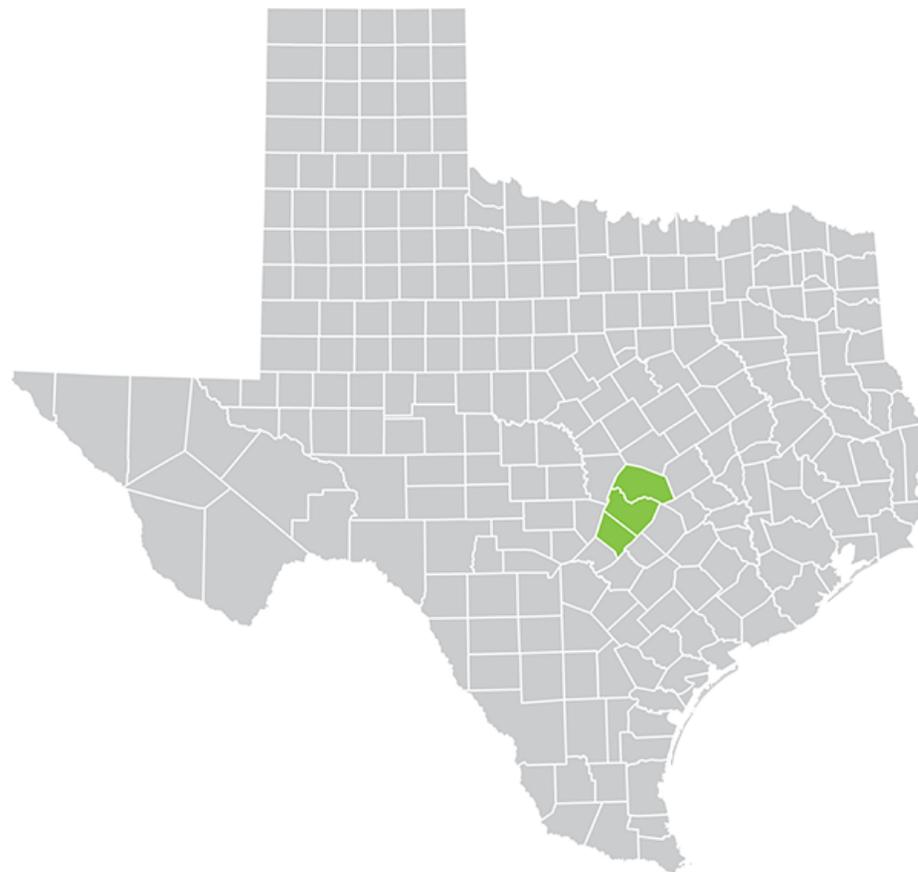


Market Highlights

- Increased Part B premium giveback on select Humana USAA Honor Plans.
- Increased Healthy Food Card amount on select Dual Eligible Plans.
- \$0 Copay on all plan approved drugs on all tiers through all stages for DSNP Members.
- Introducing new PPO plans to market.
- \$0 Premium PPO MAPD Plan available with Dental, Vision, Hearing, and Silver Sneakers.
- \$0 Premium HMO MAPD Plan available with Dental, Vision, Hearing, and Silver Sneakers.
- All of our plans include Dental, Vision and Hearing.
- Virtual office visits for PCP, urgent care, and behavioral health are now \$0 co-pay.
- Go365® by Humana is a wellness program that rewards your clients for completing activities that may help them make healthy choices. Many Humana Medicare Advantage plans include Go365.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients.

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.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.
- All major hospital facilities within the market are in-network.
- Network physician groups include: Connected Senior Care Advantage (ARC, Capital Medical and Premier Family Physicians), WellMed, ADC, Ascension Seton and Baylor Scott & White



Market Service Area

Hays, Travis, Williamson

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Gives me freedom and flexibility	Just the right amount of coverage for me
Plan Name	Humana Gold Plus (HMO)	Humana Full Access (PPO) 	HumanaChoice Giveback (PPO)
Plan Number	H0028-037-000	H5216-432-000	H5216-358-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	N/A	\$450 Combined In and Out-of-Network
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$2	\$2	\$85
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$30 copayment	\$40 copayment	\$55 copayment
Referrals Required	Yes	No	No
Inpatient Hospital	\$275 per day, Days(1-6);	\$350 per day, Days(1-6);	\$310 per day, Days(1-7);
Max Out-of-Pocket	\$4850 IN	\$7500 IN	\$8300 IN
Rx Deductible	No Deductible	\$345 Deductible for Tiers 3,4,5	\$590 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$0/\$30/35%/30%	\$0/\$9/\$47/42%/28%	\$0/\$9/\$47/42%/25%
Dental	\$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. OON coverage available.	\$1500 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 75per trip	Dental, Vision, Hearing, Fitness, OTC Debit Card \$50/Quarter for select health and wellness products at participating retailers	Dental, Vision, Hearing, Fitness
Market Service Area	Austin Market-wide	Austin Market-wide	Austin Market-wide



FOR AGENT USE ONLY

		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)
Plan Number	H0473-003-000	H5216-348-000	H5216-128-000
Premium	\$91.00	\$0.00	\$0.00
Deductible	N/A	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	N/A	\$130	\$50
PCP	\$0 copayment	\$0 copayment	\$5 copayment
Specialist	\$40 copayment	\$45 copayment	\$40 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$325 per day, Days(1-5);	\$345 per day, Days(1-6);	\$315 per day, Days(1-6);
Max Out-of-Pocket	\$7700 IN	\$7900 IN	\$6750 IN
Rx Deductible	\$200 Deductible for Tiers 4,5	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$4/\$12/\$47/42%/30%	No Coverage	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; \$25 copayment for fillings. 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. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
Market Service Area	Austin Market-wide	Austin Market-wide	Austin Market-wide

Top Consumer Priority for their Medicare Plan	
Plan Name	HumanaChoice (Regional PPO)
Plan Number	R4182-001-000
Premium	\$0.00
Deductible	N/A
Part B Deductible Info	N/A
Part B Giveback	N/A
PCP	\$5 copayment
Specialist	\$40 copayment
Referrals Required	No
Inpatient Hospital	\$345 per day, Days(1-5);
Max Out-of-Pocket	\$6750 IN
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage
Dental	\$2500 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, OTC \$45/Quarter for select health and wellness products
Market Service Area	Austin Market-wide

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	H0028-044-000
Medicaid Levels	QMB, QMB+, SLMB+
Dental	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals
Healthy Options Allowance	\$100 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 \$250 allowance per year for eyewear or contact lenses including fittings at PLUS Provider

Hearing	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids every 3 years
Transportation	\$0 copayment for plan approved location up to 48 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	Austin Market-wide

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 (Regional PPO)	R4182-003-000	MA-PD
HumanaChoice (Regional PPO)	R4182-004-000	MA-PD

Local Support

Local Support - Texas



Bart Frames
Region Sales Director

bframes@humana.com



Heather Robinson
Broker Relationship Executive
502-313-7973

hrobinson10@humana.com



Jose Perez
Broker Relationship Manager
210-875-0824

jperez86@humana.com

Local Sales Manager