

Humana Market Product Guide 2026

Panhandle Humana

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Humana Market Product Guide 2026

Think of the Market Product Guide as a what's what and who's who as you build your strategy for selling Humana Medicare Advantage (MA) and prescription drug plans (PDPs) in the coming year. Here you'll find plan information, contact information for leaders who can help support you in your work, and maps of your markets in the District of Columbia and the 46 U.S. states Humana serves.

Humana puts people first

At Humana, we are committed to the people we serve. That means plans that deliver on what matters most to your clients and prospects, plus tools that make it easier for you to sell plans and serve your community.

Our product guide offers a more simplified way to offer plans, too. Peek inside to find tools and questions that can guide your conversations, helping you uncover the top priority your clients have in a plan so you can help match them with the one that's right for them.

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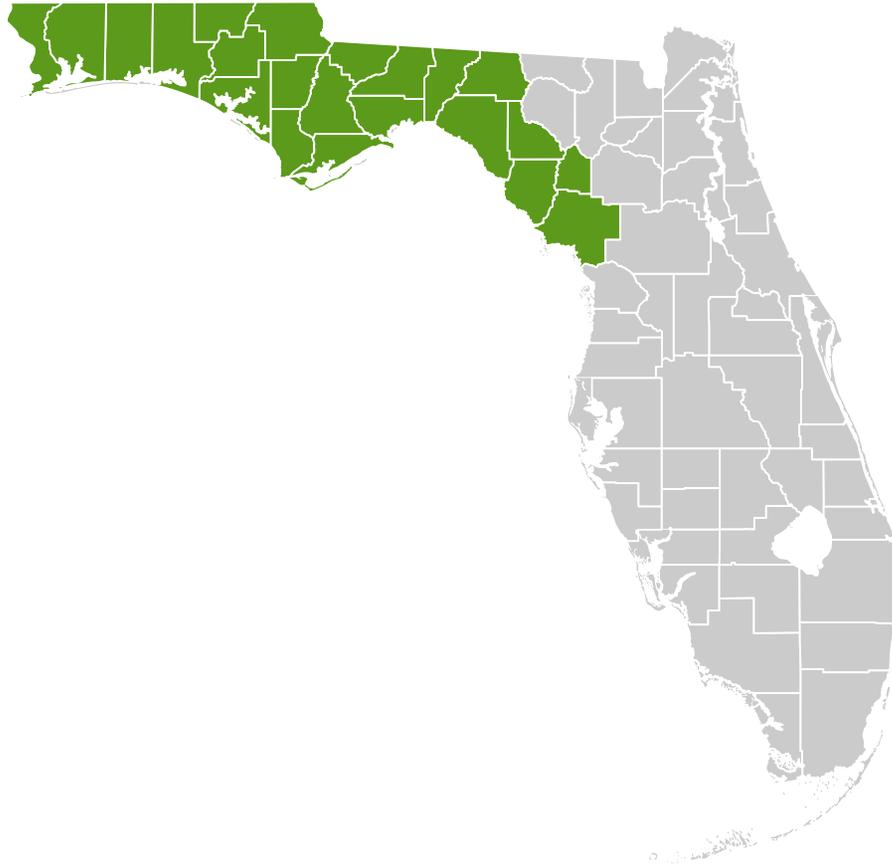
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Market leadership
Panhandle Humana

Broker relationship leaders



Brandon Johnson ●
Debby Bruno ●

Broker relationship executives (BREs)
Broker relationship managers (BRMs)



Brandon Johnson
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502-313-7909
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Debby Bruno
Broker Relationship Manager
352-480-6413
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Market contacts

Florida contact information

If you need additional assistance, please contact agentsupport@humana.com

Name	Title	Contact	Email
Brandon Johnson	Broker Relationship Executive	502-313-7909	bjohnson89@humana.com
Debby Bruno	Broker Relationship Manager	352-480-6413	dbruno@humana.com



Service area overview

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Service area overview

Plan color key



Plans will be identified by the initials followed by the listing of all plans for that designation in brackets.

Example: MAPD: [H5216-321]; MA: [7315-001]

County	Plans	County	Plans
Bay	MA-PD: [H1036-143-000; H1036-336-000; H1036-337-000; H5216-070-000; H5216-393-000]; MA: [H1036-290-000; H5216-257-000; H5216-467-000]; DSNP: [H1036-314-000; H1036-341-000; H5216-394-000]	Jackson	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]
Calhoun	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]	Jefferson	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]
Dixie	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]	Lafayette	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]
Escambia	MA-PD: [H1036-143-000; H1036-271-000; H1036-336-000; H1036-337-000; H5216-070-000; H5216-393-000]; MA: [H1036-290-000; H5216-257-000; H5216-467-000]; DSNP: [H1036-214-000; H1036-314-000; H1036-341-000; H5216-394-000]	Levy	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]
Franklin	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]	Liberty	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]
Gadsden	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]	Madison	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]
Gilchrist	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]	Okaloosa	MA-PD: [H1036-143-000; H1036-271-000; H1036-336-000; H1036-337-000; H5216-070-000; H5216-393-000]; MA: [H5216-257-000]; DSNP: [H1036-314-000; H1036-341-000; H5216-394-000]
Gulf	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]	Santa Rosa	MA-PD: [H1036-143-000; H1036-271-000; H1036-336-000; H1036-337-000; H5216-070-000; H5216-393-000]; MA: [H1036-290-000; H5216-257-000; H5216-467-000]; DSNP: [H1036-214-000; H1036-314-000; H1036-341-000; H5216-394-000]
Holmes	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]	Taylor	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]

Service area overview

Plan color key



Plans will be identified by the initials followed by the listing of all plans for that designation in brackets.

Example: MAPD: [H5216-321]; MA: [7315-001]

County	Plans
Wakulla	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]
Walton	MA-PD: [H1036-143-000; H1036-271-000; H1036-336-000; H1036-337-000; H5216-070-000; H5216-393-000]; MA: [H1036-290-000; H5216-257-000; H5216-467-000]; DSNP: [H1036-214-000; H1036-314-000; H1036-341-000; H5216-394-000]
Washington	MA-PD: [H5216-070-000; H5216-393-000]; MA: [H5216-257-000; H5216-467-000]; DSNP: [H5216-394-000]



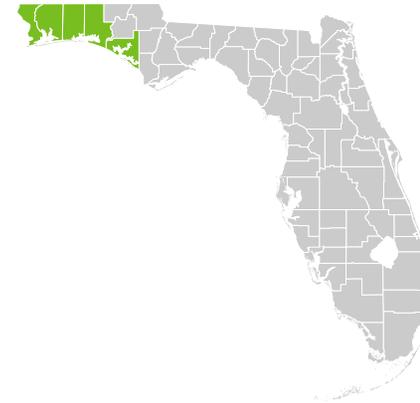
MA/MAPD
Panhandle Humana

Key selling points

- Healthy Options Allowance available with roll over
- \$0 monthly plan premium
- Includes Dental, Vision, and Hearing coverage

Ideal for consumers who prioritize

Gives me quality benefits and in-network care: I want the most value and I'm ok staying in network to get it.:



Coverage area ● New area ●

Medical benefits

MOOP	\$4300 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$15 copayment
Inpatient hospital	\$250 per day, Days(1-7);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$175 copayment Ambulatory Surgical Center; \$295 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$615 Deductible for Tiers 4,5
Rx-retail 30-day supply	\$0/\$5/\$47/50%/25%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation. DENA51
Vision	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings, or 2 pairs of select eyeglasses at no cost
OTC	N/A
Humana Healthy Options Allowance™	\$30 monthly allowance with roll over on a prepaid spending card. All plan members receive this amount to buy approved OTC health and wellness products at participating retailers or approved OTC mail order vendor. Plus, members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria.
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced Technology hearing aid per ear per year and \$1299 copayment for Premium Technology hearing aid per ear per year and \$199 copayment for Value Technology hearing aid per ear per year plus one month supply of batteries.
Transportation	N/A

Key selling points

- \$0 monthly plan premium
- Features Part B Giveback
- Includes Dental, Vision, and Hearing coverage

Ideal for consumers who prioritize

I want routine coverage without extras I won't use: I want access to high-quality providers when I need them, without bells and whistles I won't use.:



Coverage area ● New area ●

Medical benefits	
MOOP	\$6750 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$112
PCP copay	\$0 copayment
Specialist copay	\$35 copayment
Inpatient hospital	\$385 per day, Days(1-7);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$175 copayment Ambulatory Surgical Center; \$295 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	No Deductible
Rx-retail 30-day supply	\$0/\$0/\$30/35%/33%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

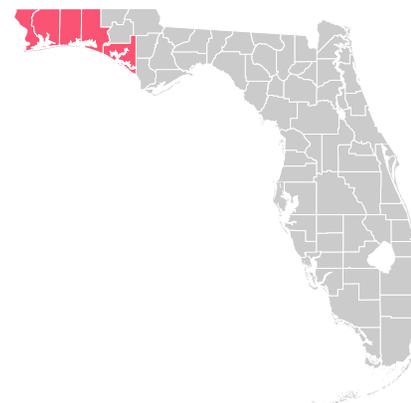
Supplemental benefits	
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation. DENB10
Vision	\$0 copayment for annual exam and \$200 allowance per year for eyewear or contact lenses including fittings, or 2 pairs of select eyeglasses at no cost
OTC	N/A
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced Technology hearing aid per ear per year and \$1299 copayment for Premium Technology hearing aid per ear per year and \$199 copayment for Value Technology hearing aid per ear per year plus one month supply of batteries.
Transportation	N/A

Key selling points

- Healthy Options Allowance available with roll over
- \$0 Office Visit Copay
- Features Part B Giveback

Ideal for consumers who prioritize

Supports my chronic conditions: I need affordable, ongoing care and support tailored to my specific needs—without disruption.:



Coverage area ● New area ●

Medical benefits

MOOP	\$3300 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$106
PCP copay	\$0 copayment
Specialist copay	\$20 copayment
Inpatient hospital	\$250 per day, Days(1-7);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$100 copayment Ambulatory Surgical Center; \$200 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$250 copayment

Rx benefits

Deductible	\$615 Deductible for Tiers 4,5
Rx-retail 30-day supply	\$0/\$0/\$45/50%/25%/\$0
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

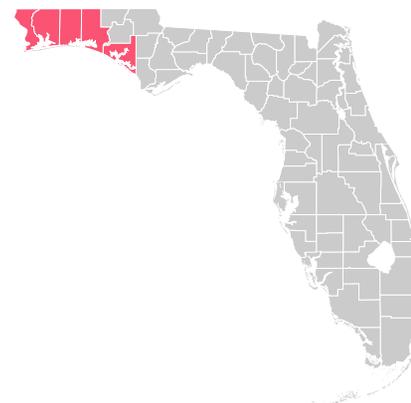
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation. DENA50
Vision	\$0 copayment for annual exam and \$200 allowance per year for eyewear or contact lenses including fittings, or 2 pairs of select eyeglasses at no cost
OTC	N/A
Humana Healthy Options Allowance TM	\$25 monthly allowance on a prepaid card for essentials like groceries, rent, utilities, and OTC products from participating retailers. Unused funds roll over each month and expire at the end of the plan year. Members must have a qualifying chronic condition to qualify for this benefit.
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced Technology hearing aid per ear per year and \$1299 copayment for Premium Technology hearing aid per ear per year and \$199 copayment for Value Technology hearing aid per ear per year plus one month supply of batteries.
Transportation	Transportation 24 one way trip(s) per year, unlimited miles per trip

Key selling points

- Healthy Options Allowance available with roll over
- \$0 Office Visit Copay
- Features Part B Giveback

Ideal for consumers who prioritize

Supports my chronic conditions: I need affordable, ongoing care and support tailored to my specific needs—without disruption.:



Coverage area ● New area ●

Medical benefits

MOOP	\$3300 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$106
PCP copay	\$0 copayment
Specialist copay	\$20 copayment
Inpatient hospital	\$250 per day, Days(1-6);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$100 copayment Ambulatory Surgical Center; \$200 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$250 copayment

Rx benefits

Deductible	\$615 Deductible for Tiers 4,5
Rx-retail 30-day supply	\$0/\$0/\$45/50%/25%/\$0
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation. DENA50
Vision	\$0 copayment for annual exam and \$200 allowance per year for eyewear or contact lenses including fittings, or 2 pairs of select eyeglasses at no cost
OTC	N/A
Humana Healthy Options Allowance™	\$25 monthly allowance on a prepaid card for essentials like groceries, rent, utilities, and OTC products from participating retailers. Unused funds roll over each month and expire at the end of the plan year. Members must have a qualifying chronic condition to qualify for this benefit.
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced Technology hearing aid per ear per year and \$1299 copayment for Premium Technology hearing aid per ear per year and \$199 copayment for Value Technology hearing aid per ear per year plus one month supply of batteries.
Transportation	Transportation 24 one way trip(s) per year, unlimited miles per trip

Key selling points

- New \$0 Office Visit Copay
- \$0 monthly plan premium



Coverage area ● New area ●

Medical benefits	
MOOP	\$6750 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$35 copayment
Inpatient hospital	\$420 per day, Days(1-7);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$175 copayment Ambulatory Surgical Center; \$295 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	\$615 Deductible for Tiers 4,5
Rx-retail 30-day supply	\$0/\$5/\$47/50%/25%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

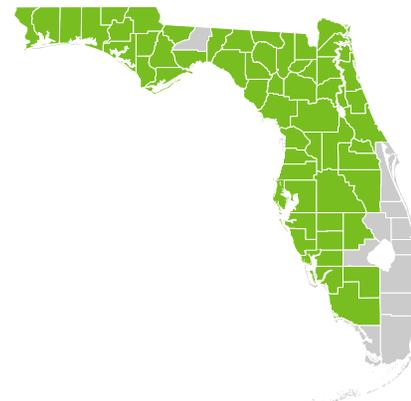
Supplemental benefits	
Dental	\$1750 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation. OON coverage available. DENA96
Vision	\$75 allowance for annual exam and \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	N/A
Hearing	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids every 3 years. OON coverage available.
Transportation	N/A

Key selling points

- Same In and OON benefits
- \$0 Office Visit Copay
- Now available statewide
- Features Part B Giveback

Ideal for consumers who prioritize

I want network flexibility and predictable costs: I want the freedom to see any doctor, in or out of network, who accepts Medicare.:



Coverage area ● New area ●

Medical benefits	
MOOP	\$6750 IN
Deductible	\$500 Combined In and Out-of-Network
Part B deductible in medical benefits	N/A
Part B Giveback	\$170
PCP copay	\$0 copayment
Specialist copay	\$45 copayment
Inpatient hospital	\$400 per day, Days(1-7);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$175 copayment Ambulatory Surgical Center; \$295 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	\$600 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$5/\$47/49%/26%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

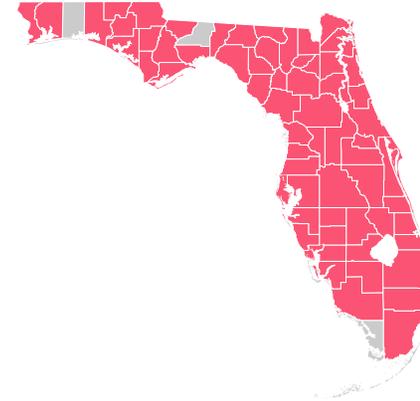
Supplemental benefits	
Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available. DEN651
Vision	\$75 allowance for annual exam and \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	N/A
Hearing	\$0 copay for annual exam, fitting and \$500 allowance for hearing aids per ear per year. OON coverage available.
Transportation	N/A

Key selling points

- New Part B Giveback
- New Statewide Plan
- New plan available in partnership with USAA

Ideal for consumers who prioritize

Works with my VA coverage: I want to be able to get care without barriers or disruption to my VA benefits.:



Coverage area ● New area ●

Medical benefits

MOOP	\$6750 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$185
PCP copay	\$0 copayment
Specialist copay	\$40 copayment
Inpatient hospital	\$350 per day, Days(1-7);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$175 copayment Ambulatory Surgical Center; \$295 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	No Deductible
Rx-retail 30-day supply	No Coverage
90-day mail order	N/A

Supplemental benefits

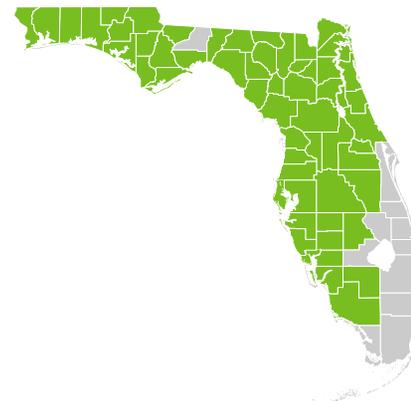
Dental	\$4000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, bridges, root canals. OON coverage available. DEN141
Vision	\$40 allowance for annual exam and \$350 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	OTC Debit Card \$30/Month
Hearing	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids every 3 years. OON coverage available.
Transportation	N/A

Key selling points

- New plan available in partnership with USAA
- Features Part B Giveback
- Includes Dental, Vision, and Hearing coverage

Ideal for consumers who prioritize

Works with my VA coverage: I want to be able to get care without barriers or disruption to my VA benefits.:



Coverage area ● New area ●

Medical benefits

MOOP	\$6000 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$70
PCP copay	\$0 copayment
Specialist copay	\$50 copayment
Inpatient hospital	\$350 per day, Days(1-6);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$200 copayment Ambulatory Surgical Center; \$325 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$300 copayment

Rx benefits

Deductible	No Deductible
Rx-retail 30-day supply	No Coverage
90-day mail order	N/A

Supplemental benefits

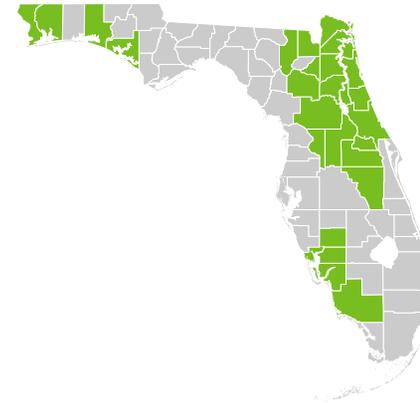
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, oral surgery, root canals. OON coverage available. DENB81
Vision	\$75 allowance for annual exam and \$200 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	OTC \$100/Quarter
Hearing	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids every 3 years. OON coverage available.
Transportation	Transportation 24 one way trip(s) per year, may not exceed 100 per trip

Key selling points

- New plan available in partnership with USAA
- Features Part B Giveback
- Includes Dental, Vision, and Hearing coverage

Ideal for consumers who prioritize

Works with my VA coverage: I want to be able to get care without barriers or disruption to my VA benefits.:



Coverage area ● New area ●

Medical benefits	
MOOP	\$6700 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$90
PCP copay	\$0 copayment
Specialist copay	\$25 copayment
Inpatient hospital	\$225 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$125 copayment Ambulatory Surgical Center; \$225 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$250 copayment

Rx benefits	
Deductible	No Deductible
Rx-retail 30-day supply	No Coverage
90-day mail order	N/A

Supplemental benefits	
Dental	\$1000 annually; 0% coinsurance covers: exams, x-rays, cleanings; \$25 copayment for fillings, scaling and root planing, scaling for moderate inflammation. DEN612
Vision	\$0 copayment for annual exam and \$400 allowance per year for eyewear or contact lenses including fittings
OTC	OTC \$50/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced Technology hearing aid per ear per year and \$1299 copayment for Premium Technology hearing aid per ear per year and \$199 copayment for Value Technology hearing aid per ear per year plus one month supply of batteries.
Transportation	Transportation 24 one way trip(s) per year, unlimited miles per trip



D-SNP

Panhandle Humana

D-SNP

Humana Gold Plus SNP-DE (HMO D-SNP): H1036-314-000

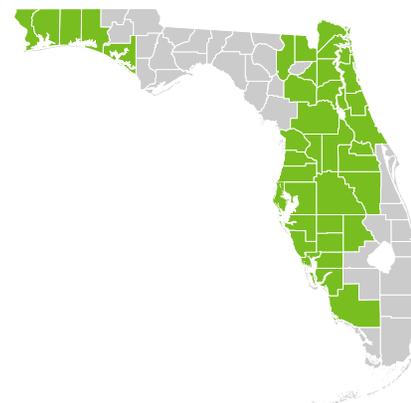
Premium - \$0.00

Key selling points

- Healthy Options Allowance available with roll over
- Dental allowance benefit available, includes dentures
- Includes Dental, Vision, and Hearing coverage
- Includes unlimited transportation benefit

Ideal for consumers eligible for Medicare and Medicaid who prioritize

Works with my Medicaid coverage: I want to get the most out of both Medicaid and Medicare.:



Coverage area ● New area ●

Medical benefits

Medicaid Levels	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
MOOP	\$0-\$3400 IN
Deductible	N/A
PCP copay	\$0 copayment
Specialist copay	\$0 copayment
Inpatient hospital	\$0 per admission
Skilled nursing	\$0 copayment
Outpatient surgery	\$0 copayment Ambulatory Surgical Center; \$0 copayment Outpatient Hospital
Advanced imaging	\$0 copayment

Rx benefits

Deductible*	No Deductible
Rx-retail 30-day supply*	\$0/\$0/25%/25%/33%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

*Prescription drug coverage can vary across plans. \$0 copay may be limited to specific tiers, coverage stages, Extra Help eligibility, 3-month supply and/or certain pharmacies.

Supplemental benefits

Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, root canals. DENE53
Vision	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings, or 2 pairs of select eyeglasses at no cost
OTC	N/A
Humana Healthy Options Allowance™	\$250 monthly allowance with roll over on a prepaid spending card. All plan members receive this amount to buy approved OTC health and wellness products at participating retailers or approved OTC mail order vendor. Plus, members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria.
Hearing	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids per ear per year plus one month supply of batteries.
Transportation	Transportation Unlimited one-way trips per year, unlimited miles per trip

D-SNP

Humana Gold Plus SNP-DE (HMO D-SNP): H1036-214-000

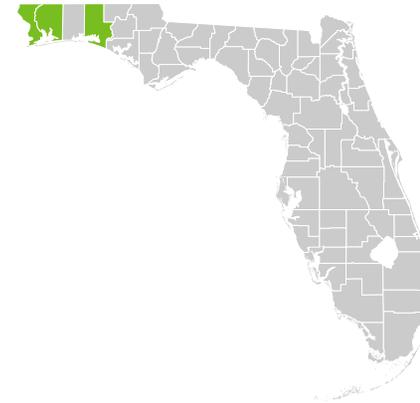
Premium - \$0.00

Key selling points

- Healthy Options Allowance available with roll over
- Dental allowance benefit available, includes dentures
- Includes Dental, Vision, and Hearing coverage
- Includes unlimited transportation benefit

Ideal for consumers eligible for Medicare and Medicaid who prioritize

Works with my Medicaid coverage: I want to get the most out of both Medicaid and Medicare.:



Coverage area ● New area ●

Medical benefits

Medicaid Levels	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
MOOP	\$0-\$3400 IN
Deductible	N/A
PCP copay	\$0 copayment
Specialist copay	\$0 copayment
Inpatient hospital	\$0 per admission
Skilled nursing	\$0 copayment
Outpatient surgery	\$0 copayment Ambulatory Surgical Center; \$0 copayment Outpatient Hospital
Advanced imaging	\$0 copayment

Rx benefits

Deductible*	\$305 Deductible for Tiers 3,4,5
Rx-retail 30-day supply*	\$0/\$0/25%/25%/29%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

*Prescription drug coverage can vary across plans. \$0 copay may be limited to specific tiers, coverage stages, Extra Help eligibility, 3-month supply and/or certain pharmacies.

Supplemental benefits

Dental	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, root canals. DENE79
Vision	\$0 copayment for annual exam and \$400 allowance per year for eyewear or contact lenses including fittings
OTC	N/A
Humana Healthy Options Allowance™	\$100 monthly allowance with roll over on a prepaid spending card. All plan members receive this amount to buy approved OTC health and wellness products at participating retailers or approved OTC mail order vendor. Plus, members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria.
Hearing	\$0 copay for annual exam, fitting and \$1250 allowance for hearing aids per ear every 2 years plus one month supply of batteries.
Transportation	Transportation Unlimited one-way trips per year, unlimited miles per trip

D-SNP

Humana Dual Integrated (HMO D-SNP): H1036-341-000

Premium - \$0.00

Key selling points

- Healthy Options Allowance available with roll over
- Dental allowance benefit available, includes dentures
- Includes Dental, Vision, and Hearing coverage
- Includes unlimited transportation benefit

Ideal for consumers eligible for Medicare and Medicaid who prioritize

Works with my Medicaid coverage: I want to get the most out of both Medicaid and Medicare.:



Coverage area ● New area ●

Medical benefits

Medicaid Levels	FBDE, QMB+, SLMB+
MOOP	\$0-\$9250 IN
Deductible	N/A
PCP copay	0%-20% coinsurance
Specialist copay	0%-20% coinsurance
Inpatient hospital	\$0-\$2175 per admission
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	0%-20% coinsurance; 0%-20% coinsurance
Advanced imaging	0%-20% coinsurance

Rx benefits

Deductible*	No Deductible
Rx-retail 30-day supply*	\$0/\$0/25%/25%/33%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

*Prescription drug coverage can vary across plans. \$0 copay may be limited to specific tiers, coverage stages, Extra Help eligibility, 3-month supply and/or certain pharmacies.

Supplemental benefits

Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, root canals. DENE69
Vision	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings, or 2 pairs of select eyeglasses at no cost
OTC	N/A
Humana Healthy Options Allowance™	\$350 monthly allowance with roll over on a prepaid spending card. All plan members receive this amount to buy approved OTC health and wellness products at participating retailers or approved OTC mail order vendor. Plus, members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria.
Hearing	\$0 copay for annual exam, fitting and \$1000 allowance for hearing aids per ear per year plus one month supply of batteries.
Transportation	Transportation Unlimited one-way trips per year, unlimited miles per trip

D-SNP

HumanaChoice Florida SNP-DE (PPO D-SNP): H5216-394-000

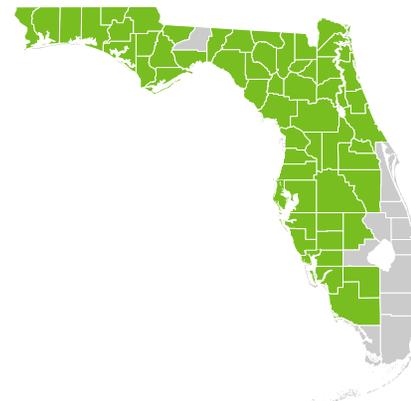
Premium - \$0-\$4.80

Key selling points

- Healthy Options Allowance available with roll over
- Dental allowance benefit available, includes dentures
- Includes Dental, Vision, and Hearing coverage
- Includes unlimited transportation benefit

Ideal for consumers eligible for Medicare and Medicaid who prioritize

Works with my Medicaid coverage: I want to get the most out of both Medicaid and Medicare.:



Coverage area ● New area ●

Medical benefits

Medicaid Levels	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
MOOP	\$0-\$4900 IN
Deductible	N/A
PCP copay	\$0 copayment
Specialist copay	\$0 copayment
Inpatient hospital	\$0-\$1000 per admission
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	0%-20% coinsurance; 0%-20% coinsurance
Advanced imaging	0%-20% coinsurance

Rx benefits

Deductible*	\$615 Deductible for Tiers 3,4,5
Rx-retail 30-day supply*	\$0/\$0/25%/25%/25%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

*Prescription drug coverage can vary across plans. \$0 copay may be limited to specific tiers, coverage stages, Extra Help eligibility, 3-month supply and/or certain pharmacies.

Supplemental benefits

Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, root canals. OON coverage available. DENE63
Vision	\$40 allowance for annual exam and \$550 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	N/A
Humana Healthy Options Allowance™	\$90 monthly allowance with roll over on a prepaid spending card. All plan members receive this amount to buy approved OTC health and wellness products at participating retailers or approved OTC mail order vendor. Plus, members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria.
Hearing	\$0 copay for annual exam, fitting and \$3600 allowance for hearing aids every 3 years. OON coverage available.
Transportation	Transportation Unlimited one-way trips per year, unlimited miles per trip



PDP
Panhandle Humana



Humana Value Rx Plan (PDP): S5884-190-000

Premium - \$25.90



coverage area ● new area ●

Prescription drug plan

Premium	\$25.90
Rx deductible	\$601 Deductible for Tiers 3,4,5
Preferred retail 30-day supply	\$0/\$0/20%/33%/26%
Standard cost-sharing retail 30-day supply	\$1/\$4/20%/33%/26%
Preferred cost-sharing mail 90-day supply	\$0 copay for Tiers 1 & 2

Ideal for clients who prioritize

Individuals seeking an affordable premium, affordable co-pays, and access to preferred cost-sharing pharmacies.:

Humana Premier Rx Plan (PDP): S5884-157-000

Premium - \$115.90



coverage area ● new area ●

Prescription drug plan

Premium	\$115.90
Rx deductible	No Deductible
Preferred retail 30-day supply	\$0/\$4/\$45/50%/33%
Standard cost-sharing retail 30-day supply	\$5/\$10/\$47/50%/33%
Preferred cost-sharing mail 90-day supply	\$0 copay for Tiers 1 & 2

Ideal for clients who prioritize

Individuals seeking broad drug coverage & peace of mind. This plan offers our most comprehensive PDP coverage, with low co-pays at preferred cost-sharing pharmacies.:

Humana Basic Rx Plan (PDP): S5884-105-000

Premium - \$92.70



coverage area ● new area ●

Prescription drug plan

Premium	\$92.70
Rx deductible	\$615 Deductible for All Tiers
Preferred retail 30-day supply	No Coverage
Standard cost-sharing retail 30-day supply	\$0/\$1/25%/36%/25%
Preferred cost-sharing mail 90-day supply	\$0 copay for Tiers 1 & 2

Ideal for clients who prioritize

Individuals who are eligible for Medicare Extra Help. This plan offers low co-pays, after the deductible has been met, and access to preferred cost-sharing pharmacies.:



Legacy plans Panhandle Humana



Legacy Plans

"Legacy" plans are Medicare Advantage plans that Humana still offers in Florida for 2026.

Each county with a legacy plan will have other plans available with lower premiums or better benefits. Therefore, Humana is choosing not to actively market these existing legacy plans.

If a member is currently enrolled in a legacy plan that is also available in 2027, they will automatically renew in their existing plan unless they choose to enroll in a different plan offered in their service area.

Contract/PBP	Plan name	Premium
H7284-009-000	HumanaChoice Florida (PPO)	\$39.00
R5826-074-000	HumanaChoice (Regional PPO)	\$41.00
R5826-018-000	HumanaChoice (Regional PPO)	\$42.00
R5826-005-000	HumanaChoice (Regional PPO)	\$184.00



Resources

Panhandle Humana



Helpful contacts

Name	Contact
Member Customer Service	1-800-457-4808
CenterWell Pharmacy	1-800-379-0092
CenterWell Specialty Pharmacy	1-800-486-2668
Agent Support Unit (ASU)	1-800-309-3163
Agency Management	1-855-330-8128
Scope Of Appointment	1-866-945-4471
Paper Application Fax	1-877-889-9936
Dedicated DSNP Paper Application Fax	1-877-889-9923
Med Supp Underwriting	1-800-825-7858
Humana Claims	1-888-308-6294
Humana Billing	1-866-444-7631
Go365	1-877-320-1235
Humana First Nurse Advice	1-800-622-9529
Silver Sneakers	1-888-423-4632
TruHearing	1-844-255-7146

Scope of appointment

Scope of appointment (SOA) is required before conducting an MAPD/PDP appointment. TELEPHONIC IVR: three-way call with member. Put confirmation number on the application.

TELEPHONIC IVR number: 800-903-5493

PAPER: Submit completed form to Humana. Humana will handle 10-year retention requirement if a Humana SOA is submitted, otherwise agent is responsible for 10-year retention.

For tracking purposes: The barcode number from the SOA should be put on your enrollment app and the barcode number from the enrollment app should be put on the SOA.

Medicare application submission

Online enrollment methods
(preferred)

Overnight mail
(not preferred):
Humana Medicare Enrollment
P.O. Box 14309
Lexington, KY 40512

Fax
(not preferred):
877-889-9936

CenterWell

CenterWell®, a Humana company, is a leading healthcare services business focused on high-quality senior care that is accessible, comprehensive and personalized. When your clients choose CenterWell, they'll receive dedicated support across primary care, pharmacy and home health services.



CenterWell Senior Primary Care

CenterWell Senior Primary Care® is the largest provider of senior-focused primary care. Our patients receive 50% more one-on-one time with their providers*, along with personalized support and preventive care to help them achieve their best health. This primary care model is thoughtfully designed to help patients feel heard and close gaps in care.

CenterWell Home Health

As one of the largest providers of home healthcare, CenterWell Home Health® helps patients manage chronic conditions and provides clinical support for injury, illness, surgery or hospitalization. Our nurses and therapists address the care needs of patients, with the goal of helping them feel more confident and independent in managing their health from home.

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CenterWell Pharmacy

CenterWell Pharmacy® is Humana's preferred cost-sharing, mail-order pharmacy included on most plans that could help members save on prescriptions. A team of skilled pharmacists and support staff work together to answer medication questions, provide care and safely ship customers' prescriptions right to their door.

* Comparison based on a study published by the Oxford Academic in June 2023 stating that the average primary care exam was approximately 21 minutes. Times vary based on services performed.

Healthy Options allowance

Help with the cost of living on an easy-to-use card

Get a monthly allowance to help pay for covered over-the-counter (OTC) items like vitamins, pain relievers and first aid supplies. Plus, you can use this money for eligible groceries, utilities, rent and more if you have eligible chronic conditions that meet certain criteria. Whatever you don't spend carries over each month.*

Members of general enrollment plans and D-SNPs will need to qualify to spend their money on additional categories like groceries. C-SNP members automatically qualify to use their allowance in these categories.

The Humana Spending Account Card advantage

With the Humana Spending Account Card, your clients can easily access and use the Healthy Options allowance-based benefit included in their plan. The card comes pre-loaded with their spending money based on their plan for convenient use at participating providers for eligible goods and services.

This card is not available with plans that do not include the Healthy Options allowance, so be sure to check what's available to your prospective clients.

This spending allowance is a special program for members with specific health conditions. Qualifying conditions include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. Some plans require at least two conditions and other requirements apply. See the plan's Evidence of Coverage for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.

Allowance highlights

Key features of the Healthy Options allowance:

- Available on 97% of D-SNPs
- Unused funds roll over each month and expire upon disenrollment or at the end of the plan year

Expenses covered

Healthy Options allowance can be used to buy eligible products from participating retailer locations like:

- Groceries (produce, fruit, bread, meat, dairy, etc.)
- Personal care items (toothpaste, shampoo, deodorant, etc.)
- All enrollees can use their allowance on OTC health and wellness items like vitamins, first aid, pain relief medicine, incontinence supplies and more.
- Enrollees with eligible chronic conditions that meet certain criteria can use their allowance on home supplies, household assistive devices and pet supplies.
- Pet supplies (pet food, pet litter, flea shampoo, etc.; excludes grooming services, veterinary bills, and pet prescriptions)
- Non-medical transportation costs (public transportation, taxi, Uber, Lyft, etc.)
- Pest control services
- And more

Learn more about eligible items at <https://www.humana.com/medicare/medicare-programs/healthy-options-allowance>.

Health Risk Assessment

Health Risk Assessment

Help clients transition smoothly into their new plan

Looking out for your clients

Humana's Health Risk Assessment (HRA) is an optional online survey for new prescription drug plan (PDP) and Medicare Advantage (MA) members, as applicable based on plan type and plan-to-plan changes. The assessment can help you deliver the best service possible to members by proactively understanding their circumstances. Plus, select D-SNP and non-SNP plan members can qualify for the Humana Healthy Options Allowance® benefit by confirming a diagnosis through the HRA. It asks members about:

- Social connections
- Health status
- Financial wellness
- Transportation
- Food security
- Everyday tasks
- Housing

Your role in the assessment

As an agent, you are the first point of contact for members. As you introduce them to human care, it is crucial that you deliver an enriching experience through Humana. To get started, you'll complete certification through Humana MarketPoint University. This will give you access to the Humana Enrollment Platform and the HRA. You should complete the survey directly following the enrollment or within 30 days of the application signature date.

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Following up after the HRA

After your clients complete the HRA, it's important to continue monitoring their well-being. This is why Humana also uses the Social Determinants of Health (SDOH) assessment to check in on members. It's less formal, more targeted and only focuses on four social determinants of health: food insecurity, loneliness, transportation and housing.

With the right information about your clients, you'll be equipped to ensure they have access to what they need to be their healthiest.

Over-the-counter allowance

Covering everything from first aid supplies to cough drops, this benefit gives members a regular allowance for health products. Humana's over-the-counter (OTC) allowance is an excellent way to help sell to prospects who have ongoing nonprescription needs.

How it works

Humana's OTC allowance offers members access to nonprescription medicines and wellness products. There are two types of OTC allowance benefits: OTC mail-order or OTC allowance. Only one option is available on a given plan.

OTC mail-order allowance:

- Not loaded to the Humana Spending Account Card
- Mail orders are fulfilled by CenterWell Pharmacy®

OTC allowance:

- Loaded to the Humana Spending Account Card
- Can be used at retailers found by using the Store Finder at [MyHumana.com](https://www.mylumana.com)

What it covers

The OTC allowance can be used at participating retailers to buy eligible products in the following categories:

- Cold and flu
- Allergy and sinus
- Dental and denture care
- Digestive health
- Eye and ear care
- Pain relief
- Supports, braces and wraps
- Vitamins and minerals
- First aid



The Humana Spending Account Card advantage

With the Humana Spending Account Card, your clients get access to an allowance-based benefit included in their Humana plan. They can enjoy the convenience of using their card at participating providers for eligible goods and services.

Sales and marketing support

Your resources for maximizing enrollment

This information will help you navigate the Medicare enrollment journey, utilize Humana's Agent Marketing Hub (AMH), leverage the Digital Marketing Materials (DMM) tool and access the Sales Enablement Library within AgentAdvantage University (AAU) for a seamless sales experience. You can easily access AMH, DMM and AAU through Vantage.

Medicare sales journey

Our Medicare end-to-end sales journey flows from education to prospecting to point of sale:

1. Education/Medicare 101: July–September
2. Prospecting/Lead Generation: Starts Oct. 1
3. Point of Sale/Enrollment: Oct. 15–Dec. 7

AMH marketing resources

You can leverage pre-approved, customizable materials in AMH that can help enhance your Medicare sales journey.

Inside, you will find:

- Educational materials including popular Medicare 101 assets as well as other event invites, ads and more
- Lead generation materials like brochures, flyers, emails, social media, postcards and more



Post-sale tools and materials

Digital Marketing Materials

The DMM offers a virtual enrollment solution for clients with internet access who speak English or Spanish. This user-friendly tool allows:

- Sending personalized URLs to guidebooks with up to 3 plans
- Walking clients through materials in person, via video, or phone
- Monitoring clients' engagement and enrollment progress
- Enabling clients to self-enroll

Training for the DMM is available through Humana MarketPoint University.

Sales Enablement Library resources

1. Enrollment books for various plans, including Humana USAA Honor Giveback plans
2. MAPD/PDP and D-SNP sales presentations, like slide decks with interactive table of contents
3. Sales presentation videos specific to plan type (MA-only, HMO, PPO, PFFS, PDP and D-SNP)

Scope of Appointment

Scope of Appointment (SOA)

Getting the most out of your sales appointments

The Scope of Appointment (SOA) is a documented agreement between the beneficiary and the agent that outlines the list of products you can discuss at a marketing appointment. Understanding and using the SOA will help you deliver thorough service to clients while improving your sales process.

When to use an SOA

An SOA is required for:

- Personal/individual marketing appointments, including scheduled, walk-in or telephonic or virtual presentations
- Each beneficiary being presented to, even if they live in the same residence
- SOA cannot be collected at educational events

When an SOA is not needed

An SOA is not required when presenting plans other than MA, MAPD or PDP.

SOA signature timing

A beneficiary must sign an SOA before a personal or individual marketing appointment begins. That way, there is no miscommunication and there are clear parameters for the meeting. A few exemptions to the 48-hour waiting period include:

- SOAs that are completed during the last four days of a valid election period for the beneficiary
- Unscheduled in-person meetings (walk-ins) initiated by the beneficiary
- Inbound calls made by beneficiaries to a sales agent

Note: SOAs are valid for 12 months after signature.

Discussing additional health products

If the beneficiary or agent wants to discuss additional health products during the appointment, a new SOA must be executed with the original products and any new health-related products selected. Unless an exemption applies, the 48-hour waiting period will still apply.

Methods of documentation

Humana offers various methods for documenting SOAs:

- Paper: barcoded forms ordered through the order management system, retained for 10 years
- Interactive voice response (IVR): captures required information via touch-tone and voice recordings, assigns an IVR Recording ID

For more detailed trainings, search “Scope of Appointment” inside of AgentAdvantage University (AAU) on the Vantage Agent Portal.

Using the Vantage portal

A comprehensive resource hub for agents

Discover Vantage's key features

Humana Vantage is a centralized portal that provides a wealth of resources and tools for agents. Key features include:

- Licensing, certification and contracts management
- Personalized agent profile with SAN ID and NPN
- Delegated user account access
- MarketPoint University for agent certification and recertification
- Doctor and pharmacy locator for finding in-network providers
- Drug cost lookup for prescription coverage and costs

Sales, marketing and enrollment

Vantage offers a dedicated Sales & Marketing section that features:

- AgentAdvantage University (AAU)—agent product education portal
- Agent Marketing Hub (AMH)
- First Look
- Materials for Medicare Advantage (MA), Medicare Supplement, and dental and vision products
- D-SNP verification tool to check dual eligibility of prospects



Business management and support

Monitor your business performance with the MyHumana Business card and other tools. You'll be able to:

- See application statuses and active policies
- Create and track service inquiries
- Update member information
- Check your commission status
- Access compliance documents

Use Vantage to streamline your agent journey with Humana's comprehensive resource hub.

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Humana Market Product Guide 2026

Panhandle Humana

[FirstLook.Humana.com](https://www.FirstLook.Humana.com)

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Humana[®]

