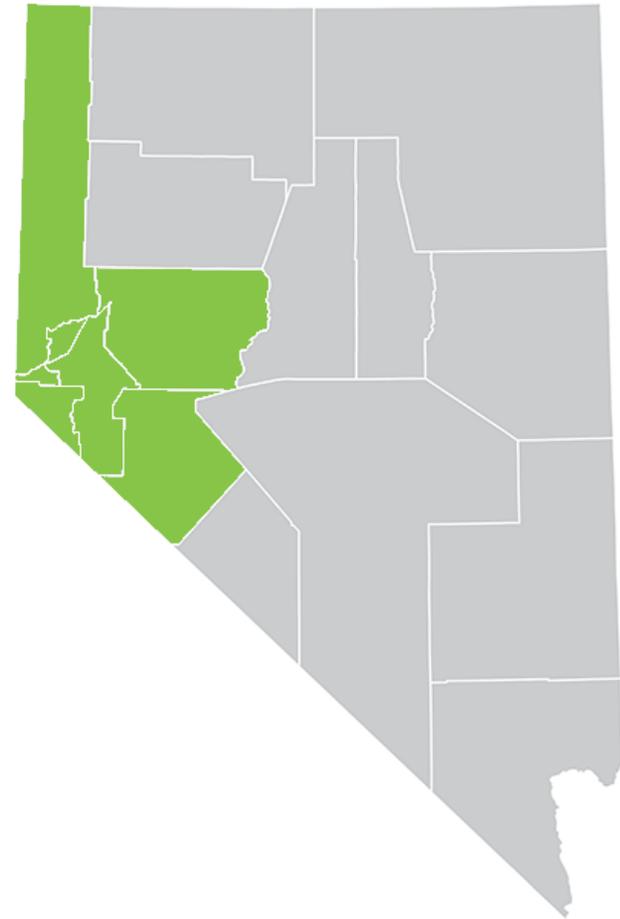


## Market Highlights

- All of our plans include Dental, Vision and Hearing.
- Full HMO and PPO suite of products designed to meet a variety of consumer needs.
- Multiple selling opportunity with Dual Special Needs Plan.
- Healthy Options allowance for rent, utilities, groceries, and OTC available on Dual Eligible Plans, with rollover.
- Multiple plans in market with Part B Premium giveback.
- Humana Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- \$0 copay for 100-day supply of tier 1 and tier 2 drugs when using mail order through CenterWell Pharmacy, Retail and In-Network Pharmacy.
- Go365@ by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.

## Network Highlights

- HMO plans within the market do not require referrals.
- Network physician groups include: Northern Nevada Medical, Carson Tahoe Physician Clinics, Community Health Alliance, and more!
- For a complete list of in-network providers, visit [www.Humana.com/PhysicianFinder](http://www.Humana.com/PhysicianFinder).



## Market Service Area

Carson City, Churchill, Douglas, Lyon, Mineral, Storey, Washoe

## MA / MAPD

Top Consumer Priority for their Medicare Plan	It's affordable and I can get the support I need	Just the right amount of coverage for me	Gives me the most benefits and the best value
Plan Name	HumanaChoice (PPO)	HumanaChoice Giveback (PPO)	Humana Gold Plus (HMO)
<b>Plan Number</b>	H5216-039-000	H5216-194-000	H6622-075-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	\$1500 Combined In and Out-of-Network	N/A	\$100 In-Network
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$1	\$48	\$6
<b>PCP</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$35 copayment	\$65 copayment	\$40 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$395 per day, Days(1-5);	\$450 per day, Days(1-5);	\$375 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$5500 IN	\$6350 IN	\$4150 IN
<b>Rx Deductible</b>	No Deductible	\$365 Deductible for Tiers 4,5	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$10/\$47/50%/33%	\$0/\$8/\$47/50%/28%	\$0/\$10/\$47/50%/33%
<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.	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available.	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products
<b>Market Service Area</b>	Northern Nevada - Reno Market-wide	Northern Nevada - Reno Market-wide	Carson City, Washoe

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FOR AGENT USE ONLY

Humana Honor Plan



Top Consumer Priority for their Medicare Plan	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-216-000
Premium	\$0.00
Deductible	\$500 Combined In and Out-of-Network
Part B Deductible Info	N/A
Part B Giveback	\$115
PCP	\$0 copayment
Specialist	\$40 copayment
Referrals Required	No
Inpatient Hospital	\$360 per day, Days(1-5);
Max Out-of-Pocket	\$6500 IN
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage
Dental	\$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
Market Service Area	Northern Nevada - Reno Market-wide

## DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage	Works with my Medicaid coverage
<b>Plan Name</b>	HumanaChoice SNP-DE (PPO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)
<b>Plan Number</b>	H5216-302-000	H6622-079-000
<b>Medicaid Levels</b>	FBDE, QMB, QMB+	FBDE, QMB, QMB+
<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.	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals
<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 which may be on the Card. Unused funds will roll over to the next month and expire at the end of the plan year.	\$140 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.
<b>Vision</b>	\$40 allowance for annual exam and \$400 allowance per year for eyewear	\$0 copayment for annual exam and \$300 allowance per year for eyewear

	or contact lenses including fittings at PLUS Provider. OON coverage available.	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.	\$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 30 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 75 miles per trip.	\$0 copayment for plan approved location up to 60 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 150 miles per trip.
<b>Current Service Area</b>	Northern Nevada - Reno Market-wide	Carson City, Washoe

## 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 - Nevada



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### Local Sales Manager