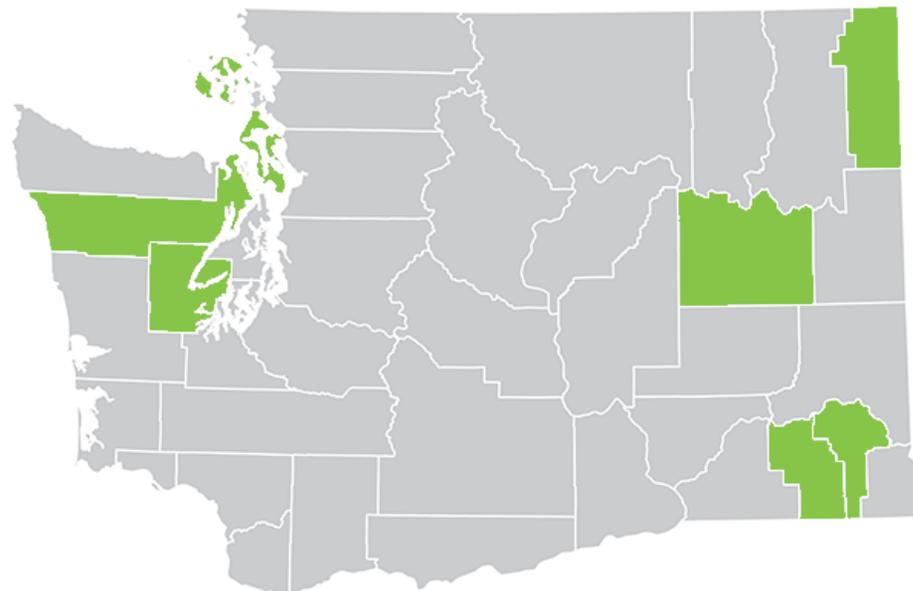


Market Highlights

- New first dollar coverage Annual Dental Allowance of \$2000 covers all dental services on H5216-301-004
- Plan available with Part B premium giveback.
- More plans with Insulin Savings Programs.
- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Centerwell Pharmacy.
- Your plan may include a monthly or quarterly allowance for over-the-counter(OTC) items such as: Vitamins, Pain Relievers, and Cough and cold medicines.
- Virtual office visits for PCP, urgent care, and behavioral health are now \$0 copay.
- Go365@ by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Local market office and support team to assist with broker and member needs.

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

Columbia, Garfield, Island, Jefferson, Lincoln, Mason, Pend Oreille, San Juan

MA / MAPD

| Top Consumer Priority for their Medicare Plan | Gives me freedom and flexibility | Gives me freedom and flexibility | Gives me the most benefits and the best value |
|---|---|---|--|
| Plan Name | HumanaChoice (PPO) | HumanaChoice (PPO) | Humana Gold Plus (HMO) |
| Plan Number | H5216-047-000 | H5216-048-000 | H5619-061-000 |
| Premium | \$85.00 | \$118.00 | \$74.00 |
| Deductible | \$300 Combined In and Out-of-Network | \$100 Combined In and Out-of-Network | N/A |
| Part B Deductible Info | N/A | N/A | N/A |
| Part B Giveback | N/A | N/A | N/A |
| PCP | \$10 copayment | \$0 copayment | \$0 copayment |
| Specialist | \$45 copayment | \$35 copayment | \$40 copayment |
| Referrals Required | No | No | Yes |
| Inpatient Hospital | \$380 per day, Days(1-5); | \$325 per day, Days(1-4); | \$340 per day, Days(1-7); |
| Max Out-of-Pocket | \$6700 IN | \$6700 IN | \$4150 IN |
| Rx Deductible | \$400 Deductible for Tiers 3,4,5 | \$590 Deductible for Tiers 2,3,4,5 | \$50 Deductible for Tiers 4,5 |
| Rx - Retail 30-day Supply | \$0/\$10/\$47/50%/28% | 24%/25%/25%/25%/25% | \$0/\$12/\$47/50%/32% |
| Dental | \$0 copayment covers: exams, x-rays, cleanings. 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 |
| Key Extra Benefits | Dental, Fitness | Dental, Fitness | Dental, Fitness |
| Market Service Area | Island | Washington Outstate Market-wide | Columbia, Garfield, Jefferson, Lincoln, Mason, Pend Oreille |

Humana Honor Plan 

| | |
|---|---|
| Top Consumer Priority for their Medicare Plan | Works with my VA coverage |
| Plan Name | Humana USAA Honor Giveback (PPO) |
| Plan Number | H5216-427-001 |
| Premium | \$0.00 |
| Deductible | \$100 Combined In and Out-of-Network |
| Part B Deductible Info | N/A |
| Part B Giveback | \$100 |
| PCP | \$0 copayment |
| Specialist | \$50 copayment |
| Referrals Required | No |
| Inpatient Hospital | \$590 per day, Days(1-4); |
| Max Out-of-Pocket | \$9350 IN |
| Rx Deductible | No Deductible |
| Rx - Retail 30-day Supply | No Coverage |
| Dental | \$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. |
| Key Extra Benefits | Dental, Vision, Hearing, Fitness |
| Market Service Area | Washington Outstate Market-wide |

| | |
|--|--|
| Top Consumer Priority for their Medicare Plan | Gives me the most benefits and the best value |
| Plan Name | Humana Value Plus (HMO) |
| Plan Number | H5619-134-000 |
| Dental | \$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals |
| Vision | \$0 copayment for annual exam and \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider |
| Hearing | \$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid. |
| OTC Allowance | N/A |
| Transportation | N/A |
| Current Service Area | Island |

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 |

| | | | |
|-----------------------------|--|--|--|
| Hearing | \$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 |
| Transportation | \$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. |
| Current Service Area | Washington Outstate Market-wide | Washington Outstate Market-wide | Washington Outstate Market-wide |

Prescription Drug Plans

| Plan Name | Humana Basic Rx Plan (PDP) | Humana Premier Rx Plan (PDP) | Humana Value Rx Plan (PDP) |
|---------------------------------------|----------------------------|------------------------------|----------------------------|
| Plan Number | Coming Soon | Coming Soon | Coming Soon |
| Pairs Well With | | | |
| Premium | | | |
| Rx Deductible | | | |
| Preferred 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 USAA Honor Giveback (PPO) | H5216-301-004 | MA |

Local Support

Local Support - Washington



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