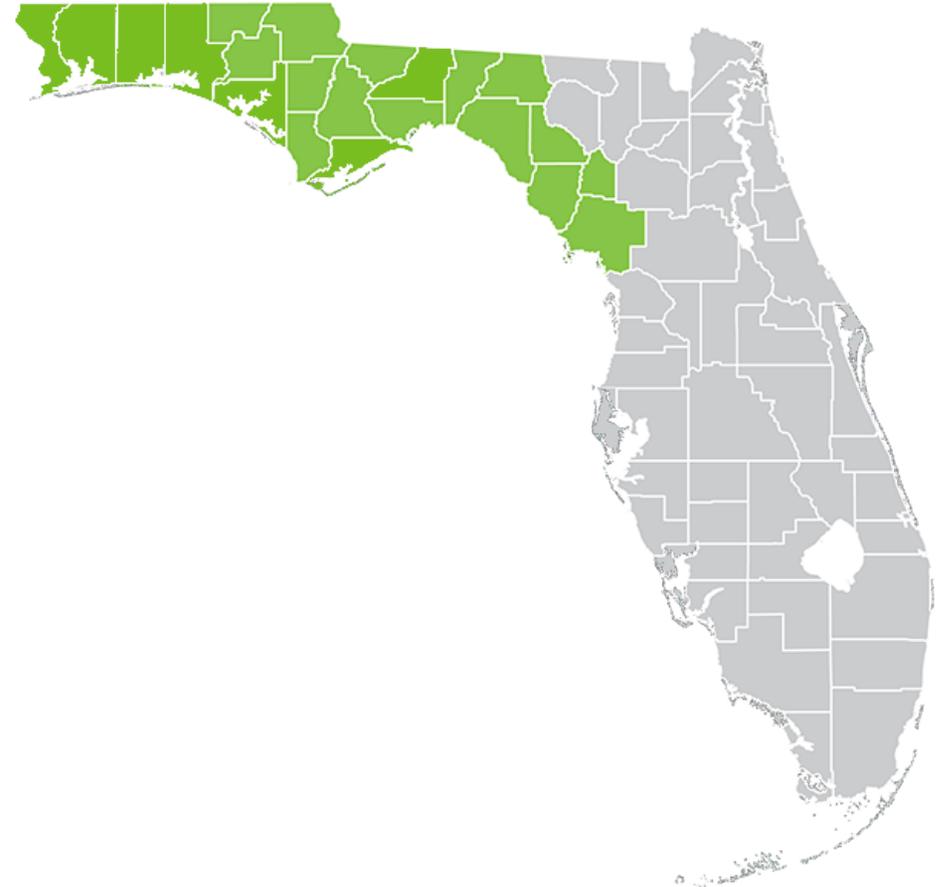


Market Highlights

- Full HMO and PPO suite of products designed to meet a variety of consumer needs: Walton, Santa Rosa, Escambia.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- Healthy Options allowance for rent, utilities, groceries, and OTC available on Dual Eligible Plans, with rollover.
- Your plan may include a monthly or quarterly allowance for over-the-counter(OTC) items such as: Vitamins, Pain Relievers, and Cough and cold medicines.
- Humana USAA Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Many Humana plans include a Well Dine benefit, which can provide packaged, precooked frozen meals right to member's doors during recovery.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- No referrals needed on PPO Plans.
- Plan available with Part B premium giveback.

Network Highlights

- Most major hospital facilities within the market are in-network.
- 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

Bay, Calhoun, Dixie, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Holmes, Jackson, Jefferson, Lafayette, Leon, Levy, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Supports my chronic conditions	Supports my chronic conditions
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Humana Gold Plus Lung (HMO C-SNP)
Plan Number	H1036-143-000	H1036-302-000	H1036-316-000
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	\$2	\$92	\$98
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$15 copayment	\$20 copayment	\$20 copayment
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$300 per day, Days(1-7);	\$250 per day, Days(1-6);	\$250 per day, Days(1-7);
Max Out-of-Pocket	\$4800 IN	\$3300 IN	\$3300 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$47/50%/33%	\$0/\$0/\$45/50%/33%/\$0	\$0/\$0/\$45/50%/33%/\$0
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$30/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, Transportation 24 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, Transportation 24 one-way trip(s) per year, unlimited miles per trip
Market Service Area	Bay, Escambia, Okaloosa, Santa Rosa, Walton	Bay, Escambia, Okaloosa, Santa Rosa, Walton	Bay, Escambia, Okaloosa, Santa Rosa, Walton



Top Consumer Priority for their Medicare Plan	Gives me freedom and flexibility	Gives me the most benefits and the best value	Works with my VA coverage
Plan Name	Humana Full Access Giveback (PPO)	Humana Gold Plus Giveback (HMO)	Humana USAA Honor Giveback (HMO)
Plan Number	H5216-393-000	H1036-271-000	H1036-290-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	\$275 Combined In and Out-of-Network	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$174.7	\$112	\$90
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$45 copayment	\$35 copayment	\$25 copayment
Referrals Required	No	Yes	Yes
Inpatient Hospital	\$350 per day, Days(1-7);	\$395 per day, Days(1-5);	\$225 per day, Days(1-5);
Max Out-of-Pocket	\$6700 IN	\$6800 IN	\$6700 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$30/33%/28%	\$0/\$0/\$47/50%/33%	No Coverage
Dental	\$1000 annually; 0% coinsurance covers: exams, x-rays, cleanings; \$25 copayment for fillings, scaling and root planing, scaling for moderate inflammation. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation	\$1000 annually; 0% coinsurance covers: exams, x-rays, cleanings; \$25 copayment for fillings, scaling and root planing, scaling for moderate inflammation
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s) per year, unlimited miles per trip
Market Service Area	Bay, Calhoun, Dixie, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Holmes, Jackson, Jefferson, Lafayette, Levy, Liberty, Madison, Okaloosa, Santa	Escambia, Okaloosa, Santa Rosa, Walton	Bay, Escambia, Santa Rosa, Walton

Rosa, Taylor, Wakulla, Walton, Washington		
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Top Consumer Priority for their Medicare Plan	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-257-000
Premium	\$0.00
Deductible	N/A
Part B Deductible Info	N/A
Part B Giveback	\$70
PCP	\$0 copayment
Specialist	\$50 copayment
Referrals Required	No
Inpatient Hospital	\$425 per day, Days(1-7);
Max Out-of-Pocket	\$6000 IN
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage
Dental	\$2000 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 \$100/Quarter for select health and wellness products, Transportation 24 one-way trip(s) per year, unlimited miles per trip
Market Service Area	Bay, Calhoun, Dixie, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Holmes, Jackson, Jefferson, Lafayette, Levy,

Liberty, Madison, Okaloosa, Santa
Rosa, Taylor, Wakulla, Walton,
Washington

DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage	Works with my Medicaid coverage
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	HumanaChoice Florida SNP-DE (PPO D-SNP)
Plan Number	H1036-314-000	H5216-394-000
Medicaid Levels	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.
Healthy Options Allowance	\$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.	\$200 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	\$40 allowance for annual exam and \$550 allowance per year for eyewear

	or contact lenses including fittings, or 2 pairs of select eyeglasses at no cost	or contact lenses including fittings at PLUS Provider. OON coverage available.
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 \$3600 allowance for hearing aids every 3 years. OON coverage available.
Transportation	\$0 copayment for plan approved location up to 50 one-way trip(s) per year by car, rideshare services, 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, rideshare services, van, wheelchair access vehicle. This benefit offers unlimited miles per trip.
Current Service Area	Bay, Escambia, Okaloosa, Santa Rosa, Walton	Bay, Calhoun, Dixie, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Holmes, Jackson, Jefferson, Lafayette, Levy, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, 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
Humana Gold Plus SNP-DE (HMO D-SNP)	H1036-214-000	MA-PD
HumanaChoice Florida (PPO)	H5216-070-000	MA-PD
HumanaChoice SNP-DE (PPO D-SNP)	H7284-003-000	MA-PD
HumanaChoice Florida (PPO)	H7284-009-000	MA-PD
HumanaChoice (Regional PPO)	R5826-005-000	MA-PD
HumanaChoice (Regional PPO)	R5826-074-000	MA-PD
HumanaChoice (Regional PPO)	R5826-018-000	MA

Local Support

Local Support - Florida



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