

Market Highlights

- Introducing new \$0 plan premium HMO in Moore, Overton, Macon, Van Buren, Trousdale, Smith, Clay, Jackson
- \$0 copay for 90-day or 100-day supply, depending on which extended day supply is available under the plan, of tier 1 and tier 2 drugs when using mail order through CenterWell Pharmacy.
- H4461-029 was consolidated with H4461-043-001.
- Humana USAA Honor MA-Only plan with Comprehensive Dental and a \$105 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.
- H4461-029 was consolidated with H4461-043-002.

Network Highlights

- HMO plans within the market do not require referrals.
- Select HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.
- 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.
- Network physician groups include: Centerwell and Dedicated



Market Service Area

Bedford, Cannon, Cheatham, Clay, Coffee, Davidson, Dekalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Gives me the most benefits and the best value	Gives me the most benefits and the best value
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus Giveback (HMO)	Humana Gold Plus (HMO)
Plan Number	H4461-025-000	H4461-039-000	H4461-043-001
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	\$500 In-Network	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$4	\$59	N/A
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$25 copayment	\$50 copayment	\$25 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day, Days(1-6);	\$375 per day, Days(1-5);	\$285 per day, Days(1-6);
Max Out-of-Pocket	\$4900 IN	\$9350 IN	\$9350 IN
Rx Deductible	\$450 Deductible for Tiers 3,4,5	\$565 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/43%/27%	\$0/\$7/\$47/42%/26%	\$0/\$10/\$47/38%/25%
Dental	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$1750 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
Market Service Area	Clay, Fentress, Houston, Jackson, Lawrence, Lewis, Macon, Moore,	Cannon, Cheatham, Coffee, Davidson, Dekalb, Dickson, Giles, Hickman, Marshall, Maury, Montgomery,	Cannon, Dekalb, Giles, Maury, Rutherford, Warren, White, Williamson, Wilson

Overton, Perry, Pickett, Smith, Stewart,
Trousdale, Van Buren

Robertson, Rutherford, Sumner,
Warren, White, Williamson, Wilson

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Gives me freedom and flexibility	Gives me freedom and flexibility
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO) 
Plan Number	H4461-043-002	H5216-097-000	H5216-449-000
Premium	\$0.00	\$55.00	\$151.00
Deductible	N/A	\$1000 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	\$1	\$6	N/A
PCP	\$0 copayment	\$20 copayment	\$0 copayment
Specialist	\$25 copayment	\$45 copayment	\$25 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$285 per day, Days(1-6);	\$325 per day, Days(1-6);	\$300 per admission
Max Out-of-Pocket	\$9350 IN	\$8850 IN	\$2500 IN
Rx Deductible	\$590 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5	\$300 Deductible for Tiers 4,5
Rx - Retail 30-day Supply	\$0/\$10/\$47/38%/25%	\$0/\$10/\$47/50%/25%	\$0/\$5/\$47/40%/29%
Dental	\$1750 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, 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	Dental, Vision, Hearing, Fitness
Market Service Area	Cheatham, Coffee, Davidson, Dickson, Hickman, Marshall, Montgomery, Robertson, Sumner	Cannon, Cheatham, Clay, Coffee, Davidson, Dekalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Macon, Marshall, Maury, Montgomery, Overton, Perry, Robertson, Rutherford, Smith,	Cannon, Davidson, Dekalb, Giles, Maury, Rutherford, Warren, White, Williamson, Wilson

Stewart, Sumner, Trousdale, Van Buren,
Warren, White, Williamson, Wilson



Top Consumer Priority for their Medicare Plan	Gives me freedom and flexibility	It's affordable and I can get the support I need	Works with my VA coverage
Plan Name	HumanaChoice (PPO) New!	HumanaChoice (PPO) New!	Humana USAA Honor Giveback (HMO)
Plan Number	H5216-450-000	H5216-451-000	H4461-004-000
Premium	\$26.00	\$0.00	\$0.00
Deductible	\$225 Combined In and Out-of-Network	\$500 Combined In and Out-of-Network	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$2	\$2	\$105
PCP	\$0 copayment	\$5 copayment	\$0 copayment
Specialist	\$35 copayment	\$50 copayment	\$25 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day, Days(1-6);	\$332 per day, Days(1-10);	\$150 per day, Days(1-5);
Max Out-of-Pocket	\$6700 IN	\$3900 IN	\$3200 IN
Rx Deductible	\$400 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$47/43%/28%	\$0/\$10/\$47/45%/25%	No Coverage
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, fillings, scaling and root planing, scaling for moderate inflammation. OON coverage available.	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
Market Service Area	Cannon, Davidson, Dekalb, Giles, Maury, Rutherford, Warren, White, Williamson, Wilson	Cannon, Dekalb, Giles, Maury, Rutherford, Warren, White, Williamson, Wilson	Cannon, Cheatham, Clay, Coffee, Davidson, Dekalb, Dickson, Fentress, Giles, Hickman, Houston, Jackson, Lawrence, Lewis, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van

		Buren, Warren, White, Williamson, Wilson
--	--	---

Humana Honor Plan



Top Consumer Priority for their Medicare Plan	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-235-000
Premium	\$0.00
Deductible	N/A
Part B Deductible Info	N/A
Part B Giveback	\$65
PCP	\$0 copayment
Specialist	\$25 copayment
Referrals Required	No
Inpatient Hospital	\$280 per day, Days(1-5);
Max Out-of-Pocket	\$3400 IN
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage
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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness
Market Service Area	Cannon, Cheatham, Clay, Coffee, Davidson, Dekalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Robertson, Rutherford, Smith, Stewart, Sumner,

Trousdale, Van Buren, Warren, White,
Williamson, Wilson

Top Consumer Priority for their Medicare Plan	Gives me freedom and flexibility
Plan Name	Humana Value Plus (PPO)
Plan Number	H5216-180-000
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.
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	Cannon, Cheatham, Clay, Coffee, Davidson, Dekalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, White, Williamson, Wilson

DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H4461-038-000
Medicaid Levels	QMB
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation
Healthy Options Allowance	\$150 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	\$0 copayment for annual exam and \$150 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.
Transportation	N/A
Current Service Area	Cannon, Cheatham, Clay, Coffee, Davidson, DeKalb, Dickson, Fentress, Giles, Houston, Humphreys, Jackson, Lawrence, Lewis, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, White, Williamson, Wilson

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
Humana Gold Plus SNP-DE (HMO D-SNP)	H4461-022-000	MA-PD
HumanaChoice (Regional PPO)	R0110-018-000	MA-PD
HumanaChoice (Regional PPO)	R0110-017-000	MA

Local Support

Local Support - Tennessee



Christopher Rochford
Broker Relationship Executive
502-313-7959
crochford@humana.com



Crystal Schliefer
Broker Relationship Manager
615-920-0705
CSchliefer1@humana.com

Local Sales Manager