

### 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: Montefiore Health System, Richmond University Hospital and Physicians, Brooklyn One (Brookdale, Interfaith and Kingsbrook Hospital Systems)
- 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.
- 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.


### Market Service Area

Bronx, Kings, New York, Queens, Richmond

### MA / MAPD

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	Humana Gold Plus (HMO)
Plan Number	H5970-024-001	H5970-024-002	H3533-033-000
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	N/A	N/A	N/A
PCP	\$0	\$0	\$0
Specialist	\$40	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$350 per day(Days 1-5); \$0 per day(Days 6-90)	\$350 per day(Days 1-5); \$0 per day(Days 6-90)	\$495 per day(Days 1-4); \$0 per day(Days 5-90)
Max Out-of-Pocket	\$7200 In-Network	\$7200 In-Network	\$7550 In-Network
Rx Deductible	\$350 Deductible for Tiers 4,5	\$350 Deductible for Tiers 4,5	\$350 Deductible for Tiers 3,4,5
Rx Preferred	\$2/\$9/\$47/\$100/27%	\$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	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
Dental	N/A	N/A	\$2000 annually; \$0 coinsurance covers: exams, x-rays, regular cleanings 50% to 70% coinsurance on fillings, extractions, crowns, dentures, adjustments to dentures
Market Service Area	Bronx, Kings, New York, Queens	Richmond	Kings, Queens

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H3533-027-000	H3533-032-001	H3533-032-002
Premium	\$0.00	\$24.00	\$27.00
Part B Giveback	\$45	N/A	N/A
PCP	\$0	\$0	\$0
Specialist	\$50	\$40	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$800 per admission	\$325 per day(Days 1-6); \$0 per day(Days 7-90)	\$325 per day(Days 1-6); \$0 per day(Days 7-90)
Max Out-of-Pocket	\$7550 In-Network	\$6500 In-Network	\$6500 In-Network
Rx Deductible	\$425 Deductible for Tiers 3,4,5	\$200 Deductible for Tiers 3,4,5	\$200 Deductible for Tiers 3,4,5
Rx Preferred	\$6/\$16/\$47/\$100/25%	\$2/\$9/\$47/\$100/29%	\$2/\$9/\$47/\$100/29%
Key Extra Benefits	Vision, Hearing, Fitness	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	N/A	\$2000 annually; \$0 coinsurance covers: exams, x-rays, regular cleanings 50% to 70% coinsurance on fillings, extractions, crowns, dentures, adjustments to dentures	\$2000 annually; \$0 coinsurance covers: exams, x-rays, regular cleanings 50% to 70% coinsurance on fillings, extractions, crowns, dentures, adjustments to dentures
Market Service Area	New York City Market-wide	Bronx, Kings, New York, Queens	Richmond

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

**DSNP**

<b>Plan Name</b>	<b>Humana Gold Plus SNP-DE (HMO D-SNP)</b>	<b>Humana Gold Plus SNP-DE (HMO D-SNP)</b>	<b>HumanaChoice SNP-DE (PPO D-SNP)</b>
<b>Plan Number</b>	H3533-034-001	H3533-034-002	H5970-026-000
<b>Medicaid Levels</b>	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+
<b>Dental</b>	\$2000 annually; 0% coinsurance covers: exams, x-rays, cleanings, fluoride, fillings	\$2000 annually; 0% coinsurance covers: exams, x-rays, cleanings, fluoride, fillings	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fluoride, fillings, extractions, crowns, bridges, dentures, adjustments to dentures, root canal, crown and denture recementation, emergency treatment for pain
<b>Healthy Foods Card</b>	\$50 allowance per month for Healthy Foods Card for members to spend at participating retailers toward the purchase of approved healthy foods.	\$75 allowance per month for Healthy Foods Card for members to spend at participating retailers toward the purchase of approved healthy foods.	\$75 allowance per month for Healthy Foods Card for members to spend at participating retailers toward the purchase of approved healthy foods.
<b>Vision</b>	Annual exam and \$300 credit every year for eyeglasses or contact lenses including fittings.	Annual exam and \$300 credit every year for eyeglasses or contact lenses including fittings.	\$40 credit for annual eye exam and \$300 credit every year for eyeglasses or contact lenses including fittings. OON coverage available. Some restrictions apply if benefits received Out-of-Network.
<b>Hearing</b>	Annual exam and fitting. \$1000 credit for hearing aids once every 3 years.	HER045	\$0 annual exams and TruHearing advanced level hearing aids plus 80 batteries.
<b>OTC Allowance</b>	\$400 maximum benefit coverage amount per quarter (3 months) 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.	\$130 maximum benefit coverage amount per month for over-the-counter (OTC) card to purchase eligible OTC health and wellness products at participating retailers.
<b>Transportation</b>	\$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.	N/A	\$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.
<b>Current Service Area</b>	Kings, New York, Queens	Bronx, Richmond	Bronx

# 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	New York City Market-wide	New York City Market-wide	New York City Market-wide

# Local Support

## Local Support - New York

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