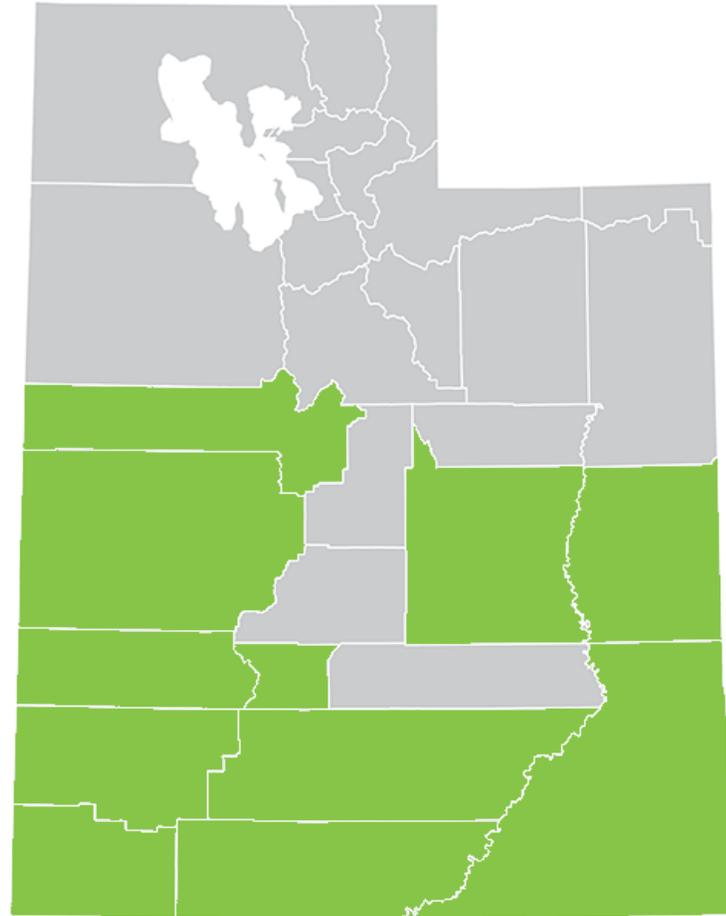


## Market Highlights

- Introducing new PPO plans to market.
- Select PPO plans available with no Rx deductible.
- DSNP, Full and Partial Dual Eligible, available in: San Juan, Piute, Washington, Millard, Beaver, Kane, Iron, Juab, Garfield, Emery, Grand.
- Multiple plans in market with Part B Premium giveback.
- Many Plans include Dental, Vision, Hearing, and SilverSneakers Fitness Benefits.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- 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.

## 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

Beaver, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Piute, San Juan, Washington

## MA / MAPD

			Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	It's affordable and I can get the support I need	Just the right amount of coverage for me	Works with my VA coverage
Plan Name	HumanaChoice (PPO)	HumanaChoice Giveback (PPO) 	Humana USAA Honor Giveback (PPO)
<b>Plan Number</b>	H5216-131-000	H5216-430-000	H5216-427-003
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	N/A	\$495 Combined In and Out-of-Network	\$100 Combined In and Out-of-Network
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$1	\$72	\$100
<b>PCP</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$10 copayment	\$50 copayment	\$50 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$395 per day, Days(1-5);	\$275 per day, Days(1-6);	\$525 per day, Days(1-4);
<b>Max Out-of-Pocket</b>	\$5500 IN	\$4995 IN	\$9350 IN
<b>Rx Deductible</b>	No Deductible	\$350 Deductible for Tiers 3,4,5	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$12/\$47/50%/33%	\$0/\$20/\$47/43%/28%	No Coverage
<b>Dental</b>	\$3500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$0 copayment covers: exams, x-rays, cleanings. 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.
<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

**Market Service Area**

Iron, Washington

Southern UT Market-wide

Southern UT Market-wide

Humana Honor Plan



Top Consumer Priority for their Medicare Plan	Works with my VA coverage
Plan Name	Humana USAA Honor Giveback (PPO)
Plan Number	H5216-301-002
Premium	\$0.00
Deductible	\$100 Combined In and Out-of-Network
Part B Deductible Info	N/A
Part B Giveback	\$30
PCP	\$0 copayment
Specialist	\$40 copayment
Referrals Required	No
Inpatient Hospital	\$400 per day, Days(1-5);
Max Out-of-Pocket	\$5100 IN
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	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.
Key Extra Benefits	Dental, Vision, Hearing, Fitness
Market Service Area	Southern UT Market-wide

DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage
Plan Name	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H5216-296-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+
Dental	\$3500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.
Healthy Options Allowance	\$110 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	\$75 allowance for annual exam and \$100 allowance per year for eyewear

	or contact lenses including fittings at PLUS Provider. OON coverage available.
<b>Hearing</b>	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
<b>Transportation</b>	\$0 copayment for plan approved location up to 36 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>	Southern UT Market-wide

## Prescription Drug Plans

Plan Name	Humana Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic 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
HumanaChoice (PPO)	H5216-048-000	MA-PD
HumanaChoice (PPO)	H5216-428-003	MA-PD

## Local Support

### Local Support - Utah



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### Local Sales Manager