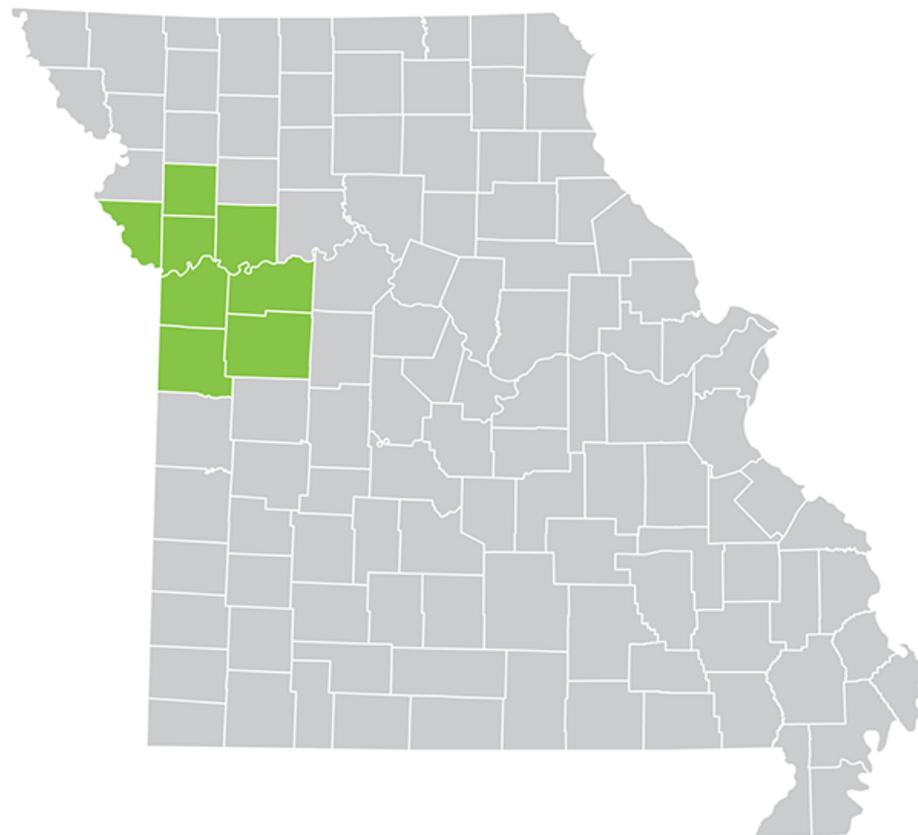


## Market Highlights

- Introducing new HMO and PPO plans to market.
- Multiple plans in market with Part B Premium giveback.
- No referrals on any of our HMO or PPO plans.
- Humana USAA Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- All of our plans include Dental, Vision and Hearing.

## Network Highlights

- Select HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- 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.
- Most major hospital facilities within the market are in-network.
- For a complete list of in-network providers, visit [www.Humana.com/PhysicianFinder](http://www.Humana.com/PhysicianFinder).



## Market Service Area

Cass, Clay, Clinton, Jackson, Johnson, Lafayette, Platte, Ray

## MA / MAPD

Top Consumer Priority for their Medicare Plan	It's affordable and I can get the support I need	Just the right amount of coverage for me	Gives me the most benefits and the best value
Plan Name	HumanaChoice (PPO)	HumanaChoice Giveback (PPO) 	Humana Gold Plus (HMO-POS)
Plan Number	H5216-318-002	H5216-405-000	H0028-054-001
Premium	\$0.00	\$0.00	\$0.00
Deductible	\$330 Combined In and Out-of-Network	\$600 Combined In and Out-of-Network	\$525 In-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	\$70	\$2
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$30 copayment	\$45 copayment	\$15 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$360 per day, Days(1-5);	\$445 per day, Days(1-6);	\$295 per day, Days(1-7);
Max Out-of-Pocket	\$3600 IN	\$5000 IN	\$3000 IN
Rx Deductible	No Deductible	\$250 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$10/\$47/50%/33%	\$0/\$10/\$47/50%/30%	\$0/\$5/\$47/45%/30%
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. 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.	\$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, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products
Market Service Area	Clay, Jackson, Lafayette, Platte, Ray	Clay, Jackson, Lafayette, Platte, Ray	Clay, Jackson, Lafayette, Platte, Ray

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value		Gives me freedom and flexibility
Plan Name	Humana Gold Plus Giveback (HMO-POS) 	Humana Gold Choice (PFFS)	HumanaChoice (PPO)
Plan Number	H0028-066-000	H8145-006-000	H5216-032-000
Premium	\$0.00	\$38.00	\$64.00
Deductible	N/A	N/A	\$500 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$55	N/A	N/A
PCP	\$0 copayment	\$0 copayment	\$5 copayment
Specialist	\$35 copayment	\$55 copayment	\$45 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$395 per day, Days(1-6);	\$230 per day, Days(1-7);	\$360 per day, Days(1-5);
Max Out-of-Pocket	\$4150 IN	\$7000 IN/OON	\$9350 IN
Rx Deductible	\$250 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/46%/30%	\$6/\$15/\$47/50%/25%	\$8/\$15/\$47/50%/25%
Dental	\$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.	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$500 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, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
Market Service Area	Clay, Jackson, Lafayette, Platte, Ray	Clay, Jackson, Platte	Cass, Clay, Jackson, Johnson, Lafayette, Platte, Ray

		Humana Honor Plan 	Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Works with my VA coverage	Works with my VA coverage
Plan Name	Humana Gold Plus (HMO)	Humana USAA Honor Giveback (Regional PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	H0028-017-000	R1532-001-000	H5216-329-000
Premium	\$19.00	\$0.00	\$0.00
Deductible	N/A	\$100 Combined In and Out-of-Network	\$100 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	\$55	\$110
PCP	\$0 copayment	\$10 copayment	\$0 copayment
Specialist	\$40 copayment	\$40 copayment	\$40 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$450 per day, Days(1-5);	\$425 per day, Days(1-5);	\$425 per day, Days(1-5);
Max Out-of-Pocket	\$7000 IN	\$5000 IN	\$6700 IN
Rx Deductible	\$250 Deductible for Tiers 3,4,5	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$6/\$11/\$47/50%/30%	No Coverage	No Coverage
Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings	\$3000 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 \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$15/Month for select health and wellness products
Market Service Area	Clay, Jackson, Lafayette, Platte, Ray	Greater Kansas City - MO Market-wide	Greater Kansas City - MO Market-wide

Humana Honor Plan



Top Consumer Priority for their Medicare Plan	Works with my VA coverage	
Plan Name	Humana USAA Honor Giveback (PPO)	Humana Gold Choice (PFFS)
Plan Number	H5216-140-000	H8145-126-000
Premium	\$0.00	\$0.00
Deductible	N/A	N/A
Part B Deductible Info	N/A	N/A
Part B Giveback	\$50	N/A
PCP	\$0 copayment	\$5 copayment
Specialist	\$35 copayment	\$40 copayment
Referrals Required	No	No
Inpatient Hospital	\$360 per day, Days(1-5);	\$360 per day, Days(1-5);
Max Out-of-Pocket	\$4500 IN	\$6700 IN/OON
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage
Dental	\$6000 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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Month for select health and wellness products	Dental, Vision, Hearing, OTC \$75/Quarter for select health and wellness products
Market Service Area	Greater Kansas City - MO Market-wide	Jackson

## 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-POS D-SNP)	Humana Dual Select (HMO-POS D-SNP) 	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H0028-015-000	H0028-068-000	H5216-164-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB, SLMB+	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. 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.	\$5000 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	\$140 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 \$500 allowance per year for eyewear	\$0 copayment for annual exam and \$250 allowance per year for eyewear	\$40 allowance for annual exam and \$550 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.
<b>Hearing</b>	\$0 copay for annual exam, fitting and \$2000 allowance for hearing aids per ear per year	\$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 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.	\$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.	\$0 copayment for plan approved location up to 100 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>	Cass, Clay, Jackson, Johnson, Lafayette, Platte	Cass, Clay, Jackson, Johnson, Lafayette, Platte	Clinton, Ray

Prescription Drug Plans

Plan Name	Humana Premier Rx Plan (PDP)	Humana Value 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			

# Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R1532-002-000	MA-PD

## Local Support

### Local Support - Missouri



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### Local Sales Manager