

MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy on all MAPD plans
- \$0 plan premium HMO H6622-037 with \$0 PCP copay. No Medical or Rx deductible
- Full product continuum for both HMO & PPO plans - Low, Medium and High PPO Plan to choose from
- Most Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- New \$0 Premium PPO with low cost share and Open Access to In & Out of network providers (same cost share In and Out of Network with no OON deductible)
- New MA Only plan with a Part B Premium Giveback, designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.

Network Highlights

- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder
- HMO plans within the market do not require referrals
- 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: Jeffers Health - Aria, Abington, Main Line, Rothman, TJUH; Doylestown, Einstein Med. Ctn.; Mercy Health System; St. Mary's Medical Center; Tower Health and DVACO, Dedicated Senior Medical Center(s) and Oak Street Health

Market Service Area

Bucks, Chester, Delaware, Montgomery, Philadelphia

MA / MAPD

		NEW	
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H6622-037-000	H5525-047-000	H5525-005-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with low cost sharing and additional supplemental benefits	\$0 Plan Premium LPPO MAPD Plan with moderate cost shares and additional supplemental benefits	High Plan Premium LPPO MAPD Plan with moderate cost shares and additional supplement benefits
Premium	\$0	\$0	\$54
PCP	\$0	\$10	\$10
Specialist	\$35	\$40	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$225 per day Days 1-7	\$250 per day Days 1-7	\$390 per day Days 1-5
Max Out-of-Pocket	\$5900 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$3/\$15/\$47/\$100/33%	\$3/\$15/\$47/\$100/33%	\$5/\$15/\$47/\$100/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/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 \$45/Quarter for select health and wellness products
Market Service Area	Greater Philadelphia Market-wide	Greater Philadelphia Market-wide	Greater Philadelphia Market-wide

		NEW	
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-122-000	H5216-221-000	H5216-116-000
Plan Highlights	High Plan Premium LPPO MAPD Plan with low cost shares and additional supplemental benefits	MA Only plan with a \$50 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	\$157	\$0	\$0
PCP	\$5	\$20	\$0
Specialist	\$30	\$50	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$350 per admission	\$295 per day Days 1-6	\$275 per day Days 1-6
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$3900 In-Network
Rx Deductible	No Deductible	No Coverage	No Coverage
Rx Preferred	\$5/\$15/\$47/\$97/33%	No Coverage	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$45/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 \$75/Quarter for select health and wellness products
Market Service Area	Greater Philadelphia Market-wide	Greater Philadelphia Market-wide	Greater Philadelphia Market-wide

Plan Name	HumanaChoice (Regional PPO)	Humana Gold Choice (PFFS)
Plan Number	R0923-001-000	H8145-055-000
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.	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	\$38
PCP	\$10	\$15
Specialist	\$35	\$45
Referrals Required	No	No
Inpatient Hospital	\$350 per day Days 1-5	\$390 per day Days 1-5
Max Out-of-Pocket	\$4900 In-Network	\$6700 In/Out 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	Fitness, OTC \$45/Quarter for select health and wellness products
Market Service Area	Greater Philadelphia Market-wide	Chester

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H6622-038-000
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	Greater Philadelphia 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%/39%/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 Philadelphia Market-wide	Greater Philadelphia Market-wide	Greater Philadelphia Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5525-038-000	MA-PD
Humana Gold Choice (PFFS)	H8145-052-000	MA-PD
HumanaChoice (Regional PPO)	R0923-002-000	MA-PD
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan B	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 - Pennsylvania



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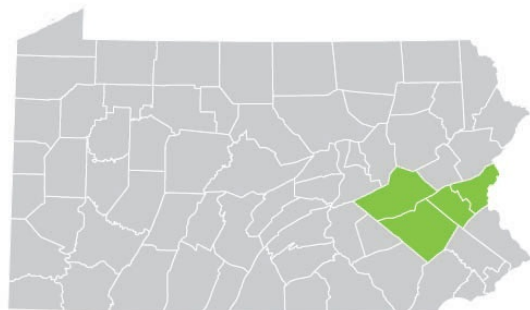
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MARKET HIGHLIGHTS

- \$0 plan premium HMO with \$0 PCP copay. No Medical or Rx deductibles
- All MA-PD Plans (HMO & PPO) offer \$0 copay for 90-day mail order for T1 & T2
- All MA-PD Plans (HMO & PPO) offer \$0 copay for 90-day mail order for T1 & T2
- Full product continuum for both HMO & PPO plans - Low, Medium and High PPO Plan to choose from
- Introducing highly competitive PPO options with Open Access to In & Out of network providers (same cost share In and Out of Network with no OON deductible)
- Most Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- No referrals on HMO plans
- PPO expansion to new counties – for more details on specific counties see next slides

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: St. Luke's University Health Network, PennState Health/St. Joseph, Lehigh Valley Health Networks includes Schuylkill county locations

Market Service Area

Berks, Lehigh, Northampton, Schuylkill

MA / MAPD

Plan Name	HumanaChoice (PPO)	Humana Gold Choice (PFFS)	HumanaChoice (Regional PPO)
Plan Number	H5525-038-000	H8145-052-000	R0923-002-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with lean benefits and additional supplemental benefits	High Plan Premium PFFS MAPD Plan with moderate cost shares and additional supplemental benefits	High Plan Premium RPPO MAPD Plan with moderate cost shares
Premium	\$0	\$75	\$72
PCP	\$10	\$15	\$15
Specialist	\$40	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$390 per day Days 1-5	\$325 per day Days 1-6	\$350 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$6700 In/Out Network	\$6700 In-Network
Rx Deductible	No Deductible	\$360 tiers 3-5	No Deductible
Rx Preferred	\$7/\$17/\$47/\$100/33%	\$7/\$17/\$47/\$100/26%	\$6/\$20/\$47/\$99/33%
Key Extra Benefits	Dental, Fitness, OTC \$45/Quarter for select health and wellness products	Fitness, OTC \$45/Quarter for select health and wellness products	Fitness
Market Service Area	Lehigh Valley Market-wide	Berks	Lehigh Valley Market-wide

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H6622-035-000	H6622-036-000	H5525-006-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with low cost shares and additional supplemental benefits	\$0 Plan Premium HMO MAPD Plan with low cost shares and additional supplemental benefits	Moderate Plan Premium LPP0 MAPD Plan with moderate cost shares and additional supplemental benefits
Premium	\$0	\$0	\$29
PCP	\$0	\$0	\$10
Specialist	\$35	\$40	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day Days 1-6	\$295 per day Days 1-6	\$350 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$3/\$15/\$47/\$100/33%	\$3/\$15/\$47/\$100/33%	\$3/\$15/\$47/\$100/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$75/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 \$45/Quarter for select health and wellness products
Market Service Area	Berks	Lehigh, Northampton, Schuylkill	Berks, Lehigh

NEW

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5525-007-000	H5216-120-000	H5216-221-000
Plan Highlights	Moderate Plan Premium LPPO MAPD Plan with moderate cost shares and additional supplemental benefits	High Plan Premium LPPO MAPD Plan with low cost shares and additional supplemental benefits	MA Only plan with a \$50 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	\$49	\$127	\$0
PCP	\$10	\$5	\$20
Specialist	\$40	\$30	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$350 per day Days 1-5	\$350 per admission	\$295 per day Days 1-6
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Coverage
Rx Preferred	\$5/\$15/\$47/\$100/33%	\$5/\$15/\$47/\$97/33%	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$45/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 \$75/Quarter for select health and wellness products
Market Service Area	Northampton, Schuylkill	Lehigh Valley Market-wide	Lehigh Valley Market-wide

Plan Name	HumanaChoice (PPO)	HumanaChoice (Regional PPO)	Humana Gold Choice (PFFS)
Plan Number	H5216-116-000	R0923-001-000	H8145-055-000
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.	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	\$0	\$0	\$38
PCP	\$0	\$10	\$15
Specialist	\$35	\$35	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$275 per day Days 1-6	\$350 per day Days 1-5	\$390 per day Days 1-5
Max Out-of-Pocket	\$3900 In-Network	\$4900 In-Network	\$6700 In/Out Network
Rx Deductible	No Coverage	No Coverage	No Coverage
Rx Preferred	No Coverage	No Coverage	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Fitness, OTC \$45/Quarter for select health and wellness products
Market Service Area	Lehigh Valley Market-wide	Lehigh Valley Market-wide	Berks

Plan Name	Humana Value Plus (PPO)
Plan Number	H5216-117-000
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	\$150 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 12 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.
Current Service Area	Schuylkill

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H6622-038-000
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	<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	Lehigh Valley 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%/39%/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	Lehigh Valley Market-wide	Lehigh Valley Market-wide	Lehigh 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 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 - Pennsylvania



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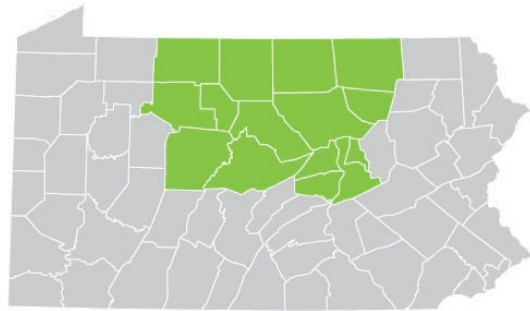
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Lehigh Vally includes Berks, Northampton and Schuylkill



MARKET HIGHLIGHTS

- \$0 plan premium HMO with \$0 PCP copay. No Medical or Rx deductibles
- All MA-PD Plans (HMO & PPO) offer \$0 copay for 90-day mail order for T1 & T2
- Full product continuum for both HMO & PPO plans - Low, Medium and High PPO Plan to choose from
- Introducing highly competitive PPO options with Open Access to In & Out of network providers (same cost share In and Out of Network with no OON deductible)
- Most Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- No referrals on HMO plans
- PPO expansion to new counties – for more details on specific counties see next slides

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: UPMC Susquehanna Health System, Lock Haven Hospital, Mount Nittany Medical Center, Penn State Health Milton S. Hershey Medical Center, Guthrie Health, Soldiers & Sailors Memorial Hospital, UPMC Cole Hospital are among the many providers in the network
- UPMC Hamot, Meadville Medical Center, Titusville Area Hospital, Corry Memorial Hospital, Warren General Hospital are among the many providers in the network

Market Service Area

Bradford, Cameron, Centre, Clearfield, Clinton, Elk, Lycoming, McKean, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union

MA / MAPD

Plan Name	HumanaChoice (PPO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H5525-038-000	H6622-052-000	H5525-006-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with lean benefits and additional supplemental benefits	\$0 Plan Premium HMO MAPD Plan with low cost sharing and additional supplemental benefits	Moderate Plan Premium LPPO MAPD Plan with moderate cost shares and additional supplemental benefits
Premium	\$0	\$0	\$29
PCP	\$10	\$0	\$10
Specialist	\$40	\$35	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$390 per day Days 1-5	\$225 per day Days 1-7	\$350 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$7/\$17/\$47/\$100/33%	\$3/\$15/\$47/\$100/33%	\$3/\$15/\$47/\$100/33%
Key Extra Benefits	Dental, Fitness, OTC \$45/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 \$45/Quarter for select health and wellness products
Market Service Area	Bradford, Cameron, Centre, Clearfield, Clinton, Elk, Lycoming, McKean, Montour, Potter, Snyder, Sullivan, Tioga, Union	Bradford, Tioga	Snyder

NEW

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5525-007-000	H5216-120-000	H5216-221-000
Plan Highlights	Moderate Plan Premium LPPO MAPD Plan with moderate cost shares and additional supplemental benefits	High Plan Premium LPPO MAPD Plan with low cost shares and additional supplemental benefits	MA Only plan with a \$50 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	\$49	\$127	\$0
PCP	\$10	\$5	\$20
Specialist	\$40	\$30	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$350 per day Days 1-5	\$350 per admission	\$295 per day Days 1-6
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Coverage
Rx Preferred	\$5/\$15/\$47/\$100/33%	\$5/\$15/\$47/\$97/33%	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$45/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 \$75/Quarter for select health and wellness products
Market Service Area	Bradford, Centre, Clinton, Lycoming, McKean, Montour, Potter, Sullivan, Tioga, Union	Bradford, Centre, Clinton, Lycoming, McKean, Montour, Potter, Snyder, Sullivan, Tioga	Bradford, Cameron, Clearfield, Clinton, Elk, Lycoming, McKean, Montour, Potter, Snyder, Sullivan, Tioga, Union

Plan Name	HumanaChoice (PPO)	HumanaChoice (Regional PPO)	Humana Gold Choice (PFFS)
Plan Number	H5216-116-000	R0923-001-000	H8145-055-000
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.	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	\$0	\$0	\$38
PCP	\$0	\$10	\$15
Specialist	\$35	\$35	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$275 per day Days 1-6	\$350 per day Days 1-5	\$390 per day Days 1-5
Max Out-of-Pocket	\$3900 In-Network	\$4900 In-Network	\$6700 In/Out Network
Rx Deductible	No Coverage	No Coverage	No Coverage
Rx Preferred	No Coverage	No Coverage	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Fitness, OTC \$45/Quarter for select health and wellness products
Market Service Area	Bradford, Cameron, Centre, Clearfield, Clinton, Elk, Lycoming, McKean, Montour, Potter, Snyder, Sullivan, Tioga, Union	North Central PA Market-wide	Bradford, Cameron, Centre, Clinton, Lycoming, Montour, Potter, Snyder, Sullivan, Tioga

Plan Name	Humana Value Plus (PPO)	Humana Value Plus (PPO)
Plan Number	H5216-117-000	H5525-039-000
Plan Highlights	Lean medical and pharmacy benefits, with rich supplemental benefits	Lean medical and pharmacy benefits, with rich supplemental benefits
Dental	\$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
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 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.	\$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.	\$150 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 12 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 12 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.
Current Service Area	Bradford, Centre, Clinton, Lycoming, McKean, Montour, Potter, Snyder, Sullivan, Tioga	Cameron, Clearfield, Elk, Northumberland, Union

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H6622-038-000
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	<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	Bradford, Tioga

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%/39%/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	North Central PA Market-wide	North Central PA Market-wide	North Central PA Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Gold Choice (PFFS)	H8145-052-000	MA-PD
HumanaChoice (Regional PPO)	R0923-002-000	MA-PD
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan B	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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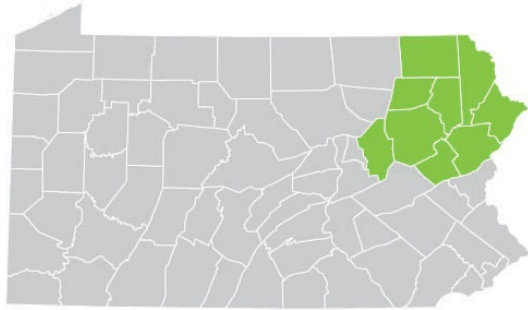
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MARKET HIGHLIGHTS

- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy
- All MA-PD Plans (HMO & PPO) offer \$0 copay for 90-day mail order for T1 & T2
- Full product continuum for both HMO & PPO plans - Low, Medium and High PPO Plan to choose from
- Introducing highly competitive PPO options with Open Access to In & Out of network providers (same cost share In and Out of Network with no OON deductible)
- Most Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- No referrals on HMO plans
- PPO expansion to new counties – for more details on specific counties see next slides



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: Geisinger - Wyoming Valley Medical Center, Blue Mountain Hospital-Palmerton Campus-Gnaden Huetten Campus, Berwick Hospital Center, Geisinger Community Medical Center, Moses Taylor Hospital, Regional Hospital of Scranton, Wilkes-Barre General Hospital, Lehigh Valley Hospital-Pocono, Barnes-Kesson Hospital, Endless Mountain Health System, Wayne Memorial Hospital, Tyler Memorial Hospital

Market Service Area

Carbon, Columbia, Lackawanna, Luzerne, Monroe, Pike, Susquehanna, Wayne, Wyoming

MA / MAPD

Plan Name	HumanaChoice (PPO)	Humana Gold Choice (PFFS)	Humana Gold Plus (HMO)
Plan Number	H5525-038-000	H8145-052-000	H6622-052-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with lean benefits and additional supplemental benefits	High Plan Premium PFFS MAPD Plan with moderate cost shares and additional supplemental benefits	\$0 Plan Premium HMO MAPD Plan with low cost sharing and additional supplemental benefits
Premium	\$0	\$75	\$0
PCP	\$10	\$15	\$0
Specialist	\$40	\$45	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$390 per day Days 1-5	\$325 per day Days 1-6	\$225 per day Days 1-7
Max Out-of-Pocket	\$6700 In-Network	\$6700 In/Out Network	\$6700 In-Network
Rx Deductible	No Deductible	\$360 tiers 3-5	No Deductible
Rx Preferred	\$7/\$17/\$47/\$100/33%	\$7/\$17/\$47/\$100/26%	\$3/\$15/\$47/\$100/33%
Key Extra Benefits	Dental, Fitness, OTC \$45/Quarter for select health and wellness products	Fitness, OTC \$45/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products
Market Service Area	Carbon, Columbia, Lackawanna, Luzerne, Monroe, Susquehanna, Wayne, Wyoming	Carbon, Lackawanna, Luzerne, Susquehanna, Wayne, Wyoming	Susquehanna

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H6622-036-000	H5525-007-000	H5216-120-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with low cost shares and additional supplemental benefits	Moderate Plan Premium LPPO MAPD Plan with moderate cost shares and additional supplemental benefits	High Plan Premium LPPO MAPD Plan with low cost shares and additional supplemental benefits
Premium	\$0	\$49	\$127
PCP	\$0	\$10	\$5
Specialist	\$40	\$40	\$30
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day Days 1-6	\$350 per day Days 1-5	\$350 per admission
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$3/\$15/\$47/\$100/33%	\$5/\$15/\$47/\$100/33%	\$5/\$15/\$47/\$97/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$45/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 \$75/Quarter for select health and wellness products
Market Service Area	Carbon, Lackawanna, Luzerne, Monroe, Wyoming	Carbon, Columbia, Lackawanna, Luzerne, Monroe, Susquehanna, Wayne, Wyoming	Carbon, Columbia, Lackawanna, Luzerne, Monroe, Susquehanna, Wayne, Wyoming

	NEW		
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-221-000	H5216-116-000	R0923-001-000
Plan Highlights	MA Only plan with a \$50 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.	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	\$20	\$0	\$10
Specialist	\$50	\$35	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day Days 1-6	\$275 per day Days 1-6	\$350 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$3900 In-Network	\$4900 In-Network
Rx Deductible	No Coverage	No Coverage	No Coverage
Rx Preferred	No Coverage	No Coverage	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$75/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 \$75/Quarter for select health and wellness products
Market Service Area	Carbon, Lackawanna, Luzerne, Monroe, Susquehanna, Wayne, Wyoming	Carbon, Columbia, Lackawanna, Luzerne, Monroe, Susquehanna, Wayne, Wyoming	Northeast PA Market-wide

Plan Name	Humana Gold Choice (PFFS)
Plan Number	H8145-055-000
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	\$38
PCP	\$15
Specialist	\$45
Referrals Required	No
Inpatient Hospital	\$390 per day Days 1-5
Max Out-of-Pocket	\$6700 In/Out Network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Fitness, OTC \$45/Quarter for select health and wellness products
Market Service Area	Carbon, Lackawanna, Luzerne, Susquehanna, Wayne, Wyoming

Plan Name	Humana Value Plus (PPO)
Plan Number	H5216-117-000
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	\$150 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 12 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.
Current Service Area	Carbon, Columbia, Monroe, Susquehanna, Wayne

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H6622-038-000
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	<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	Carbon, Lackawanna, Luzerne, Monroe, Susquehanna, Wyoming

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%/39%/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	Northeast PA Market-wide	Northeast PA Market-wide	Northeast PA Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R0923-002-000	MA-PD
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan B	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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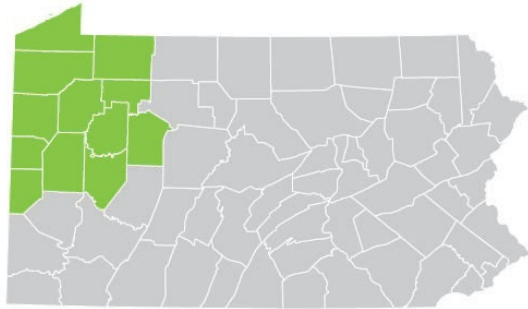
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Northeast Market: Carbon, Columbia, Lackawanna, Luzerne, Monroe, Schuylkill, Susquehanna, Wayne, Wyoming



MARKET HIGHLIGHTS

- \$0 plan premium HMO with \$0 PCP copay. No Medical or Rx deductible
- All MA-PD Plans (HMO & PPO) offer \$0 copay for 90-day mail order for T1 & T2
- Full product continuum for both HMO & PPO plans - Low, Medium and High HMO & PPO Plan to choose from
- Introducing highly competitive PPO options with passive networks (same cost share In and Out of Network with no OON deductible)
- Introducing new PPO Plans in Lawrence & Mercer counties
- Most Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- No referrals on 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: Steward Sharon Regional Health System, Grove City Medical Center, UPMC Jameson, St. Elizabeth Health Centers OH, Steward Northside Medical Center OH are among the providers in the network
- In-network hospitals and provider systems include, but are not limited to, the following: UPMC Hamot, Meadville Medical Center, Titusville Area Hospital, Corry Memorial Hospital, Warren General Hospital, Butler Hospital are among the providers in the network

Market Service Area

Armstrong, Beaver, Butler, Clarion, Crawford, Erie, Forest, Jefferson, Lawrence, Mercer, Venango, Warren

MA / MAPD

Plan Name	HumanaChoice (PPO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H5525-038-000	H6622-035-000	H6622-052-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with lean benefits and additional supplemental benefits	\$0 Plan Premium HMO MAPD Plan with low cost shares and additional supplemental benefits	\$0 Plan Premium HMO MAPD Plan with low cost sharing and additional supplemental benefits
Premium	\$0	\$0	\$0
PCP	\$10	\$0	\$0
Specialist	\$40	\$35	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$390 per day Days 1-5	\$295 per day Days 1-6	\$225 per day Days 1-7
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$7/\$17/\$47/\$100/33%	\$3/\$15/\$47/\$100/33%	\$3/\$15/\$47/\$100/33%
Key Extra Benefits	Dental, Fitness, OTC \$45/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 \$75/Quarter for select health and wellness products
Market Service Area	Northwest PA Market-wide	Lawrence, Mercer	Crawford

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H6622-054-000	H5525-017-000	H5525-007-000
Plan Highlights	\$0 Plan Premium HMO MAPD Plan with low cost sharing and rich supplemental benefits, no referrals required	Open Access to In & Out of Network PPO - same cost share in or out of network, with rich Supplemental benefits and expansion to new counties	Moderate Plan Premium LPPO MAPD Plan with moderate cost shares and additional supplemental benefits
Premium	\$0	\$15	\$49
PCP	\$5	\$10	\$10
Specialist	\$35	\$40	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$225 per day Days 1-7	\$400 per admission	\$350 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$4900 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$3/\$15/\$47/\$100/33%	\$0/\$10/\$47/\$100/33%	\$5/\$15/\$47/\$100/33%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$100/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products
Market Service Area	Butler	Beaver, Butler	Armstrong, Crawford, Erie, Jefferson, Lawrence, Mercer, Warren

NEW

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-120-000	H5216-119-000	H5216-221-000
Plan Highlights	High Plan Premium LPPO MAPD Plan with low cost shares and additional supplemental benefits	Open Access to In & Out of Network PPO - same cost share in or out of network with rich supplemental benefits	MA Only plan with a \$50 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	\$127	\$123	\$0
PCP	\$5	\$5	\$20
Specialist	\$30	\$30	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$350 per admission	\$350 per admission	\$295 per day Days 1-6
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Coverage
Rx Preferred	\$5/\$15/\$47/\$97/33%	\$5/\$15/\$47/\$97/33%	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$75/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 \$75/Quarter for select health and wellness products
Market Service Area	Crawford, Erie, Warren	Beaver, Butler, Lawrence, Mercer	Northwest PA Market-wide

Plan Name	HumanaChoice (PPO)	Humana Gold Choice (PFFS)
Plan Number	H5216-116-000	H8145-055-000
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.	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	\$38
PCP	\$0	\$15
Specialist	\$35	\$45
Referrals Required	No	No
Inpatient Hospital	\$275 per day Days 1-6	\$390 per day Days 1-5
Max Out-of-Pocket	\$3900 In-Network	\$6700 In/Out 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	Fitness, OTC \$45/Quarter for select health and wellness products
Market Service Area	Northwest PA Market-wide	Crawford, Erie, Jefferson

Plan Name	Humana Value Plus (PPO)	Humana Value Plus (PPO)
Plan Number	H5216-117-000	H5525-039-000
Plan Highlights	Lean medical and pharmacy benefits, with rich supplemental benefits	Lean medical and pharmacy benefits, with rich supplemental benefits
Dental	\$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
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 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.	\$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.	\$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 12 one-way trip(s) per year by car, van, wheelchair access vehicle.</p> <p>This benefit is not to exceed 50 miles per trip.</p>	<p>\$0 copayment for plan approved location up to 12 one-way trip(s) per year by car, van, wheelchair access vehicle.</p> <p>This benefit is not to exceed 50 miles per trip.</p>
Current Service Area	Armstrong, Beaver, Butler, Crawford, Erie, Warren	Clarion, Forest, Jefferson, Venango

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H6622-038-000
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	<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	Crawford, Lawrence, Mercer

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%/39%/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	Northwest PA Market-wide	Northwest PA Market-wide	Northwest PA Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5216-051-000	MA-PD
Humana Gold Choice (PFFS)	H8145-052-000	MA-PD
HumanaChoice (Regional PPO)	R0923-002-000	MA-PD
HumanaChoice (Regional PPO)	R0923-001-000	MA
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan B	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 - Pennsylvania



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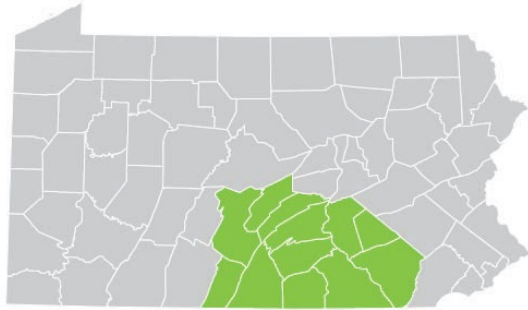
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MARKET HIGHLIGHTS

- \$0 plan premium HMO with \$0 PCP copay. No Medical or Rx deductibles
- All MA-PD Plans (HMO & PPO) offer \$0 copay for 90-day mail order for T1 & T2
- All MA-PD Plans (HMO & PPO) offer \$0 copay for 90-day mail order for T1 & T2
- Full product continuum for both HMO & PPO plans - Low, Medium and High PPO Plan to choose from
- Introducing highly competitive PPO options with Open Access to In & Out of network providers (same cost share In and Out of Network with no OON deductible)
- Most Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- No referrals on HMO plans
- PPO expansion to new counties – for more details on specific counties see next slides

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: Lancaster General Health, Geisinger Holy Spirit, Penn State Health Milton S. Hershey Medical Center, PinnacleHealth System, Summit Health, WellSpan Ephrata Community Hospital.

Market Service Area

Adams, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York

MA / MAPD

Plan Name	HumanaChoice (PPO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H5525-038-000	H6622-035-000	H5525-006-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with lean benefits and additional supplemental benefits	\$0 Plan Premium HMO MAPD Plan with low cost shares and additional supplemental benefits	Moderate Plan Premium LPPO MAPD Plan with moderate cost shares and additional supplemental benefits
Premium	\$0	\$0	\$29
PCP	\$10	\$0	\$10
Specialist	\$40	\$35	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$390 per day Days 1-5	\$295 per day Days 1-6	\$350 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$7/\$17/\$47/\$100/33%	\$3/\$15/\$47/\$100/33%	\$3/\$15/\$47/\$100/33%
Key Extra Benefits	Dental, Fitness, OTC \$45/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 \$45/Quarter for select health and wellness products
Market Service Area	South Central PA Market-wide	Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry	South Central PA Market-wide

		NEW	
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-120-000	H5216-221-000	H5216-116-000
Plan Highlights	High Plan Premium LPPO MAPD Plan with low cost shares and additional supplemental benefits	MA Only plan with a \$50 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	\$127	\$0	\$0
PCP	\$5	\$20	\$0
Specialist	\$30	\$50	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$350 per admission	\$295 per day Days 1-6	\$275 per day Days 1-6
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$3900 In-Network
Rx Deductible	No Deductible	No Coverage	No Coverage
Rx Preferred	\$5/\$15/\$47/\$97/33%	No Coverage	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$75/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 \$75/Quarter for select health and wellness products
Market Service Area	Adams, Cumberland, Dauphin, Franklin, Huntingdon, Juniata, Lancaster, Lebanon, Perry, York	South Central PA Market-wide	South Central PA Market-wide

Plan Name	Humana Value Plus (PPO)	Humana Value Plus (PPO)
Plan Number	H5216-117-000	H5525-039-000
Plan Highlights	Lean medical and pharmacy benefits, with rich supplemental benefits	Lean medical and pharmacy benefits, with rich supplemental benefits
Dental	\$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
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 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.	\$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.	\$150 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 12 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 12 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.
Current Service Area	Adams, Franklin, Huntingdon, Juniata, Lebanon, York	Fulton, Mifflin

DSNP

Plan Name	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H6622-038-000
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	<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	Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry

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%/39%/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	South Central PA Market-wide	South Central PA Market-wide	South Central PA Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
Humana Gold Choice (PFFS)	H8145-052-000	MA-PD
HumanaChoice (Regional PPO)	R0923-002-000	MA-PD
HumanaChoice (Regional PPO)	R0923-001-000	MA
Humana Gold Choice (PFFS)	H8145-055-000	MA
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan B	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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Local Support - Pennsylvania



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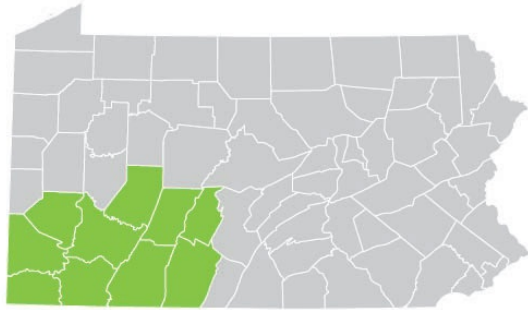
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MARKET HIGHLIGHTS

- \$0 plan premium HMO with \$0 PCP copay. No Medical or Rx deductibles
- All MA-PD Plans (HMO & PPO) offer \$0 copay for 90-day mail order for T1 & T2
- All MA-PD Plans (HMO & PPO) offer \$0 copay for 90-day mail order for T1 & T2
- Full product continuum for both HMO & PPO plans - Low, Medium and High PPO Plan to choose from
- Introducing highly competitive PPO options with Open Access to In & Out of network providers (same cost share In and Out of Network with no OON deductible)
- Most Plans include Dental, Vision, Hearing, OTC and SilverSneakers® Fitness Benefits
- No referrals on HMO plans
- PPO expansion to new counties – for more details on specific counties see next slides

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: Allegheny Health Network (NonPar for HMO), St. Clair Hospital, Heritage Valley Beaver, Heritage Valley Sewickley, Ohio Valley General, UPMC-Altoona, Excelsa Health System, Washington Hospital and Butler Hospital.

Market Service Area

Allegheny, Bedford, Blair, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland

MA / MAPD

Plan Name	HumanaChoice (PPO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H5525-038-000	H6622-054-000	H5525-006-000
Plan Highlights	\$0 Plan Premium LPPO MAPD Plan with lean benefits and additional supplemental benefits	\$0 Plan Premium HMO MAPD Plan with low cost sharing and rich supplemental benefits, no referrals required	Moderate Plan Premium LPPO MAPD Plan with moderate cost shares and additional supplemental benefits
Premium	\$0	\$0	\$29
PCP	\$10	\$5	\$10
Specialist	\$40	\$35	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$390 per day Days 1-5	\$225 per day Days 1-7	\$350 per day Days 1-5
Max Out-of-Pocket	\$6700 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$7/\$17/\$47/\$100/33%	\$3/\$15/\$47/\$100/33%	\$3/\$15/\$47/\$100/33%
Key Extra Benefits	Dental, Fitness, OTC \$45/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 \$45/Quarter for select health and wellness products
Market Service Area	Allegheny, Bedford, Blair, Fayette, Greene, Somerset, Washington, Westmoreland	Washington, Westmoreland	Blair

			NEW
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5525-017-000	H5216-119-000	H5216-221-000
Plan Highlights	Open Access to In & Out of Network PPO - same cost share in or out of network, with rich Supplemental benefits and expansion to new counties	Open Access to In & Out of Network PPO - same cost share in or out of network with rich supplemental benefits	MA Only plan with a \$50 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	\$15	\$123	\$0
PCP	\$10	\$5	\$20
Specialist	\$40	\$30	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$400 per admission	\$350 per admission	\$295 per day Days 1-6
Max Out-of-Pocket	\$4900 In-Network	\$6700 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	No Coverage
Rx Preferred	\$0/\$10/\$47/\$100/33%	\$5/\$15/\$47/\$97/33%	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$100/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 \$75/Quarter for select health and wellness products
Market Service Area	Allegheny, Fayette, Greene, Washington, Westmoreland	Allegheny, Washington, Westmoreland	Allegheny, Bedford, Blair, Fayette, Greene, Somerset, Washington, Westmoreland

Plan Name	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-116-000	R0923-001-000
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.	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	\$35
Referrals Required	No	No
Inpatient Hospital	\$275 per day Days 1-6	\$350 per day Days 1-5
Max Out-of-Pocket	\$3900 In-Network	\$4900 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, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products
Market Service Area	Allegheny, Bedford, Blair, Fayette, Greene, Somerset, Washington, Westmoreland	Southwest PA Market-wide

Plan Name	Humana Value Plus (PPO)	Humana Value Plus (PPO)
Plan Number	H5216-117-000	H5525-039-000
Plan Highlights	Lean medical and pharmacy benefits, with rich supplemental benefits	Lean medical and pharmacy benefits, with rich supplemental benefits
Dental	\$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
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 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.	\$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.	\$150 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 12 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 12 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.
Current Service Area	Allegheny, Washington, Westmoreland	Bedford, Blair, Cambria, Fayette, Greene, Indiana, Somerset

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%/39%/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	Southwest PA Market-wide	Southwest PA Market-wide	Southwest PA Market-wide

Other Plans

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R0923-002-000	MA-PD
Humana Med Supp	Plan A	Med Supp
Humana Med Supp	Plan B	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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