

Humana Apple Health Medicare Connect – 2026 Supplemental Benefits

This guide shares an overview of Humana supplemental benefits (SB) and value-added items and services (VAIS) for their Apple Health Medicare Connect, Medicare Advantage (MA) Dual Eligible Special Needs Plan (D-SNP).

Humana is one out of six Apple Health Medicare Connect (D-SNP) plan options. View the full [Apple Health Medicare Connect supplemental benefits guide](#) for links to the other plan's guides.

Use this guide to help clients choose an Apple Health Medicare Connect MA plan that best fits their needs. Learn more about [Apple Health Medicare Connect](#).

Note: This document has not been approved for sharing with clients and should only be used as a resource to assist clients in selecting a plan. Do not share this document with clients.

Legend: Humana Medicare Advantage Contract Numbers

Contract number	Contract Name	Apple Health (Medicaid) Coverage
H1036-324	Humana Gold Plus	Full-Benefit Dually Eligible (FBDE), Qualified Medicare Beneficiary (QMB)+, Specified Low-Income Medicare Beneficiary (SLMB)+
H1036-325	Humana Gold Plus	FBDE, QMB+, SLMB+
H1036-326	Humana Gold Plus	FBDE, QMB+, SLMB+
H5619-165	Humana Gold Plus	Qualifying Individuals (QI), SLMB
H5619-166	Humana Gold Plus	QMB
H5619-167	Humana Gold Plus	FBDE, QMB+, SLMB+

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Humana - Supplemental benefits and value-added items and services

Supplemental benefits (SB), include benefits that address social and environmental factors including dental, vision, or other non-medical needs.

Value-added items and services (VAIS) are not covered by Medicare and are offered to clients by their Medicare Advantage (MA) health plan. Common VAIS and SB are found in the table below, visit the plans webpages for a complete list.

SB and VAIS comparison chart

Note: The products and services described are neither offered nor guaranteed under our contract with Apple Health. They are not subject to the Apple Health appeals process. Any disputes regarding these products and services may be subject to the managed care organization (MCO) grievance process.

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***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Food security

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H5619-165	OTC + Healthy Options Allowance - \$75 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.
Humana	H1036-325	OTC + Healthy Options Allowance - \$230 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.
Humana	H1036-326	OTC + Healthy Options Allowance - \$150 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.
Humana	H5619-166	OTC + Healthy Options Allowance - \$105 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.
Humana	H5619-167	OTC + Healthy Options Allowance - \$125 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.

Housing support

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H5619-165	OTC + Healthy Options Allowance - \$75 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.
Humana	H1036-325	OTC + Healthy Options Allowance - \$230 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.
Humana	H1036-326	OTC + Healthy Options Allowance - \$150 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.
Humana	H5619-166	OTC + Healthy Options Allowance - \$105 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.
Humana	H5619-167	OTC + Healthy Options Allowance - \$125 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Life transition support/kit

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H1036-325, H1036-326, H5619-165, H5619-166, H5619-167	N/A	N/A

Transportation

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H1036-325, H5619-166	\$0 copayment for plan approved location up to 24 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.	Included for everyone on this plan.
Humana	H1036-326, H5619-165	\$0 copayment for plan approved location up to 26 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.	Included for everyone on this plan.
Humana	H5619-167	\$0 copayment for plan approved location up to 24 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 75 miles per trip.	Included for everyone on this plan.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Fitness/healthy lifestyles (gym membership)

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H1036-325, H1036-326, H5619-165, H5619-166, H5619-167	\$0 copayment for SilverSneakers®. The fitness program includes access to participating locations and signature group exercise classes led by certified instructors. This benefit also connects you to a support network and virtual resources through live classes, on-demand videos and through a mobile app. Go to SilverSneakers.com to learn more about your benefit.	Included for everyone on this plan.

Senior activities/clubs

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H1036-325, H1036-326, H5619-165, H5619-166, H5619-167	N/A	N/A

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Hearing benefits

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H1036-325, H1036-326, H5619-165, H5619-166, H5619-167	\$0 copayment for routine hearing exams up to 1 per year. \$0 copayment for follow-up provider visits up to unlimited per year. \$0 copayment for each Advanced level hearing aid up to 1 per ear every 3 years. Note: Includes 80 batteries per aid and 3 year warranty. Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase.	Included for everyone on this plan.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Vision benefits

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H5619-167	\$0 copayment for routine exam up to 1 per year. \$100 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. OR \$200 maximum benefit coverage amount per year at PLUS Provider for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.	Included for everyone on this plan.
Humana	H1036-325, H1036-326	\$0 copayment for routine exam up to 1 per year. \$150 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. OR \$250 maximum benefit coverage amount per year at PLUS Provider for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.	Included for everyone on this plan.
Humana	H5619-165	\$0 copayment for routine exam up to 1 per year. \$75 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. OR	Included for everyone on this plan.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

		\$150 maximum benefit coverage amount per year at PLUS Provider for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.	
Humana	H5619-166	\$0 copayment for routine exam up to 1 per year. \$50 maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. OR \$100 maximum benefit coverage amount per year at PLUS Provider for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses-lenses and frames. Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.	Included for everyone on this plan.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Dental benefits

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324	\$0 copayment for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years. \$0 copayment for comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years. \$0 copayment for bridge recementation, bridges-pontic, complete dentures, crown recementation, panoramic film or diagnostic x-rays, partial dentures up to 1 every 5 years. \$0 copayment for bridges-crown up to 2 every 5 years. \$0 copayment for crown, other restorative services - core buildup and prefabricated post and core, root canal, root canal retreatment up to 1 per tooth per lifetime. \$0 copayment for bitewing x-rays, intraoral x-rays up to 1 set(s) per year. \$0 copayment for adjustments to dentures, denture rebase, denture reline, denture repair, emergency diagnostic exam, tissue conditioning up to 1 per year. \$0 copayment for emergency treatment for pain, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year. \$0 copayment for periodontal maintenance up to 4 per year. \$0 copayment for necessary anesthesia with covered service up to as needed with covered codes per year. \$0 copayment for amalgam and/or composite filling, simple or surgical extraction up to unlimited per year. \$3,500 maximum benefit coverage amount per year for all diagnostic/preventive and comprehensive benefits.	Included for everyone on this plan.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Humana	H1036-325	\$0 copayment for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years. \$0 copayment for comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years. \$0 copayment for bridge recementation, bridges-pontic, complete dentures, crown recementation, panoramic film or diagnostic x-rays, partial dentures up to 1 every 5 years. \$0 copayment for bridges-crown up to 2 every 5 years. \$0 copayment for crown, other restorative services - core buildup and prefabricated post and core, root canal, root canal retreatment up to 1 per tooth per lifetime. \$0 copayment for bitewing x-rays, intraoral x-rays up to 1 set(s) per year. \$0 copayment for adjustments to dentures, denture rebase, denture relines, denture repair, emergency diagnostic exam, tissue conditioning up to 1 per year. \$0 copayment for emergency treatment for pain, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year. \$0 copayment for periodontal maintenance up to 4 per year. \$0 copayment for necessary anesthesia with covered service up to as needed with covered codes per year. \$0 copayment for amalgam and/or composite filling, simple or surgical extraction up to unlimited per year. \$4,000 maximum benefit coverage amount per year for all diagnostic/preventive and comprehensive benefits.	Included for everyone on this plan.
Humana	H1036-326, H5619-167	\$0 copayment for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years. \$0 copayment for comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years.	Included for everyone on this plan.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

		\$0 copayment for bridge recementation, bridges-pontic, complete dentures, crown recementation, panoramic film or diagnostic x-rays, partial dentures up to 1 every 5 years. \$0 copayment for bridges-crown up to 2 every 5 years. \$0 copayment for crown, other restorative services - core buildup and prefabricated post and core, root canal, root canal retreatment up to 1 per tooth per lifetime. \$0 copayment for bitewing x-rays, intraoral x-rays up to 1 set(s) per year. \$0 copayment for adjustments to dentures, denture rebase, denture reline, denture repair, emergency diagnostic exam, tissue conditioning up to 1 per year. \$0 copayment for emergency treatment for pain, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year. \$0 copayment for periodontal maintenance up to 4 per year. \$0 copayment for necessary anesthesia with covered service up to as needed with covered codes per year. \$0 copayment for amalgam and/or composite filling, simple or surgical extraction up to unlimited per year. \$3,000 maximum benefit coverage amount per year for all diagnostic/preventive and comprehensive benefits.	
Humana	H5619-165	\$0 copayment for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years. \$0 copayment for comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years. \$0 copayment for bridge recementation, bridges-pontic, complete dentures, crown recementation, panoramic film or diagnostic x-rays, partial dentures up to 1 every 5 years. \$0 copayment for bridges-crown up to 2 every 5 years.	Included for everyone on this plan.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

		\$0 copayment for crown, other restorative services - core buildup and prefabricated post and core, root canal, root canal retreatment up to 1 per tooth per lifetime. \$0 copayment for bitewing x-rays, intraoral x-rays up to 1 set(s) per year. \$0 copayment for adjustments to dentures, denture rebase, denture reline, denture repair, emergency diagnostic exam, tissue conditioning up to 1 per year. \$0 copayment for emergency treatment for pain, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year. \$0 copayment for periodontal maintenance up to 4 per year. \$0 copayment for necessary anesthesia with covered service up to as needed with covered codes per year. \$0 copayment for amalgam and/or composite filling, simple or surgical extraction up to unlimited per year. \$1,500 maximum benefit coverage amount per year for all diagnostic/preventive and comprehensive benefits.	
Humana	H5619-166	\$0 copayment for scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years. \$0 copayment for comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years. \$0 copayment for bridge recementation, bridges-pontic, complete dentures, crown recementation, panoramic film or diagnostic x-rays, partial dentures up to 1 every 5 years. \$0 copayment for bridges-crown up to 2 every 5 years. \$0 copayment for crown, other restorative services - core buildup and prefabricated post and core, root canal, root canal retreatment up to 1 per tooth per lifetime. \$0 copayment for bitewing x-rays, intraoral x-rays up to 1 set(s) per year.	Included for everyone on this plan.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

		\$0 copayment for adjustments to dentures, denture rebase, denture reline, denture repair, emergency diagnostic exam, tissue conditioning up to 1 per year. \$0 copayment for emergency treatment for pain, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year. \$0 copayment for periodontal maintenance up to 4 per year. \$0 copayment for necessary anesthesia with covered service up to as needed with covered codes per year. \$0 copayment for amalgam and/or composite filling, simple or surgical extraction up to unlimited per year. \$2,000 maximum benefit coverage amount per year for all diagnostic/preventive and comprehensive benefits.	
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***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Pest control/clean up services

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H5619-165	OTC + Healthy Options Allowance - \$75 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.
Humana	H1036-325	OTC + Healthy Options Allowance - \$230 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.
Humana	H1036-326	OTC + Healthy Options Allowance - \$150 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.
Humana	H5619-166	OTC + Healthy Options Allowance - \$105 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.
Humana	H5619-167	OTC + Healthy Options Allowance - \$125 - For details, see the over-the-counter section of this document.	See the over-the-counter section of this document.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Over-the-counter medications

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H5619-165	\$75 monthly allowance on a prepaid spending card. All plan members receive this amount to buy approved over-the-counter (OTC) health and wellness products at participating retailers or through the plan's approved OTC mail order vendor. Members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria. Any unused amount rolls over each month and expires at the end of the plan year or upon disenrollment, whichever occurs first.	All members on this plan can spend the allowance amount toward OTC items. Once qualifying condition requirements are met, members can spend their allowance on the Healthy Options Allowance categories including groceries, personal care, home supplies, pet supplies, utilities, rent, and more. Members with a diagnosis of a chronic health condition qualify as evidenced by medical claims in the Humana system or a qualifying Health Risk Assessment (HRA).
Humana	H1036-325	\$230 monthly allowance on a prepaid spending card. All plan members receive this amount to buy approved over-the-counter (OTC) health and wellness products at participating retailers or through the plan's approved OTC mail order vendor. Members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria. Any unused amount rolls over each month and expires at the end of the plan year or upon disenrollment, whichever occurs first.	All members on this plan can spend the allowance amount toward OTC items. Once qualifying condition requirements are met, members can spend their allowance on the Healthy Options Allowance categories including groceries, personal care, home supplies, pet supplies, utilities, rent, and more. Members with a diagnosis of a chronic health condition qualify as evidenced by medical claims in the Humana system or a qualifying Health Risk Assessment (HRA).
Humana	H1036-326	\$150 monthly allowance on a prepaid spending card. All plan members receive this amount to buy approved over-the-counter (OTC) health and wellness products at participating retailers or through the plan's approved OTC mail order vendor. Members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria. Any unused amount rolls over each	All members on this plan can spend the allowance amount toward OTC items. Once qualifying condition requirements are met, members can spend their allowance on the Healthy Options Allowance categories including groceries, personal care, home supplies, pet supplies, utilities, rent, and more.

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		month and expires at the end of the plan year or upon disenrollment, whichever occurs first.	Members with a diagnosis of a chronic health condition qualify as evidenced by medical claims in the Humana system or a qualifying Health Risk Assessment (HRA).
Humana	H5619-166	\$105 monthly allowance on a prepaid spending card. All plan members receive this amount to buy approved over-the-counter (OTC) health and wellness products at participating retailers or through the plan's approved OTC mail order vendor. Members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria. Any unused amount rolls over each month and expires at the end of the plan year or upon disenrollment, whichever occurs first.	All members on this plan can spend the allowance amount toward OTC items. Once qualifying condition requirements are met, members can spend their allowance on the Healthy Options Allowance categories including groceries, personal care, home supplies, pet supplies, utilities, rent, and more. Members with a diagnosis of a chronic health condition qualify as evidenced by medical claims in the Humana system or a qualifying Health Risk Assessment (HRA).
Humana	H5619-167	\$125 monthly allowance on a prepaid spending card. All plan members receive this amount to buy approved over-the-counter (OTC) health and wellness products at participating retailers or through the plan's approved OTC mail order vendor. Members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria. Any unused amount rolls over each month and expires at the end of the plan year or upon disenrollment, whichever occurs first.	All members on this plan can spend the allowance amount toward OTC items. Once qualifying condition requirements are met, members can spend their allowance on the Healthy Options Allowance categories including groceries, personal care, home supplies, pet supplies, utilities, rent, and more. Members with a diagnosis of a chronic health condition qualify as evidenced by medical claims in the Humana system or a qualifying Health Risk Assessment (HRA).

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Cellular phone

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H5619-165	OTC + Healthy Options Allowance - \$75 - For details, see the over-the-counter section of this document. Monthly expense/bill for cellular phone can be paid via the Healthy Options Allowance.	See the over-the-counter section of this document.
Humana	H1036-325	OTC + Healthy Options Allowance - \$230 - For details, please see the Over the Counter medications section of this document. Monthly expense/bill for cellular phone can be paid via the Healthy Options Allowance.	See the over-the-counter section of this document.
Humana	H1036-326	OTC + Healthy Options Allowance - \$150 - For details, see the over-the-counter section of this document. Monthly expense/bill for cellular phone can be paid via the Healthy Options Allowance.	See the over-the-counter section of this document.
Humana	H5619-166	OTC + Healthy Options Allowance - \$105 - For details, see the over-the-counter section of this document. Monthly expense/bill for cellular phone can be paid via the Healthy Options Allowance.	See the over-the-counter section of this document.
Humana	H5619-167	OTC + Healthy Options Allowance - \$125 - For details, see the over-the-counter section of this document. Monthly expense/bill for cellular phone can be paid via the Healthy Options Allowance.	See the over-the-counter section of this document.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Telehealth resources

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H1036-325, H1036-326, H5619-165, H5619-166, H5619-167	Available under medical and behavioral health benefits.	Available to all members on this plan.

Rewards programs

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324, H1036-325, H1036-326, H5619-165, H5619-166, H5619-167	Complete eligible healthy activities, like preventive screenings and exams, and get rewarded with Go365.	Included for everyone on this plan.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the [Medicare Drug and Health Plan Contract Administration Group](#)

Additional services (acupuncture, LGBTQIA+, etc.)

Plan Name	Contract Number	Benefit Description	Eligibility Criteria
Humana	H1036-324	Smoking Cessation - \$0 copayment for additional smoking and tobacco cessation counseling (up to 4 per year). Travel Benefit - Members may receive in-network benefits when services are received from a participating HMO National Network provider when traveling to other states. Uniform Flexibility Non-emergency Transportation - \$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a chronic kidney disease (CKD), end stage renal disease (ESRD), or cancer diagnosis. This benefit is not to exceed 50 miles per trip. Meal Benefit Post Discharge - \$0 copayment for Humana Well Dine® meal program. After your inpatient stay in either a hospital or a nursing facility, you may be eligible to receive 2 home delivered meals per day for 7 days (up to 14 meals). Meals must be requested within 30 days of discharge from your inpatient stay. Limited to 4 times per year.	All members on plan receive smoking cessation benefit. All members on plan receive the travel benefit. Members diagnosed with chronic kidney disease (CKD), end stage renal disease (ESRD), or cancer are eligible to receive the non-emergency transportation benefit. All members on the plan receive the post discharge meal benefit, if needed.
Humana	H1036-325, H1036-326, H5619-165	Smoking Cessation - \$0 copayment for additional smoking and tobacco cessation counseling (up to 4 per year). Acupuncture - \$0 copayment for acupuncture visits with vendor administered Utilization Management up to 25 visit(s) per year. Travel Benefit - Members may receive in-network benefits when services are received from a participating HMO National Network provider when traveling to other states. Uniform Flexibility Non-emergency Transportation - \$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a chronic kidney disease (CKD), end stage renal	All members on plan receive smoking cessation benefit. All members on plan receive the travel benefit. Members diagnosed with chronic kidney disease (CKD), end stage renal disease (ESRD), or cancer are eligible to receive the non-emergency transportation benefit. All members on the plan receive the post discharge meal benefit, if needed.

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		disease (ESRD), or cancer diagnosis. This benefit is not to exceed 50 miles per trip. Meal Benefit Post Discharge - \$0 copayment for Humana Well Dine® meal program. After your inpatient stay in either a hospital or a nursing facility, you may be eligible to receive 2 home delivered meals per day for 7 days (up to 14 meals). Meals must be requested within 30 days of discharge from your inpatient stay. Limited to 4 times per year.	
Humana	H5619-166	Smoking Cessation - \$0 copayment for additional smoking and tobacco cessation counseling (up to 4 per year). Travel Benefit - Members may receive in-network benefits when services are received from a participating HMO National Network provider when traveling to other states. Uniform Flexibility Non-emergency Transportation - \$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a chronic kidney disease (CKD), end stage renal disease (ESRD), or cancer diagnosis. This benefit is not to exceed 50 miles per trip. Meal Benefit Post Discharge - \$0 copayment for Humana Well Dine® meal program. After your inpatient stay in either a hospital or a nursing facility, you may be eligible to receive 2 home delivered meals per day for 7 days (up to 14 meals). Meals must be requested within 30 days of discharge from your inpatient stay. Limited to 4 times per year.	All members on plan receive smoking cessation benefit. All members on plan receive the travel benefit. Members diagnosed with chronic kidney disease (CKD), end stage renal disease (ESRD), or cancer are eligible to receive the non-emergency transportation benefit. All members on the plan receive the post discharge meal benefit, if needed.
Humana	H5619-167	Smoking Cessation - \$0 copayment for additional smoking and tobacco cessation counseling (up to 4 per year). Acupuncture - \$0 copayment for acupuncture visits with vendor administered Utilization Management up to 25 visit(s) per year.	All members on plan receive smoking cessation benefit. All members on plan receive the travel benefit. Members diagnosed with chronic kidney disease (CKD), end stage renal disease (ESRD),

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		Travel Benefit - Members may receive in-network benefits when services are received from a participating HMO National Network provider when traveling to other states. Uniform Flexibility Non-emergency Transportation - \$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a chronic kidney disease (CKD), end stage renal disease (ESRD), or cancer diagnosis. This benefit is not to exceed 50 miles per trip. Meal Benefit Post Discharge - \$0 copayment for Humana Well Dine® meal program. After your inpatient stay in either a hospital or a nursing facility, you may be eligible to receive 2 home delivered meals per day for 7 days (up to 14 meals). Meals must be requested within 30 days of discharge from your inpatient stay. Limited to 4 times per year.	or cancer are eligible to receive the non-emergency transportation benefit. All members on the plan receive the post discharge meal benefit, if needed.
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