

### Market Highlights

- Healthy Options allowance available on Dual Eligible plan H6622-018-000 with a monthly allowance of \$150 with rollover. The allowance can be used for items such as rent, utilities, groceries and OTC.
- 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.
- MAPD PPO available with a Part B give back up to \$100.
- Select plans with \$0 Tier 1 and lower Tier 2 copay through the Rx gap coverage.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- 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.

### Network Highlights

- In-network HMO hospitals and provider systems include, but are not limited to, the following: The Christ Hospital, UC Health, St. Elizabeth, Bon Secours Mercy Health and TriHealth
- Humana Community (HMO)/H0292-001-000 network is built around St. Elizabeth providers and facilities as well as key Specialists.
- 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.
- All major hospital facilities within the market are in-network.



### Market Service Area

Boone, Campbell, Grant, Kenton, Pendleton

### MA / MAPD

Humana Honor Plan 			
Top Consumer Priority for their Medicare Plan	Works with my VA coverage	Gives me the most benefits and the best value	Supports my chronic conditions
<b>Plan Name</b>	Humana USAA Honor Giveback with Rx (PPO)	Humana Community (HMO)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)
<b>Plan Number</b>	H5216-396-000	H0292-001-000	H6622-017-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	N/A	N/A	\$260 In-Network
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$70	\$5	\$3
<b>PCP</b>	\$0 copayment	\$0 copayment	\$10 copayment
<b>Specialist</b>	\$45 copayment	\$35 copayment	\$35 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$475 per day, Days(1-5);	\$350 per day, Days(1-5);	\$475 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$9350 IN	\$4950 IN	\$9350 IN
<b>Rx Deductible</b>	\$350 Deductible for Tiers 3,4,5	No Deductible	\$200 Deductible for Tiers 3,4,5
<b>Rx - Retail 30-day Supply</b>	\$0/\$10/\$47/48%/28%	\$0/\$0/\$47/50%/33%	\$7/\$17/\$47/43%/30%/\$7
<b>Dental</b>	\$2000 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	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC Debit Card \$50/Quarter for select health and wellness products at participating retailers	Dental, Vision, Hearing, Fitness, OTC Debit Card \$75/Quarter for select health and wellness products at participating retailers, Transportation	Dental, Vision, Hearing, Fitness

		60 one-way trip(s) per year, may not exceed 50per trip	
<b>Market Service Area</b>	Northern Kentucky Market-wide	Northern Kentucky Market-wide	Northern Kentucky Market-wide

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	Just the right amount of coverage for me
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice Giveback (PPO)
<b>Plan Number</b>	H0292-003-000	H5216-285-000	H5216-309-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	N/A	N/A	\$425 Combined In and Out-of-Network
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$6	\$3	\$124
<b>PCP</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$40 copayment	\$45 copayment	\$40 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$400 per day, Days(1-5);	\$440 per day, Days(1-5);	\$400 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$4950 IN	\$6100 IN	\$9350 IN
<b>Rx Deductible</b>	\$250 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5	\$510 Deductible for Tiers 3,4,5
<b>Rx - Retail 30-day Supply</b>	\$0/\$5/\$47/43%/30%	\$0/\$10/\$47/50%/30%	\$0/\$5/\$47/50%/26%
<b>Dental</b>	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$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.	N/A
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC Debit Card \$100/Quarter for select health and wellness products at participating retailers	Dental, Vision, Hearing, Fitness, OTC Debit Card \$25/Quarter for select health and wellness products at participating retailers	Fitness
<b>Market Service Area</b>	Northern Kentucky Market-wide	Boone, Campbell, Kenton, Pendleton	Boone, Campbell, Kenton, Pendleton

	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	H5216-442-000	H5216-225-000
Premium	\$0.00	\$0.00
Deductible	N/A	N/A
Part B Deductible Info	N/A	N/A
Part B Giveback	\$150	\$100
PCP	\$25 copayment	\$10 copayment
Specialist	\$45 copayment	\$45 copayment
Referrals Required	No	No
Inpatient Hospital	\$500 per day, Days(1-4);	\$360 per day, Days(1-7);
Max Out-of-Pocket	\$9350 IN	\$6700 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; \$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	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products
Market Service Area	Boone, Campbell, Kenton, Pendleton	Boone, Campbell, Kenton, Pendleton

DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H6622-018-000
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	\$150 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 \$550 allowance per year for eyewear or contact lenses including fittings at PLUS Provider

<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 48 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 75 miles per trip.
<b>Current Service Area</b>	Northern Kentucky Market-wide

## Prescription Drug Plans

Plan Name	Humana Basic Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Value 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
Humana Gold Plus (HMO)	H0292-002-000	MA-PD
HumanaChoice (PPO)	H5216-023-000	MA-PD
HumanaChoice (PPO)	H5525-008-000	MA-PD
HumanaChoice (PPO)	H5525-030-000	MA-PD
Humana Gold Plus (HMO-POS)	H6622-021-001	MA-PD
Humana Gold Plus (HMO)	H6622-055-000	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

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## Local Support

### Local Support - Kentucky



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### Local Sales Manager