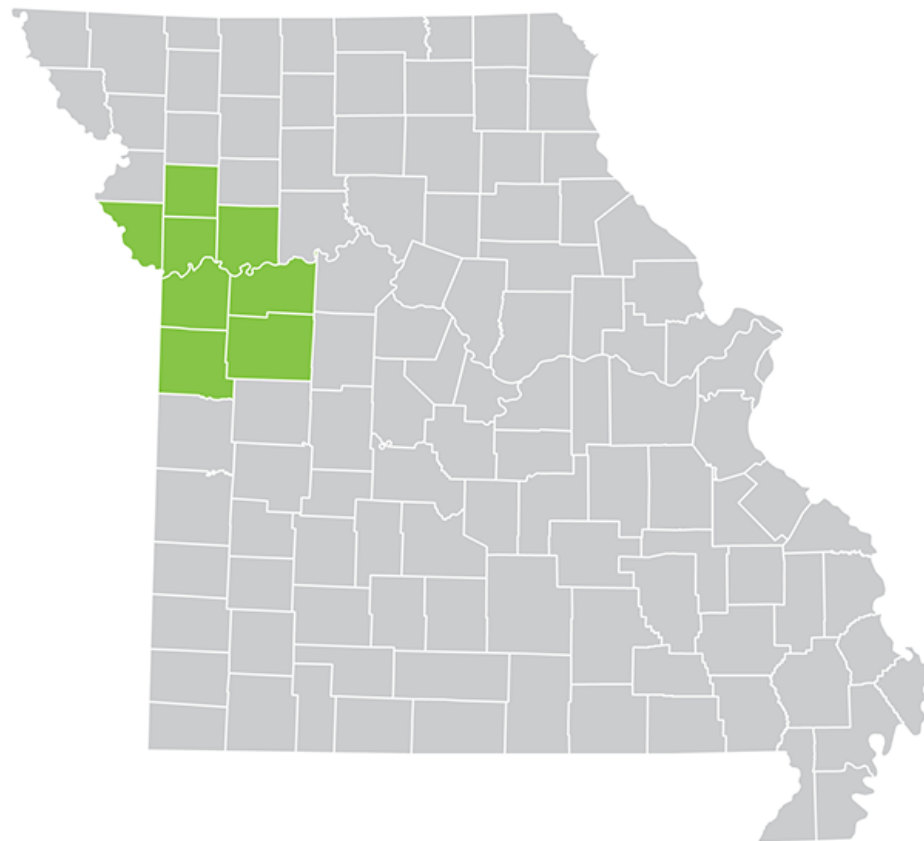


Market Highlights

- Flex Allowance available on H5216-318-002 with an annual allowance of \$500 to be used for covered dental, vision, and hearing needs.
- Dental allowance benefit available on select HMO and PPO plans up to \$2500.
- H0028-054-001 has a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- New Healthy Options Allowance for food, OTC and more available on Dual Eligible Plans.
- \$0 Copay on all Medicare approved drugs on all tiers through all stages for DSNP Members.
- New Healthy Options allowance available on H0028-050-000 with a monthly allowance of \$50 with rollover. The allowance is used for overall wellness for members diagnosed with a chronic condition. This includes OTC card with expanded catalog.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- Humana Honor MA-Only plan with Comprehensive Dental and a \$100 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.

Network Highlights

- HMO plans within the market do not require referrals.
- All major hospital facilities within the market are in-network.
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any Humana ChoiceCare PPO Network Provider across the country for in-network services.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.
- Network physician groups include: CenterWell, Oak Street, Dedicated, Encompass, KU, St. Lukes, Advent and many more





Market Service Area

Cass, Clay, Clinton, Jackson, Johnson, Lafayette, Platte, Ray

MA / MAPD

Plan Name	HumanaChoice (PPO)	Humana Gold Plus (HMO-POS)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)
Plan Number	H5216-318-002	H0028-054-001	H0028-050-000
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	N/A	N/A	N/A
PCP	\$0	\$0	\$0
Specialist	\$30	\$20	\$30
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day(Days 1-5); \$0 per day(Days 6-90)	\$295 per day(Days 1-7); \$0 per day(Days 8-90)	\$295 per day(Days 1-7); \$0 per day(Days 8-90)
Max Out-of-Pocket	\$3600 In-Network	\$3000 In-Network	\$3450 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$47/\$99/33%	\$0/\$0/\$47/\$99/33%	\$0
Dental	\$2500 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.	\$1500 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness
Market Service Area	Cass, Clay, Jackson, Johnson, Lafayette, Platte, Ray	Cass, Clay, Jackson, Johnson, Lafayette, Platte, Ray	Cass, Clay, Jackson, Johnson, Lafayette, Platte, Ray

		Humana Honor Plan 	Humana Honor Plan 
Plan Name	Humana Gold Choice (PFFS)	Humana USAA Honor (PPO)	Humana USAA Honor (PPO)
Plan Number	H8145-122-000	H5216-329-000	H5216-140-000
Premium	\$131.00	\$0.00	\$0.00
Part B Giveback	N/A	\$100	\$50
PCP	\$0	\$0	\$0
Specialist	\$0	\$40	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$0 per admission	\$425 per day(Days 1-5); \$0 per day(Days 6-90)	\$360 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$3400 In/Out Network	\$6700 In-Network	\$4500 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$47/\$99/33%	No Coverage	No Coverage
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.	\$2000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC Debit Card \$75/Quarter for select health and wellness products at participating retailers	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year	Dental, Vision, Hearing, Fitness, OTC \$90/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year
Market Service Area	Cass, Clay, Clinton, Jackson, Lafayette, Platte	Greater Kansas City Market-wide	Greater Kansas City Market-wide

Plan Name	Humana USAA Honor (Regional PPO)
Plan Number	R1532-001-000
Premium	\$0.00
Part B Giveback	\$115
PCP	\$10
Specialist	\$40
Referrals Required	No
Inpatient Hospital	\$425 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$4900 In-Network
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage
Dental	\$2500 annually; \$0 copayment covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$100/Quarter for select health and wellness products
Market Service Area	Greater Kansas City Market-wide

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO-POS D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H0028-015-000	H5216-164-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+
Dental	\$5000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.	\$4000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.
Healthy Options Allowance	\$175 monthly allowance on a prepaid card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.). Allowance amount cannot be combined with other allowances which may be on the Card. Unused funds will roll over to the next month and expire at the end of the plan year.	\$125 monthly allowance on a prepaid card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.). Allowance amount cannot be combined with other allowances which may be on the Card. Unused funds will roll over to the next month and expire at the end of the plan year.
Vision	\$0 copayment for annual exam and \$400 allowance per year for eyewear	\$40 allowance for annual exam and \$500 allowance per year for eyewear

	or contact lenses including fittings at PLUS Provider	or contact lenses including fittings at PLUS Provider. OON coverage available.
Hearing	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
Transportation	\$0 copayment for plan approved location up to 60 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 75 miles per trip.	\$0 copayment for plan approved location up to 60 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 75 miles per trip.
Current Service Area	Cass, Clay, Jackson, Johnson, Lafayette, Platte	Clinton, Ray

Prescription Drug Plans

Plan Name	Humana Basic Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Walmart Value Rx Plan (PDP)
Plan Number	Coming Soon	Coming Soon	Coming Soon
Insulin Savings Program			
Pairs Well With			
Premium			
Rx Deductible			
Preferred Retail 30-day Supply			
Standard Retail 30-day Supply			
Preferred Mail 90-day Supply			
Market Service Area			

Other Plans

Plan Name	Plan Number	Plan Category
Humana Gold Plus (HMO)	H0028-017-000	MA-PD
HumanaChoice (PPO)	H5216-032-000	MA-PD
Humana Gold Choice (PFFS)	H8145-006-000	MA-PD
HumanaChoice (Regional PPO)	R1532-002-000	MA-PD
Humana Gold Choice (PFFS)	H8145-126-000	MA

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Local Support - Missouri



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