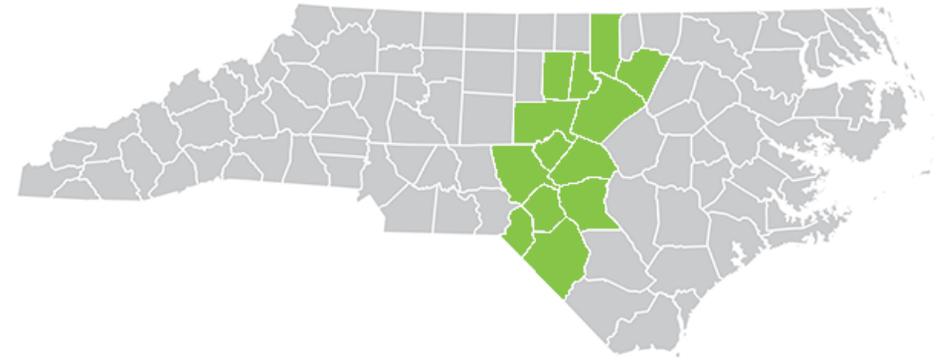


## Market Highlights

- 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.
- H1036-318-000 available with a Part B giveback up to \$119.
- H1036-291-000 is now a HMO-POS for dental to expand the dental provider options.
- Select HMO plans offer \$0 Rx copay for Tier 1 and Tier 2 at preferred cost share pharmacies through the coverage gap.
- 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.
- Introducing new PPO plans to market.
- All of our plans include Dental, Vision and Hearing.



## Network Highlights

- HMO plans within the market do not require referrals.
- Most major hospital facilities within the market are in-network.
- 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.
- For a complete list of in-network providers, visit [www.Humana.com/PhysicianFinder](http://www.Humana.com/PhysicianFinder).

### Market Service Area

Chatham, Cumberland, Durham, Franklin, Granville, Harnett, Hoke, Johnston, Lee, Moore, Orange, Robeson, Scotland, Wake

## MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Supports my chronic conditions	Gives me the most benefits and the best value
<b>Plan Name</b>	Humana Gold Plus (HMO-POS)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Humana Gold Plus Giveback (HMO-POS) 
<b>Plan Number</b>	H1036-291-000	H1036-308-000	H1036-318-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	N/A	N/A	\$300 In-Network
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$2	\$3	\$119
<b>PCP</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$15 copayment	\$45 copayment	\$45 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$399 per day, Days(1-7);	\$399 per day, Days(1-6);	\$399 per day, Days(1-6);
<b>Max Out-of-Pocket</b>	\$6750 IN	\$9350 IN	\$9350 IN
<b>Rx Deductible</b>	\$250 Deductible for Tiers 3,4,5	\$450 Deductible for Tiers 3,4,5	\$450 Deductible for Tiers 3,4,5
<b>Rx - Retail 30-day Supply</b>	\$0/\$5/\$47/45%/30%	\$0/\$5/\$47/40%/27%	\$0/\$5/\$47/40%/27%
<b>Dental</b>	\$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.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing	Dental, Vision, Hearing
<b>Market Service Area</b>	Chatham, Cumberland, Durham, Franklin, Granville, Harnett, Hoke,	Triangle Area Market-wide	Chatham, Cumberland, Durham, Franklin, Granville, Harnett, Hoke,

Johnston, Lee, Moore, Orange,  
Robeson, Wake

Johnston, Lee, Moore, Orange,  
Robeson, Wake

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
<b>Plan Name</b>	HumanaChoice Giveback (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
<b>Plan Number</b>	H5525-035-000	H5525-050-000	H5525-070-000
<b>Premium</b>	\$0.00	\$0.00	\$51.20
<b>Deductible</b>	\$400 Combined In and Out-of-Network	\$300 Combined In and Out-of-Network	N/A
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$107	\$2	\$1
<b>PCP</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$50 copayment	\$30 copayment	\$0 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$460 per day, Days(1-5);	\$399 per day, Days(1-6);	\$399 per day, Days(1-6);
<b>Max Out-of-Pocket</b>	\$9350 IN	\$9350 IN	\$9350 IN
<b>Rx Deductible</b>	\$450 Deductible for Tiers 3,4,5	\$350 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5
<b>Rx - Retail 30-day Supply</b>	\$0/\$5/\$47/43%/27%	\$0/\$5/\$47/50%/28%	\$0/\$20/\$47/40%/25%
<b>Dental</b>	\$0 copayment covers: exams, x-rays, cleanings. 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.	\$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	Dental, Vision, Hearing, Fitness
<b>Market Service Area</b>	Triangle Area Market-wide	Chatham, Cumberland, Durham, Franklin, Harnett, Hoke, Johnston, Lee, Moore, Orange, Robeson, Scotland, Wake	Triangle Area Market-wide

		Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	It's affordable and I can get the support I need	Works with my VA coverage
Plan Name	HumanaChoice (PPO) 	Humana USAA Honor Giveback (PPO)
Plan Number	H5525-083-000	H5525-065-000
Premium	\$0.00	\$0.00
Deductible	\$400 Combined In and Out-of-Network	N/A
Part B Deductible Info	N/A	N/A
Part B Giveback	\$4	\$150
PCP	\$0 copayment	\$0 copayment
Specialist	\$50 copayment	\$45 copayment
Referrals Required	No	No
Inpatient Hospital	\$399 per day, Days(1-6);	\$470 per day, Days(1-5);
Max Out-of-Pocket	\$9350 IN	\$9350 IN
Rx Deductible	\$450 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$47/43%/27%	No Coverage
Dental	\$1250 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	Triangle Area Market-wide	Triangle Area Market-wide

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.
<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.	\$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>	N/A	N/A	N/A
<b>Current Service Area</b>	Triangle Area Market-wide	Triangle Area Market-wide	Triangle Area Market-wide

<b>Top Consumer Priority for their Medicare Plan</b>	<b>Works with my Medicaid coverage</b>
<b>Plan Name</b>	Humana Dual Select (PPO D-SNP)
<b>Plan Number</b>	H5525-072-000
<b>Medicaid Levels</b>	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
<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.
<b>Healthy Options Allowance</b>	\$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

	<p>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>
<b>Vision</b>	<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>
<b>Hearing</b>	<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>
<b>Transportation</b>	<p>N/A</p>
<b>Current Service Area</b>	<p>Triangle Area Market-wide</p>

## 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
Humana Gold Plus (HMO-POS)	H1036-233-000	MA-PD
HumanaChoice (PPO)	H5216-211-000	MA-PD
HumanaChoice (PPO)	H5525-026-000	MA-PD
HumanaChoice (PPO)	H5525-049-000	MA-PD
Humana Gold Plus (HMO-POS)	H6622-060-000	MA-PD
Humana Gold Choice (PFFS)	H8145-004-000	MA-PD
Humana Full Access (Regional PPO)	R0110-005-000	MA-PD
Humana USAA Honor Giveback (Regional PPO)	R0110-006-000	MA
HumanaChoice (Regional PPO)	R0110-004-000	MA

## Local Support

### Local Support - North Carolina



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### Local Sales Manager