

### MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- Go365<sup>®</sup> by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Good hearing is important to your health. That's why some Humana Medicare Advantage plans include a hearing aid benefit through TruHearing<sup>®</sup>.
- Introducing new PPO plans to market
- Local market office and support team to assist with broker and member needs
- Many Humana plans include a Well Dine benefit, which can provide packaged, precooked meals right to member's doors during recovery.
- Multiple selling opportunities with Dual Special Needs Plans
- 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](http://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, Rockland, Westchester

MA / MAPD

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5970-018-000	H5970-015-000	H5970-001-000
Plan Highlights	\$0 Plan Premium with \$40 Part B Premium Giveback LPPO MAPD Plan with lean benefits	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares	Low Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries
Premium	\$0	\$0	\$19
PCP	\$0	\$0	\$0
Specialist	\$45	\$35	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$650 per admission	\$295 per day Days 1-5	\$250 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$5900 In-Network	\$5500 In-Network
Rx Deductible	\$310 tiers 3-5	\$275 tiers 3-5	\$275 tiers 3-5
Rx Preferred	\$6/\$16/\$47/\$100/27%	\$2/\$9/\$47/\$100/28%	\$2/\$8/\$47/\$100/28%
Key Extra Benefits	Fitness	Fitness	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products
Market Service Area	Rockland	Rockland	Rockland

<b>Plan Name</b>	HumanaChoice (PPO)
<b>Plan Number</b>	H5970-016-000
<b>Plan Highlights</b>	MA Only plan with a \$30 Part B Premium Giveback, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
<b>Premium</b>	\$0
<b>PCP</b>	\$0
<b>Specialist</b>	\$40
<b>Referrals Required</b>	No
<b>Inpatient Hospital</b>	\$350 per day Days 1-5
<b>Max Out-of-Pocket</b>	\$4500 In-Network
<b>Rx Deductible</b>	No Coverage
<b>Rx Preferred</b>	No Coverage
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products
<b>Market Service Area</b>	Rockland

**DSNP**

<b>Plan Name</b>	Humana Gold Plus SNP-DE (HMO D-SNP)
<b>Plan Number</b>	H3533-002-000
<b>Plan Highlights</b>	Dual Eligible Special Needs plan for FBDE,QMB,QMB+. Includes suite of rich supplemental benefits designed for dual member needs.
<b>Dental</b>	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
<b>Healthy Foods Card</b>	\$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
<b>Vision</b>	Annual exam and \$300 credit every year for eyeglasses or contact lenses.
<b>Hearing</b>	\$0 annual exams, fittings and TruHearing advanced level hearing aids, plus 48 batteries.
<b>OTC Allowance</b>	\$100 maximum benefit coverage amount per month for over-the-counter (OTC) card to purchase eligible OTC health and wellness products at participating retailers.
<b>Transportation</b>	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, van, wheelchair access vehicle.  This benefit is not to exceed 50 miles per trip.
<b>Current Service Area</b>	Rockland

## 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	\$425 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%/33%/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	Hudson Valley Market-wide	Hudson Valley Market-wide	Hudson Valley Market-wide

## Other Plans

Plan Name	Plan Number	Plan Category
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan B	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 K	Med Supp
Humana Med Supp	Plan L	Med Supp
Humana Med Supp	Plan N	Med Supp

### Local Support

#### Local Support - New York



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New York: Downstate and NY City



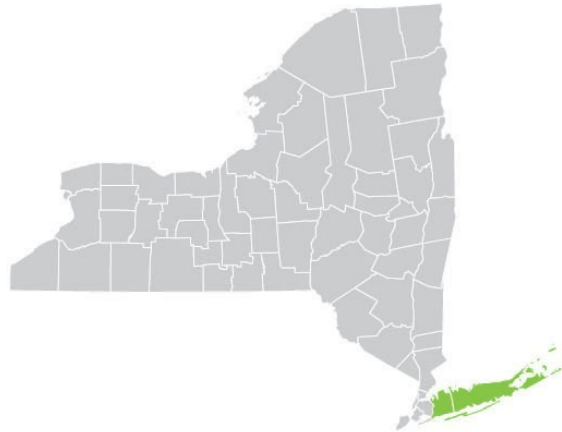
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#### Local Sales Manager

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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<sup>®</sup> 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 PPO and HMO plans to market
- Local market office and support team to assist with broker and member needs
- 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<sup>®</sup> fitness program at no extra cost.
- 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](http://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: Northwell, Catholic Health Services of Long Island (LIHN), Prohealth, Advantage Care

### Market Service Area

Nassau, Suffolk



MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H3533-010-000	H3533-027-000	H3533-023-000
Plan Highlights	Moderate 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 lean benefits	Moderate Plan Premium HMO MAPD Plan with low cost shares and additional ancillaries
Premium	\$31	\$0	\$49
PCP	\$0	\$0	\$0
Specialist	\$40	\$50	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$375 per day Days 1-5	\$500 per admission	\$495 per day Days 1-3
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$5400 In-Network
Rx Deductible	\$250 tiers 3-5	\$400 tiers 3-5	\$200 tiers 4-5
Rx Preferred	\$2/\$9/\$47/\$100/28%	\$6/\$16/\$47/\$100/25%	\$0/\$9/\$47/\$100/29%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products
Market Service Area	Long Island Market-wide	Long Island Market-wide	Long Island Market-wide

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5970-021-000	H5970-022-000	H5970-023-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares	High Plan Premium LPPO MAPD Plan with low cost shares and additional ancillaries	High Plan Premium LPPO MAPD Plan with rich benefits and additional ancillaries
Premium	\$0	\$99	\$208
PCP	\$0	\$0	\$0
Specialist	\$40	\$20	\$20
Referrals Required	No	No	No
Inpatient Hospital	\$350 per day Days 1-5	\$195 per day Days 1-5	\$0 per admission
Max Out-of-Pocket	\$6700 In-Network	\$4400 In-Network	\$3000 In-Network
Rx Deductible	\$350 tiers 4-5	No Deductible	No Deductible
Rx Preferred	\$2/\$9/\$47/\$100/26%	\$0/\$9/\$47/\$100/33%	\$5/\$12/\$47/\$100/33%
Key Extra Benefits	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products
Market Service Area	Long Island Market-wide	Long Island Market-wide	Long Island Market-wide

<b>Plan Name</b>	HumanaChoice (PPO)
<b>Plan Number</b>	H5970-016-000
<b>Plan Highlights</b>	MA Only plan with a \$30 Part B Premium Giveback, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
<b>Premium</b>	\$0
<b>PCP</b>	\$0
<b>Specialist</b>	\$40
<b>Referrals Required</b>	No
<b>Inpatient Hospital</b>	\$350 per day Days 1-5
<b>Max Out-of-Pocket</b>	\$4500 In-Network
<b>Rx Deductible</b>	No Coverage
<b>Rx Preferred</b>	No Coverage
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products
<b>Market Service Area</b>	Long Island Market-wide

**DSNP**

<b>Plan Name</b>	Humana Gold Plus SNP-DE (HMO D-SNP)
<b>Plan Number</b>	H3533-029-001
<b>Plan Highlights</b>	Dual Eligible Special Needs plan for FBDE,QMB,QMB+. Includes suite of rich supplemental benefits designed for dual member needs.
<b>Dental</b>	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
<b>Healthy Foods Card</b>	\$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
<b>Vision</b>	Annual exam and \$300 credit every year for eyeglasses or contact lenses.
<b>Hearing</b>	Annual exam and fitting. \$1000 credit for hearing aids once every 3 years.
<b>OTC Allowance</b>	\$100 maximum benefit coverage amount per month for over-the-counter (OTC) card to purchase eligible OTC health and wellness products at participating retailers.
<b>Transportation</b>	<p>\$0 copayment for plan approved location up to 48 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>
<b>Current Service Area</b>	Long Island 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	\$425 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%/33%/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	Long Island Market-wide	Long Island Market-wide	Long Island Market-wide

## Other Plans

Plan Name	Plan Number	Plan Category
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan B	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 K	Med Supp
Humana Med Supp	Plan L	Med Supp
Humana Med Supp	Plan N	Med Supp

### Local Support

#### Local Support - New York



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New York: Downstate and NY City



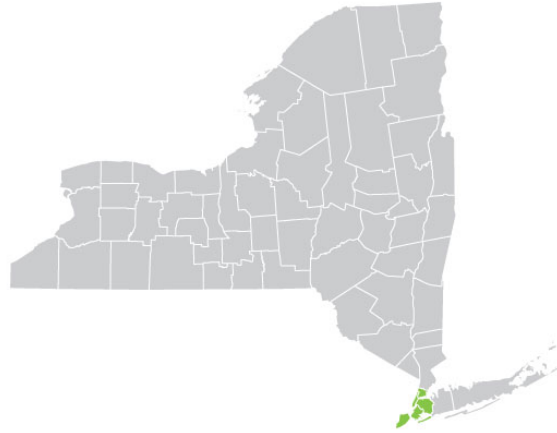
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PA, NY, NJ, RI, CT, VT, MA, ME, NH

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#### Local Sales Manager

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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<sup>®</sup> by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Good hearing is important to your health. That's why some Humana Medicare Advantage plans include a hearing aid benefit through TruHearing<sup>®</sup>.
- 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 Humana plans include a Well Dine benefit, which can provide packaged, precooked meals right to member's doors during recovery.
- Multiple selling opportunities with Dual Special Needs Plans
- 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](http://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: Brooklyn Hospital Center, Wyckoff Heights Medical Center, Kingsbrook Jewish Medical Center, Lenox Hill Hospital, Mount Sinai Health System, Northwell Health, Advantage Care Physicians, One Medical, NYU Lutheran, NYU Langone, Flushing Hospital Medical Center, Jamaica Hospital Medical Center, Saint Barnabas Hospital, NYU Winthrop Hospital, Staten Island University Hospital

### Market Service Area

Bronx, Kings, New York, Queens, Richmond



MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H3533-021-000	H3533-027-000	H3533-023-000
Plan Highlights	Moderate 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 lean benefits	Moderate Plan Premium HMO MAPD Plan with low cost shares and additional ancillaries
Premium	\$21	\$0	\$49
PCP	\$0	\$0	\$0
Specialist	\$30	\$50	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$325 per day Days 1-6	\$500 per admission	\$495 per day Days 1-3
Max Out-of-Pocket	\$6500 In-Network	\$6700 In-Network	\$5400 In-Network
Rx Deductible	\$200 tiers 3-5	\$400 tiers 3-5	\$200 tiers 4-5
Rx Preferred	\$2/\$9/\$47/\$100/29%	\$6/\$16/\$47/\$100/25%	\$0/\$9/\$47/\$100/29%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products
Market Service Area	New York City Market-wide	New York City Market-wide	New York City Market-wide

	NEW		
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H3533-030-000	H5970-021-000	H5970-022-000
Plan Highlights	Moderate Plan Premium HMO MAPD Plan with low cost shares and additional ancillaries	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares	High Plan Premium LPPO MAPD Plan with low cost shares and additional ancillaries
Premium	\$37	\$0	\$99
PCP	\$0	\$0	\$0
Specialist	\$30	\$40	\$20
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day Days 1-6	\$350 per day Days 1-5	\$195 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$4400 In-Network
Rx Deductible	\$435 tiers 3-5	\$350 tiers 4-5	No Deductible
Rx Preferred	\$9/\$19/\$47/\$100/25%	\$2/\$9/\$47/\$100/26%	\$0/\$9/\$47/\$100/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products
Market Service Area	Bronx	New York City Market-wide	New York City Market-wide

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5970-023-000	H5970-016-000
Plan Highlights	High Plan Premium LPP0 MAPD Plan with rich benefits and additional ancillaries	MA Only plan with a \$30 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	\$208	\$0
PCP	\$0	\$0
Specialist	\$20	\$40
Referrals Required	No	No
Inpatient Hospital	\$0 per admission	\$350 per day Days 1-5
Max Out-of-Pocket	\$3000 In-Network	\$4500 In-Network
Rx Deductible	No Deductible	No Coverage
Rx Preferred	\$5/\$12/\$47/\$100/33%	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products
Market Service Area	New York City Market-wide	New York City Market-wide

**DSNP**

<b>Plan Name</b>	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)
<b>Plan Number</b>	H3533-029-001	H3533-029-002
<b>Plan Highlights</b>	Dual Eligible Special Needs plan for FBDE,QMB,QMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB,QMB+. Includes suite of rich supplemental benefits designed for dual member needs.
<b>Dental</b>	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
<b>Healthy Foods Card</b>	\$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
<b>Vision</b>	Annual exam and \$300 credit every year for eyeglasses or contact lenses.	Annual exam and \$300 credit every year for eyeglasses or contact lenses.
<b>Hearing</b>	Annual exam and fitting. \$1000 credit for hearing aids once every 3 years.	Annual exam and fitting. \$1000 credit for hearing aids once every 3 years.
<b>OTC Allowance</b>	\$100 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 over-the-counter (OTC) card to purchase eligible OTC health and wellness products at participating retailers.
<b>Transportation</b>	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, van, wheelchair access vehicle.  This benefit is not to exceed 25 miles per trip.	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, van, wheelchair access vehicle.  This benefit is not to exceed 25 miles per trip.
<b>Current Service Area</b>	Kings, New York, Queens, Richmond	Bronx

## 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	\$425 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%/33%/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	New York City Market-wide	New York City Market-wide	New York City Market-wide

## Other Plans

Plan Name	Plan Number	Plan Category
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan B	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 K	Med Supp
Humana Med Supp	Plan L	Med Supp
Humana Med Supp	Plan N	Med Supp

### Local Support

#### Local Support - New York



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New York: Downstate and NY City



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PA, NY, NJ, RI, CT, VT, MA, ME, NH

Local Market Office  
516-247-2021

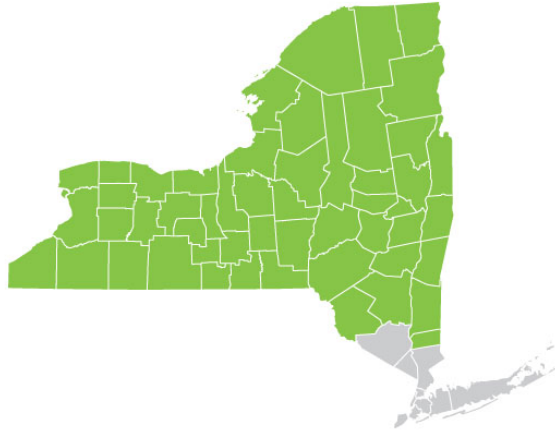
#### Local Sales Manager

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Queens

### MARKET HIGHLIGHTS



- Full PPO and HMO suite of products designed to meet a variety of consumer needs
- Local market office and support team to assist with broker and member needs
- MA-Only plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Multiple selling opportunities with Dual Special Needs Plans
- Plans available with Part B premium giveback
- Plans available with Transportation Benefit
- Plans may include a Debit Card for monthly or quarterly allowance for over-the-counter items such as: vitamins, pain relievers, and cough and cold medicines
- 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

- HMO plans within the market do not require referrals
- In-network hospitals and provider systems include, but are not limited to, the following: Community Care, Family Care Medical Group, Lourdes, UHS, St. James Mercy Hospital, Arnot, Endwell Family Physicians, Guthrie, Great Lakes Physician Practice, UPMC Chautauqua WCA, Olean Medical Group

### Market Service Area

Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Putnam, Rensselaer, Saint Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Wyoming, Yates



MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H3533-001-000	H3533-006-000	H3533-020-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with low cost shares	\$0 Plan Premium HMO MAPD Plan with moderate cost shares and additional ancillaries	\$0 Plan Premium HMO MAPD Plan with moderate cost shares and additional ancillaries
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$40	\$35	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$325 per day Days 1-5	\$325 per day Days 1-6	\$390 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	\$350 tiers 4-5	\$300 tiers 4-5	\$250 tiers 3-5
Rx Preferred	\$2/\$9/\$47/\$100/26%	\$2/\$9/\$47/\$100/27%	\$5/\$12/\$47/\$100/28%
Key Extra Benefits	OTC \$15/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products	Vision, Fitness, OTC \$25/Quarter for select health and wellness products
Market Service Area	Oneida, Onondaga, Oswego	Albany, Rensselaer, Saratoga, Schenectady, Warren, Washington	Broome, Chemung, Steuben, Tioga

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H3533-013-000	H5970-018-000	H5970-015-000
Plan Highlights	Moderate Plan Premium HMO MAPD Plan with low cost shares and additional ancillaries	\$0 Plan Premium with \$40 Part B Premium Giveback LPPO MAPD Plan with lean benefits	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares
Premium	\$25	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$30	\$45	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day Days 1-6	\$650 per admission	\$295 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$5900 In-Network
Rx Deductible	\$275 tiers 4-5	\$310 tiers 3-5	\$275 tiers 3-5
Rx Preferred	\$4/\$12/\$47/\$100/28%	\$6/\$16/\$47/\$100/27%	\$2/\$9/\$47/\$100/28%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Fitness	Fitness
Market Service Area	Albany, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Warren, Washington	Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Columbia, Cortland, Delaware, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Schuyler, Steuben, Sullivan, Tioga, Warren, Washington, Yates	Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Columbia, Cortland, Delaware, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Schuyler, Steuben, Sullivan, Tioga, Warren, Washington, Yates

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5970-001-000	H5970-019-000	H5970-016-000
Plan Highlights	Low Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	Moderate Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries	MA Only plan with a \$30 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	\$19	\$35	\$0
PCP	\$0	\$0	\$0
Specialist	\$35	\$35	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$250 per day Days 1-5	\$250 per day Days 1-5	\$350 per day Days 1-5
Max Out-of-Pocket	\$5500 In-Network	\$5500 In-Network	\$4500 In-Network
Rx Deductible	\$275 tiers 3-5	\$200 tiers 4-5	No Coverage
Rx Preferred	\$2/\$8/\$47/\$100/28%	\$2/\$8/\$47/\$99/29%	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products
Market Service Area	Allegany, Broome, Cattaraugus, Chautauqua, Chemung, Chenango, Cortland, Delaware, Schuyler, Steuben, Sullivan, Tioga, Yates	Albany, Cayuga, Columbia, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Warren, Washington	Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Columbia, Cortland, Delaware, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Schuyler, Steuben, Sullivan, Tioga, Warren, Washington, Yates

**DSNP**

<b>Plan Name</b>	Humana Gold Plus SNP-DE (HMO D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)
<b>Plan Number</b>	H3533-002-000	H5970-020-000
<b>Plan Highlights</b>	Dual Eligible Special Needs plan for FBDE,QMB,QMB+. Includes suite of rich supplemental benefits designed for dual member needs.	Dual Eligible Special Needs plan for FBDE,QMB,QMB+. Includes suite of rich supplemental benefits designed for dual member needs.
<b>Dental</b>	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
<b>Healthy Foods Card</b>	\$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
<b>Vision</b>	Annual exam and \$300 credit every year for eyeglasses or contact lenses.	Annual exam and \$200 credit every year for eyeglasses or contact lenses.OON coverage available. Some restrictions apply if benefits received Out-of-Network.
<b>Hearing</b>	\$0 annual exams, fittings and TruHearing advanced level hearing aids, plus 48 batteries.	\$0 annual exam, fittings and TruHearing advanced level hearing aids, plus 48 batteries.
<b>OTC Allowance</b>	\$100 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 over-the-counter (OTC) card to purchase eligible OTC health and wellness products at participating retailers.
<b>Transportation</b>	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, van, wheelchair access vehicle.  This benefit is not to exceed 50 miles per trip.	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, van, wheelchair access vehicle.  This benefit is not to exceed 50 miles per trip.
<b>Current Service Area</b>	Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Columbia, Cortland, Delaware, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Montgomery, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Schuyler, Steuben, Sullivan, Tioga, Warren, Washington, Yates	Cattaraugus, Chautauqua, 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	\$425 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%/33%/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	Upstate NY Market-wide	Upstate NY Market-wide	Upstate NY Market-wide

## Other Plans

Plan Name	Plan Number	Plan Category
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan B	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 K	Med Supp
Humana Med Supp	Plan L	Med Supp
Humana Med Supp	Plan N	Med Supp

## Local Support

### Local Support - New York



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### Local Sales Manager

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Counties - Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Cortland, Delaware, Erie, Genesee, Livingston, Madison, Monroe, Niagara, Onondaga, Ontario, Orleans, Oswego, Otsego, Schuyler, Seneca, Steuben, Tioga, Tompkins, Ulster, Wayne, Wyoming, Yates

#### Paul Leo

Local Sales Manager  
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Counties - Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Montgomery, Oneida, Orange, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, St. Lawrence, Sullivan, Warren Washington