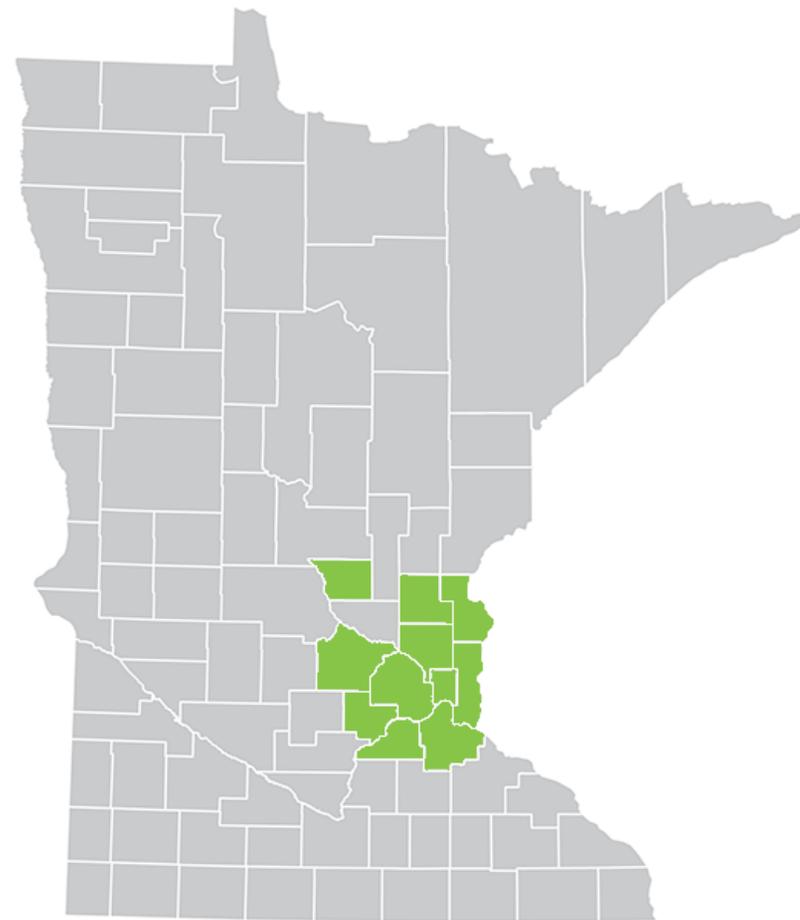


Market Highlights

- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Centerwell Pharmacy.
- No Referrals needed on HMO plans.
- Introducing new PPO plans to market.
- 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

- HMO plans within the market do not require referrals.
- In-network HMO hospitals and provider systems include, but are not limited to, the following: Allina, HCMC, Entira, North Memorial, Regions Hospital, Ridgeview, Voyage
- 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.



Market Service Area

Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Stearns, Washington, Wright

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me freedom and flexibility	Gives me freedom and flexibility	It's affordable and I can get the support I need
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-397-000	H5216-063-000	H5216-275-000
Premium	\$56.00	\$102.00	\$0.00
Deductible	\$700 Combined In and Out-of-Network	N/A	\$700 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	N/A	\$3
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$35 copayment	\$35 copayment	\$65 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$400 per day, Days(1-4);	\$190 per admission	\$460 per day, Days(1-4);
Max Out-of-Pocket	\$4150 IN	\$2900 IN	\$6100 IN
Rx Deductible	\$250 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$10/\$47/50%/30%	\$0/\$5/\$47/50%/30%	\$0/\$10/\$47/50%/25%
Dental	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$0 copayment covers: exams, x-rays, cleanings. 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. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products
Market Service Area	Anoka, Benton, Carver, Dakota, Hennepin, Isanti, Ramsey, Scott,	Anoka, Benton, Carver, Dakota, Hennepin, Isanti, Ramsey, Scott,	Anoka, Benton, Carver, Dakota, Hennepin, Isanti, Ramsey, Scott,

Washington, Wright

Washington, Wright

Washington, Wright

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 Gold Plus (HMO-POS)	HumanaChoice - Diabetes and Heart (PPO C-SNP) 	HumanaChoice (PPO)
Plan Number	H6622-073-000	H5216-415-000	H5216-092-000
Premium	\$0.00	\$44.80	\$48.00
Deductible	N/A	N/A	N/A
Part B Deductible Info	N/A	\$240	\$240
Part B Giveback	\$30	\$2	N/A
PCP	\$0 copayment	20% coinsurance	\$20 copayment
Specialist	\$45 copayment	20% coinsurance	\$50 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$450 per day, Days(1-5);	\$2185 per admission	\$362 per day, Days(1-7);
Max Out-of-Pocket	\$8000 IN	\$9350 IN	\$9350 IN
Rx Deductible	\$575 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 2,3,4,5	\$590 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$7/\$47/50%/25%	\$0	\$4/\$15/\$47/50%/25%
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.	\$3000 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. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Transportation 24 one-way trip(s) per year, may not exceed 25per trip	Dental, Vision, Hearing, Fitness
Market Service Area	Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington	Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington	Anoka, Benton, Carver, Dakota, Hennepin, Isanti, Ramsey, Scott, Washington, Wright

		Humana Honor Plan 	Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Gives me freedom and flexibility	Works with my VA coverage	Works with my VA coverage
Plan Name	HumanaChoice (PPO)	Humana USAA Honor Giveback (PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-359-000	H5216-278-001	H5216-354-000
Premium	\$11.00	\$0.00	\$0.00
Deductible	N/A	N/A	\$100 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	\$70	\$100
PCP	\$15 copayment	\$15 copayment	\$10 copayment
Specialist	\$45 copayment	\$65 copayment	\$45 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$360 per day, Days(1-5);	\$360 per day, Days(1-6);	\$295 per day, Days(1-6);
Max Out-of-Pocket	\$5900 IN	\$4900 IN	\$4900 IN
Rx Deductible	\$590 Deductible for Tiers 3,4,5	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$4/\$15/\$47/50%/25%	No Coverage	No Coverage
Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available.	\$4000 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, 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, OTC \$125/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products
Market Service Area	Anoka, Benton, Carver, Dakota, Hennepin, Isanti, Ramsey, Scott, Washington, Wright	Anoka, Benton, Carver, Dakota, Hennepin, Isanti, Ramsey, Scott, Washington, Wright	Anoka, Benton, Carver, Dakota, Hennepin, Isanti, Ramsey, Scott, Washington, Wright

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value
Plan Name	Humana Value Plus (PPO)
Plan Number	H5216-176-000
Dental	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.
Vision	\$75 allowance for annual exam and \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
OTC Allowance	N/A
Transportation	N/A
Current Service Area	Anoka, Benton, Carver, Dakota, Hennepin, Isanti, Ramsey, Scott, Washington, Wright

Prescription Drug Plans

Plan Name	Humana Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic 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 - Minnesota



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