

Market Highlights

- Dental allowance benefit available on select HMO and PPO plans up to \$3000.
- \$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.
- All of our plans include Dental, Vision and Hearing.
- MA-Only plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Multiple plans in market with Part B Premium giveback.
- Go365 by Humana is a wellness program that rewards your clients up to \$345 per plan year in redeemable gift cards from popular retailers for competing healthy activities. Most Humana Medicare Advantage plans include Go365.
- Most of Humana's Medicare Advantage plans include the SilverSneakers® fitness program at no extra cost.
- Unlimited worldwide emergency coverage for all plans.
- Local market office and support team to assist with broker and member needs.

Network Highlights

- All major hospital facilities within the market are in-network.
- Network physician groups include: Hawaii Senior Medical Group, MDX Hawaii, and QCIPN/Queen's Health System
- 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

Honolulu

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	It's affordable and I can get the support I need
Plan Name	HumanaChoice (PPO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H5216-313-000	H0028-048-001	H5216-233-001
Premium	\$23.00	\$0.00	\$0.00
Deductible	\$100 Combined In and Out-of-Network	N/A	\$100 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	N/A	N/A
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$35 copayment	\$40 copayment	\$55 copayment
Referrals Required	No	Yes	No
Inpatient Hospital	\$390 per day, Days(1-4);	\$440 per day, Days(1-6);	\$460 per day, Days(1-5);
Max Out-of-Pocket	\$5500 IN	\$5900 IN	\$6700 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$30/35%/30%	\$0/\$0/\$30/28%/29%	\$0/\$0/\$30/\$100/29%
Dental	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
Market Service Area	Honolulu Market-wide	Honolulu Market-wide	Honolulu Market-wide

	Humana Honor Plan 	Humana Honor Plan 	
Top Consumer Priority for their Medicare Plan	Works with my VA coverage	Gives me freedom and flexibility	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback with Rx (PPO)	HumanaChoice (PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-314-000	H5216-232-001	H5216-234-000
Premium	\$0.00	\$50.00	\$0.00
Deductible	\$100 Combined In and Out-of-Network	\$100 Combined In and Out-of-Network	\$1000 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$40	N/A	\$50
PCP	\$10 copayment	\$0 copayment	\$0 copayment
Specialist	\$70 copayment	\$40 copayment	\$50 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$530 per day, Days(1-4);	\$350 per day, Days(1-5);	\$450 per day, Days(1-4);
Max Out-of-Pocket	\$6700 IN	\$5400 IN	\$7550 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$40/44%/33%	\$0/\$0/\$30/28%/30%	No Coverage
Dental	\$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.	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing
Market Service Area	Honolulu Market-wide	Honolulu Market-wide	Honolulu Market-wide

Prescription Drug Plans

Plan Name	Humana Basic Rx Plan (PDP)	Humana Value Rx Plan (PDP)	Humana Premier 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			

Local Support

Local Support - Hawaii



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