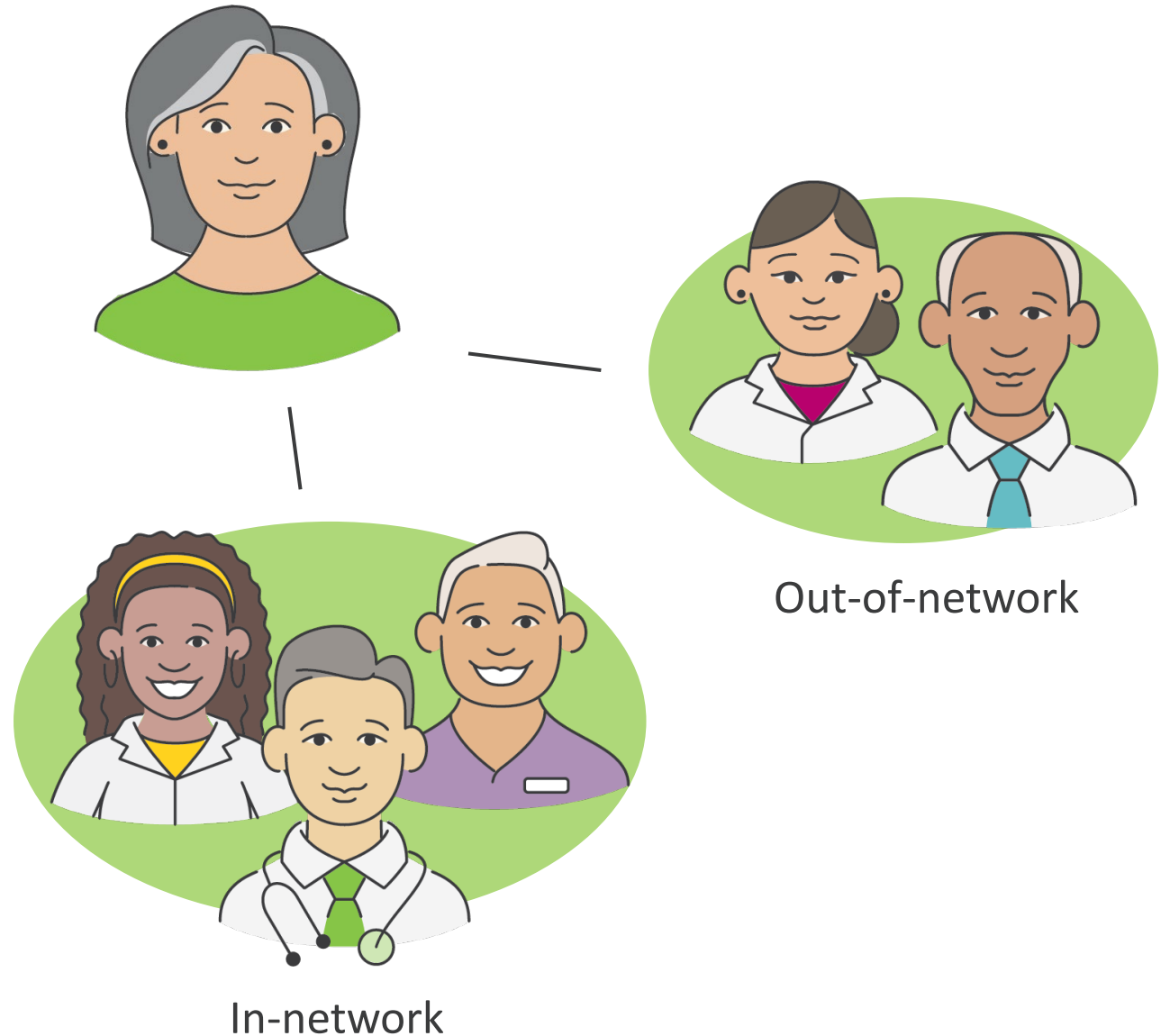
It helps pay for the medications your provider prescribes and is available in a stand-alone prescription drug plan or included in a Medicare Advantage prescription drug plan. Like Part C Medicare Advantage plans, Part D is only available through private companies, such as Humana. Many Part C Medicare Advantage plans include Medicare Part D prescription drug coverage.

Medicare Part C

Medicare Advantage plan

Preferred Provider Organization

- Your choice of an in-network primary care physician (PCP)
- No referrals required
- Most preventative care is covered at 100%
- Nationwide emergency coverage
- **Cost share is the same** for care from both in- and out-of-network providers



Your PPO Plan

Your PPO Benefits	Member Cost Share
Annual deductible	\$100
Annual maximum out-of-pocket	\$1,000
Inpatient Care*	
Inpatient hospital	\$0 per admit
Skilled Nursing Facility (SNF)	\$0 days 1-120
Outpatient Care*	
Surgical Services	\$0
Therapies	\$0
Emergency services	
Emergency room care	\$65 copay; waived if admitted
Urgent care center	\$10 copay
Ambulance*	\$0 after deductible

*Deductible applies

Additional benefits included in your PPO plan

Durable Medical Equipment (DME)*

Wheelchair	\$0
CPAP machine	\$0
Continuous Glucose Monitor	\$0

Diabetic Monitoring Supplies

Preferred Diabetic Supplier	\$0
DME Provider	\$0

Therapy*

Pulmonary	\$0
Occupational, Physical, Audiology, Speech	\$0
Radiation	\$0
Cardiac	\$0

*Deductible applies

Additional benefits included in your PPO plan

Physician services

Primary care provider

\$10 copay

Specialist

\$20 copay

Podiatry

Medicare-covered

\$10 copay

Routine services

\$10 copay; 6 visits per year

Chiropractic

Medicare-covered

\$10 copay

Routine services

\$10 copay; unlimited visits

Acupuncture

Medicare-covered*

**\$10 copay after deductible for chronic low back pain;
limited to 20 visits**

Routine services

\$10 copay; unlimited visits

Additional benefits included in your PPO plan

Vision Services

Medicare-covered exam	\$20 copay
Routine exam	\$0; includes refraction up to 1 per year (\$175 maximum out of network)
Diabetic eye exam	\$0

Hearing services

Medicare-covered exam	\$20 copay
Routine exam	\$0 for 1 routine exam per year
Hearing aids	\$4000 combined maximum benefit; every 2 years



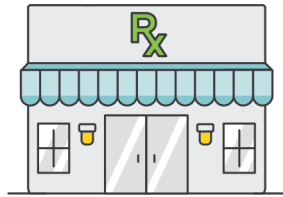
*Included, cost share may apply. Please refer to the Summary of Benefits for additional details.

Your Part D benefits

Humana's Part D coverage is spread among five groupings based on the drug type—also called “tiers”.

Annual deductible	\$0	
Annual maximum out-of-pocket	\$2,100	
Tiers	Standard retail (30-day supply)	Standard retail & mail order (90-day supply)
Tier 1 Preferred generic	\$5 copay	\$7.50 copay
Tier 2 Generic	\$5 copay	\$7.50 copay
Tier 3 Preferred drug	\$25 copay	\$50 copay
Tier 4 Nonpreferred drug	\$55 copay	\$137.50 copay
Tier 5 Specialty	\$55 copay	N/A

Pharmacy options

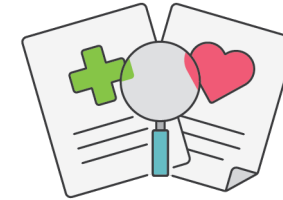


Retail pharmacy network

- Robust network
- Flexibility and convenience



- Patient assistance program
- Clinical support
- Specially-trained associates

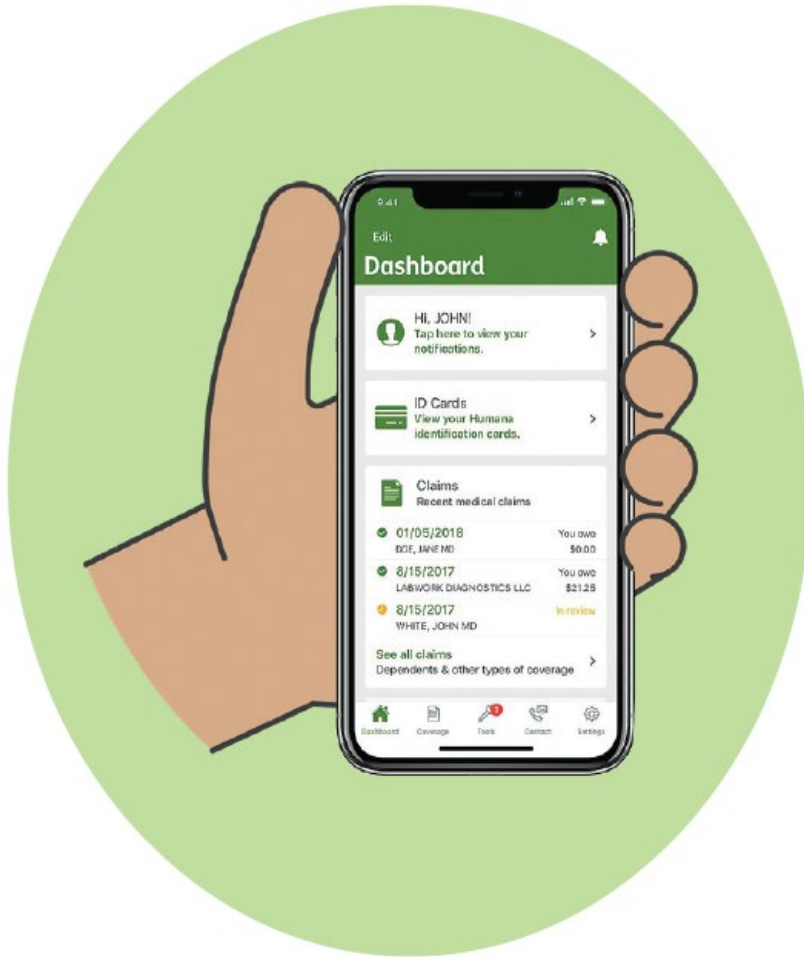


- Comprehensive pharmacy services
- Convenient mail-order solutions
- Safe and secure delivery



Manage your Humana account online

MyHumana is a secure online portal with tools to manage your plan.



Humana.com/registration

Get your personalized health information on MyHumana

- Explore coverage and benefit details the moment you need them
- Get Humana member ID cards and add them to your phone's wallet
- Estimate drug prices and check for alternatives before you even leave your doctor's office
- Find care close to you and get directions on your phone's map app* Standard data rates may apply

SmartSummary

Your personalized benefits statement

- Comprehensive overview of your health benefits and healthcare spending
- Statement sent each month after you've had a claim
- View statements anytime on MyHumana
- Go Green via MyHumana if you prefer electronic delivery



SmartSummary[®]

Your Pharmacy, Medical, and Hospital claims processed in August 2026

Humana.

JOHN DOE
Member ID: H12345678
Plan name: Humana Group Medicare LPPD
Rx PCN or Rx Group number: 03200000

THIS IS NOT A BILL

This summary is your "Explanation of Benefits" (EOB) and claim payments for your medical, hospital and your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. **This is not a bill.**

OVERVIEW OF YOUR FEBRUARY CLAIMS

Medical, hospital and Part B pharmacy (see page 3)

Total billed charges this month	\$90.01
Humana discounts	- \$0.01
Benefit exclusions	- \$0.00
Other insurance	- \$0.00
Amount Humana paid	- \$90.00
Your share	\$0.00

Part D prescription drug claims (see page 9)

Total cost this month	\$1,452.09
Other payments	- \$0.00
Amount Humana paid	- \$1,146.09
Your share	\$306.00

You are currently in **Stage Two** of your Part D Drug Payment Plan. (see page 6)

CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.

Questions
Login to MyHumana at [Humana.com](https://www.humana.com) to see

The Humana Difference

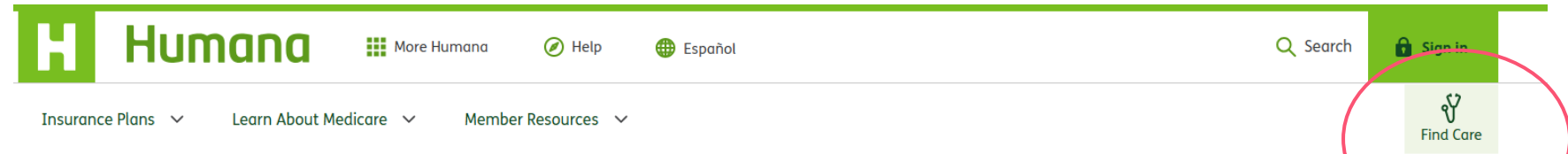
Medicare Advantage provides additional support, included in your plan



Find Care

You can use Humana's Find Care tool to search for an in-network provider near you.

[Humana.com/FindCare](https://www.humana.com/FindCare)



Find Care

Search in-network doctors, dentists, pharmacies, and more.

Already a Humana plan member?

[Sign in →](#)

Don't have an account?

[Sign in using your member ID →](#)



Search as a guest

Enter your location and network to search near you

Your location

[Get started →](#)

The Humana Difference

Medicare Advantage provides additional support, included in your plan

No Deductible Applies

Virtual Care Coverage	
Primary Care Physician	\$0
Specialist	\$20 copay
Behavioral Health and Substance Abuse	\$0
Urgently Needed Care	\$0

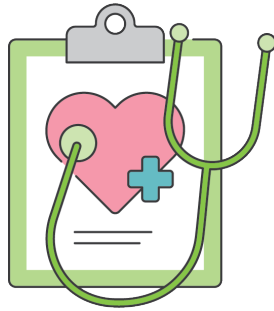


Telehealth

Telehealth visits allow you to connect with your provider online from the comfort and safety of your own home.

The Humana Difference

Medicare Advantage provides additional support, included in your plan



Clinical support

- In-home wellness assessments
- Education and resource support
- Care management for eligible members
- Primary care

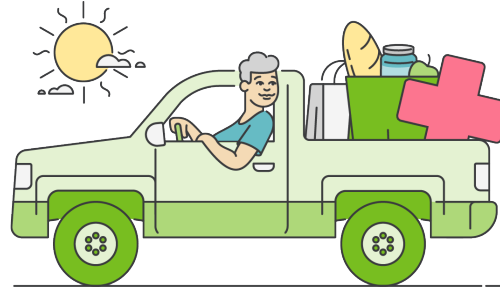


Post-hospitalization support

- Post-discharge personal home care
 - Up to 8 hrs of support with clinical care
- Post-discharge transportation
 - 12 one-way trips, up to 50 miles per trip
- Post-discharge meal program
 - 2 per day for 14 days

The Humana Difference

Medicare Advantage provides additional support, included in your plan



Non-emergency Medical Transportation

- Improves access to essential medical care while addressing the increasing costs associated with non-emergent ambulance claims.
- Members who are diagnosed with Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer
- Rideshare, car, van, or wheelchair accessible vehicle
- \$0 cost share on unlimited rides for qualifying members; up to 50 miles per trip

SafeRide Health

The Humana Difference

Medicare Advantage provides additional support, included in your plan



Go365 by Humana®

Your wellness program that rewards you
for making healthier choices

[Go365.com](https://www.Go365.com)



SilverSneakers®

A fitness program to improve your health, gain
confidence and connect with your community

[SilverSneakers.com](https://www.SilverSneakers.com)

Enrollment

- You are automatically enrolled and there is no additional action you need to take



What to expect after you enroll

- **Enrollment confirmation**
Review enrollment information in kit.
- **Humana member ID card**
Once you receive your ID card, create a MyHumana profile.
- **Access to Evidence of Coverage (EOC)**
Read this document to learn about the plan's coverage and services.
- **Health and Well-being Assessment (HWA)**
An annual detailed health review conducted in your home.

Humana
HUMANA MEDICARE (EMPLOYER PPO)
A Medicare Health Plan with Prescription Drug Coverage

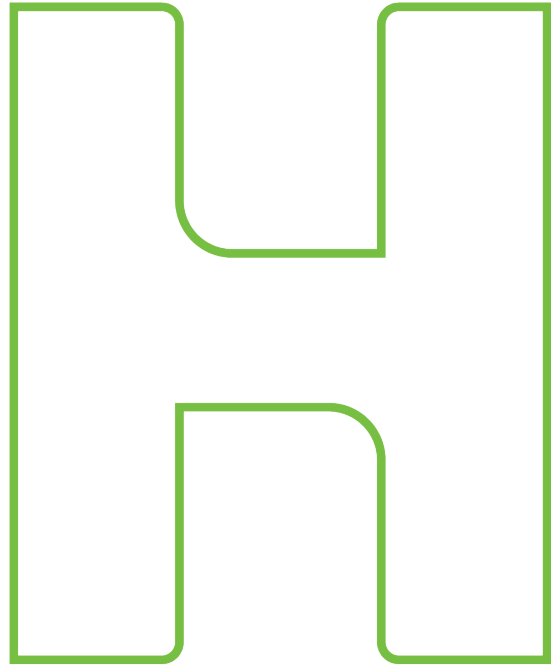
MEMBER NAME
Member ID: HXXXXXXXXX
Plan (80840) 9140461101
GROUP NAME

CARD ISSUED: MM/DD/YYYY

RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX

Copayments
OFFICE VISIT: **\$XX**
SPECIALIST: **\$XX**
HOSPITAL EMERGENCY: **\$XX**

MedicareRx
Prescription Drug Coverage X
CMS XXXXX XXX

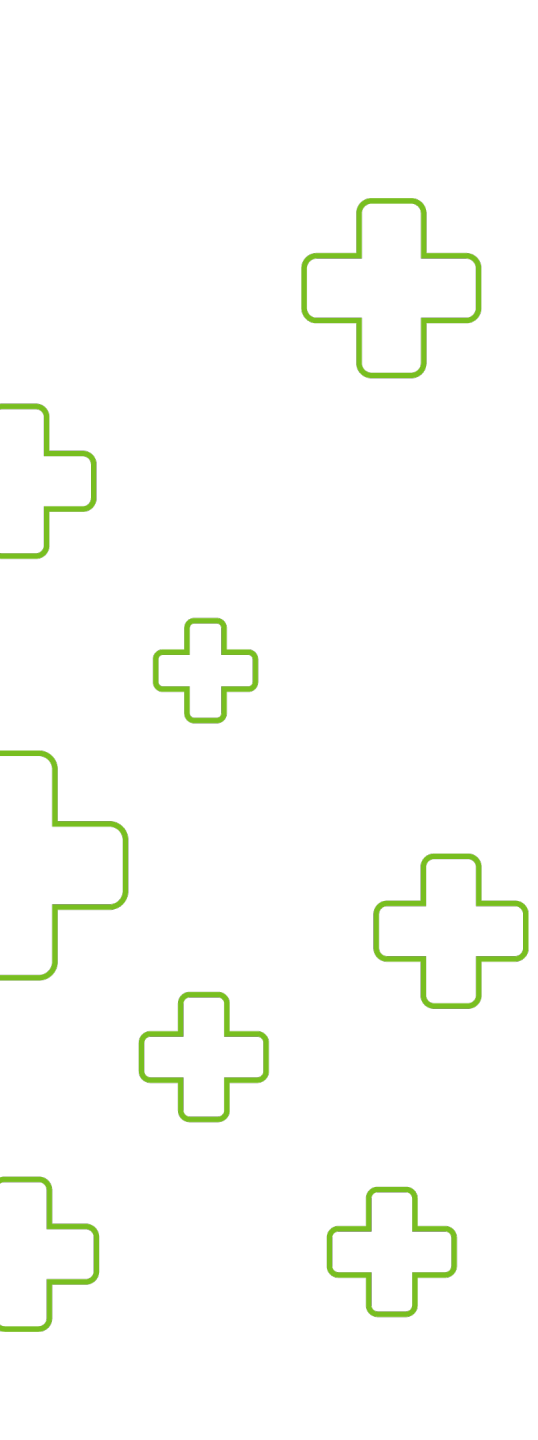


Humana®

**Thanks for your time
and attention, stay
connected with Humana**

For more information:

Call Humana Group Medicare Customer Care
team for anything related to your Humana plan
at **800-733-9064 (TTY: 711)**,
Monday – Friday, 8 a.m. – 9 p.m., Eastern time.



Humana is a Medicare Advantage PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Call **800-733-9064 (TTY: 711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services is for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.

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Other pharmacies are available in our network.

Humana®

Humana®