

University of New Mexico

2025 Humana Group
Medicare Employer Plan



Hello **University of New Mexico** retirees! Thank you for listening in today to hear more about your benefit options for 2025.

In this presentation we will be sharing information with you about the **Humana Medicare Advantage PPO plan** and how we are here to help you make the most of your benefits.

First, a brief highlight about Humana and Medicare Advantage plans.

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. 2023 Annual Report, February 2024

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

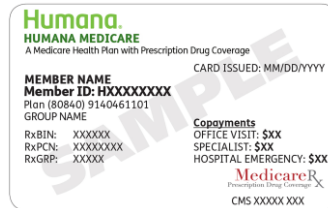
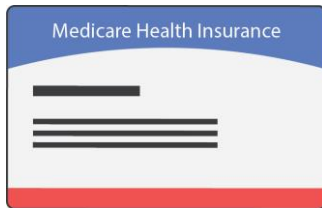
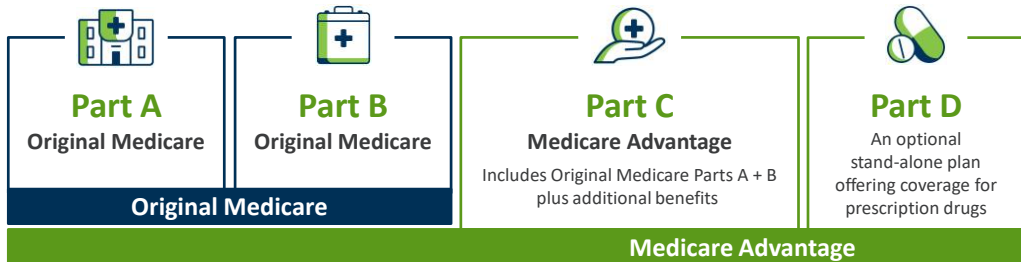
Seniors have been at the heart of Humana's care delivery since our founding.

We have been dedicated to communities around the country for more than 30 years and have been providing Medicare plans to beneficiaries since 1987.

Our ultimate goal is to help people get healthy and get the care they need in communities across the nation.

What is Group Medicare Advantage?

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



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What is Medicare?

Medicare is provided by the Federal Government, and is broken up into “Parts.” Parts A and B make up “Original Medicare” – this is the basic Hospital and Medical insurance that most people age 65 and over are eligible for, and is also for those who have been on disability for over 2 years.

Medicare Advantage plans on the other hand (also known as Medicare Part C), are administered by private insurance companies, like Humana. Medicare Advantage combines Parts A, B, and usually Part D all in one plan, kind of like 1 stop shopping. Everything that is covered under Original Medicare is also covered under Medicare Advantage, PLUS **Humana** Medicare Advantage plans give you access to valuable benefits, wellness, clinical and educational programs. Medicare Advantage plans give you the ease of one card and one place to call with questions. You keep your Medicare card, but the Humana card is the one that you show to providers.

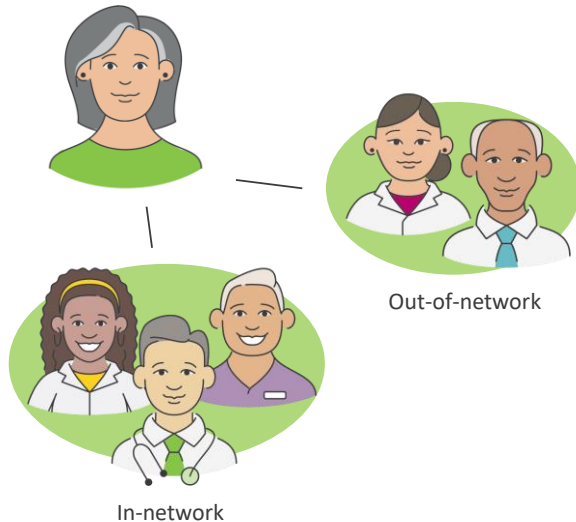
Next, we will be talking about the 2025 Medicare Advantage PPO plan.

Medicare Part C

Medicare Advantage plan

Preferred Provider Organization (PPO)

- 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



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The UNM Medicare Advantage plan (also known as Medicare Part C) is a PPO, or Preferred Provider Organization in which you can go to in-network OR out-of-network providers. This PPO plan is customized to provide you the same benefit coverage both in- and out-of-network services. When seeing providers or facilities, all you need to verify is that the provider is accepting Medicare and agrees to bill the claim to Humana.

Additionally, with your Humana PPO plan, you will have no copay for certain in-network preventive care, you will have the financial protection of an annual out of pocket maximum, and you will have worldwide emergency coverage.

IMPORTANT enrollment information:

With the Humana PPO plan you must reside in the Humana Medicare service area. In the state of New Mexico, this includes all counties in the state except for (3); Harding, Hidalgo and Union counties. If you reside in a state outside of New Mexico, you can contact Humana Customer Care for assistance to verify your residential address is in the service area. When you call as a prospective member, please identify yourself as a retiree with the University of New Mexico. We will remind you of this in the upcoming Enrollment information slide.

Additionally, we want to point out provider information in New Mexico:

- **For those of you who reside in the Albuquerque/Rio Rancho area,** Humana's in-network providers include Lovelace and UNM providers and hospitals, and other independent providers.
 - Please note: in the Albuquerque/Rio Rancho area, **Presbyterian hospital and providers will see Humana members for emergency services only They will not see you for routine care.** However, in other areas of New Mexico; Santa Fe and Espanola for example, **Presbyterian is in-network** with Humana for all covered health services.

Now we will look at the plan in more detail.

Your PPO benefits

Your member cost share is the same for care from both in- and out-of-network providers

Your PPO plan	In- and Out-of-Network
Annual deductible	\$0
Annual maximum out-of-pocket	\$2500
Hospital care	
Outpatient hospital visits	\$0 to \$50 copay or 0% of cost
Inpatient hospital	\$100 copay per day for days 1-4
Physician and facility services	
Primary care provider	\$10 copay
Specialist	\$25 copay
Durable medical equipment	\$20 copay or 0% of the cost
Emergency services	
Emergency room care	\$65 copay for Medicare-covered emergency room visits
Urgent care	\$10 to \$25 copay

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Remember, with the Humana plan, you will pay the same amount for in- and out-of-network covered medical services. There is no annual deductible and the maximum out-of-pocket amount is \$2,500. If you were to reach the maximum out-of-pocket in 2025, the Humana plan would then pay 100% for your covered medical services for the remainder of the plan year.

You have hospital and medical coverage with the PPO plan. Keep in mind, your member cost share will vary depending on the place of treatment and the service you receive.

- As you can see in the grid, for inpatient care, you have a \$100 co-payment per day for days 1-4, per hospital admission. For any days after day 4 in the same inpatient admission, you will be covered at 100%.
- For outpatient hospital care, there is a range of member cost share from 0% to a \$50 copay depending on the care you receive.
- Office visits with your primary care provider are a \$10 co-pay and specialist visits are a \$25 co-pay.
- If you have an emergency room visit, you have a \$65 co-pay and this is waived if you're admitted within 24 hours for the same reason you were in the ER.
- For urgent care, it is a \$25 copay at an urgent care center, but could be as low as \$10 if your primary care office is treating you for urgent care needs.

You have comprehensive coverage with your Humana plan. This is a high-level overview. You may refer to the Summary of Benefits included in the Humana enrollment kit which is posted on the UNM website or if you are currently enrolled, refer to your Evidence of Coverage document for the plan coverage details. You can also request Humana kit to be mailed to you by calling Humana customer care.

Please note that some medical services may require prior authorization, such as inpatient admissions, home health care, and skilled nursing care. This is not for all services and your doctor will work with Humana in the event prior authorization is needed.

Additional benefits included in your PPO plan*

Other benefits

Routine Hearing	<p>\$15 copay for routine hearing exams up to 1 per year.</p> <p>\$1,000 combined in- and out-of-network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years.*</p>
Routine Vision	<p>\$10 copay for routine exam (includes refraction) up to 1 per year.</p> <p>\$150 combined maximum benefit coverage amount every 2 years for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).</p>
Routine Acupuncture	<p>\$15 copay for acupuncture visits up to 20 combined in and out of network visit(s) per year.*</p>
Over-the-Counter Items	<p>\$20 maximum benefit coverage amount per month for select over-the-counter health and wellness products. Unused amount expires at the end of the month.</p>



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

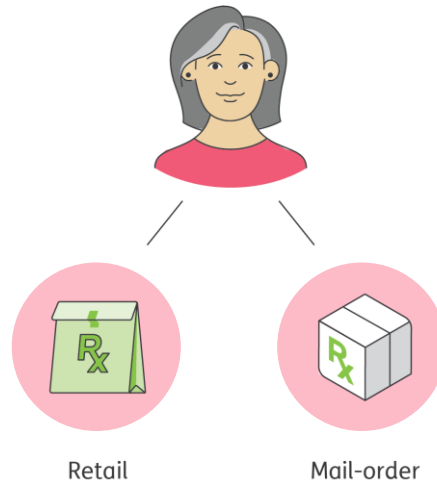
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Also included in your **Humana PPO** plan are **custom** benefits for routine services that Medicare does not provide. As you can see, UNM retirees have access to coverage for routine hearing, vision, acupuncture and over-the-counter items.

Medicare Part D

Prescription Drug Plan

- Prescription drug coverage is available as a part of your Medicare Advantage plan with prescription drug coverage (MAPD)
- Generic, brand and specialty drug coverage
- List of covered drugs may vary by plan
- Access to retail and mail-order pharmacies



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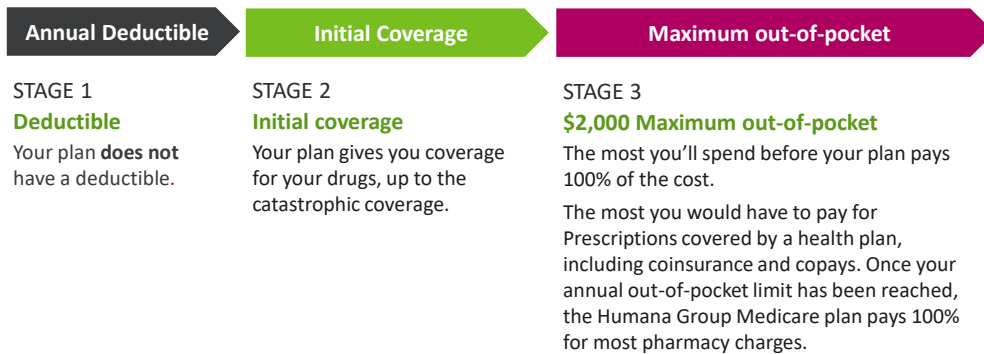
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Humana is proud to offer prescription drug coverage to help serve members' needs. Our Part D Prescription Drug plan provides many features that may make filling your prescriptions easier.

- It comes with coverage for your generic, brand and specialty medications, and access to retail pharmacies and mail-order pharmacy
- The important thing is that your Humana Part D plan gives you coverage for medications that are approved by Medicare

Medicare Part D

Humana's Part D coverage is designed to help you manage your out-of-pocket costs.



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There are regulatory changes to Part D plans that went into effect on January 1, 2025. These are required under the Inflation Reduction Act (also known as the IRA). The changes to Part D plans under the IRA were passed to help Medicare beneficiaries with cost share protection for Part D medications and may help you have lower out-of-pocket costs for your medications in 2025.

What are the changes and what do they mean for you?

- The Coverage Gap is eliminated in 2025.
- The IRA requires that all Part D plans have a new Part D annual maximum out-of-pocket of \$2,000.
- You will pay your applicable member coinsurance and copays until the \$2,000 maximum out-of-pocket is met. You then enter the Catastrophic Stage or Stage 3, where Humana pays 100% for your covered medications through the remainder of the calendar year. (In 2024, the member out-of-pocket was \$8,000 before you entered the Catastrophic stage).

Remember, this Part D plan offered to you is specifically designed for University of New Mexico retirees and you will find that not all of the Medicare Part D drug stages that are established by Medicare will apply to you.

What do we mean by this?

- Your Humana Part D plan **does not** have the Annual Deductible
- Your coverage will start Stage 2 or the Initial Coverage, where you will have co-pay and coinsurance cost shares until the \$2,000 maximum out-of-pocket is met in the calendar year.
- You will then be in Stage 3, also known as Catastrophic Stage.
- Members with lower cost medications may not reach this maximum out-of-pocket in the year and may remain in the Initial Coverage throughout the year.

Humana provides you helpful information. We will talk more about the monthly SmartSummary statement that will be sent to you for the months that you have a pharmacy claim. This statement will help you keep track of which Part D stage you are in on the Humana plan.

Next, we will review your Part D plan in more detail.

Your Part D benefits

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

Tiers	Standard retail (30-day supply)	Standard mail order (90-day supply)
Tier 1 Generic/preferred generic	\$3	\$9
Tier 2 Preferred brand	\$39	\$117
Tier 3 Nonpreferred drug	\$85	\$255
Tier 4 Specialty	33% of the cost	N/A

**Your Part D Plan has an annual
maximum out-of-pocket limit of \$2,000**

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Your Part D plan is covering medications that are approved by Medicare and the plan provides coverage for prescription medications that are broken into categories or “tiers.” Your member responsibility will be different depending on the Tier of the medication. Other factors that would determine cost include; the quantity or day-supply, a 30-day or 90-day supply. Remember, you also have the annual maximum out-of-pocket of \$2,000 under your Part D plan.

Humana has four tiers –

- Tier 1: generic/preferred generic medications have a \$3 co-pay at retail pharmacies for a 30-day fill, and \$9 co-pay at retail and mail-order for a 90-day supply
- Tier 2: preferred brand medications have a \$39 co-pay at retail pharmacies for a 30-day fill, and \$117 co-pay at retail and mail-order for a 90-day supply
- Tier 3: non-preferred brand medications have a \$85 co-pay at retail pharmacies for a 30-day fill, and \$255 co-pay at retail and mail-order for a 90-day supply
- Tier 4: specialty medications have a 33% member cost share. Please note; specialty medications are only available at a 30-day supply with Humana, due to the complexity of the medications and with potential to change dosages for these specialized medications. With Humana, you can still receive your Specialty medications by retail or mail order, they will simply be filled every 30 days.

Please note that certain medications may require prior authorization to be covered under the plan. This is something your provider works with Humana to put in place. Humana will work with your provider to obtain information in order to determine approval for coverage. In some cases, Humana requires that you first try certain medications to treat your medical condition before coverage is available for another medication for that condition. This is called step therapy. Humana includes this information in your Humana Drug List, and you can also call Humana Customer Care to find out if any of your medications may have these requirements.

To understand the Tier your medications may fall in, refer to your 2025 Humana kit for instructions on accessing the prescription drug list for your plan.

Medicare Prescription Payment Plan

The new Medicare Prescription Payment Plan is a voluntary program that may help you manage your Part D prescription drug costs.



With this program, costs for your covered Part D prescriptions are spread out over the plan year.



You pay \$0 at the pharmacy when you fill new or existing covered Part D prescriptions, if you sign up for this program.



You'll receive a monthly bill from Humana with the amount you owe, your due date, and instructions on how to make a payment.

This payment program might help you manage your expenses, but it does not save you money or lower your drug costs. Visit [Humana.com/RxCostHelp](https://www.humana.com/RxCostHelp) or call our Customer Care team at the number on your member ID card.

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An additional Part D change in 2025 under the Inflation Reduction Act is the Medicare Prescription Payment Plan

The new Medicare Prescription Payment Plan is a voluntary program that may help you manage your Part D prescription drug costs.

- With this program, costs for your covered Part D prescriptions are spread out over the plan year. This payment program might help you manage your expenses, but it does not save you money or lower your drug costs.
- You pay \$0 at the pharmacy when you fill new or existing covered Part D prescriptions, if you sign up for this program.
- You'll receive a monthly bill from Humana with the amount you owe, your due date, and instructions on how to make a payment.

Here are some tips to help you decide if this voluntary program is right for you:

- If during the prior plan year, you had difficulty affording your prescription drug copays/cost share at the pharmacy.
- The earlier you enroll in the voluntary program, the more months you have to spread your payments out over the plan year.
- This program payment option might not be helpful if you qualify for cost savings programs.

How do I opt-in to the program? Starting in October, and once you've enrolled and have an active 2025 Group Medicare plan with a Part D drug benefit, you'll be able to opt-in to this program at [Humana.com/RxCostHelp](https://www.humana.com/RxCostHelp).

- You'll find program information, frequently asked questions, balance and transaction history and more. You can also call the Humana Customer Care team at the number on your member ID card.

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 February 2023

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
Benefits 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 | askhumana@Humana.com to see

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Next, we will review plan resources that are available to you as a Humana member. We are more than half-way through the presentation.

When medical and prescription drug claims process through the plan you will receive detailed information regarding those claims in a monthly statement called the SmartSummary.

- This will only be mailed for the months that you have a claim.
- The SmartSummary will provide details such as when the claim was submitted, the medical provider or pharmacy used, the total billed amounts, and your member cost share.

The SmartSummary will also help you keep track of your medical and prescription drug spending. For example; you can see what stage your drug plan is in and how much you and Humana have paid toward your medications.

You can also use the SmartSummary as a medication record to take to your provider with easy to use prescription information, or to your pharmacist as a one-stop-shop for your prescription history. This will come to you in the mail, but if you prefer to go green and access it electronically, you will have that option by registering for the secure website called MyHumana.

MyHumana and MyHumana mobile app

Get your personalized health information on MyHumana

With MyHumana and the MyHumana mobile app, you can:

- Review your plan benefits
- Find in-network providers or pharmacies
- Lookup and compare medication prices
- View your Humana member ID card
- Check claims
- View your SmartSummary
- One-click to access Go365

*Standard data rates may apply



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A valuable part of your Humana plan is a secure online account called MyHumana where you can keep track of your claims and benefits, find providers, view important plan documents and more.

Whether you prefer using a desktop, laptop, tablet, or smartphone, you can access your account anytime by visiting [Humana.com/registration](https://www.humana.com/registration) to create your MyHumana account.

The Humana Difference

Medicare Advantage provides additional support, included in your plan



Find a Doctor

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

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



Telehealth

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

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If you need help finding a provider or facility, you can access Humana's online provider directory by clicking "Find a Doctor" at Humana.com. You can also call Humana customer service at the number on the back of your ID card for assistance.

- With the Humana PPO plan, remember that you can see providers in- and out-of-network and you have the same level of benefits. You can see any provider who is accepting Medicare and will bill to Humana. If you need help with finding a provider or facility, the Humana online provider directory is available to you or you can call Humana customer care.

Humana includes 100% coverage for virtual telehealth visits from in-network PCP's, urgent care or behavioral health providers, for non-emergency concerns. Telehealth visits are available to you 24 hours a day, 7 days a week.

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
- MyDirectives® advance care planning



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

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Humana is here to support you with clinical programs and health support services that can complement your doctor's care and promote healthy living, and they are at no cost to you.

- Humana or a Humana contracted vendor may reach out to you to offer support through a clinical program.
- Don't worry, if you don't know the phone number calling you, a voice message will provide the name and contact number for you to call back.

These clinical programs are here to provide support for your specific health needs, give you extra assistance when things change, and help you live independently with confidence.

Included in your plan is Humana's In-home Health and Well-being Assessment for a detailed health review in the comfort of your home with a licensed medical professional, and at no cost to you. Humana makes it easy to have an extra set of eyes and ears for your physician so you can get the care you need and receive helpful resources.

Also, following **an overnight stay in a hospital or skilled nursing facility you are eligible for Post-hospitalization support for:**

- **Personal home care** from qualified aides
- **Transportation support** for up to 12 one-way trips
- And, you can receive pre-cooked and frozen meals delivered to your doorstep.

Our Customer care team can help you get started with these 100% covered services, allowing you to focus on returning home and getting well. Simply call the Humana number on the back of your ID card when you are discharged from an overnight stay in a hospital or skilled nursing facility.

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



SilverSneakers®

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

SilverSneakers.com

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Humana is here to support you with additional programs included a no cost to you -

Go365 is Humana's wellness program. Stay motivated and earn rewards for completing healthy activities like walking, going to your SilverSneakers location, getting your free Annual Wellness Visit and more. Redeem your rewards for gift cards in the Go365 Mall.

SilverSneakers is a health and physical activity program providing free access to over 16,000 fitness locations nationwide.

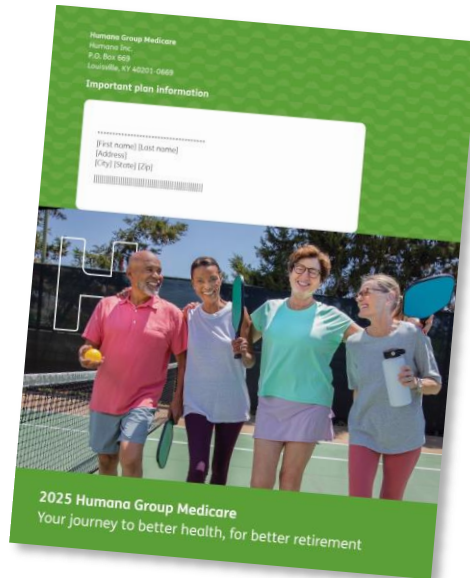
- Exercise your way, through fitness classes designed to meet your needs, at participating locations or through SilverSneakers.com for virtual activities.

How to enroll

Paper application

Fill out and mail the application in the enrollment kit and return to:

University of New Mexico
1 University of New Mexico MS C01-
1220-HR Benefits
Albuquerque, NM 87131



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Enrollment is easy. You simply complete the Humana application, and mail it to the address provided by UNM.

You can request a Humana enrollment kit by calling UNM, by calling Humana Customer Care, or you may go to the UNM website to print the enrollment form and plan information.

IMPORTANT enrollment information:

With the Humana PPO plan you must reside in the Humana Medicare service area. In the state of New Mexico, this includes all counties in the state except for (3); Harding, Hidalgo and Union counties. If you reside in a state outside of New Mexico, you can contact Humana Customer Care for assistance to verify your residential address is in the service area. When you call as a prospective member, please identify yourself as a retiree with the University of New Mexico.

What to expect after you enroll

- Enrollment confirmation
- Humana member ID card
- Access to Evidence of Coverage (EOC)
- Medicare Health Assessment
- In-home Health and Well-being Assessment (IHWA)



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As a new member under the Humana plan you can expect to receive important plan information:

- You will receive a **confirmation letter** in the mail from Humana to confirm your enrollment in the plan.
- You will receive a **Humana ID card**. This will arrive a separate mailing from your confirmation letter. Start using your new ID card as of your plan effective date.

All Humana members will receive a postcard with information about how to view or request your **Evidence of Coverage** and information to complete a 9-question **Medicare health survey**.

Remember, your Humana plan also includes a yearly **In-home Health & Wellness Assessment** that is available at no cost to you.

- A letter will be sent to you in advance of receiving a call to schedule this free assessment in the comfort of your home with a licensed medical professional.



**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 **866-396-8810 (TTY: 711)**, Monday – Friday, 6 a.m. – 7 p.m., Mountain time.

We appreciate you taking the time to view this presentation to learn about the Humana Medicare Advantage PPO plan offered to you through University of New Mexico.

Humana is here to help you manage your health, inside and out. Refer to your Humana kit for more information about your Humana plan and resources. If you need assistance, call the toll-free Humana Customer Care number shown on the slide or on the back of your Humana ID card. We are here to assist you.

Have a wonderful day!



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 **866-396-8810 (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.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

Other pharmacies are available in our network.



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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。

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