

# Humana®

## Pennsylvania Highlights: Greater Philadelphia Philadelphia, Doylestown, Levittown, Abington, Upper Darby, Downingtown

### Benefit Highlights

- Four \$0 Premium plans (HMO and PPO)
- Most Plans include Dental, Hearing, & Vision benefits
- Over the Counter (OTC) Benefits on our HMO & LPPO products
- Enhanced Transportation benefits for our DE-SNP HMO plan
- Meal Benefit
- Silver Sneakers – free fitness and gym membership
- \$0 Tier 1 & 2 Rx Benefits if member uses Humana Mail order for 90 day supply

### Network Highlights

- Thomas Jefferson University Hospitals: Abington, Aria, Methodist, Rothman Institute and TJUH; Einstein Medical Center – Montgomery and Philadelphia and Doylestown Health
- National PPO network

### Competitive Advantages

- Year Round Selling opportunities with the Dual Eligible SNP Plan
- Rich benefits with low, fixed copay and no deductibles
- **The High Value LPPO plan covered services can be obtained from either in-network or out-of-network providers at the same cost-share (Passive network design with no deductibles)**
- **No Referrals needed on HMO plans**
- **A Part B Giveback HMO Plan in the Greater Philadelphia area**



# Humana®

## Pennsylvania Highlights: Greater Philadelphia Philadelphia, Doylestown, Levittown, Abington, Upper Darby, Downingtown

### HMO

#### Greater Philadelphia

**\$0 Premium**  
**MOOP:** \$6,700  
**OON Cost Share:** N/A  
**PCP/SPEC:** \$5/\$45  
**Referrals: Not required**  
**Inpatient:** \$225 days 1 - 7  
**Rx Included or No Rx:** Included  
**Rx Deductible:** \$0  
**Contract/PBP:** H6622-037  
**Group ID:** *To be provided between late Sept. & 10/1*  
**BSN:** *To be provided between late Sept. & 10/1*  
**Serving Counties:** Bucks, Chester, Delaware, Montgomery, & Philadelphia Counties

### HMO

#### Greater Philadelphia Part B Give Back Plan

**\$0 Premium**  
**MOOP:** \$6,700  
**OON Cost Share:** N/A  
**Part B Reduction:** \$40  
**Part B Deductible:** \$183  
**PCP/SPEC:** 20%/20%  
**Referrals: Not required**  
**Inpatient:** \$600 days 1 - 3  
**Rx Included or No Rx:** Included  
**Rx Deductible:** \$350 Tiers 2-5  
**Contract/PBP:** 6622-039  
**Group ID:** *To be provided between late Sept. & 10/1*  
**BSN:** *To be provided between late Sept. & 10/1*  
**Serving Counties:** Bucks, Chester, Delaware, Montgomery, & Philadelphia Counties

### HMO

#### DE-SNP HMO

**\$34.90 Premium\***  
**MOOP:** \$6,700  
**OON Cost Share:** N/A  
**Part B Deductible:** \$183  
**PCP/SPEC:** 20%/20%  
**Referrals: Not required**  
**Inpatient:** \$600 days 1 - 3  
**Rx Included or No Rx:** Included  
**Rx Deductible:** \$230 Tiers 2-5  
**Contract/PBP:** H6622-038  
**Group ID:** *To be provided between late Sept. & 10/1*  
**BSN:** *To be provided between late Sept. & 10/1*  
**Serving Counties:** Bucks, Chester, Delaware, Montgomery, & Philadelphia Counties  
\*Medicaid Eligibility: Full Benefit Dual Eligible (FBDE), Qualified Medicare Beneficiary (QMB), Qualified Medicare Beneficiary Plus (QMB+), Specified Low-Income Beneficiary Plus (SLMB+) for \$0 premium and lower or no cost share (cost share protected)

### Local PPO MA Only

#### Pennsylvania Humana Choice MA Only LPPO (Select Counties)

**\$0 Premium**  
**MOOP:** \$4,500  
**OON Cost Share:** 30%  
**PCP/SPEC:** \$10/\$35  
**Inpatient:** \$295 days 1 - 6  
**Rx Included or No Rx:** No  
**Contract/PBP:** H5216-116  
**Group ID:** *To be provided between late Sept. & 10/1*  
**BSN:** *To be provided between late Sept. & 10/1*  
**Serving Counties:** Bucks, Chester, Delaware, Montgomery, & Philadelphia Counties

This material is confidential and for contracted, licensed, and appointed agent use only. This material, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group, or the general public. Benefits are subject to CMS approval and may change. **For proposed benchmark and ensured accuracy of plan benefit data please refer to the 2018 Summary of Benefits.**

# Humana®

## Pennsylvania Highlights: Greater Philadelphia Philadelphia, Doylestown, Levittown, Abington, Upper Darby, Downingtown

### Local LPPO

#### Greater Philadelphia Classic

**\$79 Premium**  
**MOOP:** \$6,700  
**OON Deductible:** \$1,000  
**OON Cost Share:** 30%  
**PCP/SPEC:** \$15/\$45  
**Inpatient:** \$350 days 1-5  
**Rx Included or No Rx:** Included  
**Rx Deductible:** \$0  
**Contract/PBP:** H5525-005  
**Group ID:** *To be provided between late Sept. & 10/1*  
**BSN:** *To be provided between late Sept. & 10/1*  
**Serving Counties:** Bucks, Chester, Delaware, Montgomery, & Philadelphia Counties

### Local PPO

#### Greater Philadelphia Platinum

**\$149 Premium**  
**MOOP:** \$6,700  
**OON Cost Share:** **Passive same cost share as in-network**  
**PCP/SPEC:** \$5/\$30  
**Inpatient:** \$350 stay  
**Rx Included or No Rx:** Included  
**Rx Deductible:** \$0  
**Contract/PBP:** H5216-122  
**Group ID:** *To be provided between late Sept. & 10/1*  
**BSN:** *To be provided between late Sept. & 10/1*  
**Serving Counties:** Bucks, Chester, Delaware, Montgomery, & Philadelphia Counties

### PFFS MAPD

#### Gold Choice MAPD

**\$65 Premium**  
**MOOP:** \$6,700  
**OON Cost Share:** Passive same cost share as in-network  
**PCP/SPEC:** \$15/\$45  
**Inpatient:** \$295 days 1 - 6  
**Rx Included or No Rx:** Included  
**Rx Deductible:** \$360 Tiers 4&5  
**Contract/PBP:** H8145-052  
**Group ID:** *To be provided between late Sept. & 10/1*  
**BSN:** *To be provided between late Sept. & 10/1*  
**Serving Counties:** Chester County

### PFFS MA Only

#### Gold Choice MA Only

**\$29 Premium**  
**MOOP:** \$6,700  
**OON Cost Share:** Passive same cost share as in-network  
**PCP/SPEC:** \$15/\$45  
**Inpatient:** \$350 days 1-5  
**Rx Included or No Rx:** No  
**Contract/PBP:** H8145-055  
**Group ID:** *To be provided between late Sept. & 10/1*  
**BSN:** *To be provided between late Sept. & 10/1*  
**Serving Counties:** Chester County