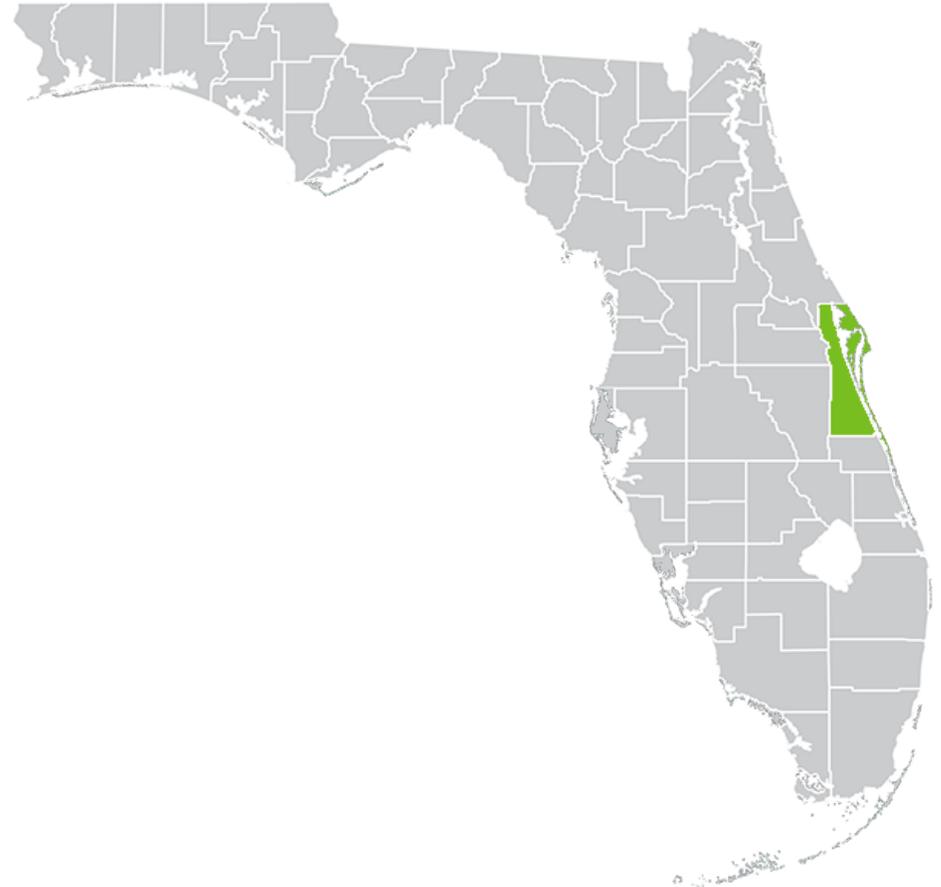


Market Highlights

- MAPD PPO available with a Part B give back up to \$174.70.
- Increased Part B premium giveback on select Humana USAA Honor Plans.
- \$0 copay for 90-day or 100-day supply, depending on which extended day supply is available under the plan, of tier 1 and tier 2 drugs when using mail order through CenterWell Pharmacy.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.

Network Highlights

- Multiple plans with similar In and Out of network copays.
- 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

Brevard, Indian River

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me freedom and flexibility	Gives me the most benefits and the best value	Supports my chronic conditions
Plan Name	Humana Full Access Giveback (PPO)	Humana Gold Plus (HMO)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)
Plan Number	H5216-311-000	H1036-229-000	H1036-292-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	\$50 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	\$4	\$108
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$40 copayment	\$35 copayment	\$20 copayment
Referrals Required	No	Yes	Yes
Inpatient Hospital	\$400 per day, Days(1-7);	\$275 per day, Days(1-7);	\$225 per day, Days(1-6);
Max Out-of-Pocket	\$6200 IN	\$3850 IN	\$3350 IN
Rx Deductible	\$350 Deductible for Tiers 4,5	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$47/38%/28%	\$0/\$5/\$30/50%/33%	\$0/\$5/\$35/50%/33%/\$0
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; \$25 copayment for fillings	\$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, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness
Market Service Area	Space Coast Market-wide	Indian River	Indian River



FOR AGENT USE ONLY

Top Consumer Priority for their Medicare Plan	Supports my chronic conditions	It's affordable and I can get the support I need	Works with my VA coverage
Plan Name	Humana Gold Plus Lung (HMO C-SNP)	HumanaChoice Florida (PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	H1036-298-000	H5216-062-000	H5216-256-000
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	\$103.4	\$3	\$140
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$20 copayment	\$35 copayment	\$40 copayment
Referrals Required	Yes	No	No
Inpatient Hospital	\$225 per day, Days(1-6);	\$320 per day, Days(1-7);	\$225 per day, Days(1-8);
Max Out-of-Pocket	\$3350 IN	\$4150 IN	\$4900 IN
Rx Deductible	No Deductible	\$150 Deductible for Tiers 4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$35/50%/33%/\$0	\$0/\$5/\$30/41%/31%	No Coverage
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, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$4000 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 Debit Card \$60/Quarter for select health and wellness products at participating retailers	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products
Market Service Area	Indian River	Space Coast Market-wide	Space Coast Market-wide

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	H1036-226-000	H7284-010-000
Medicaid Levels	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
Dental	\$3000 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	\$100 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.	\$135 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	\$40 allowance for annual exam and \$500 allowance per year for eyewear

	or contact lenses including fittings, or 3 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	Indian River	Space Coast 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 Gold Plus Giveback (HMO)	H1036-286-000	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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