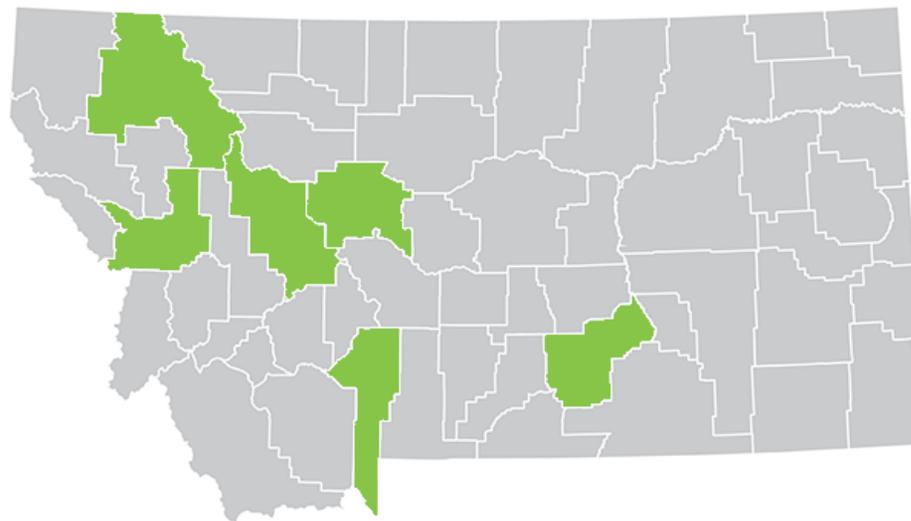


## Market Highlights

- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- Many Plans include Dental, Vision, Hearing, and SilverSneakers Fitness Benefits.
- MA-Only plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Multiple selling opportunity with Dual Special Needs Plan.
- Increased Part B premium giveback on select Humana USAA Honor Plans.
- No referrals needed on PPO Plans.

## 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.
- For a complete list of in-network providers, visit [www.Humana.com/PhysicianFinder](http://www.Humana.com/PhysicianFinder).
- In-network hospitals and provider systems include, but are not limited to, the following: Benefis, Bozeman Health, Glacier, St Peters



### Market Service Area

Cascade, Flathead, Gallatin, Lewis And Clark, Missoula, Yellowstone

## MA / MAPD

Top Consumer Priority for their Medicare Plan	It's affordable and I can get the support I need		It's affordable and I can get the support I need
Plan Name	HumanaChoice (PPO)	Humana Gold Choice (PFFS)	HumanaChoice (PPO)
<b>Plan Number</b>	H5216-364-000	H8145-006-000	H5216-255-000
<b>Premium</b>	\$0.00	\$38.00	\$0.00
<b>Deductible</b>	\$100 Combined In and Out-of-Network	N/A	\$675 Combined In and Out-of-Network
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	N/A	N/A	\$3
<b>PCP</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$45 copayment	\$55 copayment	\$55 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$535 per day, Days(1-5);	\$230 per day, Days(1-7);	\$430 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$6750 IN	\$7000 IN/OON	\$5400 IN
<b>Rx Deductible</b>	\$300 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5	\$400 Deductible for Tiers 3,4,5
<b>Rx - Retail 30-day Supply</b>	\$0/\$15/\$47/43%/29%	\$6/\$15/\$47/50%/25%	\$0/\$10/\$47/50%/28%
<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. 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.	\$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.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness	Dental
<b>Market Service Area</b>	Montana Metro Market-wide	Cascade, Flathead	Cascade, Flathead, Lewis And Clark, Missoula, Yellowstone

	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	H5216-427-005	H5216-278-003
Premium	\$0.00	\$0.00
Deductible	\$100 Combined In and Out-of-Network	\$100 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A
Part B Giveback	\$85	\$70
PCP	\$0 copayment	\$0 copayment
Specialist	\$50 copayment	\$35 copayment
Referrals Required	No	No
Inpatient Hospital	\$590 per day, Days(1-4);	\$380 per day, Days(1-6);
Max Out-of-Pocket	\$9350 IN	\$6700 IN
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage
Dental	\$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.	\$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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
Market Service Area	Montana Metro Market-wide	Montana Metro Market-wide

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	H6622-008-000
Medicaid Levels	QMB, QMB+, SLMB+
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals
Healthy Options Allowance	\$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 \$100 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 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.
<b>Current Service Area</b>	Montana Metro Market-wide

## Prescription Drug Plans

Plan Name	Humana Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic 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)	H5216-048-000	MA-PD
HumanaChoice (PPO)	H5216-089-000	MA-PD
HumanaChoice (PPO)	H5525-027-000	MA-PD
Humana Gold Plus (HMO)	H6622-007-000	MA-PD
Humana USAA Honor Giveback (PPO)	H5525-031-000	MA

## Local Support

### Local Support - Montana



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### Local Sales Manager