

Market Highlights

- PPO plans include our Open Network 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.
- All of our plans include Dental, Vision and Hearing.
- Plan available with Part B premium giveback.
- 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.
- \$0 copay for 100-day supply of tier 1 and tier 2 drugs when using mail order through CenterWell Pharmacy, Retail and In-Network Pharmacy.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- Unlimited worldwide emergency coverage for all plans.
- Go365 by Humana is a wellness program that rewards your clients up to \$345 per plan year in redeemable gift cards from popular retailers for competing healthy activities. Most Humana Medicare Advantage plans include Go365.

Network Highlights

- Network physician groups include: All United Medical Group, Choice Medical, Coachella Valley Medical Group, Desert Oasis, Empire Physicians MG, Optum, Hemet Community MG, Optum/PrimeCare, Tri Valley Medical Group, Beaver, Chaffey Medical Group, Pinnacle Medical Group, Redlands Yucaipa Medical Group, Alliance Desert Physicians, Fenix Health Medical Group, Prospect Inland Empire and Regal Medical Group, Riverside Physicians Network, Riverside Medical Clinic, Primary Care Associate of California, Live Well
- 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.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.



Market Service Area

Riverside, San Bernardino

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me freedom and flexibility	It's affordable and I can get the support I need	Gives me the most benefits and the best value
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	Humana Gold Plus (HMO)
Plan Number	H5525-074-000	H5525-075-000	H5619-178-000
Premium	\$11.00	\$0.00	\$0.00
Deductible	N/A	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	\$15	\$2
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$10 copayment	\$25 copayment	\$0 copayment
Referrals Required	No	No	Yes
Inpatient Hospital	\$250 per day, Days(1-5);	\$350 per day, Days(1-5);	\$0 per admission
Max Out-of-Pocket	\$2700 IN	\$3850 IN	\$375 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$2/\$47/50%/33%	\$0/\$5/\$47/50%/33%	\$0/\$0/\$47/50%/33%
Dental	\$4000 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.	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC Debit Card \$30/Quarter for select health and wellness products at participating retailers	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products
Market Service Area	San Bernardino and Riverside Market-	San Bernardino and Riverside Market-	San Bernardino and Riverside Market-

wide

wide

wide



Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Gives me the most benefits and the best value	Works with my VA coverage
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus Giveback (HMO)	Humana USAA Honor Giveback with Rx (PPO)
Plan Number	H5619-148-000	H5619-150-000	H5525-057-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	N/A	\$1000 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	\$57	\$82
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$0 copayment	\$30 copayment	\$50 copayment
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$150 per day, Days(1-5);	\$250 per day, Days(1-5);	\$400 per day, Days(1-5);
Max Out-of-Pocket	\$2900 IN	\$5000 IN	\$6100 IN
Rx Deductible	No Deductible	No Deductible	\$350 Deductible for Tiers 4,5
Rx - Retail 30-day Supply	\$0/\$5/\$40/50%/33%	\$0/\$0/\$30/35%/30%	\$0/\$5/\$47/48%/28%
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$750 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$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.
Key Extra Benefits	Dental, Vision, Hearing	Dental, Vision, Hearing	Dental, Vision, Hearing, Fitness, OTC Debit Card \$60/Quarter for select health and wellness products at participating retailers
Market Service Area	San Bernardino and Riverside Market-wide	San Bernardino and Riverside Market-wide	San Bernardino and Riverside Market-wide

	Humana Honor Plan 	Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Works with my VA coverage	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback (PPO)	Humana USAA Honor Giveback (HMO)
Plan Number	H5525-078-000	H5619-121-000
Premium	\$0.00	\$0.00
Deductible	\$100 Combined In and Out-of-Network	N/A
Part B Deductible Info	N/A	N/A
Part B Giveback	\$65	\$66
PCP	\$0 copayment	\$0 copayment
Specialist	\$40 copayment	\$0 copayment
Referrals Required	No	Yes
Inpatient Hospital	\$350 per day, Days(1-5);	\$295 per day, Days(1-6);
Max Out-of-Pocket	\$6350 IN	\$4999 IN
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage
Dental	\$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.	\$0 copayment covers: exams, x-rays, cleanings
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing
Market Service Area	San Bernardino and Riverside Market-wide	San Bernardino and Riverside Market-wide

Prescription Drug Plans

Plan Name	Humana Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic 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 - California



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