



MARKET HIGHLIGHTS

- New first dollar coverage Annual Dental Allowance of \$2000 covers all dental services on H6622-026-000, H6622-025-000
- H6622-026-000, H6622-025-000 has a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- Increased Part B premium giveback on select plans up to \$100.
- DSNP, Full and Partial Dual Eligible, available in: Avery, Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Yancey, Alleghany, Ashe.
- New Healthy Options Allowance for food, OTC and more available on Dual Eligible Plans.
- Increased Part B premium giveback on select Honor Plans.
- Humana Honor MA only plan with new increased dental coverage benefit, Part B Premium giveback, and Healthy Options Allowance. This allowance is used for overall wellness for members with a chronic condition.
- Virtual office visits for PCP, urgent care, and behavioral health are now \$0 co-pay.
- Go365® by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Select HMO plans offer \$0 Rx copay for Tier 1 and Tier 2 at preferred cost share pharmacies through the coverage gap.

Network Highlights

- All major hospital facilities within the market are in-network.
- HMO plans within the market do not require referrals.
- 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.

Market Service Area

Alleghany, Ashe, Avery, Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Yancey

MA / MAPD

Plan Name	Humana Gold Plus (HMO-POS)	Humana Gold Plus (HMO-POS)	HumanaChoice (PPO)
Plan Number	H6622-025-000	H6622-026-000	H5216-017-000
Premium	\$0.00	\$30.00	\$0.00
Part B Giveback	N/A	N/A	\$100
PCP	\$0	\$0	\$0
Specialist	\$35	\$25	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$395 per day(Days 1-5); \$0 per day(Days 6-90)	\$295 per day(Days 1-6); \$0 per day(Days 7-90)	\$450 per day(Days 1-4); \$0 per day(Days 5-90)
Max Out-of-Pocket	\$4900 In-Network	\$4200 In-Network	\$8300 In-Network
Rx Deductible	No Deductible	No Deductible	\$265 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$0/\$45/\$95/33%	\$0/\$0/\$45/\$95/33%	\$0/\$5/\$47/\$99/28%
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 \$75/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, 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, bridges, root canals, anesthesia. 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.	\$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.
Market Service Area	Western North Carolina Market-wide	Western North Carolina Market-wide	Avery, Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Yancey

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-336-000	H5216-343-000
Premium	\$136.00	\$0.00
Part B Giveback	N/A	\$100
PCP	\$0	\$0
Specialist	\$0	\$35
Referrals Required	No	No
Inpatient Hospital	\$0 per admission	\$345 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$6700 In-Network	\$5900 In-Network
Rx Deductible	\$190 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$4/\$12/\$47/\$99/30%	No Coverage
Key Extra Benefits	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, Transportation 24 one-way trip(s)/Year
Dental	\$2000 annually; 0% coinsurance covers: exams, x-rays, fluoride 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.	\$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.
Market Service Area	Buncombe, Henderson	Avery, Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Yancey

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO-POS D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H6622-027-000	H5525-036-000
Medicaid Levels	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
Dental	\$4000 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.	\$4000 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 \$225 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.	Members will receive \$175 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.
Vision	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings	\$40 allowance for annual exam and \$300 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.. OON coverage available.
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 75 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	Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon,	Alleghany, Ashe, Avery, Watauga

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)	H5216-211-000	MA-PD
HumanaChoice (PPO)	H5525-035-000	MA-PD
HumanaChoice (PPO)	H5525-049-000	MA-PD
HumanaChoice (PPO)	H5525-050-000	MA-PD
HumanaChoice (Regional PPO)	R1390-002-000	MA-PD
Humana Gold Choice (PFFS)	H8145-004-000	MA-PD
HumanaChoice (PPO)	H5525-065-000	MA
HumanaChoice (Regional PPO)	R1390-001-000	MA
Humana Honor (Regional PPO)	R1390-003-000	MA

Local Support

Local Support - North Carolina



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