

Your Corrected 2009 Humana Group Medicare PFFS Plan Information

Dear Freescale Retiree:

Thank you for your continued membership in the Humana Group Medicare Private-Fee-for-Service Plan. We value your membership and your trust.

In late 2008, you received your Annual Notice of Change and Evidence of Coverage (EOC) for your 2009 Humana Group Medicare PFFS plan. Some information in the EOC was incorrect. Detailed below is the updated information to the document you previously received.

Section	Current (Incorrect) Information	Updated Information
Evidence of Coverage	In the “Covered prescription drugs” section, the Retail Copayment/Coinsurance (90-day Supply) for Non-preferred drugs indicates that “you pay 50% coinsurance up to a \$255 maximum member out of pocket per prescription at a network pharmacy”	In the “Covered prescription drugs” section, the Retail Copayment/Coinsurance (90-day Supply) for Non-preferred drugs indicates that “you pay 50% coinsurance up to a \$225 maximum member out of pocket per prescription at a network pharmacy”

Also, some information was omitted from the document. We’ve included that missing information below.

Medicare Covered Drugs – Part B	2008 Benefit	2009 Benefit
Medicare Covered Drugs – Part B	Your coinsurance/copayment will vary depending on the drug and where the prescription is filled.	20% Coinsurance

Please put this document with your 2009 Evidence of Coverage. We apologize for any inconvenience to you.

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If you have questions after reviewing the material, please call Humana Group Medicare Customer Service at **1-800-733-6592 (TTY: 1-800-833-3301)**. Our service hours are 8 a.m. – 11 p.m. Monday – Friday, and 8 a.m. – 6 p.m. Saturday, Eastern time.

Sincerely,

Group Medicare Operations

PS: Thank you for choosing Humana. We look forward to serving you in 2009 and many years to come.

An Insurance Company with a Medicare Advantage contract to offer a
Private-Fee-for-Service plan.

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