



Dear healthcare provider:

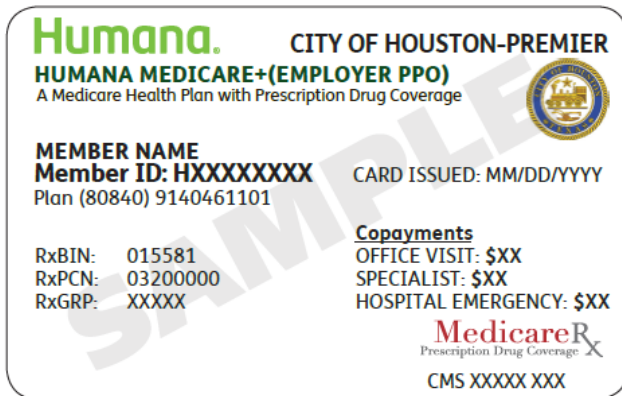
Effective January 1, 2026, Medicare-eligible retirees of the City of Houston will be offered a Humana Medicare Advantage prescription drug preferred provider organization (PPO) group plan for their healthcare coverage. **Please review the reimbursement information below for your patients with this coverage.**

City of Houston retirees and their covered dependents will have in-network and out-of-network benefits. You may receive reimbursement for treating these members even if you are not contracted with Humana as long as you are a Medicare-approved healthcare provider. Members' in-network and out-of-network benefits will be the same regardless of their provider's network status. Members can see out-of-network Medicare providers without referrals or prior notification to Humana.

Humana's payment will follow Medicare's allowable fee schedule. If you have questions about reimbursement or the claim submission process, please call 1-866-396-8810, Monday – Friday, 8 a.m. – 9 p.m., Eastern time. You can submit claims to: Humana Claims, P.O. Box 14601, Lexington, KY 40512

If you have questions about becoming a Humana Medicare Employer PPO-contracted healthcare provider, visit [Humana.com/JoinOurNetwork](https://www.humana.com/JoinOurNetwork).

Member identification card: The images below provide examples of the 2026 member identification card for City of Houston retirees.



Thank you for the care you provide your Humana-covered patients.

Sincerely,

Humana's Provider Contracting Team

Enclosure: Copy of Group Medicare Provider Information

Humana is a Medicare Advantage health maintenance organization (HMO) and preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

Group Medicare Provider Information

Group Medicare and passive PPOs



What is a Group Medicare Advantage plan?

- Group Medicare plans are also known as Employer Group Waiver Plans (EGWPs). They are Medicare Advantage plans offered by an employer or union to their Medicare-eligible retirees.

Chosen by plan sponsor, not the member

- A passive preferred provider organization (PPO) (also known as a non-differential plan) is a PPO plan that has identical benefit structure or cost share for in- and out-of-network services. Members can use any provider who accepts Medicare assignment and bills Humana.
- Most Group Medicare PPO members are enrolled in passive PPO plans.

Same cost share when they see providers both in network and out of network



How will providers get paid for out-of-network members?

- Providers will receive reimbursement for treating Group Medicare PPO members, even if the providers are not contracted with Humana, if they are a Medicare-approved provider.
- Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.



Why should a provider agree to accept on an out-of-network basis?

From a member/patient/retiree perspective

- Group Medicare members were not given a choice in their retiree coverage. The plan sponsor specifically chose this plan for retirees, and retirees cannot choose a plan with another carrier without losing their premium subsidy.
- Group members are likely unable to switch to another plan without forfeiting other retiree benefits, such as vision, dental, etc.

From a provider perspective

- Billing for Group MA members is streamlined, with providers only needing to bill Humana instead of separately billing Original Medicare and the Medicare secondary/supplemental carrier.
- Reimbursement will align with the standards set for Original Medicare members.
- Humana will implement cost-containment policies similar to what the Centers for Medicare & Medicaid Services does with Original Medicare.
- Group Medicare PPO members can see out-of-network Medicare providers without referrals or prior notification to Humana. However, prior authorizations are strongly preferred.



For more information, reach out to your Humana provider contracting team.