

### Market Service Area

Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Cedar, Chase, Cherry, Cheyenne, Clay, Custer, Dawes, Dawson, Deuel, Dundy, Franklin, Frontier, Furnas, Gage, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nuckolls, Pawnee, Perkins, Phelps, Pierce, Red Willow, Richardson, Rock, Scotts Bluff, Sheridan, Sherman, Sioux, Stanton, Thomas, Valley, Webster, Wheeler

### MA / MAPD

Plan Name	HumanaChoice (PPO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H5216-340-000	H0028-053-003	H5216-254-000
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	\$84	N/A	N/A
PCP	\$10	\$0	\$0
Specialist	\$50	\$25	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$425 per day(Days 1-5); \$0 per day(Days 6-90)	\$295 per day(Days 1-6); \$0 per day(Days 7-90)	\$325 per day(Days 1-6); \$0 per day(Days 7-90)
Max Out-of-Pocket	\$7900 In-Network	\$3600 In-Network	\$3900 In-Network
Rx Deductible	\$300 Deductible for Tiers 3,4,5	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$2/\$9/\$47/\$99/28%	\$0/\$0/\$47/\$100/33%	\$0/\$5/\$47/\$100/33%
Key Extra Benefits	Vision, Hearing, Fitness, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC Debit Card \$50/Quarter for select health and wellness products at participating retailers, Transportation 24 one-way trip(s)/Year, Insulin Savings Program
Dental	\$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, anesthesia. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, root canals, anesthesia	\$3000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, root canals, anesthesia. OON coverage available.
Market Service Area	Gage, Jefferson	Gage, Jefferson	Gage, Jefferson

	Humana Honor Plan	Humana Honor Plan
<b>Plan Name</b>	Humana Honor (PPO)	Humana Honor Plan
<b>Plan Number</b>	H5216-278-002	Humana Honor (PPO) H5216-329-000
<b>Premium</b>	\$0.00	\$0.00
<b>Part B Giveback</b>	\$50	\$100
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$35	\$40
<b>Referrals Required</b>	No	No
<b>Inpatient Hospital</b>	\$250 per day(Days 1-6); \$0 per day(Days 7-90)	\$425 per day(Days 1-5); \$0 per day(Days 6-90)
<b>Max Out-of-Pocket</b>	\$5900 In-Network	\$6700 In-Network
<b>Rx Deductible</b>	No Deductible	No Deductible
<b>Rx - Retail 30-day Supply</b>	No Coverage	No Coverage
<b>Key Extra Benefits</b>	Vision, Hearing, Fitness, OTC \$100/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year
<b>Dental</b>	\$4000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, re cementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, root canals, anesthesia. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, re cementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, root canals, anesthesia. OON coverage available.
<b>Market Service Area</b>	Gage, Jefferson	Gage, Jefferson

**DSNP**

<b>Plan Name</b>	Humana Gold Plus SNP-DE (HMO D-SNP)
<b>Plan Number</b>	H0028-007-000
<b>Medicaid Levels</b>	FBDE, QMB, QMB+, SLMB+
<b>Dental</b>	\$5000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, root canals, anesthesia
<b>Healthy Options Allowance</b>	Members will receive \$175 loaded on a prepaid card every month to use toward the purchase of food, home supplies, and over-the-counter (OTC) products from a national network of retailers. The card may also be used to pay for non-medical transportation, general supports for living (rent assistance, internet, and utilities), social needs, aging support and assistive devices, pest control, and pet care and supplies. Unused funds will roll over to the next month and expire at the end of the plan year.
<b>Vision</b>	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings
<b>Hearing</b>	\$0 copayment for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
<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>	Gage, Jefferson

# Prescription Drug Plans

Plan Name	Humana Walmart Value Rx Plan (PDP) Coming Soon	Humana Basic Rx Plan (PDP) Coming Soon	Humana Premier Rx Plan (PDP) Coming Soon
Plan Number			
Insulin Savings Program			
Pairs Well With			
Premium			
Rx Deductible			
Preferred Retail 30-day Supply			
Standard Retail 30-day Supply			
Preferred Mail 90-day Supply			
Market Service Area			

**Local Support**

Local Support - Nebraska

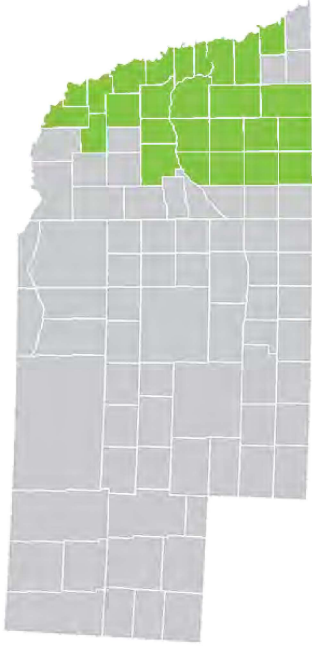


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## MARKET HIGHLIGHTS

- Full HMO and PPO suite of products designed to meet a variety of consumer needs: Burt, Butler, Cass, Colfax, Cuming, Dakota, Dixon, Dodge, Douglas, Fillmore, Gage, Jefferson, Lancaster, Nemaha, Otoe, Platte, Polk, Saline, Sarpy, Saunders, Seward, Thayer, Washington, Wayne, York, Thurston.
- New dental allowance benefit available on select HMO and PPO plans up to \$3000.
- New Flex Allowance available on H5216-254-000 with an annual allowance of \$500 to be used for covered dental, vision, and hearing needs.
- New Healthy Options Allowance for food, OTC and more available on Dual Eligible Plans.
- New Healthy Options allowance available on H0028-007-000 with a monthly allowance of \$300. The allowance is used for overall wellness for members.
- New plan available with Part B premium giveback of \$84.
- Humana Honor MA-Only plan with Comprehensive Dental and a \$100 Part B giveback for members that get their drug coverage elsewhere, such as Veterans.
- Plan available with Transportation Benefit.

## Network Highlights

- In-network hospitals and provider systems include, but are not limited to, the following: CHI, UnityPoint, Nebraska Health Network, and Bryon Medical Center.
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any Humana ChoiceCare PPO Network Provider across the country for in-network services.
- In-network PPO hospitals and provider systems include, but are not limited to, the following: Nationwide network includes Mayo Clinic in Minnesota.
- HMO plans within the market do not require referrals.
- For a complete list of in-network providers, visit [www.Humana.com/PhysicianFinder](http://www.Humana.com/PhysicianFinder).
- Select HMO Plans have a travel benefit that allows members to see in-network HMO providers while traveling throughout the nation.

## Market Service Area

Burt, Butler, Cass, Colfax, Cuming, Dakota, Dixon, Dodge, Douglas, Fillmore, Gage, Jefferson, Lancaster, Nemaha, Otoe, Platte, Polk, Saline, Sarpy, Saunders, Seward, Thayer, Thurston, Washington, Wayne, York

### MA / MAPD

Plan Name	HumanaChoice (PPO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H5216-254-000	H0028-053-003	H5216-340-000
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	N/A	N/A	\$84
PCP	\$0	\$0	\$10
Specialist	\$35	\$25	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$325 per day(Days 1-6); \$0 per day(Days 7-90)	\$295 per day(Days 1-6); \$0 per day(Days 7-90)	\$425 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$3900 In-Network	\$3600 In-Network	\$7900 In-Network
Rx Deductible	No Deductible	No Deductible	\$300 Deductible for Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$5/\$47/\$100/33%	\$0/\$0/\$47/\$100/33%	\$2/\$9/\$47/\$99/28%
Key Extra Benefits	Vision, Hearing, Fitness, OTC Debit Card \$50/Quarter for select health and wellness products at participating retailers, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, Insulin Savings Program
Dental	\$3000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, root canals, anesthesia. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, root canals, anesthesia	\$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, anesthesia. OON coverage available.
Market Service Area	Burt, Butler, Cass, Colfax, Cuming, Dakota, Dixon, Dodge, Douglas, Fillmore, Gage, Jefferson, Lancaster, Otoe, Platte, Polk, Saline, Sarpy, Saunders, Seward, Thayer, Thurston, Washington, Wayne, York	Omaha - Eastern Nebraska Market-wide	Burt, Butler, Cass, Colfax, Cuming, Dakota, Dixon, Dodge, Douglas, Fillmore, Gage, Jefferson, Lancaster, Otoe, Platte, Polk, Saline, Sarpy, Saunders, Seward, Thayer, Thurston, Washington, Wayne, York



	Humana Honor Plan	Humana Honor Plan
<b>Plan Name</b>	Humana Honor (PPO)	Humana Honor (PPO)
<b>Plan Number</b>	H5216-329-000	H5216-278-002
<b>Premium</b>	\$0.00	\$0.00
<b>Part B Giveback</b>	\$100	\$50
<b>PCP</b>	\$0	\$0
<b>Specialist</b>	\$40	\$35
<b>Referrals Required</b>	No	No
<b>Inpatient Hospital</b>	\$425 per day(Days 1-5); \$0 per day(Days 6-90)	\$250 per day(Days 1-6); \$0 per day(Days 7-90)
<b>Max Out-of-Pocket</b>	\$6700 In-Network	\$5900 In-Network
<b>Rx Deductible</b>	No Deductible	No Deductible
<b>Rx - Retail 30-day Supply</b>	No Coverage	No Coverage
<b>Key Extra Benefits</b>	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year	Vision, Hearing, Fitness, OTC \$100/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year
<b>Dental</b>	\$1000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, re cementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, root canals, anesthesia. OON coverage available.	\$4000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, re cementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, root canals, anesthesia. OON coverage available.
<b>Market Service Area</b>	Burt, Butler, Cass, Colfax, Cuming, Dakota, Dixon, Dodge, Douglas, Fillmore, Gage, Jefferson, Lancaster, Otoe, Platte, Polk, Saline, Sarpy, Saunders, Seward, Thayer, Thurston, Washington, Wayne, York	Burt, Butler, Cass, Colfax, Cuming, Dakota, Dixon, Dodge, Douglas, Fillmore, Gage, Jefferson, Lancaster, Otoe, Platte, Polk, Saline, Sarpy, Saunders, Seward, Thayer, Thurston, Washington, Wayne, York

**DSNP**

<b>Plan Name</b>	Humana Gold Plus SNP-DE (HMO D-SNP)
<b>Plan Number</b>	H0028-007-000
<b>Medicaid Levels</b>	FBDE, QMB, QMB+, SLMB+
<b>Dental</b>	\$5000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, root canals, anesthesia
<b>Healthy Options Allowance</b>	Members will receive \$175 loaded on a prepaid card every month to use toward the purchase of food, home supplies, and over-the-counter (OTC) products from a national network of retailers. The card may also be used to pay for non-medical transportation, general supports for living (rent assistance, internet, and utilities), social needs, aging support and assistive devices, pest control, and pet care and supplies. Unused funds will roll over to the next month and expire at the end of the plan year.
<b>Vision</b>	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings
<b>Hearing</b>	\$0 copayment for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
<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>	Omaha - Eastern Nebraska Market-wide

# Prescription Drug Plans

Plan Name	Humana Walmart Value Rx Plan (PDP) Coming Soon	Humana Premier Rx Plan (PDP) Coming Soon	Humana Basic Rx Plan (PDP) Coming Soon
Plan Number			
Insulin Savings Program			
Pairs Well With			
Premium			
Rx Deductible			
Preferred Retail 30-day Supply			
Standard Retail 30-day Supply			
Preferred Mail 90-day Supply			
Market Service Area			

## Other Plans

Plan Name	Plan Number	Plan Category
Humana Value Plus (PPO)	H5216-171-000	MA-PD
HumanaChoice (PPO)	H5216-014-000	MA-PD

### Local Support

#### Local Support - Nebraska



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