

Humana MA PFFS Plans allow payment for Medicare-covered services at current Medicare reimbursement rates less the Member's cost-share, which is typically a copayment.

Humana MA PFFS Plans are unique because:

- No provider network or contract is required
- It is not an HMO or a PPO
- Reimbursement is based on Original Medicare rules and reimbursement methodologies
- Medicare local coverage determinations apply
- Referrals and preauthorization of health care services are not required
- Notification of Inpatient Admission is requested

Humana PFFS Plans are offered as both individual (Humana Gold Choice) and employer-sponsored group (Humana Group Medicare PFFS) plans tailored to meet a variety of beneficiary needs. These plan options provide benefits for Medicare-covered services with some enhancements, such as coverage of routine physicals and prescription drugs. Plan specific information, including copayments, will be noted on the Member's ID card.

ADMISSION NOTIFICATION

Humana PFFS Plans request admission notification for any admission to a hospital or skilled nursing facility. This notification enables Humana to offer optional case management and disease management programs that may benefit specific members through education and support. **Please call 1-800-523-0023 for admission notification. For a list of all services that the Humana PFFS Plans provide, including detailed plan benefit information, please visit Humana.com.**

Humana Gold Choice, (individual plan)

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Guidance when you need it most

Humana Gold Choice
A Medicare Health Plan with Prescription Drug Coverage

SAMPLECARDS, CHRISTOPHER S
Member ID: 12345678-9
RxBIN: 87654321
RxPCN: 12345678
RxGRP: XXXXXX

Effective: MM/DD/YYYY
Issuer: 80840
Copayments
OFFICE VISIT \$XX
SPECIALIST \$XX
HOSPITAL EMERGENCY \$XX

MedicareRx
Prescription Drug Coverage
CMS H1234 001

CUSTOMER SERVICE: 1-800-457-4708
TDD/TTY Hearing or Speech Impaired: 1-800-833-3301

For payment terms and conditions: 1-866-291-9714

Pharmacist/Physician Rx Inquiries: 1-800-865-8715

Physician and hospital authorization or notification: 1-800-523-0023

PROVIDERS: DO NOT BILL MEDICARE.

Submit claims to: Humana Claims, PO Box 14601, Lexington, KY 40512-4601.
[Supplemental Benefits: DEN723 / V15734 / HER820]
See pharmacy & drug list at www.humana.com

CARD ISSUED: MM/DD/YYYY

Humana Group Medicare PFFS (Group plan)

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Guidance when you need it most

Humana Group Medicare
A Medicare Health Plan with Prescription Drug Coverage

SAMPLECARDS, CHRISTOPHER S
Member ID: 12345678-9
RxBIN: 87654321
RxPCN: 12345678
RxGRP: XXXXXX

Effective: MM/DD/YYYY
Issuer: 80840
Copayments
OFFICE VISIT \$XX
SPECIALIST \$XX
HOSPITAL EMERGENCY \$XX

MedicareRx
Prescription Drug Coverage
CMS H1234 001

CUSTOMER SERVICE: 1-866-396-8810
TDD/TTY Hearing or Speech Impaired: 1-800-833-3301

For payment terms and conditions: 1-866-291-9714

Pharmacist/Physician Rx Inquiries: 1-800-865-8715

Physician and hospital authorization or notification: 1-800-523-0023

PROVIDERS: DO NOT BILL MEDICARE.

Submit claims to: Humana Claims, PO Box 14601, Lexington, KY 40512-4601.
[Supplemental Benefits: DEN723 / V15734 / HER820]
See pharmacy & drug list at www.humana.com

CARD ISSUED: MM/DD/YYYY

Claims

The provider tax ID number and Medicare ID or UPIN number are required to price and process claims appropriately. Facilities should use the subunit identifier with their facility ID. Beginning May 23, 2007, the National Provider Identifier (NPI) should be included on all claims, subject to CMS and Humana updates.

Claims subject to CMS and Humana updates may be submitted electronically (Humana MA PFFS Plans can accept electronic claims from virtually all clearinghouses) or, submit paper claims to:

**Humana MA PFFS Plans
P.O. Box 14601
Lexington, KY 40512**

Current Humana electronic submitters can use the same process they now use.

For the appropriate claims and customer service telephone number, please reference the member's ID card.

Contact Information

If you have any questions or concerns about your payment or if you would like more information about Humana MA PFFS Plans, please call Humana Provider Relations at 1-866-291-9714.

Humana PFFS Plans

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Guidance when you need it most

TERMS AND CONDITIONS

You will not have a contract with Humana Private Fee-for-Service (PFFS), but you are a participating provider if:

- You have knowledge that your patient is enrolled as a member in a Humana PFFS Plan. (Humana PFFS Plans will provide Members with an identification or enrollment card);
- You have a reasonable opportunity to obtain the Terms and Conditions for participation in Humana PFFS Plans that are set out herein or available on **Humana.com**;
- You provide services to a Humana PFFS Member.

In addition, you:

- Must be licensed or certified by the state and be acting within the scope of that license or

certification, and not be sanctioned or have opted out of Medicare

- Must comply with all Medicare and other federal health care program laws, regulations and program instructions that apply to the services furnished to Members
- Agree not to balance bill Members, and collect from Members only their Humana MA PFFS Plan cost-sharing amounts, if you accept assignment of the Medicare payment from the Member
- Agree to collect from Members only the Humana MA PFFS Plan cost-sharing amounts and the Medicare limiting charge if you do not accept assignment of the Medicare payment from the Member

Agree that in no event, including, but not limited to: nonpayment by Humana PFFS, Humana PFFS insolvency or breach of this Agreement, shall you or your assignees and/or subcontractors bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against Members of Humana PFFS or persons other than Humana PFFS acting on their behalf, for covered services provided to the Member by you. This provision shall not prohibit collection of payments for any noncovered services or Member cost-share amounts set forth above. You further agree that: (i) this provision supersedes any oral or written contrary agreement now existing, or hereafter entered into between you and a Member or persons acting on his/her behalf and (ii) this provision shall apply to all of your employees, agents, trustees, assignees and subcontractors, and you shall obtain from such persons specific agreement to this provision.

Agree to cooperate with Humana's Medicare Risk Adjustment program, including, but not limited to, medical record reviews.

Agree to comply with all Humana PFFS appeal and grievance procedures, including hospitals, skilled nursing facilities, home health agencies or certified outpatient rehabilitation facilities providing appropriate written notices to Members in advance of service ending. Copies of those procedures are available upon request from the provider relations department, by calling 866-291-9714.

Agree that if you do not agree to accept the Terms and Conditions stated herein, you may not provide services to a Humana PFFS Member.

Providers who agree to the Humana PFFS Terms and Conditions are reimbursed for Medicare-covered services at current Medicare reimbursement rates, less the Member's cost-share amount. In addition, settlement for certain payment methodologies is available upon request. When requesting settlement, provider represents and warrants that it qualifies under CMS laws, rules and regulations for the settlement requested. For further information, please contact your provider representative.

Humana will comply with all CMS rules and regulations regarding prompt payment of claims for claims that have been submitted by Providers for services and supplies rendered to Medicare Advantage members.

Federal health care providers are not eligible for payment for services to Humana PFFS Members, except for emergency services.

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