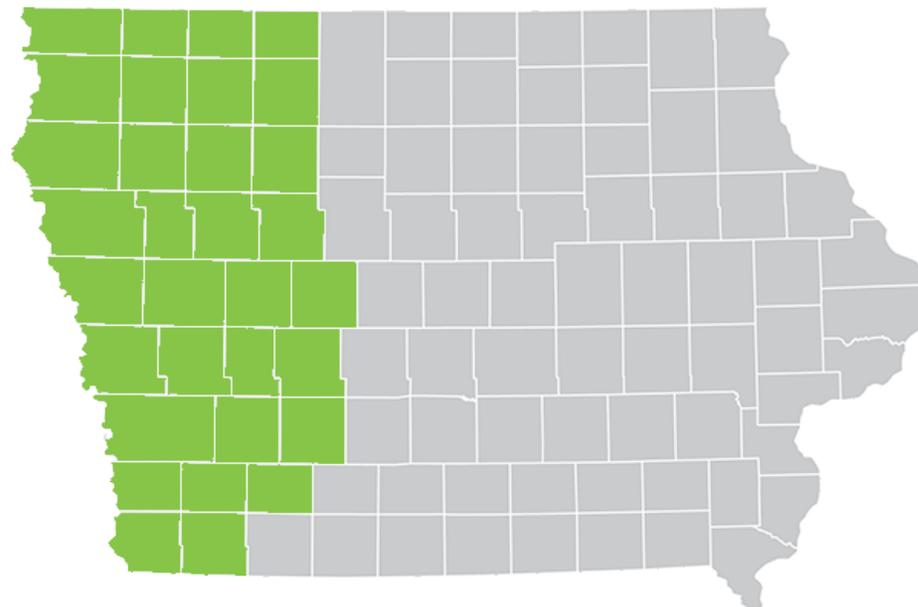


## Market Highlights

- New Open Network PPO plans available which allows members to see any doctor in the country that accepts Medicare, including specialists, without a referral and can go in and out of network for the same copay for doctor visits, these plans include H5216-411-000.
- [Plan#] available with a Part B giveback up to \$H5216-340-000.
- [Plan#] available with a Part B giveback up to \$H5216-329-000.
- \$0 Copay on all Medicare approved drugs on all tiers through all stages for DSNP Members.
- Healthy Options allowance available on Dual Eligible plan H5216-268-000 with a monthly allowance of \$100 with rollover. The allowance can be used for items such as rent, utilities, groceries and OTC.
- First dollar coverage Annual Dental Allowance of \$5000 for covered dental services on H5216-268-000.
- \$0 Copay on all plan approved drugs on all tiers through all stages for DSNP Members.

## Network Highlights

- In-network hospitals and provider systems include, but are not limited to, the following: University of Iowa Hospitals and Clinics, MercyOne Medical Center, UnityPoint Health, and Genesis Health Systems
- 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.
- Most major hospital facilities within the market are in-network.
- HMO plans within the market do not require referrals.



### Market Service Area

Adair, Adams, Audubon, Buena Vista, Calhoun, Carroll, Cass, Cherokee, Clay, Crawford, Dickinson, Emmet, Fremont, Greene, Guthrie, Harrison, Ida, Lyon, Mills, Monona, Montgomery, Obrien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Pottawattamie, Sac, Shelby, Sioux, Woodbury

MA / MAPD

Humana Honor Plan 			
Top Consumer Priority for their Medicare Plan	Works with my VA coverage	Gives me freedom and flexibility	Gives me the most benefits and the best value
Plan Name	Humana USAA Honor Giveback with Rx (PPO)	Humana Full Access (PPO) 	Humana Gold Plus (HMO)
Plan Number	H5216-340-000	H5216-411-000	H0028-053-001
Premium	\$0.00	\$0.00	\$0.00
Deductible	\$500 Combined In and Out-of-Network	\$500 Combined In and Out-of-Network	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$60	\$3	\$4
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$45 copayment	\$40 copayment	\$40 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$440 per day, Days(1-5);	\$395 per day, Days(1-7);	\$395 per day, Days(1-6);
Max Out-of-Pocket	\$5500 IN	\$4400 IN	\$4200 IN
Rx Deductible	\$400 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/50%/28%	\$0/\$5/\$47/50%/30%	\$0/\$10/\$47/50%/25%
Dental	\$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.	\$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
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products

**Market Service Area**

Council Bluffs - Sioux City - Western  
Iowa Market-wide

Adair, Adams, Audubon, Buena Vista,  
Calhoun, Carroll, Cass, Cherokee, Clay,  
Crawford, Dickinson, Fremont, Greene,  
Guthrie, Ida, Lyon, Mills, Monona,  
Montgomery, Obrien, Osceola, Page,  
Palo Alto, Plymouth, Pocahontas,  
Pottawattamie, Sac, Shelby, Sioux,  
Woodbury

Buena Vista, Cherokee, Lyon, Mills,  
Plymouth, Pottawattamie, Sioux,  
Woodbury

	Humana Honor Plan 	Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Works with my VA coverage	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback (PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-329-000	H5216-278-001
Premium	\$0.00	\$0.00
Deductible	\$100 Combined In and Out-of-Network	N/A
Part B Deductible Info	N/A	N/A
Part B Giveback	\$110	\$70
PCP	\$0 copayment	\$15 copayment
Specialist	\$40 copayment	\$65 copayment
Referrals Required	No	No
Inpatient Hospital	\$425 per day, Days(1-5);	\$360 per day, Days(1-6);
Max Out-of-Pocket	\$6700 IN	\$4900 IN
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage
Dental	\$1000 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, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$15/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products
Market Service Area	Council Bluffs - Sioux City - Western Iowa Market-wide	Council Bluffs - Sioux City - Western Iowa Market-wide

## DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage
Plan Name	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H5216-268-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+
Dental	\$5000 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	\$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	\$40 allowance for annual exam and \$500 allowance per year for eyewear

	or contact lenses including fittings at PLUS Provider. OON coverage available.
<b>Hearing</b>	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
<b>Transportation</b>	\$0 copayment for plan approved location up to 100 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.
<b>Current Service Area</b>	Buena Vista, Cherokee, Lyon, Mills, Plymouth, Pottawattamie, Sioux, Woodbury

## Prescription Drug Plans

Plan Name	Humana Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic Rx Plan (PDP)
<b>Plan Number</b>	Coming Soon	Coming Soon	Coming Soon
<b>Pairs Well With</b>			
<b>Premium</b>			
<b>Rx Deductible</b>			
<b>Preferred Retail 30-day Supply</b>			
<b>Standard Retail 30-day Supply</b>			
<b>Preferred Mail 90-day Supply</b>			
<b>Market Service Area</b>			

# Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5216-014-000	MA-PD
Humana Value Plus (PPO)	H5216-171-000	MA-PD
Humana Gold Choice (PFFS)	H8145-006-000	MA-PD

## Local Support

### Local Support - Iowa



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### Local Sales Manager