

# Take advantage of all that's available for your health

Humana wants to make sure your care grows with you as you change, and that you get access to all you need. Did you know that many services, medicines, and screenings are available to you, and at no extra cost out of your pocket, when they are treated as preventive? See throughout for all that's available to you.

## Adult preventive services

Preventive office visits are covered, as well as the screenings, immunizations and counseling listed below.

### Screenings

<b>Abdominal aortic aneurysm</b>	One-time screening for men of specified ages who have ever smoked*
<b>Alcohol use</b>	Screening for all adults
<b>Blood pressure</b>	Screening for high blood pressure for all adults
<b>Cholesterol</b>	Screening for adults certain ages or at higher risk*
<b>Colorectal cancer</b>	Screening for adults aged 45–75
<b>Depression/suicide risk</b>	Screening for all adults
<b>Diabetes/prediabetes</b>	Screening for adults aged 35–70 at higher risk*
<b>Drug use</b>	Screening questions for all adults
<b>Hepatitis B</b>	Screening for adults at higher risk*
<b>Hepatitis C</b>	Screening for adults aged 18–79
<b>HIV</b>	Screening for adults at higher risk*
<b>Lung cancer</b>	Annual screening for adults aged 50–80 who smoke or have quit within the past 15 years*
<b>Obesity</b>	Screening for all adults
<b>Syphilis</b>	Screening for adults at higher risk*
<b>Tobacco use</b>	Screening for all adults
<b>Tuberculosis</b>	Screening for latent infection for adults at higher risk*

**Note:** You may need to pay all or part of the costs when services are completed to diagnose, monitor or treat an illness, pregnancy or injury, rather than prevent an illness, pregnancy or injury.



## Adult preventive services continued

Preventive office visits are covered, as well as the screenings, immunizations and counseling listed below.

### Medications and supplements (covered with a doctor's prescription)

<b>Colonoscopy preparation</b>	Bowel preparation medications for adults aged 45–75
<b>Tobacco smoking cessation</b>	FDA-approved smoking cessation medications for members 18 years and older
<b>Statin</b>	Low- to moderate-dose statin use for adults aged 45–75 at higher risk*
<b>HIV prevention</b>	PrEP pre-exposure prophylaxis with effective antiretroviral therapy to persons at high risk of HIV infection*

### Counseling

<b>Alcohol use reduction</b>	Behavioral counseling interventions to reduce unhealthy alcohol use
<b>Obesity</b>	Referral to intensive, multicomponent behavioral interventions for persons with a body mass index (BMI) of 30 kg/m or higher; counseling to prevent obesity
<b>Sexually transmitted infections (STI)</b>	Prevention counseling for adults at higher risk*
<b>Tobacco smoking cessation</b>	Cessation interventions for tobacco users

### Other

<b>Falls prevention</b>	Exercise interventions for adults aged 65 or older at increased risk for falls
<b>Skin cancer prevention</b>	Counseling for adults through age 24 to minimize their exposure to ultraviolet radiation



#### DID YOU KNOW?

Preventive care can help catch potential health issues early—when they're easier to treat.



#### Immunizations

(vaccines for adults—doses, recommended ages and recommended populations vary)<sup>†</sup>

COVID-19

Hepatitis A

Hepatitis B

Human papillomavirus (HPV)

Influenza

Measles, mumps, rubella (MMR)

Meningococcal

Pneumococcal

Tetanus, diphtheria, pertussis (Tdap)

Varicella (chickenpox)

Zoster (shingles/herpes zoster)

## Women preventive services (includes pregnant women)

Preventive office visits are covered, as well as the screenings and counseling listed below.

### Counseling

**Genetic counseling for women who have tested positive for BRCA**

**Breast cancer chemoprevention**  
Counseling for women at increased risk for breast cancer\*

**Domestic and interpersonal violence**  
Screening and counseling for intervention services

**Healthy weight and weight gain**  
Behavioral counseling interventions to promote healthy weight in pregnancy

**Perinatal depression**  
Counseling interventions for pregnant and postpartum women at increased risk\*

**Sexually transmitted infections (STIs)**  
Behavioral counseling to reduce the risk of STIs

**Tobacco smoking cessation**  
Behavioral interventions and expanded counseling for pregnant tobacco users

### Other services

**Breastfeeding<sup>‡</sup>**  
Lactation support, education, counseling and equipment for pregnant and nursing women

**Contraceptive methods and counseling<sup>‡</sup>**

### Screenings

**Anemia** Screening on a routine basis for pregnant women

**Bacteriuria** Urinary tract or other infection screening for pregnant women

**BRCA** Screening for women at higher risk\*

**Breast cancer mammography** Screening every one to two years for women aged 40 or over

**Cervical cancer** Screening for women with a cervix, regardless of sexual history, at specified ages and intervals\*\*

**Chlamydia infection** Screening for younger women and other women at higher risk\*

**Depression/suicide risk** Screening for pregnant and postpartum women

**Gestational diabetes** Screening for women after 24 weeks of gestation

**Gonorrhea** Screening for all women at higher risk\*

**Hepatitis B** Screening for all pregnant women

**HIV** Screening for all pregnant women

**HPV-DNA test** High risk testing every three years for women with normal cytology results who are aged 30 or older\*

**Osteoporosis (bone density)** Screening for women aged 65 and over and women at higher risk\*

**Preeclampsia** Screening for all pregnant women

**Rh(D) incompatibility** Blood typing/antibody testing for all pregnant women at the first prenatal visit and at 24–28 weeks' gestation

**Syphilis** Screening for all pregnant women

### Medications and supplements (covered with a doctor's prescription)

**Aspirin to prevent preeclampsia** Low-dose aspirin after 12 weeks of gestation in women at high risk\*

**Breast cancer preventive medications** For women at increased risk for breast cancer\*

**Contraception** FDA-approved contraceptives or sterilization for women with reproductive capacity to prevent pregnancy

**Prenatal vitamins/folic acid** For women who are pregnant, may become pregnant or are capable of pregnancy

## Child preventive services

Preventive office visits are covered, as well as the screenings, immunizations, counseling and supplements listed below.

### Immunizations

(vaccines for children from birth to age 18—doses, ages and populations vary)<sup>†</sup>

#### COVID-19

**Diphtheria, tetanus, and pertussis (DTaP/Tdap)**

**Haemophilus influenzae B (HiB)**

**Hepatitis A (Hep A)**

**Hepatitis B (Hep B)**

**Human papillomavirus (HPV)**

**Inactivated poliovirus (IPV)**

**Influenza (flu shot)**

**Measles, mumps, rubella (MMR)**

**Meningococcal**

**Pneumococcal conjugate**

**Rotavirus**

**Varicella (chickenpox)**

### Counseling

#### Obesity

Comprehensive, intensive behavioral interventions to promote improvements in weight status

#### Sexually transmitted infections (STIs)

Prevention counseling for adolescents at higher risk\*

#### Skin cancer

Brief counseling for children and adolescents to minimize their exposure to ultraviolet radiation

#### Tobacco smoking cessation

Education or brief counseling to prevent initiation of tobacco use in school-aged children and adolescents

### Screenings

<b>Alcohol and drug use</b>	Assessments for adolescents
<b>Autism</b>	Screening for children at 18–24 months
<b>Behavioral</b>	Assessments for children of all ages
<b>Depression/suicide risk</b>	Screening for adolescents aged 12–18
<b>Developmental</b>	Screening for children under age 3, and surveillance throughout childhood
<b>Dyslipidemia</b>	Screening for children at higher risk of lipid disorders*
<b>Height, weight and body mass index</b>	Measurements for children of all ages
<b>Hearing/Vision</b>	Screening for all children 3 years or older*
<b>Hemoglobinopathies</b>	Screening for sickle cell disease in newborns
<b>Hepatitis B</b>	Screening for adolescents at higher risk*
<b>Hypothyroidism</b>	Screening for newborns
<b>HIV</b>	Screening for adolescents at higher risk*
<b>Lead</b>	Screening for children at risk for exposure
<b>Medical history</b>	For all children throughout development
<b>Obesity</b>	Screening for children aged 6 or older
<b>Oral health</b>	Risk assessment for young children
<b>Phenylketonuria (PKU)</b>	Screening for newborns
<b>Sexually transmitted infection (STI)</b>	Screening for adolescents at higher risk*
<b>Sudden cardiac arrest/death</b>	Screening for adolescents ages 11–21 years old
<b>Tuberculin</b>	Testing for children at higher risk of tuberculosis*

### Medications and supplements (covered with a doctor's prescription)

<b>Fluoride supplement</b>	Oral supplements for children if primary water source is deficient in fluoride
<b>Fluoride varnish</b>	Application by a primary care clinician to primary teeth starting at tooth eruption through age 5
<b>Gonorrhea</b>	Preventive medicine for the eyes of all newborns
<b>HIV pre-exposure prophylaxis (PrEP)</b>	PrEP pre-exposure prophylaxis with effective antiretroviral therapy to persons at high risk of HIV acquisition*
<b>Iron</b>	Supplements for children ages 6–12 months at risk for anemia

Refer to your Certificate of Coverage for details about all the covered services and benefit levels.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write Humana, or your Humana insurance agent or broker. In the event of any disagreement between this communication and the plan document, the plan document will control.

#### Sources

- \* For more information on the definition of higher or increased risk and age recommendations, please see the US Preventive Guidelines at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/>.
- † For more information on immunization recommendations, resources and schedules, please refer to the Centers for Disease Control and Prevention at [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html).
- ‡ On Aug. 1, 2011, the U.S. Department of Health and Human Services released new guidelines regarding coverage of preventive health services for women. The new guidelines state that non-grandfathered insurance plans with plan years beginning on or after Aug. 1, 2012, must include these services without cost sharing.
- \*\* Women 21–64: every three years with cervical cytology (Pap test) alone; OR women 30–65: every five years with hrHPV testing alone or cotesting. We encourage you to seek any professional advice, including legal counsel, regarding how the new requirements will affect your specific plan. For complete details, refer to your plan's Certificate of Coverage.

## Important

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call 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)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전 화하십시오 .

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wódaahí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowol.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك