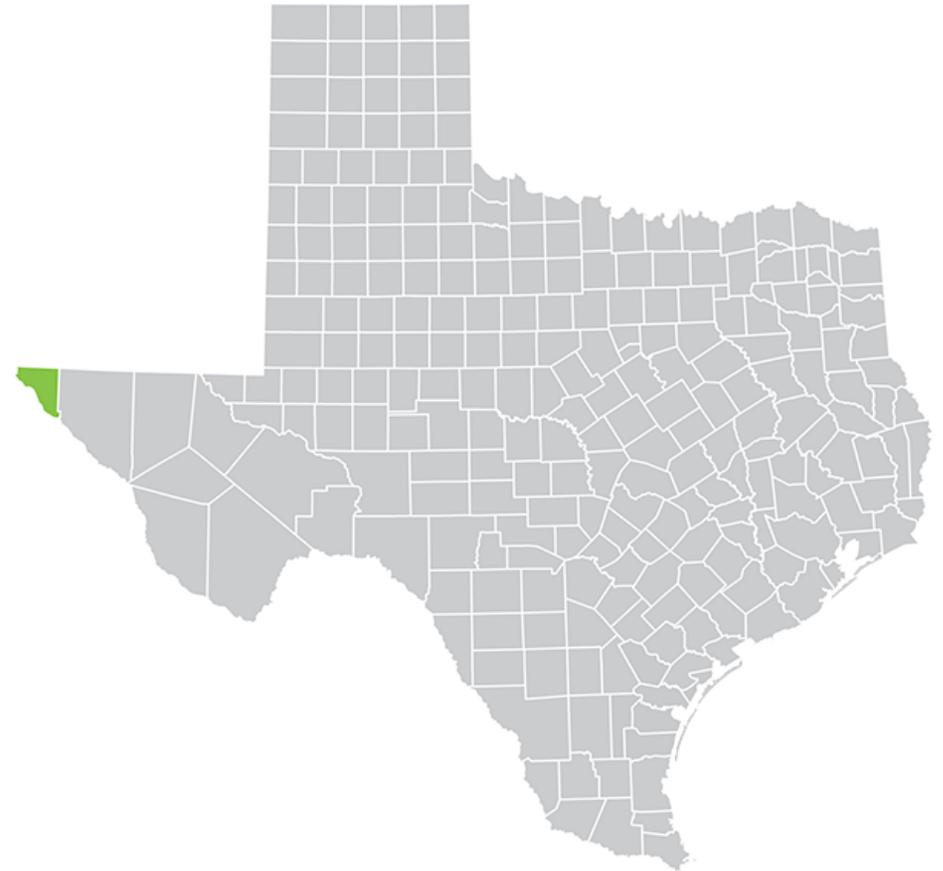


Market Highlights

- Local market office and support team to assist with broker and member needs.
- Plan available with Part B premium giveback.
- Multiple selling opportunity with Chronic Special Needs Plan.
- Humana USAA Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- 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.
- Introducing new HMO and PPO plans to market.

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.
- All major hospital facilities within the market are in-network.
- Network physician groups include: WellMed and Conviva.



Market Service Area

El Paso, Hudspeth

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Supports my chronic conditions	Just the right amount of coverage for me
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	HumanaChoice Giveback (PPO)
Plan Number	H0028-035-000	H0028-039-000	H5216-350-000
Premium	\$0.00	\$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	N/A	\$116
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$20 copayment	\$15 copayment	\$55 copayment
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$95 per day, Days(1-5);	\$75 per day, Days(1-5);	\$325 per day, Days(1-6);
Max Out-of-Pocket	\$3600 IN	\$3450 IN	\$7950 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$30/35%/33%	\$0/\$0/\$30/35%/33%/\$0	\$0/\$5/\$37/27%/33%
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, 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	\$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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, Transportation 26 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, Transportation 60 one-way trip(s) per year, unlimited miles per trip	Dental, Vision, Hearing, Fitness, OTC \$40/Quarter for select health and wellness products
Market Service Area	El Paso Market-wide	El Paso Market-wide	El Paso

Top Consumer Priority for their Medicare Plan	Just the right amount of coverage for me	It's affordable and I can get the support I need	Gives me the most benefits and the best value
Plan Name	HumanaChoice Giveback (PPO) 	HumanaChoice (PPO)	Humana Gold Plus (HMO) 
Plan Number	H5216-433-000	H5216-353-000	H0028-071-000
Premium	\$0.00	\$0.00	\$25.00
Deductible	\$475 Combined In and Out-of-Network	N/A	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$174.7	\$3	N/A
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$55 copayment	\$30 copayment	\$20 copayment
Referrals Required	No	No	Yes
Inpatient Hospital	\$295 per day, Days(1-6);	\$245 per day, Days(1-5);	\$120 per day, Days(1-5);
Max Out-of-Pocket	\$7950 IN	\$4175 IN	\$3600 IN
Rx Deductible	\$590 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$9/\$45/41%/25%	\$0/\$9/\$45/35%/30%	\$0/\$0/\$30/35%/33%
Dental	\$0 copayment covers: exams, x-rays, cleanings. 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.	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC Debit Card \$50/Quarter for select health and wellness products at participating retailers, 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, Transportation 26 one-way trip(s) per year, unlimited miles per trip
Market Service Area	El Paso	El Paso	El Paso Market-wide

	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 (PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-128-000	H5216-348-000
Premium	\$0.00	\$0.00
Deductible	N/A	N/A
Part B Deductible Info	N/A	N/A
Part B Giveback	\$50	\$130
PCP	\$5 copayment	\$0 copayment
Specialist	\$40 copayment	\$45 copayment
Referrals Required	No	No
Inpatient Hospital	\$315 per day, Days(1-6);	\$345 per day, Days(1-6);
Max Out-of-Pocket	\$6750 IN	\$7900 IN
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage
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.	\$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
Market Service Area	El Paso Market-wide	El Paso Market-wide

DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage	Works with my Medicaid coverage
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H0028-031-000	H0028-034-000
Medicaid Levels	QMB, QMB+, SLMB+	QMB, QMB+, SLMB+
Dental	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation	\$2000 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.	\$130 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	\$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	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids every 3 years
Transportation	\$0 copayment for plan approved location up to 24 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 75 miles per trip.	\$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 offers unlimited miles per trip. \$0 copayment for plan approved location up to 48 one-way trip(s) with unlimited miles per year by rideshare services, car, van, wheelchair access vehicle.
Current Service Area	El Paso	El Paso 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 (PPO)	H0473-004-000	MA-PD
HumanaChoice (PPO)	H5216-043-001	MA-PD
Humana Gold Choice (PFFS)	H8145-084-000	MA-PD
HumanaChoice (Regional PPO)	R4182-003-000	MA-PD
HumanaChoice (Regional PPO)	R4182-004-000	MA-PD
Humana Gold Choice (PFFS)	H8145-126-000	MA
HumanaChoice (Regional PPO)	R4182-001-000	MA

Local Support

Local Support - Texas



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