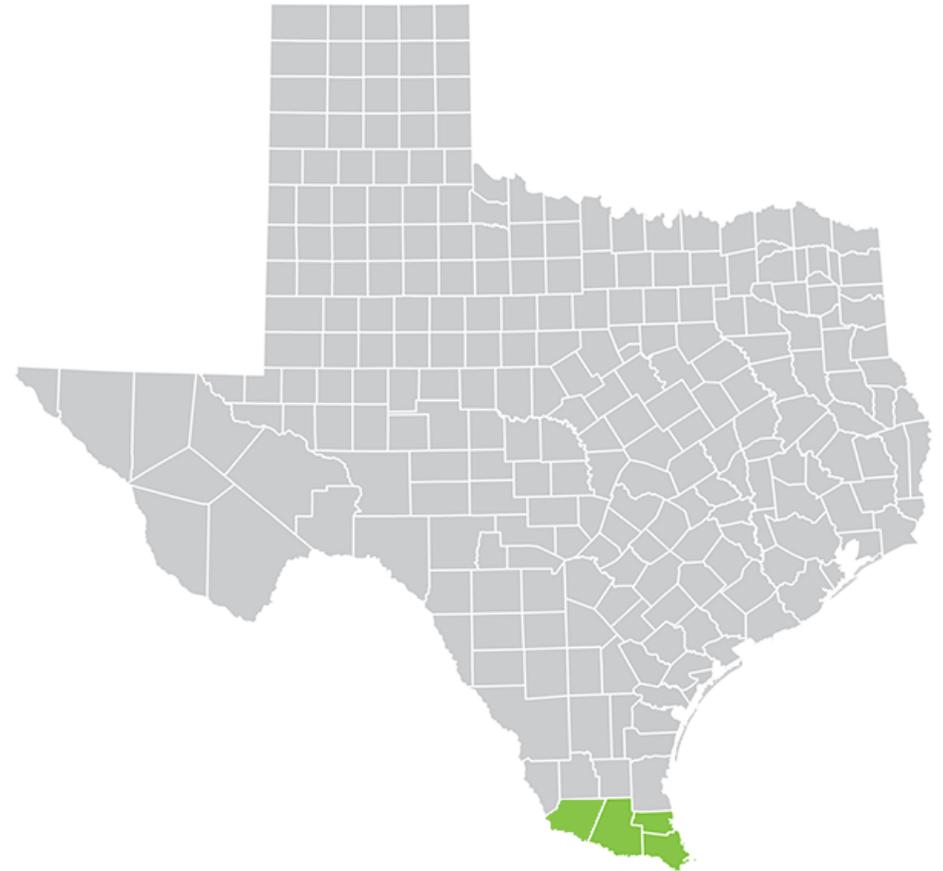


Market Highlights

- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- Virtual office visits for PCP, urgent care, and behavioral health are now \$0 copay.
- \$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.
- Increased Part B premium giveback on select Humana USAA Honor 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.
- Doctor's Hospital, Valley Baptist Medical Center, McAllen Medical Center, Rio Grande Regional Hospital.
- Most major hospital facilities within the market are in-network.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.



Market Service Area

Cameron, Hidalgo, Starr, Willacy

MA / MAPD

Top Consumer Priority for their Medicare Plan	Supports my chronic conditions	Gives me the most benefits and the best value	Just the right amount of coverage for me
Plan Name	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Humana Gold Plus (HMO)	HumanaChoice Giveback (PPO)
Plan Number	H0028-039-000	H0028-046-000	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	\$15 copayment	\$20 copayment	\$55 copayment
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$75 per day, Days(1-5);	\$295 per admission	\$325 per day, Days(1-6);
Max Out-of-Pocket	\$3450 IN	\$3400 IN	\$7950 IN
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$30/35%/33%/\$0	\$0/\$0/\$30/\$100/33%	\$0/\$5/\$37/27%/33%
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$2500 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 60 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	Cameron, Hidalgo, Willacy	Cameron, Hidalgo, Willacy	Rio Grande Valley Market-wide

		Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	It's affordable and I can get the support I need	Works with my VA coverage
Plan Name	HumanaChoice (PPO)	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-360-000	H5216-348-000
Premium	\$0.00	\$0.00
Deductible	N/A	N/A
Part B Deductible Info	N/A	N/A
Part B Giveback	\$2	\$130
PCP	\$0 copayment	\$0 copayment
Specialist	\$30 copayment	\$45 copayment
Referrals Required	No	No
Inpatient Hospital	\$310 per day, Days(1-6);	\$345 per day, Days(1-6);
Max Out-of-Pocket	\$5750 IN	\$7900 IN
Rx Deductible	\$250 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$9/\$45/36%/30%	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, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness
Market Service Area	Cameron, Hidalgo, Willacy	Rio Grande Valley 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	H0028-045-000
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 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	Cameron, Hidalgo, Willacy

Prescription Drug Plans

Plan Name	Humana Premier Rx Plan (PDP)	Humana Value 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
Humana Gold Plus (HMO)	H0783-002-000	MA-PD
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 USAA Honor Giveback (PPO)	H5216-128-000	MA
Humana Gold Choice (PFFS)	H8145-126-000	MA
HumanaChoice (Regional PPO)	R4182-001-000	MA

Plan Name	Plan Number	Plan Category
Humana Basic Rx Plan (PDP)	S5884-143-000	PD

FOR AGENT USE ONLY

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Local Support - Texas



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