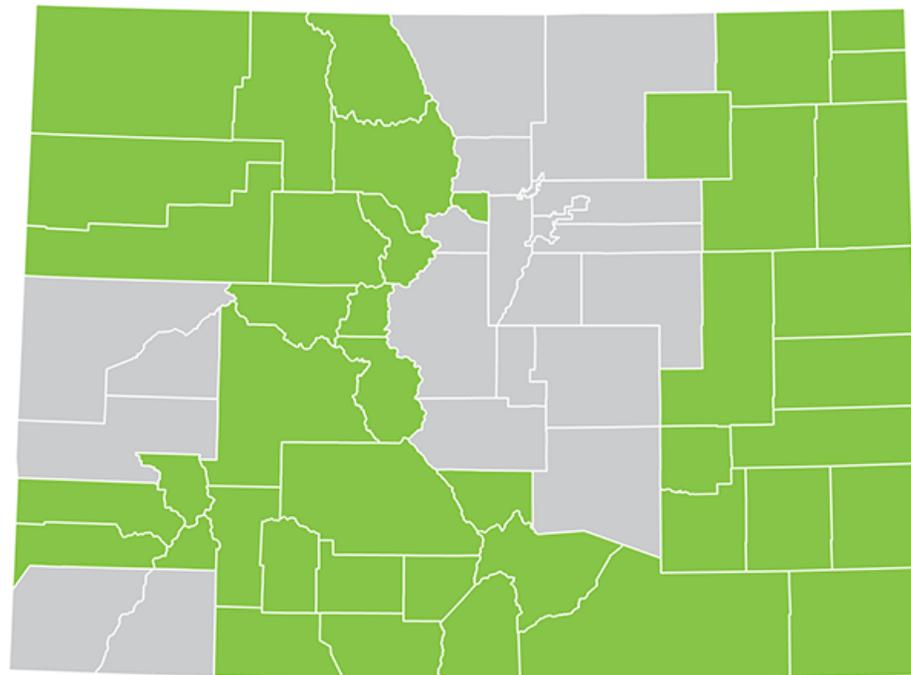


## Market Highlights

- \$0 Premium PPO MAPD Plan available with Dental, Vision, Hearing, and Silver Sneakers.
- Humana Honor MA-Only plan with Comprehensive Dental and a \$75 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.
- Healthy Options allowance for rent, utilities, groceries, and OTC available on Dual Eligible Plans, with rollover.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- Plan available with Transportation Benefit.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients

## 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.
- For a complete list of in-network providers, visit [www.Humana.com/PhysicianFinder](http://www.Humana.com/PhysicianFinder).



### Market Service Area

Alamosa, Archuleta, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Dolores, Eagle, Garfield, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, Lake, Las Animas, Lincoln, Logan, Mineral, Moffat, Morgan, Otero, Ouray, Phillips, Pitkin, Prowers, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedgwick, Summit, Washington, Yuma

## MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Gives me freedom and flexibility	Just the right amount of coverage for me
Plan Name	HumanaChoice (PPO)	Humana Full Access (PPO)	HumanaChoice Giveback (PPO)
<b>Plan Number</b>	H5216-223-000	H5216-333-000	H5216-435-002
<b>Premium</b>	\$7.00	\$91.00	\$0.00
<b>Deductible</b>	\$750 Combined In and Out-of-Network	\$500 Combined In and Out-of-Network	N/A
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	N/A	N/A	\$51
<b>PCP</b>	\$0 copayment	\$0 copayment	\$20 copayment
<b>Specialist</b>	\$45 copayment	\$40 copayment	\$50 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$300 per day, Days(1-6);	\$580 per admission	\$370 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$5400 IN	\$3400 IN	\$7850 IN
<b>Rx Deductible</b>	\$200 Deductible for Tiers 3,4,5	No Deductible	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$12/\$47/45%/30%	\$0/\$8/\$45/50%/33%	\$0/\$0/\$30/35%/26%
<b>Dental</b>	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings, scaling and root planing, scaling for moderate inflammation. 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.	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
<b>Market Service Area</b>	Alamosa, Bent, Conejos, Costilla, Crowley, Dolores, Gilpin, Gunnison, Hinsdale, Jackson, Lincoln, Logan, Mineral, Morgan, Otero, Ouray, Rio	Alamosa, Archuleta, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Dolores, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Lake, Las	Alamosa, Archuleta, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Dolores, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Lake, Las

Blanco, Saguache, San Juan, San Miguel, Summit, Washington

Animas, Lincoln, Logan, Mineral, Morgan, Otero, Ouray, Rio Blanco, Rio Grande, Saguache, San Juan, San Miguel, Summit, Washington

Animas, Lincoln, Logan, Mineral, Morgan, Otero, Ouray, Rio Blanco, Rio Grande, Saguache, San Juan, San Miguel, Summit, Washington

Humana Honor Plan



Top Consumer Priority for their Medicare Plan	Works with my VA coverage	
Plan Name	Humana USAA Honor Giveback (PPO)	HumanaChoice (PPO)
Plan Number	H5216-436-002	H5216-437-001
Premium	\$0.00	\$0.00
Deductible	N/A	\$100 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A
Part B Giveback	\$75	N/A
PCP	\$20 copayment	\$0 copayment
Specialist	\$45 copayment	\$40 copayment
Referrals Required	No	No
Inpatient Hospital	\$340 per day, Days(1-6);	\$320 per day, Days(1-5);
Max Out-of-Pocket	\$4900 IN	\$4150 IN
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	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.	\$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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$90/Quarter for select health and wellness products, Transportation 24 one-way trip(s) per year, may not exceed 50per trip
Market Service Area	Alamosa, Archuleta, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Dolores, Gilpin, Grand, Gunnison,	Alamosa, Archuleta, Bent, Conejos, Costilla, Crowley, Custer, Dolores, Gilpin, Grand, Gunnison, Hinsdale,

Hinsdale, Huerfano, Jackson, Lake, Las Animas, Lincoln, Logan, Mineral, Morgan, Otero, Ouray, Rio Blanco, Rio Grande, Saguache, San Juan, San Miguel, Summit, Washington

Huerfano, Jackson, Lake, Las Animas, Lincoln, Logan, Mineral, Morgan, Otero, Ouray, Rio Blanco, Saguache, San Juan, San Miguel

DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage
Plan Name	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H5216-267-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+
Dental	\$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.
Healthy Options Allowance	\$115 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.
Vision	\$75 allowance for annual exam and \$200 allowance per year for eyewear

	or contact lenses including fittings at PLUS Provider. OON coverage available.
<b>Hearing</b>	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
<b>Transportation</b>	\$0 copayment for plan approved location up to 24 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 125 miles per trip.
<b>Current Service Area</b>	Alamosa, Archuleta, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Dolores, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Lake, Lincoln, Logan, Mineral, Morgan, Otero, Ouray, Rio Blanco, Rio Grande, Saguache, San Juan, San Miguel, Summit, Washington

## 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			

# Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5216-078-001	MA-PD
Humana Value Plus (PPO)	H5216-195-000	MA-PD
Humana Gold Choice (PFFS)	H8145-164-001	MA-PD

## Local Support

### Local Support - Colorado



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### Local Sales Manager