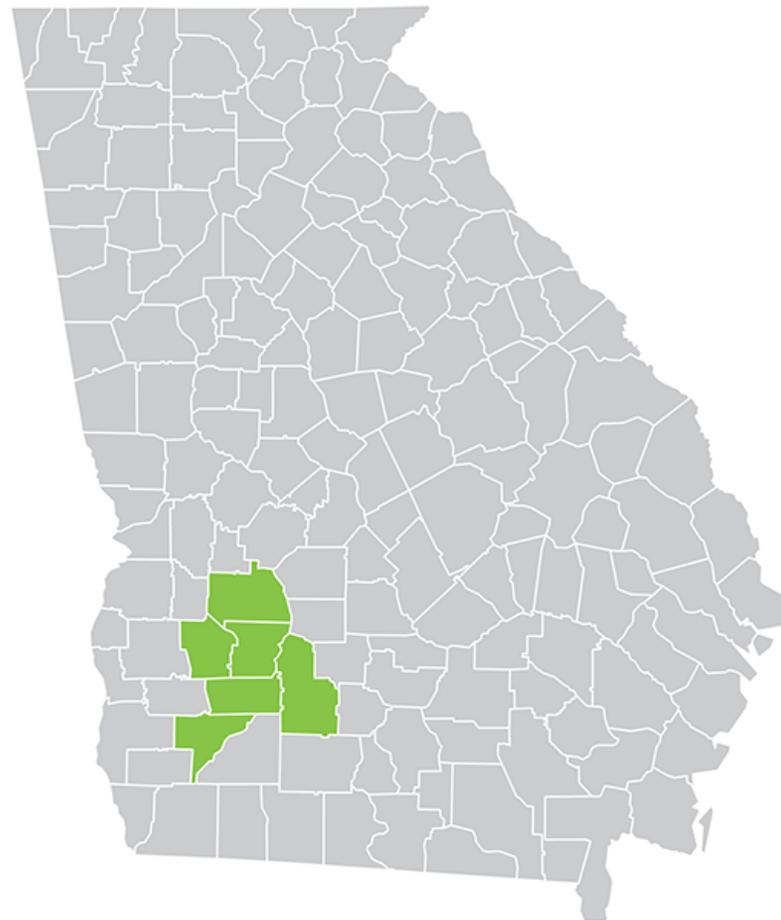


Market Highlights

- Full HMO and PPO suite of products designed to meet a variety of consumer needs.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- Healthy Options allowance for rent, utilities, groceries, and OTC available on Dual Eligible Plans, with rollover.
- \$0 Copay on all Medicare approved drugs on all tiers through all stages for DSNP Members.
- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Centerwell Pharmacy.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- Plan available with Part B premium giveback.
- Humana USAA Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- 100% of Humana USAA Honor plans offer Part B 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.
- HMO plans within the market do not require referrals.
- Select HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.



Market Service Area

Baker, Dougherty, Lee, Sumter, Terrell, Worth

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	It's affordable and I can get the support I need	It's affordable and I can get the support I need
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO) 	HumanaChoice (PPO)
Plan Number	H4141-017-005	H5216-421-000	H5216-203-002
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	\$400 Combined In and Out-of-Network	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$3	\$4	\$2
PCP	\$5 copayment	\$0 copayment	\$5 copayment
Specialist	\$20 copayment	\$50 copayment	\$40 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$384 per day, Days(1-6);	\$399 per day, Days(1-6);	\$399 per day, Days(1-6);
Max Out-of-Pocket	\$9350 IN	\$9350 IN	\$9350 IN
Rx Deductible	\$350 Deductible for Tiers 3,4,5	\$450 Deductible for Tiers 3,4,5	\$350 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/38%/28%	\$0/\$0/\$47/45%/27%	\$0/\$5/\$47/39%/28%
Dental	\$1500 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.	\$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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
Market Service Area	Albany Market-wide	Albany Market-wide	Albany Market-wide

Top Consumer Priority for their Medicare Plan	Just the right amount of coverage for me	Supports my chronic conditions	Gives me the most benefits and the best value
Plan Name	HumanaChoice Giveback (PPO)	HumanaChoice - Diabetes and Heart (PPO C-SNP)	HumanaChoice (PPO)
Plan Number	H5216-345-000	H5216-246-000	H5216-284-000
Premium	\$0.00	\$0.00	\$40.00
Deductible	\$500 Combined In and Out-of-Network	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$105	N/A	N/A
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$45 copayment	\$40 copayment	\$5 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$375 per day, Days(1-5);	\$399 per day, Days(1-6);	\$399 per day, Days(1-6);
Max Out-of-Pocket	\$9350 IN	\$9350 IN	\$9350 IN
Rx Deductible	\$450 Deductible for Tiers 3,4,5	\$450 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/38%/27%	\$0/\$5/\$47/44%/27%	\$0/\$20/\$47/36%/25%
Dental	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.	\$3000 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	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
Market Service Area	Baker, Lee, Sumter, Terrell, Worth	Albany Market-wide	Baker, Lee, Sumter, Terrell, Worth

		Humana Honor Plan 	Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Just the right amount of coverage for me	Works with my VA coverage	Works with my VA coverage
Plan Name	HumanaChoice Giveback (PPO)	Humana USAA Honor Giveback (PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-154-000	H5216-286-000	H5216-217-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	\$1000 Combined In and Out-of-Network	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$64	\$140	\$60
PCP	\$20 copayment	\$20 copayment	\$10 copayment
Specialist	\$55 copayment	\$55 copayment	\$50 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$435 per day, Days(1-5);	\$430 per day, Days(1-5);	\$245 per day, Days(1-6);
Max Out-of-Pocket	\$9350 IN	\$9350 IN	\$6700 IN
Rx Deductible	\$400 Deductible for Tiers 3,4,5	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$5/\$15/\$47/36%/28%	No Coverage	No Coverage
Dental	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation. OON coverage available.	\$1500 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	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
Market Service Area	Albany Market-wide	Baker, Lee, Sumter, Terrell, Worth	Albany Market-wide

Top Consumer Priority for their Medicare Plan	
Plan Name	HumanaChoice (PPO)
Plan Number	H5216-157-000
Premium	\$0.00
Deductible	N/A
Part B Deductible Info	N/A
Part B Giveback	N/A
PCP	\$5 copayment
Specialist	\$45 copayment
Referrals Required	No
Inpatient Hospital	\$399 per day, Days(1-6);
Max Out-of-Pocket	\$9350 IN
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage
Dental	\$2500 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, OTC \$175/Quarter for select health and wellness products
Market Service Area	Albany 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)	HumanaChoice SNP-DE (PPO D-SNP)	Humana Dual Select (PPO D-SNP)
Plan Number	H4141-003-000	H5216-205-000	H5216-206-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+	FBDE, QI, QMB, QMB+, SLMB, SLMB+
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, 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, root canals. OON coverage available.
Healthy Options Allowance	\$120 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.	\$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.	
Vision	\$0 copayment for annual exam and \$100 allowance per year for eyewear	N/A	\$75 allowance for annual exam and \$100 allowance per year for eyewear

	or contact lenses including fittings at PLUS Provider		or contact lenses including fittings at PLUS Provider. OON coverage available.
Hearing	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.	N/A	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
Transportation	N/A	N/A	N/A
Current Service Area	Albany Market-wide	Baker, Dougherty, Lee, Sumter, Terrell	Albany Market-wide

Prescription Drug Plans

Plan Name	Humana Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic 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 Choice (PFFS)	H8145-069-000	MA-PD
Humana Full Access (Regional PPO)	R0110-020-000	MA-PD
HumanaChoice (Regional PPO)	R0110-019-000	MA

Local Support

Local Support - Georgia



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