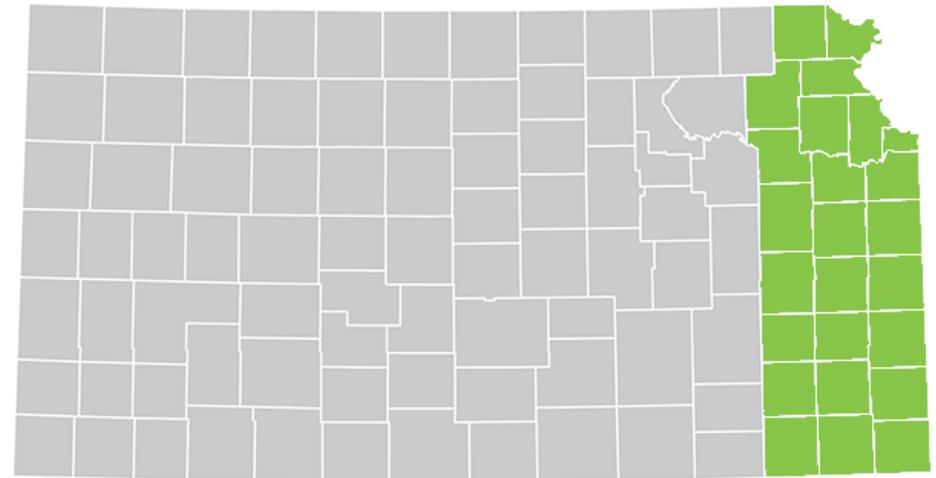


Market Highlights

- Introducing new HMO and PPO plans to market.
- Multiple plans in market with Part B Premium giveback.
- No referrals on any of our HMO or PPO plans.
- Multiple selling opportunity with Chronic Special Needs Plan.
- Humana USAA Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- All of our plans include Dental, Vision and Hearing.

Network Highlights

- Select HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- 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.
- Most major hospital facilities within the market are in-network.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.



Market Service Area

Allen, Anderson, Atchison, Bourbon, Brown, Cherokee, Coffey, Crawford, Doniphan, Douglas, Franklin, Jackson, Jefferson, Johnson, Labette, Leavenworth, Linn, Miami, Montgomery, Nemaha, Neosho, Osage, Shawnee, Wilson, Wyandotte

MA / MAPD

| Top Consumer Priority for their Medicare Plan | It's affordable and I can get the support I need | Just the right amount of coverage for me | Supports my chronic conditions |
|---|---|---|---|
| Plan Name | HumanaChoice (PPO) | HumanaChoice Giveback (PPO)  | Humana Gold Plus - Diabetes and Heart (HMO-POS C-SNP)  |
| Plan Number | H5216-318-002 | H5216-405-000 | H0028-067-000 |
| Premium | \$0.00 | \$0.00 | \$40.90 |
| Deductible | \$330 Combined In and Out-of-Network | \$600 Combined In and Out-of-Network | N/A |
| Part B Deductible Info | N/A | N/A | \$240 |
| Part B Giveback | N/A | \$70 | \$1 |
| PCP | \$0 copayment | \$0 copayment | 20% coinsurance |
| Specialist | \$30 copayment | \$45 copayment | 20% coinsurance |
| Referrals Required | No | No | No |
| Inpatient Hospital | \$360 per day, Days(1-5); | \$445 per day, Days(1-6); | \$2165 per admission |
| Max Out-of-Pocket | \$3600 IN | \$5000 IN | \$9350 IN |
| Rx Deductible | No Deductible | \$250 Deductible for Tiers 3,4,5 | \$590 Deductible for Tiers 2,3,4,5 |
| Rx - Retail 30-day Supply | \$0/\$10/\$47/50%/33% | \$0/\$10/\$47/50%/30% | \$0 |
| Dental | \$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available. | \$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, 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, OTC \$50/Quarter for select health and wellness products | Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products | Dental, Vision, Hearing, Transportation 24 one-way trip(s) per year, may not exceed 25per trip |
| Market Service Area | Greater Kansas City-KS Market-wide | Allen, Anderson, Atchison, Bourbon, Brown, Cherokee, Coffey, Crawford, | Douglas, Jefferson, Johnson, Leavenworth, Miami, Shawnee, |

| | | |
|--|--|--|
| | Doniphan, Douglas, Franklin, Jackson, Jefferson, Johnson, Leavenworth, Linn, Miami, Montgomery, Nemaha, Osage, Shawnee, Wilson, Wyandotte | |
|--|--|--|

Wyandotte



| 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 | Works with my VA coverage |
|---|---|---|---|
| Plan Name | Humana Gold Plus (HMO-POS) | Humana Gold Plus Giveback (HMO-POS) New! | Humana USAA Honor Giveback (PPO) |
| Plan Number | H0028-054-001 | H0028-066-000 | H5216-329-000 |
| Premium | \$0.00 | \$0.00 | \$0.00 |
| Deductible | \$525 In-Network | N/A | \$100 Combined In and Out-of-Network |
| Part B Deductible Info | N/A | N/A | N/A |
| Part B Giveback | \$2 | \$55 | \$110 |
| PCP | \$0 copayment | \$0 copayment | \$0 copayment |
| Specialist | \$15 copayment | \$35 copayment | \$40 copayment |
| Referrals Required | No | No | No |
| Inpatient Hospital | \$295 per day, Days(1-7); | \$395 per day, Days(1-6); | \$425 per day, Days(1-5); |
| Max Out-of-Pocket | \$3000 IN | \$4150 IN | \$6700 IN |
| Rx Deductible | \$250 Deductible for Tiers 3,4,5 | \$250 Deductible for Tiers 3,4,5 | No Deductible |
| Rx - Retail 30-day Supply | \$0/\$5/\$47/45%/30% | \$0/\$5/\$47/46%/30% | 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. | \$2000 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 \$50/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 \$15/Month for select health and wellness products |
| Market Service Area | Franklin, Jefferson, Johnson, Leavenworth, Miami, Shawnee, Wyandotte | Franklin, Jefferson, Johnson, Leavenworth, Miami, Shawnee, Wyandotte | Greater Kansas City-KS Market-wide |

Humana Honor Plan



| | | |
|---|---|---|
| Top Consumer Priority for their Medicare Plan | Works with my VA coverage | |
| Plan Name | Humana USAA Honor Giveback (PPO) | Humana Gold Choice (PFFS) |
| Plan Number | H5216-140-000 | H8145-126-000 |
| Premium | \$0.00 | \$0.00 |
| Deductible | N/A | N/A |
| Part B Deductible Info | N/A | N/A |
| Part B Giveback | \$50 | N/A |
| PCP | \$0 copayment | \$5 copayment |
| Specialist | \$35 copayment | \$40 copayment |
| Referrals Required | No | No |
| Inpatient Hospital | \$360 per day, Days(1-5); | \$360 per day, Days(1-5); |
| Max Out-of-Pocket | \$4500 IN | \$6700 IN/OON |
| Rx Deductible | No Deductible | No Deductible |
| Rx - Retail 30-day Supply | No Coverage | No Coverage |
| Dental | \$6000 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, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available. |
| Key Extra Benefits | Dental, Vision, Hearing, Fitness, OTC \$50/Month for select health and wellness products | Dental, Vision, Hearing, OTC \$75/Quarter for select health and wellness products |
| Market Service Area | Greater Kansas City-KS Market-wide | Crawford, Doniphan, Jackson, Johnson, Labette, Neosho, Wilson, Wyandotte |

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 | | | |

Other Plans

| Plan Name | Plan Number | Plan Category |
|------------------------|---------------|---------------|
| HumanaChoice (PPO) | H5216-032-000 | MA-PD |
| Humana Gold Plus (HMO) | H0028-017-000 | MA-PD |

Local Support

Local Support - Kansas



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