

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.
- Healthy Food Card now available on select Dual Eligible Plans.
- 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

- Most 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.
- Select HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.
- 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

Bibb, Crawford, Houston, Jones, Monroe, Peach, Twiggs

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H4141-017-005	H5216-203-002	H5216-284-000
Premium	\$0.00	\$0.00	\$44.80
Part B Giveback	N/A	N/A	N/A
PCP	\$5	\$5	\$0
Specialist	\$20	\$40	\$5
Referrals Required	No	No	No
Inpatient Hospital	\$345 per day(Days 1-5); \$0 per day(Days 6-90)	\$375 per day(Days 1-5); \$0 per day(Days 6-90)	\$320 per day(Days 1-6); \$0 per day(Days 7-90)
Max Out-of-Pocket	\$7550 In-Network	\$8300 In-Network	\$8850 In-Network
Rx Deductible	No Deductible	No Deductible	\$545 Deductible for Tiers 2,3,4,5
Rx - Retail 30-day Supply	\$0/\$0/\$47/\$100/33%	\$0/\$0/\$47/\$100/33%	\$0/\$20/\$47/\$100/25%
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	\$1000 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.	\$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. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products, Transportation 12 one-way trip(s)/Year	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, Transportation 36 one-way trip(s)/Year
Market Service Area	Macon Market-wide	Macon Market-wide	Macon Market-wide

Plan Name	HumanaChoice - Diabetes and Heart (PPO C-SNP)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-246-000	H5216-345-000	H5216-349-000
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	N/A	\$100	N/A
PCP	\$0	\$0	\$0
Specialist	\$40	\$40	\$15
Referrals Required	No	No	No
Inpatient Hospital	\$350 per day(Days 1-5); \$0 per day(Days 6-90)	\$298 per day(Days 1-8); \$0 per day(Days 9-90)	\$200 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$7550 In-Network	\$8700 In-Network	\$3450 In-Network
Rx Deductible	\$145 Deductible for Tiers 4,5	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$47/\$100/31%/\$0	\$0/\$0/\$47/\$100/33%	\$0/\$0/\$47/\$100/33%
Dental	\$2000 annually; 0% coinsurance covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, anesthesia; 50% coinsurance covers: crowns, dentures, oral surgery, root canals; \$25 copayment for extractions, fillings, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain. OON coverage available.	\$0 copayment covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, anesthesia. OON coverage available.	\$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, root canals, anesthesia. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, Transportation 36 one-way trip(s)/Year	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products
Market Service Area	Macon Market-wide	Macon Market-wide	Macon Market-wide

Humana Honor Plan 

Plan Name	HumanaChoice (PPO)	HumanaChoice (Regional PPO)	Humana USAA Honor (PPO)
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Plan Number	H5216-154-000	R3392-004-000	H5216-286-000
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	\$50	N/A	\$140
PCP	\$10	\$10	\$20
Specialist	\$45	\$45	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$375 per day(Days 1-6); \$0 per day(Days 7-90)	\$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	\$8850 In-Network	\$8850 In-Network	\$8600 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/\$100/27%	\$4/\$12/\$47/\$100/30%	No Coverage
Dental	\$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, 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, restoration implant, root canals, anesthesia. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, fillings, scaling and root planing, scaling for moderate inflammation, anesthesia. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness
Market Service Area	Macon Market-wide	Macon Market-wide	Macon Market-wide

Humana Honor Plan 

Plan Name	Humana USAA 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
Dental	\$2000 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, root canals, anesthesia. OON coverage available.	\$2500 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, restoration implant, root canals, anesthesia. OON coverage available.
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products, Transportation 12 one-way trip(s)/Year	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products, Transportation 12 one-way trip(s)/Year
Market Service Area	Macon Market-wide	Macon Market-wide

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H4141-003-000	H5216-205-000	H5216-206-000
Medicaid Levels	FBDE, QMB, QMB+, SLMB+	FBDE, QMB, QMB+, SLMB+	FBDE, QI, QMB, QMB+, SLMB, SLMB+
Dental	\$3500 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.	\$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, root canals, anesthesia. OON coverage available.
Healthy Options Allowance	\$150 monthly allowance on a prepaid card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.). Allowance amount cannot be combined with other allowances which may be on the Card. Unused funds will roll over to the next month and expire at the end of the plan year.	\$150 monthly allowance on a prepaid card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.). Allowance amount cannot be combined with other allowances which may be on the Card. Unused funds will roll over to the next month and expire at the end of the plan year.	\$75 monthly allowance on a prepaid card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.). Allowance amount cannot be combined with other allowances which may be on the Card. 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 \$550 allowance per year for eyewear	\$40 allowance for annual exam and \$450 allowance per year for eyewear	\$40 allowance for annual exam and \$350 allowance per year for eyewear

	or contact lenses including fittings at PLUS Provider	or contact lenses including fittings at PLUS Provider. OON coverage available.	or contact lenses including fittings at PLUS Provider. OON coverage available.
Hearing	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
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 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	Macon Market-wide	Macon Market-wide	Macon Market-wide

Prescription Drug Plans

Plan Name	Humana Walmart Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic 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 (Regional PPO)	R3392-002-000	MA-PD
Humana Together in Health (PPO I-SNP)	H5216-242-000	MA-PD
HumanaChoice (Regional PPO)	R3392-001-000	MA

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Local Support - Georgia



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