

Market Highlights

- H5216-381-000 available with a Part B giveback up to \$100.
- Humana Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Plan available with Part B premium giveback.
- Select HMO and PPO plans offer \$0 Rx copay for Tier 1 and Tier 2 at preferred cost share pharmacies.
- All of our plans include Dental, Vision and Hearing.
- Go365® by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.

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.
- In-network hospitals and provider systems include, but are not limited to, the following: Bayhealth, Saint Francis, Beebe, and Tidal Health Services



Market Service Area

Kent, New Castle, Sussex

MA / MAPD

Top Consumer Priority for their Medicare Plan	Just the right amount of coverage for me	Gives me freedom and flexibility	Gives me the most benefits and the best value
Plan Name	HumanaChoice Giveback (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-308-000	H5216-387-002	H5216-390-000
Premium	\$0.00	\$41.00	\$24.90
Deductible	\$400 Combined In and Out-of-Network	\$245 Combined In and Out-of-Network	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$109	N/A	N/A
PCP	\$10 copayment	\$15 copayment	\$0 copayment
Specialist	\$45 copayment	\$45 copayment	\$20 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$375 per day, Days(1-5);	\$295 per day, Days(1-6);	\$140 per day, Days(1-10);
Max Out-of-Pocket	\$9350 IN	\$8950 IN	\$5900 IN
Rx Deductible	\$450 Deductible for Tiers 3,4,5	\$265 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$47/43%/27%	\$0/\$5/\$47/50%/29%	\$0/\$5/\$47/50%/33%
Dental	\$0 copayment covers: exams, x-rays, cleanings. 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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, OTC \$50/Month for select health and wellness products, Transportation 76 one-way trip(s) per year, may not exceed 150per trip

Market Service Area

Delaware State-wide

Delaware State-wide

Delaware State-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 (PPO)
Plan Number	H5216-381-000	H5216-386-002
Premium	\$0.00	\$0.00
Deductible	N/A	N/A
Part B Deductible Info	N/A	N/A
Part B Giveback	\$100	\$50
PCP	\$0 copayment	\$0 copayment
Specialist	\$35 copayment	\$35 copayment
Referrals Required	No	No
Inpatient Hospital	\$450 per day, Days(1-5);	\$450 per day, Days(1-5);
Max Out-of-Pocket	\$6750 IN	\$6750 IN
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage
Dental	\$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.	\$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, Transportation 24 one-way trip(s) per year, may not exceed 150per trip	Dental, Vision, Hearing, Fitness, OTC \$10/Month for select health and wellness products, Transportation 24 one-way trip(s) per year, may not exceed 25per trip
Market Service Area	Delaware State-wide	Delaware State-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 - Delaware



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