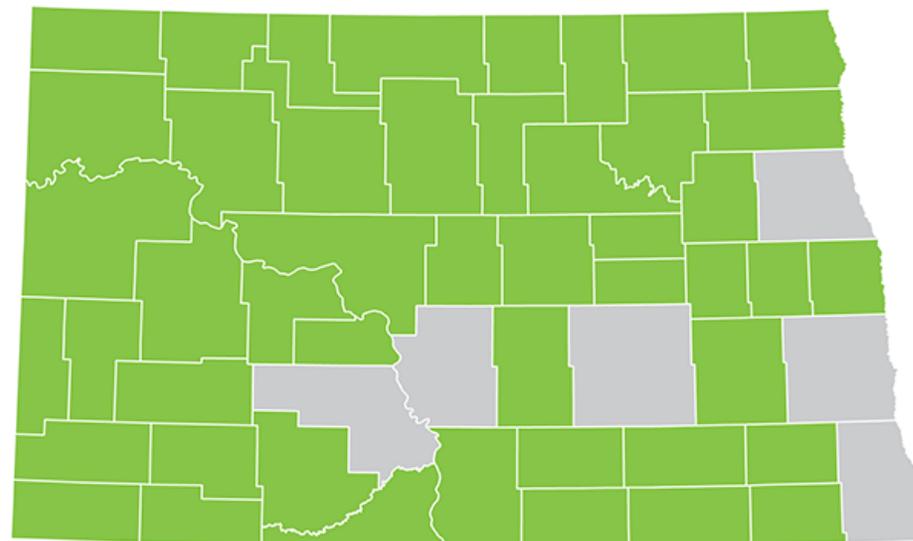


Market Highlights

- Introducing new PPO plans to market.
- Plan available with Part B premium giveback.
- New dental allowance benefit available on select PPO plans.
- Humana Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Centerwell Pharmacy.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.

Network Highlights

- All major hospital facilities within the market are in-network.
- 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

Adams, Barnes, Benson, Billings, Bottineau, Bowman, Burke, Cavalier, Dickey, Divide, Dunn, Eddy, Emmons, Foster, Golden Valley, Grant, Griggs, Hettinger, Kidder, Lamoure, Logan, McHenry, McIntosh, McKenzie, McLean, Mercer, Mountrail, Nelson, Oliver, Pembina, Pierce, Ramsey, Ransom, Renville, Rolette, Sargent, Sheridan, Sioux, Slope, Stark, Steele, Towner, Traill, Walsh, Ward, Wells, Williams

MA / MAPD

		Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Gives me freedom and flexibility	Works with my VA coverage
Plan Name	HumanaChoice (PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-088-000	H5216-354-000
Premium	\$101.00	\$0.00
Deductible	N/A	\$100 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A
Part B Giveback	N/A	\$100
PCP	\$0 copayment	\$10 copayment
Specialist	\$20 copayment	\$45 copayment
Referrals Required	No	No
Inpatient Hospital	\$300 per day, Days(1-5);	\$295 per day, Days(1-6);
Max Out-of-Pocket	\$4900 IN	\$4900 IN
Rx Deductible	\$590 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$5/\$15/\$47/50%/25%	No Coverage
Dental	\$0 copayment covers: exams, x-rays, cleanings. 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
Market Service Area	Adams, Barnes, Bowman, Cavalier, Dickey, Emmons, Foster, Grant, Griggs, Hettinger, Kidder, Lamoure, Logan, McIntosh, McLean, Mercer, Nelson, Oliver, Pembina, Ransom, Sargent, Sheridan, Slope, Steele, Traill, Walsh, Wells	Adams, Barnes, Bowman, Cavalier, Dickey, Emmons, Foster, Grant, Griggs, Hettinger, Kidder, Lamoure, Logan, McIntosh, McLean, Mercer, Nelson, Oliver, Pembina, Ransom, Sargent, Sheridan, Slope, Steele, Traill, Walsh, Wells

DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage
Plan Name	HumanaChoice SNP-DE (PPO D-SNP) 
Plan Number	H5216-418-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+
Dental	\$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.
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	\$40 allowance for annual exam and \$350 allowance per year for eyewear

	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.
Transportation	N/A
Current Service Area	Adams, Barnes, Bowman, Cavalier, Dickey, Emmons, Foster, Grant, Griggs, Hettinger, Kidder, Lamoure, Logan, McIntosh, McLean, Mercer, Nelson, Oliver, Pembina, Ransom, Sargent, Sheridan, Slope, Steele, Traill, Walsh, Wells

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			

Local Support

Local Support - North Dakota



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