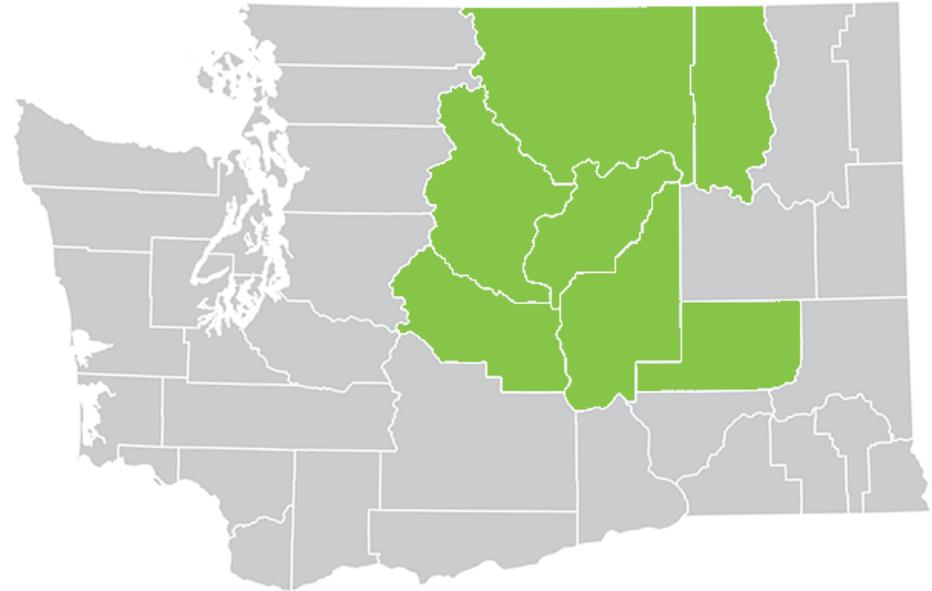


### Market Highlights

- \$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.
- 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.
- Centerwell Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- MA-Only plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Multiple selling opportunity with Dual Special Needs Plan.
- \$0 Copay on all plan approved drugs on all tiers through all stages for DSNP Members.
- New Part B premium giveback plan(s) available.

### Network Highlights

- For a complete list of in-network providers, visit [www.Humana.com/PhysicianFinder](http://www.Humana.com/PhysicianFinder).



### Market Service Area

Adams, Chelan, Douglas, Ferry, Grant, Kittitas, Okanogan

## MA / MAPD

			Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Gives me the most benefits and the best value	Works with my VA coverage
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO) 	Humana USAA Honor Giveback (PPO)
<b>Plan Number</b>	H5619-061-000	H5619-175-000	H5216-427-001
<b>Premium</b>	\$74.00	\$0.00	\$0.00
<b>Deductible</b>	N/A	\$125 In-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>	N/A	\$2	\$100
<b>PCP</b>	\$0 copayment	\$10 copayment	\$0 copayment
<b>Specialist</b>	\$40 copayment	\$45 copayment	\$50 copayment
<b>Referrals Required</b>	Yes	Yes	No
<b>Inpatient Hospital</b>	\$340 per day, Days(1-7);	\$495 per day, Days(1-5);	\$590 per day, Days(1-4);
<b>Max Out-of-Pocket</b>	\$4150 IN	\$6750 IN	\$9350 IN
<b>Rx Deductible</b>	\$50 Deductible for Tiers 4,5	\$150 Deductible for Tiers 3,4,5	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$12/\$47/50%/32%	\$0/\$5/\$47/45%/31%	No Coverage
<b>Dental</b>	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings	\$500 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. OON coverage available.
<b>Key Extra Benefits</b>	Dental, Fitness	Dental, Vision, Hearing	Dental, Vision, Hearing, Fitness
<b>Market Service Area</b>	Central Washington Market-wide	Chelan, Douglas, Grant, Okanogan	Central Washington 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	H5216-301-004
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	\$450 per day, Days(1-5);
Max Out-of-Pocket	\$5100 IN
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage
Dental	\$2500 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	Adams, Chelan, Douglas, Ferry, Grant, Okanogan

## DSNP

Top Consumer Priority for their Medicare Plan	Works with my Medicaid coverage	Works with my Medicaid coverage	Works with my Medicaid coverage
Plan Name	Humana Dual Select (HMO D-SNP) 	Humana Gold Plus SNP-DE (HMO D-SNP) 	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H5619-165-000	H5619-166-000	H5619-167-000
Medicaid Levels	QI, SLMB	QMB	FBDE, QMB+, SLMB+
Dental	\$1000 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	\$3000 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.	\$125 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.	\$125 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 \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider	\$0 copayment for annual exam and \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider	\$0 copayment for annual exam and \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider

<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.	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.	\$0 copay for annual exam, fitting and \$2500 allowance for hearing aids per year
<b>Transportation</b>	\$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 50 miles per trip.	\$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 50 miles per trip.	\$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 50 miles per trip.
<b>Current Service Area</b>	Central Washington Market-wide	Central Washington Market-wide	Central Washington 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
HumanaChoice (PPO)	H5216-048-000	MA-PD

## Local Support

### Local Support - Washington



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### Local Sales Manager