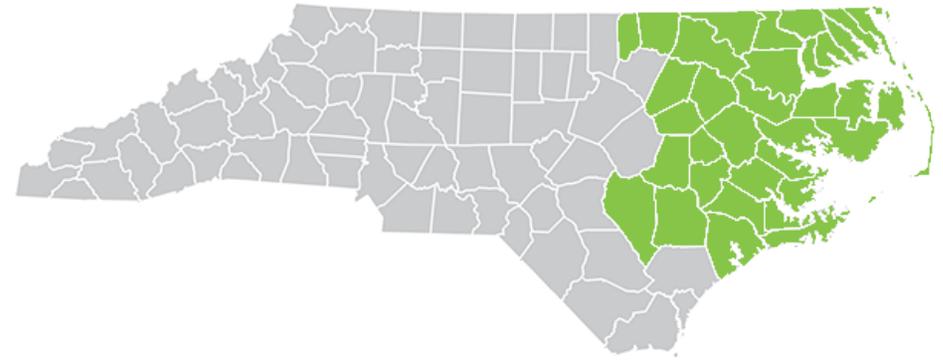


Market Highlights

- Humana USAA Honor MA-Only plan with Comprehensive Dental and a \$150 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.
- Select HMO plans offer \$0 Rx copay for Tier 1 and Tier 2 at preferred cost share pharmacies through the coverage gap.
- H1036-291-000 is now a HMO-POS for dental to expand the dental provider options.
- Cost Share Protected DSNP Plans available in most counties with \$225 monthly Healthy Options Allowance with rollover.
- Non-Cost Share Protected DSNP Plans available in most counties with \$100 monthly Healthy Options Allowance with rollover.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- MAPD PPO available with a Part B give back up to \$85.
- Introducing new PPO plans to market.
- All of our plans include Dental, Vision and Hearing.

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.
- Select HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.



Market Service Area

Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Sampson, Tyrrell, Vance, Warren, Washington, Wayne, Wilson

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Supports my chronic conditions	Just the right amount of coverage for me
Plan Name	Humana Gold Plus (HMO-POS)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	HumanaChoice Giveback (PPO)
Plan Number	H1036-291-000	H1036-308-000	H5525-035-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	N/A	\$400 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$2	\$3	\$107
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$15 copayment	\$45 copayment	\$50 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$399 per day, Days(1-7);	\$399 per day, Days(1-6);	\$460 per day, Days(1-5);
Max Out-of-Pocket	\$6750 IN	\$9350 IN	\$9350 IN
Rx Deductible	\$250 Deductible for Tiers 3,4,5	\$450 Deductible for Tiers 3,4,5	\$450 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/45%/30%	\$0/\$5/\$47/40%/27%	\$0/\$5/\$47/43%/27%
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	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing	Dental, Vision, Hearing, Fitness
Market Service Area	Beaufort, Currituck, Duplin, Edgecombe, Gates, Greene, Halifax,	Beaufort, Bertie, Camden, Chowan, Currituck, Duplin, Edgecombe, Gates,	Beaufort, Chowan, Currituck, Duplin, Edgecombe, Gates, Greene, Halifax,

Hertford, Hyde, Jones, Lenoir, Martin,
Nash, Northampton, Pamlico,
Pasquotank, Perquimans, Sampson,
Tyrrell, Vance, Warren, Wayne, Wilson

Greene, Halifax, Hertford, Hyde, Jones,
Lenoir, Martin, Nash, Northampton,
Pamlico, Pasquotank, Perquimans, Pitt,
Sampson, Tyrrell, Vance, Warren,
Washington, Wayne, Wilson

Hertford, Hyde, Jones, Lenoir, Martin,
Nash, Northampton, Pamlico,
Pasquotank, Perquimans, Pitt,
Sampson, Tyrrell, Vance, Warren,
Washington, Wayne, Wilson

Top Consumer Priority for their Medicare Plan	It's affordable and I can get the support I need	Gives me the most benefits and the best value	It's affordable and I can get the support I need
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO) 
Plan Number	H5525-050-000	H5525-070-000	H5525-083-000
Premium	\$0.00	\$51.20	\$0.00
Deductible	\$300 Combined In and Out-of-Network	N/A	\$400 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$2	\$1	\$4
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$30 copayment	\$0 copayment	\$50 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$399 per day, Days(1-6);	\$399 per day, Days(1-6);	\$399 per day, Days(1-6);
Max Out-of-Pocket	\$9350 IN	\$9350 IN	\$9350 IN
Rx Deductible	\$350 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5	\$450 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/50%/28%	\$0/\$20/\$47/40%/25%	\$0/\$0/\$47/43%/27%
Dental	\$500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. 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.	\$1250 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	Beaufort, Camden, Chowan, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Sampson, Tyrrell, Vance, Warren, Washington, Wayne, Wilson	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Sampson, Tyrrell, Vance, Warren, Washington, Wayne, Wilson	Beaufort, Bertie, Camden, Currituck, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Sampson, Tyrrell, Vance, Warren, Washington, Wayne, Wilson

	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 (Regional PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	R0110-006-000	H5525-065-000
Premium	\$0.00	\$0.00
Deductible	N/A	N/A
Part B Deductible Info	N/A	N/A
Part B Giveback	\$52	\$150
PCP	\$0 copayment	\$0 copayment
Specialist	\$50 copayment	\$45 copayment
Referrals Required	No	No
Inpatient Hospital	\$425 per day, Days(1-5);	\$470 per day, Days(1-5);
Max Out-of-Pocket	\$9350 IN	\$9350 IN
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage
Dental	\$1750 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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
Market Service Area	Eastern North Carolina Market-wide	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Sampson, Tyrrell,

Vance, Warren, Washington, Wayne,
Wilson

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	H1036-167-000	H1036-307-000	H5525-036-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+	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	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$4000 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.	\$200 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 \$350 allowance per year for eyewear	\$0 copayment for annual exam and \$350 allowance per year for eyewear	\$75 allowance for annual exam and \$250 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	N/A	N/A	N/A
Current Service Area	Beaufort, Bertie, Camden, Chowan, Currituck, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Sampson, Tyrrell, Vance, Warren, Washington, Wayne, Wilson	Beaufort, Bertie, Camden, Chowan, Currituck, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Sampson, Tyrrell, Vance, Warren, Washington, Wayne, Wilson	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Sampson, Tyrrell, Vance, Warren, Washington, Wayne, Wilson

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage
Plan Name	Humana Dual Select (PPO D-SNP)
Plan Number	H5525-072-000
Medicaid Levels	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
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.
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

	<p>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.</p>
Vision	<p>\$40 allowance for annual exam and \$400 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.</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>N/A</p>
Current Service Area	<p>Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Sampson, Tyrrell, Vance, Warren, Washington, Wayne, Wilson</p>

Prescription Drug Plans

Plan Name	Humana Basic Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Value 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 (PPO)	H5216-211-000	MA-PD
HumanaChoice (PPO)	H5525-026-000	MA-PD
HumanaChoice (PPO)	H5525-049-000	MA-PD
Humana Gold Choice (PFFS)	H8145-004-000	MA-PD
Humana Full Access (Regional PPO)	R0110-005-000	MA-PD
HumanaChoice (Regional PPO)	R0110-004-000	MA

Local Support

Local Support - North Carolina



Rashelle Jones
Region Sales Director
210-884-0535
RJones60@humana.com



Samantha Stevenson
Broker Relationship Executive
502-313-7936
sjones224@humana.com

Local Sales Manager