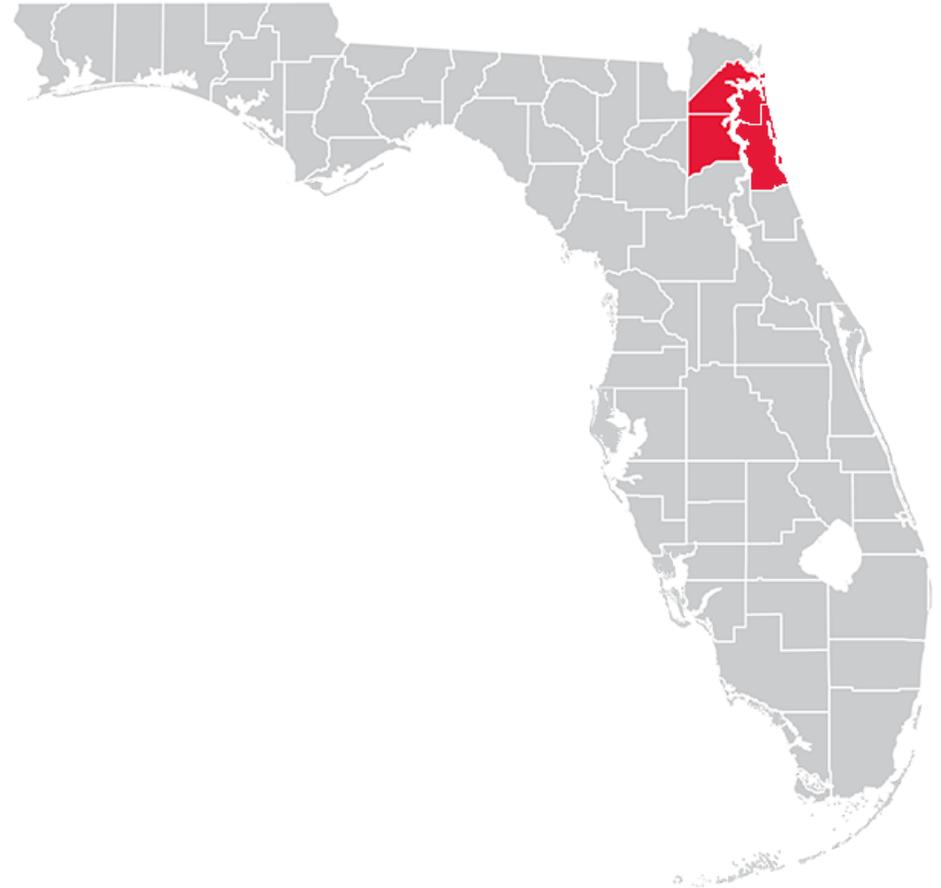


Market Highlights

- Increased Healthy Food Card amount on select Dual Eligible Plans.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- CareEssentials Card available on select Dual Eligible Plans.
- \$0 Copay on all Medicare approved drugs on all tiers through all stages for DSNP Members.
- New Healthy Options allowance available on select plans which includes rollover. The allowance is used for overall wellness for members diagnosed with a chronic condition.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Centerwell Pharmacy.
- Local market office and support team to assist with broker and member needs.
- New Healthy Options allowance available on H1019-144-000 with a monthly allowance of \$50 with rollover. The allowance is used for overall wellness for members diagnosed with a chronic condition. This includes OTC card with expanded catalog.

Network Highlights

- For a complete list of in-network providers, visit www.CarePlusHealthPlans.com.
- Most major hospital facilities within the market are in-network.



Market Service Area

Clay, Duval, St. Johns

MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Supports my chronic conditions	Gives me the most benefits and the best value
Plan Name	CareFree Platinum Giveback (HMO)	CareComplete Platinum (HMO C-SNP)	CareOne Plus (HMO)
Plan Number	H1019-094-000	H1019-109-000	H1019-113-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$120, CarePlus	\$95, CarePlus	\$5, CarePlus
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$30 copayment	\$25 copayment	\$10 copayment
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$300 per day, Days(1-5);	\$275 per day, Days(1-5);	\$175 per day, Days(1-5);
Max Out-of-Pocket	\$3900 IN	\$3900 IN	\$3500 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$30/35%/31%	\$0/\$5/\$45/50%/33%/\$0	\$0/\$0/\$45/50%/33%
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$35/Month for select health and wellness products, Transportation 26 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, OTC \$50/Month for select health and wellness products, Transportation 50 one-way trip(s) per year, unlimited miles per trip
Market Service Area	Jacksonville Market-wide	Jacksonville Market-wide	Jacksonville Market-wide

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Supports my chronic conditions
Plan Name	CareAccess (HMO)	CareComplete (HMO C-SNP) 
Plan Number	H1019-144-000	H1019-150-000
Premium	\$0.00	\$0.00
Deductible	N/A	N/A
Part B Deductible Info	N/A	N/A
Part B Giveback	N/A, CarePlus	\$4, CarePlus
PCP	\$0 copayment	\$0 copayment
Specialist	\$30 copayment	\$10 copayment
Referrals Required	No	Yes
Inpatient Hospital	\$225 per day, Days(1-7);	\$50 per day, Days(1-5);
Max Out-of-Pocket	\$4900 IN	\$2500 IN
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$30/35%/33%	\$0/\$0/\$40/50%/33%/\$0
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing	\$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing
Key Extra Benefits	Dental, Vision, Hearing, Fitness, Transportation 26 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, Transportation 26 one-way trip(s) per year, unlimited miles per trip
Market Service Area	Jacksonville Market-wide	Jacksonville Market-wide

D-SNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage	Works with my Medicaid coverage
Plan Name	CareNeeds Plus (HMO D-SNP)	CareNeeds Platinum (HMO D-SNP)
Plan Number	H1019-073-000	H1019-146-000
Medicaid Levels	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+, CarePlus	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+, CarePlus
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, root canals	\$0 copayment covers: exams, x-rays, cleanings, fillings
CareEssentials Card	\$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.	\$225 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	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings, or 3 pairs of select eyeglasses at no cost	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings, or 3 pairs of select eyeglasses at no cost

Hearing	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids per ear per year plus one month supply of batteries.	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids per ear per year plus one month supply of batteries.
Transportation	\$0 copayment for plan approved location up to 50 one-way trip(s) per year by car, medical transport, rideshare services, taxi, van, wheelchair access vehicle. This benefit offers unlimited miles per trip.	\$0 copayment for plan approved location up to 50 one-way trip(s) per year by car, medical transport, rideshare services, taxi, van, wheelchair access vehicle. This benefit offers unlimited miles per trip.
Current Service Area	Jacksonville Market-wide	Jacksonville Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
CareBreeze Platinum (HMO C-SNP)	H1019-118-000	MA-PD

Local Support

Local Support - Florida



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