

# Humana Market Product Guide 2026

## Indiana

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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.

# Humana<sup>®</sup>

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

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Plans for building your book of business

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## Other products

- 52 Learn about Med Supp, dental and vision products from Humana

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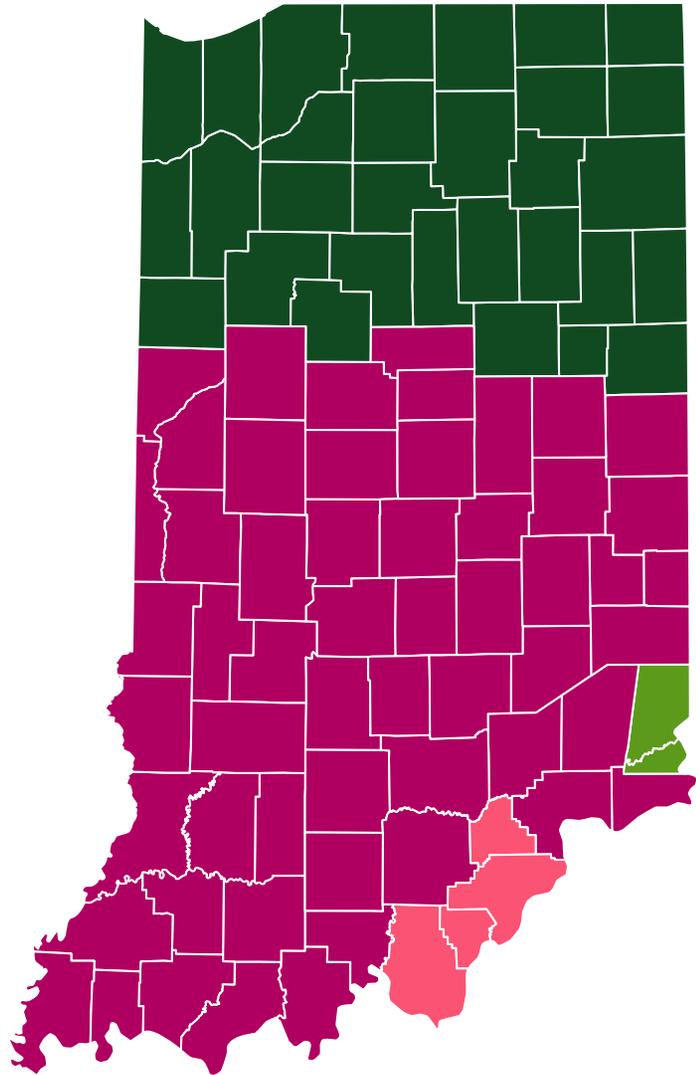
- 56 Resources and additional information for agents



# Market leadership Indiana



# Broker relationship leaders



- Amy Sausen ●
- Horace Williams ●
- Jeanette Natale ●
- Jennifer (Jeni) McAnalley ●
- Michael Jones ●
- Samantha Stevenson ●
- Jeanette Natale and Amy Sausen ●
- Jeni McAnalley and Amy Sausen ●
- Michael Jones and Horace Williams ●
- Samantha Stevenson and Amy Sausen ●

## Regional Sales Director Partner Sales Support



**Ryan McGonegal**  
Region Sales Director  
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## Broker relationship executives (BREs) Broker relationship managers (BRMs)



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**Michael Jones**  
Broker Relationship Manager  
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**Samantha Stevenson**  
Broker Relationship Manager  
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## Indiana contact information

*If you need additional assistance, please contact [agentsupport@humana.com](mailto:agentsupport@humana.com)*

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Jennifer (Jeni) McAnalley	Broker Relationship Manager	463-271-6060	jmcanalley@humana.com
Michael Jones	Broker Relationship Manager	502-424-8498	mjones49@humana.com
Samantha Stevenson	Broker Relationship Manager	502-438-3816	sjones224@humana.com
Ryan McGonegal	Region Sales Director		rmcgonegal@humana.com



# Veteran engagement Indiana





Let's get veterans the coverage they deserve

## Serve veterans with Humana Medicare Advantage

The Humana USAA Honor Giveback plans are the nation's only Medicare Advantage (MA) plans designed in partnership with USAA. They support veterans' healthcare needs and are available to anyone eligible for Medicare. In 2024, Humana added the USAA name to all Honor plans, expanding our multi-year partnership with USAA to better serve veterans. Plans may include:

- \$0 premiums
- Part B Giveback\*
- Freedom to get care close to home with access to providers outside the VA healthcare system
- These plans are available in 46 states and Washington, D.C.
- Dental, vision and hearing coverage
- Coverage that works alongside Veterans Administration (VA) healthcare
- New mental health benefit that offers \$0 copays for in-network mental health visits (virtual or in person)
- \$0 copays for in-network primary care visits (in-person or virtual)



## Proudly partnering with veterans service organizations

Humana is the MA plan provider trusted by Veterans of Foreign Wars (VFW) and American Veterans (AMVETS). We are also a proud sponsor of DAV (Disabled American Veterans). Our collaboration ensures that veterans get a high standard of care.

## #1 Military-friendly employer

Humana has been recognized as the #1 Military-Friendly Employer by G.I. Jobs/Victory Media for two consecutive years. We are committed to hiring veterans and military spouses through our national veteran-hiring initiative.

*\* The Part B Giveback Benefit provides money back each month in a member's Social Security check for the Part B premium. The Part B Giveback Benefit could take up to 90 days to take effect.*

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# Multicultural services Indiana



## Maximize multicultural outreach

Resources for non-English speakers and more

Humana can help you break down language barriers to help you build relationships with clients from diverse backgrounds. We can ensure your multicultural prospects and clients feel comfortable and fully understand their options with a dedicated team who not only can speak in their preferred language, but also understand how their health needs may vary.

## Multilingual, multicultural member services

Your prospects and clients can get help from our interpreter line service or from one of our dedicated teams:

- Spanish: **800-606-1710**
- Korean: **800-433-4736**
- Chinese (Mandarin): **800-558-9927**
- Chinese (Cantonese): **800-819-1697**
- There's also a translation line that offers interpretation services for multiple languages, including Vietnamese and Haitian Creole.

## Sales technology tools

Explore user-friendly tools in multiple languages, including:

- Humana Enrollment Platform (English and Spanish)
- Find Care tool with Care Highlight® ratings for doctors
- Medicare Dental Benefits (English and Spanish)

## Language-optimized resources

Find a variety of assets tailored to your clients' language preferences:

- In-language Spanish websites
- Digital Marketing Materials tool in Spanish
- Sales Enablement Library within AgentAdvantage University (AAU) in multiple languages
- First Look in Spanish
- Prospecting and retention marketing materials available in multiple languages on Agent Marketing Hub (AMH)

Visit AAU or search the AMH for in-language materials.

## Support for your language preference

Find materials in your preferred language by completing the language preference form on AAU.

## Embrace diversity and expand your outreach with Humana's variety of language tools, including in-language training and resources.

You can get additional support from our dedicated Agent Support Unit using the following numbers:

- English: **800-309-3136**
- Spanish: **800-309-3136 option 9**



# Service area overview

## Indiana



# 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
Adams	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-051-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Boone	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Allen	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-051-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Brown	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Bartholomew	MA-PD: [H5216-307-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Carroll	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Benton	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Cass	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Blackford	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-051-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Clark	MA-PD: [H5216-188-000; H5216-226-000; H5216-307-000; H5216-317-000; H5216-322-000; H5216-463-000; H5619-055-000; H5619-071-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]

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Clinton	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Delaware	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Crawford	MA-PD: [H5216-192-000; H5216-307-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Dubois	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Daviess	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Elkhart	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
De Kalb	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-051-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Fayette	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Dearborn	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Floyd	MA-PD: [H5216-188-000; H5216-307-000; H5216-322-000; H5216-463-000; H5619-055-000; H5619-071-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]

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Fountain	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Hamilton	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Franklin	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Hancock	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Fulton	MA-PD: [H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Harrison	MA-PD: [H5216-188-000; H5216-307-000; H5216-322-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Gibson	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Hendricks	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Grant	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-051-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Henry	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Greene	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Howard	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]

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County	Plans
Huntington	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-051-000; H5619-055-000; H5619-170-000]; <b>MA:</b> [H5216-218-000; H5216-441-000]; <b>DSNP:</b> [H4939-001-000; H4939-002-000; H4939-003-000]
Jackson	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; <b>MA:</b> [H5216-218-000; H5216-441-000]; <b>DSNP:</b> [H4939-001-000; H4939-002-000; H4939-003-000]
Jasper	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; <b>MA:</b> [H5216-218-000; H5216-441-000]; <b>DSNP:</b> [H4939-001-000; H4939-002-000; H4939-003-000]
Jay	MA-PD: [H5216-307-000; H5216-309-000; H5216-463-000; H5619-055-000; H5619-170-000]; <b>MA:</b> [H5216-218-000; H5216-441-000]; <b>DSNP:</b> [H4939-001-000; H4939-002-000; H4939-003-000]
Jefferson	MA-PD: [H5216-307-000; H5216-463-000; H5619-055-000; H5619-170-000]; <b>MA:</b> [H5216-218-000; H5216-441-000]; <b>DSNP:</b> [H4939-001-000; H4939-002-000; H4939-003-000]

County	Plans
Jennings	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; <b>MA:</b> [H5216-218-000; H5216-441-000]; <b>DSNP:</b> [H4939-001-000; H4939-002-000; H4939-003-000]
Johnson	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; <b>MA:</b> [H5216-218-000; H5216-441-000]; <b>DSNP:</b> [H4939-001-000; H4939-002-000; H4939-003-000]
Knox	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; <b>MA:</b> [H5216-218-000; H5216-441-000]; <b>DSNP:</b> [H4939-001-000; H4939-002-000; H4939-003-000]
Kosciusko	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-051-000; H5619-055-000; H5619-170-000]; <b>MA:</b> [H5216-218-000; H5216-441-000]; <b>DSNP:</b> [H4939-001-000; H4939-002-000; H4939-003-000]
La Porte	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; <b>MA:</b> [H5216-218-000; H5216-441-000]; <b>DSNP:</b> [H4939-001-000; H4939-002-000; H4939-003-000]

# Service area overview

## Plan color key



MAPD

MA

DSNP

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

County	Plans
Lagrange	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-051-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Lake	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Lawrence	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Madison	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Marion	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Marshall	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]

County	Plans
Martin	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Miami	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Monroe	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Montgomery	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Morgan	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Newton	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]

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County	Plans	County	Plans
Noble	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-051-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Pike	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Ohio	MA-PD: [H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Porter	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Orange	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Posey	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Owen	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Pulaski	MA-PD: [H5216-307-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Parke	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Putnam	MA-PD: [H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Perry	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Randolph	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]

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

County	Plans	County	Plans
Ripley	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Starke	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Rush	MA-PD: [H5216-229-000; H5216-307-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Steuben	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-051-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Scott	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Sullivan	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Shelby	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Switzerland	MA-PD: [H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Spencer	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Tippecanoe	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
St Joseph	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Tipton	MA-PD: [H5216-229-000; H5216-307-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]

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County	Plans	County	Plans
Union	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Warren	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Vanderburgh	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Warrick	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Vermillion	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Washington	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Vigo	MA-PD: [H5216-192-000; H5216-307-000; H5216-463-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Wayne	MA-PD: [H5216-192-000; H5216-229-000; H5216-307-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]
Wabash	MA-PD: [H5216-307-000; H5216-309-000; H5216-463-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]	Wells	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-051-000; H5619-055-000; H5619-170-000]; MA: [H5216-218-000; H5216-441-000]; DSNP: [H4939-001-000; H4939-002-000; H4939-003-000]

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Plan color key



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

County	Plans
White	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-049-000; H5619-055-000; H5619-170-000]; <b>MA:</b> [H5216-218-000; H5216-441-000]; <b>DSNP:</b> [H4939-001-000; H4939-002-000; H4939-003-000]
Whitley	MA-PD: [H5216-192-000; H5216-307-000; H5216-309-000; H5216-463-000; H5619-051-000; H5619-055-000; H5619-170-000]; <b>MA:</b> [H5216-218-000; H5216-441-000]; <b>DSNP:</b> [H4939-001-000; H4939-002-000; H4939-003-000]



# Consumer plan priorities Indiana



# Consumer Plan Priorities

[Click here for our enhanced NEEDS analysis resource](#)

Consumers' top priority for their Medicare plan	What it means	Key selling points
I want network flexibility and predictable costs	I want a plan where I can see out-of-network medical doctors, but pay the in-network copay.	<ul style="list-style-type: none"> <li>• Can use out-of-network doctors and not pay more</li> <li>• No referrals needed for specialists</li> <li>• Travel-friendly health coverage</li> <li>• Rx and dental coverage to maintain my health</li> <li>• Predictable out-of-pocket costs, but those costs may be higher</li> </ul>
I'm healthy, so I don't want to pay for extras I won't use	I just need routine care and coverage, but I do want flexibility and practical benefits like a Part B Giveback.	<ul style="list-style-type: none"> <li>• Coverage for medical needs and the essentials</li> <li>• Flexibility with travel-friendly health coverage and no referral needed for specialists</li> <li>• Rx and dental coverage, plus a Part B Giveback that adds money back in my Social Security check</li> </ul>
Gives me quality benefits and in-network care	I want value and a wide range of benefits, and I'm ok staying in a great network to get it.	<ul style="list-style-type: none"> <li>• \$0 or low premiums, plus low or \$0 copay doctor visits</li> <li>• Dental, vision and hearing included</li> <li>• OTC allowance and Rx coverage</li> </ul>
Works with my Medicaid coverage (Dual eligible)	I want to get the most out of both Medicaid and Medicare.	<ul style="list-style-type: none"> <li>• A monthly allowance to help pay for things like groceries and utilities*</li> <li>• \$0 copays on hundreds of prescriptions<sup>†</sup></li> <li>• Dental, vision and hearing included</li> </ul>
I want access to care outside of my VA coverage	I want access to care outside of the VA, without disrupting my VA benefits.	<ul style="list-style-type: none"> <li>• Veteran-specific customer service, trained in partnership with USAA<sup>‡</sup></li> <li>• \$0 copays for in-network mental health visits (virtual or in person)**</li> <li>• Access to local doctors and pharmacies</li> <li>• Part B Giveback that adds money back in my Social Security check</li> <li>• Dental benefits not provided by the VA</li> </ul>

# Consumer Plan Priorities

[Click here for our enhanced NEEDS analysis resource](#)

Consumers' top priority for their Medicare plan	What it means	Key selling points
Supports my chronic conditions	I need affordable, ongoing care and support for my specific needs—without disruption.	<ul style="list-style-type: none"> <li>• \$0 or low premiums, plus a \$0 copay for doctor visits</li> <li>• Lower prescription costs for condition-specific medications<sup>††</sup></li> <li>• Programs and services to support chronic conditions like diabetes, heart disease and more</li> </ul>
I want budget-friendly benefits with no doctor referrals	I want my choice of doctors and coverage that works with my budget.	<ul style="list-style-type: none"> <li>• \$0 or low premiums</li> <li>• \$0 or low copays for doctor visits</li> <li>• Coverage for everyday costs (like OTC)</li> <li>• Ability to see out-of-network doctors if the unexpected happens</li> <li>• No referral needed for specialists</li> <li>• Dental, vision and hearing included</li> </ul>

\* 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.

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

‡ Humana Insurance Company pays royalty fees to USAA for the use of its intellectual property. USAA means United Services Automobile Association and its affiliates. Use of the term "USAA member" or "USAA membership" refers to membership in USAA Membership Services and does not convey any legal or ownership rights in USAA. Restrictions apply and are subject to change. USAA and the USAA logo are registered trademarks of the United Services Automobile Association. All rights reserved. No Department of Defense or government agency endorsement.

\*\* Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

†† Does not apply to I-SNP.

Humana developed the Consumer Plan Priorities through extensive consumer research, identifying unique needs and preferences. The recommended plans align closely with these needs and should be considered starting points for discussions. Each consumer has unique stories and priorities, so a thorough NEEDS analysis is essential.



# MA/MAPD

## Indiana

Key selling points

- Includes OTC Allowance
- Features Part B Giveback

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	\$7900 IN
Deductible	\$100 Combined In and Out-of-Network
Part B deductible in medical benefits	N/A
Part B Giveback	\$79
PCP copay	\$0 copayment
Specialist copay	\$45 copayment
Inpatient hospital	\$425 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$325 copayment Ambulatory Surgical Center; \$425 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	\$350 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$10/\$47/50%/29%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits	
Dental	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, oral surgery, bridges, root canals. OON coverage available. DEN571
Vision	\$75 allowance for annual exam and \$150 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	OTC Debit Card \$50/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year and \$399 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

### Key selling points

- 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	\$9150 IN
Deductible	\$430 Combined In and Out-of-Network
Part B deductible in medical benefits	N/A
Part B Giveback	\$129
PCP copay	\$0 copayment
Specialist copay	\$40 copayment
Inpatient hospital	\$400 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$300 copayment Ambulatory Surgical Center; \$400 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$305 copayment

### Rx benefits

Deductible	\$615 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$2/\$47/31%/25%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

### Supplemental benefits

Dental	\$500 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available. DENA04
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 \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

### Key selling points

- 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	\$9150 IN
Deductible	\$425 Combined In and Out-of-Network
Part B deductible in medical benefits	N/A
Part B Giveback	\$123
PCP copay	\$0 copayment
Specialist copay	\$40 copayment
Inpatient hospital	\$400 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$300 copayment Ambulatory Surgical Center; \$400 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	\$500 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available. DENA04
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 \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

### Key selling points

- New lower Rx Copays
- \$0 monthly plan premium



Coverage area ● New area ●

Medical benefits	
MOOP	\$6250 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	N/A
PCP copay	\$0 copayment
Specialist copay	\$40 copayment
Inpatient hospital	\$530 per day, Days(1-5);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$420 copayment Ambulatory Surgical Center; \$520 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	\$350 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$5/\$47/48%/29%
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, oral surgery, bridges, root canals. OON coverage available. DEN365
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 \$50/Quarter
Hearing	\$0 copay for annual exam, fitting and \$499 copayment for Advanced level hearing aid per ear per year and \$799 copayment for Premium level hearing aid per ear per year and \$199 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	Transportation 24 one way trip(s) per year, may not exceed 50 per trip

### Key selling points

- New Statewide Plan
- Dental allowance benefit available, includes dentures

### 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	\$6350 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	N/A
PCP copay	\$0 copayment
Specialist copay	\$55 copayment
Inpatient hospital	\$440 per day, Days(1-6);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$340 copayment Ambulatory Surgical Center; \$440 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	\$400 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$10/\$47/48%/28%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits	
Dental	\$3500 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. DEN055
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 \$50/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year and \$399 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

### Key selling points

- New lower Rx Copays
- \$0 monthly plan premium

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	\$4250 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	N/A
PCP copay	\$0 copayment
Specialist copay	\$35 copayment
Inpatient hospital	\$410 per day, Days(1-7);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$325 copayment Ambulatory Surgical Center; \$425 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	\$250 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$0/\$47/48%/30%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits	
Dental	\$2500 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. DEN044
Vision	\$0 copayment for annual exam and \$450 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	OTC Debit Card \$75/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year and \$399 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	Transportation 60 one way trip(s) per year, may not exceed 150 per trip

### Key selling points

- \$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	\$4500 IN
Deductible	\$125In-Network
Part B deductible in medical benefits	N/A
Part B Giveback	N/A
PCP copay	\$0 copayment
Specialist copay	\$35 copayment
Inpatient hospital	\$450 per day, Days(1-6);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$350 copayment Ambulatory Surgical Center; \$450 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	\$250 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$5/\$47/48%/30%
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, scaling and root planing, scaling for moderate inflammation, oral surgery, root canals. OON coverage available. DENA75
Vision	\$0 copayment for annual exam and \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	N/A
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

Key selling points

- Healthy Options Allowance available with roll over

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	\$9150 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$45 copayment
Inpatient hospital	\$405 per day, Days(1-6);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$295 copayment Ambulatory Surgical Center; \$395 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

**Rx benefits**

Deductible	\$615 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$5/\$47/48%/25%/\$0
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, oral surgery, bridges, root canals. DEN334
Vision	\$0 copayment for annual exam and \$200 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	N/A
Humana Healthy Options Allowance™	\$50 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 level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year and \$399 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

### Key selling points

- New lower Rx Copays
- Increased dental allowance benefit

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	\$5450 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	\$530 per day, Days(1-5);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$420 copayment Ambulatory Surgical Center; \$520 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	\$250 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$0/\$47/47%/30%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits	
Dental	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, root canals. DEN052
Vision	\$0 copayment for annual exam and \$450 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	OTC Debit Card \$50/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	Transportation 24 one way trip(s) per year, may not exceed 50 per trip

### Key selling points

- Healthy Options Allowance available with roll over
- \$0 Dialysis Copay
- Includes unlimited transportation benefit

### 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 ●

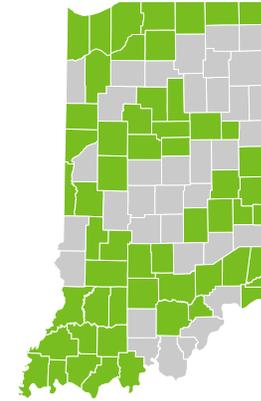
Medical benefits	
MOOP	\$9200 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	N/A
PCP copay	\$0 copayment
Specialist copay	\$50 copayment
Inpatient hospital	\$450 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$385 copayment Ambulatory Surgical Center; \$435 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	\$615 Deductible for Tiers 4,5
Rx-retail 30-day supply	\$0/\$0/\$47/49%/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, oral surgery, bridges, root canals. DEN325
Vision	\$0 copayment for annual exam and \$150 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	OTC Debit Card \$60/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year and \$399 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	Transportation Unlimited one-way trips per year, may not exceed 100 per trip

Key selling points

- Reduced Specialist Copay
- Includes OTC Allowance



Coverage area ● New area ●

Medical benefits	
MOOP	\$6200 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$45 copayment
Inpatient hospital	\$420 per day, Days(1-7);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$350 copayment Ambulatory Surgical Center; \$450 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	\$250 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$5/\$47/50%/30%
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, scaling and root planing, scaling for moderate inflammation, oral surgery, root canals. OON coverage available. DENA75
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	OTC Debit Card \$50/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

Key selling points

- Includes Dental, Vision, and Hearing coverage



Coverage area ● New area ●

Medical benefits	
MOOP	\$6600 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$31
PCP copay	\$0 copayment
Specialist copay	\$50 copayment
Inpatient hospital	\$470 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$370 copayment Ambulatory Surgical Center; \$470 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	\$615 Deductible for Tiers 3,4,5
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	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation, oral surgery, root canals. OON coverage available. DENA74
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 \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

### Key selling points

- Increased dental allowance benefit
- Increased Vision Allowance Benefit

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 ●

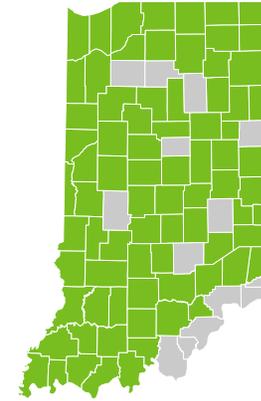
Medical benefits	
MOOP	\$6600 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	N/A
PCP copay	\$0 copayment
Specialist copay	\$45 copayment
Inpatient hospital	\$330 per day, Days(1-8);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$230 copayment Ambulatory Surgical Center; \$330 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits	
Deductible	\$300 Deductible for Tiers 4,5
Rx-retail 30-day supply	\$0/\$5/\$47/50%/29%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits	
Dental	\$3500 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. DEN055
Vision	\$75 allowance for annual exam and \$250 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	OTC \$50/Quarter
Hearing	\$0 copay for annual exam, fitting and \$499 copayment for Advanced level hearing aid per ear per year and \$799 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

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	\$6700 IN
Deductible	\$215 Combined In and Out-of-Network
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$70 copayment
Inpatient hospital	\$600 per day, Days(1-4);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$570 copayment Ambulatory Surgical Center; \$670 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

**Rx benefits**

Deductible	\$615 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$5/\$47/48%/25%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

**Supplemental benefits**

Dental	\$0 copayment covers: exams, x-rays, cleanings. OON coverage available. DEN350
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 \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

### Key selling points

- Increased Part B Giveback
- New \$0 PCP Office Visit Copay

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	\$7900 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$176
PCP copay	\$0 copayment
Specialist copay	\$45 copayment
Inpatient hospital	\$430 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$375 copayment Ambulatory Surgical Center; \$475 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	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, oral surgery, bridges, root canals. OON coverage available. DEN567
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 Debit Card \$50/Quarter
Hearing	\$0 copay for annual exam, fitting and \$399 copayment for Advanced level hearing aid per ear per year and \$699 copayment for Premium level hearing aid per ear per year and \$99 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

Key selling points

- Increased Dental allowance benefit, includes dentures

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	\$7900 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$100
PCP copay	\$0 copayment
Specialist copay	\$45 copayment
Inpatient hospital	\$475 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$375 copayment Ambulatory Surgical Center; \$475 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	\$3000 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. DEN050
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 Debit Card \$150/Quarter
Hearing	\$0 copay for annual exam, fitting and \$399 copayment for Advanced level hearing aid per ear per year and \$699 copayment for Premium level hearing aid per ear per year and \$99 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A



# D-SNP Indiana



# D-SNP

## Humana Gold Plus SNP-DE (HMO-POS D-SNP): H4939-003-000

Premium - \$0-\$22.40

### Key selling points

- New Healthy Options allowance with roll over
- Available statewide
- Dental allowance benefit available, includes dentures

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-\$2230 per admission
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	0%-20% coinsurance; 0%-20% coinsurance
Advanced imaging	\$0-\$200 copayment; \$0-\$335 copayment

### 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	\$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. DEN389
Vision	\$0 copayment for annual exam and \$500 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	N/A
Humana Healthy Options Allowance™	\$125 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 \$0 copayment for Standard level hearing aid per ear every 3 years plus 80 batteries per aid.
Transportation	Transportation 24 one way trip(s) per year, may not exceed 25 per trip

# D-SNP

## Humana PathWays Dual Care (HMO-POS D-SNP): H4939-001-000

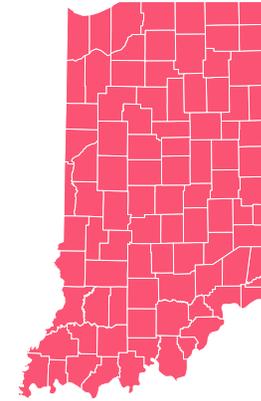
Premium - \$0-\$20.90

### Key selling points

- New Healthy Options allowance with roll over
- Available statewide
- New FIDE DSNP

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-\$2230 per admission
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	0%-20% coinsurance; 0%-20% coinsurance
Advanced imaging	\$0-\$200 copayment; \$0-\$335 copayment

### 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	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, oral surgery, bridges, root canals. OON coverage available. DENH54
Vision	\$0 copayment for annual exam and \$350 allowance per year for eyewear or contact lenses including fittings
OTC	N/A
Humana Healthy Options Allowance™	\$260 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 \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
Transportation	Transportation Unlimited one-way trips per year, may not exceed 100 per trip

# D-SNP

## Humana Dual Select (HMO-POS D-SNP): H4939-002-000

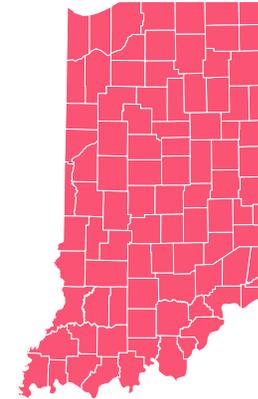
Premium - \$0-\$37.50

### Key selling points

- New Healthy Options allowance with roll over
- Available statewide
- Dental allowance benefit available, includes dentures

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	QDWI, QI, QMB, SLMB
MOOP	\$0-\$9250 IN
Deductible	N/A
PCP copay	0%-20% coinsurance
Specialist copay	0%-20% coinsurance
Inpatient hospital	\$0-\$2230 per admission
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	0%-20% coinsurance; 0%-20% coinsurance
Advanced imaging	\$0-\$200 copayment; \$0-\$335 copayment

### 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	\$3500 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. DEN055
Vision	\$0 copayment for annual exam and \$400 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	N/A
Humana Healthy Options Allowance™	\$115 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 \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
Transportation	Transportation 36 one way trip(s) per year, may not exceed 75 per trip



**PDP**  
Indiana



**Humana Premier Rx Plan (PDP): S5884-161-000**

Premium - \$125.30



coverage area ● new area ●

**Prescription drug plan**

Premium	\$125.30
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 Value Rx Plan (PDP): S5884-194-000**

Premium - \$9.90



coverage area ● new area ●

**Prescription drug plan**

Premium	\$9.90
Rx deductible	\$601 Deductible for Tiers 3,4,5
Preferred retail 30-day supply	\$0/\$0/20%/34%/26%
Standard cost-sharing retail 30-day supply	\$1/\$2/20%/34%/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 Basic Rx Plan (PDP): S5884-138-000**

Premium - \$0.00



coverage area ● new area ●

**Prescription drug plan**

Premium	\$0.00
Rx deductible	\$615 Deductible for All Tiers
Preferred retail 30-day supply	No Coverage
Standard cost-sharing retail 30-day supply	\$0/\$1/25%/33%/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 Indiana



# Legacy Plans

"Legacy" plans are Medicare Advantage plans that Humana still offers in Indiana 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
H5216-019-000	HumanaChoice (PPO)	\$24.00
H5216-023-000	HumanaChoice (PPO)	\$21.00
H5216-114-000	HumanaChoice (PPO)	\$0.00
H5216-053-000	HumanaChoice (PPO)	\$38.00
H5525-008-000	HumanaChoice (PPO)	\$0.00
H5619-053-000	Humana Gold Plus (HMO-POS)	\$0.00
H8145-032-000	Humana Gold Choice (PFFS)	\$37.00
R0110-011-000	HumanaChoice (Regional PPO)	\$0.00
R0110-012-000	HumanaChoice (Regional PPO)	\$20.00



**Other products**  
Indiana

## Humana Individual Dental insurance plans

Offering affordable solutions for your clients and prospects, Humana's Individual Dental plans offer a range of coverage options to consumers of any age. Plans range in coverage from budget-conscious preventive and basic care to robust dental, vision and hearing (DVH) plans, such as Humana Extend.\*

Individual Dental plans provide a year-round selling opportunity. With dental benefits in high demand, our products are a good fit for:

- Original Medicare (OM) and Medicare Advantage (MA) enrollees
- Entrepreneurs and microbusinesses
- Graduate students
- Veterans and their spouses
- Employees with no/limited group benefits
- Families

### Key features:\*

- Affordable plans as low as \$18/month†
- National network with 135,000+ dentists and specialists‡
- Members save an average of 40% off dental services
- PPO plans that can start as soon as 5 days after enrollment
- DHMO plans with no deductible or annual max
- Plans with no waiting periods as well as plans with \$1,000 - \$5,000 annual maximum

\* Plans are not available in all states. Plan benefits may vary by state. Refer to the plan documents for complete details of coverage.

† Rate is for one person on the Preventive Value plan in New Mexico and is for illustrative purposes only.

‡ Humana network data as of Oct. 2024.



## Better for your clients and your business

Millions of Americans have no dental insurance or access to coverage.<sup>1</sup> Individual Dental plans can help you grow your business and revenue stream to new and potentially younger members. Those new members can provide a pipeline to future MA sales and referrals.

Learn more about selling Individual Dental plans and specialty products on the [IDV overview page](#) on AgentAdvantage University (AAU).

Source

1. [“New data: Americans are still not getting the dental care they need,”](#) Dental Economics, last accessed May 21, 2025.

## Medicare Supplement insurance plans

An ideal choice for prospects and clients who value more freedom and flexibility.

For those eligible for Medicare, Medicare Advantage (MA) plans aren't the only option available. Medicare Supplement insurance (also referred to as Medigap or Med Supp) can be an excellent way for many clients to complement their Original Medicare coverage by paying for out-of-pocket costs that Original Medicare doesn't pay. And as an agent, it can help you broaden your portfolio to help you capitalize on more potential sales.

### Why Med Supp?

For many beneficiaries, Med Supp presents the right combination of flexibility, predictability and coverage. Here are some other features that can appeal to consumers:

- Limits out-of-pocket liability for medical expenses
- Guaranteed annual renewal as long as premium is paid
- A wide range of plans are available to fit most budgets and healthcare needs
- Freedom to see any provider that accepts Medicare patients
- No referrals required in most cases
- Can be offered to consumers year-round
- Competitive premiums in many markets
- Offers a variety of secure and convenient payment options



### Additional resources

There is a lot of detailed information to know about Med Supp plans, which is why Humana provides you with extensive resources. We'll help you so you're ready to take members through the enrollment process, make the most of their benefits and answer any questions they may have. You'll find all the resources available on the [Med Supp overview page](#) on AgentAdvantage University (AAU) or the [Vantage agent portal](#).

## Humana Individual Vision insurance plans

With more than 197.6 million Americans using eyeglasses or contacts<sup>1</sup>, the opportunities to sell vision plans to consumers of all ages is significant. Humana's Individual Vision plans can be sold year-round and offer some of the most robust plan features in the industry.

Humana's Individual Vision plans are part of the whole-health approach we offer all consumers including Medicare members, including products that bundle dental, vision and hearing (DVH) benefits.

### Key features:\*

- Affordable plans starting at \$12/month<sup>†</sup>
- Preventive coverage including an annual eye exam
- Generous allowances for frames and lenses—including designer frames and sunglasses—or for contacts
- Discounts on Lasik® and vision-related expenses
- 170,000 vision access points nationwide including independent, retail and online options<sup>‡</sup>
- No waiting periods on some plans

#### Source

1. [Organizational Overview](#), The Vision Council, last accessed May 21, 2025.

\* Plans are not available in all states. Plan benefits may vary by state. Refer to the plan documents for complete details of coverage.

† Rate is for one person on the Humana Vision PLUS plan in Maine and is for illustrative purposes only.

‡ Provider Access Points, Internal Reporting, Nov. 2024.

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## National vision network

Humana Individual Vision members can access services with 170,000 access points including Walmart Vision Centers, Sam's Club Optical, Target Optical®, LensCrafters®, and Pearle Vision®. See the providers in your area at [Humana vision network](#).



# Resources Indiana



## 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

## Indiana

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**Humana**<sup>®</sup>

