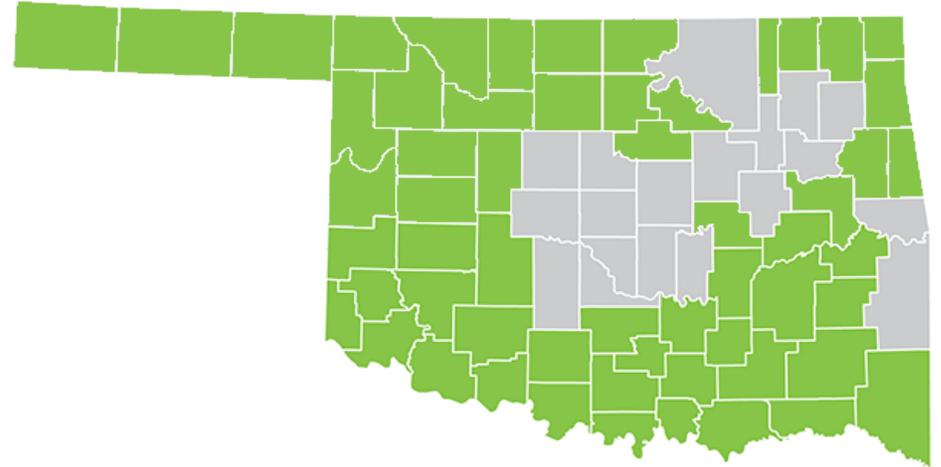


Market Highlights

- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- Healthy Options allowance for rent, utilities, groceries, and OTC available on Dual Eligible Plans, with rollover.
- Plan available with Part B premium giveback.
- Humana USAA Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- 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.
- Most major hospital facilities within the market are in-network.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.



Market Service Area

Adair, Alfalfa, Atoka, Beaver, Beckham, Blaine, Bryan, Caddo, Carter, Cherokee, Choctaw, Cimarron, Coal, Comanche, Cotton, Craig, Custer, Delaware, Dewey, Ellis, Garfield, Garvin, Grant, Greer, Harmon, Harper, Haskell, Hughes, Jackson, Jefferson, Johnston, Kay, Kiowa, Latimer, Le Flore, Love, Major, Marshall, McCurtain, McIntosh, Murray, Muskogee, Noble, Nowata, Okfuskee, Ottawa, Pawnee, Payne, Pittsburg, Pontotoc, Pushmataha, Roger Mills, Sequoyah, Stephens, Texas, Tillman, Washington, Washita, Woods, Woodward

MA / MAPD

Top Consumer Priority for their Medicare Plan	Just the right amount of coverage for me	Gives me the most benefits and the best value	It's affordable and I can get the support I need
Plan Name	HumanaChoice Giveback (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-264-000	H5216-316-001	H5216-337-001
Premium	\$0.00	\$37.00	\$0.00
Deductible	\$375 Combined In and Out-of-Network	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$100	\$2	N/A
PCP	\$10 copayment	\$0 copayment	\$5 copayment
Specialist	\$50 copayment	\$30 copayment	\$40 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$360 per day, Days(1-6);	\$280 per day, Days(1-5);	\$295 per day, Days(1-5);
Max Out-of-Pocket	\$7925 IN	\$4400 IN	\$5700 IN
Rx Deductible	\$590 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$5/\$8/\$47/47%/25%	\$0/\$9/\$47/38%/30%	\$0/\$9/\$47/46%/30%
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.	\$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.	\$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.
Key Extra Benefits	Dental, Vision, Hearing	Dental, Vision, Hearing, Fitness, OTC \$60/Quarter for select health and wellness products	Dental, Vision, Hearing, OTC \$40/Quarter for select health and wellness products
Market Service Area	Adair, Bryan, Caddo, Cherokee, Coal, Comanche, Craig, Delaware, Garfield,	Adair, Blaine, Caddo, Cherokee, Choctaw, Coal, Comanche, Craig,	Adair, Alfalfa, Blaine, Bryan, Caddo, Carter, Cherokee, Choctaw, Coal,

Garvin, Hughes, Johnston, Kay, Le
Flore, McIntosh, Murray, Muskogee,
Noble, Okfuskee, Ottawa, Pawnee,
Payne, Pittsburg, Pontotoc, Sequoyah,
Stephens

Delaware, Dewey, Garfield, Garvin,
Haskell, Hughes, Jackson, Johnston,
Kiowa, Latimer, Le Flore, McCurtain,
McIntosh, Murray, Muskogee, Noble,
Nowata, Okfuskee, Ottawa, Pawnee,
Payne, Pittsburg, Pontotoc,
Pushmataha, Sequoyah, Stephens,
Woodward

Comanche, Cotton, Craig, Delaware,
Dewey, Garfield, Garvin, Grant, Greer,
Haskell, Hughes, Jackson, Jefferson,
Johnston, Kay, Kiowa, Latimer, Le Flore,
Love, Major, Marshall, McCurtain,
McIntosh, Murray, Muskogee, Noble,
Nowata, Okfuskee, Ottawa, Pawnee,
Payne, Pittsburg, Pontotoc,
Pushmataha, Sequoyah, Stephens,
Tillman, Woods, Woodward

Top Consumer Priority for their Medicare Plan	Supports my chronic conditions	Gives me the most benefits and the best value	
Plan Name	HumanaChoice - Diabetes and Heart (PPO C-SNP)	Humana Gold Plus (HMO-POS)	Humana Gold Choice (PFFS)
Plan Number	H5216-372-000	H5619-111-000	H8145-006-000
Premium	\$0.00	\$0.00	\$38.00
Deductible	N/A	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$2	\$2	N/A
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$25 copayment	\$30 copayment	\$55 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$300 per day, Days(1-6);	\$260 per day, Days(1-5);	\$230 per day, Days(1-7);
Max Out-of-Pocket	\$5900 IN	\$3700 IN	\$7000 IN/OON
Rx Deductible	\$200 Deductible for Tiers 4,5	\$200 Deductible for Tiers 4,5	\$590 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$9/\$47/41%/30%/\$0	\$0/\$8/\$47/50%/30%	\$6/\$15/\$47/50%/25%
Dental	\$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.	\$1750 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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness
Market Service Area	Adair, Bryan, Caddo, Carter, Cherokee, Comanche, Craig, Delaware, Garfield, Garvin, Hughes, Kay, Le Flore, McIntosh, Murray, Muskogee, Noble, Ottawa, Pawnee, Payne, Pittsburg, Pontotoc, Sequoyah, Stephens	Le Flore, Sequoyah	Atoka, Choctaw, McCurtain

	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	H5216-140-000	H5216-329-000
Premium	\$0.00	\$0.00
Deductible	N/A	\$100 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A
Part B Giveback	\$50	\$110
PCP	\$0 copayment	\$0 copayment
Specialist	\$35 copayment	\$40 copayment
Referrals Required	No	No
Inpatient Hospital	\$360 per day, Days(1-5);	\$425 per day, Days(1-5);
Max Out-of-Pocket	\$4500 IN	\$6700 IN
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage
Dental	\$6000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. 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, OTC \$50/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$15/Month for select health and wellness products
Market Service Area	Adair, Alfalfa, Atoka, Blaine, Bryan, Caddo, Carter, Cherokee, Choctaw, Comanche, Cotton, Craig, Delaware, Dewey, Garfield, Garvin, Grant, Greer, Haskell, Hughes, Jackson, Jefferson,	Adair, Alfalfa, Atoka, Blaine, Bryan, Caddo, Carter, Cherokee, Choctaw, Comanche, Cotton, Craig, Delaware, Dewey, Garfield, Garvin, Grant, Greer, Haskell, Hughes, Jackson, Jefferson,

Johnston, Kay, Kiowa, Latimer, Le Flore, Love, Major, Marshall, McCurtain, McIntosh, Murray, Muskogee, Noble, Nowata, Okfuskee, Ottawa, Pawnee, Payne, Pittsburg, Pontotoc, Pushmataha, Sequoyah, Stephens, Tillman, Woods, Woodward	Johnston, Kay, Kiowa, Latimer, Le Flore, Love, Major, Marshall, McCurtain, McIntosh, Murray, Muskogee, Noble, Nowata, Okfuskee, Ottawa, Pawnee, Payne, Pittsburg, Pontotoc, Pushmataha, Sequoyah, Stephens, Tillman, Woods, Woodward
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DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage	Works with my Medicaid coverage
Plan Name	HumanaChoice SNP-DE (PPO D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H5216-228-000	H5216-331-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+
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.
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.	\$170 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 \$450 allowance per year for eyewear	\$40 allowance for annual exam and \$500 allowance per year for eyewear

	or contact lenses including fittings at PLUS Provider. OON coverage available.	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 \$500 allowance for hearing aids per ear per year. OON coverage available.
Transportation	N/A	N/A
Current Service Area	Adair, Blaine, Bryan, Caddo, Carter, Cherokee, Choctaw, Comanche, Craig, Delaware, Dewey, Garfield, Garvin, Haskell, Hughes, Jackson, Johnston, Kay, Kiowa, Latimer, Le Flore, McCurtain, McIntosh, Murray, Muskogee, Noble, Nowata, Okfuskee, Ottawa, Pawnee, Payne, Pittsburg, Pontotoc, Pushmataha, Sequoyah, Stephens, Woodward	Adair, Blaine, Bryan, Caddo, Carter, Cherokee, Choctaw, Coal, Comanche, Craig, Delaware, Dewey, Garfield, Garvin, Haskell, Hughes, Jackson, Johnston, Kay, Kiowa, Latimer, Le Flore, McIntosh, Murray, Muskogee, Noble, Nowata, Okfuskee, Ottawa, Pawnee, Payne, Pittsburg, Pontotoc, Pushmataha, Sequoyah, Stephens, Woodward

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
HumanaChoice (PPO)	H5216-081-000	MA-PD
HumanaChoice (PPO)	H5216-083-000	MA-PD
Humana Gold Choice (PFFS)	H8145-126-000	MA

Local Support

Local Support - Oklahoma



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