



Humana Inc.
004/10275
1100 Employers Blvd
Green Bay WI 54344

Group Number: Group ID
Renewal Date: Month DD, YYYY

Date

Group Name

Attn: Benefits Administrator

123 Main St.

City State Zip

Important update to your Humana Level Funded Premium plan(s)

Dear Benefits Administrator,

Thank you for selecting Humana to administer your employee benefits. We are writing to let you know that your Humana Level Funded Premium medical plan(s) is being updated to reflect changes based on federal law.

What happens next?

No action is required by you. We've enclosed a Summary of the Benefit Updates. We'll automatically update your Level Funded Premium medical plan(s) to reflect the benefits on Month DD, YYYY. Applicable member claims will be reviewed starting on April 15, 2021, and impacted claims requiring reprocessing will be reflected on the member's Explanation of Benefits (EOB) available on **Humana.com**. If you have renewed in a Humana Level Funded Premium plan, an updated Summary Plan Description (SPD) will be available on **Humana.com** upon your next renewal date Month DD, YYYY. If you have any questions, contact your agent, Agent Name, at 555-555-5555 or Humana at 800-232-2006 (TTY: 711), Monday – Friday, 8 a.m. – 6 p.m.

What to tell your employees:

Since an update is being applied to your Humana Level Funded Premium medical plan(s), please share a copy of the enclosed letter and Summary of the Benefit Updates with your employees. This letter should also be shared with employees who enroll in benefits between now and the end of the plan year.

Thank you for continuing to allow us to help your employees get and stay well so your business can flourish.

Sincerely,

Leann Hutchinson

Associate Vice President, Product Build, Compliance and Operations
Humana

Enclosures: Summary of the Benefit Updates
Sample letter to distribute to your employees

Administered by Humana Insurance Company or Humana Health Plan, Inc.

GCHKZDKEN

Summary of Benefit Updates (PPO, NPOS, Indemnity Plans)

The updates outlined below are applicable to your plan's eligible benefits for behavioral health services. If you have questions regarding how a benefit is paid, please contact the Humana customer service phone number on your ID card.

PPO/NPOS Copay, Simplicity, e/HDHP; Indemnity:

- Residential treatment facility outpatient services are now payable the same as any other behavioral health services based upon location of services and the type of provider.
- Autism spectrum disorders are payable the same as any other behavioral health sickness based upon location of services and the type of provider.
- Retail clinics are covered under the outpatient behavioral health benefit.
- Acute inpatient, partial hospitalization, and residential treatment facility health care practitioner services include coverage for nutritional counseling services for eating disorders.
- Therapy services include benefits for outpatient behavioral health therapy, behavioral health therapy in a health care practitioner's office, behavioral health physical therapy, occupational therapy, speech therapy, audiology services, cognitive therapy, and nutritional counseling for eating disorders.
- "Other Therapy" benefit added, which covers any behavioral health therapies covered by your plan not listed in the bullet point directly above.
- "Telehealth and telemedicine" benefit added.
- The intensive outpatient program service now has a separate benefit from other outpatient behavioral health services.
- Applied behavioral analysis therapy during a home health care visit now has a separate benefit from other behavioral health home health care services.
- Behavioral health benefits for the following services may differ from the medical benefits for those same services: injections when performed in a place of service other than a health care practitioner's office, skilled nursing facility services, and specialty drugs.

PPO/NPOS Canopy:

- Residential treatment facility outpatient services are now payable the same as any other behavioral health services based upon location of services and the type of provider.
- "Acute inpatient telehealth and telemedicine services" benefit removed and replaced with a telehealth and telemedicine benefit for all places of service.
- Autism spectrum disorders are payable the same as any other behavioral health sickness based upon location of services and the type of provider.
- The acute inpatient, partial hospitalization, and residential treatment facility health care practitioner services and outpatient therapy services include coverage for nutritional counseling services for eating disorders.
- The urgent care behavioral health services benefit is for physician services only. All other eligible behavioral health urgent care services are payable under the medical urgent care benefit.
- Specialty drugs administered in home health care benefit may be different from other specialty drug benefits.

Administered by Humana Insurance Company or Humana Health Plan, Inc.

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Summary of Benefit Updates (HMO Plans)

The updates outlined below are applicable to your plan's eligible benefits for behavioral health services. If you have questions regarding how a benefit is paid, please contact the Humana customer service phone number on your ID card.

HMO Copay, Simplicity and eHDHP:

- Residential treatment facility outpatient services are now payable the same as any other behavioral health service based upon location of services and the type of providers.
- Autism spectrum disorders are payable the same as any other behavioral health sickness based upon location of services and the type of provider.
- Retail clinics are covered under the outpatient behavioral health benefit.
- Acute inpatient, partial hospitalization, and residential treatment facility health care practitioner services include coverage for nutritional counseling services for eating disorders.
- Therapy services include benefits for outpatient behavioral health therapy, behavioral health therapy in a health care practitioner's office, behavioral health physical therapy, occupational therapy, speech therapy, audiology services, cognitive therapy, and nutritional counseling for eating disorders.
- "Other Therapy" benefit added, which covers any behavioral health therapies covered by your plan not listed in the bullet point directly above.
- "Telehealth and telemedicine" benefit added.
- The intensive outpatient program service now has a separate benefit from other outpatient behavioral health services.
- Applied behavioral analysis therapy during a home health care visit now has a separate benefit from other behavioral health home health care services.
- Behavioral health benefits for the following services may differ from the medical benefits for those same services: injections when performed in a place of service other than a health care practitioner's office, skilled nursing facility services, and specialty drugs.

HMO Canopy:

- Residential treatment facility outpatient services are now payable the same as any other behavioral health services based upon location of services and the type of provider.
- "Acute inpatient telehealth and telemedicine services" benefit removed and replaced with a telehealth and telemedicine benefit for all places of service.
- Autism spectrum disorders are payable the same as any other behavioral health sickness based upon location of services and the type of provider.
- The acute inpatient, partial hospitalization, and residential treatment facility health care practitioner services include coverage for nutritional counseling services for eating disorders.
- The urgent care behavioral health services benefit is for physician services only. All other eligible behavioral health urgent care services are payable under the medical urgent care benefit.
- Therapy services include benefits for outpatient behavioral health therapy, behavioral health therapy in a health care practitioner's office, behavioral health physical therapy, occupational therapy, speech therapy, audiology services, cognitive therapy, and nutritional counseling for eating disorders.
- "Other Therapy" benefit added, which covers any behavioral health therapies covered by your plan not listed in the bullet point directly above.

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Humana Inc.
004/10275
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Important update to your medical coverage administered by Humana

Dear Member and any Covered Dependents,

We are writing to let you know that your medical plan administered by Humana is being updated to reflect changes based on federal law.

No action is required by you. We'll automatically update your medical plan to reflect the benefits. Applicable claims will be reviewed starting on April 15, 2021, and impacted claims requiring reprocessing will be reflected on your Explanation of Benefits (EOB) available on [Humana.com](https://www.humana.com). An updated Summary Plan Description (SPD) will be available on [Humana.com](https://www.humana.com) upon your next renewal date [Month DD, YYYY](#).

If you have any questions, contact your employer or Humana at **800-448-6262 (TTY: 711)**. We're available Monday – Friday, 8 a.m. – 6 p.m.

Sincerely,

Leann Hutchinson
Associate Vice President, Product Build, Compliance and Operations
Humana

Administered by Humana Insurance Company or Humana Health Plan, Inc.

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Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call the number on your ID card or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. Call the number on your ID card (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.

Language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711)

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (**TTY: 711**)... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (**TTY: 711**)... 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (**TTY: 711**)... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (**TTY: 711**)... 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. ID 카드에 적혀 있는 번호로 전화해 주십시오 (**TTY: 711**)... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (**TTY: 711**)... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (**телетайп: 711**)... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (**TTY: 711**)... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (**ATS: 711**)... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (**TTY: 711**)... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (**TTY: 711**)... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (**TTY: 711**)... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (**TTY: 711**)... 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (**TTY: 711**)...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره تلفن روی کارت شناسایی تان تماس بگیرید (**TTY: 711**)...

Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, námboo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' (**TTY: 711**)...

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (**TTY: 711**)...