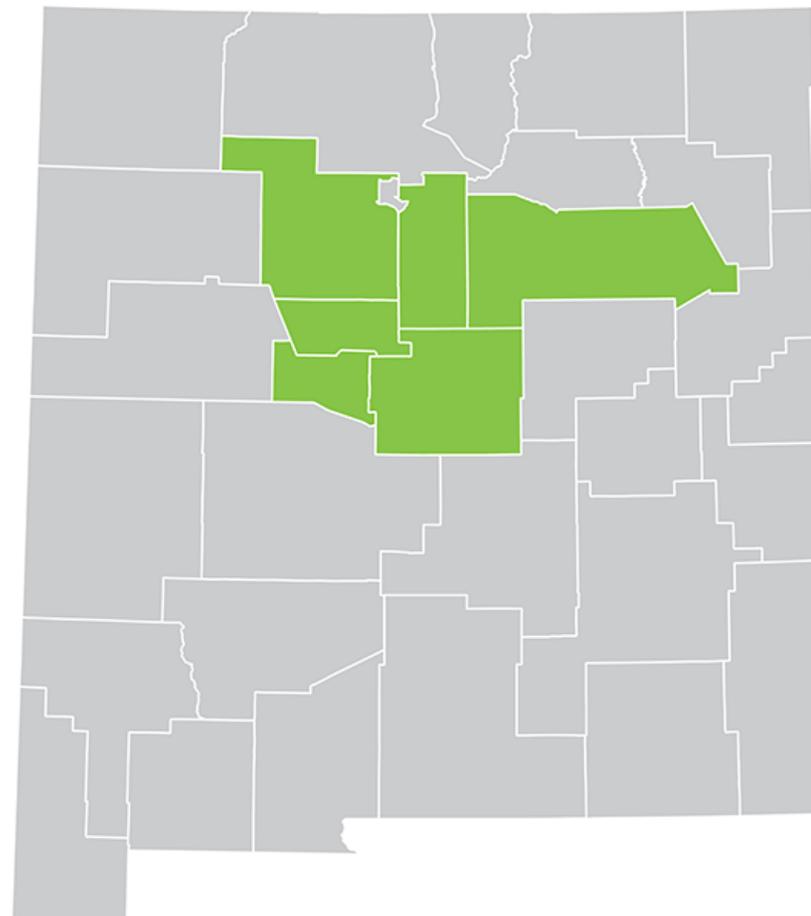


Market Highlights

- New Chronic Special Needs plan available.
- Humana USAA Honor MA-Only plan with Comprehensive Dental and a \$50 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.
- Plans include a Debit Card for monthly or quarterly allowance for over-the-counter items such as: Vitamins, Pain Relievers, and Cough and cold medicines.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- No referrals on any of our HMO or PPO plans.
- Plan available with Part B premium giveback.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients

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.
- In-network HMO hospitals and provider systems include, but are not limited to, the following: Oak Street Health, Optum, UNM, and Lovelace.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.



Market Service Area

Bernalillo, San Miguel, Sandoval, Santa Fe, Torrance, Valencia

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Supports my chronic conditions	It's affordable and I can get the support I need
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP) 	HumanaChoice (PPO)
Plan Number	H0028-019-000	H0028-076-000	H5216-078-006
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	N/A	\$350 Combined In and Out-of-Network
Part B Deductible Info	N/A	\$240	N/A
Part B Giveback	\$5	N/A	\$2
PCP	\$0 copayment	20% coinsurance	\$0 copayment
Specialist	\$25 copayment	20% coinsurance	\$50 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$325 per day, Days(1-6);	\$2050 per admission	\$370 per day, Days(1-6);
Max Out-of-Pocket	\$4150 IN	\$9350 IN	\$5000 IN
Rx Deductible	No Deductible	\$590 Deductible for Tiers 2,3,4,5	\$250 Deductible for Tiers 4,5
Rx - Retail 30-day Supply	\$0/\$8/\$45/50%/33%	\$0	\$0/\$12/\$47/46%/30%
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, 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	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC Debit Card \$100/Quarter for select health and wellness products at participating retailers, Transportation 24 one-way trip(s) per year, may not exceed 75per trip	Dental, Vision, Hearing, Fitness, Transportation 40 one-way trip(s) per year, may not exceed 60per trip	Dental, Vision, Hearing, Fitness, OTC Debit Card \$50/Quarter for select health and wellness products at participating retailers

Market Service Area

Albuquerque Market-wide

Albuquerque Market-wide

Albuquerque Market-wide

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Gives me the most benefits and the best value	Just the right amount of coverage for me
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice Giveback (PPO)
Plan Number	H5216-196-002	H5216-223-000	H5216-435-003
Premium	\$13.90	\$7.00	\$0.00
Deductible	\$1000 Combined In and Out-of-Network	\$750 Combined In and Out-of-Network	\$1000 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	N/A	\$55
PCP	\$0 copayment	\$0 copayment	\$20 copayment
Specialist	\$50 copayment	\$45 copayment	\$50 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$470 per day, Days(1-5);	\$300 per day, Days(1-6);	\$400 per day, Days(1-5);
Max Out-of-Pocket	\$7200 IN	\$5400 IN	\$7850 IN
Rx Deductible	\$200 Deductible for Tiers 4,5	\$200 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$12/\$45/38%/30%	\$0/\$12/\$47/45%/30%	\$0/\$0/\$30/35%/26%
Dental	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings, scaling and root planing, scaling for moderate inflammation. OON coverage available.	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products
Market Service Area	Bernalillo, Sandoval, Santa Fe, Torrance, Valencia	Albuquerque Market-wide	Albuquerque Market-wide

		Humana Honor Plan 	
Top Consumer Priority for their Medicare Plan	Supports my chronic conditions	Works with my VA coverage	
Plan Name	HumanaChoice - Diabetes and Heart (PPO C-SNP) 	Humana USAA Honor Giveback (PPO)	HumanaChoice (PPO)
Plan Number	H5216-443-000	H5216-436-003	H5216-437-002
Premium	\$0.00	\$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	\$240	N/A	N/A
Part B Giveback	\$1	\$50	N/A
PCP	20% coinsurance	\$20 copayment	\$0 copayment
Specialist	20% coinsurance	\$45 copayment	\$40 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$2185 per admission	\$400 per day, Days(1-6);	\$320 per day, Days(1-5);
Max Out-of-Pocket	\$9350 IN	\$4900 IN	\$4150 IN
Rx Deductible	\$590 Deductible for Tiers 2,3,4,5	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0	No Coverage	No Coverage
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.	\$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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, Transportation 36 one-way trip(s) per year, may not exceed 150per trip	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$90/Quarter for select health and wellness products
Market Service Area	Albuquerque Market-wide	Albuquerque Market-wide	Albuquerque Market-wide

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
Humana Gold Choice (PFFS)	H8145-164-002	MA-PD

Local Support

Local Support - New Mexico



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