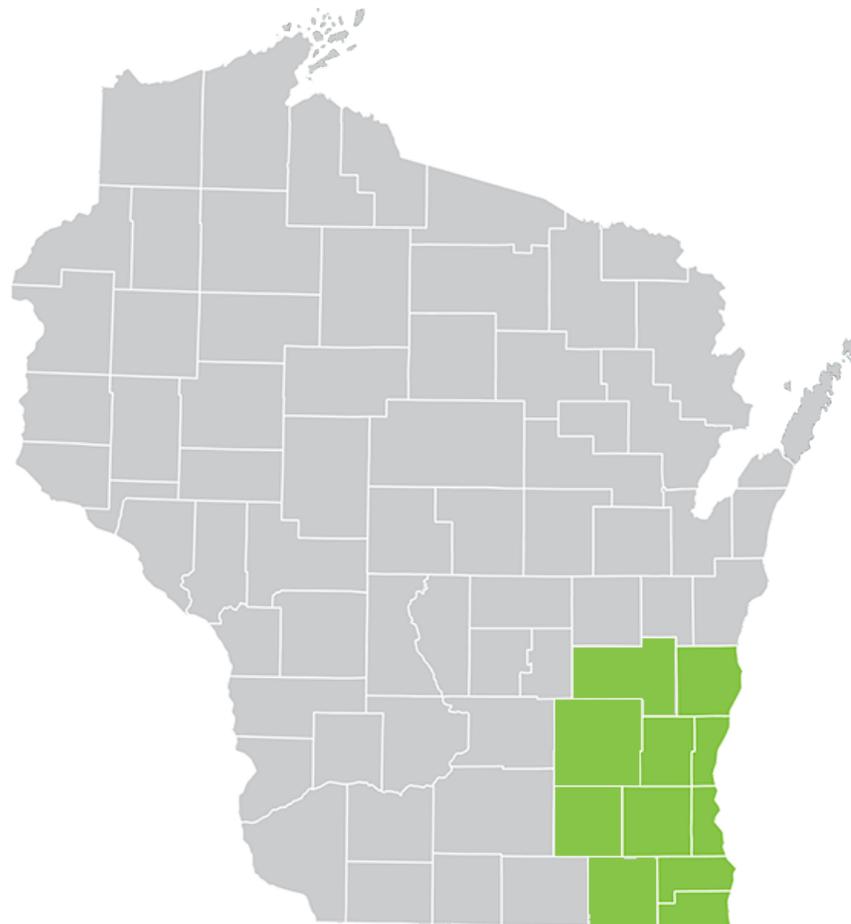


## Market Highlights

- Introducing new PPO plans to market.
- New PPO plan includes our Open Network which allows members to see any doctor in the country that accepts Medicare, including specialists, without a referral and can go in and out of network for the same copay for doctor visits.
- New DSNP PPO with \$175 Healthy Options allowance with rollover for food, OTC, utilities, rent and more.
- Plan available with Part B premium giveback.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.

## Network Highlights

- All major hospital facilities within the market are in-network.
- 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).
- Select HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.



### Market Service Area

Dodge, Fond Du Lac, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha

MA / MAPD

Humana Honor Plan 			
Top Consumer Priority for their Medicare Plan	Works with my VA coverage	It's affordable and I can get the support I need	Gives me freedom and flexibility
Plan Name	Humana USAA Honor Giveback with Rx (PPO)	HumanaChoice (PPO)	Humana Full Access (PPO) 
<b>Plan Number</b>	H5216-252-000	H5216-253-000	H5216-410-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Deductible</b>	\$500 Combined In and Out-of-Network	\$750 Combined In and Out-of-Network	\$500 Combined In and Out-of-Network
<b>Part B Deductible Info</b>	N/A	N/A	N/A
<b>Part B Giveback</b>	\$40	\$3	\$3
<b>PCP</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Specialist</b>	\$45 copayment	\$50 copayment	\$40 copayment
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$350 per day, Days(1-5);	\$430 per day, Days(1-6);	\$430 per day, Days(1-6);
<b>Max Out-of-Pocket</b>	\$5500 IN	\$4200 IN	\$5000 IN
<b>Rx Deductible</b>	\$250 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5	\$350 Deductible for Tiers 3,4,5
<b>Rx - Retail 30-day Supply</b>	\$0/\$10/\$47/45%/30%	\$0/\$10/\$47/50%/30%	\$0/\$10/\$47/43%/28%
<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.	\$5000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.	\$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.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$150/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products

**Market Service Area**

Dodge, Milwaukee, Ozaukee, Racine,  
Sheboygan, Washington, Waukesha

Dodge, Milwaukee, Ozaukee, Racine,  
Sheboygan, Washington, Waukesha

Dodge, Fond Du Lac, Kenosha,  
Milwaukee, Ozaukee, Racine,  
Sheboygan, Washington, Waukesha

		Humana Honor Plan 
Top Consumer Priority for their Medicare Plan	Gives me the most benefits and the best value	Works with my VA coverage
Plan Name	Humana Gold Plus (HMO)	Humana USAA Honor Giveback (PPO)
<b>Plan Number</b>	H6622-001-000	H5216-355-000
<b>Premium</b>	\$0.00	\$0.00
<b>Deductible</b>	N/A	\$100 Combined In and Out-of-Network
<b>Part B Deductible Info</b>	N/A	N/A
<b>Part B Giveback</b>	\$3	\$125
<b>PCP</b>	\$0 copayment	\$15 copayment
<b>Specialist</b>	\$40 copayment	\$45 copayment
<b>Referrals Required</b>	No	No
<b>Inpatient Hospital</b>	\$275 per day, Days(1-6);	\$295 per day, Days(1-6);
<b>Max Out-of-Pocket</b>	\$4150 IN	\$5500 IN
<b>Rx Deductible</b>	\$250 Deductible for Tiers 3,4,5	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$5/\$47/50%/30%	No Coverage
<b>Dental</b>	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, root canals	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, recementation, scaling and root planing, scaling for moderate inflammation, root canals. OON coverage available.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$100/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products
<b>Market Service Area</b>	Fond Du Lac, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha	Milwaukee Metro 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	H5216-420-000
Medicaid Levels	FBDE, QI, QMB, QMB+, SLMB, SLMB+
Dental	\$5000 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	\$175 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 \$200 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 30 one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle. This benefit is not to exceed 60 miles per trip.
<b>Current Service Area</b>	Milwaukee Metro 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
HumanaChoice (PPO)	H5216-001-000	MA-PD
HumanaChoice (PPO)	H5216-006-000	MA-PD
Humana Full Access (PPO)	H5216-168-000	MA-PD
Humana Value Plus (PPO)	H5216-173-000	MA-PD
Humana Gold Choice (PFFS)	H8145-006-000	MA-PD
HumanaChoice (Regional PPO)	R5361-002-000	MA-PD
Humana USAA Honor Giveback (PPO)	H5216-258-000	MA
Humana USAA Honor Giveback (Regional PPO)	R5361-001-000	MA

## Local Support

### Local Support - Wisconsin



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