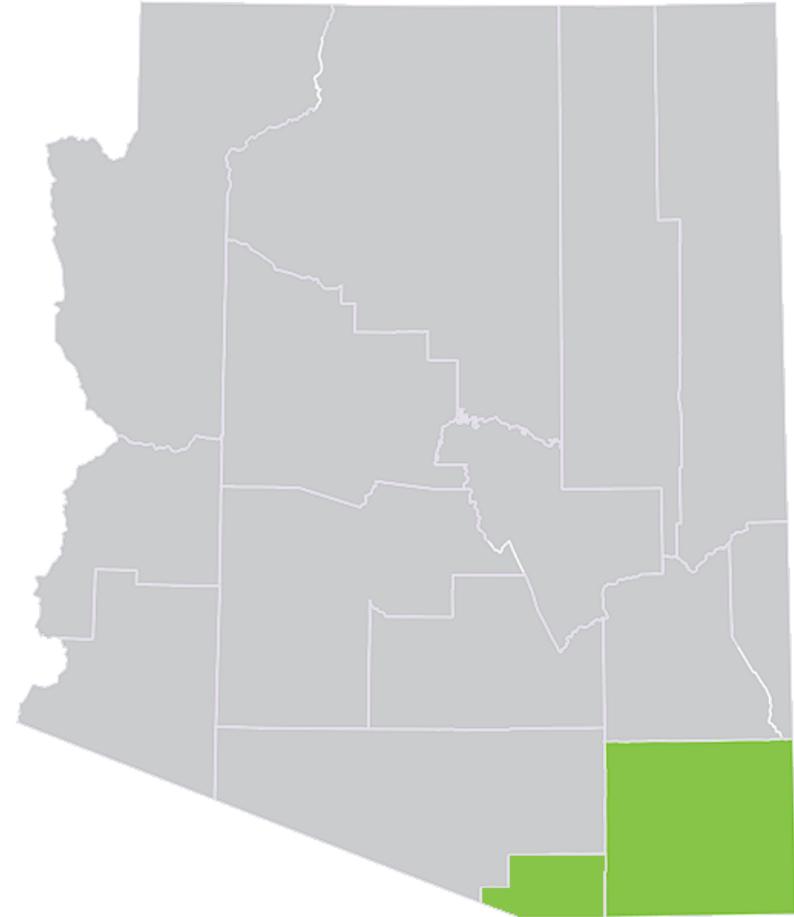


## Market Highlights

- H5216-213 was consolidated with H5216-436-001.
- \$0 copay for 90-day or 100-day supply, depending on which extended day supply is available under the plan, of tier 1 and tier 2 drugs when using mail order through CenterWell Pharmacy.
- HumanaChoice Giveback (PPO) / 5216-137 was consolidated with H5216-435-001.
- Humana USAA Honor MA-Only plan with Comprehensive Dental and a \$75 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.
- Unlimited worldwide emergency coverage for all 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.
- All major hospital facilities within the market are in-network.



## Market Service Area

Cochise, Santa Cruz

## MA / MAPD

Top Consumer Priority for their Medicare Plan	It's affordable and I can get the support I need	Just the right amount of coverage for me	
Plan Name	HumanaChoice (PPO)	HumanaChoice Giveback (PPO)	HumanaChoice (Regional PPO)
<b>Plan Number</b>	H5216-263-000	H5216-435-001	R7220-002-000
<b>Premium</b>	\$0.00	\$0.00	\$43.00
<b>Deductible</b>	N/A	\$1000 Combined In and Out-of-Network	\$100 Combined In and Out-of-Network
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$5	\$61	N/A
<b>PCP</b>	\$0 copayment	\$20 copayment	\$0 copayment
<b>Specialist</b>	\$45 copayment	\$55 copayment	\$55 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$375 per day, Days(1-5);	\$370 per day, Days(1-5);	\$350 per day, Days(1-6);
<b>Max Out-of-Pocket</b>	\$5600 IN	\$7850 IN	\$7900 IN
<b>Rx Deductible</b>	\$300 Deductible for Tiers 3,4,5	No Deductible	\$590 Deductible for All Tiers
<b>Rx - Retail 30-day Supply</b>	\$0/\$12/\$47/46%/29%	\$0/\$0/\$30/35%/26%	24%/25%/25%/25%/25%
<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.	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products
<b>Market Service Area</b>	Santa Cruz	Cochise-Santa Cruz Market-wide	Cochise-Santa Cruz Market-wide

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FOR AGENT USE ONLY

Humana Honor Plan



Top Consumer Priority for their Medicare Plan		
Works with my VA coverage		
Plan Name	Humana USAA Honor Giveback (PPO)	HumanaChoice (Regional PPO)
<b>Plan Number</b>	H5216-436-001	R7220-001-000
<b>Premium</b>	\$0.00	\$0.00
<b>Deductible</b>	\$100 Combined In and Out-of-Network	\$100 Combined In and Out-of-Network
<b>Part B Deductible Info</b>	N/A	N/A
<b>Part B Giveback</b>	\$75	N/A
<b>PCP</b>	\$20 copayment	\$0 copayment
<b>Specialist</b>	\$45 copayment	\$70 copayment
<b>Referrals Required</b>	No	No
<b>Inpatient Hospital</b>	\$340 per day, Days(1-6);	\$365 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$4900 IN	\$5600 IN
<b>Rx Deductible</b>	No Deductible	No Deductible
<b>Rx - Retail 30-day Supply</b>	No Coverage	No Coverage
<b>Dental</b>	\$1500 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, scaling and root planing, scaling for moderate inflammation. OON coverage available.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC Debit Card \$30/Quarter for select health and wellness products at participating retailers
<b>Market Service Area</b>	Cochise-Santa Cruz Market-wide	Cochise-Santa Cruz Market-wide

## Prescription Drug Plans

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

## Local Support

### Local Support - Arizona



Jaime Leon  
Broker Relationship Manager  
480-651-0115  
[jleon14@humana.com](mailto:jleon14@humana.com)



Javier Barbosa-Mireles  
Broker Relationship Manager  
520-260-2589  
[JBarbosaMireles@humana.com](mailto:JBarbosaMireles@humana.com)



Ryan Wolford  
Broker Relationship Executive  
502-313-7940  
[rwolford@humana.com](mailto:rwolford@humana.com)

### Local Sales Manager