MEDICARE ADVANTAGE / PDP

Plan Details

Humana

$0.00

Plan: **Humana Gold Plus H6622-037 (HMO)**

Max Out of Pocket: **$6,200**

Annual Drug Deductible: **$0.00**

ID: **H6622-37-0**

Star Rating: **4.0**

Plan Type: **Local HMO**

Part B Reduction: **No**

Effective Year: **2021**

City: **PHILADELPHIA**

State: **PA**

Zip: **19145**

Monthly premium deductible and limits on how much you pay for covered services

$6200 in-network out of pocket maximum.

Acupuncture

Not covered

Ambulance

$290 copay

Chiropractic care

Not covered. $20 copay for Medicare-covered visits.

Dental services

$35 copay for Medicare-covered services.0% coinsurance for prophylaxis (cleaning). 0% coinsurance for oral exams. 0% coinsurance for fluoride treatment. 0% coinsurance for dental x-rays. Prophylaxis max of 2 every year. Oral exam max of 3 (see carrier information for details). Fluoride max of 2 every year. Xray max of 3 (see carrier information for details). Max of $2000 combined preventive and comprehensive dental benefits for this plan every year.

Diabetes supplies and services

$0 copay for diabetes self-management training.

10-20% coinsurance for Medicare-covered diabetes supplies and services. or $0 copay for Medicare-covered diabetes supplies and services. $10 copay for therapeutic shoes or inserts.

Diagnostic tests lab and radiology services and x-rays (Costs for these services may be different if received in an outpatient surgery setting)

20% coinsurance for other Medicare-covered therapeutic radiological services. or $0-105 copay for Medicare-covered diagnostic procedures/tests. $0-35 copay for Medicare-covered lab services. $35-275 copay for Medicare-covered diagnostic radiological services (e.g., CT, MRI, etc). $35 copay for other Medicare-covered therapeutic radiological services. $0-95 copay for Medicare-covered x-rays.

Renal dialysis

20% per visit

Durable medical equipment (wheelchairs oxygen etc.)

20% per item

Doctor's office visits

Primary Physician: $0 copay Specialist Physician: $35 copay

Emergency care

$90 per visit, waived if admitted within 24 hours. Maximum $90 per visit.

Foot care (podiatry services)

$35 copay for Medicare-covered visits.

Hearing services

$499-799 copay for hearing aids (all types). Hearing aid max of 2 every year. $0 copay for fitting/evaluation for hearing aid. Fitting max of 1 every year. $0 copay for routine hearing exams. Routing hearing exam max of 1 every year.

Home health care

$0 copay

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

Inpatient hospital care

$225 copay for days 1-7 $0 copay for days 8-90 Benefit continues for unlimited days of hospital stay.

Mental health care

$225 copay for days 1-7 $0 copay for days 8-90

Over-the-counter items

Max of $50 benefit for this plan every three months. Not all medications of the OTC list in Chapter 4 of Medicare Managed Care Manual are included.

Outpatient prescription drugs

20% coinsurance for chemo drugs.20% coinsurance for prescriptions.

Tier 1 (Preferred Generic)

Pharmacy Type	30 day supply	60 day supply	90 day supply
Preferred Retail:	$2	Not Offered	$6
Standard Retail:	$10	Not Offered	$30
Preferred Mail Order:	$2	Not Offered	$0
Standard Mail Order:	$10	Not Offered	$30

Tier 2 (Generic)

Pharmacy Type	30 day supply	60 day supply	90 day supply
Preferred Retail:	$8	Not Offered	$24
Standard Retail:	$20	Not Offered	$60
Preferred Mail Order:	$8	Not Offered	$0
Standard Mail Order:	$20	Not Offered	$60

Tier 3 (Preferred Brand)

Pharmacy Type	30 day supply	60 day supply	90 day supply
Preferred Retail:	$47	Not Offered	$141
Standard Retail:	$47	Not Offered	$141
Preferred Mail Order:	$47	Not Offered	$131
Standard Mail Order:	$47	Not Offered	$141

Tier 4 (Non-Preferred Drug)

Pharmacy Type	30 day supply	60 day supply	90 day supply
Preferred Retail:	$100	Not Offered	$300
Standard Retail:	$100	Not Offered	$300
Preferred Mail Order:	$100	Not Offered	$290
Standard Mail Order:	$100	Not Offered	$300

Tier 5 (Specialty Tier)

Pharmacy Type	30 day supply	60 day supply	90 day supply
Preferred Retail:	33%	Not Offered	Not Offered
Standard Retail:	33%	Not Offered	Not Offered
Preferred Mail Order:	33%	Not Offered	Not Offered
Standard Mail Order:	33%	Not Offered	Not Offered

Outpatient rehabilitation

$10 copay for Medicare-covered cardiac rehabilitation services. $10 copay for Medicare-covered intensive cardiac rehabilitation services. $10 copay for Medicare-covered pulmonary rehabilitation services.

$20-40 copay for physical therapy and speech therapy. $20-40 copay for occupational therapy.

Outpatient substance abuse

$35-95 copay for group visits. $35-95 copay for individual visits.
Outpatient surgery
$35-225 per visit
Preventive care
Annual physical exam covered. $0 copay for annual physical exam. Supplemental benefits available, see carrier site for more detailed information.
Prosthetic devices (braces artificial limbs etc.)
20% coinsurance for Medicare-covered medical supplies. 20% coinsurance for Medicare-covered prosthetic devices.
Skilled Nursing Facility (SNF)
$0 copay for days 1-20 $184 copay for days 21-100
Transportation
$0 copay. Max of 18 trips to plan-approved locations every year. Covered modes of transportation include van to plan approved locations.
Urgently needed services
$0-35 copay. Maximum $65 per visit.
Vision services
$0 copay for contacts. Contacts max of 1 every year. $0 copay for glasses. Glasses max of 1 every year. $0 copay for routine eye exams. Routine eye exam max of 1 every year. $0-35 copay for Medicare-covered eye exams. $0 copay for Medicare-covered eye wear. Max of $200 combined benefit for this plan every year.