

MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- Local Agent Support Team to help with many of your needs
- MA Only LPPO plan with \$40 Part B Premium Giveback, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drugs. Plan also features dental, vision, hearing and over-the-counter (OTC) allowance.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- NEW for 2020 - LPPO DE-SNP in counties surrounding HMO DE-SNP. LPPO DE-SNP plans include dental, vision, hearing, over-the-counter (OTC) allowance, unlimited transportation and more
- PPO offerings start at \$20 plan premium

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: MidMichigan, Spectrum Health Big Rapids, Sparrow Health, Ascension St. Mary Saginaw, Trinity Mercy Health Hospitals, Affinia Health Network and McLaren Health Care (Bay Region, Caro Region, Central Michigan, Thumb Region, Lapeer Regional Medical Center, Port Huron)
- Many PPO products include a passive design (in and out-of-network cost shares are the same)

Market Service Area

Arenac, Bay, Clare, Clinton, Gladwin, Gratiot, Huron, Isabella, Lake, Lapeer, Mason, Mecosta, Midland, Montcalm, Newaygo, Oceana, Osceola, Saginaw, Saint Clair, Sanilac, Shiawassee, Tuscola

MA / MAPD

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H8087-001-000	H5216-009-000	H5216-190-000
Plan Highlights	Great value with low premium. Passive network flexibility - same cost share both in and out-of-network.	Moderate Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	MA Only plan with a \$40 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	\$20	\$75	\$0
PCP	\$20	\$10	\$10
Specialist	\$45	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$390 per day Days 1-5	\$350 per day Days 1-5	\$295 per day Days 1-7
Max Out-of-Pocket	\$5900 In-Network	\$5900 In-Network	\$5500 In-Network
Rx Deductible	\$195 tiers 3-5	\$105 tiers 3-5	No Coverage
Rx Preferred	\$2/\$8/\$47/\$100/29%	\$6/\$15/\$47/\$100/31%	No Coverage
Key Extra Benefits	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Central Michigan Market-wide	Clare, Clinton, Gladwin, Gratiot, Isabella, Midland, Montcalm, Oceana, Saginaw	Central Michigan Market-wide

Plan Name	Humana Value Plus (PPO)
Plan Number	H8087-002-000
Plan Highlights	Lean medical and pharmacy benefits, with rich supplemental benefits
Dental	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
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	\$0 annual exam, fittings and TruHearing advanced level hearing aids, plus 48 batteries.
OTC Allowance	\$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. This benefit is not to exceed 25 miles per trip.
Current Service Area	Central Michigan Market-wide

DSNP

	NEW
Plan Name	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H8087-003-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
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	\$0 annual exam, fittings and TruHearing advanced level hearing aids, plus 48 batteries.
OTC Allowance	\$150 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	<p>\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.</p> <p>This benefit is not to exceed 25 miles per trip.</p>
Current Service Area	Bay, Clinton, Gratiot, Huron, Isabella, Lapeer, Mecosta, Midland, Montcalm, Newaygo, Oceana, Saginaw, Saint Clair, Sanilac, Shiawassee, Tuscola

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%/38%/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	Central Michigan Market-wide	Central Michigan Market-wide	Central Michigan Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Gold Choice (PFFS)	H8145-006-000	MA-PD
HumanaChoice (Regional PPO)	R3887-002-000	MA-PD
Humana Gold Choice (PFFS)	H8145-121-000	MA
HumanaChoice (Regional PPO)	R3887-001-000	MA
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan C	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 - Michigan



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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 Non-DE-SNP and DE-SNP plans into Genesee, Livingston and Washtenaw counties
- Full PPO and HMO suite of products designed to meet a variety of consumer needs. Includes \$0 plan premium HMO.
- HMO DE-SNP plans include dental, vision, hearing, over-the-counter (OTC) allowance, unlimited transportation and more!
- MA Only LPPO plan with \$40 Part B Premium Giveback, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drugs. Plan also features dental, vision, hearing and over-the-counter (OTC) allowance.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- Many PPO products include a passive design (in and out of network cost shares are the same)
- Unlimited transportation on Non-SNP HMO and DE-SNP HMO 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: Henry Ford facilities and specialists, Beaumont Health System, Ascension St. John's Providence Health, Trinity St. Joseph providers, University of Michigan Health System, McLaren Health Care (Flint, Macomb, Oakland, Barbara Ann Karmanos Cancer Institute), Oak Street Health, Tenet Detroit - Flint – Ann Arbor Medical Center & Wayne State University Physician Group
- Network physician groups include United Physicians, PO Partners (formerly OPNS plus HVPA), IHA, AMPO (formerly DMC), Greater Macomb PHO and Michigan Health Professionals (MHP)

Market Service Area

Genesee, Livingston, Macomb, Oakland, Washtenaw, Wayne

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H8908-004-000	H8908-001-000	H8087-001-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with key extras such as unlimited transportation	Great value - Moderate plan premium, low out-of-pocket with unlimited transportation	Great value with low premium. Passive network flexibility - same cost share both in and out-of-network.
Premium	\$0	\$45	\$20
PCP	\$0	\$0	\$20
Specialist	\$50	\$40	\$45
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$299 per day Days 1-7	\$290 per day Days 1-7	\$390 per day Days 1-5
Max Out-of-Pocket	\$5300 In-Network	\$3900 In-Network	\$5900 In-Network
Rx Deductible	\$100 tiers 3-5	No Deductible	\$195 tiers 3-5
Rx Preferred	\$4/\$12/\$47/\$100/31%	\$4/\$12/\$47/\$100/33%	\$2/\$8/\$47/\$100/29%
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	Hearing, Fitness
Market Service Area	Detroit - Flint – Ann Arbor Market-wide	Detroit - Flint – Ann Arbor Market-wide	Genesee, Livingston, Oakland, Washtenaw

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-133-000	H5216-011-000	H5216-190-000
Plan Highlights	Low Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	Moderate Plan Premium LPPO MAPD Plan with low cost shares and additional ancillaries	MA Only plan with a \$40 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	\$22	\$99	\$0
PCP	\$20	\$5	\$10
Specialist	\$50	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$495 per day Days 1-3	\$325 per day Days 1-6	\$295 per day Days 1-7
Max Out-of-Pocket	\$6400 In-Network	\$5900 In-Network	\$5500 In-Network
Rx Deductible	\$270 tiers 3-5	\$105 tiers 3-5	No Coverage
Rx Preferred	\$0/\$10/\$47/\$100/28%	\$6/\$15/\$47/\$100/31%	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Month for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Macomb, Oakland, Wayne	Macomb, Oakland, Wayne	Detroit - Flint – Ann Arbor Market-wide

Plan Name	Humana Value Plus (PPO)
Plan Number	H8087-002-000
Plan Highlights	Lean medical and pharmacy benefits, with rich supplemental benefits
Dental	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
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	\$0 annual exam, fittings and TruHearing advanced level hearing aids, plus 48 batteries.
OTC Allowance	\$100 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	<p>\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.</p> <p>This benefit is not to exceed 25 miles per trip.</p>
Current Service Area	Genesee, Livingston

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H8908-005-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$2000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Healthy Foods Card	N/A
Vision	Annual exam and \$200 credit every year for eyewear or contact lenses including fittings.
Hearing	\$0 annual exams, fittings and TruHearing advanced level hearing aids, plus 48 batteries.
OTC Allowance	\$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. This benefit is not to exceed 25 miles per trip.
Current Service Area	Detroit - Flint – Ann Arbor 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%/38%/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	Detroit - Flint – Ann Arbor Market-wide	Detroit - Flint – Ann Arbor Market-wide	Detroit - Flint – Ann Arbor Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R3887-002-000	MA-PD
HumanaChoice (PPO)	H5216-178-002	MA
HumanaChoice (Regional PPO)	R3887-001-000	MA
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan C	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 - Michigan



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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
- Local Agent Support Team to help with all of your needs
- MA Only LPPO plan with \$40 Part B Premium Giveback, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drugs. Plan also features dental, vision, hearing and over-the-counter (OTC) allowance.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- Many PPO products include a passive design (in and out of network cost shares are the same)
- NEW for 2020 - LPPO DE-SNP featuring dental, vision, hearing, over-the-counter (OTC) allowance, unlimited transportation and more!
- PPO offerings start at \$20 plan premium, HMO also available
- Unlimited transportation on Non-SNP HMO and DE-SNP LPPO 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 HMO hospitals and provider systems include, but are not limited to, the following: Metro Health, Trinity Mercy Health Hospitals, Affinia Health Network Zeeland Hospital, Holland Health PHO

Market Service Area

Ionia, Kent, Muskegon, Ottawa

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H8908-002-000	H8087-001-000	H5216-009-000
Plan Highlights	\$0 plan premium for 100% LIS. Key extra benefits such as unlimited transportation.	Great value with low premium. Passive network flexibility - same cost share both in and out-of-network.	Moderate Plan Premium LPPD MAPD Plan with moderate cost shares and additional ancillaries
Premium	\$8	\$20	\$75
PCP	\$0	\$20	\$10
Specialist	\$45	\$45	\$45
Referrals Required	Yes	No	No
Inpatient Hospital	\$295 per day Days 1-7	\$390 per day Days 1-5	\$350 per day Days 1-5
Max Out-of-Pocket	\$6000 In-Network	\$5900 In-Network	\$5900 In-Network
Rx Deductible	No Deductible	\$195 tiers 3-5	\$105 tiers 3-5
Rx Preferred	\$6/\$15/\$47/\$100/33%	\$2/\$8/\$47/\$100/29%	\$6/\$15/\$47/\$100/31%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Kent, Muskegon	Grand Rapids, Michigan Market-wide	Kent, Muskegon, Ottawa

Plan Name	HumanaChoice (PPO)
Plan Number	H5216-190-000
Plan Highlights	MA Only plan with a \$40 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
PCP	\$10
Specialist	\$45
Referrals Required	No
Inpatient Hospital	\$295 per day Days 1-7
Max Out-of-Pocket	\$5500 In-Network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Grand Rapids, Michigan Market-wide

Plan Name	Humana Value Plus (PPO)
Plan Number	H8087-002-000
Plan Highlights	Lean medical and pharmacy benefits, with rich supplemental benefits
Dental	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
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	\$0 annual exam, fittings and TruHearing advanced level hearing aids, plus 48 batteries.
OTC Allowance	\$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. This benefit is not to exceed 25 miles per trip.
Current Service Area	Ionia, Ottawa

DSNP

	NEW
Plan Name	HumanaChoice SNP-DE (PPO D-SNP)
Plan Number	H8087-003-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
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	\$0 annual exam, fittings and TruHearing advanced level hearing aids, plus 48 batteries.
OTC Allowance	\$150 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	<p>\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.</p> <p>This benefit is not to exceed 25 miles per trip.</p>
Current Service Area	Grand Rapids, Michigan 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%/38%/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	Grand Rapids, Michigan Market-wide	Grand Rapids, Michigan Market-wide	Grand Rapids, Michigan Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Gold Choice (PFFS)	H8145-006-000	MA-PD
HumanaChoice (Regional PPO)	R3887-002-000	MA-PD
Humana Gold Choice (PFFS)	H8145-121-000	MA
HumanaChoice (Regional PPO)	R3887-001-000	MA
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan C	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 - Michigan



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Kent, Muskegon, Ottawa, Ionia



MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- Local Agent Support Team to help with all of your needs
- MA Only LPPO plan with \$40 Part B Premium Giveback, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drugs. Plan also features dental, vision, hearing and over-the-counter (OTC) allowance.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- PPO offerings start at \$20 plan premium

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: Munson Medical Center, McLaren Northern, Trinity Mercy Health Hospitals & Affinia Health Network
- Many PPO products include a passive design (in and out of network cost shares are the same)

Market Service Area

Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, Wexford

MA / MAPD

Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	R3887-002-000	H8087-001-000	H5216-190-000
Plan Highlights	High Plan Premium RPPO MAPD Plan with low cost shares and additional ancillaries	Great value with low premium. Passive network flexibility - same cost share both in and out-of-network.	MA Only plan with a \$40 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	\$20	\$0
PCP	\$15	\$20	\$10
Specialist	\$45	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day Days 1-7	\$390 per day Days 1-5	\$295 per day Days 1-7
Max Out-of-Pocket	\$5300 In-Network	\$5900 In-Network	\$5500 In-Network
Rx Deductible	\$210 tiers 3-5	\$195 tiers 3-5	No Coverage
Rx Preferred	\$7/\$13/\$47/\$100/29%	\$2/\$8/\$47/\$100/29%	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Northern Michigan Market-wide	Northern Michigan Market-wide	Northern Michigan Market-wide

Plan Name	Humana Value Plus (PPO)
Plan Number	H8087-002-000
Plan Highlights	Lean medical and pharmacy benefits, with rich supplemental benefits
Dental	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
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	\$0 annual exam, fittings and TruHearing advanced level hearing aids, plus 48 batteries.
OTC Allowance	\$100 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	<p>\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.</p> <p>This benefit is not to exceed 25 miles per trip.</p>
Current Service Area	Northern Michigan 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%/38%/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	Northern Michigan Market-wide	Northern Michigan Market-wide	Northern Michigan Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Gold Choice (PFFS)	H8145-006-000	MA-PD
Humana Gold Choice (PFFS)	H8145-121-000	MA
HumanaChoice (Regional PPO)	R3887-001-000	MA
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan C	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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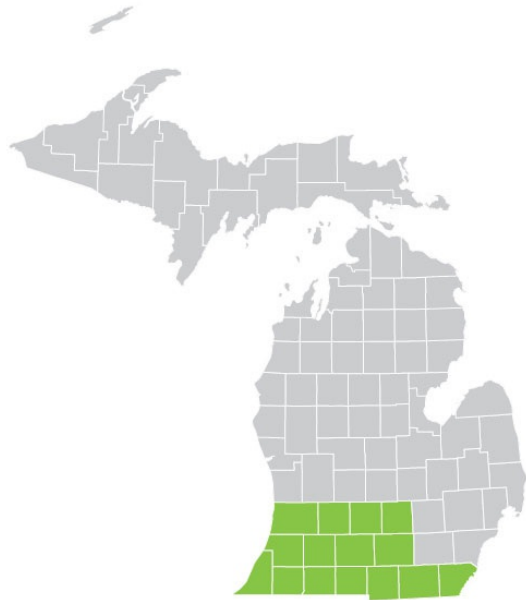
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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- Expanding HMO Non DE-SNP and DE-SNP plans into Ingham county
- Local Agent Support Team to help with all of your needs
- MA Only LPPO plan with \$40 Part B Premium Giveback, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drugs. Plan also features dental, vision, hearing and over-the-counter (OTC) allowance.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- NEW for 2020 - LPPO DE-SNP featuring dental, vision, hearing, over-the-counter (OTC) allowance, unlimited transportation and more!
- PPO offerings start at \$20 plan premium

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:
Ascension Borgess, Lakeland Care, ProMedica, Bronson South Haven Hospital & McLaren Greater Lansing
- Many PPO products include a passive design (in and out of network cost shares are the same)

Market Service Area

Allegan, Barry, Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Ingham, Jackson, Kalamazoo, Lenawee, Monroe, Saint Joseph, Van Buren

MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H8908-004-000	H8908-001-000	H8087-001-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with key extras such as unlimited transportation	Great value - Moderate plan premium, low out-of-pocket with unlimited transportation	Great value with low premium. Passive network flexibility - same cost share both in and out-of-network.
Premium	\$0	\$45	\$20
PCP	\$0	\$0	\$20
Specialist	\$50	\$40	\$45
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$299 per day Days 1-7	\$290 per day Days 1-7	\$390 per day Days 1-5
Max Out-of-Pocket	\$5300 In-Network	\$3900 In-Network	\$5900 In-Network
Rx Deductible	\$100 tiers 3-5	No Deductible	\$195 tiers 3-5
Rx Preferred	\$4/\$12/\$47/\$100/31%	\$4/\$12/\$47/\$100/33%	\$2/\$8/\$47/\$100/29%
Key Extra Benefits	Dental, Vision, Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	Hearing, Fitness
Market Service Area	Ingham	Ingham	Southern Michigan Market-wide

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-009-000	H5216-190-000
Plan Highlights	Moderate Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	MA Only plan with a \$40 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	\$75	\$0
PCP	\$10	\$10
Specialist	\$45	\$45
Referrals Required	No	No
Inpatient Hospital	\$350 per day Days 1-5	\$295 per day Days 1-7
Max Out-of-Pocket	\$5900 In-Network	\$5500 In-Network
Rx Deductible	\$105 tiers 3-5	No Coverage
Rx Preferred	\$6/\$15/\$47/\$100/31%	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Ingham, Kalamazoo, Lenawee, Monroe, Saint Joseph, Van Buren	Southern Michigan Market-wide

Plan Name	Humana Value Plus (PPO)
Plan Number	H8087-002-000
Plan Highlights	Lean medical and pharmacy benefits, with rich supplemental benefits
Dental	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
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	\$0 annual exam, fittings and TruHearing advanced level hearing aids, plus 48 batteries.
OTC Allowance	\$100 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products.
Transportation	<p>\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle.</p> <p>This benefit is not to exceed 25 miles per trip.</p>
Current Service Area	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Jackson, Kalamazoo, Lenawee, Monroe, Saint Joseph, Van Buren

DSNP

	NEW	
Plan Name	HumanaChoice SNP-DE (PPO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H8087-003-000	H8908-005-000
Plan Highlights	Dual Eligible Special Needs plan for FBDE,QMB,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB,QMB+,SLMB+. Includes suite of rich supplemental benefits designed for dual member needs.
Dental	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$2000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Healthy Foods Card	N/A	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.	Annual exam and \$200 credit every year for eyewear or contact lenses including fittings.
Hearing	\$0 annual exam, fittings and TruHearing advanced level hearing aids, plus 48 batteries.	\$0 annual exams, fittings and TruHearing advanced level hearing aids, plus 48 batteries.
OTC Allowance	\$150 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. This benefit is not to exceed 25 miles per trip.	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 25 miles per trip.
Current Service Area	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Jackson, Kalamazoo, Lenawee, Monroe, Saint Joseph, Van Buren	Ingham

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%/38%/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	Southern Michigan Market-wide	Southern Michigan Market-wide	Southern Michigan Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Gold Choice (PFFS)	H8145-006-000	MA-PD
HumanaChoice (Regional PPO)	R3887-002-000	MA-PD
Humana Gold Choice (PFFS)	H8145-121-000	MA
HumanaChoice (Regional PPO)	R3887-001-000	MA
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan C	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 Humana Pharmacy
- Local Agent Support Team to help with all of your needs
- MA Only plan with \$40 Part B Premium Giveback, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drugs. Plan also features dental, vision, hearing and over-the-counter (OTC) allowance.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- PPO offerings start at \$20 plan premium

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: UPMC - Upper Peninsula Managed care (also known as Upper Peninsula Health Group)
- Many PPO products include a passive design (in and out of network cost shares are the same)

Market Service Area

Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

MA / MAPD

Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	R3887-002-000	H8087-001-000	H5216-190-000
Plan Highlights	High Plan Premium RPPO MAPD Plan with low cost shares and additional ancillaries	Great value with low premium. Passive network flexibility - same cost share both in and out-of-network.	MA Only plan with a \$40 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	\$20	\$0
PCP	\$15	\$20	\$10
Specialist	\$45	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day Days 1-7	\$390 per day Days 1-5	\$295 per day Days 1-7
Max Out-of-Pocket	\$5300 In-Network	\$5900 In-Network	\$5500 In-Network
Rx Deductible	\$210 tiers 3-5	\$195 tiers 3-5	No Coverage
Rx Preferred	\$7/\$13/\$47/\$100/29%	\$2/\$8/\$47/\$100/29%	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products
Market Service Area	Upper Peninsula, Michigan Market-wide	Upper Peninsula, Michigan Market-wide	Upper Peninsula, Michigan Market-wide

Plan Name	Humana Value Plus (PPO)
Plan Number	H8087-002-000
Plan Highlights	Lean medical and pharmacy benefits, with rich supplemental benefits
Dental	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
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	\$0 annual exam, fittings and TruHearing advanced level hearing aids, plus 48 batteries.
OTC Allowance	\$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. This benefit is not to exceed 25 miles per trip.
Current Service Area	Upper Peninsula, Michigan 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%/38%/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	Upper Peninsula, Michigan Market-wide	Upper Peninsula, Michigan Market-wide	Upper Peninsula, Michigan Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Gold Choice (PFFS)	H8145-006-000	MA-PD
Humana Gold Choice (PFFS)	H8145-121-000	MA
HumanaChoice (Regional PPO)	R3887-001-000	MA
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan C	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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