

Humana New York City & Long Island 2022 Plan Reference Sheet

Plan Type	Plan County	Plan Code	Plan Premium	PCP Copay	Specialist Copay	Medical Deductible	Rx Deductible	Plan MOOP	Hospital	OTC	Transportation	ISP	
DSNP	Brooklyn, Manhattan & Queens	H3533-034-001 (Formerly H3533-031)	\$0								\$400/qtr OTC Card \$50/mo Food Card	24 One Way (25 miles)	
	The Bronx, Staten Island, Nassau & Suffolk	H3533-034-002 (Formerly H3533-031)	\$0								\$100/mo OTC Card \$75/mo Food Card	N/A	
	The Bronx	H5970-026-000	\$0								\$130/mo OTC Card \$75/mo Food Card	24 One Way (25 miles)	
HMO **** (See below disclaimer)	Queens, Brooklyn Manhhatan & The Bronx	H3533-032-001	\$24	\$0	\$40	\$200	\$200 Tier 3 -5	\$6,500	\$325 Days 1-6	\$45/quarter	48 One Way (25 miles)	Yes	
	Staten Island	H3533-032-002	\$27	\$0	\$45	\$300	\$200 Tier 3 -5	\$6,500	\$325 Days 1-6	\$45/quarter	48 One Way (25 miles)	Yes	
	Queens & Brooklyn	H3533-033	\$0	\$0	\$45	\$0	\$350 Tier 3 -5	\$7,550	\$495 Days 1-4	\$50/quarter	24 One Way (25 miles)	Yes	
	NYC & Long Island	H3533-027	\$0 w/ \$45 Part B Giveback	\$0	\$50	\$1,000	\$425 Tier 3-5	\$7,550	\$800 per admission	No	No	N/A	
	Long Island	H3533-010	\$39.60	\$0	\$40	\$200	\$250 Tier 3-5	\$7,550	\$375 Days 1-5	\$50/quarter	24 One Way (25 miles)	Yes	
PPO	Queens, Brooklyn, Manhattan & The Bronx	H5970-024-001	\$0	\$0 In network 30% Out of network	\$40 In network 30% Out of network	\$0	\$350 Tier 4-5	\$7,200	\$350 Days 1-5	No	No	Yes	
	Staten Island & Long Island	H5970-024-002	\$0	\$0 In network 30% Out of network	\$45 In network 30% Out of network	\$0	\$350 Tier 4-5	\$7,200	\$350 Days 1-5	No	No	Yes	
PPO - MA Only	New York State	H5970-016	\$0 w/ \$40 Part B Giveback	\$0 In network 30% Out of network	\$40 In network 30% Out of network	\$0	No RX coverage	\$4,500	\$350 Days 1-5	\$50/quarter	Unlimited One Way trips	N/A	
PDP	New York State	S5552-006 Walmart	No Medical Coverage										
		S5552-004 Basic No Commissions!											
		S5552-005 Premier											

****Services not covered by Original Medicare, Primary Care Physician, Specialist, Ambulance services, Emergency room services, Urgently Needed services at Urgent Care Centers, Immunizations (Flu & Pneumonia), Lab services, Medicare covered Preventative services, Diabetic Monitoring Supplies, and COVID-19 Tests and Treatment do not apply to the in-network deductible. **\$300 H3533-032-002, \$200 H3533-010, \$200 H3533-032-001, \$1000 3533-027.**

In Network Hospitals & Major Provider Groups						
Hudson Valley	Manhattan	Brooklyn	Queens	Staten Island	Nassau County	Suffolk County
MD Partners of Englewood Hospital. Montefiore Hospital, CareMount, Nuvance Health (NY): Vassar Brothers Medical Center, Putnam Hospital, Northern Dutchess Hospital.	NYU Hosp. Ctr, NY Ear & Eye, Manhattan Eye Ear & Throat, Mt. Sinai Beth Isarel, Lenox Hill Hospital, St. Luke's, Winthrop NYC, One Medical	Kingsbrook, Lutheran Med Ctr, Wyckoff Med Ctr, Mt. Sinai Beth Israel, NYU Langone Hosp. Oak Street Health	Jamaica Hospital, Flushing Hospital, LIJ Forest Hills, Mt. Sinai Hosp. of Queens; Advantage Care Physicians St. John's Hospial	Staten Island University Hospital North, Staten Island University Hospital; South, Richmond University Hospital	Northwell LIJ, ProHealth Northwell Cohen, South Nassau, Mercy Medical, Winthrop, St. Francis, St. Joseph, Plainview, Glen Cove, Syosset Hosp.	John T. Mather Hosp., Dolan Family Health Southside Hosp. Huntington Hosp. St. Catherine, Brookhaven Mem. St. Charles, Peconic Bay Good Sam

Important Phone Numbers
Silver Sneakers 800-423-4632 Humana Pharmacy 855-211-8370 OTC Humana Pharmacy 800-379-7617 True Hearing 844-255-7146 Logisticare 866-588-5122 Humana Well Dine 866-966-3237 Eye Med 966-995-3237 Humana Customer Support 800-457-4708 Humana Agent Support 800-309-3163 HEAL 844-644-4325 Opt. 5

Agent Use Only