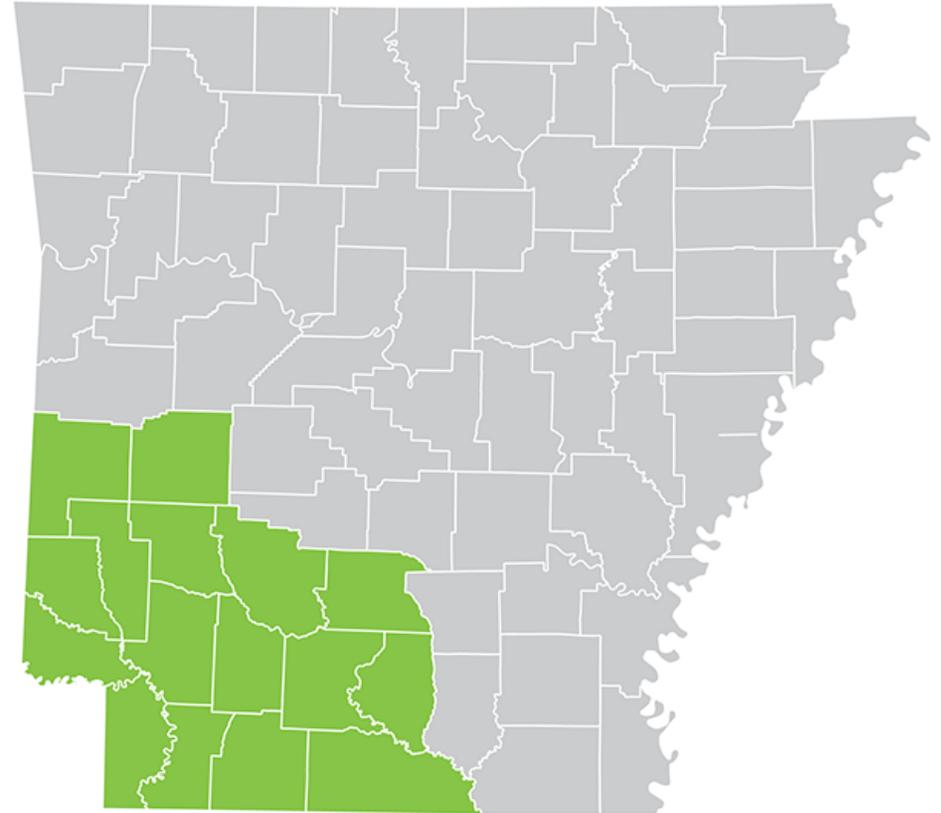


## Market Highlights

- H5619-111-000 has a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- DSNP, Full and Partial Dual Eligible, available in: Calhoun, Clark, Columbia, Dallas, Hempstead, Little River, Miller, Montgomery, Nevada, Ouachita, Pike, Sevier, Union.
- New Open Network PPO plans available which allows members to see any doctor in the country that accepts Medicare, including specialists, without a referral and can go in and out of network for the same copay for doctor visits, Available on plan: H8145-122-000
- Healthy Options allowance available on Dual Eligible plan H5619-123-000 with a monthly allowance of \$150 with rollover. The allowance can be used for items such as rent, utilities, groceries and OTC.
- Humana USAA Honor MA-Only plan with Comprehensive Dental and a \$100 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.
- Multiple plans with various Flex allowance amounts to help with additional coverage for covered dental, vision, and hearing services.
- No referrals on any of our HMO or PPO plans.

## Network Highlights

- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any Humana ChoiceCare PPO Network Provider across the country for in-network services.
- In-network hospitals and provider systems include, but are not limited to, the following: Wadley, Christus St Michael, Howard Memorial, Collom & Carney Clinic, and access all Central Arkansas Network Providers
- For a complete list of in-network providers, visit [www.Humana.com/PhysicianFinder](http://www.Humana.com/PhysicianFinder).



### Market Service Area

Calhoun, Clark, Columbia, Dallas, Hempstead, Howard, Lafayette, Little River, Miller, Montgomery, Nevada, Ouachita, Pike, Polk, Sevier, Union

## MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	It's affordable and I can get the support I need	Just the right amount of coverage for me
Plan Name	Humana Gold Plus (HMO-POS)	HumanaChoice (PPO)	HumanaChoice Giveback (PPO)
<b>Plan Number</b>	H5619-111-000	H5216-337-003	H5216-264-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	N/A	N/A	\$375 Combined In and Out-of-Network
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$2	\$2	\$100
<b>PCP</b>	\$0 copayment	\$0 copayment	\$10 copayment
<b>Specialist</b>	\$30 copayment	\$40 copayment	\$50 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$260 per day, Days(1-5);	\$295 per day, Days(1-6);	\$360 per day, Days(1-6);
<b>Max Out-of-Pocket</b>	\$3700 IN	\$5100 IN	\$7925 IN
<b>Rx Deductible</b>	\$200 Deductible for Tiers 4,5	\$250 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5
<b>Rx - Retail 30-day Supply</b>	\$0/\$8/\$47/50%/30%	\$0/\$9/\$47/46%/30%	\$5/\$8/\$47/47%/25%
<b>Dental</b>	\$1750 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$750 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing
<b>Market Service Area</b>	Clark, Columbia, Dallas, Hempstead, Little River, Miller, Montgomery,	Calhoun, Clark, Columbia, Dallas, Hempstead, Little River, Miller,	Calhoun, Clark, Columbia, Dallas, Hempstead, Little River, Miller,

Nevada, Ouachita, Pike, Sevier, Union

Montgomery, Nevada, Ouachita, Pike,  
Sevier, Union

Montgomery, Nevada, Ouachita, Pike,  
Sevier, Union

Top Consumer Priority for their Medicare Plan	It's affordable and I can get the support I need	Supports my chronic conditions	
<b>Plan Name</b>	HumanaChoice (PPO)	HumanaChoice - Diabetes and Heart (PPO C-SNP)	Humana Gold Choice (PFFS)
<b>Plan Number</b>	H5216-231-000	H5216-366-000	H8145-126-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	\$500 Combined In and Out-of-Network	N/A	N/A
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	N/A	\$2	N/A
<b>PCP</b>	\$0 copayment	\$0 copayment	\$5 copayment
<b>Specialist</b>	\$35 copayment	\$15 copayment	\$40 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$295 per day, Days(1-6);	\$295 per day, Days(1-6);	\$360 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$4800 IN	\$5900 IN	\$6700 IN/OON
<b>Rx Deductible</b>	\$250 Deductible for Tiers 3,4,5	\$200 Deductible for Tiers 4,5	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$9/\$47/46%/30%	\$0/\$9/\$47/40%/30%/\$0	No Coverage
<b>Dental</b>	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$1250 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, OTC \$75/Quarter for select health and wellness products
<b>Market Service Area</b>	Calhoun, Clark, Dallas, Hempstead, Little River, Miller, Montgomery, Nevada, Pike, Sevier, Union	Calhoun, Clark, Columbia, Dallas, Hempstead, Little River, Miller, Montgomery, Nevada, Ouachita, Pike, Sevier, Union	Dallas, Montgomery, Union

	Humana Honor Plan 	Humana Honor Plan 	Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Works with my VA coverage	Works with my VA coverage	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback (Regional PPO)	Humana USAA Honor Giveback (PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	R1532-001-000	H5216-140-000	H5216-329-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	\$100 Combined In and Out-of-Network	N/A	\$100 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$55	\$50	\$110
PCP	\$10 copayment	\$0 copayment	\$0 copayment
Specialist	\$40 copayment	\$35 copayment	\$40 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$425 per day, Days(1-5);	\$360 per day, Days(1-5);	\$425 per day, Days(1-5);
Max Out-of-Pocket	\$5000 IN	\$4500 IN	\$6700 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage	No Coverage
Dental	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$6000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$15/Month for select health and wellness products
Market Service Area	SW Arkansas Market-wide	SW Arkansas Market-wide	SW Arkansas Market-wide

## DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage	Works with my Medicaid coverage	Works with my Medicaid coverage
Plan Name	HumanaChoice SNP-DE (PPO D-SNP)	Humana Dual Select (PPO D-SNP)	Humana Gold Plus SNP-DE (HMO-POS D-SNP)
<b>Plan Number</b>	H5216-219-000	H5216-361-000	H5619-123-000
<b>Medicaid Levels</b>	FBDE, QMB, QMB+, SLMB+	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+	FBDE, QMB, QMB+, SLMB+
<b>Dental</b>	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.
<b>Healthy Options Allowance</b>	\$100 monthly allowance on a prepaid card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.). Allowance amount cannot be combined with other allowances which may be on the Card. Unused funds will roll over to the next month and expire at the end of the plan year.	\$100 monthly allowance on a prepaid card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.). Allowance amount cannot be combined with other allowances which may be on the Card. Unused funds will roll over to the next month and expire at the end of the plan year.	\$125 monthly allowance on a prepaid card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.). Allowance amount cannot be combined with other allowances which may be on the Card. Unused funds will roll over to the next month and expire at the end of the plan year.
<b>Vision</b>	\$75 allowance for annual exam and \$200 allowance per year for eyewear	\$75 allowance for annual exam and \$200 allowance per year for eyewear	\$0 copayment for annual exam and \$250 allowance per year for eyewear

	or contact lenses including fittings at PLUS Provider. OON coverage available.	or contact lenses including fittings at PLUS Provider. OON coverage available.	or contact lenses including fittings at PLUS Provider
<b>Hearing</b>	\$0 copay for annual exam, fitting and \$500 allowance for hearing aids per ear per year. OON coverage available.	\$0 copay for annual exam, fitting and \$500 allowance for hearing aids per ear per year. OON coverage available.	\$0 copay for annual exam, fitting and \$500 allowance for hearing aids per ear per year
<b>Transportation</b>	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 75 miles per trip.	\$0 copayment for plan approved location up to 36 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 75 miles per trip.	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 75 miles per trip.
<b>Current Service Area</b>	Calhoun, Clark, Dallas, Nevada, Pike, Union	Calhoun, Clark, Columbia, Dallas, Hempstead, Little River, Miller, Montgomery, Nevada, Ouachita, Pike, Sevier, Union	Clark, Columbia, Dallas, Hempstead, Little River, Miller, Montgomery, Nevada, Ouachita, Pike, Sevier, Union

**Prescription Drug Plans**

<b>Plan Name</b>	<b>Humana Basic Rx Plan (PDP)</b>	<b>Humana Premier Rx Plan (PDP)</b>	<b>Humana Value Rx Plan (PDP)</b>
<b>Plan Number</b>	Coming Soon	Coming Soon	Coming Soon
<b>Pairs Well With</b>			
<b>Premium</b>			
<b>Rx Deductible</b>			
<b>Preferred Retail 30-day Supply</b>			
<b>Standard Retail 30-day Supply</b>			
<b>Preferred Mail 90-day Supply</b>			
<b>Market Service Area</b>			

# Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5216-083-000	MA-PD
Humana Gold Plus (HMO-POS)	H5619-069-000	MA-PD
Humana Gold Plus (HMO)	H5619-122-000	MA-PD
HumanaChoice (Regional PPO)	R1532-002-000	MA-PD

## Local Support

### Local Support - Arkansas



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### Local Sales Manager