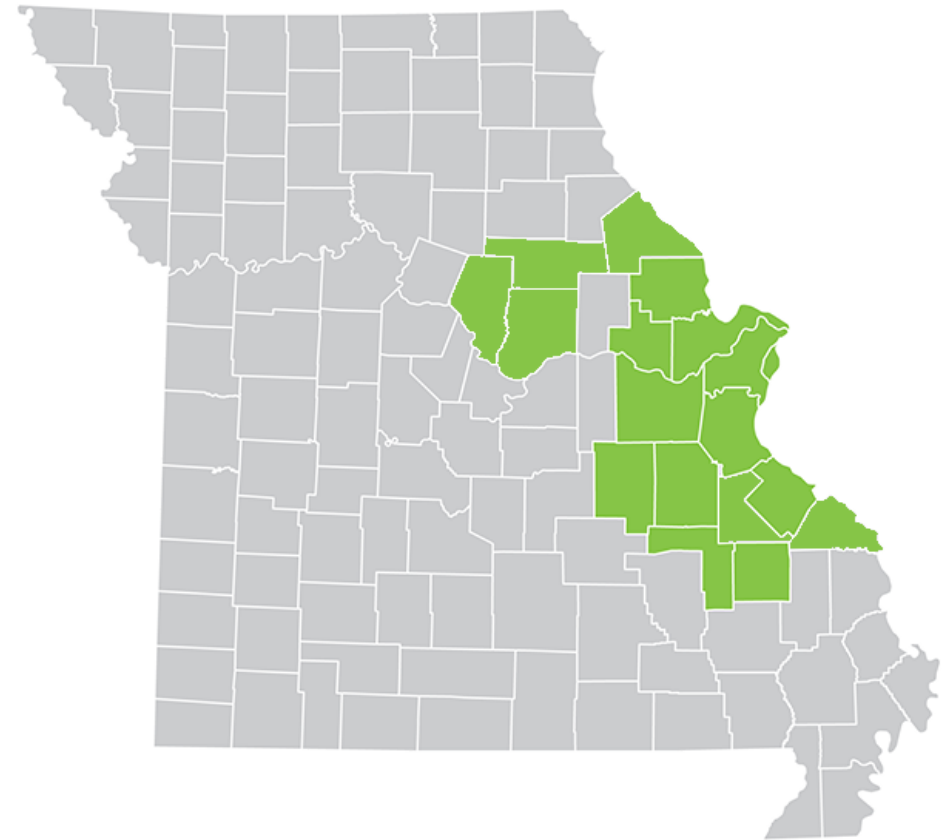


## Market Highlights

- Flex Allowance available on H0028-014-000 with an annual allowance of \$250 to be used for covered dental, vision, and hearing needs.
- Dental allowance benefit available on select HMO and PPO plans up to \$3000.
- New Healthy Options allowance available on H0028-015-000 with a monthly allowance of \$175 with rollover. The allowance is used for overall wellness for members.
- New Healthy Options allowance available on H0028-051-000 with a monthly allowance of \$50 with rollover. The allowance is used for overall wellness for members diagnosed with a chronic condition.
- Select HMO and PPO plans offer \$0 Rx copay for Tier 1 and Tier 2 at preferred cost share pharmacies through the coverage gap.
- Humana USAA Honor MA-Only plan with Comprehensive Dental and a \$115 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.
- Go365® by Humana is a wellness program that rewards your clients for completing activities that may help them make healthy choices. Many Humana Medicare Advantage plans include Go365.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.

## Network Highlights

- HMO plans within the market do not require referrals.
- Select HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- 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.
- All major hospital facilities within the market are in-network: St Lukes, Mercy, Barnes Jewish Community(BJC), SSM.
- In-network hospitals and provider systems include, but are not limited to, the following: Oak Street; Dedicated Senior Health; \*New Esse Health; \*New Peoples Health Clinic; Affinia Health






### Market Service Area

Audrain, Boone, Callaway, Crawford, Franklin, Iron, Jefferson, Lincoln, Madison, Perry, Pike, Saint Charles, Saint Francois, Saint Louis, Saint Louis City, Sainte Genevieve, Warren, Washington

## MA / MAPD

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)
<b>Plan Number</b>	H0028-014-000	H5216-318-001	H0028-051-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Part B Giveback</b>	N/A	N/A	N/A
<b>PCP</b>	\$0	\$0	\$0
<b>Specialist</b>	\$25	\$30	\$25
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$245 per day(Days 1-8); \$0 per day(Days 9-90)	\$295 per day(Days 1-5); \$0 per day(Days 6-90)	\$230 per day(Days 1-7); \$0 per day(Days 8-90)
<b>Max Out-of-Pocket</b>	\$2900 In-Network	\$3700 In-Network	\$3200 In-Network
<b>Rx Deductible</b>	No Deductible	No Deductible	No Deductible
<b>Rx - Retail 30-day Supply</b>	\$0/\$0/\$47/\$99/33%	\$0/\$5/\$47/\$99/33%	\$0/\$0/\$47/\$99/33%/\$0
<b>Dental</b>	\$3000 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	\$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
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness
<b>Market Service Area</b>	Audrain, Boone, Callaway, Crawford, Franklin, Iron, Jefferson, Lincoln, Madison, Perry, Pike, Saint Charles,	St. Louis Market-wide	Franklin, Jefferson, Saint Charles, Saint Louis, Saint Louis City

	Saint Francois, Saint Louis, Saint Louis City, Warren, Washington		
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	Humana Honor Plan 	Humana Honor Plan 	Humana Honor Plan 
Plan Name	Humana USAA Honor (PPO)	Humana USAA Honor (PPO)	Humana USAA Honor (Regional PPO)
<b>Plan Number</b>	H5216-140-000	H5216-329-000	R1532-001-000
<b>Premium</b>	\$0.00	\$0.00	\$0.00
<b>Part B Giveback</b>	\$50	\$100	\$115
<b>PCP</b>	\$0	\$0	\$10
<b>Specialist</b>	\$35	\$40	\$40
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$360 per day(Days 1-5); \$0 per day(Days 6-90)	\$425 per day(Days 1-5); \$0 per day(Days 6-90)	\$425 per day(Days 1-5); \$0 per day(Days 6-90)
<b>Max Out-of-Pocket</b>	\$4500 In-Network	\$6700 In-Network	\$4900 In-Network
<b>Rx Deductible</b>	No Deductible	No Deductible	No Deductible
<b>Rx - Retail 30-day Supply</b>	No Coverage	No Coverage	No Coverage
<b>Dental</b>	\$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.	\$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.
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$90/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year	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 \$100/Quarter for select health and wellness products
<b>Market Service Area</b>	St. Louis Market-wide	St. Louis Market-wide	St. Louis Market-wide

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO-POS D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)
<b>Plan Number</b>	H0028-015-000	H5216-164-000
<b>Medicaid Levels</b>	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+
<b>Dental</b>	\$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.
<b>Healthy Options Allowance</b>	\$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.
<b>Vision</b>	\$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.
<b>Hearing</b>	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
<b>Transportation</b>	\$0 copayment for plan approved location up to 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.
<b>Current Service Area</b>	Crawford, Iron, Jefferson, Madison, Perry, Pike, Saint Charles, Saint Francois, Saint Louis, Saint Louis City, Warren, Washington	Audrain, Boone, Callaway, Franklin, Lincoln, Sainte Genevieve

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 Choice (PFFS)	H8145-122-000	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

## Local Support

### Local Support - Missouri



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