



MARKET HIGHLIGHTS

- Full PPO and HMO suite of products designed to meet a variety of consumer needs.
- Multiple selling opportunity with Dual Special Needs Plan.
- Increased Healthy Food Card amount on select Dual Eligible 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.
- Go365® by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- 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: Northwell, Catholic Health Services of Long Island (LIHN), Prohealth, AdvantageCare, South Nassau, Mount Sinai.
- 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

Nassau, Suffolk

MA / MAPD

Plan Name	HumanaChoice (PPO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H5970-024-002	H3533-010-000	H3533-027-000
Premium	\$0.00	\$39.60	\$0.00
Part B Giveback	N/A	N/A	\$45
PCP	\$0	\$0	\$0
Specialist	\$45	\$40	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$350 per day(Days 1-5); \$0 per day(Days 6-90)	\$375 per day(Days 1-5); \$0 per day(Days 6-90)	\$800 per admission
Max Out-of-Pocket	\$7200 In-Network	\$7550 In-Network	\$7550 In-Network
Rx Deductible	\$350 Deductible for Tiers 4,5	\$250 Deductible for Tiers 3,4,5	\$425 Deductible for Tiers 3,4,5
Rx Preferred	\$2/\$9/\$47/\$100/27%	\$2/\$9/\$47/\$100/28%	\$6/\$16/\$47/\$100/25%
Key Extra Benefits	Vision, Hearing, Fitness, 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	Vision, Hearing, Fitness
Dental	N/A	\$1000 annually; 0% coinsurance covers: exams, x-rays, cleanings; 50% coinsurance covers: fillings, extractions	N/A
Market Service Area	Long Island Market-wide	Long Island Market-wide	Long Island Market-wide

Humana Honor Plan 

Plan Name	Humana Honor (PPO)
Plan Number	H5970-016-000
Premium	\$0.00
Part B Giveback	\$40
PCP	\$0
Specialist	\$40
Referrals Required	No
Inpatient Hospital	\$350 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$4500 In-Network
Rx Deductible	No Deductible
Rx Preferred	No Coverage
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation Unlimited one-way trips/Year
Dental	\$2000 annually; 0% coinsurance covers: exams, x-rays, cleanings; 50% coinsurance covers: fillings, extractions; 70% coinsurance covers: deep cleaning
Market Service Area	Long Island Market-wide

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H3533-034-002
Medicaid Levels	FBDE, QMB, QMB+, SLMB+
Dental	\$2000 annually; 0% coinsurance covers: exams, x-rays, cleanings, fluoride, fillings
Healthy Foods Card	\$75 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.
Hearing	HER045
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.
Transportation	N/A
Current Service Area	Long Island 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	Long Island Market-wide	Long Island Market-wide	Long Island 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

Ferdi Ferrufino
Local Sales Manager
561-721-8054
fferrufino@humana.com

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