

Market Highlights

- Humana USAA Honor MA-Only plan with Comprehensive Dental and a \$150 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.
- Healthy Options allowance available on Dual Eligible plan H5619-163-000 with a monthly allowance of \$170 with rollover. The allowance can be used for items such as rent, utilities, groceries and OTC.
- New Part B premium giveback plan available statewide.
- No referrals on any of our HMO or PPO plans.
- \$0 Copay on all plan approved drugs on all tiers through all stages for DSNP Members.
- Select plans with \$0 Tier 1 and lower Tier 2 copay through the Rx gap coverage.
- 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.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- Introducing new HMO and PPO plans to market.

Network Highlights

- In-network HMO hospitals and provider systems include, but are not limited to, the following: Med Center Health/Med Center of Bowling Green, Graves Gilbert, TJ Health Systems, Murray Calloway and Western Baptist.
- HMO plans within the market do not require referrals.
- 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.
- Select HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.



Market Service Area

Adair, Allen, Ballard, Barren, Boyd, Bracken, Breckinridge, Butler, Caldwell, Calloway, Carlisle, Carroll, Carter, Casey, Christian, Crittenden, Daviess, Edmonson, Elliott, Fleming, Fulton, Gallatin, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harrison, Hart, Henderson, Hickman, Hopkins, Larue, Lawrence, Lewis, Livingston, Logan, Lyon, Marion, Marshall, Mason, McCracken, McLean, Meade, Metcalfe, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Owen, Robertson, Rowan, Simpson, Taylor, Todd, Trigg, Trimble, Union, Warren, Webster

MA / MAPD

Humana Honor Plan 			
Top Consumer Priority for their Medicare Plan	Works with my VA coverage	Just the right amount of coverage for me	Gives me the most benefits and the best value
Plan Name	Humana USAA Honor Giveback with Rx (PPO)	HumanaChoice Giveback (PPO)	Humana Gold Plus (HMO)
Plan Number	H5216-396-000	H5216-322-000	H5619-071-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	\$430 Combined In and Out-of-Network	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$70	\$124	\$1
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$45 copayment	\$40 copayment	\$35 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$475 per day, Days(1-5);	\$400 per day, Days(1-5);	\$530 per day, Days(1-5);
Max Out-of-Pocket	\$9350 IN	\$9350 IN	\$5500 IN
Rx Deductible	\$350 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$10/\$47/48%/28%	\$0/\$20/\$47/31%/25%	\$0/\$5/\$47/50%/30%
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.	N/A	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC Debit Card \$50/Quarter for select health and wellness products at participating retailers	Fitness	Dental, Vision, Hearing, Fitness, OTC Debit Card \$25/Quarter for select health and wellness products at participating retailers, Transportation

			24 one-way trip(s) per year, may not exceed 50per trip
Market Service Area	Greater Kentucky Market-wide	Adair, Allen, Ballard, Barren, Boyd, Bracken, Breckinridge, Butler, Calloway, Carlisle, Carter, Casey, Christian, Crittenden, Daviess, Edmonson, Elliott, Fleming, Fulton, Gallatin, Graves, Grayson, Green, Hancock, Harrison, Hart, Hickman, Hopkins, Larue, Lawrence, Lewis, Livingston, Logan, Lyon, Marion, Marshall, McCracken, McLean, Meade, Metcalfe, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Robertson, Rowan, Simpson, Taylor, Todd, Trigg, Union, Warren, Webster	Bracken, Breckinridge, Calloway, Carlisle, Casey, Christian, Crittenden, Elliott, Fleming, Fulton, Gallatin, Graves, Grayson, Hickman, Larue, Lawrence, Lewis, Livingston, Lyon, Marion, Marshall, Mason, McCracken, McLean, Morgan, Muhlenberg, Nicholas, Owen, Robertson, Rowan, Todd

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	Supports my chronic conditions
Plan Name	Humana Gold Plus (HMO) 	Humana Gold Plus (HMO) 	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)
Plan Number	H5619-172-000	H5619-173-000	H5619-164-000
Premium	\$11.00	\$0.00	\$0.00
Deductible	\$305 In-Network	N/A	\$145 In-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	\$1	\$2
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$30 copayment	\$45 copayment	\$35 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$450 per day, Days(1-5);	\$550 per day, Days(1-4);	\$480 per day, Days(1-5);
Max Out-of-Pocket	\$6750 IN	\$9350 IN	\$6750 IN
Rx Deductible	\$590 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5	\$150 Deductible for Tiers 4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/38%/25%	\$0/\$5/\$47/38%/25%	\$0/\$5/\$47/38%/31%/\$0
Dental	\$4000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, 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	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC Debit Card \$30/Quarter for select health and wellness products at participating retailers	Dental, Vision, Fitness, OTC \$25/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, Transportation 24 one-way trip(s) per year, may not exceed 50per trip
Market Service Area	Adair, Ballard, Bracken, Breckinridge, Calloway, Carlisle, Casey, Christian, Crittenden, Daviess, Elliott, Fleming, Fulton, Gallatin, Graves, Grayson, Hickman, Hopkins, Larue, Lawrence, Lewis, Livingston, Lyon, Marion,	Allen, Barren, Butler, Hart, Logan, Metcalfe, Simpson, Warren	Adair, Allen, Ballard, Barren, Boyd, Bracken, Breckinridge, Butler, Caldwell, Calloway, Carlisle, Carroll, Carter, Casey, Christian, Crittenden, Daviess, Edmonson, Elliott, Fleming, Fulton, Gallatin, Graves, Grayson, Green,

Marshall, Mason, McCracken, McLean,
Morgan, Muhlenberg, Nelson, Nicholas,
Owen, Robertson, Rowan, Taylor, Todd,
Webster

Greenup, Hancock, Hardin, Harrison,
Hart, Hickman, Hopkins, Larue,
Lawrence, Lewis, Livingston, Logan,
Lyon, Marion, Marshall, Mason,
McCracken, McLean, Meade, Metcalfe,
Morgan, Muhlenberg, Nelson, Nicholas,
Ohio, Owen, Robertson, Rowan,
Simpson, Taylor, Todd, Trigg, Trimble,
Union, Warren, Webster

Top Consumer Priority for their Medicare Plan	Supports my chronic conditions	It's affordable and I can get the support I need	Just the right amount of coverage for me
Plan Name	Humana Gold Plus - End Stage Renal Disease (HMO C-SNP)	HumanaChoice (PPO)	HumanaChoice Giveback (PPO)
Plan Number	H5619-170-000	H5216-317-000	H5216-309-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	N/A	\$425 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	N/A	\$124
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$0 copayment	\$35 copayment	\$40 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$435 per day, Days(1-5);	\$440 per day, Days(1-6);	\$400 per day, Days(1-5);
Max Out-of-Pocket	\$7500 IN	\$6750 IN	\$9350 IN
Rx Deductible	\$590 Deductible for Tiers 4,5	\$250 Deductible for Tiers 3,4,5	\$510 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$0/\$47/44%/25%/\$0	\$0/\$10/\$47/48%/30%	\$0/\$5/\$47/50%/26%
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	N/A
Key Extra Benefits	Dental, Vision, Hearing, Fitness, Transportation Unlimited one-way trips per year, may not exceed 100per trip	Dental, Vision, Hearing, Fitness, OTC Debit Card \$25/Quarter for select health and wellness products at participating retailers, Transportation 24 one-way trip(s) per year, may not exceed 50per trip	Fitness
Market Service Area	Greater Kentucky Market-wide	Adair, Allen, Ballard, Barren, Boyd, Bracken, Breckinridge, Butler, Calloway, Carlisle, Casey, Christian, Crittenden,	Henderson

	Elliott, Fleming, Fulton, Gallatin, Graves, Grayson, Hart, Hickman, Hopkins, Larue, Lawrence, Lewis, Livingston, Logan, Lyon, Marion, McCracken, Metcalf, Morgan, Muhlenberg, Nelson, Nicholas, Rowan, Simpson, Taylor, Union, Warren	
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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	Gives me the most benefits and the best value
Plan Name	Humana Gold Plus (HMO-POS)	HumanaChoice (PPO)	Humana Gold Plus (HMO-POS)
Plan Number	H5619-113-000	H5216-229-000	H5619-049-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$3	\$1	\$2
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$45 copayment	\$50 copayment	\$35 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$380 per day, Days(1-5);	\$420 per day, Days(1-7);	\$410 per day, Days(1-7);
Max Out-of-Pocket	\$8550 IN	\$6700 IN	\$4500 IN
Rx Deductible	\$250 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/50%/30%	\$0/\$10/\$47/50%/30%	\$0/\$5/\$47/50%/30%
Dental	\$1500 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.	\$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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC Debit Card \$50/Quarter for select health and wellness products at participating retailers	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC Debit Card \$75/Quarter for select health and wellness products at participating retailers, Transportation 24 one-way trip(s) per year, may not exceed 50per trip
Market Service Area	Boyd, Carter	Henderson, McCracken	Henderson

		Humana Honor Plan 	Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Supports my chronic conditions	Works with my VA coverage	Works with my VA coverage
Plan Name	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Humana USAA Honor Giveback (PPO) 	Humana USAA Honor Giveback (PPO)
Plan Number	H5619-055-000	H5216-442-000	H5216-225-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	\$175 In-Network	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$4	\$150	\$100
PCP	\$10 copayment	\$25 copayment	\$10 copayment
Specialist	\$45 copayment	\$45 copayment	\$45 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$395 per day, Days(1-6);	\$500 per day, Days(1-4);	\$360 per day, Days(1-7);
Max Out-of-Pocket	\$9350 IN	\$9350 IN	\$6700 IN
Rx Deductible	\$495 Deductible for Tiers 4,5	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$7/\$17/\$47/43%/27%/\$7	No Coverage	No Coverage
Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. 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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products
Market Service Area	Henderson	Adair, Allen, Ballard, Barren, Boyd, Bracken, Breckinridge, Butler, Caldwell, Calloway, Carlisle, Carroll, Carter, Casey, Christian, Crittenden, Daviess, Edmonson, Elliott, Fleming, Fulton,	Adair, Allen, Ballard, Barren, Boyd, Bracken, Breckinridge, Butler, Caldwell, Calloway, Carlisle, Carroll, Carter, Casey, Christian, Crittenden, Daviess, Edmonson, Elliott, Fleming, Fulton,

	Gallatin, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harrison, Hart, Henderson, Hickman, Hopkins, Larue, Lawrence, Lewis, Livingston, Logan, Lyon, Marion, Mason, McCracken, McLean, Metcalfe, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Owen, Rowan, Simpson, Taylor, Todd, Trigg, Union, Warren, Webster	Gallatin, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harrison, Hart, Henderson, Hickman, Hopkins, Larue, Lawrence, Lewis, Livingston, Logan, Lyon, Marion, Mason, McCracken, McLean, Metcalfe, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Owen, Rowan, Simpson, Taylor, Todd, Trigg, Union, Warren, Webster
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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)	Humana Dual Select (HMO D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H5619-163-000	H5619-075-000	H5525-045-000
Medicaid Levels	FBDE, QMB+, SLMB+	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+	FBDE, QMB, QMB+, SLMB+
Dental	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, 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	\$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.
Healthy Options Allowance	\$170 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 \$350 allowance per year for eyewear	\$0 copayment for annual exam and \$400 allowance per year for eyewear	\$40 allowance for annual exam and \$350 allowance per year for eyewear

	or contact lenses including fittings at PLUS Provider	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.	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.	\$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	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.	\$0 copayment for plan approved location up to 50 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 25 miles per trip.	\$0 copayment for plan approved location up to 24 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.
Current Service Area	Greater Kentucky Market-wide	Adair, Allen, Ballard, Barren, Boyd, Bracken, Breckinridge, Butler, Caldwell, Calloway, Carlisle, Carroll, Casey, Christian, Crittenden, Daviess, Elliott, Fleming, Fulton, Gallatin, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harrison, Hart, Henderson, Hickman, Hopkins, Larue, Lawrence, Lewis, Livingston, Logan, Lyon, Marion, Marshall, Mason, McCracken, McLean, Meade, Metcalfe, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Owen, Robertson, Rowan, Simpson, Taylor, Todd, Trigg, Trimble, Union, Warren, Webster	Adair, Allen, Ballard, Barren, Boyd, Bracken, Breckinridge, Butler, Calloway, Carlisle, Carroll, Carter, Casey, Christian, Crittenden, Daviess, Edmonson, Elliott, Fleming, Fulton, Gallatin, Graves, Grayson, Green, Greenup, Hardin, Hart, Henderson, Hickman, Hopkins, Larue, Lawrence, Lewis, Livingston, Logan, Lyon, Marion, Mason, McCracken, McLean, Meade, Metcalfe, Morgan, Muhlenberg, Nelson, Nicholas, Owen, Robertson, Rowan, Simpson, Taylor, Todd, Trimble, Warren, Webster

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)	H5216-019-000	MA-PD
HumanaChoice (PPO)	H5216-107-000	MA-PD
HumanaChoice (PPO)	H5216-188-000	MA-PD
HumanaChoice (PPO)	H5216-226-000	MA-PD
HumanaChoice (PPO)	H5525-008-000	MA-PD
Humana Gold Plus (HMO-POS)	H5619-053-000	MA-PD
Humana Gold Choice (PFFS)	H8145-052-000	MA-PD
HumanaChoice (Regional PPO)	R0110-012-000	MA-PD
Humana USAA Honor Giveback (PPO)	H5216-105-000	MA

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R0110-011-000	MA

FOR AGENT USE ONLY

Local Support

Local Support - Kentucky



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