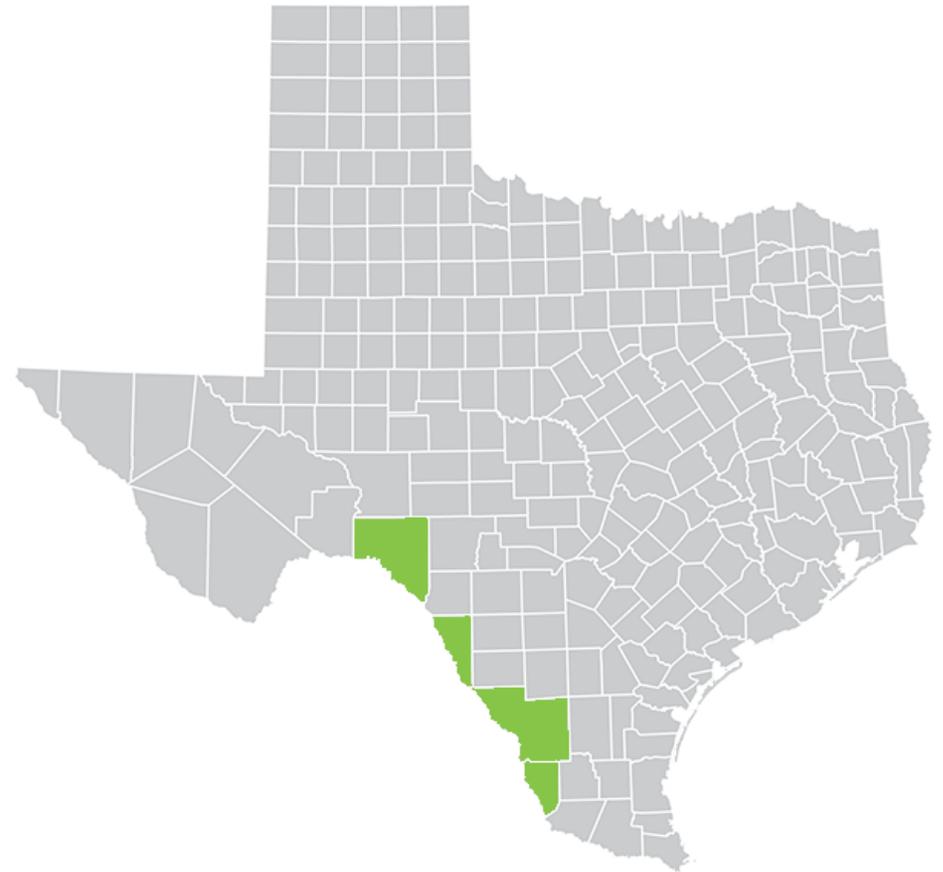


Market Highlights

- \$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.
- MA-Only plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Increased Part B premium giveback on select Humana USAA Honor Plans.
- No referrals needed on PPO Plans.

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.



Market Service Area

Maverick, Val Verde, Webb, Zapata

MA / MAPD

			Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Just the right amount of coverage for me		Works with my VA coverage
Plan Name	HumanaChoice Giveback (PPO)	HumanaChoice (PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-350-000	H0473-004-000	H5216-348-000
Premium	\$0.00	\$0.00	\$0.00
Deductible	N/A	\$230 Combined In and Out-of-Network	N/A
Part B Deductible Info	N/A	N/A	N/A
Part B Giveback	\$116	\$3	\$130
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$55 copayment	\$45 copayment	\$45 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$325 per day, Days(1-6);	\$345 per day, Days(1-6);	\$345 per day, Days(1-6);
Max Out-of-Pocket	\$7950 IN	\$8800 IN	\$7900 IN
Rx Deductible	No Deductible	\$350 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$37/27%/33%	\$0/\$9/\$47/40%/28%	No Coverage
Dental	\$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.	\$1000 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, OTC \$40/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness

Market Service Area

Webb, Zapata

Val Verde, Webb, Zapata

Laredo - Del Rio Market-wide

Prescription Drug Plans

Plan Name	Humana Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)
Plan Number	Coming Soon	Coming Soon
Pairs Well With		
Premium		
Rx Deductible		
Rx - 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)	H5216-042-000	MA-PD
HumanaChoice (PPO)	H5216-043-001	MA-PD
HumanaChoice Giveback (PPO)	H5216-358-000	MA-PD
HumanaChoice (Regional PPO)	R4182-003-000	MA-PD
HumanaChoice (Regional PPO)	R4182-004-000	MA-PD
Humana Gold Choice (PFFS)	H8145-084-000	MA-PD
Humana USAA Honor Giveback (PPO)	H5216-128-000	MA
HumanaChoice (Regional PPO)	R4182-001-000	MA
Humana Basic Rx Plan (PDP)	S5884-143-000	PD

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Local Support - Texas



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