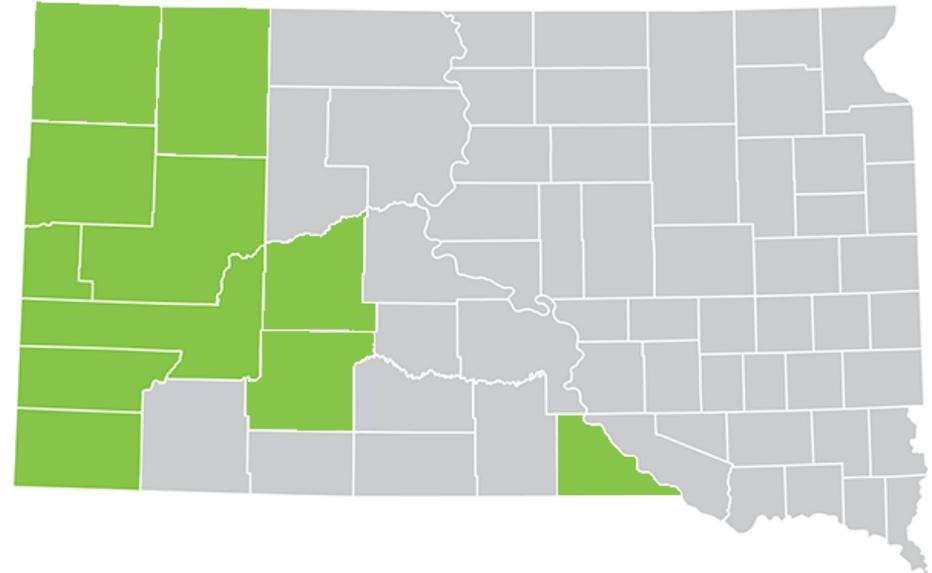


## Market Highlights

- First dollar coverage Annual Dental Allowance of \$4000 for covered dental services on H5216-278-001.
- Humana Honor MA-Only plan with Comprehensive Dental and a \$100 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.

## 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.
- In-network hospitals and provider systems include, but are not limited to, the following: Monument Health.
- In-network PPO hospitals and provider systems include, but are not limited to, the following: Nationwide network includes Mayo Clinic in Minnesota.
- For a complete list of in-network providers, visit [www.Humana.com/PhysicianFinder](http://www.Humana.com/PhysicianFinder).



### Market Service Area

Butte, Custer, Fall River, Lawrence, Meade, Pennington

## MA / MAPD

|   |   | Humana Honor Plan    | Humana Honor Plan    |
|---|---|---|---|
| Top Consumer Priority for their Medicare Plan | Gives me freedom and flexibility  | Works with my VA coverage   | Works with my VA coverage   |
| Plan Name                                     | HumanaChoice (PPO)  | Humana USAA Honor Giveback (PPO)  | Humana USAA Honor Giveback (PPO)  |
| <b>Plan Number</b>                            | H5216-088-000   | H5216-278-001   | H5216-354-000   |
| <b>Premium</b>                                | \$101.00  | \$0.00  | \$0.00  |
| <b>Deductible</b>                             | N/A   | N/A   | \$100 Combined In and Out-of-Network  |
| <b>Part B Deductible Info</b>                 | N/A   | N/A   | N/A   |
| <b>Part B Giveback</b>                        | N/A   | \$70  | \$100   |
| <b>PCP</b>                                    | \$0 copayment   | \$15 copayment  | \$10 copayment  |
| <b>Specialist</b>                             | \$20 copayment  | \$65 copayment  | \$45 copayment  |
| <b>Referrals Required</b>                     | No  | No  | No  |
| <b>Inpatient Hospital</b>                     | \$300 per day, Days(1-5);   | \$360 per day, Days(1-6);   | \$295 per day, Days(1-6);   |
| <b>Max Out-of-Pocket</b>                      | \$4900 IN   | \$4900 IN   | \$4900 IN   |
| <b>Rx Deductible</b>                          | \$590 Deductible for Tiers 3,4,5  | No Deductible   | No Deductible   |
| <b>Rx - Retail 30-day Supply</b>              | \$5/\$15/\$47/50%/25%   | No Coverage   | No Coverage   |
| <b>Dental</b>                                 | \$0 copayment covers: exams, x-rays, cleanings. OON coverage available. | \$4000 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. |
| <b>Key Extra Benefits</b>                     | Dental, Vision, Hearing, Fitness  | Dental, Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products   | Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products  |

**Market Service Area**

South Dakota West River Market-wide

South Dakota West River Market-wide

South Dakota West River Market-wide

|  |  |
|--|--|
| <b>Top Consumer Priority for their Medicare Plan</b> | Gives me the most benefits and the best value  |
| <b>Plan Name</b>                                     | Humana Value Plus (PPO)  |
| <b>Plan Number</b>                                   | H5216-171-000  |
| <b>Dental</b>  | \$0 copayment covers: exams, x-rays, cleanings. OON coverage available.  |
| <b>Vision</b>  | \$75 allowance for annual exam and \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.   |
| <b>Hearing</b>                                       | \$0 copay for annual exam, fitting and \$599 copayment for Advanced level hearing aid per ear per year and \$899 copayment for Premium level hearing aid per ear per year and \$299 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid. |
| <b>OTC Allowance</b>                                 | OTC \$100/Quarter  |
| <b>Transportation</b>                                | N/A  |
| <b>Current Service Area</b>                          | Butte, Fall River  |

## Prescription Drug Plans

| Plan Name                             | Humana Basic Rx Plan (PDP) | Humana Premier Rx Plan (PDP) | Humana Value Rx Plan (PDP) |
|---------------------------------------|----------------------------|------------------------------|----------------------------|
| <b>Plan Number</b>                    | Coming Soon                | Coming Soon                  | Coming Soon                |
| <b>Pairs Well With</b>                |                            |                              |                            |
| <b>Premium</b>                        |                            |                              |                            |
| <b>Rx Deductible</b>                  |                            |                              |                            |
| <b>Preferred Retail 30-day Supply</b> |                            |                              |                            |
| <b>Standard Retail 30-day Supply</b>  |                            |                              |                            |
| <b>Preferred Mail 90-day Supply</b>   |                            |                              |                            |
| <b>Market Service Area</b>            |                            |                              |                            |

## Local Support

### Local Support - South Dakota



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### Local Sales Manager