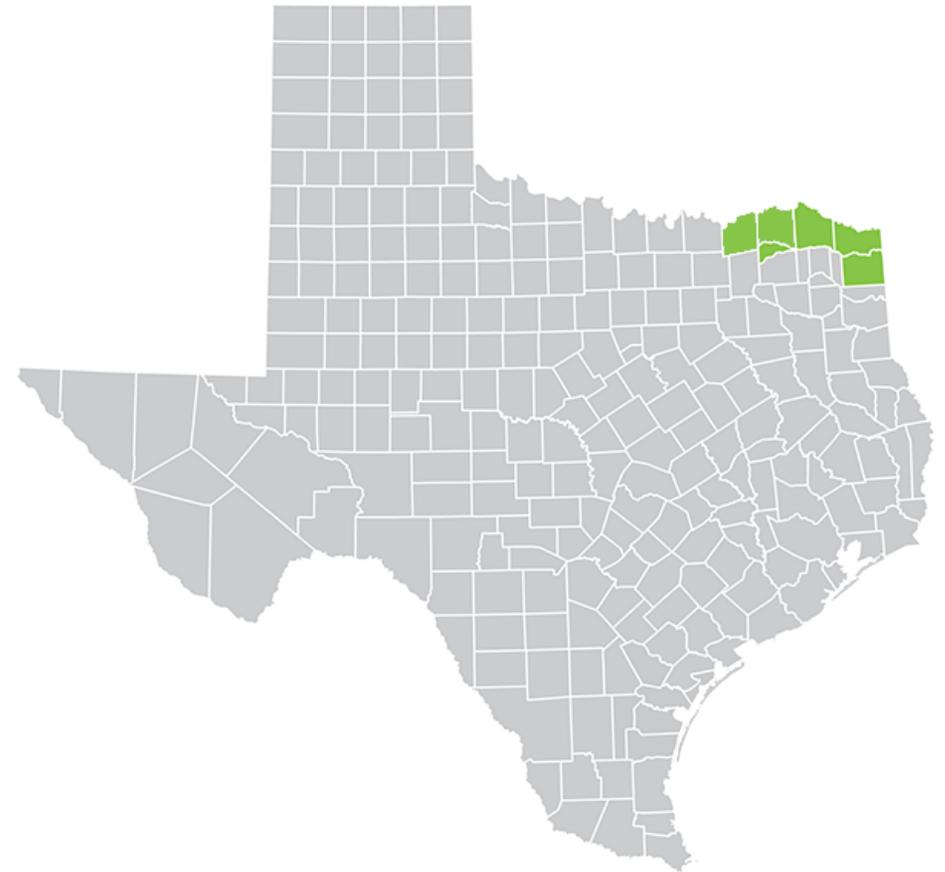


## Market Highlights

- No Referrals needed on HMO plans.
- H0028-043-002, H0028-032-000 has a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- Increased Part B premium giveback on select plans.
- Multiple plans in market with Part B Premium giveback.
- Select plans include a monthly or quarterly allowance for over-the-counter(OTC) items such as: Vitamins, Pain Relievers, and Cough and cold medicines.
- \$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.
- 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.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.

## 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](http://www.Humana.com/PhysicianFinder).



## Market Service Area

Bowie, Cass, Delta, Fannin, Lamar, Red River

MA / MAPD

Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Gives me freedom and flexibility	It's affordable and I can get the support I need
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
<b>Plan Number</b>	H0028-043-002	H5216-042-000	H5216-043-006
<b>Premium</b>	\$0.00	\$60.00	\$0.00
<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>	\$3	N/A	\$1
<b>PCP</b>	\$0 copayment	\$5 copayment	\$0 copayment
<b>Specialist</b>	\$20 copayment	\$45 copayment	\$35 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$295 per day, Days(1-5);	\$325 per day, Days(1-5);	\$340 per day, Days(1-6);
<b>Max Out-of-Pocket</b>	\$4175 IN	\$6750 IN	\$7500 IN
<b>Rx Deductible</b>	\$200 Deductible for Tiers 4,5	\$250 Deductible for Tiers 4,5	\$250 Deductible for Tiers 3,4,5
<b>Rx - Retail 30-day Supply</b>	\$0/\$5/\$45/38%/30%	\$7/\$12/\$47/45%/30%	\$0/\$9/\$47/43%/30%
<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	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, 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. OON coverage available.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$60/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products
<b>Market Service Area</b>	North Texas Market-wide	Delta, Fannin	North Texas Market-wide

		Humana Honor Plan 	Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Just the right amount of coverage for me	Works with my VA coverage	Works with my VA coverage
Plan Name	HumanaChoice Giveback (PPO)	Humana USAA Honor Giveback (PPO)	Humana USAA Honor Giveback (PPO)
<b>Plan Number</b>	H5216-358-000	H5216-128-000	H5216-348-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	\$450 Combined In and Out-of-Network	N/A	N/A
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$85	\$50	\$130
<b>PCP</b>	\$0 copayment	\$5 copayment	\$0 copayment
<b>Specialist</b>	\$55 copayment	\$40 copayment	\$45 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$310 per day, Days(1-7);	\$315 per day, Days(1-6);	\$345 per day, Days(1-6);
<b>Max Out-of-Pocket</b>	\$8300 IN	\$6750 IN	\$7900 IN
<b>Rx Deductible</b>	\$590 Deductible for Tiers 3,4,5	No Deductible	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$9/\$47/42%/25%	No Coverage	No Coverage
<b>Dental</b>	\$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.	\$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.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness
<b>Market Service Area</b>	North Texas Market-wide	North Texas Market-wide	North Texas 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	H0028-032-000
Medicaid Levels	QMB, QMB+, SLMB+
Dental	\$4000 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

<b>Hearing</b>	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids every 3 years
<b>Transportation</b>	\$0 copayment for plan approved location up to 60 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.
<b>Current Service Area</b>	North Texas Market-wide

## 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)	H0028-031-000	MA-PD
HumanaChoice (Regional PPO)	R4182-003-000	MA-PD
HumanaChoice (Regional PPO)	R4182-004-000	MA-PD
HumanaChoice (Regional PPO)	R4182-001-000	MA

## Local Support

### Local Support - Texas



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### Local Sales Manager