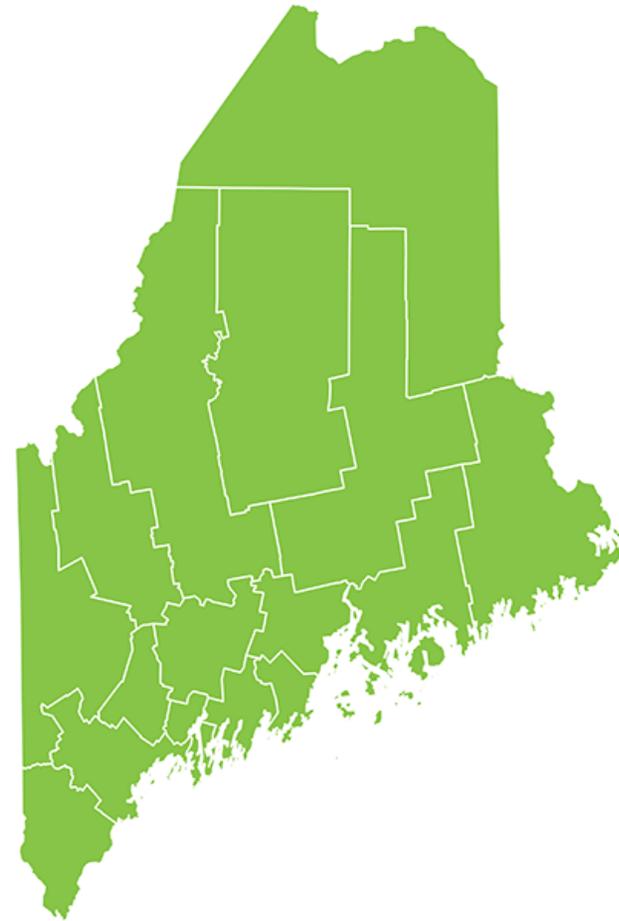


## Market Highlights

- Healthy Options allowance available on Dual Eligible plan H5619-003-000 with a monthly allowance of \$125 with rollover. The allowance can be used for items such as rent, utilities, groceries and OTC.
- Dental allowance benefit available on select HMO and PPO plans up to \$4000.
- Multiple plans in market with Part B Premium giveback.
- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Centerwell Pharmacy.
- No referrals on any of our HMO or PPO plans.
- Go365® by Humana is a wellness program that rewards your clients for completing activities that may help them make healthy choices. Many Humana Medicare Advantage plans include Go365.

## Network Highlights

- 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.
- For a complete list of in-network providers, visit [www.Humana.com/PhysicianFinder](http://www.Humana.com/PhysicianFinder).



## Market Service Area

Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, York

## MA / MAPD

Top Consumer Priority for their Medicare Plan	Just the right amount of coverage for me	It's affordable and I can get the support I need	Gives me the most benefits and the best value
Plan Name	HumanaChoice Giveback (PPO)	HumanaChoice (PPO)	Humana Gold Plus Giveback (HMO)
<b>Plan Number</b>	H5216-138-000	H5216-175-000	H5619-066-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	\$540 Combined In and Out-of-Network	\$65 Combined In and Out-of-Network	\$340 In-Network
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$55	\$1	\$70
<b>PCP</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$50 copayment	\$35 copayment	\$50 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$445 per day, Days(1-6);	\$325 per day, Days(1-7);	\$875 per admission
<b>Max Out-of-Pocket</b>	\$5200 IN	\$5200 IN	\$8250 IN
<b>Rx Deductible</b>	\$395 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5	\$355 Deductible for Tiers 3,4,5
<b>Rx - Retail 30-day Supply</b>	\$0/\$5/\$47/50%/28%	\$0/\$5/\$47/50%/30%	\$0/\$5/\$47/45%/28%
<b>Dental</b>	\$0 copayment covers: exams, x-rays, cleanings. 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.	\$0 copayment covers: exams, x-rays, cleanings
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, Transportation 24 one-way trip(s) per year, may not exceed 50per trip	Dental, Vision, Hearing, Fitness, Transportation 24 one-way trip(s) per year, may not exceed 50per trip	Dental, Vision, Hearing, Fitness
<b>Market Service Area</b>	Maine State-wide	Androscoggin, Aroostook, Cumberland, Kennebec, Knox, Lincoln, Penobscot,	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox,

Sagadahoc, Waldo, Washington, York

Lincoln, Penobscot, Piscataquis,  
Sagadahoc, Somerset, Waldo,  
Washington, York

		Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Works with my VA coverage
Plan Name	Humana Gold Plus (HMO)	Humana USAA Honor Giveback (PPO)
<b>Plan Number</b>	H5619-137-000	H5216-059-000
<b>Premium</b>	\$13.80	\$0.00
<b>Deductible</b>	\$400 In-Network	N/A
<b>Part B Deductible Info</b>	N/A	N/A
<b>Part B Giveback</b>	N/A	\$75
<b>PCP</b>	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$35 copayment	\$40 copayment
<b>Referrals Required</b>	No	No
<b>Inpatient Hospital</b>	\$325 per day, Days(1-5);	\$460 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$6400 IN	\$4950 IN
<b>Rx Deductible</b>	\$400 Deductible for Tiers 4,5	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$5/\$47/50%/28%	No Coverage
<b>Dental</b>	\$0 copayment covers: exams, x-rays, cleanings	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products, Transportation 24 one-way trip(s) per year, may not exceed 50per trip
<b>Market Service Area</b>	Kennebec, Knox, Lincoln, Penobscot, Waldo	Maine State-wide

DSNP

Top Consumer Priority for their Medicare Plan	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)
Plan Number	H5216-291-000	H5619-003-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+
Dental	\$4000 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, scaling and root planing, scaling for moderate inflammation
Healthy Options Allowance		\$125 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	\$75 allowance for annual exam and \$200 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.	\$0 copayment for annual exam and \$400 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.	\$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 12 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 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.
<b>Current Service Area</b>	Maine State-wide	Maine State-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
HumanaChoice (PPO)	H5216-177-000	MA-PD
Humana Gold Plus (HMO)	H5619-001-000	MA-PD

## Local Support

### Local Support - Maine



Alex Petroski  
Broker Relationship Executive  
502-313-7956  
[apetroski1@humana.com](mailto:apetroski1@humana.com)



Bob Stocker  
Broker Relationship Manager  
207-951-5747  
[rstocker@humana.com](mailto:rstocker@humana.com)

### Local Sales Manager