

Market Highlights

- Full PPO and HMO suite of products designed to meet a variety of consumer needs: Boone, Ogle, Stephenson, Winnebago.
- Introducing new PPO plans to market.
- New dental allowance benefit available on select PPO plans.
- \$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.
- Humana Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Go365® by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Select plans include a monthly or quarterly allowance for over-the-counter (OTC) items such as: Vitamins, Pain Relievers, and Cough and cold medicines.
- Some Humana Plans include Routine non-emergent medical transportation at no additional cost.
- 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.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.
- 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.



Market Service Area

Boone, Ogle, Stephenson, Winnebago

MA / MAPD

Top Consumer Priority for their Medicare Plan	It's affordable and I can get the support I need	Gives me freedom and flexibility	Gives me the most benefits and the best value
Plan Name	HumanaChoice (PPO)	Humana Full Access (PPO) 	HumanaChoice (PPO)
Plan Number	H5216-251-000	H5216-412-000	H5216-283-000
Premium	\$0.00	\$0.00	\$22.80
Deductible	\$200 Combined In and Out-of-Network	\$350 Combined In and Out-of-Network	\$100 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$2	\$2	N/A
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$25 copayment	\$35 copayment	\$30 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$395 per day, Days(1-7);	\$425 per day, Days(1-7);	\$425 per day, Days(1-7);
Max Out-of-Pocket	\$3800 IN	\$4850 IN	\$4900 IN
Rx Deductible	\$250 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/\$10/\$47/47%/30%	\$0/\$10/\$47/48%/30%	\$0/\$10/\$47/41%/25%
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.	\$3500 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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$100/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products
Market Service Area	Rockford Market-wide	Rockford Market-wide	Rockford Market-wide



Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value		Works with my VA coverage
Plan Name	Humana Gold Plus (HMO)	Humana Gold Choice (PFFS)	Humana USAA Honor Giveback (Regional PPO)
Plan Number	H1468-007-000	H8145-126-000	R5361-001-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	N/A	\$100 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$4	N/A	\$29
PCP	\$0 copayment	\$5 copayment	\$15 copayment
Specialist	\$35 copayment	\$40 copayment	\$45 copayment
Referrals Required	Yes	No	No
Inpatient Hospital	\$270 per day, Days(1-7);	\$360 per day, Days(1-5);	\$440 per day, Days(1-6);
Max Out-of-Pocket	\$3000 IN	\$6700 IN/OON	\$6750 IN
Rx Deductible	\$250 Deductible for Tiers 3,4,5	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$47/50%/30%	No Coverage	No Coverage
Dental	\$3500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$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, Fitness, OTC \$125/Quarter for select health and wellness products	Dental, Vision, Hearing, OTC \$75/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness
Market Service Area	Rockford Market-wide	Ogle	Rockford Market-wide

	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	H5216-355-000	H5216-258-000
Premium	\$0.00	\$0.00
Deductible	\$100 Combined In and Out-of-Network	\$100 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A
Part B Giveback	\$125	\$30
PCP	\$15 copayment	\$15 copayment
Specialist	\$45 copayment	\$45 copayment
Referrals Required	No	No
Inpatient Hospital	\$295 per day, Days(1-6);	\$295 per day, Days(1-6);
Max Out-of-Pocket	\$5500 IN	\$5500 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.	\$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, OTC \$45/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$25/Month for select health and wellness products
Market Service Area	Rockford Market-wide	Rockford 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
HumanaChoice (PPO)	H5525-004-000	MA-PD
Humana Gold Choice (PFFS)	H8145-006-000	MA-PD
HumanaChoice (Regional PPO)	R5361-002-000	MA-PD

Local Support

Local Support - Illinois



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