

2022 Summary of Benefits

Humana Gold Plus Integrated
(Medicare-Medicaid Plan)

Illinois

Important phone numbers:

Customer Care: 1-800-787-3311 (TTY: 711)

Humana's Fraud Hotline:

1-800-614-4126 (TTY: 711)

(You can call 24 hours a day, 7 days a week.

You can choose to remain anonymous.)

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Humana Gold Plus Integrated: Summary of Benefits 2022

Introduction

This document is a brief summary of the benefits and services covered by Humana Gold Plus Integrated. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Humana Gold Plus Integrated. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Humana Gold Plus Integrated at 1-800-787-3311, (TTY: 711) Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.
For more information, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).

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A. Disclaimers



This is a summary of health services covered by Humana Gold Plus Integrated for 2022. This is only a summary. Please read the Member Handbook for the full list of benefits.

- Humana Gold Plus Integrated is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- Under Humana Gold Plus Integrated you can get your Medicare and Medicaid services in one health plan. A Humana Gold Plus Integrated care coordinator will help manage your health care needs.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the Humana Gold Plus Integrated Member Handbook.
- Limitations and restrictions may apply. For more information, call Humana Gold Plus Integrated Customer Care at 1-800-787-3311 (TTY: 711) Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free. Or read the Humana Gold Plus Integrated Member Handbook.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits may change on January 1 of each year.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-787-3311. (TTY: 711). We're available Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.
- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-800-787-3311] (TTY: 711). Estamos disponibles de lunes a viernes, de 8 a.m. a 8 p.m. hora Central. La llamada es gratuita.
- This document is available for free in other languages and formats like large print, braille, or audio. Call 1-800-787-3311. (TTY: 711). We're available Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.
- You can make a standing request to get materials, now and in the future, in a language other than English or in an alternate format.
 - Call Customer Care if you want to make or change a standing request at 1-800-787-3311 (TTY: 711). We're available Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.
 - We will keep your preferred language other than English and/or alternate format for future mailings and communications.
 - You will not need to make a separate request each time.



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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	<p>A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.</p> <p>A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p>
What is a Humana Gold Plus Integrated care coordinator?	<p>A Humana Gold Plus Integrated care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.</p>
What are long-term services and supports?	<p>Long-term services and supports are services provided through a Long Term Care Facility or through a Home and Community-Based Waiver. Enrollees have the option to get long-term services and supports (LTSS) in the least restrictive setting when appropriate, with a preference for the home and the community, and in accordance with the Enrollee's wishes and Care Plan.</p>
Will I get the same Medicare and Medicaid benefits in Humana Gold Plus Integrated that you get now?	<p>You will get your covered Medicare and Medicaid benefits directly from Humana Gold Plus Integrated. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change.</p> <p>When you enroll in Humana Gold Plus Integrated, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. During this time, you will be offered a 180-day transition period in which you may maintain a current course of treatment with a provider who is currently out of the Humana Gold Plus Integrated network. When you join our plan, if you are taking any Medicare Part D prescription drugs that Humana Gold Plus Integrated does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Humana Gold Plus Integrated to cover your drug, if medically necessary.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Can I go to the same doctors I use now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Humana Gold Plus Integrated and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in Humana Gold Plus Integrated’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Humana Gold Plus Integrated’s plan. <p>To find out if your doctors are in the plan’s network, call Customer Care or read Humana Gold Plus Integrated’s <i>Provider and Pharmacy Directory</i> on the plan’s website at Humana.com/IllinoisGoldPlusIntegrated.</p> <p>If Humana Gold Plus Integrated is new for you, you can continue using the doctors you go to now for 180 days. During that time period, we are available to help you find a contracted provider that will suit your needs.</p>
<p>What happens if I need a service but no one in Humana Gold Plus Integrated’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Humana Gold Plus Integrated will pay for the cost of an out-of-network provider.</p>
<p>Where is Humana Gold Plus Integrated available?</p>	<p>The service area for this plan includes: All counties in the state of Illinois. You must live in one of these areas to join the plan.</p>
<p>Do I pay a monthly amount (also called a premium) under Humana Gold Plus Integrated?</p>	<p>You will not pay any monthly premiums to Humana Gold Plus Integrated for your health coverage.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from Humana Gold Plus Integrated before you can use a specific service or drug or use an out-of-network provider. Humana Gold Plus Integrated may not cover the service or drug if you don’t get approval. If you need urgent or emergency care or out-of-area dialysis services, you don’t need to get approval first.</p> <p>Refer to Chapter 3 of the Member Handbook to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Member Handbook to learn which services require a prior authorization.</p>



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Frequently Asked Questions (FAQ)	Answers
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can see someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Humana Gold Plus Integrated may not cover the services. You don't need a referral to see certain specialists, such as women health specialists.</p> <p>Refer to Chapter 3 of the Member Handbook to learn more about when you will need a referral from your PCP.</p>
Who should I contact if I have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Humana Gold Plus Integrated Customer Care:</p> <p>CALL 1-800-787-3311 Calls to this number are free. We're available Monday – Friday, from 8 a.m. – 8 p.m. Central time. However, please note that our automated phone system may answer your call after hours, during weekends, and holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day. The call is free. Visit Humana.com/IllinoisGoldPlusIntegrated for 24 hour access to information such as claims history, eligibility, and Humana's drug list. There you can also use the physician finder and get health news and information.</p> <p>Customer Care also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours of operation are Monday through Friday 8 a.m. – 8 p.m. Central time.</p>



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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help?	If you have questions about your health, please call the Nurse Advice Call line: CALL 1-855-235-8530 Calls to this number are free. We're available 24 hours per day, 7 days per week. TTY 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. We're available 24 hours per day, 7 days per week.
	If you need immediate behavioral health, please call the Behavioral Health Crisis Line: CALL 1-855-235-8530 Calls to this number are free. We're available 24 hours per day, 7 days per week. TTY 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. We're available 24 hours per day, 7 days per week.



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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0 copay	Prior authorization and/or referral may be required.
	Wellness visits, such as a physical	\$0 copay	
	Transportation to a doctor's office	\$0 copay	Reservations are required for non-emergent transportation.
	Specialist care	\$0 copay	Prior authorization and/or referral may be required.
	Care to keep you from getting sick, such as flu shots	\$0 copay	
	"Welcome to Medicare" preventive visit (one time only)	\$0 copay	
You need medical tests	Lab tests, such as blood work	\$0 copay	Prior authorization and/or referral may be required.
	X-rays or other pictures, such as CAT scans	\$0 copay	Prior authorization and/or referral may be required.
	Screening tests, such as tests to check for cancer	\$0 copay	Prior authorization and/or referral may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition	Generic drugs (no brand name)	For a 30-day supply: – \$0 copay For a 90-day supply: – \$0 copay	There may be limitations on the types of drugs covered. Please refer to Humana Gold Plus Integrated’s List of Covered Drugs (Drug List) for more information. Not all drugs are available for an extended day supply. Please contact the plan for more information. Prior authorization may be required.
	Brand name drugs	For a 30-day supply: – \$0 copay For a 90-day supply: – \$0 copay	There may be limitations on the types of drugs covered. Please refer to Humana Gold Plus Integrated’s List of Covered Drugs (Drug List) for more information. Not all drugs are available for an extended day supply. Please contact the plan for more information. Prior authorization may be required.
	Over-the-counter drugs	\$0 copay	There may be limitations on the types of drugs covered. Please refer to Humana Gold Plus Integrated’s List of Covered Drugs (Drug List) for more information.
	Medicare Part B prescription drugs	\$0 copay	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs. Prior authorization may be required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0 copay	Maintenance therapy not covered. Prior authorization and/or referral may be required.
You need emergency care	Emergency room services	\$0 copay	You may go to any emergency room if you reasonably believe you need emergency care. Prior authorization is not required.
	Ambulance services	\$0 copay	
	Urgent care	\$0 copay	You may go to any urgent care facility. Prior authorization is not required.
You need hospital care	Hospital stay	\$0 copay	Prior authorization and/or referral may be required.
	Doctor or surgeon care	\$0 copay	Prior authorization and/or referral may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health need	Rehabilitation services	\$0 copay	Prior authorization and/or referral may be required.
	Medical equipment for home care	\$0 copay	Prior authorization and/or referral may be required.
	Skilled nursing care	\$0 copay	Prior authorization and/or referral may be required.
You need eye care	Eye exams	\$0 copay	<ul style="list-style-type: none"> • Medicare-covered diagnosis and treatment for diseases and conditions of the eye, including an annual glaucoma screening for people at risk. • 1 eye exam each year and as medically necessary.
	Glasses or contact lenses	\$0 copay	<ul style="list-style-type: none"> • 1 pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery. • 1 pair of eyeglasses (lenses and frames) or contact lenses every 2 years.
You need dental care	Dental check-ups	\$0 copay	<p>Plan covers dental services allowed by Medicare and Medicaid.</p> <p>Plan offers additional services:</p> <ul style="list-style-type: none"> • 1 comprehensive oral evaluation per 6 months • 1 prophylaxis (cleaning) per 6 months <p>Refer to Chapter 4 of the Member Handbook for more information on dental benefits.</p>
You need hearing/auditory services	Hearing screenings	\$0 copay	• 1 routine hearing exam per year
	Hearing aids	\$0 copay	• 1 pair of Hearing Aids (all types) every 3 years.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0 copay	Prior authorization and/or referral may be required.
	Diabetes supplies and services	\$0 copay	Prior authorization and/or referral may be required.
You have a mental health condition	Mental or behavioral health services	\$0 copay	Prior authorization and/or referral may be required.
You have a substance abuse problem	Substance abuse services	\$0 copay	Prior authorization and/or referral may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need long-term mental health services	Inpatient care for people who need mental health care	\$0 copay	Prior authorization and/or referral may be required.
You need durable medical equipment (DME)	Wheelchairs	\$0 copay	Prior authorization may be required.
	Nebulizers	\$0 copay	Prior authorization may be required.
	Crutches	\$0 copay	Prior authorization may be required.
	Walkers	\$0 copay	Prior authorization may be required.
	Oxygen equipment and supplies	\$0 copay	Prior authorization may be required.
You need help living at home	Meals brought to your home	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.
	Home services, such as cleaning or housekeeping	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.

This service is continued on the next page.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home <i>(continued)</i>	Changes to your home, such as ramps and wheelchair access	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.
	Personal care assistant (You may be able to employ your own assistant. Call Customer Care for more information.)	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.
	Training to help you get paid or unpaid jobs	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.
	Home health care services	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.
	Services to help you live on your own	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.
	Adult day services or other support services	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.
	Personal Emergency Response System	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.
	Habilitation-day	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.
	Nursing Services	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.
You need a place to live with people available to help you	Assisted living or other housing services	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.
	Nursing home care	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.
Your caregiver needs some time off	Respite care	\$0 copay	These services are only available if you are enrolled in a waiver program in Illinois. Prior authorization is required.



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Additional covered services	
Cell Phone Services	<p>\$0 copay</p> <ul style="list-style-type: none"> • Members must qualify for federal free cell phone program. <p>Benefit covers:</p> <ul style="list-style-type: none"> • 1 Phone • 1 Charger • 1 Set of instructions • 350 minutes of talk time per month • 4.5 GB of data per month • Unlimited text messages each month • Training for you and your caregiver (at the first case manager orientation visit) • Free calls to Humana Enrollee Services for health plan assistance, and to 911 for emergencies (even if you run out of free talk time)
COVID Meals	<p>\$0 copay</p> <ul style="list-style-type: none"> • The plan covers 2 meals per day for 14 days, at no cost to you, for members with a COVID 19 diagnosis.
Nurse Advice Call Line	<p>\$0 copay</p>
Over-the-Counter (OTC) drugs	<p>\$0 copay</p> <ul style="list-style-type: none"> • Up to \$65 maximum allowance per quarter for certain non-Medicaid covered OTC items.
Podiatry Services	<p>\$0 copay</p> <ul style="list-style-type: none"> • 6 visits per year for routine podiatry <p>Prior authorization may be required.</p>
Post-Discharge Meals	<p>\$0 copay</p> <ul style="list-style-type: none"> • The plan covers 2 meals per day for 7 days, at no cost to you, following an inpatient stay in either the hospital or a nursing facility. • Can be utilized 4 times per year.



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Additional covered services

Tobacco Cessation	\$0 copay • 28 additional face-to-face visits with PCP or specialist offered.
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D. Benefits covered outside of Humana Gold Plus Integrated:

This is not a complete list. Call Customer Care to find out about other services not covered by Humana Gold Plus Integrated but available through Medicare or Medicaid.

Other services covered by Medicare or Medicaid

Your costs

Some hospice care services	\$0
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E. Services that Humana Gold Plus Integrated, Medicare, and Medicaid do not cover

This is not a complete list. Call Customer Care to find out about other excluded services.

Services not covered by Humana Gold Plus Integrated, Medicare, or Medicaid

Partial Dentures	This plan does not cover partial dentures
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F. Your rights as a member of the plan

As a member of Humana Gold Plus Integrated, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the Member Handbook. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - Get information in other formats (e.g., large print, braille, audio).
 - Be free from any form of physical restraint or seclusion.
 - Not be billed by providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover.



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- How to get services.
- How much services will cost you.
- Names of health care providers and care managers.
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and you can change your PCP at any time during the year.
 - Use a women's health care provider without a referral.
 - Get your covered services and drugs quickly.
 - Know about all treatment options, no matter what they cost or whether they are covered.
 - Refuse treatment, even if your doctor advises against it.
 - Stop taking medicine.
 - Ask for a second opinion. Humana Gold Plus Integrated will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get medical care timely.
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency.
 - Use an out of network urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - Ask for a state fair hearing.
 - Get a detailed reason for why services were denied.



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For more information about your rights, you can read the Humana Gold Plus Integrated Member Handbook. If you have questions, you can also call Humana Gold Plus Integrated Customer Care at 1-800-787-3311, (TTY: 711) Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Humana Gold Plus Integrated should cover something we denied, call Humana Gold Plus Integrated at 1-800-787-3311 (TTY: 711) Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Humana Gold Plus Integrated Member Handbook. You can also call Humana Gold Plus Integrated Customer Care.

If you do not wish to call, you can put your complaint in writing and send it to us at:

Humana Inc. Grievance and Appeals
P.O. Box 14546
Lexington, KY 40512-4546

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Humana Gold Plus Integrated Customer Care at 1-800-787-3311, (TTY: 711) Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



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Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-787-3311 (TTY 711).

If you believe that Humana Inc. or its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances

P.O. Box 14618

Lexington, KY 40512 – 4618

1-800-787-3311, or if you use a TTY, call 711.

You can file a grievance by mail or phone. If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights 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, SW

Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



If you have questions, please call Humana Gold Plus Integrated at 1-800-787-3311, (TTY: 711) Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.
For more information, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-787-3311 (TTY: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-787-3311 (TTY: 711)**.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-787-3311 (TTY: 711)**.

繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-800-787-3311 (TTY: 711)**。

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-787-3311 (TTY: 711)** 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-787-3311 (TTY: 711)**.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-787-3311 (телетайп: 711)**.

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-787-3311 (TTY: 711)**.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-787-3311 (TTY: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-787-3311 (TTY: 711)**.

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-787-3311 (ATS: 711)**.

λληνικά (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-787-3311 (TTY: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-787-3311 (TTY: 711)**.

Diné Bizaad (Navajo): Dii baa akó nínízin: Dii saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'éh, éí ná hóló, koji' hódíilnih **1-800-787-3311 (TTY: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-787-3311** (رقم هاتف الصم والبك: 711).

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-787-3311 (TTY: 711)** पर कॉल करें।

وُذْرًا (Urdu):

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-787-3311**۔ (TTY: 711)۔

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If you have questions, please call Humana Gold Plus Integrated at 1-800-787-3311, (TTY: 711) Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.
For more information, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).

