

MARKET HIGHLIGHTS

- Expanding HMO Service Area to include Dutchess, Orange, Ulster, Westchester
- Expanding PPO Service Area to include Dutchess, Orange, Ulster, Westchester
- Multiple selling opportunities with Dual Special Needs Plan.
- 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.
- Go365® by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- 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
- 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.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.


Market Service Area

Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester

MA / MAPD

Plan Name	HumanaChoice Partnered (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5970-025-000	H5970-015-000	H5970-001-000
Premium	\$39.50	\$0.00	\$17.00
Part B Giveback	N/A	N/A	N/A
PCP	\$25	\$0	\$0
Specialist	\$35	\$35	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$390 per day(Days 1-5); \$0 per day(Days 6-90)	\$325 per day(Days 1-5); \$0 per day(Days 6-90)	\$250 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$6700 In-Network	\$4900 In-Network	\$4500 In-Network
Rx Deductible	\$275 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 4,5	No Deductible
Rx Preferred	\$0/\$5/\$47/\$100/28%	\$0/\$9/\$47/\$100/28%	\$2/\$8/\$47/\$100/33%
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	Vision, Fitness, OTC \$25/Quarter for select health and wellness products, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$45/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, cleanings; \$25 copayment for fillings, recementation, extractions; 50% coinsurance for dentures, crowns, denture adjustment	\$1000 annually; 0% coinsurance on exams, x-rays, cleanings 50% coinsurance on fillings	\$1000 annually; 0% coinsurance on exams, x-rays, cleanings 50% coinsurance on fillings
Market Service Area	Dutchess, Putnam, Ulster, Westchester	Orange, Putnam, Rockland, Sullivan	Orange, Rockland, Sullivan

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H3533-006-000	H3533-013-000	H5970-018-000
Premium	\$0.00	\$26.00	\$0.00
Part B Giveback	N/A	N/A	\$50
PCP	\$0	\$0	\$0
Specialist	\$35	\$30	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$325 per day(Days 1-6); \$0 per day(Days 7-90)	\$325 per day(Days 1-6); \$0 per day(Days 7-90)	\$650 per admission
Max Out-of-Pocket	\$7200 In-Network	\$6700 In-Network	\$4800 In-Network
Rx Deductible	\$300 Deductible for Tiers 4,5	\$275 Deductible for Tiers 4,5	\$310 Deductible for Tiers 3,4,5
Rx Preferred	\$2/\$9/\$47/\$100/28%	\$4/\$12/\$47/\$100/28%	\$6/\$16/\$47/\$100/27%
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, 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	Fitness, OTC \$25/Quarter for select health and wellness products, Insulin Savings Program
Dental	\$2000 annually; 0% coinsurance covers: exams, x-rays, cleanings; 50% coinsurance covers: fillings, extractions; 70% coinsurance covers: deep cleaning	\$2000 annually; \$0 coinsurance covers: exams, x-rays, regular cleanings, fluoride 50% to 70% coinsurance on fillings, extractions, crowns, dentures, adjustments to dentures, emergency treatment for pain, deep cleanings, recementation, root canal	N/A
Market Service Area	Putnam	Putnam, Sullivan	Orange, Putnam, Rockland, Sullivan

			Humana Honor Plan 
Plan Name	HumanaChoice (PPO)	Humana Gold Plus (HMO)	Humana Honor (PPO)
Plan Number	H5970-019-000	H3533-001-000	H5970-016-000
Premium	\$24.00	\$0.00	\$0.00
Part B Giveback	N/A	N/A	\$40
PCP	\$0	\$0	\$0
Specialist	\$35	\$40	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$290 per day(Days 1-5); \$0 per day(Days 6-90)	\$325 per day(Days 1-5); \$0 per day(Days 6-90)	\$350 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$4500 In-Network	\$7200 In-Network	\$4500 In-Network
Rx Deductible	No Deductible	\$350 Deductible for Tiers 4,5	No Deductible
Rx Preferred	\$0/\$8/\$47/\$99/33%	\$2/\$9/\$47/\$100/27%	No Coverage
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year	Vision, Fitness, OTC \$45/Quarter for select health and wellness products, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation Unlimited one-way trips/Year
Dental	\$1000 annually; 0% coinsurance covers: exams, x-rays, cleanings; 50% coinsurance covers: fillings, extractions	N/A	\$2000 annually; 0% coinsurance covers: exams, x-rays, cleanings; 50% coinsurance covers: fillings, extractions; 70% coinsurance covers: deep cleaning
Market Service Area	Putnam	Sullivan	Hudson Valley Market-wide

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H3533-002-000	H5970-020-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+
Dental	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Healthy Foods Card	\$50 allowance per month for Healthy Foods Card for members to spend at participating retailers toward the purchase of approved healthy foods.	\$50 allowance per month for Healthy Foods Card for members to spend at participating retailers toward the purchase of approved healthy foods.
Vision	Annual exam and \$300 credit every year for eyeglasses or contact lenses including fittings.	\$75 credit for annual eye exam and \$200 credit every year for eyeglasses or contact lenses including fittings. OON coverage available. Some restrictions apply if benefits received Out-of-Network.
Hearing	\$0 annual exams and TruHearing advanced level hearing aids plus 80 batteries.	\$0 annual exams and TruHearing advanced level hearing aids plus 80 batteries.
OTC Allowance	\$100 maximum benefit coverage amount per month for over-the-counter (OTC) card to purchase eligible OTC health and wellness products at participating retailers.	\$100 maximum benefit coverage amount per month for over-the-counter (OTC) card to purchase eligible OTC health and wellness products at participating retailers.
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.	\$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 Market-wide	Hudson Valley Market-wide

Prescription Drug Plans

Plan Name	Humana Basic Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Walmart Value Rx Plan (PDP)
Plan Number	S5552-004-000	S5552-005-000	S5552-006-000
Insulin Savings Program	N/A	Insulin Savings Program	N/A
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	\$40.50	\$85.20	\$25.00
Rx Deductible	\$480 Deductible for All Tiers	\$480 Deductible for Tiers 3,4,5	\$480 Deductible for Tiers 3,4,5
Preferred Retail 30-day Supply	\$0/\$1/19%/39%/25%	\$1/\$4/\$45/39%/25%	\$0/\$2/13%/45%/25%
Standard Retail 30-day Supply	\$1/\$2/21%/40%/25%	\$5/\$10/\$47/47%/25%	\$10/\$20/14%/50%/25%
Preferred Mail 90-day Supply	\$0 copay for Tiers 1 & 2	\$0 copay for Tiers 1 & 2	\$0 copay for Tier 1, \$6 copay for Tier 2
Market Service Area	Hudson Valley Market-wide	Hudson Valley Market-wide	Hudson Valley Market-wide

Local Support

Local Support - New York

Kimberly Pinto
Broker Relationship Manager
516-416-9553
KPinto@humana.com



Maureen Riley
Broker Relationship Executive
502-313-7924
mriley14@humana.com

Local Sales Manager

Wellington Suarez
Local Sales Manager
646-891-6373
wsuarez@humana.com