Services Covered by Humana's Network

In most situations, you must get the services below from the providers who are in Humana's network. Services must be medically necessary and provided, coordinated or referred by your primary care provider (PCP). Talk with your PCP or call Member Services at **855-223-9868 (TTY: 711)**, Monday through Friday, from 8 a.m. to 5 p.m., Central time if you have any questions or need help with any health services.

As a value-added benefit to those who enroll with Humana, all members are exempt from copays for medical and behavioral health services. Copays for pharmacy may still apply for members 21 and older. Members under 21 are always exempt from copays.

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)
Advanced Practice Registered Nurse (APRN)	Covered	Covered: • 4 outpatient visits per month	Covered: • 4 outpatient visits per month Limit can be exceeded based on medical necessity.
Allergy testing	Covered	Covered: • Limited to 60 tests every 3 years	Covered: • Limited to 60 tests every 3 years Limit can be exceeded based on medical necessity.

Humana
Healthy Horizons®
in Oklahoma

Humana Healthy Horizons in Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

OKHM8T7EN0124

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)
Alternative treatment for pain management	Covered	Physical therapy when provided in a non-hospital-based setting: a. Initial evaluation covered without prior authorization (PA) b. 12 hours per year requires PA Chiropractic services: a. Initial evaluation covered without PA b. 12 visits per year requires PA	
Ambulance or emergency transportation	Covered		
Ambulatory surgical center	Covered		
Bariatric surgery	Covered, upon meeting pre-surgical evaluation and weight-loss requirements. Requires PA	Covered, upon meeting pre-surgical evaluation and weight-loss requirements. Not covered for treatment of obesity alone. Requires PA	
Certified registered nurse anesthetist and anesthesiologist assistants	Covered		
Chemotherapy	Covered		
Clinic services	Covered Some services may require a PA		
Diabetes education	Covered, 10 hours per first year; 2 hours per subsequent year Limits can be exceeded based on medical necessity and under Early and Periodic Screening, Diagnostic and Treatment (EPSDT).	Covered, 10 hours per first year; 2 hours per subsequent year	Covered, 10 hours per first year; 2 hours per subsequent year Limits can be exceeded based on medical necessity.
Diagnostic testing entities	Covered Some services may require a PA		

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)
Donor human breast milk	Covered during the first year of life Requires PA	Not covered	
Durable medical equipment supplies and appliances	Covered Requires a prescription by a medical provider Some services may require a PA		
EPSDT and early intervention services, including health and immunization history; physical exams, various health assessments and counseling; lab and screening tests; necessary follow-up care; and applied behavioral analysis (ABA) services	Covered Some services may require PA	Not covered	
Emergency room/ department	Covered		
Eye care to treat a medical or surgical condition	Covered		
Family planning services	Covered		
Federally Qualified Health Center and rural health clinic services	Covered		
Genetic counseling and testing	Covered for pregnant members and members meeting medical necessity criteria. May require a PA		
Hearing services	Covered May require PA	Covered As a value-added benefit, members 21 and older can receive the following: • 1 assessment for hearing aids every 3 years • 1 hearing aid per ear and dispensing fee every 3 years • 2 hearing aid fitting/checking visits every 3 years • 48 batteries per hearing aid per year	

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)
Home health care services	Covered		
Hospice (non-hospital based)	Covered for members with a life expectancy of 6 months or less	Covered for members with a life expectancy of 6 months or less	Covered for members with a life expectancy of 6 months or less
Immunizations	Covered		
Infusion therapy	Covered	Covered when medically necessary and not considered a compensable part of the procedure.	
Inpatient hospital services	Covered	Covered: a. Inpatient hospital services (inpatient stay): no limit b. Inpatient physician services: covered c. Inpatient surgical services: no limit d. Inpatient rehabilitation hospital services: 90 days per individual per state fiscal year (SFY)	Covered: a. Inpatient hospital services (inpatient stay): no limit b. Inpatient physician services: covered c. Inpatient surgical services: no limit d. Inpatient rehabilitation hospital services: 90 days per individual per SFY Amount limits can be exceeded based on medical necessity.
Laboratory, X-ray, diagnostic imaging and imaging (CT/PET scans and MRIs)	Covered Some services may require a PA		
Lactation consultant (help with breastfeeding)	Covered for pregnant and postpartum members		
Lodging and meals for the health plan member and/or one approved medical escort	Covered Services require PA		
Long-term care hospital for children	Covered	Not covered	
Mammograms	Covered		

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)
Maternal and infant licensed clinical social worker services	Covered for pregnant and postpartum members		
Non-emergency medical transportation (NEMT)	Covered As a value-added benefit: All members can receive 1 in-state round trip (2 in-state one-way trips) per day for a parent and/or guardian to visit their child during a NICU or inpatient hospital stay. Members using non-emergency medical transportation may be allowed to bring up to 3 children when childcare is not available. • Total number of passengers, including the driver, cannot exceed more than 5 • Each child must be younger than 13 • Each child must be the member's by birth, marriage, legal adoption, foster child or legal guardianship • Each child must have his/her own car seat provided by the member if required by OK state law		
Nurse midwives	Covered under EPSDT	Covered	
Nursing facility and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID)	Covered for up to 60 days pending the level of care determination		
Nutrition services (dietitian)	Covered	Covered up to 6 hours per year Nutritional services for treatment of obesity are not covered. Services must be for diagnosing, treating or preventing, or minimizing effects of illness.	Covered up to 6 hours per year Nutritional services for treatment of obesity are not covered. Services must be for diagnosing, treating or preventing, or minimizing effects of illness. Limits can be exceeded based on medical necessity.
Orthotics	Covered	Not covered	Covered without limitations when medically necessary.
Outpatient hospital and surgery services	Covered		

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)
Paid family Caregiver (PFC)	Covered for children ages 0-20 Limit: 40 hours per week	Not covered	Not covered
Parenteral/enteral nutrition (IV and tube-feeding)	Covered Some services may require a PA		
Personal care	Covered		
Physician and physician assistant services	Covered	Covered Limit 4 visits per month	Covered Limit 4 visits per month Limit can be exceeded based on medical necessity.
Podiatry	Covered		
Post- stabilization care services	Covered		
Pregnancy and maternity services including prenatal, delivery and postpartum	Covered		
Prescription drugs	Covered	Covered As a value-added benefit, the monthly prescription limit is waived for members 21 and older. All prescriptions are subject to state and federal requirements for Drug Utilization Review, safety edits, quantity limits and PA. Quantity limits: a limit on the number of drugs you can get at once, per prescription (i.e. 30 tablets per 30 days). There is no limit on the total number of prescriptions you may have, though the state's limitation of two brand name prescriptions per month still applies. A third brand name prescription may be approved if it is found to be medically necessary	

Preventive care and screening	Refer to EPSDT coverage	Covered for outpatient hospital services, other laboratory and X-ray services, diagnosis and treatment of conditions found, clinic services, screening services and rehabilitative services. There is not a stand-alone preventive services benefit package for adults providing coverage for all services.	
Private duty nursing	Covered up to 16 hours per day. Additional hours available for 30 days following a stay in the hospital or when regular caregiver is not available.	Not covered	This service is substituted with skilled nursing under the home health services benefit.

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)
Prosthetic devices	Covered when prior authorized	Only breast prosthesis and support accessories and prosthetic devices are covered when part of surgery. Limited coverage with required PA	Covered without limitations when medically necessary.
Public health clinic services	Covered	Covered: 4 visits per month	Covered: 4 visits per month Limit can be exceeded based on medical necessity
Radiation	Covered		
Reconstructive surgery	Covered May require PA	Covered Non-cosmetic breast reconstruction/ implantation/removal is covered only when it is a direct result of a mastectomy which is medically necessary. May require PA	
Renal dialysis facility services	Covered		
Routine patient cost in qualifying clinical trials	Covered to the extent that the provision of the service would otherwise be covered outside of the participation in the clinical trial.		
School-based health related services	Covered	Not covered	
Telehealth	Covered		
Therapy services: physical therapy (PT), occupational therapy (OT), and speech therapy (ST)	OT and PT: a. Initial evaluation covered without PA b. Treatment requires PA ST: a. Evaluation and treatment require PA	Rehabilitative services: a. 15 visits per year for each OT, PT and ST (cumulative total: 45 visits)	Habilitative services: a. 15 visits per year for each OT, PT and ST (cumulative total: 45 visits) Rehabilitative Services: a. 15 visits per year for each OT, PT and ST (cumulative total: 45 visits)

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)
Tobacco Cessation services	Nicotine replacement therapy (NRT) products (including patches, gum, lozenges, inhalers, and nasal spray) and Zyban®/Bupropion to include combination therapy of these products are covered. Chantix®/Varenicline is covered up to 180 days per 12 months. Tobacco cessation products are covered without duration limits, PA, or co-payment. 8 tobacco cessation counseling sessions per year		
Transplant Services	Covered with a PA Cornea and kidney transplants do not need a PA.		
Urgent care centers or facilities	Covered	Up to 4 outpatient visits per month	Up to 4 outpatient visits per month Limit can be exceeded based on medical necessity
Vision services	Covered under EPSDT with a limit of 2 eyeglass frames per year	Covered As a value-added benefit, members 21 and older receive an annual eye exam. In addition, members can choose one of the following every 2 years: • Eyeglasses include non-high index polycarbonate lenses and a $100 allowance for the frame, or • $100 allowance for the cost of contact lenses, members are responsible for any cost over the allowance.	

Pharmacy

Talk with your pharmacist or call Member Services toll-free at 855-223-9868 (TTY: 711), Monday through Friday, from 8 a.m. to 5 p.m., Central time if you have any questions or need help with your pharmacy services. To view current pharmacy coverage policies, please visit Humana pharmacy coverage policies.

Prescription Coverage | Humana Healthy Horizons in Oklahoma provides members access to documents including the Preferred Drug List (PDL), Over the Counter (OTC) Drug List, Prior Authorization (PA) Criteria, and Diabetic Supplies Preferred Drug List among other important information about your pharmacy benefit. You can your pharmacy benefit. You can also quickly check drug coverage and find a pharmacy in your area that accepts your benefit.

Copay

Prescriptions are subject to a copay of four dollars ($4) if applicable.

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)

Prescription drugs	Covered	Covered As a value-added benefit, the monthly prescription limit is waived for members 21 and older. All prescriptions are subject to state and federal requirements for Drug Utilization Review, safety edits, quantity limits and PA.

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)
Medication-assisted treatment services (MAT)	Covered Includes: • Generic buprenorphine/naloxone sublingual tablets • Vivitrol • Methadone		
Tobacco cessation products (to help you quit using tobacco)	NRT products (including patches, gum, lozenges, inhalers and nasal spray) and Zyban®/Bupropion to include combination therapy of these products are covered. Chantix®/Varenicline is covered up to 180 days per 12 months. Tobacco cessation products are covered without duration limits, PA or co-payment.		
Diabetic supplies (insulin, syringes, test strips, lancets and pen needles)	Covered		
Family planning supplies	Covered		

Behavioral health services and mental health and substance use disorder services

Behavioral health care includes mental health (your emotional, psychological and social well-being) and substance use (alcohol and drugs) disorder treatment and rehabilitation services. All members have access to services to help with mental health issues like depression or anxiety, or to help with alcohol or other substance use disorders. These services can include:

- Medication-assisted therapy (MAT)
- Tobacco cessation (to help you quit using tobacco)
- Behavioral health crisis services

If you believe you need access to more intensive behavioral health services that your plan does not provide, talk with your PCP or call Member Services at **855-223-9868 (TTY: 711)**, Monday through Friday, from 8 a.m. to 5 p.m., Central time.

As a value-added benefit to those who enroll with Humana, all members are exempt from copays for medical and behavioral health services. Copays for pharmacy may still apply for members 21 and older. Members under 21 are always exempt from copays.

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)
Applied behavioral analysis	Covered Requires PA	Not covered	
Certified Community Behavioral Health Centers CCBHC services	Covered		

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)
Day treatment services	Covered for a minimum of 3 hours per day for 4 days per week Requires PA	Not covered	
Inpatient hospital – freestanding psychiatric	Covered Requires PA	Ages 21-64: • Covered for a maximum of 60 days per episode. Requires PA Ages 65 and older: • Covered for a maximum of 60 days per episode. Requires PA	
Inpatient hospital – general acute	Covered Requires PA		
Licensed behavioral health provider (who can bill independently)	Covered Requires PA	Not covered	
Medication assisted treatment (MAT)	Covered Includes: • Generic buprenorphine/naloxone sublingual tablets • Vivitrol • Methadone		
Opioid treatment programs	Covered Requires PA		
Outpatient behavioral health agency services	Covered Requires PA		
Partial hospitalization	Covered for a minimum of 3 hours per day for 5 days per week Requires PA		
Peer recovery support services	Covered for ages 16-21 Requires PA	Covered Requires PA	
Program for Assertive Community Treatment services (PACT)	Covered for ages 18-21	Covered	
Psychiatric residential treatment facility	Covered Requires PA	Not covered	
Psychiatrist	Covered		
Psychologist (who can bill independently)	Covered Requires PA		

Service	Children (under 21)	Non-expansion adults (21 and over)	Expansion adults (21 and over)
Secure Behavioral Health Transportation	Covered Services cover children, non-expansion adults, and expansion adults: Secure behavioral health transportation may be provided when medically necessary for the following • Transportation to a facility, including but not limited to, hospitals and other mental health facilities; • Facility-to-facility transports; and • Transport of a member seeking voluntary admission to a facility		
Substance abuse treatment (outpatient, inpatient, and residential)	Outpatient substance abuse treatment: Covered, requires PA Residential substance abuse treatment: Covered		
Targeted case management	Covered for targeted populations Requires PA		
Therapeutic behavioral services, family support and training	Covered for children with Serious Emotional Disturbance in a systems of care wraparound team	Not covered	
Therapeutic foster care	Covered Requires PA	Not covered	

Other Covered Services

- Post-stabilization care services (provided after you have had an emergency medical condition to keep you safe)
- School-based health related services
- Public health clinic services
- Federally Qualified Health Center (FQHC) services
- Services provided at your local health department
- Value-added benefits

Additional Value-Added Benefits		
Benefit name	**Age limit**	**Description**

Breast pumps	All	Female members can receive 1 non-hospital grade breast pump every 2 years, or 1 rental of a hospital-grade breast pump if your baby has an inpatient stay in a neonatal intensive care unit (NICU).
Convertible car seat or portable crib	All	Pregnant members who enroll and actively participate in our HumanaBeginnings® Care Management Program and complete a comprehensive assessment and at least 1 follow-up call with a HumanaBeginnings Care Manager can select 1 convertible car seat or portable crib per infant, per pregnancy.
Criminal expungement services	18 and older	Member can receive reimbursement of up to $150 for criminal record expungement, as allowed per **https://osbi.ok.gov/criminal-history/expungement**, per lifetime.

Additional Value-Added Benefits		
Benefit name	**Age limit**	**Description**
Disaster preparedness meals	All	1 box of 14 shelf-stable meals before or after a natural disaster once per year. Member must not live in a residential facility. The Governor must declare the disaster for the member to be eligible for the meals.
Disaster preparedness/ relief kit	18 and older	1 disaster relief kit per year before or after a natural disaster Kit includes: a backpack with food bars, emergency water, hygiene pack, first aid kit, flashlight, rain poncho, disaster guide, whistle, blanket and disposable mask
Employment physical	18 and older	1 employment physical per year
Financial literacy coaching	16 and older	Up to 6 life coaching sessions for money management and budgeting
Fresh produce box	18 and older	Up to 4 boxes of in-season nutritious fresh fruits and vegetables annually for members identified as food insecure Plan approval required
GED testing	16 and older	GED test preparation assistance, including a bilingual advisor, access to guidance and study materials, and unlimited use of practice tests. Test preparation assistance, including tutoring, is provided virtually to allow maximum flexibility for members. Also includes test pass guarantee to provide members multiple attempts at passing the test.
Hearing Services	21 and older	• 1 assessment for hearing aids every 3 years • 1 hearing aid per ear and dispensing fee every 3 years • 2 hearing aid fitting/checking visits every 3 years 48 batteries per hearing aid per year
Home-based interventions for asthma	All	Asthmatic members in our Care Management or Disease Management Programs can receive reimbursement up to $350 per year for allergen free bedding, an air purifier and/or carpet cleaning. Care Manager approval required

Additional Value-Added Benefits		
Benefit name	**Age limit**	**Description**
Housing assistance	18 and older	Up to $350 per member per year (unused allowance does not roll over to the next year) to assist with the following housing expenses: • Apartment rent or mortgage payment (late payment notice required) • Utility payment for electric, water, gas or internet (late payment notice required) • Trailer park and lot rent if this is your permanent residence (late payment notice required) • Moving expenses via licensed moving company when transitioning from a public housing authority • Plan approval required • Member must not live in a residential facility or nursing facility • Funds will not be paid directly to the member • If the bill is in the spouse's name, a marriage certificate may be submitted as proof
Maternal and infant virtual care	All	Pregnant members and members with a child up to 1 year of age, unlimited access to a smartphone application that provides 24 hour a day, 7 days a week access to a proprietary, video-enabled call routing system that allows members to connect with a lactation consultant or a physician extender for on-demand assistance.
Native American traditional medicine	All	Reimbursement of up to $300 per calendar year for Native American members to help cover costs for Native American Traditional and/or Ceremonial Services. Member is required to provide a signed verification form
Newborn care kit	0-6 months	1 newborn kit per birth Kit includes: diaper bag, diapers, wipes, diaper rash cream, baby blanket, thermometer and bulb syringe
Non-medical transportation (NMT)	21 and older	Up to 15 round trips (or 30 one-way trips) up to 45 miles for NMT per year to locations such as social support groups, wellness classes, WIC and SNAP appointments, and food banks. This benefit also offers transportation to locations providing social benefits and community integration for members such as community and neighborhood centers, parks, recreation areas and churches.

Additional Value-Added Benefits		
Benefit name	**Age limit**	**Description**
Non-Emergency Medical Transportation (NEMT)	All	One in-state round trip (2 in-state one-way trips) per day for a parent and/or guardian to visit their child during a NICU or inpatient hospital stay. Member's using non-emergency medical transportation may be allowed to bring up to 3 children when childcare is not available. • Total number of passengers, including the driver, cannot exceed more than 5 • Each child must be younger than 13 • Each child must be the member's by birth, marriage, legal adoption, foster child or legal guardianship • Each child must have his/her own car seat provided by the member if required by OK state law
Over-the-counter (OTC) pharmacy allowance	All	Up to $30 per household per quarter allowance enables households to purchase products that support common occurring conditions such as: • Pain relivers • Diaper rash cream • Cough and cold relief medicine • First aid equipment that do not require prescriptions Unused amounts do not roll over to the next quarter
Parent-guardian self-care allowance	All	Reimbursement up to $40 per quarter for members that are a legal parent or guardian of children up to 12 months old to help cover the costs of childcare and enable our new parents/ guardians to spend time doing activities independently and relieve stress.
Pest control	All	$200 per household per year per for pest control If member resides with caregiver, they must show proof Member can provide lease that they reside with caregiver Plan approval required
Post discharge meal	All	14 refrigerated home-delivered meals following discharge from an inpatient or residential facility
Prescription limit waived for adults	21 and older	The 6 prescription per month limit for adult members is waived All prescriptions are still subject to state and federal requirements for drug utilization review, safety edits, quantity limits and prior authorizations. Quantity limits: a limit on the number

		of drugs you can get at once, per prescription (i.e. 30 tablets per 30 days). There is no limit on the total number of prescriptions you may have, though the state's limitation of two brand name prescriptions per month still applies. A third brand name prescription may be approved if it is found to be medically necessary.

Additional Value-Added Benefits		
Benefit name	**Age limit**	**Description**
Self-monitoring devices – blood pressure monitoring kit	21 and older	Members under care management may receive 1 digital blood pressure kit once every 3 years. Kit includes the cuff and monitor. Care Manager approval required
Self-monitoring devices – weight scale	21 and older	Members under care management may receive 1 weight scale every 3 years Care Manager approval required
Smartphone services	All	Smartphones can provide easy access to health-related information and enable members to stay connected to their care team and health plan. Humana members that qualify for the Federal Lifeline program are eligible to receive a free smartphone with monthly talk minutes, text and data.
Sports physical	6-18 years	1 sports physical per year
Tobacco & Vaping Cessation Coaching	13 and older	Tobacco Cessation Program is focused on tobacco and vaping cessation coaching for members aged 13 and older. The program is designed as a 6-month engagement for a total of 8 coaching calls, but members have 12 months to complete the program if needed. Humana's tobacco and vaping cessation health coaching program offers support for both over the counter (OTC) and prescription nicotine replacement therapy (NRT) for members ages 18 and older.
Vision Services	21 and older	1 annual eye exam Members can choose one of the following every 2 years: • Eyeglasses include non-high index polycarbonate lenses and a $100 allowance for the frame, or • $100 allowance for the cost of contact lenses, members are responsible for any cost over the allowance.

Additional Value-Added Benefits		
Benefit name	**Age limit**	**Description**
Waived copays	21 and older	Waive copays for medical and behavioral health services
Weight Management Coaching	12 and older	Weight Management Coaching Program delivers weight management intervention for members who are 12 and older. Upon receiving physician clearance, member can complete 6 weight management coaching sessions with health coach; approximately one call per month for a period of 6 months.
Youth academic support	Grades K-12	Members in grades K-12 access to online tutoring services up to 2 hours per week as well as ACT/SAT test preparation.
Youth development and recreation	4-18 years	Member can receive reimbursement of up to $200 annually for participation in activities such as: • YMCA • Boys and Girls Club programming • Swim lessons • Computer coding classes • Music lessons

If you have any questions about any of the benefits above, talk to your PCP or call Member Services at **855-223-9868 (TTY: 711)**, Monday through Friday, from 8 a.m. to 5 p.m., Central time.

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **855-223-9868 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 5 p.m., Central time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

Notice of Non -Discrimination. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at 877 -320 -1235 (TTY: 711) . Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.’s Non -Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512 -4618, 877 -320 -1235 (TTY: 711) , or accessibility@humana.com . If you need help filing a grievance, Humana Inc.’s Non -Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. 800 -368 -1019 , 800 -537 -7697 (TDD).

California members or residents: You may also call the California Department of Insurance toll -free hotline number, 800 -927 -HELP (4357) , to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877 -320 -1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time. Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish) : Llame al número que se indica arriba para recibirservicios gratuitos de asistencia lingüística. 繁體中文

(Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。
Ti ếng Vi ệ t (Vietnamese): G ọ i s ố đi ệ n tho ạ i ở trên để nh ậ n các d ịch v ụ h ỗ tr ợ ngôn ng ữ mi ễ n phí.
한국어 (Korean) 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오 . Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.
Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.
العربية (Arabic): المجانية اللغوية المساعدة خدمات على للحصول أعلاه الهاتف برقم اتصل.
French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.
Français (French) : Appelez le numéro ci -dessus pour recevoir des services gratuits d’assistance linguistique.
Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.
Português (Portuguese): Ligue para o número acima para receberserviços gratuitos de assistência no idioma.
Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.
日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。
Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten. فارسی (Farsi): برای دریافت خدمات رایگان با شماره فوق تماس بگیرید.
दीी (Hindi): भाषाा सहाायताा सेवाएं ंं मुंु मुं प्राा करनेंे के एं ऊपर के नेंबर पर कॉल करं ।
հայերեն (Armenian): Զանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնության ծառայություններ ստանալու համար :
ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટેઉપરઆપેલા નંબર પર કૉલ કરો .
Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb
This notice is available at Humana.com/OklahomaDocuments

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

فارسی (Farsi) .ديريگب سامت قوف هر امش اب ناگيار تروصب ينابز تلاي‌هس‌ت تفايرد يارب

OKHM43XEN