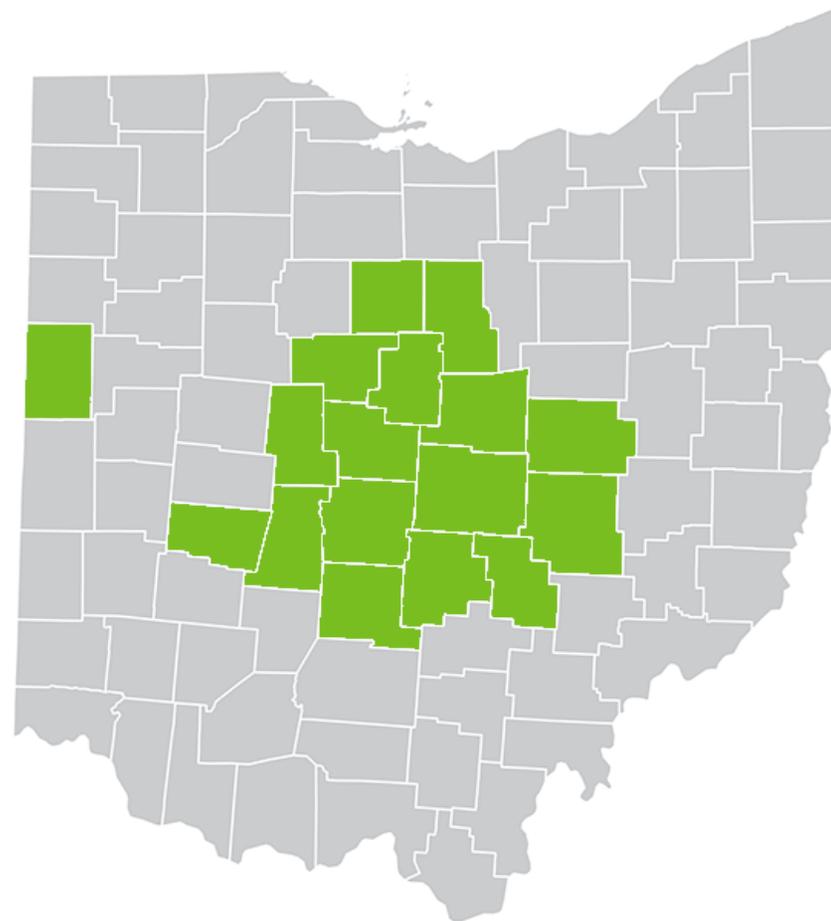


## Market Highlights

- Humana USAA Honor MA-Only plan with Comprehensive Dental and a \$155 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.
- First dollar coverage Annual Dental Allowance of \$6000 for covered dental services on H6622-015-000.
- First dollar coverage Annual Dental Allowance of \$5000 for covered dental services on H6622-013-000.
- H5216-309-000 available with a Part B giveback up to \$124.
- H6622-013-000 has a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.

## Network Highlights

- Select HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- HMO plans within the market do not require referrals.
- In-network HMO hospitals and provider systems include, but are not limited to, the following: OhioHealth, The Ohio State University, Mount Carmel, COPC, Dedicated, Licking Memorial and Fairfield Medical Center
- 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

Clark, Coshocton, Crawford, Delaware, Fairfield, Franklin, Knox, Licking, Madison, Marion, Mercer, Morrow, Muskingum, Perry, Pickaway, Richland, Union

## MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Just the right amount of coverage for me	It's affordable and I can get the support I need
Plan Name	Humana Gold Plus (HMO-POS)	HumanaChoice Giveback (PPO)	HumanaChoice (PPO)
<b>Plan Number</b>	H6622-013-000	H5216-309-000	H5216-285-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	N/A	\$425 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>	\$3	\$124	\$3
<b>PCP</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$35 copayment	\$40 copayment	\$45 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$460 per day, Days(1-5);	\$400 per day, Days(1-5);	\$440 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$4500 IN	\$9350 IN	\$6100 IN
<b>Rx Deductible</b>	\$250 Deductible for Tiers 3,4,5	\$510 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5
<b>Rx - Retail 30-day Supply</b>	\$0/\$5/\$47/50%/30%	\$0/\$5/\$47/50%/26%	\$0/\$10/\$47/50%/30%
<b>Dental</b>	\$5000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	N/A	\$1000 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>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC Debit Card \$100/Quarter for select health and wellness products at participating retailers, Transportation	Fitness	Dental, Vision, Hearing, Fitness, OTC Debit Card \$25/Quarter for select health and wellness products at participating retailers

	60 one-way trip(s) per year, may not exceed 50per trip		
<b>Market Service Area</b>	Clark, Delaware, Fairfield, Franklin, Knox, Licking, Madison, Morrow, Pickaway, Union	Clark, Coshocton, Delaware, Fairfield, Franklin, Knox, Licking, Madison, Marion, Mercer, Morrow, Muskingum, Perry, Pickaway, Union	Clark, Delaware, Fairfield, Franklin, Knox, Licking, Madison, Marion, Morrow, Muskingum, Perry, Pickaway, Union

Humana Honor Plan



Top Consumer Priority for their Medicare Plan	Works with my VA coverage	Gives me the most benefits and the best value	Supports my chronic conditions
<b>Plan Name</b>	Humana USAA Honor Giveback with Rx (PPO)	Humana Gold Plus (HMO-POS)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)
<b>Plan Number</b>	H5216-307-000	H6622-021-002	H6622-017-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	N/A	N/A	\$260 In-Network
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$76	\$2	\$3
<b>PCP</b>	\$0 copayment	\$0 copayment	\$10 copayment
<b>Specialist</b>	\$45 copayment	\$35 copayment	\$35 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$425 per day, Days(1-5);	\$460 per day, Days(1-5);	\$475 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$8850 IN	\$5900 IN	\$9350 IN
<b>Rx Deductible</b>	\$350 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5	\$200 Deductible for Tiers 3,4,5
<b>Rx - Retail 30-day Supply</b>	\$0/\$10/\$47/50%/28%	\$0/\$5/\$47/50%/30%	\$7/\$17/\$47/43%/30%/\$7
<b>Dental</b>	\$3000 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. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC Debit Card \$50/Quarter for select health and wellness products at participating retailers	Dental, Vision, Hearing, Fitness, OTC Debit Card \$75/Quarter for select health and wellness products at participating retailers, Transportation 24 one-way trip(s) per year, may not exceed 50per trip	Dental, Vision, Hearing, Fitness
<b>Market Service Area</b>	Central West (Columbus and surrounding area) Market-wide	Clark	Clark, Delaware, Fairfield, Franklin, Knox, Licking, Madison, Morrow,



	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 (PPO) 	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-441-000	H5216-218-000
Premium	\$0.00	\$0.00
Deductible	N/A	N/A
Part B Deductible Info	N/A	N/A
Part B Giveback	\$155	\$100
PCP	\$15 copayment	\$15 copayment
Specialist	\$45 copayment	\$45 copayment
Referrals Required	No	No
Inpatient Hospital	\$430 per day, Days(1-5);	\$475 per day, Days(1-5);
Max Out-of-Pocket	\$8100 IN	\$9350 IN
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	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.	\$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.
Key Extra Benefits	Dental, Vision, Hearing	Dental, Vision, Hearing, Fitness, OTC Debit Card \$150/Quarter for select health and wellness products at participating retailers
Market Service Area	Central West (Columbus and surrounding area) Market-wide	Central West (Columbus and surrounding 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
<b>Plan Name</b>	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)
<b>Plan Number</b>	H6622-087-000	H6622-015-000	H5525-046-000
<b>Medicaid Levels</b>	FBDE, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
<b>Dental</b>	\$4000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$6000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation. OON coverage available.
<b>Healthy Options Allowance</b>	\$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.	\$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.
<b>Vision</b>	\$0 copayment for annual exam and \$550 allowance per year for eyewear	\$0 copayment for annual exam and \$500 allowance per year for eyewear	\$75 allowance for annual exam and \$200 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 \$500 allowance for hearing aids per ear per year. OON coverage available.
<b>Transportation</b>	\$0 copayment for plan approved location up to 100 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 50 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 100 miles per trip.	\$0 copayment for plan approved location up to 24 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.
<b>Current Service Area</b>	Clark, Delaware, Fairfield, Franklin, Knox, Licking, Madison, Marion, Morrow, Pickaway, Union	Clark, Delaware, Fairfield, Franklin, Knox, Licking, Madison, Marion, Morrow, Pickaway, Union	Clark, Coshocton, Crawford, Delaware, Fairfield, Franklin, Knox, Licking, Madison, Marion, Morrow, Muskingum, Perry, Pickaway, Union

## Prescription Drug Plans

Plan Name	Humana Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic 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
HumanaChoice (PPO)	H5216-023-000	MA-PD
Humana Value Plus (PPO)	H5525-041-000	MA-PD
HumanaChoice (PPO)	H5525-030-000	MA-PD
Humana Full Access (PPO)	H5525-042-000	MA-PD
Humana Gold Plus (HMO)	H6622-055-000	MA-PD
Humana Gold Choice (PFFS)	H8145-032-000	MA-PD
HumanaChoice (Regional PPO)	R0110-016-000	MA-PD
HumanaChoice (PPO)	H5216-106-000	MA-PD
HumanaChoice (PPO)	H5216-024-000	MA-PD

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R0110-015-000	MA

FOR AGENT USE ONLY

## Local Support

### Local Support - Ohio



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### Local Sales Manager