

What People on Medicare need to know about Private Fee-for-Service plans

The Humana Group Medicare PFFS plan is a Medicare Advantage private fee-for-service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services (CMS). A PFFS plan is different than Original Medicare or an HMO, PPO, or Medicare supplement plan.

The Humana Group Medicare PFFS plan gives you the ability to choose your health care provider. However not all providers will accept this plan, even Medicare providers may not accept this plan. If you choose this plan, it is very important that all the providers you choose know, before providing services to you, that you have Humana Group Medicare PFFS plan coverage in place of Medicare. This gives your provider the right to choose whether or not to accept Humana Group Medicare PFFS plan terms and conditions of payment for treating you. Providers have the right to decide if they will accept the Humana Group Medicare PFFS plan each time they see you. This is why you must show your Humana Group Medicare PFFS plan ID card every time you visit a health care provider.

If your provider agrees to Humana Group Medicare PFFS plan terms and conditions of payment

If your provider decides to accept the Humana Group Medicare PFFS plan, they must follow our plan's terms and conditions for payment. They must thereafter bill the Humana Group Medicare PFFS plan for those services. However, providers have the right to decide if they will accept the Humana Group Medicare PFFS plan each time they see you.

If your provider does not agree to Humana Group Medicare PFFS plan terms and conditions of payment

A provider may decide not to accept Humana Group Medicare PFFS plan's terms and conditions of payment. If this happens, please contact us at 1-866-396-8810 (TTY: 1-800-833-3301) for assistance in locating another provider in your area that has historically accepted our plan's terms and conditions of payment.

What happens if a provider declines to accept Humana Group Medicare PFFS plan's terms and conditions of payment?

1. They should not provide services to you except for emergencies.
2. If they choose to provide services, they may not bill you. They must bill the Humana Group Medicare PFFS plan for your covered health care services. You must pay the appropriate copays or coinsurance at the time of service.

For more information about PFFS plans see Beneficiary Qs & As at CMS's web site <http://www.cms.hhs.gov/PrivateFeeForServicePlans/>. If you have questions about Humana Group Medicare PFFS plan, **please call our customer service department at 1-866-396-8810. (TTY: 1-800-833-3301)**. Our hours are Monday through Friday, 8 a.m. – 11 p.m. Eastern time, and Saturday 8 a.m. – 6 p.m.

An Insurance Company with a Medicare Advantage contract to offer a Private Fee-for-Service plan available to anyone enrolled in both Part A and Part B of Medicare through age or disability. Copayment, service area, and benefit limitations may apply. You must continue to pay your Medicare-applicable premiums if not otherwise paid for under Medicaid or by another third party.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at:

http://apps.humana.com/MedPlans_Provider/PFFSTermsAndConditions.pdf

HUMANA
Guidance when you need it most

What Health Care Providers need to know about Private Fee-for-Service plans

The Humana Group Medicare PFFS plan is a Medicare Advantage private fee-for-service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services (CMS). A PFFS plan is different than an HMO, PPO, or Medicare supplement plan.

A beneficiary who enrolls in a Medicare Advantage PFFS plan is free to use any provider willing to treat the enrollee and accept our plan's terms and conditions of payment. You can view our terms and conditions of payment by visiting our website at Humana.com, and if you have questions, you can call us at 1-866-291-9714. Enrollees must inform you, before obtaining services from you, that they have purchased a Humana Group Medicare PFFS plan for their Medicare coverage. This gives you the right to choose to accept Humana Group Medicare PFFS plan enrollees. You have a right to make that choice each time service is needed by a Humana Group Medicare PFFS plan enrollee. You do not have to sign a contract to see Humana Group Medicare PFFS plan enrollees.

If you decide to accept Humana Group Medicare PFFS plan terms and conditions of payment

Your agreement to our plan's terms and conditions of payment is inherent in your decision to treat a Humana Group Medicare PFFS plan enrollee. If you decide to treat a Humana Group Medicare PFFS plan enrollee, you will be subject to our plan's terms and conditions of payment and must bill the Humana Group Medicare PFFS plan for covered services. However, you have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat Humana Group Medicare PFFS plan enrollees. You may learn our terms and

conditions of payment and other information about our plan, on our website at http://apps.humana.com/MedPlans_Provider/PFFSTermsAndConditions.pdf.

Providers who agree to Humana's terms and conditions are reimbursed for Medicare-covered services at current Medicare reimbursement rates, less the member's cost-share amount.

If you decide not to accept Humana Group Medicare PFFS plan terms and conditions of payment

If you decide not to treat a Humana Group Medicare PFFS plan enrollee, you should not provide services to the enrollee, except for emergencies.

If you choose to provide services, then you have by default agreed to our terms and conditions of payment and you must bill Humana Group Medicare PFFS plan for covered health care services. You must collect from the enrollee only the appropriate Humana Group Medicare PFFS plan copays or coinsurance at the time of service. You may at any time, on a patient-by-patient and visit-by-visit basis, decide that you do not want to treat a Humana Group Medicare PFFS plan enrollee.

We will follow CMS requirements for timely payment of claims. You may learn our billing requirements at http://apps.humana.com/MedPlans_Provider/PFFSTermsAndConditions.pdf

For more information about PFFS plans see Provider Qs & As at CMS's web site <http://www.cms.hhs.gov/PrivateFeeforServicePlans/>. If you have questions about the Humana Group Medicare PFFS plan, please call our provider relations department at 1-866-291-9714.