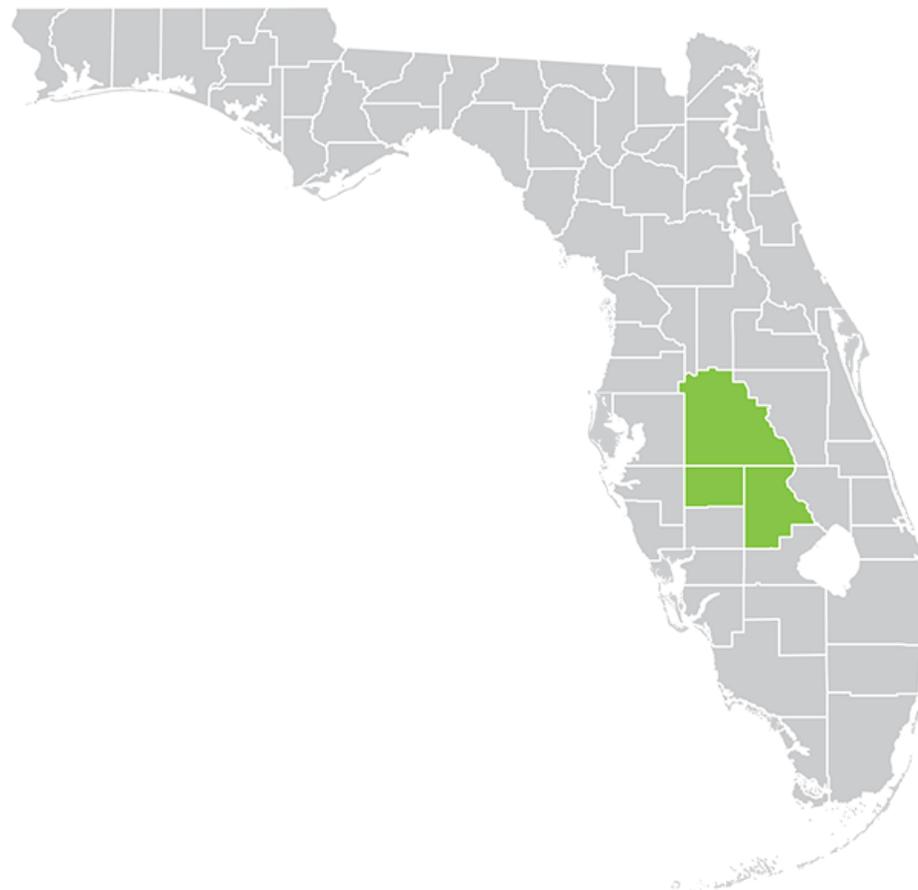


Market Highlights

- Multiple selling opportunities with Dual Special Needs Plan.
- \$0 Copay on all plan approved drugs on all tiers through all stages for DSNP Members.
- MAPD PPO available with a Part B give back up to \$174.70.
- Multiple Chronic Special Needs plan available with Part B premium giveback up to \$160.00.
- Healthy Options allowance available on H5216-394-000 with a monthly allowance of \$200.00 with rollover. The allowance is used for overall wellness for members diagnosed with a chronic condition. This includes OTC card with expanded catalog.
- Healthy Options allowance available on H1036-314-000 with a monthly allowance of \$225.00 with rollover. The allowance is used for overall wellness for members diagnosed with a chronic condition. This includes OTC card with expanded catalog.
- Dental allowance benefit available on select HMO and PPO plans up to \$4000.00.
- 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.
- Most major hospital facilities within the market are in-network.



Market Service Area

Hardee, Highlands, Polk

MA / MAPD

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	Gives me the most benefits and the best value
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus Giveback (HMO)	Humana Gold Plus Giveback (HMO)
Plan Number	H1036-230-000	H1036-265-001	H1036-266-000
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	\$165	\$116
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$5 copayment	\$10 copayment	\$30 copayment
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$35 per day, Days(1-3);	\$125 per day, Days(1-4);	\$100 per day, Days(1-6);
Max Out-of-Pocket	\$2400 IN	\$2400 IN	\$3400 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$30/35%/33%	\$0/\$0/\$30/35%/33%	\$0/\$0/\$30/35%/33%
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation	\$1250 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$1000 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 \$100/Quarter for select health and wellness products, Transportation 50 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, Transportation 50 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, Transportation 50 one-way trip(s) per year, unlimited miles per trip
Market Service Area	Polk Market-wide	Hardee, Highlands	Polk Market-wide

FOR AGENT USE ONLY

Top Consumer Priority for their Medicare Plan	Supports my chronic conditions	Supports my chronic conditions	It's affordable and I can get the support I need
Plan Name	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Humana Gold Plus Lung (HMO C-SNP)	HumanaChoice Florida (PPO)
Plan Number	H1036-299-000	H1036-312-000	H5216-304-000
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	\$160	\$164	\$2.5
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$10 copayment	\$10 copayment	\$30 copayment
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$125 per day, Days(1-4);	\$125 per day, Days(1-4);	\$275 per day, Days(1-4);
Max Out-of-Pocket	\$2400 IN	\$2000 IN	\$4700 IN
Rx Deductible	No Deductible	No Deductible	\$300 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$0/\$30/35%/33%/\$0	\$0/\$0/\$47/48%/33%/\$0	\$0/\$0/\$47/35%/29%
Dental	\$2000 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	\$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 50 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, Transportation 50 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, OTC \$50/Quarter for select health and wellness products
Market Service Area	Polk Market-wide	Polk Market-wide	Highlands, Polk

		Humana Honor Plan 	Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Gives me freedom and flexibility	Works with my VA coverage	Works with my VA coverage
Plan Name	Humana Full Access Giveback (PPO)	Humana USAA Honor Giveback (HMO)	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-393-000	H1036-119-000	H5216-257-000
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	\$150	\$70
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$45 copayment	\$30 copayment	\$50 copayment
Referrals Required	No	Yes	No
Inpatient Hospital	\$350 per day, Days(1-7);	\$315 per day, Days(1-8);	\$425 per day, Days(1-7);
Max Out-of-Pocket	\$6700 IN	\$3900 IN	\$6000 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$30/33%/28%	No Coverage	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.	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation	\$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	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 50 one-way trip(s) per year, unlimited miles per trip	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	Polk Market-wide	Polk Market-wide	Polk Market-wide

DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage	Works with my Medicaid coverage	Works with my Medicaid coverage
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	HumanaChoice Florida SNP-DE (PPO D-SNP)
Plan Number	H1036-102-000	H1036-314-000	H5216-394-000
Medicaid Levels	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
Dental	\$4000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$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	\$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.	\$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 \$400 allowance per year for eyewear	\$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 3 pairs of select eyeglasses at no cost	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 \$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.	\$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	Polk Market-wide	Polk Market-wide	Polk Market-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			

Other Plans

Plan Name	Plan Number	Plan Category
Humana Fully Integrated (HMO D-SNP)	H1036-280-000	MA-PD
HumanaChoice (Regional PPO)	R5826-005-000	MA-PD
HumanaChoice (Regional PPO)	R5826-074-000	MA-PD
HumanaChoice Florida (PPO)	H5216-072-000	MA-PD
HumanaChoice (Regional PPO)	R5826-018-000	MA

Local Support

Local Support - Florida



Heather Kroeger
Broker Relationship Manager
813-309-6924
hkroeger@humana.com



Jason Cabrera
Broker Relationship Executive
502-313-7960
jcabrera23@humana.com

Local Sales Manager