Humana. | CALIFORNIA SCHOOLS VEBA YOUR HEALTH, OUR PURPOSE

2027 CalVEBA

Humana Group Medicare Plan Highlights

Medical benefits at-a-glance*	RetireeFirst - Humana $15 (In-network)
Annual medical deductible	**$0**
Annual medical maximum out-of-pocket	**$1,500**
Hospital, Ambulatory Surgical Center, & Skilled Nursing Care	
Acute inpatient hospital care	$200 per admit
Outpatient hospital coverage	$0 to $15 copay
Outpatient hospital surgery services	$15 copay
Ambulatory surgical center	$15 copay
Outpatient ambulatory surgical center surgery services	$15 copay
Skilled nursing facility	$0 copay per day for days 1-100
Doctor Office Visits	
Primary care physician's office visit	$15 copay
Specialist's office visit	$15 copay
Preventive Care	
Preventive Care	$0 copay
Annual Wellness Visit, flu vaccine, Medicare-covered screenings	$0 copay
Emergency Services	
Emergency care at emergency room	$50 copay
Urgently needed services at Urgent Care Center	$15 copay
Ambulance	$50 copay
Diagnostic Services, Labs & Imaging	
Diagnostic services, labs & imaging	$0 to $15 copay
Advanced imaging services (MRI, MRA, PET and CT Scan)	$0 to $15 copay
Diagnostic procedures and tests	$0 to $15 copay
Lab services	$0 to $15 copay
Nuclear medicine services	$15 copay
Outpatient x-rays	$0 to $15 copay
Radiation therapy	$15 copay

Medical benefits at-a-glance*	RetireeFirst - Humana $15 (In-network)
Diabetes & Medical Equipment/Supplies	
Diabetes Services and Supplies	$0 to $25 copay
Continuous glucose monitor (CGM)	$0 to $25 copay
Diabetes monitoring supplies	$0 to $25 copay
Medical equipment/supplies	$2 to $25 copay
Durable medical equipment	$25 copay
Medical supplies	$2 copay
Rehabilitation & Renal Dialysis	
Rehabilitation services	$15 copay
Renal dialysis services	20% of the cost
Other Benefits	
Routine hearing	• $0 copay for routine hearing exams up to 1 per year (includes hearing aid fitting). • $0 copay for follow-up provider visits up to 3 per year. • $500 maximum benefit coverage amount for each hearing aid(s) (all types) up to 1 per ear every 3 years.
Routine foot care (Podiatry)	$15 copay for routine podiatry visits up to 6 combined in- and out-of-network visit(s) per year.
Routine transportation	$0 copay for plan approved location up to 12 one-way trip(s) per year.
Routine vision	• $10 copay for routine exam (includes refraction) up to 1 per year. • $150 combined maximum benefit coverage amount every two 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).
Extra Benefits	
Extra benefits	SilverSneakers®, Personal Health Coaching, Post-discharge services, Smoking Cessation, Virtual Cardiac Recovery, Non-Emergency Medical Transportation

Pharmacy benefits at-a-glance*	RetireeFirst - Humana $15 In-network only	
	Standard Retail Pharmacy 30-day supply	**Standard Mail Order 100-day supply**
Annual pharmacy deductible	**$0**	**$0**
Annual pharmacy maximum out-of-pocket	**$2,400**	**$2,400**
Tier 1 (Generic or Preferred generic)	$10 copay	$20 copay
Tier 2 (Preferred brand)	$25 copay	$50 copay
Tier 3 (Non-preferred drug)	$50 copay	$100 copay
Tier 4 (Specialty tier)	$50 copay	N/A

*The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the Evidence of Coverage.

Humana is a Medicare Advantage PPO plan and a stand-alone prescription drug plan with a Medicare contract. Enrollment in this 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 service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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