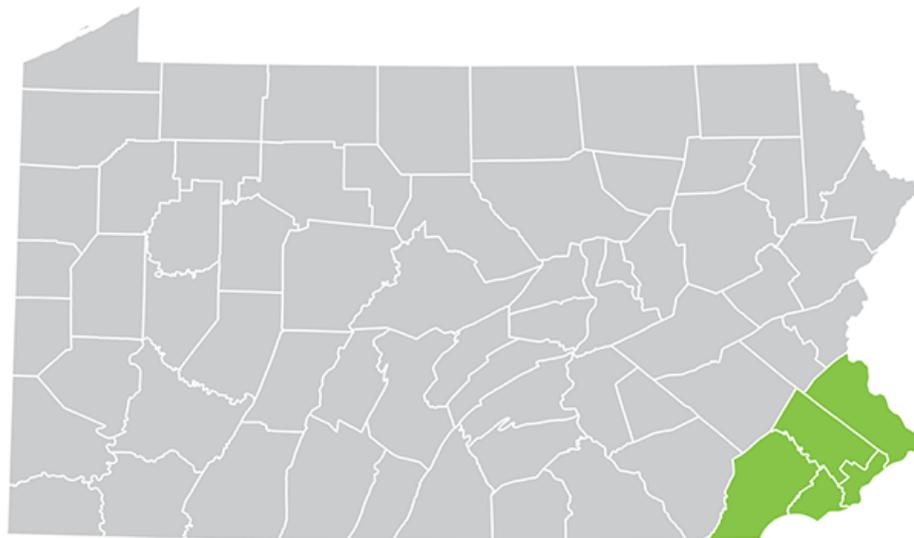


Market Highlights

- Healthy Options allowance for rent, utilities, groceries, and OTC available on Dual Eligible Plans, with rollover.
- Select HMO and PPO plans offer \$0 Rx copay for Tier 1 and Tier 2 at preferred cost share pharmacies.
- All of our plans include Dental, Vision and Hearing.
- H6622-037-000 has a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- Plan available with Part B premium giveback.
- MA-Only plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Go365® by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- New Open Network PPO plans available which allows members to see any doctor in the country that accepts Medicare, including specialists, without a referral and can go in and out of network for the same copay for doctor visits, these plans include H5525-051-002.

Network Highlights

- Multiple plans with similar In and Out of network copays.
- 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.
- 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.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.



Market Service Area

Bucks, Chester, Delaware, Montgomery, Philadelphia

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Gives me freedom and flexibility	Just the right amount of coverage for me
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice Giveback (PPO)
Plan Number	H5525-017-000	H5525-051-002	H5525-058-000
Premium	\$26.00	\$0.00	\$0.00
Deductible	\$120 Combined In and Out-of-Network	\$125 Combined In and Out-of-Network	\$300 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	\$1	\$75
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$15 copayment	\$40 copayment	\$50 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$325 per admission	\$362 per day, Days(1-7);	\$475 per day, Days(1-5);
Max Out-of-Pocket	\$6300 IN	\$7800 IN	\$7500 IN
Rx Deductible	\$300 Deductible for Tiers 4,5	\$300 Deductible for Tiers 4,5	\$225 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/40%/29%	\$0/\$5/\$47/45%/29%	\$0/\$5/\$47/40%/30%
Dental	\$2000 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; \$25 copayment for fillings. OON coverage available.	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC Debit Card \$20/Month for select health and wellness products at participating retailers, Transportation 24 one-way	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$15/Quarter for select health and wellness products

	trip(s) per year, may not exceed 50per trip		
Market Service Area	Chester, Delaware, Montgomery, Philadelphia	Chester, Delaware, Montgomery, Philadelphia	Greater Philadelphia Market-wide

	Humana Honor Plan 	Humana Honor Plan 	
Top Consumer Priority for their Medicare Plan	Works with my VA coverage	Gives me the most benefits and the best value	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback with Rx (PPO)	Humana Gold Plus (HMO)	Humana USAA Honor Giveback (PPO)
Plan Number	H5525-059-000	H6622-037-000	H5216-221-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	\$170 Combined In and Out-of-Network	\$210 In-Network	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$55	\$2	\$100
PCP	\$15 copayment	\$0 copayment	\$10 copayment
Specialist	\$50 copayment	\$25 copayment	\$45 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$450 per day, Days(1-5);	\$330 per day, Days(1-8);	\$425 per day, Days(1-7);
Max Out-of-Pocket	\$7850 IN	\$8900 IN	\$6700 IN
Rx Deductible	\$300 Deductible for Tiers 3,4,5	\$300 Deductible for Tiers 4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$47/50%/29%	\$0/\$5/\$47/40%/29%	No Coverage
Dental	\$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.	\$1500 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, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, Transportation 24 one-way trip(s) per year, may not exceed 50per trip	Dental, Vision, Hearing, Fitness, OTC Debit Card \$15/Month 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, OTC \$100/Quarter for select health and wellness products, Transportation 24 one-way trip(s) per year, may not exceed 25per trip
Market Service Area	Greater Philadelphia Market-wide	Greater Philadelphia Market-wide	Greater Philadelphia Market-wide

Top Consumer Priority for their Medicare Plan	
Plan Name	Humana Gold Choice (PFFS)
Plan Number	H8145-163-000
Premium	\$108.00
Deductible	N/A
Part B Deductible Info	N/A
Part B Giveback	N/A
PCP	\$0 copayment
Specialist	\$0 copayment
Referrals Required	No
Inpatient Hospital	\$0 per admission
Max Out-of-Pocket	\$1500 IN/OON
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage
Dental	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness
Market Service Area	Greater Philadelphia Market-wide

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)	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H5216-373-000	H6622-078-002
Medicaid Levels	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+
Dental	\$4000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$5000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals
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.
Vision	\$40 allowance for annual exam and \$350 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
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.
Transportation	\$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 75 miles per trip.	\$0 copayment for plan approved location up to 12 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	Greater Philadelphia Market-wide	Greater Philadelphia 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
HumanaChoice (PPO)	H5216-120-000	MA-PD
HumanaChoice (PPO)	H5525-005-000	MA-PD
Humana Gold Choice (PFFS)	H8145-052-000	MA-PD
HumanaChoice (Regional PPO)	R0110-008-000	MA-PD
HumanaChoice Giveback (PPO)	H5216-116-000	MA
Humana Gold Choice (PFFS)	H8145-055-000	MA
HumanaChoice (Regional PPO)	R0110-007-000	MA

Local Support

Local Support - Pennsylvania



Chris Hampton
Broker Relationship Manager
609-805-1645
champton5@humana.com



Khadim Niang
Broker Relationship Executive
502-313-7919
KNiang@humana.com

Local Sales Manager