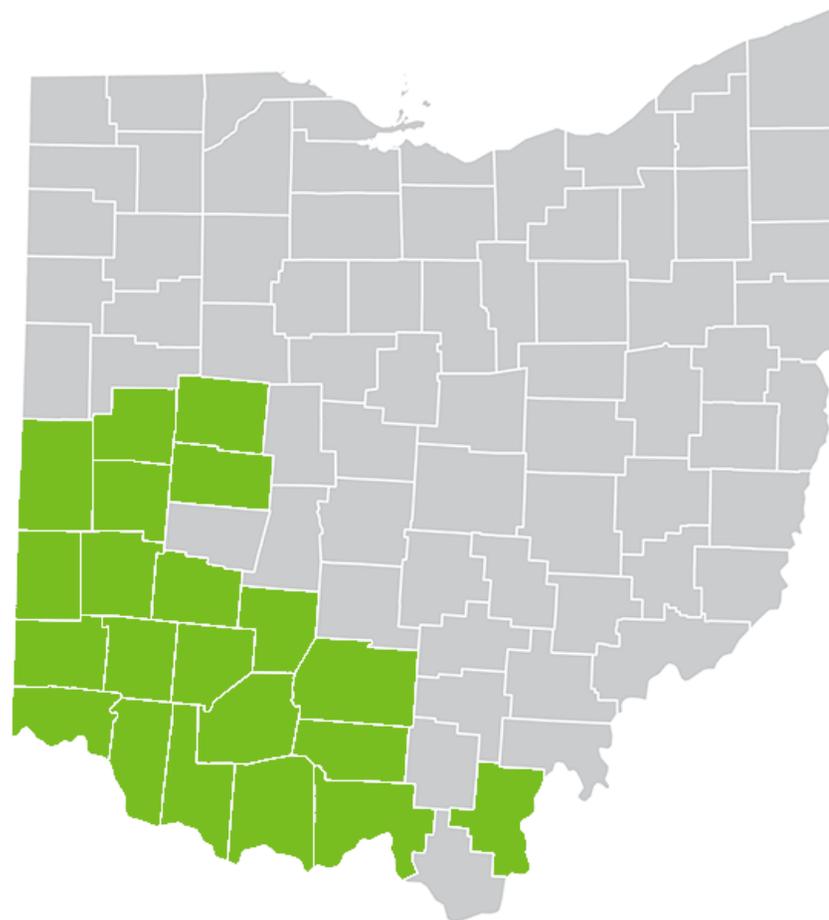


Market Highlights

- 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.
- H5216-309-000 available with a Part B giveback up to \$124.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- H6622-021-002 has a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.

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 hospitals and provider systems include, but are not limited to, the following: Bon Secours Mercy Health, TriHealth, Christ Hospital, UC, Premier, Kettering, Wright State Physicians, PriMed, Providence, Oak Street and Dedicated
- 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, Brown, Butler, Champaign, Clermont, Clinton, Darke, Fayette, Gallia, Greene, Hamilton, Highland, Logan, Miami, Montgomery, Pike, Preble, Ross, Scioto, Shelby, Warren

MA / MAPD

			Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Just the right amount of coverage for me	Works with my VA coverage
Plan Name	Humana Gold Plus (HMO-POS)	HumanaChoice Giveback (PPO)	Humana USAA Honor Giveback with Rx (PPO)
Plan Number	H6622-021-002	H5216-309-000	H5216-307-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	\$425 Combined In and Out-of-Network	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$2	\$124	\$76
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$35 copayment	\$40 copayment	\$45 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$460 per day, Days(1-5);	\$400 per day, Days(1-5);	\$425 per day, Days(1-5);
Max Out-of-Pocket	\$5900 IN	\$9350 IN	\$8850 IN
Rx Deductible	\$250 Deductible for Tiers 3,4,5	\$510 Deductible for Tiers 3,4,5	\$350 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/50%/30%	\$0/\$5/\$47/50%/26%	\$0/\$10/\$47/50%/28%
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.	N/A	\$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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC Debit Card \$75/Quarter for select health and wellness products at participating retailers, Transportation	Fitness	Dental, Vision, Hearing, Fitness, OTC Debit Card \$50/Quarter for select health and wellness products at participating retailers

	24 one-way trip(s) per year, may not exceed 50per trip		
Market Service Area	Brown, Butler, Champaign, Clermont, Clinton, Darke, Greene, Hamilton, Logan, Miami, Montgomery, Preble, Shelby, Warren	Adams, Brown, Butler, Champaign, Clermont, Clinton, Darke, Greene, Hamilton, Logan, Miami, Montgomery, Preble, Ross, Scioto, Shelby, Warren	Southwest (Cincinnati-Dayton) Market-wide

Top Consumer Priority for their Medicare Plan	It's affordable and I can get the support I need	Supports my chronic conditions	Works with my VA coverage
Plan Name	HumanaChoice (PPO)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Humana USAA Honor Giveback (PPO) New!
Plan Number	H5216-285-000	H6622-017-000	H5216-441-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	\$260 In-Network	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$3	\$3	\$155
PCP	\$0 copayment	\$10 copayment	\$15 copayment
Specialist	\$45 copayment	\$35 copayment	\$45 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$440 per day, Days(1-5);	\$475 per day, Days(1-5);	\$430 per day, Days(1-5);
Max Out-of-Pocket	\$6100 IN	\$9350 IN	\$8100 IN
Rx Deductible	\$250 Deductible for Tiers 3,4,5	\$200 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$10/\$47/50%/30%	\$7/\$17/\$47/43%/30%/\$7	No Coverage
Dental	\$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.	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings	\$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, Fitness, OTC Debit Card \$25/Quarter for select health and wellness products at participating retailers	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing
Market Service Area	Adams, Brown, Butler, Champaign, Clermont, Clinton, Darke, Gallia, Greene, Hamilton, Logan, Miami,	Brown, Butler, Champaign, Clermont, Clinton, Darke, Greene, Hamilton, Logan, Miami, Montgomery, Preble, Shelby, Warren	Adams, Brown, Butler, Champaign, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Logan, Miami,

Montgomery, Preble, Ross, Scioto,
Shelby, Warren

Montgomery, Pike, Preble, Ross, Scioto,
Shelby, Warren

Humana Honor Plan



Top Consumer Priority for their Medicare Plan	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-218-000
Premium	\$0.00
Deductible	N/A
Part B Deductible Info	N/A
Part B Giveback	\$100
PCP	\$15 copayment
Specialist	\$45 copayment
Referrals Required	No
Inpatient Hospital	\$475 per day, Days(1-5);
Max Out-of-Pocket	\$9350 IN
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC Debit Card \$150/Quarter for select health and wellness products at participating retailers
Market Service Area	Adams, Brown, Butler, Champaign, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Logan, Miami,

Montgomery, Pike, Preble, Ross, Scioto,
Shelby, Warren

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 Gold Plus SNP-DE (HMO D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H6622-087-000	H6622-015-000	H5525-046-000
Medicaid Levels	FBDE, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
Dental	\$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.
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.	\$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	\$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.
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.	\$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.
Transportation	\$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.
Current Service Area	Brown, Butler, Champaign, Clermont, Clinton, Darke, Greene, Hamilton, Logan, Miami, Montgomery, Preble, Shelby, Warren	Brown, Butler, Champaign, Clermont, Clinton, Darke, Greene, Hamilton, Logan, Miami, Montgomery, Preble, Shelby, Warren	Adams, Brown, Butler, Champaign, Clermont, Clinton, Darke, Gallia, Greene, Hamilton, Highland, Logan, Miami, Montgomery, Preble, Ross, Scioto, Shelby, Warren

Prescription Drug Plans

Plan Name	Humana Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic 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
HumanaChoice (PPO)	H5216-023-000	MA-PD
HumanaChoice (PPO)	H5525-030-000	MA-PD
Humana Value Plus (PPO)	H5525-041-000	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)	H5216-024-000	MA-PD
HumanaChoice (Regional PPO)	R0110-015-000	MA

Local Support

Local Support - Ohio



Aaron McCoy
Broker Relationship Manager
813-944-7840
amccoy3@humana.com



Mike Goldsmith
Broker Relationship Manager
330-232-1011
mgoldsmith1@humana.com



Caitlin Fitch
Broker Relationship Executive
502-313-7968
cfitch2@humana.com



Jamaal Cherry
Broker Relationship Executive
502-313-7962
jcherry10@humana.com

Local Sales Manager