

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 H1036-235-000 with a monthly allowance of \$175 with rollover. The allowance can be used for items such as rent, utilities, groceries and OTC.
- New Healthy Options allowance available on H5619-163-000 with a monthly allowance of \$170. The allowance is used for overall wellness for members diagnosed with a chronic condition. This includes OTC card with expanded catalog.
- H5216-322-000 available with a Part B giveback up to \$100.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- 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 for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients



Market Service Area

Anderson, Boyle, Bullitt, Henry, Jefferson, Mercer, Oldham, Shelby, Spencer, Washington

MA / MAPD

		Humana Honor Plan 	
Top Consumer Priority for their Medicare Plan	It's affordable and I can get the support I need	Works with my VA coverage	Gives me freedom and flexibility
Plan Name	HumanaChoice (PPO)	Humana USAA Honor Giveback with Rx (PPO)	HumanaChoice (PPO)
Plan Number	H5216-226-000	H5216-396-000	H5216-107-000
Premium	\$0.00	\$0.00	\$121.00
Deductible	N/A	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$24	\$70	N/A
PCP	\$0 copayment	\$0 copayment	\$10 copayment
Specialist	\$50 copayment	\$45 copayment	\$50 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$470 per day, Days(1-5);	\$475 per day, Days(1-5);	\$900 per admission
Max Out-of-Pocket	\$6800 IN	\$9350 IN	\$6750 IN
Rx Deductible	\$200 Deductible for Tiers 3,4,5	\$350 Deductible for Tiers 3,4,5	\$300 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$10/\$47/50%/30%	\$0/\$10/\$47/48%/28%	\$5/\$15/\$47/50%/29%
Dental	\$1500 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, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available.
Key Extra Benefits	Dental, Hearing	Dental, Vision, Hearing, Fitness, OTC Debit Card \$50/Quarter for select health and wellness products at participating retailers	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products

Market Service Area	Anderson, Boyle, Bullitt, Henry, Jefferson, Mercer, Oldham, Spencer, Washington	Greater Louisville-KY Market-wide	Greater Louisville-KY Market-wide
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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	HumanaChoice (PPO)	HumanaChoice (PPO)	Humana Gold Plus (HMO) 
Plan Number	H5216-188-000	H5216-317-000	H5619-172-000
Premium	\$43.00	\$0.00	\$11.00
Deductible	N/A	N/A	\$305 In-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	\$45 copayment	\$35 copayment	\$30 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$330 per day, Days(1-8);	\$440 per day, Days(1-6);	\$450 per day, Days(1-5);
Max Out-of-Pocket	\$6800 IN	\$6750 IN	\$6750 IN
Rx Deductible	No Deductible	\$250 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/50%/33%	\$0/\$10/\$47/48%/30%	\$0/\$5/\$47/38%/25%
Dental	\$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.	\$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.	\$4000 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 \$50/Quarter for select health and wellness products	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	Dental, Vision, Hearing, Fitness, OTC Debit Card \$30/Quarter for select health and wellness products at participating retailers
Market Service Area	Anderson, Boyle, Bullitt, Jefferson, Mercer, Oldham, Shelby, Spencer, Washington	Anderson, Boyle, Bullitt, Henry, Jefferson, Mercer, Spencer, Washington	Anderson, Boyle, Bullitt, Jefferson, Spencer, Washington

Top Consumer Priority for their Medicare Plan	Supports my chronic conditions	Supports my chronic conditions	Gives me the most benefits and the best value
Plan Name	Humana Gold Plus - End Stage Renal Disease (HMO C-SNP)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Humana Gold Plus (HMO)
Plan Number	H5619-170-000	H5619-164-000	H5619-071-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	\$145 In-Network	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	\$2	\$1
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$0 copayment	\$35 copayment	\$35 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$435 per day, Days(1-5);	\$480 per day, Days(1-5);	\$530 per day, Days(1-5);
Max Out-of-Pocket	\$7500 IN	\$6750 IN	\$5500 IN
Rx Deductible	\$590 Deductible for Tiers 4,5	\$150 Deductible for Tiers 4,5	\$250 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$0/\$47/44%/25%/\$0	\$0/\$5/\$47/38%/31%/\$0	\$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	\$2500 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
Key Extra Benefits	Dental, Vision, Hearing, Fitness, Transportation Unlimited one-way trips per year, may not exceed 100per trip	Dental, Vision, Hearing, Fitness, Transportation 24 one-way trip(s) per year, may not exceed 50per 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
Market Service Area	Greater Louisville-KY Market-wide	Greater Louisville-KY Market-wide	Anderson, Boyle, Bullitt, Jefferson, Spencer, Washington

Top Consumer Priority for their Medicare Plan		Just the right amount of coverage for me	Gives me the most benefits and the best value
Plan Name	HumanaChoice (Regional PPO)	HumanaChoice Giveback (PPO)	HumanaChoice (PPO)
Plan Number	R0110-012-000	H5216-322-000	H5216-019-000
Premium	\$39.10	\$0.00	\$35.00
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	N/A	\$124	N/A
PCP	\$5 copayment	\$0 copayment	\$10 copayment
Specialist	\$55 copayment	\$40 copayment	\$55 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$470 per day, Days(1-5);	\$400 per day, Days(1-5);	\$450 per day, Days(1-5);
Max Out-of-Pocket	\$9350 IN	\$9350 IN	\$6750 IN
Rx Deductible	\$245 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5	\$200 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$10/\$47/50%/30%	\$0/\$20/\$47/31%/25%	\$5/\$15/\$47/50%/30%
Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available.	N/A	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$15/Month for select health and wellness products	Fitness	Dental, Vision, Fitness
Market Service Area	Greater Louisville-KY Market-wide	Boyle, Bullitt, Henry, Jefferson, Mercer, Oldham, Shelby, Spencer, Washington	Boyle, Bullitt, Henry, Jefferson, Oldham, Spencer

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Supports my chronic conditions	Gives me freedom and flexibility
Plan Name	Humana Community (HMO)	Humana Community HMO Diabetes and Heart (HMO C-SNP)	HumanaChoice (PPO)
Plan Number	H1036-236-000	H1036-234-000	H5525-008-000
Premium	\$0.00	\$0.00	\$26.00
Deductible	N/A	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	\$2	N/A
PCP	\$0 copayment	\$0 copayment	\$15 copayment
Specialist	\$15 copayment	\$40 copayment	\$60 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$330 per day, Days(1-7);	\$350 per day, Days(1-7);	\$470 per day, Days(1-5);
Max Out-of-Pocket	\$4100 IN	\$4150 IN	\$6750 IN
Rx Deductible	No Deductible	\$590 Deductible for Tiers 3,4,5	\$220 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/50%/33%	\$0/\$5/\$47/42%/25%/\$0	\$7/\$17/\$47/45%/30%
Dental	\$5000 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, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available.
Key Extra Benefits	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 25per trip	Dental, Vision, Hearing, Fitness, Transportation 24 one-way trip(s) per year, may not exceed 25per trip	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Jefferson	Jefferson	Mercer

	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)	HumanaChoice (Regional PPO)
Plan Number	H5216-225-000	H5216-105-000	R0110-011-000
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	\$100	\$50	N/A
PCP	\$10 copayment	\$0 copayment	\$0 copayment
Specialist	\$45 copayment	\$30 copayment	\$30 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$360 per day, Days(1-7);	\$295 per day, Days(1-6);	\$275 per day, Days(1-6);
Max Out-of-Pocket	\$6700 IN	\$4200 IN	\$5600 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage	No Coverage
Dental	\$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.	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation. OON coverage available.	\$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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$75/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 Debit Card \$100/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	Anderson, Boyle, Bullitt, Henry, Jefferson, Mercer, Shelby, Spencer,	Greater Louisville-KY Market-wide	Greater Louisville-KY Market-wide

Washington

FOR AGENT USE ONLY

Top Consumer Priority for their Medicare Plan	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback (PPO) 
Plan Number	H5216-442-000
Premium	\$0.00
Deductible	N/A
Part B Deductible Info	N/A
Part B Giveback	\$150
PCP	\$25 copayment
Specialist	\$45 copayment
Referrals Required	No
Inpatient Hospital	\$500 per day, Days(1-4);
Max Out-of-Pocket	\$9350 IN
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage
Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing
Market Service Area	Anderson, Boyle, Bullitt, Henry, Jefferson, Mercer, Shelby, Spencer, Washington

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	HumanaChoice SNP-DE (PPO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Dual Select (HMO D-SNP)
Plan Number	H5525-045-000	H5619-163-000	H5619-075-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+	FBDE, QMB+, SLMB+	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
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	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals
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	\$40 allowance for annual exam and \$350 allowance per year for eyewear	\$0 copayment for annual exam and \$350 allowance per year for eyewear	\$0 copayment for annual exam and \$400 allowance per year for eyewear

	or contact lenses including fittings at PLUS Provider. OON coverage available.	or contact lenses including fittings at PLUS Provider	or contact lenses including fittings at PLUS Provider
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 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.	\$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.
Current Service Area	Greater Louisville-KY Market-wide	Greater Louisville-KY Market-wide	Boyle, Bullitt, Henry, Jefferson, Mercer, Shelby, Spencer, Washington

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage
Plan Name	Humana Community HMO SNP-DE (HMO D-SNP)
Plan Number	H1036-235-000
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
Healthy Options Allowance	\$175 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

	<p>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.</p>
Vision	<p>\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings at PLUS Provider</p>
Hearing	<p>\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.</p>
Transportation	<p>\$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 25 miles per trip.</p>
Current Service Area	<p>Jefferson</p>

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			

Local Support

Local Support - Kentucky



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