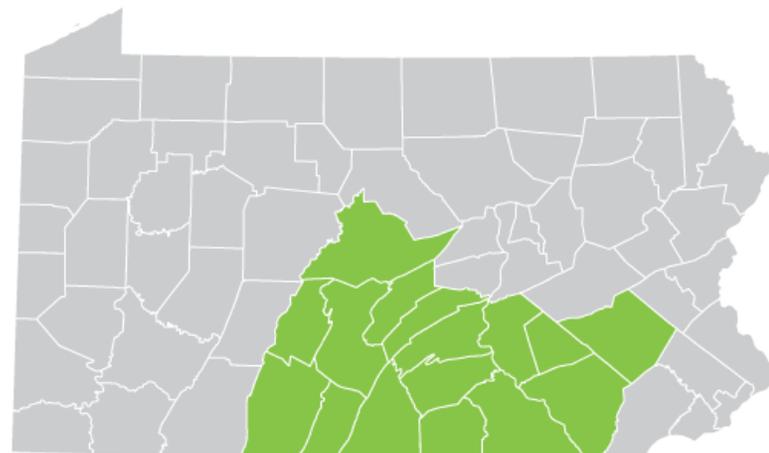


Market Highlights

- Healthy Options allowance for rent, utilities, groceries, and OTC available on Dual Eligible Plans, with rollover.
- Multiple plans with various Flex allowance amounts to help with additional coverage for dental, vision, and hearing services.
- Humana USAA Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- All of our plans include Dental, Vision and Hearing.
- Go365® by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Select HMO and PPO plans offer \$0 Rx copay for Tier 1 and Tier 2 at preferred cost share pharmacies through the coverage gap.
- Most of Humana's Medicare Advantage plans include the SilverSneakers® fitness program at no extra cost.
- 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 H5216-227-000.



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.

Market Service Area

Adams, Bedford, Berks, Blair, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me freedom and flexibility	Gives me freedom and flexibility	Gives me the most benefits and the best value
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-120-000	H5525-005-000	H5525-006-000
Premium	\$105.00	\$41.00	\$38.00
Deductible	N/A	N/A	\$60 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	\$1	\$2
PCP	\$5 copayment	\$5 copayment	\$5 copayment
Specialist	\$30 copayment	\$40 copayment	\$40 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$350 per admission	\$379 per day, Days(1-6);	\$350 per day, Days(1-7);
Max Out-of-Pocket	\$7600 IN	\$8300 IN	\$6700 IN
Rx Deductible	\$300 Deductible for Tiers 4,5	\$300 Deductible for Tiers 4,5	\$300 Deductible for Tiers 4,5
Rx - Retail 30-day Supply	\$5/\$15/\$47/45%/29%	\$5/\$15/\$47/50%/29%	\$3/\$15/\$47/50%/29%
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available.	\$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; \$25 copayment for fillings. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness
Market Service Area	South Central PA Market-wide	Centre	Adams, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York

FOR AGENT USE ONLY

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 trip(s) per year, may not exceed 50per trip	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
Market Service Area	Adams, Bedford, Berks, Blair, Centre, Cumberland, Dauphin, Fulton,	Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Fulton,	South Central PA Market-wide

Huntingdon, Juniata, Lancaster, Mifflin,
Perry

Huntingdon, Juniata, Lancaster,
Lebanon, Mifflin, Perry, York

Humana Honor Plan



Top Consumer Priority for their Medicare Plan	Works with my VA coverage	Gives me the most benefits and the best value	
Plan Name	Humana USAA Honor Giveback with Rx (PPO)	Humana Gold Plus (HMO)	Humana Gold Choice (PFFS)
Plan Number	H5525-059-000	H6622-035-000	H8145-052-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	\$170 Combined In and Out-of-Network	\$230 In-Network	N/A
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	\$45 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$450 per day, Days(1-5);	\$290 per day, Days(1-7);	\$325 per day, Days(1-6);
Max Out-of-Pocket	\$7850 IN	\$9350 IN	\$7100 IN/OON
Rx Deductible	\$300 Deductible for Tiers 3,4,5	\$300 Deductible for Tiers 4,5	\$360 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/50%/29%	\$0/\$5/\$47/38%/29%	\$7/\$17/\$47/50%/28%
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	\$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 50per trip
Market Service Area	South Central PA Market-wide	Berks, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Lancaster,	Berks, Cumberland, Dauphin, Franklin, Huntingdon, Juniata, Lancaster,

Lebanon, Perry

Lebanon, Mifflin, Perry, York



Top Consumer Priority for their Medicare Plan		Works with my VA coverage	
Plan Name	HumanaChoice (Regional PPO)	HumanaChoice Giveback (PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	R0110-008-000	H5216-116-000	H5216-221-000
Premium	\$63.00	\$0.00	\$0.00
Deductible	\$500 Combined In and Out-of-Network	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	\$50	\$100
PCP	\$15 copayment	\$0 copayment	\$10 copayment
Specialist	\$45 copayment	\$25 copayment	\$45 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$350 per day, Days(1-5);	\$495 per day, Days(1-6);	\$425 per day, Days(1-7);
Max Out-of-Pocket	\$6700 IN	\$4150 IN	\$6700 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$6/\$20/\$47/50%/33%	No Coverage	No Coverage
Dental	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.	\$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.
Key Extra Benefits	Dental, Vision, Hearing	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
Market Service Area	South Central PA Market-wide	Adams, Bedford, Berks, Blair, Centre, Cumberland, Dauphin, Fulton,	Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Fulton,

Huntingdon, Juniata, Lancaster,
Lebanon, Mifflin, Perry, York

Huntingdon, Juniata, Lancaster,
Lebanon, Mifflin, Perry, York

Top Consumer Priority for their Medicare Plan			
Plan Name	Humana Gold Choice (PFFS)	Humana Gold Choice (PFFS)	HumanaChoice (Regional PPO)
Plan Number	H8145-055-000	H8145-163-000	R0110-007-000
Premium	\$0.00	\$108.00	\$0.00
Deductible	N/A	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	N/A	N/A
PCP	\$10 copayment	\$0 copayment	\$0 copayment
Specialist	\$30 copayment	\$0 copayment	\$35 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$390 per day, Days(1-5);	\$0 per admission	\$350 per day, Days(1-5);
Max Out-of-Pocket	\$6700 IN/OON	\$1500 IN/OON	\$4500 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage	No Coverage
Dental	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available.	\$0 copayment covers: exams, x-rays, cleanings. 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	Dental, Vision, Hearing, Fitness, OTC \$35/Month for select health and wellness products, Transportation 24 one-way trip(s) per year, may not exceed 50per trip
Market Service Area	Adams, Berks, Centre, Cumberland, Dauphin, Franklin, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York	South Central PA Market-wide	South Central PA Market-wide

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value
Plan Name	Humana Value Plus (PPO)
Plan Number	H5216-117-000
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation. OON coverage available.
Vision	\$75 allowance for annual exam and \$250 allowance per year for eyewear 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.
OTC Allowance	N/A
Transportation	N/A
Current Service Area	Adams, Huntingdon, Juniata, Lebanon, York

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	Adams, Bedford, Blair, Centre, Fulton, Huntingdon, Juniata, Mifflin, York	Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry

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			

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