

## Market Highlights

- Increased Part B premium giveback on select Humana USAA Honor Plans.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- Humana USAA Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Increased Part B premium giveback on select plans.
- All HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- No Referrals needed on HMO plans.

## Network Highlights

- All major hospital facilities within the market are in-network.
- HMO plans within the market do not require referrals.
- For a complete list of in-network providers, visit [www.Humana.com/PhysicianFinder](http://www.Humana.com/PhysicianFinder).
- Select HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.



### Market Service Area

Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, Washington

## 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 (HMO)	Humana Gold Plus (HMO)
<b>Plan Number</b>	H4461-035-000	H4461-040-000	H4461-041-000
<b>Premium</b>	\$0.00	\$85.00	\$10.00
<b>Deductible</b>	N/A	N/A	N/A
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$4	N/A	\$3
<b>PCP</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$30 copayment	\$25 copayment	\$25 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$285 per day, Days(1-6);	\$0 per admission	\$175 per day, Days(1-5);
<b>Max Out-of-Pocket</b>	\$3850 IN	\$1900 IN	\$3200 IN
<b>Rx Deductible</b>	\$590 Deductible for Tiers 3,4,5	No Deductible	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$10/\$47/50%/25%	\$0/\$0/\$47/50%/33%	\$0/\$5/\$47/48%/33%
<b>Dental</b>	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$4000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$100/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$100/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products
<b>Market Service Area</b>	Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Franklin, Grainger, Greene, Grundy,	Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Franklin, Grainger, Greene, Grundy,	Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Franklin, Grainger, Greene, Grundy,

Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Putnam, Rhea, Roane, Sequatchie, Sevier, Sullivan, Unicoi, Union, Washington	Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, Washington	Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Putnam, Rhea, Roane, Sequatchie, Sevier, Sullivan, Unicoi, Union, Washington
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	Humana Honor Plan 	Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Works with my VA coverage	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback (HMO)	Humana USAA Honor Giveback (PPO)
Plan Number	H4461-004-000	H5216-235-000
Premium	\$0.00	\$0.00
Deductible	N/A	N/A
Part B Deductible Info	N/A	N/A
Part B Giveback	\$105	\$65
PCP	\$0 copayment	\$0 copayment
Specialist	\$25 copayment	\$25 copayment
Referrals Required	No	No
Inpatient Hospital	\$150 per day, Days(1-5);	\$280 per day, Days(1-5);
Max Out-of-Pocket	\$3200 IN	\$3400 IN
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage
Dental	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$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	Dental, Vision, Hearing, Fitness
Market Service Area	Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Putnam, Rhea, Roane,	Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Putnam, Rhea, Roane,

Scott, Sequatchie, Sevier, Sullivan,  
Unicoi, Union, Washington

Sequatchie, Sevier, Sullivan, Unicoi,  
Union, Washington

<b>Top Consumer Priority for their Medicare Plan</b>	Gives me freedom and flexibility
<b>Plan Name</b>	Humana Value Plus (PPO)
<b>Plan Number</b>	H5216-180-000
<b>Dental</b>	\$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.
<b>Vision</b>	\$75 allowance for annual exam and \$250 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 \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
<b>OTC Allowance</b>	N/A
<b>Transportation</b>	N/A
<b>Current Service Area</b>	Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, Washington

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

<b>Hearing</b>	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
<b>Transportation</b>	N/A
<b>Current Service Area</b>	Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, Washington

## 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>			

# Other Plans

Plan Name	Plan Number	Plan Category
Humana Gold Plus SNP-DE (HMO D-SNP)	H4461-022-000	MA-PD
HumanaChoice (PPO)	H5216-097-000	MA-PD
HumanaChoice (Regional PPO)	R0110-018-000	MA-PD
HumanaChoice (Regional PPO)	R0110-017-000	MA

## Local Support

### Local Support - Tennessee



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### Local Sales Manager