

MARKET HIGHLIGHTS

- \$75 Part B premium giveback HMO with \$0 plan premium, \$0 PCP copay, \$0 copay for Tier 1 Rx
- Additional RPPO and Medicare Supplement plans available
- Core/Lead HMO H1036-065 plan has a \$0 plan premium, \$0 PCP copay, \$0 copay for Tier 1 & 2 RX, Respite Care included
- Core/Lead LPPO H5216-068 plan has a \$0 plan premium, \$0 PCP copay, no deductible for in/out of network
- Most plans include improved Dental, Vision, Hearing, OTC allowance, Acupuncture, Transportation & SilverSneakers
- Most plans with low maximum out of pocket (MOOP) limit
- One Chronic DE SNP Plan for Diabetics
- Three Dual Eligible plans, one for Full Duals, one for Partial Duals, one for those enrolled in Humana Long Term Care plan

Network Highlights

- All hospitals are in network for the HMO plans
- All hospitals are in network for the PPO plans except Memorial Health Systems
- Network includes 300+ PCP to choose from
- PPO Plans offer a national PPO network with reciprocity of care within the US

Market Service Area

Broward

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO C-SNP)
Plan Number	H1036-065-000	H1036-237-001	H1036-121-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium with \$75 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries	Chronic Special Needs plan designed for individuals with Diabetes Mellitus
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$5	\$25	\$15
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$0 per admission	\$200 per day Days 1-5	\$25 per day Days 1-5
Max Out-of-Pocket	\$2500 In-Network	\$3400 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$20/\$85/33%	\$0/\$0/\$40/\$80/33%	\$0/\$3/\$40/\$85/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$25/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$20/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$15/Month for select health and wellness products
Market Service Area	Broward Market-wide	Broward Market-wide	Broward Market-wide

Plan Name	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-068-000	R5826-018-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0	\$0
PCP	\$0	\$10
Specialist	\$35	\$45
Referrals Required	No	No
Inpatient Hospital	\$295 per day Days 1-5	\$240 per day Days 1-9
Max Out-of-Pocket	\$5500 In-Network	\$6700 In-Network
Rx Deductible	\$150 tiers 4-5	No Coverage
Rx Preferred	\$2/\$12/\$47/\$100/30%	No Coverage
Key Extra Benefits	Dental, Vision, Fitness, OTC \$45/Quarter for select health and wellness products	Dental, Hearing, Fitness
Market Service Area	Broward Market-wide	Broward Market-wide

DSNP

	NEW		
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Fully Integrated (HMO D-SNP)
Plan Number	H1036-103-000	H1036-255-000	H1036-282-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Healthy Foods Card	N/A	N/A	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 4 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Broward Market-wide	Broward Market-wide	Broward 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			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Broward Market-wide	Broward Market-wide	Broward Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5216-065-000	MA-PD
HumanaChoice (Regional PPO)	R5826-074-000	MA-PD
HumanaChoice (Regional PPO)	R5826-005-000	MA-PD
Humana Gold Choice (PFFS)	H8145-061-000	MA-PD
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through PrescribeIT Rx Mail-Order Pharmacy
- CarePlus offers Florida residents access to several Medicare Advantage Prescription Drug (MAPD) plans that provide basic Original Medicare benefits plus more. Though plans and benefits may vary by service area, all CarePlus plans help provide the healthcare coverage a member needs.
- Local Market office and Support Team to help with all of your needs
- Multiple selling opportunities with Dual Special Needs Plans
- Plan available with Part B premium giveback
- Plans available with Unlimited Transportation Benefit
- Plans include a Well Dine benefit, which can provide packaged, precooked meals right to member's doors during recovery.
- Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits

Network Highlights

- For a complete list of in-network providers, visit www.CarePlusHealthPlans.com
- Most major hospital facilities within the Broward market are in-network

Market Service Area

Broward

MAPD

Plan Name	CareOne (HMO)	CareFree (HMO)
Plan Number	H1019-001-000	H1019-065-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and rich ancillaries	\$0 Plan Premium with \$75 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries
Premium	\$0	\$0
PCP	\$0	\$0
Specialist	\$5	\$25
Referrals Required	Yes	Yes
Inpatient Hospital	\$0 per admission	\$150 per day Days 1-8
Max Out-of-Pocket	\$2000 In-Network	\$3400 In-Network
Rx Deductible	No Deductible	\$100 tiers 4-5
Rx Preferred	\$0/\$0/\$20/\$85/33%	\$0/\$0/\$47/\$97/31%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$25/Month for select health and wellness products
Market Service Area	Broward Market-wide	Broward Market-wide

DSNP

Plan Name	CareNeeds PLUS (HMO D-SNP)	CareNeeds (HMO D-SNP)
Plan Number	H1019-023-000	H1019-081-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals
Healthy Foods Card	N/A	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$400 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Broward Market-wide	Broward Market-wide

Local Support

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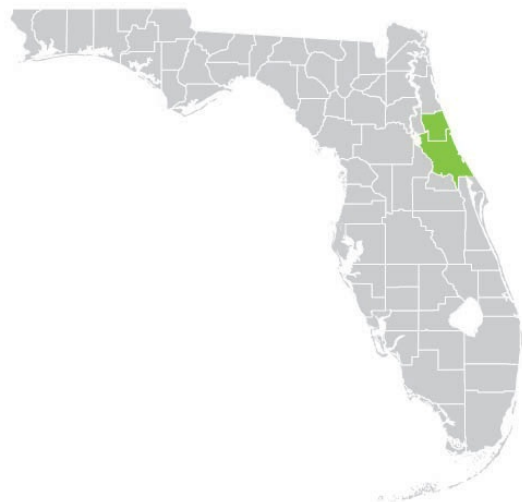
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MARKET HIGHLIGHTS

- Go365® by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Many Humana plans include a Well Dine benefit, which can provide packaged, precooked meals right to member's doors during recovery.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- Members with certain health needs, may be eligible for Humana At Home care management.
- Multiple selling opportunities with Dual and Chronic Special Needs Plans
- Plan available with Transportation Benefit
- Two local market offices and support teams to assist with broker and member needs
- Your plan may include a monthly or quarterly allowance for over-the-counter(OTC) items such as: Vitamins, Pain Relievers, and Cough and cold medicines

Network Highlights

- All major hospital facilities within the market are in-network
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- National Network reciprocity (all states) on all PPO plans
- Robust PCP and Specialist networks

Market Service Area

Flagler, Volusia

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO C-SNP)
Plan Number	H1036-157-000	H1036-044-000	H1036-156-000
Plan Highlights	\$0 Plan Premium with \$85 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium HMO MAPD Plan with rich benefits and additional ancillaries	Chronic Special Needs plan designed for individuals with Diabetes Mellitus
Premium	\$0	\$0	\$0
PCP	\$5	\$0	\$0
Specialist	\$25	\$15	\$25
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$195 per day Days 1-7	\$75 per day Days 1-5	\$150 per day Days 1-7
Max Out-of-Pocket	\$6700 In-Network	\$3400 In-Network	\$3400 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$5/\$45/\$85/33%	\$0/\$0/\$40/\$80/33%	\$0/\$7/\$45/\$85/33%/\$0
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$150/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products
Market Service Area	Daytona Market-wide	Daytona Market-wide	Daytona Market-wide

Plan Name	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-070-000	R5826-074-000	R5826-005-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	\$0 Plan Premium RPPO MAPD Plan with lean benefits	High Plan Premium RPPO MAPD Plan with low cost shares and additional ancillaries
Premium	\$0	\$0	\$99
PCP	\$5	\$25	\$5
Specialist	\$45	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$328 per day Days 1-6	\$625 per day Days 1-3	\$250 per day Days 1-7
Max Out-of-Pocket	\$5900 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	\$175 tiers 3-5	\$395 tiers 3-5	\$100 tiers 3-5
Rx Preferred	\$2/\$10/\$47/\$100/29%	\$6/\$20/\$47/\$100/25%	\$5/\$15/\$45/\$95/31%
Key Extra Benefits	Dental, Fitness	N/A	Dental, Vision, Fitness, OTC \$50/Quarter for select health and wellness products
Market Service Area	Daytona Market-wide	Daytona Market-wide	Daytona Market-wide

Plan Name	Humana Gold Choice (PFFS)	Humana Gold Plus (HMO)	HumanaChoice (Regional PPO)
Plan Number	H8145-061-000	H1036-056-000	R5826-018-000
Plan Highlights	High Plan Premium PFFS MAPD Plan with moderate cost shares and additional ancillaries	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$120	\$0	\$0
PCP	\$10	\$0	\$10
Specialist	\$40	\$15	\$45
Referrals Required	No	Yes	No
Inpatient Hospital	\$290 per day Days 1-5	\$100 per day Days 1-7	\$240 per day Days 1-9
Max Out-of-Pocket	\$6700 In/Out Network	\$2900 In-Network	\$6700 In-Network
Rx Deductible	\$200 tiers 4-5	No Coverage	No Coverage
Rx Preferred	\$7/\$17/\$47/\$97/29%	No Coverage	No Coverage
Key Extra Benefits	Vision, Fitness, OTC \$10/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Hearing, Fitness
Market Service Area	Daytona Market-wide	Daytona Market-wide	Daytona Market-wide

DSNP

	NEW		
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Fully Integrated (HMO D-SNP)
Plan Number	H1036-209-000	H1036-241-000	H1036-283-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Healthy Foods Card	N/A	N/A	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 4 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Daytona Market-wide	Daytona Market-wide	Daytona 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			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Daytona Market-wide	Daytona Market-wide	Daytona Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

Local Support

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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Prescribit
- All plans include dental, vision, hearing, and OTC benefits
- All plans include transportation to plan-approved locations
- Careplus offers Florida residents access to several Medicare Advantage Prescription Drug (MAPD) plans that provide basic Original Medicare benefits plus more. Though plans and benefits may vary by service area, all Careplus plans help provide the healthcare coverage a member needs.

Network Highlights

- For a complete list of in-network providers, visit www.CarePlusHealthPlans.com
- Most major hospital facilities within the market are in-network

Market Service Area

Volusia

MAPD

	NEW	NEW
Plan Name	CareFree (HMO)	CareOne PLUS (HMO)
Plan Number	H1019-099-000	H1019-098-000
Plan Highlights	\$0 Plan Premium with \$55 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium HMO MAPD Plan with rich benefits and rich ancillaries
Premium	\$0	\$0
PCP	\$0	\$0
Specialist	\$35	\$20
Referrals Required	Yes	Yes
Inpatient Hospital	\$200 per day Days 1-5	\$100 per day Days 1-5
Max Out-of-Pocket	\$3400 In-Network	\$3400 In-Network
Rx Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$5/\$45/\$85/33%	\$0/\$0/\$40/\$80/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$30/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Month for select health and wellness products
Market Service Area	Daytona Market-wide	Daytona Market-wide

DSNP

	NEW	NEW
Plan Name	CareNeeds PLUS (HMO D-SNP)	CareNeeds (HMO D-SNP)
Plan Number	H1019-100-000	H1019-101-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals
Healthy Foods Card	N/A	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Daytona Market-wide	Daytona Market-wide

Local Support

Local Support - Florida



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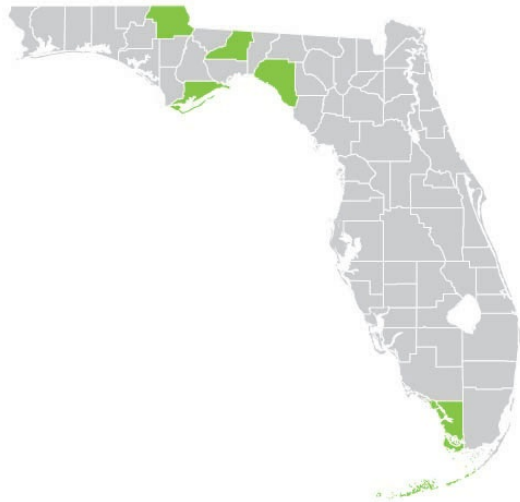


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Volusia county



MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- Humana Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- MA-Only plan available for customers that get their drug coverage elsewhere, such as Veterans.
- No referrals needed on PPO Plans

Network Highlights

- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services
- In-network PPO hospitals and provider systems include, but are not limited to, the following: Tallahassee Memorial Healthcare and Regional Medical Center

Market Service Area

Franklin, Jackson, Leon, Monroe, Taylor

MA / MAPD

Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)
Plan Number	R5826-074-000	R5826-005-000	R5826-018-000
Plan Highlights	\$0 Plan Premium RPPO MAPD Plan with lean benefits	High Plan Premium RPPO MAPD Plan with low cost shares and additional ancillaries	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0	\$99	\$0
PCP	\$25	\$5	\$10
Specialist	\$50	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$625 per day Days 1-3	\$250 per day Days 1-7	\$240 per day Days 1-9
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	\$395 tiers 3-5	\$100 tiers 3-5	No Coverage
Rx Preferred	\$6/\$20/\$47/\$100/25%	\$5/\$15/\$45/\$95/31%	No Coverage
Key Extra Benefits	N/A	Dental, Vision, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Hearing, Fitness
Market Service Area	Florida Outstate Market-wide	Florida Outstate Market-wide	Florida Outstate 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			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Florida Outstate Market-wide	Florida Outstate Market-wide	Florida Outstate Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

Local Support

Local Support - Florida



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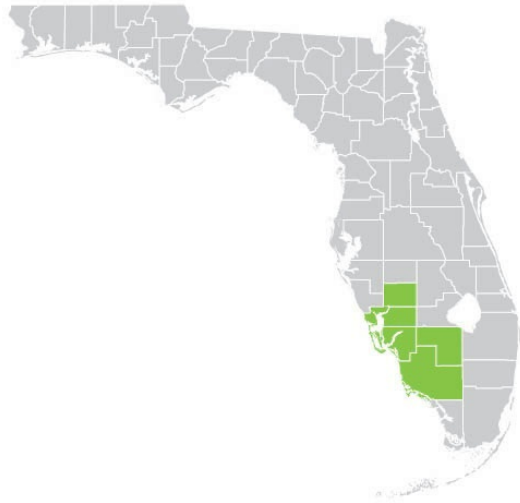
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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- \$0 plan premium CORE Plan HMO with \$0 PCP copay
- \$0 plan premium LPPO with low PCP copay
- ED Rx covered on HMO and select LPPO plans
- Introducing two DE SNP plans; Lee, Charlottee, Collier Counties; Full & Partial
- No RX deductible on HMO, low RX deductible on LPPO
- Plans include Dental, Hearing, Vision, & OTC allowance benefits on HMO and LPPO plans
- Plans with low maximum out of pocket (MOOP) limit

Network Highlights

- All hospitals contract with our HMO, PPO, and LPPO plans, with the exception of Lehigh Regional, in Charlotte, Collier, and Lee
- Florida Heart In Network
- Millennium Physician's Group, IMA, Lee Physician's Group, Physician's Regional, and many others make up HMO and LPPO networks
- Strong engagement with providers

Market Service Area

Charlotte, Collier, De Soto, Hendry, Lee

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-217-000	H1036-278-000	H5216-072-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium with \$50 Part B Premium Giveback HMO MAPD Plan with low cost shares and additional ancillaries	\$0 Plan Premium LPPO MAPD Plan with low cost shares and additional ancillaries
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$5
Specialist	\$15	\$35	\$40
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$190 per day Days 1-9	\$275 per day Days 1-7	\$370 per day Days 1-4
Max Out-of-Pocket	\$3400 In-Network	\$6700 In-Network	\$4900 In-Network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 3-5
Rx Preferred	\$0/\$8/\$45/\$95/33%	\$0/\$20/\$45/\$95/33%	\$2/\$10/\$47/\$100/30%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$100/Quarter for select health and wellness products	Dental, Vision, Fitness, OTC \$45/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Charlotte, Collier, Lee	Charlotte, Collier, Lee	Charlotte, Collier, Lee

Plan Name	HumanaChoice Florida (PPO)	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)
Plan Number	H7284-002-000	H5216-061-000	R5826-005-000
Plan Highlights	LPPO MAPD Plan with low cost shares and additional ancillaries	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	High Plan Premium RPPO MAPD Plan with low cost shares and additional ancillaries
Premium	\$75	\$0	\$99
PCP	\$0	\$5	\$5
Specialist	\$25	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$250 per day Days 1-7	\$370 per day Days 1-5	\$250 per day Days 1-7
Max Out-of-Pocket	\$3400 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	\$225 tiers 3-5	\$100 tiers 3-5
Rx Preferred	\$2/\$10/\$47/\$100/33%	\$2/\$10/\$47/\$100/29%	\$5/\$15/\$45/\$95/31%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$25/Month for select health and wellness products	Dental, Fitness	Dental, Vision, Fitness, OTC \$50/Quarter for select health and wellness products
Market Service Area	Charlotte, Collier, Lee	De Soto, Hendry	Fort Myers - Port Charlotte - Naples Market-wide

Plan Name	HumanaChoice (Regional PPO)
Plan Number	R5826-018-000
Plan Highlights	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0
PCP	\$10
Specialist	\$45
Referrals Required	No
Inpatient Hospital	\$240 per day Days 1-9
Max Out-of-Pocket	\$6700 In-Network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Hearing, Fitness
Market Service Area	Fort Myers - Port Charlotte - Naples Market-wide

DSNP

	NEW	NEW
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H1036-285-000	H1036-284-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, and extractions
Healthy Foods Card	N/A	N/A
Vision	Annual exam and \$300 credit every year for eyewear or contact lenses including fittings or 2 pair of select eyeglasses at no cost.	Annual exam and \$180 credit for eyewear or contact lenses.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fitting and \$1000 credit for hearing aids, plus one month supply of batteries.
OTC Allowance	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$75 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 20 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Charlotte, Collier, Lee	Charlotte, Collier, Lee

Prescription Drug Plans

Plan Name	Humana Walmart Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic Rx Plan (PDP)
Plan Number			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Fort Myers - Port Charlotte - Naples Market-wide	Fort Myers - Port Charlotte - Naples Market-wide	Fort Myers - Port Charlotte - Naples Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R5826-074-000	MA-PD
Humana Gold Choice (PFFS)	H8145-061-000	MA-PD
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

Local Support

Local Support - Florida



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De Soto, Lee, Hendry, Collier, Charlotte



MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- Full PPO and HMO suite of products designed to meet a variety of consumer needs
- 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, Quarterly OTC and SilverSneakers® Fitness Benefits
- Multiple selling opportunities with Dual Special Needs Plans
- Plans available with Part B premium giveback
- Plans available with Transportation Benefit

Network Highlights

- All major hospital facilities within the market are in-network
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services

Market Service Area

Citrus

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-140-000	H1036-266-000	H5216-072-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium with \$100 Part B Premium Giveback HMO MAPD Plan with low cost shares and additional ancillaries	\$0 Plan Premium LPPO MAPD Plan with low cost shares and additional ancillaries
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$5
Specialist	\$20	\$35	\$40
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$95 per day Days 1-10	\$180 per day Days 1-5	\$370 per day Days 1-4
Max Out-of-Pocket	\$3400 In-Network	\$5500 In-Network	\$4900 In-Network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 3-5
Rx Preferred	\$0/\$0/\$40/\$75/33%	\$0/\$3/\$45/\$95/33%	\$2/\$10/\$47/\$100/30%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products	Dental, Vision, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Greater Tampa Bay-Citrus Market-wide	Greater Tampa Bay-Citrus Market-wide	Greater Tampa Bay-Citrus Market-wide

Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)	Humana Gold Choice (PFFS)
Plan Number	R5826-074-000	R5826-005-000	H8145-061-000
Plan Highlights	\$0 Plan Premium RPPO MAPD Plan with lean benefits	High Plan Premium RPPO MAPD Plan with low cost shares and additional ancillaries	High Plan Premium PFFS MAPD Plan with moderate cost shares and additional ancillaries
Premium	\$0	\$99	\$120
PCP	\$25	\$5	\$10
Specialist	\$50	\$45	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$625 per day Days 1-3	\$250 per day Days 1-7	\$290 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In/Out Network
Rx Deductible	\$395 tiers 3-5	\$100 tiers 3-5	\$200 tiers 4-5
Rx Preferred	\$6/\$20/\$47/\$100/25%	\$5/\$15/\$45/\$95/31%	\$7/\$17/\$47/\$97/29%
Key Extra Benefits	N/A	Dental, Vision, Fitness, OTC \$50/Quarter for select health and wellness products	Vision, Fitness, OTC \$10/Month for select health and wellness products
Market Service Area	Greater Tampa Bay-Citrus Market-wide	Greater Tampa Bay-Citrus Market-wide	Greater Tampa Bay-Citrus Market-wide

Plan Name	HumanaChoice (Regional PPO)
Plan Number	R5826-018-000
Plan Highlights	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0
PCP	\$10
Specialist	\$45
Referrals Required	No
Inpatient Hospital	\$240 per day Days 1-9
Max Out-of-Pocket	\$6700 In-Network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Hearing, Fitness
Market Service Area	Greater Tampa Bay-Citrus Market-wide

DSNP

	NEW		
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Fully Integrated (HMO D-SNP)
Plan Number	H1036-251-000	H1036-102-000	H1036-283-000
Plan Highlights	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Healthy Foods Card	N/A	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$240 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$240 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 4 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Greater Tampa Bay-Citrus Market-wide	Greater Tampa Bay-Citrus Market-wide	Greater Tampa Bay-Citrus 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			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Greater Tampa Bay-Citrus Market-wide	Greater Tampa Bay-Citrus Market-wide	Greater Tampa Bay-Citrus Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

Local Support

Local Support - Florida



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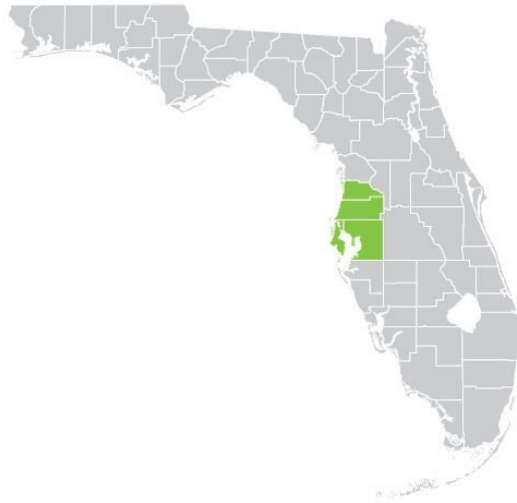
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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy - H1036-025 plan has \$0 copay for tier 1 & 2 drugs through the coverage gap
- Full PPO and HMO suite of products designed to meet a variety of consumer needs
- Go365[®] by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Local market office and support team to assist with broker and member needs
- Many Plans include Dental, Vision, Hearing, Quarterly OTC and SilverSneakers[®] Fitness Benefits
- Multiple selling opportunities with Dual and Chronic Special Needs Plans
- Plans available with Part B premium giveback
- Plans available with Transportation Benefit

Network Highlights

- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services
- Most major hospital facilities within the market are in-network

Market Service Area

Hernando, Hillsborough, Pasco, Pinellas

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO C-SNP)
Plan Number	H1036-025-000	H1036-265-001	H1036-160-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and rich ancillaries	\$0 Plan Premium with \$110 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries	Chronic Special Needs plan designed for individuals with Diabetes Mellitus
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$10	\$25	\$20
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$40 per day Days 1-5	\$150 per day Days 1-8	\$115 per day Days 1-7
Max Out-of-Pocket	\$2500 In-Network	\$3400 In-Network	\$3400 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$5/\$55/33%	\$0/\$5/\$45/\$95/33%	\$0/\$0/\$5/\$35/33%/\$0
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$225/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products
Market Service Area	Greater Tampa Bay Market-wide	Greater Tampa Bay Market-wide	Greater Tampa Bay Market-wide

Plan Name	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-072-000	R5826-074-000	R5826-005-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with low cost shares and additional ancillaries	\$0 Plan Premium RPPO MAPD Plan with lean benefits	High Plan Premium RPPO MAPD Plan with low cost shares and additional ancillaries
Premium	\$0	\$0	\$99
PCP	\$5	\$25	\$5
Specialist	\$40	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$370 per day Days 1-4	\$625 per day Days 1-3	\$250 per day Days 1-7
Max Out-of-Pocket	\$4900 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	\$150 tiers 3-5	\$395 tiers 3-5	\$100 tiers 3-5
Rx Preferred	\$2/\$10/\$47/\$100/30%	\$6/\$20/\$47/\$100/25%	\$5/\$15/\$45/\$95/31%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	N/A	Dental, Vision, Fitness, OTC \$50/Quarter for select health and wellness products
Market Service Area	Greater Tampa Bay Market-wide	Greater Tampa Bay Market-wide	Greater Tampa Bay Market-wide

Plan Name	Humana Gold Choice (PFFS)	HumanaChoice (Regional PPO)	Humana Gold Plus (HMO)
Plan Number	H8145-061-000	R5826-018-000	H1036-119-000
Plan Highlights	High Plan Premium PFFS MAPD Plan with moderate cost shares and additional ancillaries	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.	MA Only plan with a \$100 Part B Premium Giveback, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$120	\$0	\$0
PCP	\$10	\$10	\$0
Specialist	\$40	\$45	\$25
Referrals Required	No	No	Yes
Inpatient Hospital	\$290 per day Days 1-5	\$240 per day Days 1-9	\$195 per day Days 1-5
Max Out-of-Pocket	\$6700 In/Out Network	\$6700 In-Network	\$3400 In-Network
Rx Deductible	\$200 tiers 4-5	No Coverage	No Coverage
Rx Preferred	\$7/\$17/\$47/\$97/29%	No Coverage	No Coverage
Key Extra Benefits	Vision, Fitness, OTC \$10/Month for select health and wellness products	Dental, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products
Market Service Area	Hernando, Pasco, Pinellas	Greater Tampa Bay Market-wide	Greater Tampa Bay Market-wide

DSNP

	NEW		
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Fully Integrated (HMO D-SNP)
Plan Number	H1036-251-000	H1036-102-000	H1036-283-000
Plan Highlights	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Healthy Foods Card	N/A	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$240 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$240 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 4 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Greater Tampa Bay Market-wide	Greater Tampa Bay Market-wide	Greater Tampa Bay 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			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Greater Tampa Bay Market-wide	Greater Tampa Bay Market-wide	Greater Tampa Bay Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

Local Support

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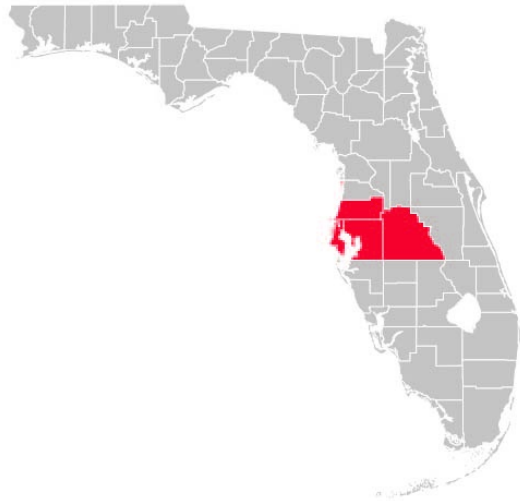
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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through PrescribeIT Rx Mail-Order Pharmacy
- All plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits
- CarePlus offers Florida residents access to several Medicare Advantage Prescription Drug (MAPD) plans that provide basic Original Medicare benefits plus more. Though plans and benefits may vary by service area, all CarePlus plans help provide the healthcare coverage a member needs.
- Local Market office and Support Team to help with all of your needs
- Multiple selling opportunities with Dual Special Needs Plans
- Plan available with Part B premium giveback

Network Highlights

- All major hospital facilities within the market are in-network
- For a complete list of in-network providers, visit www.CarePlusHealthPlans.com

Market Service Area

Hillsborough, Pasco, Pinellas, Polk

MAPD

Plan Name	CareFree (HMO)	CareFree (HMO)	CareOne PLUS (HMO)
Plan Number	H1019-104-001	H1019-104-002	H1019-103-001
Plan Highlights	\$0 Plan Premium with \$125 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium with \$110 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium HMO MAPD Plan with rich benefits and rich ancillaries
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$15	\$20	\$5
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$100 per day Days 1-5	\$150 per day Days 1-5	\$25 per day Days 1-5
Max Out-of-Pocket	\$2500 In-Network	\$2500 In-Network	\$1000 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$35/\$60/33%	\$0/\$0/\$35/\$60/33%	\$0/\$0/\$10/\$55/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$40/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$40/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Month for select health and wellness products
Market Service Area	Polk	Hillsborough, Pasco, Pinellas	Polk

Plan Name	CareOne PLUS (HMO)
Plan Number	H1019-103-002
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and rich ancillaries
Premium	\$0
PCP	\$0
Specialist	\$10
Referrals Required	Yes
Inpatient Hospital	\$25 per day Days 1-7
Max Out-of-Pocket	\$1500 In-Network
Rx Deductible	No Deductible
Rx Preferred	\$0/\$0/\$10/\$55/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Month for select health and wellness products
Market Service Area	Hillsborough, Pasco, Pinellas

DSNP

Plan Name	CareNeeds PLUS (HMO D-SNP)	CareNeeds (HMO D-SNP)
Plan Number	H1019-026-000	H1019-079-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals
Healthy Foods Card	N/A	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Greater Tampa Bay Market-wide	Greater Tampa Bay Market-wide

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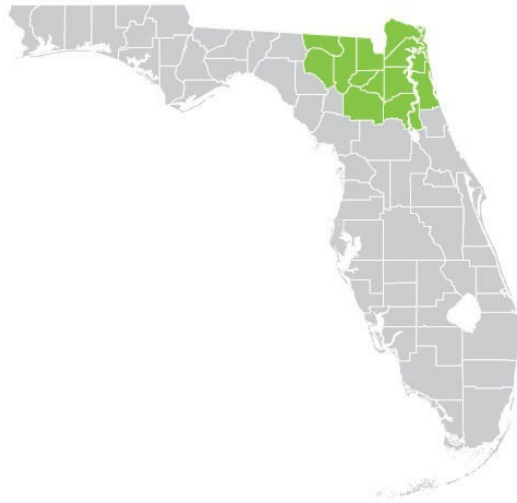
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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- Go365[®] by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Local Market office and Support Team to help with all of your needs
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers[®] Fitness Benefits
- Multiple selling opportunities with Dual Special Needs Plans
- Plan available with Part B premium giveback
- Plan available with Transportation Benefit
- Your plan may include a monthly or quarterly allowance for over-the-counter(OTC) items such as: Vitamins, Pain Relievers, and Cough and cold medicines

Network Highlights

- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services
- In-network HMO hospitals and provider systems include, but are not limited to, the following: St. Vincents, Memorial, and Flagler
- In-network PPO hospitals and provider systems include, but are not limited to, the following: St. Vincents, UF Shands, Memorial, and Flagler

Market Service Area

Alachua, Baker, Bradford, Clay, Columbia, Duval, Hamilton, Nassau, Putnam, Saint Johns, Suwannee, Union

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H1036-068-000	H1036-081-000	H1036-270-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and rich ancillaries	\$0 Plan Premium HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium with \$55 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$10	\$10	\$30
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$100 per day Days 1-5	\$125 per day Days 1-7	\$195 per day Days 1-6
Max Out-of-Pocket	\$3400 In-Network	\$3400 In-Network	\$3400 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$40/\$89/33%	\$0/\$0/\$45/\$89/33%	\$6/\$20/\$47/\$95/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products	Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Alachua, Clay, Columbia, Putnam, Saint Johns	Baker, Duval, Nassau	Alachua, Baker, Clay, Columbia, Duval, Nassau, Putnam, Saint Johns

Plan Name	Humana Gold Plus (HMO C-SNP)	HumanaChoice Florida (PPO)	HumanaChoice Florida (PPO)
Plan Number	H1036-175-000	H5216-070-000	H5216-061-000
Plan Highlights	Chronic Special Needs plan designed for individuals with Diabetes Mellitus	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries
Premium	\$0	\$0	\$0
PCP	\$0	\$5	\$5
Specialist	\$25	\$45	\$50
Referrals Required	Yes	No	No
Inpatient Hospital	\$150 per day Days 1-8	\$328 per day Days 1-6	\$370 per day Days 1-5
Max Out-of-Pocket	\$3400 In-Network	\$5900 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	\$175 tiers 3-5	\$225 tiers 3-5
Rx Preferred	\$0/\$10/\$45/\$89/33%/\$0	\$2/\$10/\$47/\$100/29%	\$2/\$10/\$47/\$100/29%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products	Dental, Fitness	Dental, Fitness
Market Service Area	Baker, Clay, Columbia, Duval, Nassau, Putnam, Saint Johns	Alachua, Baker, Clay, Columbia, Duval, Nassau, Putnam, Saint Johns, Suwannee	Bradford, Hamilton, Union

Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)	Humana Gold Choice (PFFS)
Plan Number	R5826-074-000	R5826-005-000	H8145-061-000
Plan Highlights	\$0 Plan Premium RPPO MAPD Plan with lean benefits	High Plan Premium RPPO MAPD Plan with low cost shares and additional ancillaries	High Plan Premium PFFS MAPD Plan with moderate cost shares and additional ancillaries
Premium	\$0	\$99	\$120
PCP	\$25	\$5	\$10
Specialist	\$50	\$45	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$625 per day Days 1-3	\$250 per day Days 1-7	\$290 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In/Out Network
Rx Deductible	\$395 tiers 3-5	\$100 tiers 3-5	\$200 tiers 4-5
Rx Preferred	\$6/\$20/\$47/\$100/25%	\$5/\$15/\$45/\$95/31%	\$7/\$17/\$47/\$97/29%
Key Extra Benefits	N/A	Dental, Vision, Fitness, OTC \$50/Quarter for select health and wellness products	Vision, Fitness, OTC \$10/Month for select health and wellness products
Market Service Area	Jacksonville Market-wide	Jacksonville Market-wide	Putnam

Plan Name	HumanaChoice (Regional PPO)
Plan Number	R5826-018-000
Plan Highlights	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0
PCP	\$10
Specialist	\$45
Referrals Required	No
Inpatient Hospital	\$240 per day Days 1-9
Max Out-of-Pocket	\$6700 In-Network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Hearing, Fitness
Market Service Area	Jacksonville Market-wide

DSNP

		NEW	
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H1036-210-000	H7284-003-000	H1036-243-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$2500 annually; \$0 copayments cover: exams, x-rays, cleanings, fluoride treatment,extractions, fillings, crowns, dentures, denture adjustments, denture reline, deep cleaning, recementation, emergency treatment for pain, oral surgery, periodontal maintenance, and root canals	\$0 copayments covers: exams, x-rays, cleanings, fillings, and extractions
Healthy Foods Card	N/A	N/A	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$200 credit every year for eyeglasses or contact lenses.OON coverage available. Some restrictions apply if benefits received Out-of-Network.	Annual exam and \$115 credit for eyewear or contact lenses.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	In network: Annual exam and fitting plus \$1000 credit for hearing aids once every 3 years. Out of network: 25% coinsurance for annual exam and fitting plus \$1000 credit for hearing aids once every 3 years.	Annual exam, fitting and \$1000 credit for hearing aids, plus one month supply of batteries.
OTC Allowance	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$220 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 20 one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 50 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Alachua, Baker, Clay, Columbia, Duval, Nassau, Putnam, Saint Johns	Bradford, Hamilton, Suwannee, Union	Alachua, Baker, Clay, Columbia, Duval, Nassau, Putnam, Saint Johns

Prescription Drug Plans

Plan Name	Humana Walmart Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic Rx Plan (PDP)
Plan Number			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Jacksonville Market-wide	Jacksonville Market-wide	Jacksonville Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

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The following Counties for: Baker, Columbia, Duval, Hamilton, Nassau, Suwannee, and Union



MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Prescribit
- All plans include dental, vision, and hearing benefits and OTC allowance
- All plans include transportation to plan-approved locations
- Careplus offers Florida residents access to several Medicare Advantage Prescription Drug (MAPD) plans that provide basic Original Medicare benefits plus more. Though plans and benefits may vary by service area, all Careplus plans help provide the healthcare coverage a member needs.

Network Highlights

- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- In-network PPO and HMO hospitals and provider systems include, but are not limited to, the following: St. Vincents Hospital and Family Care Partners

Market Service Area

Clay, Duval

MAPD

Plan Name	CareFree (HMO)	CareOne (HMO)
Plan Number	H1019-094-000	H1019-069-000
Plan Highlights	\$0 Plan Premium with \$75 Part B Premium Giveback HMO MAPD Plan with low cost shares and additional ancillaries	\$0 Plan Premium HMO MAPD Plan with rich benefits and rich ancillaries
Premium	\$0	\$0
PCP	\$0	\$0
Specialist	\$40	\$25
Referrals Required	Yes	Yes
Inpatient Hospital	\$350 per day Days 1-5 at preferred facility	\$150 per day Days 1-8 at preferred facility
Max Out-of-Pocket	\$3400 In-Network	\$3400 In-Network
Rx Deductible	\$100 tiers 4-5	No Deductible
Rx Preferred	\$0/\$10/\$45/\$95/31%	\$0/\$0/\$47/\$95/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$40/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$40/Month for select health and wellness products
Market Service Area	Duval	Jacksonville Market-wide

DSNP

Plan Name	CareNeeds (HMO D-SNP)	CareNeeds PLUS (HMO D-SNP)
Plan Number	H1019-085-000	H1019-073-000
Plan Highlights	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals
Healthy Foods Card	N/A	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Jacksonville Market-wide	Jacksonville Market-wide

Local Support

Local Support - Florida



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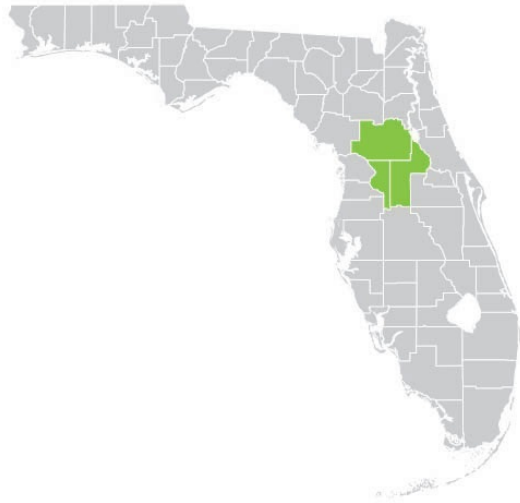
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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- Full PPO and HMO suite of products designed to meet a variety of consumer needs
- Humana Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- Local market office and support team to assist with broker and member needs
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- Multiple selling opportunities with Dual Special Needs Plans
- No referrals needed on PPO Plans
- Plan available with Part B premium giveback

Network Highlights

- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services
- In-network HMO hospitals and provider systems include, but are not limited to, the following: AdventHealth Ocala, West Marion Community Hospital Ocala, Ocala Regional Medical Center, The Villages Regional Hospital, South Lake Hospital, and Leesburg Regional Medical Center
- In-network PPO hospitals and provider systems include, but are not limited to, the following: AdventHealth Ocala, West Marion Community Hospital Ocala, Ocala Regional Medical Center, The Villages Regional Hospital, South Lake Hospital, and Leesburg Regional Medical Center

Market Service Area

Lake, Marion, Sumter

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-277-000	H1036-269-000	H5216-074-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium with \$72 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$5
Specialist	\$10	\$25	\$40
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$75 per day Days 1-5	\$195 per day Days 1-8	\$325 per day Days 1-6
Max Out-of-Pocket	\$2750 In-Network	\$6700 In-Network	\$5500 In-Network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 3-5
Rx Preferred	\$0/\$0/\$40/\$90/33%	\$0/\$15/\$45/\$95/33%	\$2/\$10/\$47/\$100/30%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Fitness, OTC \$45/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$25/Month for select health and wellness products
Market Service Area	Lake - Marion - Sumter Market-wide	Lake - Marion - Sumter Market-wide	Lake - Marion - Sumter Market-wide

Plan Name	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)
Plan Number	H7284-001-000	R5826-074-000	R5826-018-000
Plan Highlights	LPPO MAPD Plan with very low cost shares and additional ancillaries	\$0 Plan Premium RPPO MAPD Plan with lean benefits	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$75	\$0	\$0
PCP	\$0	\$25	\$10
Specialist	\$20	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$125 per day Days 1-10	\$625 per day Days 1-3	\$240 per day Days 1-9
Max Out-of-Pocket	\$2000 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	\$395 tiers 3-5	No Coverage
Rx Preferred	\$2/\$10/\$47/\$100/33%	\$6/\$20/\$47/\$100/25%	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$25/Month for select health and wellness products	N/A	Dental, Hearing, Fitness
Market Service Area	Lake - Marion - Sumter Market-wide	Lake - Marion - Sumter Market-wide	Lake - Marion - Sumter Market-wide

DSNP

	NEW		
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Fully Integrated (HMO D-SNP)
Plan Number	H1036-213-000	H1036-247-000	H1036-283-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Healthy Foods Card	N/A	N/A	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 4 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Lake - Marion - Sumter Market-wide	Lake - Marion - Sumter Market-wide	Lake - Marion - Sumter 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			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Lake - Marion - Sumter Market-wide	Lake - Marion - Sumter Market-wide	Lake - Marion - Sumter Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R5826-005-000	MA-PD
Humana Gold Choice (PFFS)	H8145-061-000	MA-PD
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

Local Support

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MARKET HIGHLIGHTS

- Full HMO and PPO suite of products designed to meet a variety of consumer needs
- Go365[®] by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Local market office and support team to assist with broker and member needs
- Many Humana plans include a meal benefit, which can provide fresh meals right to member's doors during recovery.
- Members with certain health needs, may be eligible for Humana At Home care management.
- Plan available with Part B premium giveback
- Your plan may include a monthly or quarterly allowance for over-the-counter(OTC) items such as: Vitamins, Pain Relievers, and Cough and cold medicines

Network Highlights

- 400+ Primary Care Physicians to choose from
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services
- Most major hospital facilities within the market are in-network for HMO Plans

Market Service Area

Miami-Dade

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-054-000	H1036-237-002	H5216-068-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and rich ancillaries, ED drugs available on Tier 1	\$0 Plan Premium with \$75 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries, ED drugs available on Tier 1	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$0	\$15	\$35
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$0 per admission	\$0 per day Days 1-2, \$125 per day Days 3-7	\$295 per day Days 1-5
Max Out-of-Pocket	\$2000 In-Network	\$3400 In-Network	\$5500 In-Network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 4-5
Rx Preferred	\$0/\$0/\$0/\$45/33%	\$0/\$0/\$40/\$80/33%	\$2/\$12/\$47/\$100/30%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$25/Month for select health and wellness products	Dental, Vision, Fitness, OTC \$45/Quarter for select health and wellness products
Market Service Area	Miami Market-wide	Miami Market-wide	Miami Market-wide

Plan Name	HumanaChoice (Regional PPO)
Plan Number	R5826-018-000
Plan Highlights	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0
PCP	\$10
Specialist	\$45
Referrals Required	No
Inpatient Hospital	\$240 per day Days 1-9
Max Out-of-Pocket	\$6700 In-Network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Hearing, Fitness
Market Service Area	Miami Market-wide

Plan Name	Humana Value Plus (HMO)
Plan Number	H1036-264-000
Plan Highlights	Lean medical and pharmacy benefits, with rich supplemental benefits
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$50 maximum benefit coverage amount per month for over-the-counter (OTC) card to purchase eligible OTC health and wellness products at participating retailers.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Miami Market-wide

DSNP

	NEW		
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Fully Integrated (HMO D-SNP)
Plan Number	H1036-077-000	H1036-257-000	H1036-280-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Healthy Foods Card	N/A	N/A	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$100 maximum benefit coverage amount per month for over-the-counter (OTC) card to purchase eligible OTC health and wellness products at participating retailers.	\$50 maximum benefit coverage amount per month 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 select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 4 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Miami Market-wide	Miami Market-wide	Miami 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			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Miami Market-wide	Miami Market-wide	Miami Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5216-065-000	MA-PD
HumanaChoice (Regional PPO)	R5826-074-000	MA-PD
HumanaChoice (Regional PPO)	R5826-005-000	MA-PD
Humana Gold Choice (PFFS)	H8145-061-000	MA-PD
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1, 2 and 3 drugs in most of our plans when using mail order through PrescribeIT
- All CarePlus plans include the SilverSneakers® fitness program at no extra cost.
- All CarePlus plans include unlimited transportation to plan approved locations
- CarePlus offers Florida residents access to several Medicare Advantage Prescription Drug (MAPD) plans that provide basic Original Medicare benefits plus more. Though plans and benefits may vary by service area, all CarePlus plans help provide the healthcare coverage a member needs.
- Local market office and support team to assist with broker and member needs, including a local customer service team
- Most of CarePlus' plans include rich dental benefits, some may include root canal and crown
- Multiple selling opportunities with competitive Dual Special Needs Plans

Network Highlights

- In-network hospitals and provider systems include, but are not limited to, the following: Baptist Hospital System and Tenet Health System.
- Large Dental Provider Network to support rich dental benefits in most of our plans
- Various multi-specialty primary care physician options are available in-network

Market Service Area

Miami-Dade

MAPD

Plan Name	CareFree PLUS (HMO)	CareOne PLUS (HMO)
Plan Number	H1019-076-000	H1019-006-000
Plan Highlights	\$0 Plan Premium with \$90 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium HMO MAPD Plan with rich benefits and rich ancillaries, including rich OTC, dental benefits, high ICL and low MOOP.
Premium	\$0	\$0
PCP	\$0	\$0
Specialist	\$0	\$0
Referrals Required	Yes	Yes
Inpatient Hospital	\$50 per day Days 1-5	\$0 per admission
Max Out-of-Pocket	\$3400 In-Network	\$1000 In-Network
Rx Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$47/\$97/33%	\$0/\$0/\$0/\$35/33%
Key Extra Benefits	Dental, Vision, Fitness, OTC \$25/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$100/Month for select health and wellness products
Market Service Area	Miami Market-wide	Miami Market-wide

DSNP

Plan Name	CareNeeds PLUS (HMO D-SNP)	CareNeeds (HMO D-SNP)
Plan Number	H1019-024-000	H1019-083-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals
Healthy Foods Card	N/A	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$400 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Miami Market-wide	Miami Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
CareExtra (HMO)	H1019-089-000	MA-PD

Local Support

Local Support - Florida



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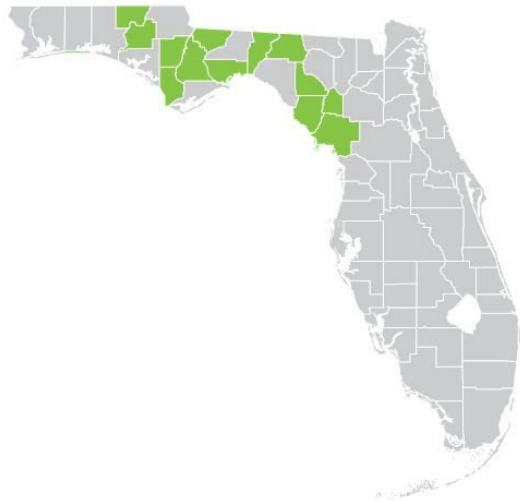
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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- Go365[®] by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Humana Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- Introducing new LPPO DE-SNP plan in Calhoun, Dixie, Gadsden, Gilchrist, Gulf, Holmes, Jefferson, Lafayette, Levy, Liberty, and Madison counties
- Many Humana plans include a Well Dine benefit, which can provide packaged, precooked meals right to member's doors during recovery.
- Most of Humana's Medicare Advantage plans include the SilverSneakers[®] fitness program at no extra cost.
- No referrals needed on PPO Plans

Network Highlights

- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services
- In-network PPO hospitals and provider systems include, but are not limited to, the following: Doctor's Memorial, Northwest Florida Community Hospital, Healthmark, Tallahassee Memorial Healthcare, Regional Medical Center, Chiefland Medical Center, UF Health- Old Town, and Palms Medical Group

Market Service Area

Calhoun, Dixie, Gadsden, Gilchrist, Gulf, Holmes, Jefferson, Lafayette, Levy, Liberty, Madison, Wakulla, Washington

MA / MAPD

Plan Name	HumanaChoice Florida (PPO)	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-070-000	H5216-061-000	R5826-074-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	\$0 Plan Premium RPPO MAPD Plan with lean benefits
Premium	\$0	\$0	\$0
PCP	\$5	\$5	\$25
Specialist	\$45	\$50	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$328 per day Days 1-6	\$370 per day Days 1-5	\$625 per day Days 1-3
Max Out-of-Pocket	\$5900 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	\$175 tiers 3-5	\$225 tiers 3-5	\$395 tiers 3-5
Rx Preferred	\$2/\$10/\$47/\$100/29%	\$2/\$10/\$47/\$100/29%	\$6/\$20/\$47/\$100/25%
Key Extra Benefits	Dental, Fitness	Dental, Fitness	N/A
Market Service Area	Wakulla	Calhoun, Dixie, Gadsden, Gilchrist, Gulf, Holmes, Jefferson, Lafayette, Levy, Liberty, Madison, Washington	N. Florida - Panhandle Market-wide

Plan Name	HumanaChoice (Regional PPO)
Plan Number	R5826-018-000
Plan Highlights	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0
PCP	\$10
Specialist	\$45
Referrals Required	No
Inpatient Hospital	\$240 per day Days 1-9
Max Out-of-Pocket	\$6700 In-Network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Hearing, Fitness
Market Service Area	N. Florida - Panhandle Market-wide

DSNP

	NEW
Plan Name	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H7284-003-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$2500 annually; \$0 copayments cover: exams, x-rays, cleanings, fluoride treatment,extractions, fillings, crowns, dentures, denture adjustments, denture reline, deep cleaning, recementation, emergency treatment for pain, oral surgery, periodontal maintenance, and root canals
Healthy Foods Card	N/A
Vision	Annual exam and \$200 credit every year for eyeglasses or contact lenses.OON coverage available. Some restrictions apply if benefits received Out-of-Network.
Hearing	In network: Annual exam and fitting plus \$1000 credit for hearing aids once every 3 years. Out of network: 25% coinsurance for annual exam and fitting plus \$1000 credit for hearing aids once every 3 years.
OTC Allowance	\$220 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to 20 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Calhoun, Dixie, Gadsden, Gilchrist, Gulf, Holmes, Jefferson, Lafayette, Levy, Liberty, Madison

Prescription Drug Plans

Plan Name	Humana Walmart Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic Rx Plan (PDP)
Plan Number			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	N. Florida - Panhandle Market-wide	N. Florida - Panhandle Market-wide	N. Florida - Panhandle Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R5826-005-000	MA-PD
Humana Gold Choice (PFFS)	H8145-061-000	MA-PD
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

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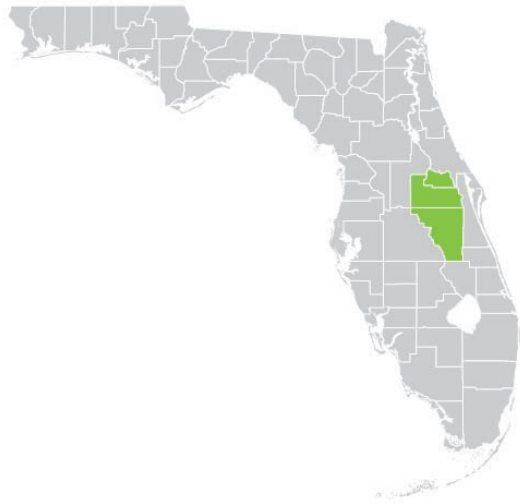
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Dixie, Gilchrist, and Levy Counties



MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- 30 years in the Orlando market
- Plan offerings from HMO, DE-SNP, HMO, LPPO, RPPO, and PFFS
- SilverSneakers included in all plans

Network Highlights

- All major hospital systems in network in area
- Contracted MSO groups include FPG, Conviva, DaVita, Access 2 Healthcare, Physician Partners, Metrohealth, Global Funds Management, AEGIS, Island Doctors, and others
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services

Market Service Area

Orange, Osceola, Seminole

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-146-000	H1036-269-000	H5216-072-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium with \$72 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium LPPO MAPD Plan with low cost shares and additional ancillaries
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$5
Specialist	\$5	\$25	\$40
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$95 per day Days 1-10	\$195 per day Days 1-8	\$370 per day Days 1-4
Max Out-of-Pocket	\$2250 In-Network	\$6700 In-Network	\$4900 In-Network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 3-5
Rx Preferred	\$0/\$5/\$35/\$85/33%	\$0/\$15/\$45/\$95/33%	\$2/\$10/\$47/\$100/30%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$150/Quarter for select health and wellness products	Dental, Vision, Fitness, OTC \$45/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Orlando Market-wide	Orlando Market-wide	Orlando Market-wide

Plan Name	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)
Plan Number	H7284-001-000	R5826-074-000	R5826-005-000
Plan Highlights	LPPO MAPD Plan with very low cost shares and additional ancillaries	\$0 Plan Premium RPPO MAPD Plan with lean benefits	High Plan Premium RPPO MAPD Plan with low cost shares and additional ancillaries
Premium	\$75	\$0	\$99
PCP	\$0	\$25	\$5
Specialist	\$20	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$125 per day Days 1-10	\$625 per day Days 1-3	\$250 per day Days 1-7
Max Out-of-Pocket	\$2000 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	\$395 tiers 3-5	\$100 tiers 3-5
Rx Preferred	\$2/\$10/\$47/\$100/33%	\$6/\$20/\$47/\$100/25%	\$5/\$15/\$45/\$95/31%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$25/Month for select health and wellness products	N/A	Dental, Vision, Fitness, OTC \$50/Quarter for select health and wellness products
Market Service Area	Seminole	Orlando Market-wide	Orlando Market-wide

Plan Name	Humana Gold Choice (PFFS)	HumanaChoice (Regional PPO)
Plan Number	H8145-061-000	R5826-018-000
Plan Highlights	High Plan Premium PFFS MAPD Plan with moderate cost shares and additional ancillaries	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$120	\$0
PCP	\$10	\$10
Specialist	\$40	\$45
Referrals Required	No	No
Inpatient Hospital	\$290 per day Days 1-5	\$240 per day Days 1-9
Max Out-of-Pocket	\$6700 In/Out Network	\$6700 In-Network
Rx Deductible	\$200 tiers 4-5	No Coverage
Rx Preferred	\$7/\$17/\$47/\$97/29%	No Coverage
Key Extra Benefits	Vision, Fitness, OTC \$10/Month for select health and wellness products	Dental, Hearing, Fitness
Market Service Area	Orlando Market-wide	Orlando Market-wide

DSNP

	NEW		
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Fully Integrated (HMO D-SNP)
Plan Number	H1036-213-000	H1036-247-000	H1036-283-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Healthy Foods Card	N/A	N/A	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 4 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Orlando Market-wide	Orlando Market-wide	Orlando 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			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Orlando Market-wide	Orlando Market-wide	Orlando Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

Local Support

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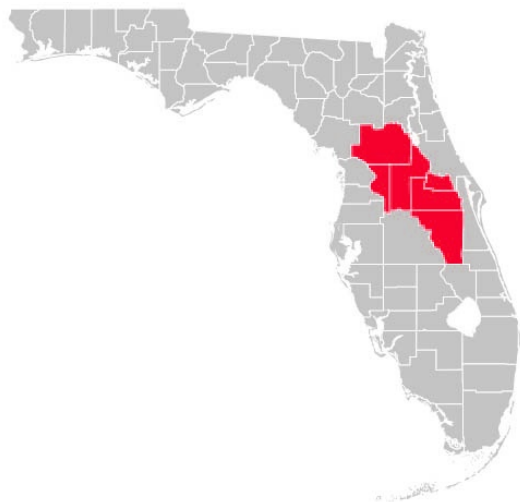
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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Prescribit
- All major hospital facilities within the market are in-network
- All plans include dental, vision, hearing, and OTC benefits
- All plans include transportation to plan-approved locations
- Careplus offers Florida residents access to several Medicare Advantage Prescription Drug (MAPD) plans that provide basic Original Medicare benefits plus more. Though plans and benefits may vary by service area, all Careplus plans help provide the healthcare coverage a member needs.

Network Highlights

- For a complete list of in-network providers, visit www.CarePlusHealthPlans.com
- Most major hospital facilities within the market are in-network

Market Service Area

Lake, Marion, Orange, Osceola, Seminole, Sumter

MAPD

Plan Name	CareFree (HMO)	CareOne PLUS (HMO)
Plan Number	H1019-092-000	H1019-057-000
Plan Highlights	\$0 Plan Premium with \$80 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium HMO MAPD Plan with rich benefits and rich ancillaries
Premium	\$0	\$0
PCP	\$0	\$0
Specialist	\$20	\$10
Referrals Required	Yes	Yes
Inpatient Hospital	\$200 per day Days 1-5	\$50 per day Days 1-7
Max Out-of-Pocket	\$3400 In-Network	\$2750 In-Network
Rx Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$5/\$35/\$85/33%	\$0/\$0/\$30/\$85/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$40/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Month for select health and wellness products
Market Service Area	Orlando Market-wide	Orlando Market-wide

DSNP

Plan Name	CareNeeds (HMO D-SNP)	CareNeeds PLUS (HMO D-SNP)
Plan Number	H1019-077-000	H1019-028-000
Plan Highlights	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals
Healthy Foods Card	N/A	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Orlando Market-wide	Orlando Market-wide

Local Support

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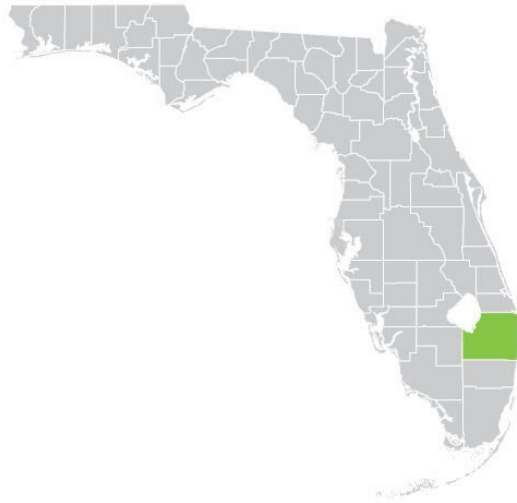
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MARKET HIGHLIGHTS

- Full PPO and HMO suite of products designed to meet a variety of consumer needs
- Go365[®] by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Local market office and support team to assist with broker and member needs
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers[®] Fitness Benefits
- Multiple selling opportunities with Dual and Chronic Special Needs Plans
- New MA-Only plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Plan available with Part B premium giveback
- Some Humana Plans include Routine non-emergent medical transportation at no additional cost

Network Highlights

- All major hospital facilities within the market are in-network
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services

Market Service Area

Palm Beach

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO C-SNP)
Plan Number	H1036-062-000	H1036-199-000	H1036-130-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium with \$75 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries	Chronic Special Needs plan designed for individuals with Diabetes Mellitus
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$10	\$40	\$30
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$25 per day Days 1-8	\$225 per day Days 1-8	\$195 per day Days 1-9
Max Out-of-Pocket	\$3400 In-Network	\$3400 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	\$100 tiers 3-5	\$150 tiers 4-5
Rx Preferred	\$0/\$0/\$20/\$75/33%	\$6/\$15/\$47/\$97/31%	\$0/\$7/\$47/\$97/30%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$25/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$15/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$15/Month for select health and wellness products
Market Service Area	Palm Beach Market-wide	Palm Beach Market-wide	Palm Beach Market-wide

		NEW
Plan Name	HumanaChoice Florida (PPO)	Humana Gold Plus (HMO)
Plan Number	H5216-068-000	H1036-279-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	MA Only plan with a \$135 Part B Premium Giveback, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0	\$0
PCP	\$0	\$0
Specialist	\$35	\$40
Referrals Required	No	Yes
Inpatient Hospital	\$295 per day Days 1-5	\$225 per day Days 1-8
Max Out-of-Pocket	\$5500 In-Network	\$3400 In-Network
Rx Deductible	\$150 tiers 4-5	No Coverage
Rx Preferred	\$2/\$12/\$47/\$100/30%	No Coverage
Key Extra Benefits	Dental, Vision, Fitness, OTC \$45/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$15/Month for select health and wellness products
Market Service Area	Palm Beach Market-wide	Palm Beach Market-wide

DSNP

	NEW		
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Fully Integrated (HMO D-SNP)
Plan Number	H1036-259-000	H1036-104-000	H1036-281-000
Plan Highlights	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Healthy Foods Card	N/A	N/A	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 4 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Palm Beach Market-wide	Palm Beach Market-wide	Palm Beach 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			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Palm Beach Market-wide	Palm Beach Market-wide	Palm Beach Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5216-065-000	MA-PD
HumanaChoice (Regional PPO)	R5826-074-000	MA-PD
HumanaChoice (Regional PPO)	R5826-005-000	MA-PD
Humana Gold Choice (PFFS)	H8145-061-000	MA-PD

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R5826-018-000	MA
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through PrescribeIT Rx Mail-Order Pharmacy
- CarePlus offers Florida residents access to several Medicare Advantage Prescription Drug (MAPD) plans that provide basic Original Medicare benefits plus more. Though plans and benefits may vary by service area, all CarePlus plans help provide the healthcare coverage a member needs.
- Introducing NEW \$0 plan premium HMO in Palm Beach County
- Local Market office and Support Team to help with all of your needs
- Multiple selling opportunities with Dual Special Needs Plans
- Plan available with Part B premium giveback
- Plans available with Unlimited Transportation Benefit
- Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits

Network Highlights

- All major hospital facilities within the Palm Beach market are in-network
- For a complete list of in-network providers, visit www.CarePlusHealthPlans.com

Market Service Area

Palm Beach

MAPD

	NEW	
Plan Name	CareOne (HMO)	CareFree (HMO)
Plan Number	H1019-102-000	H1019-065-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and rich ancillaries	\$0 Plan Premium with \$75 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries
Premium	\$0	\$0
PCP	\$0	\$0
Specialist	\$15	\$25
Referrals Required	Yes	Yes
Inpatient Hospital	\$50 per day Days 1-8	\$150 per day Days 1-8
Max Out-of-Pocket	\$3400 In-Network	\$3400 In-Network
Rx Deductible	No Deductible	\$100 tiers 4-5
Rx Preferred	\$0/\$0/\$35/\$97/33%	\$0/\$0/\$47/\$97/31%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$25/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$25/Month for select health and wellness products
Market Service Area	Palm Beach Market-wide	Palm Beach Market-wide

DSNP

Plan Name	CareNeeds PLUS (HMO D-SNP)	CareNeeds (HMO D-SNP)
Plan Number	H1019-023-000	H1019-081-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals
Healthy Foods Card	N/A	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$400 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Palm Beach Market-wide	Palm Beach Market-wide

Local Support

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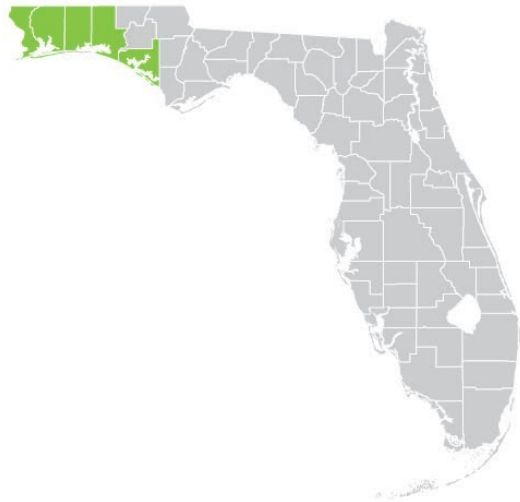
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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- Expanding HMO Service Area to include Okaloosa County
- Full PPO and HMO suite of products designed to meet a variety of consumer needs
- Humana Pharmacy provides value, experience, safety, accuracy, convenience and service to your clients
- Local market office and support team to assist with broker and member needs
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- Multiple selling opportunities with Dual Special Needs Plans offered in Bay, Escambia, Santa Rosa, and Walton counties
- Plan available with Part B premium giveback

Network Highlights

- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services
- In-network HMO hospitals and provider systems include, but are not limited to, the following: Sacred Heart Hospital, West Florida Hospital, Santa Rosa Medical Center, Fort Walton Beach Medical Center, Twin Cities Hospital, Sacred Heart on the Emerald Coast, Gulf Coast Medical Center, and Bay Medical Center
- In-network PPO hospitals and provider systems include, but are not limited to, the following: Sacred Heart Hospital, West Florida Hospital, Santa Rosa Medical Center, Fort Walton Beach Medical Center, North Okaloosa Medical Center, Twin Cities Hospital, Sacred Heart on the Emerald Coast, Gulf Coast Medical Center, and Bay Medical Center

Market Service Area

Bay, Escambia, Okaloosa, Santa Rosa, Walton

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-143-000	H1036-271-000	H5216-070-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with low cost shares and additional ancillaries	\$0 Plan Premium with \$50 Part B Premium Giveback HMO MAPD Plan with low cost shares and additional ancillaries	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries
Premium	\$0	\$0	\$0
PCP	\$0	\$5	\$5
Specialist	\$30	\$45	\$45
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$250 per day Days 1-7	\$370 per day Days 1-5	\$328 per day Days 1-6
Max Out-of-Pocket	\$3400 In-Network	\$6700 In-Network	\$5900 In-Network
Rx Deductible	No Deductible	\$275 tiers 4-5	\$175 tiers 3-5
Rx Preferred	\$0/\$10/\$45/\$85/33%	\$6/\$20/\$47/\$100/28%	\$2/\$10/\$47/\$100/29%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	Dental, Fitness
Market Service Area	Panhandle Market-wide	Panhandle Market-wide	Panhandle Market-wide

Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)
Plan Number	R5826-074-000	R5826-018-000
Plan Highlights	\$0 Plan Premium RPPO MAPD Plan with lean benefits	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0	\$0
PCP	\$25	\$10
Specialist	\$50	\$45
Referrals Required	No	No
Inpatient Hospital	\$625 per day Days 1-3	\$240 per day Days 1-9
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network
Rx Deductible	\$395 tiers 3-5	No Coverage
Rx Preferred	\$6/\$20/\$47/\$100/25%	No Coverage
Key Extra Benefits	N/A	Dental, Hearing, Fitness
Market Service Area	Panhandle Market-wide	Panhandle Market-wide

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H1036-214-000	H1036-245-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, and extractions
Healthy Foods Card	N/A	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$180 credit for eyewear or contact lenses.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fitting and \$1000 credit for hearing aids, plus one month supply of batteries.
OTC Allowance	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$75 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 16 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Bay, Escambia, Santa Rosa, Walton	Bay, Escambia, Santa Rosa, Walton

Prescription Drug Plans

Plan Name	Humana Walmart Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic Rx Plan (PDP)
Plan Number			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Panhandle Market-wide	Panhandle Market-wide	Panhandle Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R5826-005-000	MA-PD
Humana Gold Choice (PFFS)	H8145-061-000	MA-PD
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

Local Support

Local Support - Florida



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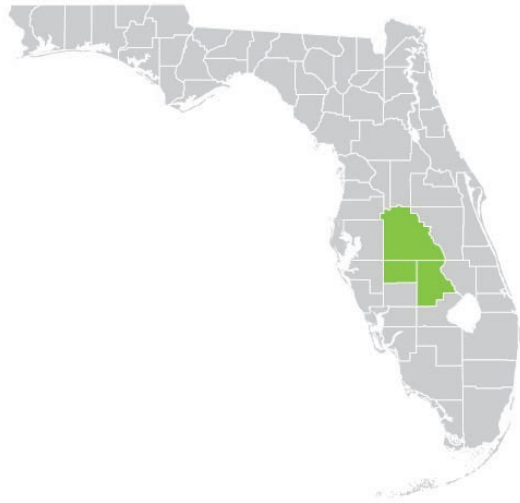
Local Sales Manager

Alana Moodie

Local Sales Manager
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Escambia, Santa Rosa, Okaloosa, Walton, and Bay Counties



MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- 30 years in Central Florida
- Competitive plan landscape with Humana brand recognition
- Local support, Sales Manager lives in Polk County

Network Highlights

- Contracted MSO groups include DaVita, Best Value, Healthy Partners, Physician Partners, First Harbour, AEGIS, and more
- Expanded network for Polk, Highlands, and Hardee county on the PCP and Specialty network
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services

Market Service Area

Hardee, Highlands, Polk

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-230-000	H1036-268-000	H5216-072-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium with \$60 Part B Premium Giveback HMO MAPD Plan with low cost shares and additional ancillaries	\$0 Plan Premium LPPO MAPD Plan with low cost shares and additional ancillaries
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$5
Specialist	\$5	\$30	\$40
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$95 per day Days 1-10	\$245 per day Days 1-5	\$370 per day Days 1-4
Max Out-of-Pocket	\$2500 In-Network	\$6700 In-Network	\$4900 In-Network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 3-5
Rx Preferred	\$0/\$5/\$30/\$95/33%	\$0/\$15/\$45/\$95/33%	\$2/\$10/\$47/\$100/30%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products	Dental, Vision, Fitness, OTC \$100/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Polk Market-wide	Polk Market-wide	Polk Market-wide

Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)	Humana Gold Choice (PFFS)
Plan Number	R5826-074-000	R5826-005-000	H8145-061-000
Plan Highlights	\$0 Plan Premium RPPO MAPD Plan with lean benefits	High Plan Premium RPPO MAPD Plan with low cost shares and additional ancillaries	High Plan Premium PFFS MAPD Plan with moderate cost shares and additional ancillaries
Premium	\$0	\$99	\$120
PCP	\$25	\$5	\$10
Specialist	\$50	\$45	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$625 per day Days 1-3	\$250 per day Days 1-7	\$290 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In/Out Network
Rx Deductible	\$395 tiers 3-5	\$100 tiers 3-5	\$200 tiers 4-5
Rx Preferred	\$6/\$20/\$47/\$100/25%	\$5/\$15/\$45/\$95/31%	\$7/\$17/\$47/\$97/29%
Key Extra Benefits	N/A	Dental, Vision, Fitness, OTC \$50/Quarter for select health and wellness products	Vision, Fitness, OTC \$10/Month for select health and wellness products
Market Service Area	Polk Market-wide	Polk Market-wide	Polk Market-wide

Plan Name	HumanaChoice (Regional PPO)
Plan Number	R5826-018-000
Plan Highlights	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0
PCP	\$10
Specialist	\$45
Referrals Required	No
Inpatient Hospital	\$240 per day Days 1-9
Max Out-of-Pocket	\$6700 In-Network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Hearing, Fitness
Market Service Area	Polk Market-wide

DSNP

	NEW		
Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Fully Integrated (HMO D-SNP)
Plan Number	H1036-231-000	H1036-253-000	H1036-283-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Healthy Foods Card	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$240 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$240 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to 4 one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Polk Market-wide	Polk Market-wide	Polk 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			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Polk Market-wide	Polk Market-wide	Polk Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

Local Support

Local Support - Florida



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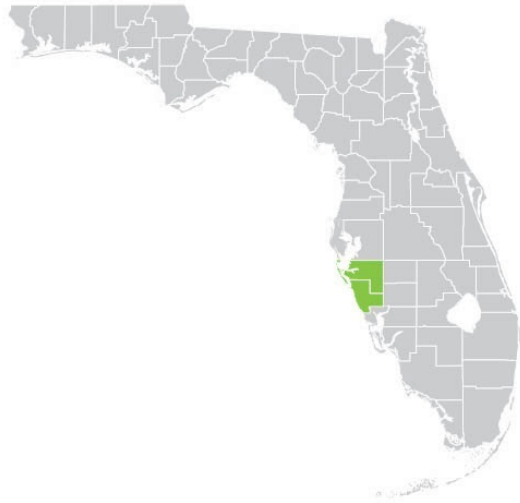
FL - Orlando

Local Market Office
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Local Sales Manager

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Polk, Highlands, and Hardee Counties

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Polk, Highlands, and Hardee Counties



MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy - H1036-074 plan has \$0 copay for tier 1 & 2 drugs through the coverage gap
- Full PPO and HMO suite of products designed to meet a variety of consumer needs
- Go365[®] by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Local market office and support team to assist with broker and member needs
- Many Plans include Dental, Vision, Hearing, Quarterly OTC and SilverSneakers[®] Fitness Benefits
- Multiple selling opportunities with Dual and Chronic Special Needs Plans
- Plans available with Part B premium giveback
- Plans available with Transportation Benefit

Network Highlights

- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services
- Most major hospital facilities within the market are in-network

Market Service Area

Manatee, Sarasota

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO C-SNP)
Plan Number	H1036-074-000	H1036-265-002	H1036-160-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium with \$100 Part B Premium Giveback HMO MAPD Plan with rich benefits and additional ancillaries	Chronic Special Needs plan designed for individuals with Diabetes Mellitus
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$15	\$30	\$20
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$75 per day Days 1-7	\$150 per day Days 1-7	\$115 per day Days 1-7
Max Out-of-Pocket	\$3400 In-Network	\$3400 In-Network	\$3400 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$10/\$60/33%	\$0/\$5/\$45/\$95/33%	\$0/\$0/\$5/\$35/33%/\$0
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$150/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products
Market Service Area	Manatee	Manatee	Sarasota - Bradenton Market-wide

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-215-000	H1036-267-000	H5216-072-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium with \$80 Part B Premium Giveback HMO MAPD Plan with low cost shares and additional ancillaries	\$0 Plan Premium LPPD MAPD Plan with low cost shares and additional ancillaries
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$5
Specialist	\$20	\$40	\$40
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$95 per day Days 1-5	\$175 per day Days 1-7	\$370 per day Days 1-4
Max Out-of-Pocket	\$3400 In-Network	\$3900 In-Network	\$4900 In-Network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 3-5
Rx Preferred	\$0/\$5/\$35/\$97/33%	\$0/\$20/\$47/\$97/33%	\$2/\$10/\$47/\$100/30%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$125/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Sarasota	Sarasota	Sarasota - Bradenton Market-wide

Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)	Humana Gold Choice (PFFS)
Plan Number	R5826-074-000	R5826-005-000	H8145-061-000
Plan Highlights	\$0 Plan Premium RPPO MAPD Plan with lean benefits	High Plan Premium RPPO MAPD Plan with low cost shares and additional ancillaries	High Plan Premium PFFS MAPD Plan with moderate cost shares and additional ancillaries
Premium	\$0	\$99	\$120
PCP	\$25	\$5	\$10
Specialist	\$50	\$45	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$625 per day Days 1-3	\$250 per day Days 1-7	\$290 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In/Out Network
Rx Deductible	\$395 tiers 3-5	\$100 tiers 3-5	\$200 tiers 4-5
Rx Preferred	\$6/\$20/\$47/\$100/25%	\$5/\$15/\$45/\$95/31%	\$7/\$17/\$47/\$97/29%
Key Extra Benefits	N/A	Dental, Vision, Fitness, OTC \$50/Quarter for select health and wellness products	Vision, Fitness, OTC \$10/Month for select health and wellness products
Market Service Area	Sarasota - Bradenton Market-wide	Sarasota - Bradenton Market-wide	Sarasota - Bradenton Market-wide

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (Regional PPO)
Plan Number	H1036-119-000	R5826-018-000
Plan Highlights	MA Only plan with a \$100 Part B Premium Giveback, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0	\$0
PCP	\$0	\$10
Specialist	\$25	\$45
Referrals Required	Yes	No
Inpatient Hospital	\$195 per day Days 1-5	\$240 per day Days 1-9
Max Out-of-Pocket	\$3400 In-Network	\$6700 In-Network
Rx Deductible	No Coverage	No Coverage
Rx Preferred	No Coverage	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Hearing, Fitness
Market Service Area	Manatee	Sarasota - Bradenton Market-wide

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H1036-251-000	H1036-102-000	H1036-262-000
Plan Highlights	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture relines, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, extractions, and dentures
Healthy Foods Card	N/A	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$115 credit for eyewear or contact lenses.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fitting and \$1000 credit for hearing aids, plus one month supply of batteries.
OTC Allowance	\$240 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$240 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$75 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Manatee	Manatee	Sarasota

	NEW	
Plan Name	Humana Fully Integrated (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H1036-283-000	H1036-261-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Healthy Foods Card	\$25 maximum monthly allowance on a Healthy Foods Card for a member to spend towards the purchase of approved food and beverage items at participating retailers	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.	\$300 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to 4 one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Sarasota - Bradenton Market-wide	Sarasota

Prescription Drug Plans

Plan Name	Humana Walmart Value Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Basic Rx Plan (PDP)
Plan Number			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Sarasota - Bradenton Market-wide	Sarasota - Bradenton Market-wide	Sarasota - Bradenton Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

Local Support

Local Support - Florida



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FL - Tampa Bay



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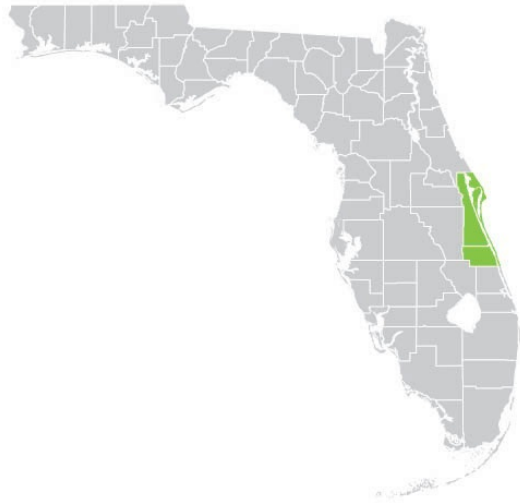
Amy Sausen
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Local Sales Manager

Alex Bueno
Local Sales Manager
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Manatee and Sarasota Counties



MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- Go365[®] by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Local market office and support team to assist with broker and member needs
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits
- No referrals needed on PPO Plans

Network Highlights

- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services
- In-network hospitals and provider systems include, but are not limited to, the following: Steward Rockledge, Steward Sebestain, Steward Melbourne, Parrish Medical Center, & Indian River Medical Center.

Market Service Area

Brevard, Indian River

MA / MAPD

Plan Name	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-062-000	R5826-018-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0	\$0
PCP	\$0	\$10
Specialist	\$40	\$45
Referrals Required	No	No
Inpatient Hospital	\$320 per day Days 1-5	\$240 per day Days 1-9
Max Out-of-Pocket	\$5000 In-Network	\$6700 In-Network
Rx Deductible	\$150 tiers 4-5	No Coverage
Rx Preferred	\$2/\$12/\$47/\$100/30%	No Coverage
Key Extra Benefits	Dental, Vision, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Hearing, Fitness
Market Service Area	Space Coast Market-wide	Space Coast 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			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Space Coast Market-wide	Space Coast Market-wide	Space Coast Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R5826-074-000	MA-PD
HumanaChoice (Regional PPO)	R5826-005-000	MA-PD
Humana Gold Choice (PFFS)	H8145-061-000	MA-PD
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
Humana Med Supp	Plan N	Med Supp

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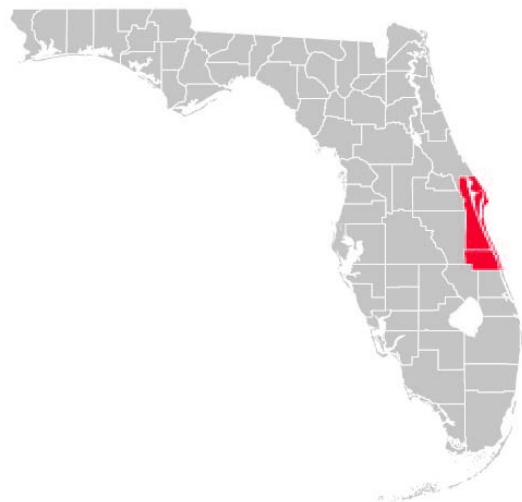
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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through PrescribeIT Rx
- CarePlus offers Florida residents access to several Medicare Advantage Prescription Drug (MAPD) plans that provide basic Original Medicare benefits plus more. Though plans and benefits may vary by service area, all CarePlus plans help provide the healthcare coverage a member needs.
- Local market office and support team to assist with broker and member needs
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits
- Multiple selling opportunities with Dual Special Needs Plans
- Plan available with Transportation Benefit

Network Highlights

- For a complete list of in-network providers, visit www.Careplushealthplans.com/physician-finder
- In-network hospitals and provider systems include, but are not limited to, the following: Steward Rockledge, Steward Sebestain, Steward Melbourne, Parrish Medical Center, & Indian River Medical Center.

Market Service Area

Brevard, Indian River

MAPD

Plan Name	CareOne (HMO)
Plan Number	H1019-043-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and rich ancillaries
Premium	\$0
PCP	\$0
Specialist	\$20
Referrals Required	Yes
Inpatient Hospital	\$125 per day Days 1-5
Max Out-of-Pocket	\$3400 In-Network
Rx Deductible	No Deductible
Rx Preferred	\$0/\$10/\$30/\$95/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$30/Month for select health and wellness products
Market Service Area	Space Coast Market-wide

DSNP

Plan Name	CareNeeds (HMO D-SNP)	CareNeeds PLUS (HMO D-SNP)
Plan Number	H1019-091-000	H1019-090-000
Plan Highlights	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals	\$0 copayments cover: exams, x-rays, cleanings, fillings, crowns, extractions, dentures, denture reline, deep cleaning, and root canals
Healthy Foods Card	N/A	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Space Coast Market-wide	Space Coast Market-wide

Local Support

Local Support - Florida



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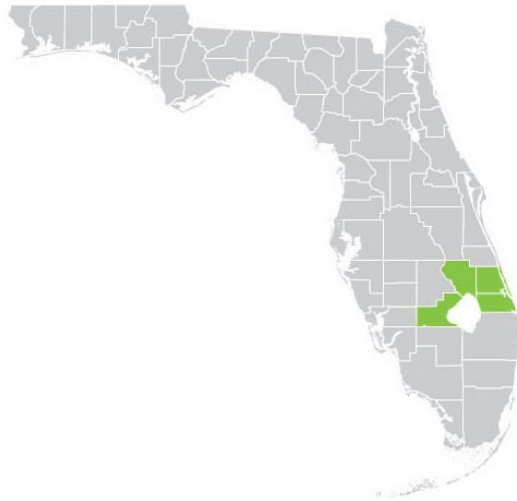
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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- Full PPO and HMO suite of products designed to meet a variety of consumer needs
- Go365[®] by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Local market office and support team to assist with broker and member needs
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers[®] Fitness Benefits
- Multiple selling opportunities with Dual Special Needs Plans
- Plan available with Transportation Benefit

Network Highlights

- All major hospital facilities within the market are in-network
- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any HumanaChoice Care PPO Network Provider across the country for in-network services

Market Service Area

Glades, Martin, Okeechobee, Saint Lucie

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)
Plan Number	H1036-229-000	H5216-062-000	R5826-018-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with rich benefits and additional ancillaries	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	MA Only plan, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$10
Specialist	\$20	\$40	\$45
Referrals Required	Yes	No	No
Inpatient Hospital	\$200 per day Days 1-6	\$320 per day Days 1-5	\$240 per day Days 1-9
Max Out-of-Pocket	\$5600 In-Network	\$5000 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	\$150 tiers 4-5	No Coverage
Rx Preferred	\$0/\$10/\$30/\$95/33%	\$2/\$12/\$47/\$100/30%	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$15/Month for select health and wellness products	Dental, Vision, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Hearing, Fitness
Market Service Area	Treasure Coast Market-wide	Treasure Coast Market-wide	Treasure Coast Market-wide

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H1036-249-000	H1036-226-000
Plan Highlights	Dual Eligible Special Needs plan for QDWI,QI,QMB,SLMB. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Healthy Foods Card	N/A	N/A
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pair of select eyeglasses at no cost.
Hearing	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.	Annual exam, fittings and \$2000 credit for hearing aids, plus one month battery supply.
OTC Allowance	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.	\$100 maximum benefit coverage amount per month for select over-the-counter health and wellness products.
Transportation	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.
Current Service Area	Treasure Coast Market-wide	Treasure Coast 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			
Plan Highlights	Lowest premium and access to preferred benefits at Walmart and Humana Pharmacy.	Richest formulary and benefits. Preferred benefits at Walmart and Humana Pharmacy.	Primarily provides coverage for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	Coming Soon	Coming Soon	Coming Soon
Rx Deductible	\$435 tiers 3-5	\$435 tiers 3-5	\$435 all tiers
Preferred Retail 30-day Supply	\$1/\$4/\$47/35%/25%	\$1/\$4/\$42/44%/25%	No Coverage
Standard Retail 30-day Supply	\$10/\$20/\$47/50%/25%	\$5/\$10/\$47/50%/25%	\$0/\$1/25%/40%/25%
Preferred Mail 90-day Supply	\$3 copay for tier 1, \$12 copayment for tier 2	\$0 copay for tiers 1 & 2	\$0 copay for tiers 1 & 2
Market Service Area	Treasure Coast Market-wide	Treasure Coast Market-wide	Treasure Coast Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R5826-074-000	MA-PD
HumanaChoice (Regional PPO)	R5826-005-000	MA-PD
Humana Gold Choice (PFFS)	H8145-061-000	MA-PD
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan F	Med Supp
Humana Med Supp	Plan F(HD)	Med Supp
Humana Med Supp	Plan G	Med Supp
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Local Support

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