



Humana Downstate NY 2023 Playbook

Local Agent Support

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It's essential for you to have a deep knowledge of our products and plan information, and access to leadership. On the human side, we have teams of broker relationship, sales support and other corporate partners always ready to help you out.



Important Agent Contact Information

Scope of Appointment

Telephonic IVR 1-800-903-5493

Establish 3-way call with prospect and IVR. Record Confirmation # on application. Paper
(Submit completed form to Humana, who will retain per 10 year requirement)

Fax : 1-877-889-9936

Mail: Humana MarketPoint | PO Box 14637 | Lexington, KY 40512

Humana Customer Care 1-800-457-4708 or 1-800-281-6918

Call for all questions about your Medical plan, Prescription Drug Plan, Vision Plan and Dental Plan.

Please note that some of the benefits listed below are only available on certain plans.

Humana at Home Humana.com/AtHome

Humana Well Dine 1-877-402-1054

Go365® (Rewards Program) Humana.com/go365

SilverSneakers SilverSneakers.com

Philips Lifeline 1-855-569-0605

MotiveCare Transportation 1-866-588-5122

TruHearing 1-844-255-7146

Other important numbers and websites

Medicare National 1-800-MEDICARE (1-800-633-4227)

Social Security National 1-800-772-1213

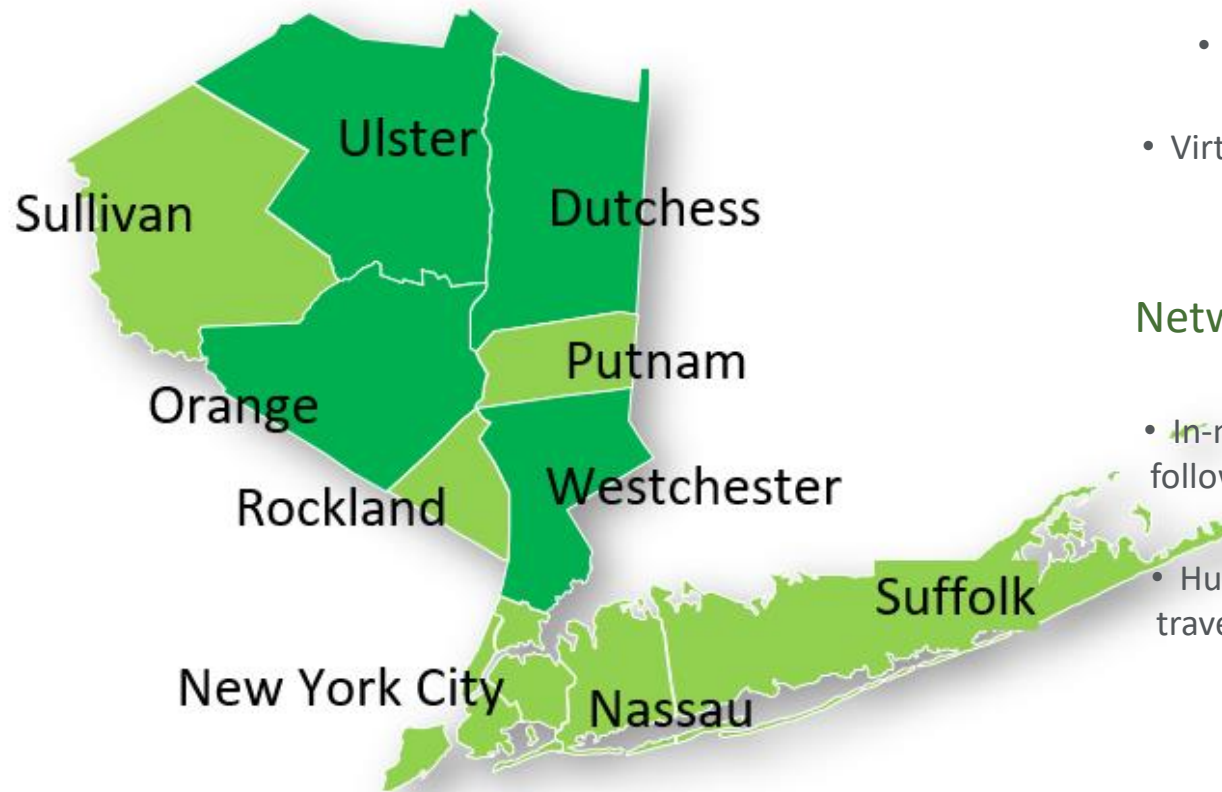
**CenterWell Pharmacy (formerly
Humana Pharmacy)**

**Call CenterWell Pharmacy
Create an Account and Order Online
Over the Counter Supplies (OTC)**

1-855-318-3756 (TTY:711)
Go to: CenterWellStartNew.com
1-855-211-8370



Long Island Market



Market Highlights

- Full PPO and HMO suite of products designed to meet a variety of consumer needs.
- In New Healthy Options Allowance for food, OTC and more available on Dual Eligible Plans
 - \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy.
- Virtual office visits for PCP, urgent care, and behavioral health are now \$0 copay.

Network Highlights

- In-network hospitals and provider systems include, but are not limited to, the following: Northwell, Catholic Health Services of Long Island (LIHN), Prohealth, AdvantageCare, Mount Sinai, Summit Medical Group of NY.
- 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.
 - HMO plans within the market do not require referrals.

HumanaChoice PPO| H5970-024-002

*The communication or dissemination of 2023 plan information or benefit details prior to Oct. 1 is strictly prohibited.

Plan highlights	H5970-024-002
Monthly premium	\$0
Part B Giveback	N/A
Primary care provider (PCP) copay	\$0
Specialist copay	\$50/ \$75 OON
Medical Deductible	No
Inpatient hospital copay	\$395 per day(Days 1-5); \$0 per day(Days 6-90)
Maximum out-of-pocket costs	\$7200 In-Network
Rx deductible	\$350 Deductible for Tiers 4,5
Rx Preferred	\$2/\$9/\$47/\$100/27%
Key extra benefits	Vision, Hearing, Fitness, Insulin Savings Program
Dental	\$0 copayment covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, anesthesia. OON coverage available.

Plan highlights	H3533-010-000	H3533-027-000
Monthly premium	\$39.00	\$0
Medical Deductible	\$100	\$850
Part Giveback	N/A	\$45
Primary care provider (PCP) copay	0	\$0
Specialist copay	\$50	\$50
Inpatient hospital copay	\$395 per day(Days 1-5); \$0 per day(Days 6-90)	\$800 per admission
Maximum out-of-pocket costs	\$7550 In-Network	\$7550 In-Network
Rx deductible	\$250 Deductible for Tiers 3,4,5	\$425 Deductible for Tiers 3,4,5
Rx Preferred	\$2/\$9/\$47/\$100/29%	\$6/\$16/\$47/\$100/25%
Key extra benefits	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness
Dental	\$1500 annually; 0% coinsurance covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, anesthesia; 50% coinsurance covers: crowns, oral surgery, bridges, root canals; \$25 copayment for extractions, fillings, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain	N/A
Market Service Area	Long Island Market-wide	Long Island, BK,BX Queens, Manhattan,

New York City Market



Market Highlights

- New Healthy Options Allowance for food, OTC and more available on Dual Eligible Plans.
- New dental allowance benefit available on select PPO plans.
- Increased Part B premium giveback on select plans.
- Select plans include a monthly or quarterly allowance for over-the-counter(OTC) items such as: Vitamins, Pain Relievers, and Cough and cold medicines.
- MA-Only plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy.
- Virtual office visits for PCP, urgent care, and behavioral health are now \$0 co-pay.

Network Highlights

- In-network hospitals and provider systems include, but are not limited to, the following:
- Montefiore Health System, Richmond University Hospital and Physicians, Brooklyn One
- (Brookdale, Interfaith and Kingsbrook Hospital Systems), Oak St. Health, Mount Sinai,SOMOS, New York University.
- 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.
- In-network HMO hospitals and provider systems include, but are not limited to, the
- following: NYU Langone, Brooklyn Hospital Center, Wyckoff Heights Medical Center,
- Kingsbrook Jewish Medical Center, Advantage Care Physicians, One Medical
- Heal is an innovative, concierge primary care model that expands your customer's care options by sending Primary Care doctors to their home for the same co-pays or out-of-pocket costs as a traditional PCP.

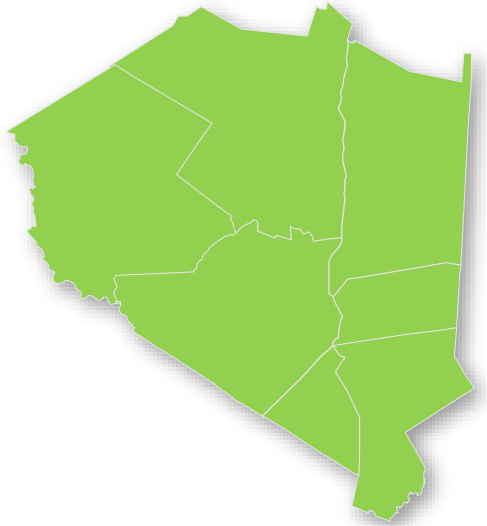
Humana Gold Plus | HMO

Plan highlights	HMO H3533-033-000	HMO H3533-032-001	HMO H3533-032-002
Monthly premium	\$0	\$24	\$27
Medical deductible	N/A	\$150	\$275
Part Give Back	N/A	N/A	N/A
Primary care provider (PCP) copay	\$0	\$0	\$0
Specialist copay	\$45	\$45	\$50
Referrals	No	No	No
Inpatient hospital copay	\$495 per day(Days 1-4); \$0 per day(Days 5-90)	\$370 per day(Days 1-6); \$0 per day(Days 7-90)	\$495 per day(Days 1-6); \$0 per day(Days 7-90)
Maximum out-of-pocket costs	\$7550 In-Network	\$6500 In-Network	\$6500 In-Network
Rx deductible	\$350 Deductible for Tiers 3,4,5	\$200 Deductible for Tiers 3,4,5	\$200 Deductible for Tiers 3,4,5
Rx Preferred	\$2/\$9/\$47/\$100/27%	\$2/\$9/\$47/\$100/29%	\$2/\$9/\$47/\$100/29%
Key extra benefits	Vision, Hearing, Fitness, OTC Debit Card \$50/Quarter for select health and wellness products at participating retailers, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products, Transportation 48 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products, Transportation 48 one-way trip(s)/Year, Insulin Savings Program
Dental	\$0 copayment covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, anesthesia	\$3000 annually; 0% coinsurance covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, anesthesia; 50% coinsurance covers: crowns, oral surgery, bridges, root canals; \$25 copayment for extractions, fillings, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain	\$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, oral surgery, bridges, root canals, anesthesia
Market Service Area	Kings, Queens	Bronx, Kings, New York, Queens	Richmond

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Plan highlights	H5970-024-001	H5970-024-002
Monthly premium	\$0	\$0
Part B Giveback	N/A	N/A
Primary care provider (PCP) copay	\$0	\$0
Specialist copay	\$50	\$50
Referrals	No	No
Inpatient hospital copay	\$385 per day(Days 1-5); \$0 per day(Days 6-90)	\$395 per day(Days 1-5); \$0 per day(Days 6-90)
Maximum out-of-pocket costs	\$7200 In-Network	\$7200 In-Network
Rx deductible	\$350 Deductible for Tiers 4,5	\$350 Deductible for Tiers 4,5
Rx Preferred	\$2/\$9/\$47/\$100/27%	\$2/\$9/\$47/\$100/27%
Key extra benefits	Vision, Hearing, Fitness, Insulin Savings Program	Vision, Hearing, Fitness, Insulin Savings Program
Dental	\$0 copayment covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, anesthesia. OON coverage available.	\$0 copayment covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, anesthesia. OON coverage available.
Market Service Area	Bronx,Kings,New York, Queens	Richmond & Long Island

Hudson Valley Market



MARKET SERVICE AREA
Dutchess, Orange, Putnam,
Rockland, Sullivan, Ulster,
Westchester

Market Highlights

Introducing new \$0 plan premium PPO in Dutchess, Putnam, Ulster, Westchester

New Healthy Options Allowance for food, OTC and more available on Dual Eligible Plans.

Increased Part B premium giveback on select plans.

Increased Part B premium giveback on select Honor Plans.

Multiple selling opportunities with Dual Special Needs Plan.

MA-Only plan available for customers that get their drug coverage elsewhere, such as Veterans

Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits

\$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy.

Virtual office visits for PCP, urgent care, and behavioral health are now \$0 co-pay

- ### Network Highlights

- In-network HMO hospitals and provider systems include, but are not limited to, the following: Montefiore Health System, CareMount Medical, Summit Medical Group of NY
- Full PPO and HMO suite of products designed to meet a variety of consumer needs.
- 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.
- HMO plans within the market do not require referrals.

Humana Choice PPO

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Plan highlights	H5970-025-000 Partnered Plan	H5970-015-000	H5970-027-000 NEW PARTNERED PLAN
Monthly premium	\$38.00	\$0.00	\$0.00
Primary care provider (PCP) copay	\$0/\$15PCP OON \$40	\$0	\$0/\$30PCP OON \$50
Specialist copay	\$25/ SPE OON \$55	\$35	\$40/ SPE OON \$55
Referrals	No	No	No
Inpatient hospital copay	\$390 per day(Days 1-5); \$0 per day(Days 6-90)	\$325 per day(Days 1-5); \$0 per day(Days 6-90)	\$390 per day(Days 1-5); \$0 per day(Days 6-90)
Maximum out-of-pocket costs	\$6700 In-Network	\$4900 In-Network	\$7400 In-Network
Rx deductible	\$275 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 4,5	\$395 Deductible for Tiers 3,4,5
Rx Preferred	\$0/\$5/\$47/\$100/28%	\$0/\$9/\$47/\$100/28%	
Key extra benefits	Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	Vision, Fitness, OTC \$100/Quarter for select health and wellness products, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products, Transportation 12 one-way trip(s)/Year, Insulin Savings Program
Dental	\$2000 annually; 0% coinsurance covers: exams, x-rays, cleanings; \$25 copayment for fillings, recementation, extractions; 50% coinsurance for dentures, crowns, denture adjustment	\$2000 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, bridges, root canals, anesthesia. OON coverage available	\$2000 annually; \$0 copayment covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, fillings, scaling and root planing, scaling for moderate inflammation, anesthesia. OON coverage available.
Market Service Area	Dutchess, Putnam, Ulster, Westchester	Orange, Putnam, Rockland, Sullivan	Dutchess, Putnam, Ulster, Westchester

Humana Choice PPO

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Plan highlights	H5970-018-000	H5970-001-000
Monthly premium	\$0.00	\$16.00
Part B Giveback	\$100	N/A
Primary care provider (PCP) copay	\$0	\$0
Specialist copay	\$40	\$35
Referrals	No	No
Inpatient hospital copay	\$650 per admission	\$250 per day(Days 1-5); \$0 per day(Days 6-90)
Maximum out-of-pocket costs	\$4800 In-Network	\$4500 In-Network
Rx deductible	\$310 Deductible for Tiers 3,4,5	No Deductible
Rx Preferred	\$6/\$16/\$47/\$100/27%	\$2/\$8/\$47/\$100/33%
Key extra benefits	Fitness, OTC \$25/Quarter for select health and wellness products, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, anesthesia; \$25 copayment for fillings. OON coverage available.	\$1500 annually; 0% coinsurance covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, anesthesia; 50% coinsurance covers: crowns, oral surgery, bridges, root canals; \$25 copayment for extractions, fillings, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain. OON coverage available.
Market Service Area	Orange, Putnam, Rockland, Sullivan	Orange, Rockland, Sullivan, Putnam

Humana Gold Plus HMO

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Plan highlights	H3533-006-000	H3533-013-000
Monthly premium	\$0	\$26
Primary care provider (PCP) copay	\$0	\$0
Specialist copay	\$35	\$30
Referrals	No	No
Inpatient hospital copay	\$325 per day(Days 1-6); \$0 per day(Days 7-90)	\$325 per day(Days 1-6); \$0 per day(Days 7-90)
Maximum out-of-pocket costs	\$6500 In-Network	\$6000 In-Network
Rx deductible	\$300 Deductible for Tiers 4,5	\$275 Deductible for Tiers 4,5
Rx Preferred	\$2/\$9/\$47/\$100/28%	\$4/\$12/\$47/\$100/28%
Key extra benefits	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$100/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program
Dental	\$2000 annually; 0% coinsurance covers: exams, x-rays, flouride treatment, cleanings, anesthesia; 50% coinsurance covers: extractions, fillings; 70% coinsurance covers: periodontal maintenance, scaling and root planing, scaling for moderate inflammation	\$3000 annually; 0% coinsurance covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, anesthesia; 50% coinsurance covers: crowns, oral surgery, bridges, root canals; \$25 copayment for extractions, fillings, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain
Market Service Area	Putnam,Sullivan	Putnam, Sullivan

The big new news on DSNP

Plan benefits vary. Not all benefits are available on all plans.



\$600–3,300 Healthy
Options allowance



DSNP

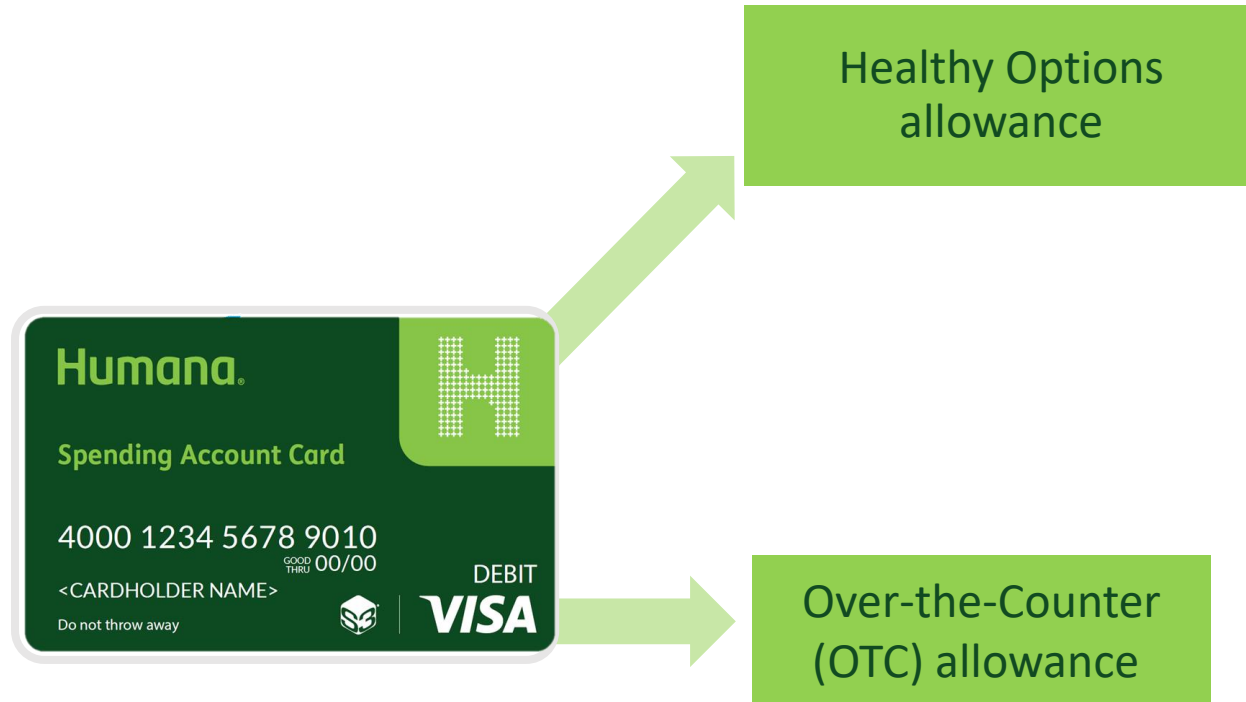
\$0 Rx copay on all
DSNPs



\$0 for eight routine
vaccines, including
shingles, at in-network
pharmacies

Up to three allowances in one easy-to-use card

Flexibility + convenience



Activate, use or track



1-855-396-0691
(TTY: 711)



HealthyBenefitsPlus.com/
Humana

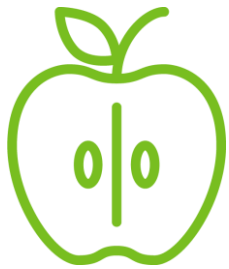


Healthy Benefits Plus app

Flexibility for what matters most | Healthy Options allowance

\$150/month median allowance

Retailers in store and online



Healthy foods[‡]



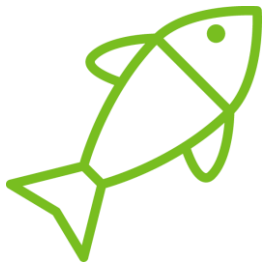
OTC[‡], personal care and wellness products[‡]



Utilities, Internet, gas



Rent assistance, household supplies[‡], bathroom safety[‡], pest control, assistive devices[‡]



Pet food and supplies[‡], robotic pets[‡]



Non-medical transportation



Disaster-relief kits/products[‡]



Social-care needs/activities

[‡]Denotes participating retailers only

DSNP plan | DSNP Plan HMO

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H3533-034-001		H3533-034-002
Dental annual maximum	\$2000 annually; \$0 copayment covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, fillings, scaling and root planing, scaling for moderate inflammation, anesthesia	\$2000 annually; \$0 copayment covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, fillings, scaling and root planing, scaling for moderate inflammation, anesthesia
Healthy Options allowance	\$150	\$150
Vision annual maximum	\$300	\$300
Hearing coverage	\$0 copayment for annual exam, fitting and \$1000 allowance for hearing aids every 3 years	\$0 copayment for annual exam, fitting and \$2000 allowance for hearing aids per year
Transportation	\$0 copayment for plan approved location up to 24 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 25 miles per trip.	
Current service area	Queens, BX, NYC	BX, Staten Island, Long Island

H5970-026-000		H5970-020-000
Dental annual maximum	\$1000 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, oral surgery, bridges, root canals, anesthesia. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, extractions, fillings, crowns,
Healthy Options allowance	\$200	\$200
Vision annual maximum	\$300	\$200
Hearing coverage	\$0 copayment for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.. OON coverage available.	\$0 copayment for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.. OON coverage available.
Transportation	\$0 copayment for plan approved location up to 24 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 25 miles per trip.	\$0 copayment for plan approved location up to 48 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	Bronx Only	Hudson Valley

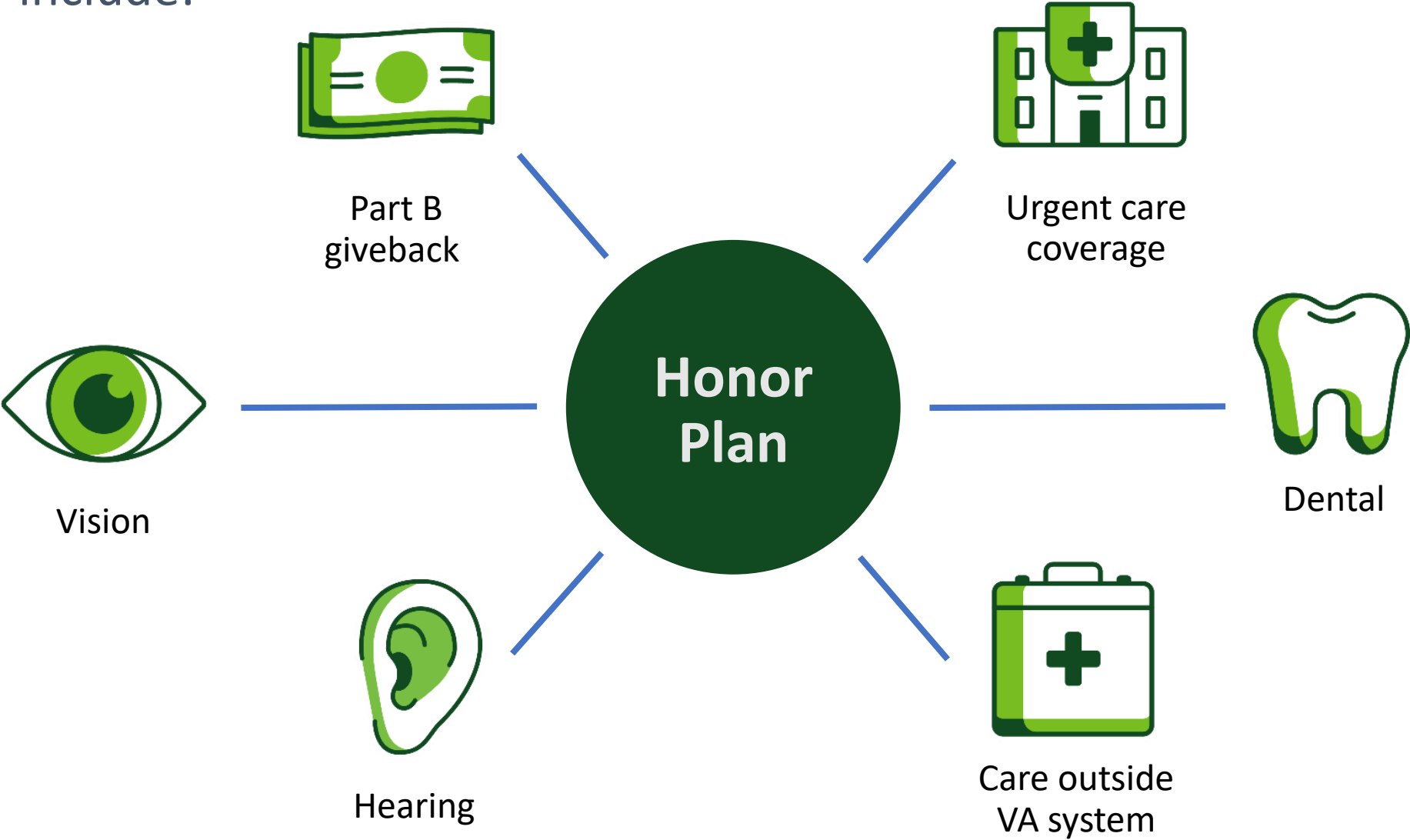
DSNP Plan HMO| DSNP Plan

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Plan highlights	
H3533-002-000	
Dental annual maximum	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, extractions, fillings, crowns, dentures, anesthesia
Healthy Options allowance	\$150
Vision annual maximum	\$300
Hearing coverage	\$0 copayment 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 48 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.
Current service area	Hudson Valley

Service through plan design | Humana Honor Plans

Plans may include:



*** Available to any Medicare beneficiary**

NY Statewide Honor Plan PPO

*
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Plan highlights H5970-016-000	
Monthly premium	\$0
Part B giveback	\$75
Primary care provider (PCP) copay	\$0
Specialist copay	\$40
Medical Deductible	NO
Inpatient hospital copay	\$350 per day (Days 1-5) \$0per day (Days 6-90)
Maximum out-of-pocket costs	\$4500
Key extra benefits	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation Unlimited one-way trips/Year
Dental annual maximum	\$1500 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, oral surgery, bridges, root canals, anesthesia. OON coverage available



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