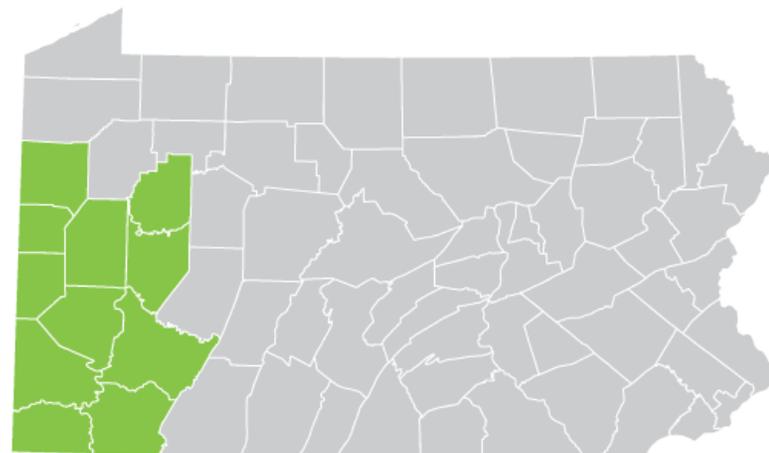


Market Highlights

- Healthy Options allowance for rent, utilities, groceries, and OTC available on Dual Eligible Plans, with rollover.
- Increased Part B premium giveback on select Honor Plans.
- Multiple plans with various Flex allowance amounts to help with additional coverage for dental, vision, and hearing services.
- H6622-054-000, H6622-035-000 has a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- All of our plans include Dental, Vision and Hearing.
- Multiple plans with various Flex allowance amounts to help with additional coverage for covered dental, vision, and hearing services.
- Select HMO and PPO plans offer \$0 Rx copay for Tier 1 and Tier 2 at preferred cost share pharmacies.
- Most of Humana’s Medicare Advantage plans include the SilverSneakers® fitness program at no extra cost.

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.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.
- HMO plans within the market do not require referrals.
- In-network hospitals and provider systems include, but are not limited to, the following: AHN Wexford Hospital, Allegheny General Hospital, Allegheny Valley Hospital, Curahealth Pittsburgh, Encompass Health Rehabilitation Hospital of Harmarville, Forbes Regional Hospital, HERITAGE VALLEY KENNEDY, Heritage Valley Sewickley, Jefferson Regional Medical Center, St Clair Hospital, The Western Pennsylvania Hospital, Weirton Medical Center, Western Pennsylvania Hospital



Market Service Area

Allegheny, Armstrong, Beaver, Butler, Clarion, Fayette, Greene, Lawrence, Mercer, Washington, Westmoreland

MA / MAPD

| Top Consumer Priority for their Medicare Plan | Gives me the most benefits and the best value | It's affordable and I can get the support I need | Just the right amount of coverage for me |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Plan Name | HumanaChoice (PPO) | HumanaChoice (PPO) | HumanaChoice Giveback (PPO) |
| Plan Number | H5525-017-000 | H5525-051-001 | H5525-058-000 |
| Premium | \$26.00 | \$0.00 | \$0.00 |
| Deductible | \$120 Combined In and Out-of-Network | N/A | \$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 | \$35 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 | \$7500 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. | \$0 copayment covers: exams, x-rays, cleanings. 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, OTC \$50/Quarter for select health and wellness products | 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 | Greater Pittsburgh Market-wide | Greater Pittsburgh Market-wide | Greater Pittsburgh Market-wide |

Humana Honor Plan



| Top Consumer Priority for their Medicare Plan | Works with my VA coverage | Gives me the most benefits and the best value | Gives me the most benefits and the best value |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Name | Humana USAA Honor Giveback with Rx (PPO) | Humana Gold Plus (HMO) | Humana Gold Plus (HMO) |
| Plan Number | H5525-059-000 | H6622-035-000 | H6622-054-000 |
| Premium | \$0.00 | \$0.00 | \$0.00 |
| Deductible | \$170 Combined In and Out-of-Network | \$230 In-Network | \$265 In-Network |
| Part B Deductible Info | N/A | N/A | N/A |
| Part B Giveback | \$55 | \$3 | \$3 |
| PCP | \$15 copayment | \$0 copayment | \$0 copayment |
| Specialist | \$50 copayment | \$35 copayment | \$30 copayment |
| Referrals Required | No | No | No |
| Inpatient Hospital | \$450 per day, Days(1-5); | \$290 per day, Days(1-7); | \$290 per day, Days(1-7); |
| Max Out-of-Pocket | \$7850 IN | \$9350 IN | \$7950 IN |
| Rx Deductible | \$300 Deductible for Tiers 3,4,5 | \$300 Deductible for Tiers 4,5 | \$300 Deductible for Tiers 4,5 |
| Rx - Retail 30-day Supply | \$0/\$5/\$47/50%/29% | \$0/\$5/\$47/38%/29% | \$0/\$5/\$47/43%/29% |
| 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. | \$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals | \$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals |
| 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 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 |
| Market Service Area | Greater Pittsburgh Market-wide | Lawrence, Mercer | Allegheny, Beaver, Butler, Clarion, Fayette, Greene, Lawrence, Mercer, |

| | | Humana Honor Plan  | |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Top Consumer Priority for their Medicare Plan | | Works with my VA coverage | |
| Plan Name | HumanaChoice Giveback (PPO) | Humana USAA Honor Giveback (PPO) | Humana Gold Choice (PFFS) |
| Plan Number | H5216-116-000 | H5216-221-000 | H8145-163-000 |
| Premium | \$0.00 | \$0.00 | \$108.00 |
| Deductible | N/A | N/A | N/A |
| Part B Deductible Info | N/A | N/A | N/A |
| Part B Giveback | \$50 | \$100 | N/A |
| PCP | \$0 copayment | \$10 copayment | \$0 copayment |
| Specialist | \$25 copayment | \$45 copayment | \$0 copayment |
| Referrals Required | No | No | No |
| Inpatient Hospital | \$495 per day, Days(1-6); | \$425 per day, Days(1-7); | \$0 per admission |
| Max Out-of-Pocket | \$4150 IN | \$6700 IN | \$1500 IN/OON |
| Rx Deductible | No Deductible | No Deductible | No Deductible |
| Rx - Retail 30-day Supply | No Coverage | No Coverage | No Coverage |
| Dental | \$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available. | \$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. | \$0 copayment covers: exams, x-rays, cleanings. OON coverage available. |
| Key Extra Benefits | Dental, Vision, Hearing, Fitness, OTC \$25/Month for select health and wellness products, 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 | Dental, Vision, Hearing, Fitness |
| Market Service Area | Greater Pittsburgh Market-wide | Greater Pittsburgh Market-wide | Greater Pittsburgh 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 | H5216-227-000 | H6622-078-001 |
| Medicaid Levels | FBDE, QMB, QMB+, SLMB+ | FBDE, QMB, QMB+, SLMB+ |
| Dental | \$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation. 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 | \$125 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. | \$125 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 | \$75 allowance for annual exam and \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available. | \$0 copayment for annual exam and \$500 allowance per year for eyewear 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 | N/A | \$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 | Allegheny, Armstrong, Beaver, Butler, Clarion, Fayette, Greene, Washington, Westmoreland | Lawrence, Mercer |

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) | H5216-023-000 | MA-PD |
| Humana Value Plus (PPO) | H5216-117-000 | MA-PD |
| HumanaChoice (PPO) | H5216-120-000 | MA-PD |
| HumanaChoice (PPO) | H5525-005-000 | MA-PD |
| HumanaChoice (Regional PPO) | R0110-008-000 | MA-PD |
| HumanaChoice (Regional PPO) | R0110-007-000 | MA |

Local Support

Local Support - Pennsylvania



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