

Market Highlights

- Humana USAA Honor MA-Only plan with Comprehensive Dental and a \$100 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.
- Expanding H1951-051-000 into St. Bernard parish.
- Introducing new HMO plans to market.
- Introducing new \$0 plan premium LPPO in Orleans and Jefferson parishes.
- Multiple plans in market with Part B Premium giveback.
- Healthy Options allowance for rent, utilities, groceries, and OTC available on Dual Eligible Plans, with rollover.
- \$0 Premium HMO MAPD Plan available with Dental, Vision, Hearing, and Silver Sneakers.
- Dual Eligible Plan H1951-056-000 with a Healthy Options allowance for food, OTC, utilities, rent and more in 64 parishes non-cost shared protected beneficiaries.
- Multiple selling opportunity with Chronic Special Needs Plan.

Network Highlights

- In-network HMO hospitals and provider systems include, but are not limited to, the following: Ochsner Health System, East Jefferson, West Jefferson, University, Touro, Tulane Health, St. Charles Parish Hospital, St. Bernard & NO East Hospital, Thibodeaux Regional, Terrebonne General, Assumption Community Hospital.
- Network physician groups include: New Centerwell clinics in Marerro, Mid-city in addition to Slidell, Covington, Hammond and Denham Springs. Others include JenCare, Oak Street and many more!
- 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

Assumption, Jefferson, Lafourche, Orleans, Plaquemines, Saint Bernard, Saint Charles, Saint James, St John The Baptist, Terrebonne

MA / MAPD

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	Gives me the most benefits and the best value
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO) 
Plan Number	H1951-047-001	H1951-047-002	H1951-059-000
Premium	\$0.00	\$0.00	\$25.00
Deductible	N/A	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$3	\$3	N/A
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$35 copayment	\$25 copayment	\$20 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$85 per day, Days(1-10);	\$135 per day, Days(1-13);	\$70 per day, Days(1-10);
Max Out-of-Pocket	\$3700 IN	\$6750 IN	\$3700 IN
Rx Deductible	\$350 Deductible for Tiers 3,4,5	\$350 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$47/38%/28%	\$0/\$5/\$47/38%/28%	\$0/\$10/\$47/50%/33%
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$1750 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$2000 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	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
Market Service Area	Jefferson, Orleans, Saint Charles	Assumption, Lafourche, Plaquemines, Saint Bernard, Saint James, St John The Baptist, Terrebonne	Jefferson, Orleans, Saint Charles

Top Consumer Priority for their Medicare Plan	Supports my chronic conditions	Gives me the most benefits and the best value	Gives me the most benefits and the best value
Plan Name	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Humana LCMC Advantage (HMO)	Humana Select Partner Plan (HMO)
Plan Number	H1951-044-000	H1951-051-000	H1951-038-000
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	\$1	\$54	\$35
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$15 copayment	\$20 copayment	\$20 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$20 per day, Days(1-5);	\$65 per day, Days(1-10);	\$65 per day, Days(1-10);
Max Out-of-Pocket	\$2500 IN	\$2900 IN	\$3000 IN
Rx Deductible	No Deductible	\$590 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$30/35%/33%/\$0	\$0/\$10/\$47/38%/25%	\$0/\$0/\$30/35%/25%
Dental	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, 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	\$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, Transportation 24 one-way trip(s) per year, may not exceed 50per trip	Dental, Vision, Hearing, Fitness, OTC \$90/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products
Market Service Area	Jefferson, Orleans	Jefferson, Orleans, Saint Charles	Jefferson, Orleans, Saint Charles

Top Consumer Priority for their Medicare Plan	Gives me freedom and flexibility	Gives me freedom and flexibility	
Plan Name	HumanaChoice (PPO) 	HumanaChoice (PPO)	Humana Full Access (Regional PPO)
Plan Number	H5216-417-000	H5216-064-000	R0110-003-000
Premium	\$0.00	\$49.00	\$139.00
Deductible	\$465 Combined In and Out-of-Network	\$1000 Combined In and Out-of-Network	\$300 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	N/A	N/A
PCP	\$5 copayment	\$5 copayment	\$5 copayment
Specialist	\$45 copayment	\$35 copayment	\$35 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$195 per day, Days(1-7);	\$225 per day, Days(1-7);	\$0 per admission
Max Out-of-Pocket	\$4900 IN	\$6700 IN	\$3500 IN
Rx Deductible	\$590 Deductible for Tiers 3,4,5	No Deductible	\$350 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$10/\$47/43%/25%	\$5/\$15/\$47/50%/33%	\$0/\$5/\$47/43%/28%
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.	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available.	\$1500 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	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
Market Service Area	Jefferson, Orleans	New Orleans Area Market-wide	New Orleans Area Market-wide

Humana Honor Plan



Top Consumer Priority for their Medicare Plan	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-201-000
Premium	\$0.00
Deductible	N/A
Part B Deductible Info	N/A
Part B Giveback	\$100
PCP	\$0 copayment
Specialist	\$40 copayment
Referrals Required	No
Inpatient Hospital	\$225 per day, Days(1-6);
Max Out-of-Pocket	\$4900 IN
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage
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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, Transportation 24 one-way trip(s) per year, may not exceed 100per trip
Market Service Area	New Orleans Area Market-wide

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value
Plan Name	Humana Value Plus (PPO)
Plan Number	H5216-161-000
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.
Vision	\$75 allowance for annual exam and \$250 allowance per year for eyewear 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.
OTC Allowance	N/A
Transportation	\$0 copayment for plan approved location up to 36 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 75 miles per trip.
Current Service Area	Saint Bernard

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	H1951-057-000	H1951-056-000	H5216-332-000
Medicaid Levels	FBDE, QMB+, SLMB+	QDWI, QI, 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	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$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.
Healthy Options Allowance	\$225 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.	\$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 \$400 allowance per year for eyewear	\$0 copayment for annual exam and \$250 allowance per year for eyewear	\$75 allowance for annual exam and \$150 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 76 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 150 miles per trip.	\$0 copayment for plan approved location up to 36 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 100 miles per trip.	\$0 copayment for plan approved location up to 36 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 100 miles per trip.
Current Service Area	New Orleans Area Market-wide	New Orleans Area Market-wide	New Orleans Area Market-wide

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H1951-032-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+
Dental	\$4000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals
Healthy Options Allowance	\$120 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

	<p>transportation costs like a taxi, Uber, Lyft, etc.). Allowance amount cannot be combined with other allowances which may be on the Card.</p> <p>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 \$450 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 76 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle.</p> <p>This benefit is not to exceed 150 miles per trip.</p>
Current Service Area	<p>New Orleans Area Market-wide</p>

Prescription Drug Plans

Plan Name	Humana Value Rx Plan (PDP)	Humana Basic 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 (Regional PPO)	R0110-001-000	MA

Local Support

Local Support - Louisiana



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