The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.groupcertificate.humana.com or by calling 866-4ASSIST (427-7478). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 866-4ASSIST (427-7478) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: $3,000 individual / $6,000 family; Non-Network: $9,000 individual / $18,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Network Providers: Yes. Preventive Care Non-Network Providers: No.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For network providers: $4,000 individual / $8,000 family For non-network providers: $12,000 individual / $24,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover, penalties for failure to obtain preauthorization for services, non-network transplant, non-network prescription drugs, non-network specialty drugs, non-network immune effector cell therapy	Even though you pay these expenses, they don't count toward the out–of–pocket limit.

Will you pay less if you use a network provider?	Yes. See www.humana.com/directories or call 866-4ASSIST (427-7478) for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Telehealth or telemedicine services: No charge after deductible Primary care visit: No charge after deductible	Telehealth or telemedicine services: 30% coinsurance Primary care visit: 30% coinsurance	None
	Specialist visit	No charge after deductible	30% coinsurance	None
	Preventive care/screening/ immunization	No charge; deductible does not apply	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge after deductible	30% coinsurance	Imaging: For non-network, preauthorization may be required - if not obtained, penalty will be 50%.
	Imaging (CT/PET scans, MRIs)	No charge after deductible	30% coinsurance	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at https://www.humana.com/2023-Rx4-HDHP	Level 1 - Low-cost generic and brand-name drugs	(Retail) $10 copay/prescription (Mail Order) $25 copay/prescription	(Retail) 30% coinsurance, after $10 copay/prescription (Mail Order) 30% coinsurance, after $25 copay/prescription	(Retail) 30 day supply. Preauthorization may be required - if not obtained, member is responsible for 100% of the cost of the drug. (Mail Order) 90 day supply. Preauthorization may be required - if not obtained, member is responsible for 100% of the cost of the drug.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Level 2 - Higher-cost generic and brand-name drugs	(Retail) $30 copay/prescription (Mail Order) $75 copay/prescription	(Retail) 30% coinsurance, after $30 copay/prescription (Mail Order) 30% coinsurance, after $75 copay/prescription	
	Level 3 - High-cost, mostly brand-name drugs	(Retail) $50 copay/prescription (Mail Order) $125 copay/prescription	(Retail) 30% coinsurance, after $50 copay/prescription (Mail Order) 30% coinsurance, after $125 copay/prescription	
	Level 4 - Highest-cost drugs	(Retail) 25% coinsurance (Mail Order) 25% coinsurance	(Retail) 30% coinsurance, after 25% coinsurance (Mail Order) 30% coinsurance, after 25% coinsurance	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge after deductible	30% coinsurance	For non-network, preauthorization may be required - if not obtained, penalty will be 50%.
	Physician/surgeon fees	No charge after deductible	30% coinsurance	None
If you need immediate medical attention	Emergency room care	No charge after deductible	No charge after network deductible	None
	Emergency medical transportation	No charge after deductible	No charge after network deductible	
	Urgent care	No charge after deductible	No charge after deductible	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge after deductible	30% coinsurance	For non-network, preauthorization may be required - if not obtained, penalty will be 50%.
	Physician/surgeon fees	No charge after deductible	30% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge after deductible	30% coinsurance	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Inpatient services	No charge after deductible	30% coinsurance	For non-network, preauthorization may be required - if not obtained, penalty will be 50%.
If you are pregnant	Office visits	No charge; deductible does not apply	30% coinsurance	Cost sharing does not apply for preventive services.
	Childbirth/delivery professional services	No charge after deductible	30% coinsurance	Depending on the type of services, a coinsurance or deductible may apply.
	Childbirth/delivery facility services.	No charge after deductible	30% coinsurance	For non-network, preauthorization may be required - if not obtained, penalty will be 50%. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
If you need help recovering or have other special health needs	Home health care	No charge after deductible	30% coinsurance	100 visits per visit limit per year. For non-network, preauthorization may be required - if not obtained, penalty will be 50%.
	Rehabilitation services	Physical, occupational, speech, cognitive, audiology therapy and manipulations: No charge after deductible	Physical, occupational, speech, cognitive, audiology therapy and manipulations: 30% coinsurance	Physical, occupational, speech, cognitive, audiology therapy and manipulations: For network, 60 visits per year combined. For non-network, 10 visits per year combined. Network and non-network visit limits reduce each other. Therapies: For non-network, preauthorization may be required - if not obtained, penalty will be 50%.
	Habilitation services	Physical, occupational, speech, audiology therapy and manipulations: No charge after deductible	Physical, occupational, speech, audiology therapy and manipulations: 30% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Skilled nursing care	No charge after deductible	30% coinsurance	60 day limit per year. For non-network, preauthorization may be required - if not obtained, penalty will be 50%.
	Durable medical equipment	No charge after deductible	30% coinsurance	Excludes vehicle and home modifications,exercise and bathroom equipment. For non-network, preauthorization may be required - if not obtained, penalty will be 50%.
	Hospice services	No charge after deductible	30% coinsurance	For non-network, preauthorization may be required - if not obtained, penalty will be 50%.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Child dental check-up
- Child eye exam
- Child glasses
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture, if it is prescribed by a physician
- Chiropractic care - spinal manipulations are covered
- Cosmetic surgery, if for a congenital anomaly, injury, infection, or disease
- Dental care (Adult), if for dental injury of a sound natural tooth
- Routine foot care, when in treatment for diabetes

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- www.humana.com or 866-4ASSIST (427-7478).
- Indiana Department of Insurance: 800-622-4461 or www.in.gov/idoi.
- For group health coverage subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- www.humana.com or 866-4ASSIST (427-7478).
- Department of Labor Employee Benefits Security Administration: 866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- Indiana Department of Insurance: 800-622-4461 or www.in.gov/idoi.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 866-4ASSIST (427-7478) (TTY: 711).

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$3,000
Specialist coinsurance	0%
Hospital (facility) coinsurance	0%
Other coinsurance	0%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$3,000
Copayments	$10
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,070**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$3,000
Specialist coinsurance	0%
Hospital (facility) coinsurance	0%
Other coinsurance	0%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$1,800
Copayments	$700
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$2,520**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$3,000
Specialist coinsurance	0%
Hospital (facility) coinsurance	0%
Other coinsurance	0%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$2,800
Copayments	$10
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,810**

The plan would be responsible for the other costs of these EXAMPLE covered services.

PREVENTIVE SERVICE GUIDE

Take advantage of all that's available for your health

Humana wants to make sure your care grows with you as you change, and that you get access to all you need. Did you know that many services, medicines, and screenings are available to you, and at no extra cost out of your pocket, when they are treated as preventive? See throughout for all that's available to you.

Adult preventive services

Preventive office visits are covered, as well as the screenings, immunizations and counseling listed below.

Screenings	
Abdominal aortic aneurysm	One-time screening for men of specified ages who have ever smoked[1]
Alcohol misuse	Screening and counseling for all adults
Blood pressure	Screening for high blood pressure for all adults
Cholesterol	Screening for adults certain ages or at higher risk[1]
Colorectal cancer	Screening for adults at 50–75
Depression	Screening for all adults
Diabetes	Screening for adults 40–70 at higher risk[1]
Hepatitis B	Screening for adults at higher risk[1]
Hepatitis C	Screening for adults at higher risk or one-time screenings for adults born 1945–1965[1]
HIV	Screening for adults at higher risk[1]
Lung cancer	Annual screenings for adults at all specified ages who smoke or have quit within the past 15 years[1]
Obesity	Screening for all adults
Syphilis	Screening for adults at higher risk[1]
Tobacco use	Screening for all adults
Tuberculosis	Screening for latent infection for adults at higher risk[1]

Humana.

Note: You may need to pay all or part of the costs when services are completed to diagnose, monitor or treat an illness, pregnancy or injury, rather than prevent an illness, pregnancy or injury.

[1]For more information on the definition of higher or increased risk and age recommendations, please go to the US Preventive Guidelines at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

GNA0CUOHH 0720

Adult preventive services continued

Preventive office visits are covered, as well as the screenings, immunizations and counseling listed below.

Medications and supplements (covered with a doctor's prescription)	
Aspirin	Use of aspirin to prevent cardiovascular disease for women and men at specified ages[1]
Colonoscopy preparation	Bowel preparation medications for adults age 50–75
Smoking cessation	Over-the-counter and prescription smoking cessation medications for members 18 years and older
Statin	Low- to moderate-dose statin use for adults 40–75 at higher risk[1]
HIV pre-exposure prophylaxis	PrEP pre-exposure phophylaxis with effective antiretroviral therapy to persons at high risk of HIV acquisition[1]
Counseling	
Healthy diet and physical activity	Counseling to prevent cardiovascular disease for adults who have cardiovascular risk factors or higher risk for chronic disease[1]
Obesity	Referral to intensive, multicomponent behavioral interventions for patients with a body mass index (BMI) of 30 kg/m or higher
Sexually transmitted infection (STI)	Prevention counseling for adults at higher risk[1]
Tobacco use cessation	Cessation interventions for tobacco users
Other	
Exercise or physical therapy	Fall prevention for adults age 65 or older at increased risk for falls
Skin cancer	Brief counseling for young adults through age 24 to minimize their exposure to ultraviolet radiation

DID YOU KNOW?

Preventive care can help catch potential health issues early—when they're easier to treat.

Humana.

Immunizations

(vaccines for adults—doses, recommended ages and recommended populations vary)[2]

Chickenpox/varicella
Hepatitis A
Hepatitis B
Human papillomavirus (HPV)
Influenza
Measles, mumps, rubella (MMR)
Meningococcal
Pneumococcal
Shingles/herpes zoster
Tetanus, diphtheria, pertussis (Tdap)

[1]For more information on the definition of higher or increased risk and age recommendations, please go to the US Preventive Guidelines at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

[2]For more information on immunization recommendations, resources and schedules, please refer to the Centers for Disease Control and Prevention at www.cdc.gov/vaccines/schedules/index.html

Women preventive services (includes pregnant women)

Preventive office visits are covered, as well as the screenings and counseling listed below.

Counseling

Genetic counseling for women who have tested positive for BRCA

Breast cancer chemoprevention
Counseling for women at increased risk for breast cancer[1]

Domestic and interpersonal violence
Screenings and referral for intervention services

Tobacco use cessation
Behavioral interventions and expanded counseling for pregnant tobacco users

Perinatal depression
Counseling interventions for pregnant and postpartum women at increased risk[1]

Other services

Breastfeeding[3]
Equipment and counseling to promote breastfeeding during pregnancy and in the postpartum period

Contraceptive methods and counseling[3]

Screenings

Anemia	Screening on a routine basis for pregnant women
Bacteriuria	Urinary tract or other infection screening for pregnant women
BRCA	Screening for women at higher risk[1]
Breast cancer mammography	Screening every 1–2 years for women age 40 or over
Cervical cancer	Screening for women with a cervix, regardless of sexual history, at specified ages and intervals[4]
Chlamydia infection	Screening for younger women and other women at higher risk[1]
Depression	Screening for pregnant and postpartum women
Gestational diabetes	Screening for women after 24 weeks of gestation
Gonorrhea	Screening for all women at higher risk[1]
Hepatitis B	Screening for all pregnant women
HIV	Screening for all pregnant women
HPV-DNA test	High risk testing every 3 years for women with normal cytology results who are age 30 or older[1]
Osteoporosis (bone density)	Screening for women age 65 and over and women at higher risk[1]
Preeclampsia	Screening for all pregnant women
Rh incompatibility	Screening for all pregnant women during their first prenatal visit and at 24–28 weeks gestation
Syphilis	Screening for all pregnant women

Medications and supplements (covered with a doctor's prescription)

Aspirin to prevent preeclampsia	Low-dose aspirin after 12 weeks of gestation in women at high risk[1]
Breast cancer preventive medications	For women at increased risk for breast cancer[1]
Contraception	FDA-approved contraceptives for women with reproductive capacity to prevent pregnancy
Prenatal vitamins/ folic acid	For women who are pregnant, may become pregnant or are capable of pregnancy

Humana.

[1]For more information on the definition of higher or increased risk and age recommendations, please go to the US Preventive Guidelines at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

[3]On Aug. 1, 2011, the U.S. Department of Health and Human Services released new guidelines regarding coverage of preventive health services for women. The new guidelines state that non-grandfathered insurance plans with plan years beginning on or after Aug. 1, 2012, must include these services without cost sharing.

[4]Women 21–65: with cytology (Pap test) every three years; women 30–65: wanting to lengthen the screening interval. We encourage you to seek any professional advice, including legal counsel, regarding how the new requirements will affect your specific plan. For complete details, refer to your plan's Certificate of Coverage.

Child preventive services

Preventive office visits are covered, as well as the screenings, immunizations, counseling and supplements listed below.

Immunizations

(vaccines for children from birth to age 18—doses, ages and populations vary)[2]

- **Chickenpox/varicella**
- **Haemophilus influenzae type B**
- **Hepatitis A**
- **Hepatitis B**
- **Human papillomavirus (HPV)**
- **Inactivated poliovirus**
- **Influenza**
- **Measles, mumps, rubella (MMR)**
- **Meningococcal**
- **Pneumococcal**
- **Rotavirus**
- **Tetanus, pertussis, diphtheria (Tdap)**

Counseling

- **Obesity**
  Referral to intensive behavioral interventions to promote improvements in weight status
- **Sexually transmitted infection (STI)**
  Prevention counseling for adolescents at higher risk[1]
- **Skin cancer**
  Brief counseling for young adults age 10–24 years old to minimize their exposure to ultraviolet radiation
- **Tobacco use**
  Education or brief counseling to prevent initiation of tobacco use in school-aged children and adolescents

Screenings

Alcohol and drug use	Assessments for adolescents
Autism	Screening for children at 18–24 months
Behavioral	Assessments for children of all ages
Depression	Screening for adolescents
Developmental	Screening for children under age 3, and surveillance throughout childhood
Dyslipidemia	Screening for children at higher risk of lipid disorders[1]
Height, weight and body mass index	Measurements for children of all ages
Hemoglobinopathies	Screening for sickle cell disease in newborns
Hepatitis B	Screening for adolescents at higher risk[1]
Hypothyroidism	Screening for newborns
HIV	Screening for adolescents at higher risk[1]
Lead	Screening for children at risk of exposure
Medical history	For all children throughout development
Obesity	Screening for children age 6 or older
Oral health	Risk assessment for young children
Phenylketonuria (PKU)	Screening for newborns
Sexually transmitted infection	Screening for adolescents at higher risk[1]
Tuberculin	Testing for children at higher risk of tuberculosis[1]
Vision	Screening for all children between the ages 3–5 years old

Medications and supplements (covered with a doctor's prescription)

Fluoride chemoprevention	Supplements starting at age 6 months for children without fluoride in their water sources
Fluoride varnish	Application by a primary care clinician to primary teeth starting at tooth eruption up to age 5
Gonorrhea	Preventive medicine for the eyes of all newborns
HIV pre-exposure prophylaxis	PrEP pre-exposure phophylaxis with effective antiretroviral therapy to persons at high risk of HIV acquisition[1]
Iron	Supplements for children ages 6–12 months at risk for anemia

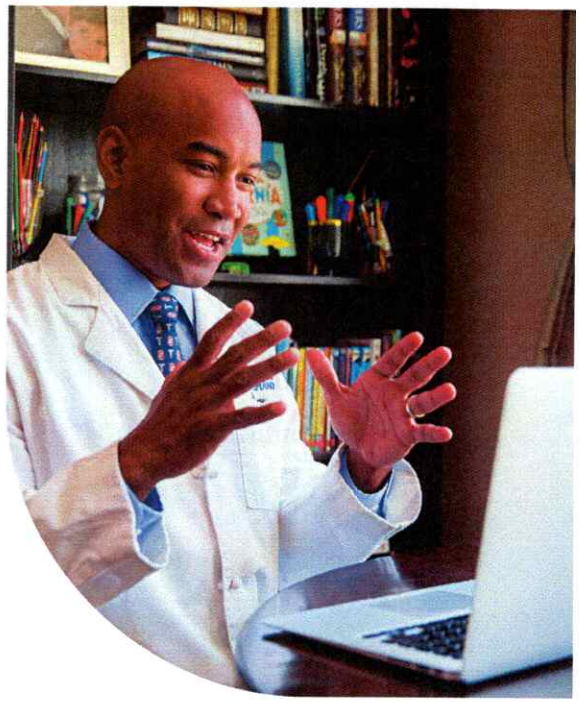
Humana.

Refer to your Certificate of Coverage for details about all the covered services and benefit levels.

[1]For more information on the definition of higher or increased risk and age recommendations, please go to the US Preventive Guidelines at www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

[2]For more information on immunization recommendations, resources and schedules, please refer to the Centers for Disease Control and Prevention at www.cdc.gov/vaccines/schedules/index.html

Quality care that's virtually there 24/7



Doctor On Demand® is there for your everyday health needs

See a **board-certified doctor**—for nonemergency care—in minutes from your home, office or while you're traveling in the United States, from your smartphone, tablet or computer. It's easy.

For everyday health needs, Doctor On Demand usually costs less than a visit to the emergency room or urgent care.

DOCTOR ON DEMAND	COST
Everyday health concerns • Colds, flu and sore throat • Upper respiratory infections • Skin and eye problems • Urinary tract infections • Prescriptions and refills • Labs and screenings	**$0–$56**
Mental health services • Depression • Stress • Anxiety • Trauma • Other nonemergency mental health concerns	The same cost as an in-office mental health visit

Download the Doctor On Demand app today

1. Go to the App store or Google Play to get it on your smartphone or tablet. You can also visit DoctorOnDemand.com.
2. Enter your health insurance information; select Humana and enter your group ID and member ID.
3. Enter a payment method (you'll always see your cost upfront).
4. See a doctor within minutes.

Humana. | dr. on demand

Pricing is subject to change without notice. Doctor On Demand services are not available for Humana members in Puerto Rico and outside the U.S. This document is a general description of the identified benefits. The actual plan document will determine the benefit available to you. If there is disagreement between this general description and the plan document, the plan document will control. 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.

GCHJWKFEN 0220

MyHumana: Your health plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana plan information, educational resources and access to wellness programs. **It's available anytime, anywhere.**

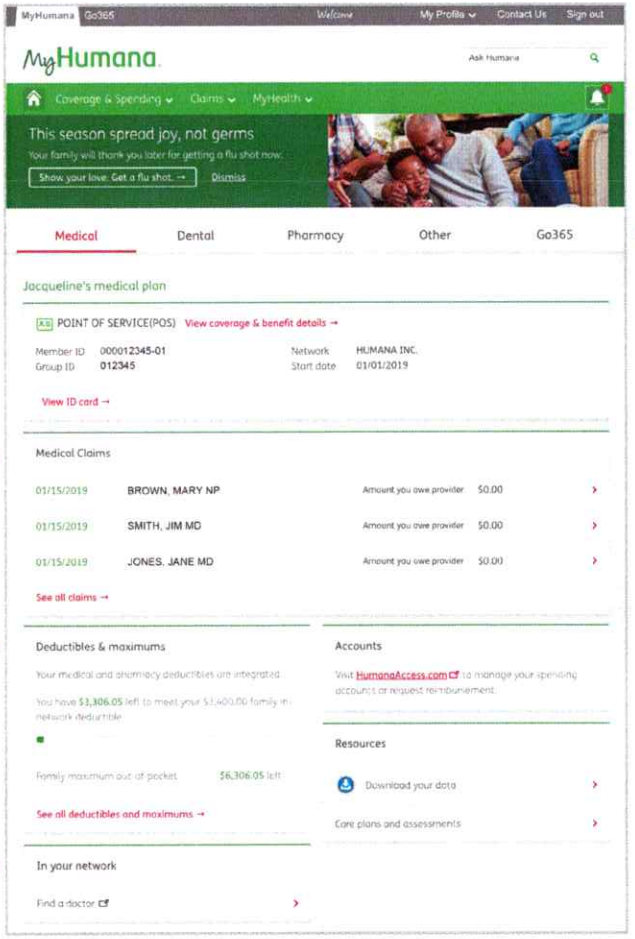
Quick access to all your plans

View, print and email ID cards

Check your claim status

Review deductibles, coverage levels and limits

Find a doctor near you
- Search by name, specialty or condition
- Compare doctors and get directions



Chat with a representative with any of your questions about your plan

Connect with Go365® and other health and wellness resources*

*Check with your benefits administrator for program availability.

Registering is easy

1. Go to **Humana.com/register** and "Get Started"
2. Enter your member ID number (or Social Security number), date of birth and ZIP code
3. Create a username, password and security prompt and click "Next" to finish

Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts** at **Humana.com.**

ANDROID APP ON Google play

Download on the App Store

Register for MyHumana today to stay connected to your health benefits anytime you need them.

**Message and data rates may apply.

Humana.

GCHJVXZEN-P 0319

Welcome to LifeWorks

Feel supported and connected with a confidential
Employee Assistance Program and innovative wellbeing resource

Life can be complicated. Get help with all of life's questions, issues and concerns with LifeWorks.
Any time, 24/7, 365 days a year.

LifeWorks offers support with mental, financial, physical and emotional wellbeing. Whether you have questions about handling stress at work and home, parenting and child care, managing money, or health issues, you can turn to LifeWorks for a confidential service that you can trust.

Life	Family	Health	Work	Money
	Parenting	Mental health	Time management	Saving
Midlife	Couples	Addictions	Career development	Investing
Student life	Separation/divorce	Fitness	Work relationships	Budgeting
Legal	Older relatives	Managing stress	Work stress	Managing debt
Relationships	Adoption	Nutrition	Managing people	Home buying
Disabilities	Death/loss	Sleep	Shift work	Renting
Crisis	Child care	Smoking cessation	Coping with change	Estate planning
Personal issues	Education	Alternative health	Communication	Bankruptcy

Call us, toll-free, 24/7:

1 844-261-3286

LifeWorks | Humana

GCHLPQ3EN 0622

Log in with LifeWorks today
Go to login.lifeworks.com OR download the mobile app

Username: hum

Password: eap