

MARKET HIGHLIGHTS

- Full HMO and PPO suite of products designed to meet a variety of consumer needs.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans.
- New Healthy Options allowance with rollover for food, OTC and more available on Dual Eligible Plans.
- New Healthy Options allowance available on select plans which includes rollover. The allowance is used for overall wellness for members diagnosed with a chronic condition.
- Personal home care benefit added to select plans to help with activities of daily living.
- \$0 Copay on all Medicare approved drugs on all tiers through all stages for DSNP Members.
- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Centerwell Pharmacy.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- New Part B premium giveback plan available statewide.
- Humana Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.

Network Highlights

- All major hospital facilities within the market are in-network.
- 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.
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.
- HMO plans within the market do not require referrals.

Market Service Area


Barrow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton


MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H4141-015-000	H4141-017-003	H4141-017-005
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	N/A	N/A	N/A
PCP	\$0	\$0	\$5
Specialist	\$0	\$5	\$15
Referrals Required	No	No	No
Inpatient Hospital	\$298 per day(Days 1-5); \$0 per day(Days 6-90)	\$298 per day(Days 1-5); \$0 per day(Days 6-90)	\$345 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$6800 In-Network	\$7550 In-Network	\$7550 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$47/\$100/33%	\$0/\$0/\$47/\$100/33%	\$0/\$0/\$47/\$100/33%
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$100/Quarter for select health and wellness products, Transportation 36 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$75/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 12 one-way trip(s)/Year, Insulin Savings Program
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia	\$2000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia	\$2000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia
Market Service Area	Clayton, Dekalb, Fulton, Gwinnett, Henry	Barrow, Cherokee, Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Walton	Butts, Spalding

Plan Name	HumanaChoice (PPO)	HumanaChoice - Diabetes and Heart (PPO C-SNP)	HumanaChoice (PPO)
Plan Number	H5216-203-001	H5216-246-000	H5216-280-001
Premium	\$0.00	\$0.00	\$37.00
Part B Giveback	N/A	N/A	N/A
PCP	\$0	\$0	\$0
Specialist	\$10	\$40	\$0
Referrals Required	No	No	No
Inpatient Hospital	\$298 per day(Days 1-5); \$0 per day(Days 6-90)	\$350 per day(Days 1-5); \$0 per day(Days 6-90)	\$295 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$7550 In-Network	\$7550 In-Network	\$7550 In-Network
Rx Deductible	No Deductible	\$145 Deductible for Tiers 4,5	\$505 Deductible for Tiers 2,3,4,5
Rx - Retail 30-day Supply	\$0/\$0/\$47/\$100/33%	\$0/\$0/\$47/\$100/30%/\$0	\$0/\$20/\$47/\$100/25%
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products, Transportation 12 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, Transportation 36 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products, Transportation 36 one-way trip(s)/Year, Insulin Savings Program
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, fluoride 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% coinsurance covers: exams, x-rays, fluoride treatment, cleanings, anesthesia; 50% coinsurance covers: extractions, fillings, recementation, emergency treatment for pain; 70% coinsurance covers: periodontal maintenance, crowns, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, root canals. OON coverage available.	\$2000 annually; \$0 copayment covers: exams, x-rays, fluoride 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.
Market Service Area	Atlanta Market-wide	Atlanta Market-wide	Atlanta Market-wide

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	Humana Care Extra (PPO)
Plan Number	H5216-279-000	H5216-345-000	H5216-239-000
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	N/A	\$100	N/A
PCP	\$0	\$0	\$5
Specialist	\$0	\$40	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$200 per day(Days 1-5); \$0 per day(Days 6-90)	\$298 per day(Days 1-5); \$0 per day(Days 6-90)	\$298 per day(Days 1-7); \$0 per day(Days 8-90)
Max Out-of-Pocket	\$2900 In-Network	\$7550 In-Network	\$7550 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$47/\$100/33%	\$0/\$0/\$47/\$100/33%	\$4/\$12/\$47/\$100/33%
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products, Insulin Savings Program	Vision, Hearing, Fitness, Insulin Savings Program	Vision, Hearing, Fitness, Transportation 12 one-way trip(s)/Year, Insulin Savings Program
Dental	\$500 annually; \$0 copayment covers: exams, x-rays, fluoride 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.	\$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, anesthesia. OON coverage available.	\$2000 annually; 0% coinsurance covers: exams, x-rays, fluoride treatment, cleanings, anesthesia; 50% coinsurance covers: extractions, fillings, recementation, emergency treatment for pain; 70% coinsurance covers: periodontal maintenance, crowns, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, root canals. OON coverage available.
Market Service Area	Atlanta Market-wide	Atlanta Market-wide	Cherokee, Cobb, Dekalb, Douglas, Fulton, Gwinnett, Paulding

			Humana Honor Plan 
Plan Name	HumanaChoice (PPO)	HumanaChoice (Regional PPO)	Humana Honor (PPO)
Plan Number	H5216-154-000	R3392-004-000	H5216-286-000
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	\$50	N/A	\$150
PCP	\$5	\$10	\$20
Specialist	\$40	\$45	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$375 per day(Days 1-5); \$0 per day(Days 6-90)	\$375 per day(Days 1-5); \$0 per day(Days 6-90)	\$375 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$7550 In-Network	\$7550 In-Network	\$6700 In-Network
Rx Deductible	\$400 Deductible for Tiers 3,4,5	\$195 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$5/\$15/\$47/\$100/26%	\$4/\$12/\$47/\$100/30%	No Coverage
Key Extra Benefits	Vision, Hearing, Fitness, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products, Transportation 12 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products, Transportation 12 one-way trip(s)/Year
Dental	N/A	\$500 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, restoration implant, root canals, anesthesia. OON coverage available.	\$1000 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	Atlanta Market-wide	Atlanta Market-wide	Atlanta Market-wide

	Humana Honor Plan 	
Plan Name	Humana Honor (PPO)	HumanaChoice (PPO)
Plan Number	H5216-217-000	H5216-157-000
Premium	\$0.00	\$0.00
Part B Giveback	\$60	N/A
PCP	\$10	\$5
Specialist	\$50	\$45
Referrals Required	No	No
Inpatient Hospital	\$245 per day(Days 1-6); \$0 per day(Days 7-90)	\$245 per day(Days 1-7); \$0 per day(Days 8-90)
Max Out-of-Pocket	\$6700 In-Network	\$6100 In-Network
Rx Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	No Coverage	No Coverage
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products, Transportation 12 one-way trip(s)/Year	Vision, Hearing, Fitness, OTC \$225/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, fluoride 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.	\$2500 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, restoration implant, root canals, anesthesia. OON coverage available.
Market Service Area	Atlanta Market-wide	Atlanta Market-wide

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H4141-003-000	H4141-021-000	H5216-205-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+
Dental	\$5000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia	\$5000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia	\$3000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.
Healthy Options Allowance	Members will receive \$150 loaded on a prepaid card every month to use toward the purchase of food, home supplies, and over-the-counter (OTC) products from a national network of retailers. The card may also be used to pay for non-medical transportation, general supports for living (rent assistance, internet, and utilities), social needs, aging support and assistive devices, pest control, and pet care and supplies. Unused funds will roll over to the next month and expire at the end of the plan year.	Members will receive \$150 loaded on a prepaid card every month to use toward the purchase of food, home supplies, and over-the-counter (OTC) products from a national network of retailers. The card may also be used to pay for non-medical transportation, general supports for living (rent assistance, internet, and utilities), social needs, aging support and assistive devices, pest control, and pet care and supplies. Unused funds will roll over to the next month and expire at the end of the plan year.	Members will receive \$150 loaded on a prepaid card every month to use toward the purchase of food, home supplies, and over-the-counter (OTC) products from a national network of retailers. The card may also be used to pay for non-medical transportation, general supports for living (rent assistance, internet, and utilities), social needs, aging support and assistive devices, pest control, and pet care and supplies. Unused funds will roll over to the next month and expire at the end of the plan year.
Vision	\$0 copayment for annual exam and \$500 allowance per year for eyewear or contact lenses including fittings	\$0 copayment for annual exam and \$500 allowance per year for eyewear or contact lenses including fittings	\$40 allowance for annual exam and \$400 allowance per year for eyewear or contact lenses including fittings. OON coverage available.
Hearing	\$0 copayment for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.	\$0 copayment for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.	\$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 unlimited one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 75 miles per trip.	\$0 copayment for plan approved location up to 100 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 36 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	Barrow, Butts, Cherokee, Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth,	Clayton, Cobb, Dekalb, Fulton, Gwinnett FOR AGENT USE ONLY	Atlanta Market-wide

Plan Name	HumanaChoice SNP-DE (PPO D-SNP)	Humana Care Extra (PPO D-SNP)
Plan Number	H5216-206-000	H5216-240-000
Medicaid Levels	FBDE, QI, QMB, QMB+, SLMB, SLMB+	FBDE, QMB, QMB+, SLMB+
Dental	\$3000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.	\$3000 annually; \$0 copayment covers: exams, x-rays, fluoride 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.
Healthy Options Allowance	Members will receive \$75 loaded on a prepaid card every month to use toward the purchase of food, home supplies, and over-the-counter (OTC) products from a national network of retailers. The card may also be used to pay for non-medical transportation, general supports for living (rent assistance, internet, and utilities), social needs, aging support and assistive devices, pest control, and pet care and supplies. Unused funds will roll over to the next month and expire at the end of the plan year.	Members will receive \$75 loaded on a prepaid card every month to use toward the purchase of food, home supplies, and over-the-counter (OTC) products from a national network of retailers. The card may also be used to pay for non-medical transportation, general supports for living (rent assistance, internet, and utilities), social needs, aging support and assistive devices, pest control, and pet care and supplies. Unused funds will roll over to the next month and expire at the end of the plan year.
Vision	\$40 allowance for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings. OON coverage available.	\$40 allowance for annual exam and \$400 allowance per year for eyewear or contact lenses including fittings. OON coverage available.
Hearing	\$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 36 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 75 miles per trip.	\$0 copayment for plan approved location up to 36 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	Atlanta Market-wide	Cherokee, Cobb, Dekalb, Douglas, Fulton, Gwinnett, Paulding

Prescription Drug Plans

Plan Name	Humana Walmart Value Rx Plan (PDP)	Humana Basic Rx Plan (PDP)	Humana Premier Rx Plan (PDP)
Plan Number	Coming Soon	Coming Soon	Coming Soon
Insulin Savings Program			
Pairs Well With			
Premium			
Rx Deductible			
Preferred Retail 30-day Supply			
Standard Retail 30-day Supply			
Preferred Mail 90-day Supply			
Market Service Area			

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5525-024-000	MA-PD
HumanaChoice (PPO)	H5216-073-000	MA-PD
HumanaChoice (Regional PPO)	R3392-002-000	MA-PD
Humana Gold Choice (PFFS)	H8145-069-000	MA-PD
HumanaChoice (Regional PPO)	R3392-001-000	MA

Local Support

Local Support - Georgia



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