ADVANTAGE PLAN BENEFIT SUMMARY

2024 Humana Gold Plus H1468-013 (Local HMO)

Overall Rating: ★★★★½
Plan ID: H1468-013-0
Premium: $0.00 per month
Part B Reduction: $0.00
Health Deductible: $0.00
Max Out-of-Pocket: $2,300/yr (in-network)
Includes Drug Plan: Yes, Enhanced
Part D Deductible: $0.00
Part D Gap Coverage: Yes
Additional Benefits: Dental, Vision, Hearing
Insured By: Humana

Call 1-844-973-4587 (TTY 711)
for more information
or to get enrolled

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Plan Overview

1. It is a Health Maintenance Organization (HMO) Medicare Advantage plan from Humana.
2. It offers the same basic benefits as Medicare Part A and Part B (Original Medicare).
3. It includes extra benefits not offered by Original Medicare.
4. If you enroll in Humana Gold Plus H1468-013 it will replace your Medicare Part A and Part B Medicare coverage. Except in the case of an emergency, you must use providers in the plan's provider network in {county} {county_title}, {state}.
5. The plan's monthly premium is $0.00.
6. You must continue paying your Medicare Part B premium (in addition to the plan's premium).
7. The plan's out-of-pocket costs are different than Original Medicare (See: "Health Plan Costs & Benefits" below).
8. This plan does not offer a Medicare Part B premium reduction (no giveback benefit).
9. Unknown.
10. The plan's maximum out-of-pocket cost (in-network) is $2,300 per year.
11. The out-of-pocket maximum does not include monthly premiums or prescriptions.
12. It includes a Part D prescription drug plan for prescription medications. There is no annual deductible. Cost sharing begins with your first prescription.
13. This plan's Part D Initial Coverage Limit is $4,430 (standard).
14. It offers the following supplemental benefits: Dental, Vision, Hearing (limitations apply, see below).

Also See: Are Medicare Advantage Plans Bad?

Plan Costs & Benefits

Health Services	Member Cost
Doctor Visits (In-Network)	
Primary:	$0 Copay
Specialist:	$15 Copay Authorization Required, Referral Required
Wellness programs (e.g., fitness, nursing hotline):	None
Preventive care:	Covered
Foot Care (In-Network)	
Foot exams and treatment (Medicare-covered):	$15 Copay Authorization Required, Referral Required
Routine foot care:	$15 Copay Authorization Required, Referral Required
Chiropractic Care (In-Network)	
Medicare-covered chiropractic care:	$0 Copay Authorization Required, Referral Required
Routine chiropractic care:	Not Covered
Emergency Care / Urgent Care	
Emergency room care:	$135 Copay
Urgent care:	$65 Copay
Ground ambulance:	$300 Copay
Inpatient hospital coverage:	$195.00 per day for days 1 through 7 $0.00 per day for days 8 and beyond
Outpatient hospital coverage:	$100 Copay Authorization Required, Referral Required
Skilled Nursing Facility:	$20.00 per day for days 1 through 20 $203.00 per day for days 21 and beyond
Optional supplemental benefits:	
Mental Health Services (In-Network)	
Outpatient individual therapy visit with a psychiatrist:	$15 Copay

Health Services	Member Cost
Outpatient group therapy visit with a psychiatrist:	$15 Copay
Inpatient hospital - psychiatric:	$195.00 per day for days 1 through 7 $0.00 per day for days 8 and beyond
Outpatient group therapy visit:	$15 Copay
Outpatient individual therapy visit:	$0
Rehabilitation Services (In-Network)	
Physical therapy and speech and language therapy visit:	$20 Copay Authorization Required, Referral Required
Occupational therapy visit:	$20 Copay Authorization Required, Referral Required
Medical Equipment / Supplies (In-Network)	
Diabetes supplies:	20% Coinsurance Authorization Required
Durable medical equipment (e.g., wheelchairs, oxygen):	20% Coinsurance Authorization Required
Prosthetics (e.g., braces, artificial limbs):	20% Coinsurance
Diagnostic Procedures / Lab Services / Imaging (In-Network)	
Diagnostic radiology services (e.g., MRI):	$195 Copay Authorization Required, Referral Required
Lab services:	$0 Copay Authorization Required, Referral Required
Outpatient x-rays:	$65 Copay Authorization Required, Referral Required
Diagnostic tests and procedures:	$65 Copay Authorization Required, Referral Required
Medicare Part B Drugs (In-Network)	
Chemotherapy:	20% Coinsurance
Other Part B drugs (Medicare-covered)	20% Coinsurance
Supplementary Dental Benefits (In-Network)	
Maximum supplementary dental benefit:	
Oral exam:	Covered

Health Services	Member Cost
Fluoride treatment:	Covered
Dental x-ray(s):	Covered
Cleaning:	Covered
Periodontics:	Covered
Non-routine services:	Covered
Diagnostic services:	Covered
Extractions:	Covered
Endodontics:	Covered
Restorative services:	Covered
Prosthodontics, other oral/maxillofacial surgery:	Covered
Supplementary Vision Benefits (In-Network)	
Maximum supplementary vision benefit:	$300.00 Every year
Routine eye exam:	$0 Copay Authorization Required, Referral Required
Eyeglasses (frames and lenses):	$0 Copay
Contact lenses:	$0 Copay
Supplementary Hearing Benefits (In-Network)	
Maximum supplementary hearing benefit:	
Fitting/evaluation:	$0 Copay Authorization Required, Referral Required, Limitations Apply
Hearing aids:	Covered Limits may apply
Hearing exam:	$0 Copay Authorization Required, Referral Required

Part D Monthly Premiums

Although the Part D premium (if any) is bundled with the total plan cost, some plans have supplemental costs and/or offer low-income subsidy assistance. The following table oulines the Part D premium details with this plan.

Basic Part D Premium:	$0.00
Supplemental Part D Premium:	$0.00
Total Part D Premium:	$0.00
Part D Premium with Full LIS Assistance:	$0.00

Part D Plan Prescription Copays

In addition to the monthly premium for the health plan and the Part D deductible, the Part D component of this plan has copayments (fixed dollar amount) and/or coinsurances (percentage) that you must pay when you pick up your prescriptions. The following table shows you those costs.

Drug Tier	Preferred	Standard
1 (Preferred Generic)	N/A	$0.00 copay
2 (Generic)	N/A	$0.00 copay
3 (Preferred Brand)	N/A	$47.00 copay
4 (Non-Preferred Drug)	N/A	$100.00 copay
5 (Specialty Tier)	N/A	33%

This is an enhanced benefit Medicare Part D plan. While most enhanced benefit plans have higher monthly premiums, they offer more benefits than basic plans. For instance, these plans may not have a deductible, may provide extra coverage during the coverage gap, and may have a broader formulary. Some enhanced plans also cover excluded drugs. Benefits can vary from one plan to the next.

CMS 5-Star Review Ratings

CMS Measure	Star Rating
2024 Overall Rating	★★★★½
Staying Healthy: Screenings, Tests, Vaccines	★★★★
Managing Chronic (Long Term) Conditions	★★★★
Member Experience with Health Plan	★★★★
Complaints and Changes in Plans Performance	★★★★
Health Plan Customer Service	★★★★★
Drug Plan Customer Service	★★★★★
Complaints and Changes in the Drug Plan	★★★★★
Member Experience with the Drug Plan	★★★★★
Drug Safety and Accuracy of Drug Pricing	★★★

Contact The Plan

For more information about this plan, and other plans on MedicareWire, call **1-844-973-4587**. You may also contact the plan directly:

Prospective Members:	(800)833-2364
TTY Users:	711
Plan Website:	www.humana.com/medicare
Formulay Information:	https://www.humana.com/pharmacy/
Pharmacy Information:	https://www.humana.com/pharmacy/prescription-coverages/medicare-drug-list

If you qualify for Medicare but have not yet enrolled or verified your enrollment status, you can do so on https://www.ssa.gov/benefits/medicare/.

Plan Availability

Illinois Counties Served

Cook	Cook	Dupage
Dupage	Kankakee	Kankakee
Lake	Lake	Will
Will		

About This Summary of Benefits Document

This Summary of Benefits document is derived from a variety of government sources, including:

- CMS Landscape Source Files (https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/)
- CMS Part C & D Performance Data (https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html)
- CMS Plan Benefits Package Data (https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Benefits-Data.html)
- Medicare Plan Finder Data (https://data.cms.gov/)

MedicareWire.com analysts carefully study and interpret the data the Centers for Medicare and Medicaid Services (CMS) make publicly available to create this free data sheet, which may or may not exactly match the information provided by the insurance carrier itself. If you are considering joining this or any other Medicare Advantage plan, MedicareWire.com highly recommends requesting a copy of the carrier's official Summary of Benefits document.