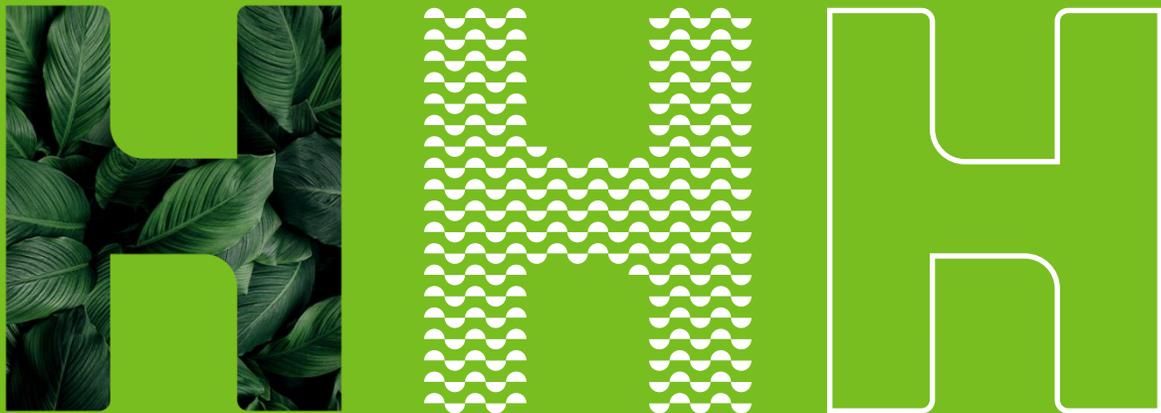
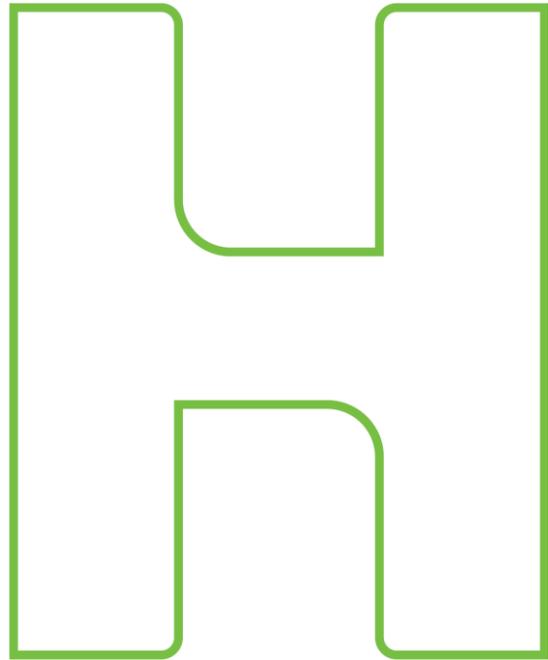


Humana®

# Your guide to 2026 plans in Michigan



# Team Michigan



**Humana**®

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# Agent Support



800-309-3163

Spanish ext. 5

[AgentSupport@Humana.com](mailto:AgentSupport@Humana.com)

Enrollment questions | Application assistance

Paper application status checks

Technical support

## How the AOR Pledge works for agents

When a member makes a like-to-like plan change on certain plan types using certain methods, you are retained as the Agent of Record and will collect the corresponding renewal commission.

Here's a breakdown of which plans the AOR Pledge applies to and the ones it doesn't.

APPLICABLE PLAN TYPES for newly enrolled members	NON-APPLICABLE PLAN TYPES for newly enrolled members
Medicare Advantage (MA)	Medicare Supplement (Med Supp)
Medicare Advantage with prescription drug (MAPD)	Individual Dental and Vision (IDV)
Prescription drug plan (PDP)	
CarePlus MA	

Use this chart to determine when Humana's AOR Pledge applies.\*

WHEN THE AOR PLEDGE <i>DOES</i> APPLY	WHEN THE AOR PLEDGE <i>DOESN'T</i> APPLY
Like-to-like plan change (e.g., one MA plan to a different MA plan)	Plan change from one category to another (e.g., PDP to MA or MA to Med Supp)
Member makes a like-to-like plan change on: <ul style="list-style-type: none"> <li>• CMS.gov</li> <li>• HumanaMedicare.com</li> </ul>	When a third-party call-center agency assists with a plan change
Humana telesales agent helps a member make a like-to-like plan change	When another field agent facilitates a plan change
AOR is appropriately licensed, certified and contracted at the time of the member's change	When an existing member makes a plan change from a CarePlus MA plan to a Humana MA plan or vice versa

\*Agents are responsible for maintaining their relationships with each member throughout the year to ensure the member's Medicare needs are met, and agents are responsible for ensuring compliance with all Humana policies and procedures, CMS regulations and their contract with Humana. This includes all services typically provided by agents such as follow-up calls, etc. Agents may be removed as the AOR if there is any indication that the agent-member relationship has been disrupted, if a complaint is received, upon a member's or agent's request or for other legal, compliance or regulatory purposes at Humana's sole discretion. All commission and compensation is subject to the agent's contract with Humana. Agents are required to be licensed, appointed and contracted with Humana to receive compensation.

# Submitting Service Inquiries for Existing Members

A Service Inquiry form opens with the member's demographic info already entered. At the top of the form, there is a radio button for each of the available Service Inquiry types. You should select the topic that best describes the service inquiry you are submitting.

Available Inquiry types include:

- **Application Error (ASEC):** Agent Statement for Enrollment Corrections – used when a correction needs to be made on a submitted Medicare application
- **Application Error (Med Supp):** Medicare Supplement Agent Statement for Enrollment Corrections – used when a correction needs to be made on a submitted Medicare Supplement application
- **Claims:** Claims status and filing, pending and processed claims questions
- **Demographics:** Update or approve demographic changes
- **Benefits:** Verification, cost of service, coordination, benefit accumulators and benefit rewards
- **PCP Change:** Request PCP/PCD changes
- **Billing:** Payment arrangements and status inquiries
- **Fulfillment:** Order an ID card, ANOC, etc.
- **General Inquiry/Other:** All other inquiries. Additionally, use this topic if you are submitting multiple inquiries at the same time (ex: member is updating mailing address and billing method).

< Create on Inquiry

Please select inquiry type:

- Application Error (Medicare Advantage ASEC)  
Medicare Advantage Agent Statement for Enrollment Correction
- Application Error (Medicare Supplement ASEC)  
Medicare Supplement Agent Statement for Enrollment Correction
- Claims  
Claims status, claims filing, pending and processed claims questions
- Demographics  
Update or confirm demographic changes
- Benefits  
Verification, cost of service, coordination, benefit accumulators and benefit rewards
- PCP Change  
Request new PCP/PCD changes
- Billing  
Payment status inquiries and payment arrangements
- Fulfillment  
Order ID card and ANOC
- General Inquiry/Other  
All other inquiries

Member First Name \*  Member Last Name \*

Member Date of Birth \*  Humana ID

Medicare Number  Member Zip Code \*

Member State \*

**Humana**<sup>®</sup>

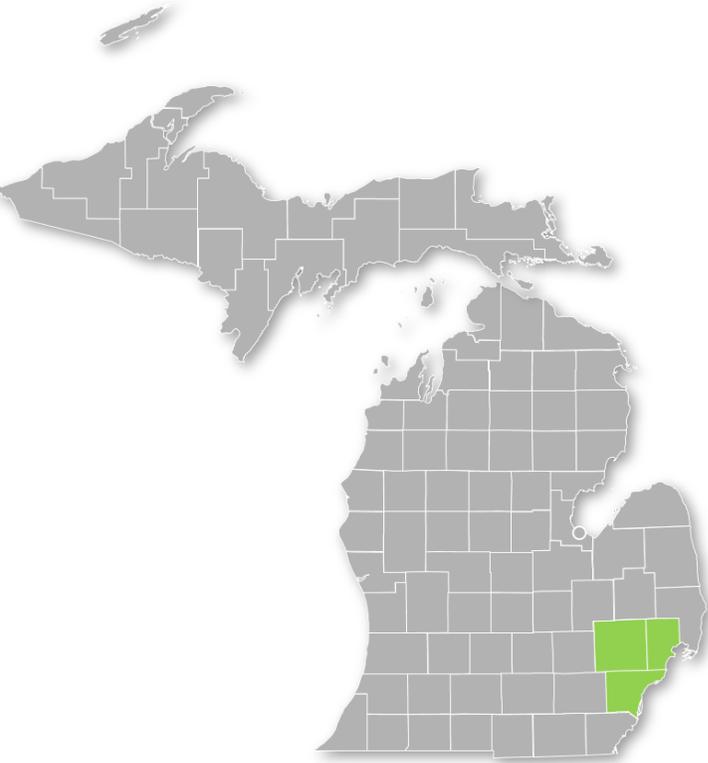
2026 PPO & HMO Plan Details



**Service Area:** Statewide excl Baraga, Delta, Iosco, Isabella, Luce, Mackinac, Manistee, Mason, Ontonagon, Osceola, Schoolcraft didn't change

## Humana Full Access PPO H5216-306

Premium	\$0
Part B Giveback	\$102 monthly
Max Out-of-Pocket Medical deductible	<b>\$9,150 in-network / \$13,900 IN &amp; OON</b> \$500 Medical deductible does not include: PCP, Specialist, Preventive Care, ER, Urgent Care, Ambulance, etc
PCP	\$0
Specialist	<b>\$50</b>
Referrals Required	NO
Inpatient Hospital	\$400 per day(Days 1-5); \$0 per day(Days 5-90) after deductible is met
Rx Deductible	No RX deductible
Rx - Retail 30-day Supply	<b>\$0/\$0/\$30/35%/33%</b>
OTC	OTC Debit Card \$50/Quarter
Key Extra Benefits	Silver Sneakers, Go365
Hearing/Vision	Included
Dental	<b>\$2,000 annually;</b> \$0 copayment covers: exams, x-rays, cleanings, periodontal maintenance, fillings, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain. OON coverage available.

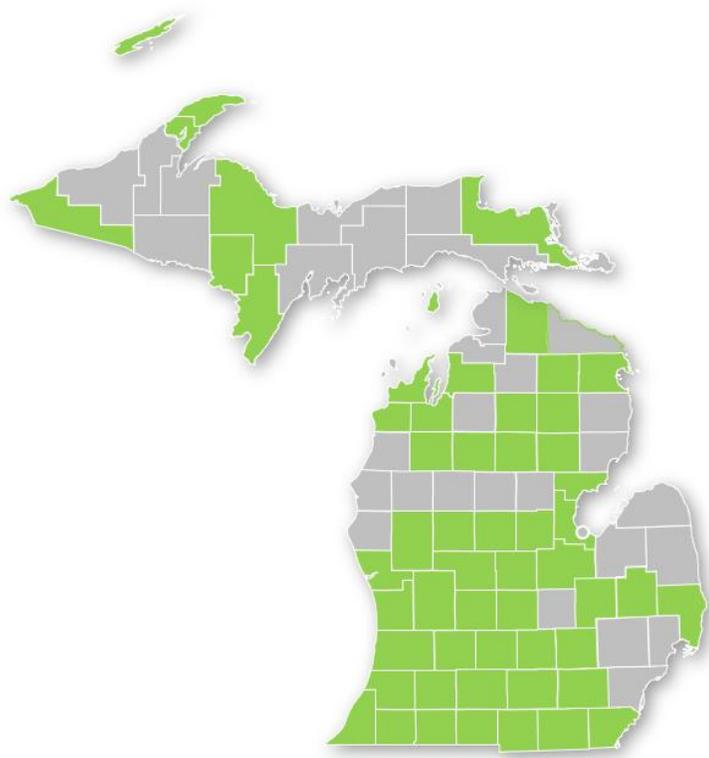


**Service Area:**

Macomb, Oakland and Wayne

# HumanaChoice PPO H5216-287

Premium	\$0
Part B Giveback	\$1
Max Out-of-Pocket	\$4,800 In-Network/OON
PCP	\$0
Specialist	\$40
Referrals Required	NO
Inpatient Hospital	\$440 per day(Days 1-6); \$0 per day(Days 7-90)
Rx Deductible	\$350 (tiers 3,4,5)
Rx - Retail 30-day Supply	\$0/\$5/\$47/47%/29%
OTC	OTC Debit Card \$60/Quarter
Transportation	24 one-way trips annually added
Hearing/Vision	Included
Dental	\$2,500 annually; \$0 copayment covers: dentures, exams, x-rays, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, oral surgery, anesthesia. OON coverage available.



**Service Area: Statewide** excluding:

Alcona, Alger, Baraga, Clare, Charlevoix, Delta, Emmett, Gladwin, Houghton, Huron, Iosco, Iron, Kalkaska, Keweenaw, Lake, Luce, Mackinac, Macomb, Manistee, Mason, Oceana, Oakland, Ontonagon, Otsego, Osceola, Presque Isle, Sanilac, Shiawassee, Schoolcraft, Tuscola, Wayne

# Humana Full Access PPO H5216-384

Premium	\$0
Part B Giveback	\$1
Max Out-of-Pocket	\$5,650 In-Network/OON NO Medical deductible
PCP	\$0
Specialist	\$40
Referrals Required	NO
Inpatient Hospital	\$440 per day(Days 1-6); \$0 per day(Days 7-90)
Rx Deductible	\$350 (tiers 3,4,5)
Rx - Retail 30-day Supply	\$0/\$0/\$47/47%/29%
OTC	OTC Debit Card \$100 per quarter
Key Extra Benefits	Silver Sneakers, Go365
Hearing/Vision	Included, \$450 on glasses
Dental	\$3,000 annually; 0% coinsurance covers: exams, x-rays, cleanings, periodontal maintenance, extractions, fillings, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, oral surgery, root canals, anesthesia. OON coverage available

# Gold Plus HMO H8908-004



**Service Area:**

Genesee, Ingham, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Tuscola, St Clair, Wayne

Premium	\$0
Part B Giveback	\$3
Max Out-of-Pocket	<b>\$4,250</b> In-Network
PCP	\$0
Specialist	\$40
Referrals Required	NO
Inpatient Hospital	\$440 per day(Days 1-6); \$0 per day(Days 7-90)
Rx Deductible	\$250 (tiers 3,4,5)
Rx - Retail 30-day Supply	\$0/\$0/\$47/ <b>48%</b> /30%
OTC	OTC Debit Card \$60/Quarter
Key Extra Benefits	Silver Sneakers, Go365
Transportation	<b>24 one-way trips annually</b>
Dental	<b>\$2,500 annually</b> ; \$0 copayment covers: exams, x-rays, cleanings, periodontal maintenance, extractions, filling, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, oral surgery, root canals, anesthesia. OON coverage available.

## Exclusive national Medicare Advantage sponsor with 3 Veteran Service Organizations (VSOs):



Honor Plans\*, including Humana  
USAA† Honor with Rx plan

\*All Medicare beneficiaries are eligible to enroll in a Humana Honor Plan, where available, and Medicare-eligible veterans can enroll in any Medicare plan.

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**Service Area:** Statewide



# USAA Honor with Rx PPO H5216-305

**\*Not just for veterans. Available to all**

Premium	\$0
Part B Giveback	\$66
Max Out-of-Pocket Medical Deductible	\$8,650 IN / \$13,300 IN & OON \$250 medical deductible
PCP	\$0
Specialist	\$50
Referrals Required	NO
Inpatient Hospital	\$450 per day(Days 1-5); \$0 per day(Days 6-90)
Rx Deductible	\$90 Tiers 3,4,5
Rx - Retail 30-day Supply	\$0/\$10/\$47/45%/28%
OTC	N/A
Key Extra Benefits	Silver Sneakers, Go365
Hearing/Vision	Included
Dental	\$1,500 annually; 0% coinsurance covers: exams, x-rays, cleanings, periodontal maintenance, anesthesia, crowns, oral surgery, bridges, root canals. OON coverage available.



Service Area: Statewide (all counties)

\*Not just for veterans. Available to all.

# Humana Honor MA ONLY PPO H5216-190

Premium	\$0
Part B Giveback	\$130
Max Out-of-Pocket	\$6,550
PCP	\$0
Specialist	\$45
Referrals Required	NO
Inpatient Hospital	\$295 per day(Days 1-7); \$0 per day(Days 8-90)
Rx Deductible	No Coverage
Rx - Retail 30-day Supply	No Coverage
OTC	OTC Debit Card \$50/Quarter
Key Extra Benefits	Silver Sneakers, Go365
Hearing/Vision	Included
Dental	\$2,500 annually; \$0 copayment covers: exams, x-rays, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, oral surgery, bridges, root canals, anesthesia. OON coverage available.

# Humana®

## 2026 Dual Eligible (DSNP) & C-SNP Plan Details

# DSNP Eligibility Verification Tool in Vantage

Quote & Enroll

Medicare

- Enter Fastapp
- Enter Enrollment Hub
- Download Enrollment Hub
- Digital Marketing Materials
- Application Status
- Scope of Appointment
- Upload Paper Applications
- Eligibility Verification**

## < Eligibility Verification

Which Eligibility verification would you like to complete today?

Medicare Eligibility  DSNP Eligibility

Dual Special Needs Plan eligibility verification tool does not validate agent licensing. Please be advised that agent appropriate licensing and lines of authority for the products they intend to market and sell.

All Medicaid eligibility is based on information provided today and is subject to change. As required by CMS, Hum:

Ask Applicant: Do I have your permission to look up your Medicaid status to determine if you are eligible for our DI

Plan Year \*

State \*

First Name \*

Last Name \*

Date of Birth \*

Gender \*  Male

Female

Please enter prospective members Social Security Number **or** Medicaid ID/Medicaid Member ID (or both)

Social Security Number

Medicaid ID/Medicaid Member ID

Medicare ID

# Humana Dual Integrated HMO DSNP H0963-001



Service Area: **Macomb & Wayne**

Premium	\$0
Part B Giveback	N/A
Medicaid Levels	FBDE, QMB+, SLMB+
PCP / Specialist	\$0 / \$0
Hospital	\$0
RX	<b>\$0 / \$0 / see chart of T3-T5</b>
Silver Sneakers	Included
Transportation	48 one-way trips, 50-mile radius
Hearing	\$0 Copay for Exam and Advance Hearing Aid
Vision	\$400 for eyewear
Dental	\$2,000 (no dentures)
Healthy Options	\$245 / month, does rollover
Notes:	<p>Members will receive \$245 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.</p> <p>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.</p>



**Service Area:** Allegan; Alpena; Antrim; Arenac; Bay; Benzie; Charlevoix; Cheboygan; Clare; Clinton; Crawford; Eaton; Emmet; Gladwin; Grand Traverse; Gratiot; Hillsdale; Huron; Ionia; Iosco; Isabella; Jackson; Kalkaska; Kent; Lake; Leelanau; Lenawee; Manistee; Mason; Mecosta; Midland; Missaukee; Monroe; Montcalm; Montmorency; Muskegon; Newaygo; Oceana; Ogemaw; Osceola; Oscoda; Otsego; Ottawa; Presque Isle; Roscommon; Saginaw; Shiawassee; Wexford



# HumanaChoice PPO DSNP H5216-388

Premium	\$0
Part B Giveback	N/A
Medicaid Levels	FBDE, QMB+, SLMB+
PCP / Specialist	\$0 / \$0
Hospital	\$0
RX	\$0 / \$0 / see chart of T3-T5
Silver Sneakers	Included
Transportation	N/A
Hearing	\$0 Copay for Exam and Advance Hearing Aid
Vision	<b>\$450 for eyewear at a PLUS provider</b>
Dental	\$1,500
Healthy Options	\$175 / month, does rollover
Notes:	<p>Members will receive <b>\$175</b> 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.</p> <p>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.</p> <p><b>PLUS</b> providers are part of the Humana Medicare Insight Network</p>



# HumanaChoice PPO DSNP H5216-385

Premium	\$0
Part B Giveback	N/A
Medicaid Levels	FBDE, QMB, QMB+, SLMB+, QDWI, QI, SLMB
PCP / Specialist	\$0 / \$0
Hospital	\$0
RX	\$0 / \$0 / see chart of T3-T5
Silver Sneakers	Included
Transportation	\$0 Copay for 100 One Way Trips up to 75 Miles
Hearing	\$0 Copay for Exam and Advance Hearing Aid
Vision	\$450 for eyewear at PLUS provider
Dental	\$2,000 (including Dentures)
Healthy Options	\$100 / month, does rollover
Notes:	<p>Members will receive <b>\$100</b> 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.</p> <p>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.</p> <p><b>PLUS</b> providers are part of the Humana Medicare Insight Network</p>

**Service Area:** Allegan; Alpena; Antrim; Arenac; Bay; Benzie; Charlevoix; Cheboygan; Clare; Clinton; Crawford; Eaton; Emmet; Gladwin; Grand Traverse; Gratiot; Hillsdale; Huron; Ionia; Iosco; Isabella; Jackson; Kalkaska; Kent; Lake; Leelanau; Lenawee; Manistee; Mason; Mecosta; Midland; Missaukee; Monroe; Montcalm; Montmorency; Muskegon; Newaygo; Oceana; Ogemaw; Osceola; Oscoda; Otsego; Ottawa; Presque Isle; Roscommon; Saginaw; Shiawassee; Wexford

When someone is spend down PLAN FIRST or L they do not qualify for this MAPD. Some in the QI category are also spend down and do qualify.

If they have cost protection at their level, they will not pay copays. If they don't have cost protection, they will pay copays/coinsurance as shown in the attachment.



**Service Area:** Bay; Genesee; Huron; Ingham; Lapeer; Livingston; Oakland; Sanilac; St. Clair; Tuscola; Washtenaw

\*\*\*Macomb & Wayne are HIDE\*\*\*

# Gold Plus HMO DSNP H8908-005

Premium	\$0
Part B Giveback	N/A
Medicaid Levels	FBDE, QMB, QMB+, SLMB+
PCP / Specialist	\$0 / \$0
Hospital	\$0
RX	\$0 / \$0 / see chart of T3-T5
Silver Sneakers	Included
Transportation	N/A
Hearing	\$0 Copay for Exam and Advance Hearing Aid
Vision	\$250 for eyewear at PLUS provider
Dental	\$3,000 IN only
Healthy Options	\$240 / month, does rollover
Notes:	<p>Members will receive \$240 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.</p> <p>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.</p> <p><b>PLUS</b> providers are part of the Humana Medicare Insight Network</p>

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**Service Area:** Bay; Genesee; Huron; Ingham; Lapeer; Livingston; Oakland; Sanilac; St. Clair; Tuscola; Washtenaw

\*\*\* Macomb & Wayne are HIDE\*\*\*

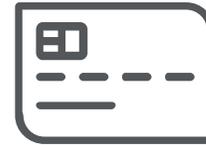
# Gold Plus HMO DSNP H8908-007

Premium	\$0
Part B Giveback	N/A
Medicaid Levels	FBDE, QMB+, SLMB+
PCP / Specialist	\$0 / \$0
Hospital	\$0
RX	\$0 / \$0 / see chart of T3-T5
Silver Sneakers	Included
Transportation	\$0 Copay for <b>24</b> One Way Trips up to 150 Miles
Hearing	\$0 Copay for Exam and Advance Hearing Aid
Vision	<b>\$500</b> for eyewear at PLUS provider
Dental	<b>\$2,500</b> (dentures included) IN only
Healthy Options	<b>\$150 / month, does rollover</b>
Notes:	<p>Members will receive \$150 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.</p> <p>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.</p> <p><b>PLUS</b> providers are part of the Humana Medicare Insight Network</p>

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# Humana Healthy Options



## Healthy Home Supplies

Paper products  
Cleaning Supplies  
Personal Hygiene  
Air and water filtration

## Aging Support and Assistive Devices

Robotic pets  
Speech generating devices  
Weighted mugs, utensils  
Non-Medical Transportation

## Bill Pay & Other Services

Rent, mortgage  
Gas, water, electric  
Home internet  
Cell phone  
Exterminator or pest control services

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Cardiovascular Disorders  
Chronic Heart Failure  
and/or Diabetes Mellitus

\*Open Network: Same Cost Share  
both IN and OUT of Network if they  
bill Humana



## PPO C-SNP H5216-375

Premium	\$0
Part B Giveback	N/A
Max Out-of-Pocket	\$6,550 In-Network/OON
PCP	\$0
Specialist	\$40
Referrals Required	NO
Inpatient Hospital	\$530 per day(Days 1-5); \$0 per day(Days 6-90)
Rx Deductible	\$300 tiers 3, 4 & 5
Rx - Retail 30-day Supply	\$0 / \$10 / \$47 / 47% / 29% / \$0
OTC	Health Options Spending Card \$50 / month
Key Extra Benefits	40 One-Way rides, Silver Sneakers, Go365
Hearing/Vision	Included
Dental	\$2,000 annually; 0% coinsurance covers: exams, x-rays, cleanings, periodontal maintenance, extractions, fillings, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, oral surgery, root canals, anesthesia. 30% coverage for dentures and crowns. OON coverage available Pre-enrollment form at app time & VCC form in first 30 days



**Service Area:** Genesee, Ingham, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne, Sanilac, St Clair, Tuscola, Wayne

**Chronic Kidney Disease**  
**\* Do NOT have to have dialysis\***



## HMO C-SNP H8908-006

Premium	\$0
Part B Giveback	N/A
Max Out-of-Pocket	<b>\$9,100</b> In-Network/OON
PCP	\$0
Specialist	<b>\$50</b>
Referrals Required	NO
Inpatient Hospital	<b>\$450</b> per day (Days 1-5); \$0 per day(Days 6-90)
Rx Deductible	<b>\$615</b> tiers 4 & 5
Rx - Retail 30-day Supply	\$0 / \$0 / \$47 / <b>50%</b> / 25% / \$0
OTC	<b>OTC Card \$60 / quarter</b>
Key Extra Benefits	Silver Sneakers, Go365, Transportation Unlimited at 100 miles
Hearing/Vision	Included, \$150 for eyewear at PLUS provider
Dental	<b>\$1,500 annually; 0% coinsurance covers:</b> exams, x-rays, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, oral surgery, root canals, anesthesia. IN only <b>Pre-enrollment form at app time &amp; VCC form in first 30 days</b>

## Verification of Chronic Condition (VCC)

The member listed below has enrolled in a Humana Medicare Chronic Condition Special Needs Plan (C-SNP). To qualify for this Special Needs Plan, member diagnosis of the qualifying condition(s) must be verified by a physician or physician's office. Please review the information below and send the completed verification to Humana right away. Members whose condition(s) cannot be verified are disenrolled from the plan.

Member's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Humana ID: \_\_\_\_\_ Medicare ID: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

**My signature below authorizes information about my chronic condition to be shared with Humana. Note:** While Humana does not require your signature, your physician may require this to release your personal information to us.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

### To Be Completed by the Physician/Physician's Office

Please check all the boxes that apply. By signing this form, you confirm the patient has been diagnosed with one or more of the following severe or disabling chronic conditions.

None

Diabetes

Chronic Heart Failure

End Stage Renal Disease, requiring dialysis

Chronic Lung Disease: Asthma, Emphysema, Chronic Bronchitis, Pulmonary Fibrosis, Pulmonary Hypertension

Cardiovascular Disease: Cardiac Arrhythmias, Coronary Artery Disease, Peripheral Vascular Disease, Chronic Venous Thromboembolic Disorder

Confirmation provided by:

\_\_\_\_\_  
Physician/Office Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name or Stamp

\_\_\_\_\_  
Phone

Physicians/Office Staff can use the following ways to send the VCC to Humana:

- Via the **Availity** provider portal, or
- Fax this completed form to 1-877-889-9936, or
- Scan this completed form and email to [VCC@humana.com](mailto:VCC@humana.com), or
- Call us at 1-877-271-5229 to provide verbal verification.
- (Monday – Friday, 8 a.m. to 6 p.m., Eastern time)

**Humana**

# Humana is working to reduce the red tape on prior authorization in several ways:

**Reducing prior authorization requirements** – By Jan. 1, 2026, Humana will eliminate approximately one third of prior authorizations for outpatient services. This will build on Humana’s ongoing efforts to continuously review our prior authorization list to balance ensuring high quality, safe and affordable care for our members, with reducing unnecessary burden for our providers.

**Faster, more streamlined process for approvals** – By Jan. 1, 2026, Humana will provide a decision within one business day on at least 95% of all completed electronic prior authorization requests, expediting care decisions and helping beneficiaries get the right care in a timely manner.

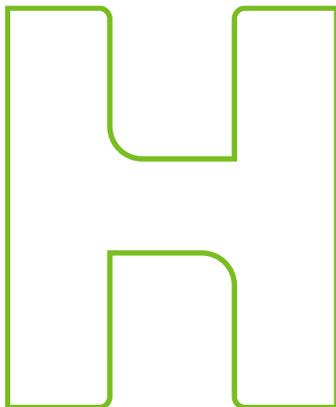
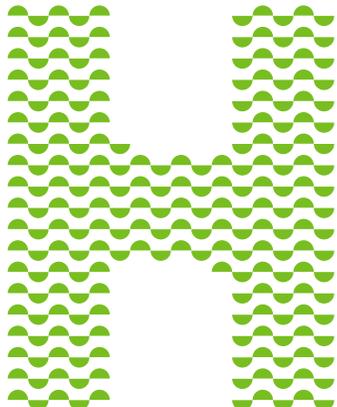
**Greater transparency on prior authorization** – By year end, Humana will report publicly its prior authorization metrics – including prior authorization requests approved, denied and approved after appeal, and average time between submission and decision. Humana is expediting implementation of new federal transparency requirements and will post these metrics publicly before it is required by law.

Plan Name	Humana Basic Rx Plan (PDP)	Humana Premier Rx Plan (PDP)	Humana Value Rx Plan (PDP)
<b>Plan Number</b>	S5884-136-000	S5884-159-000	S5884-192-000
<b>Pairs Well With</b>	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
<b>Premium</b>	\$0.00	\$98.10	\$0.00
<b>Rx Deductible</b>	\$615 Deductible for All Tiers	No Deductible	\$601 Deductible for Tiers 3 4 5
<b>Preferred Retail 30-day Supply</b>	No Coverage	\$0/\$4/\$45/50%/33%	\$0/\$0/20%/33%/26%
<b>Standard Retail 30-day Supply</b>	\$0/\$1/25%/33%/25%	\$5/\$10/\$47/50%/33%	\$1/\$4/20%/33%/26%
<b>Preferred Mail 90-day supply</b>	\$0 copay for Tiers 1 & 2	\$0 copay for Tiers 1 & 2	\$0 copay for Tiers 1 & 2

Humana®

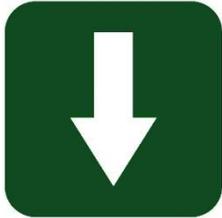
# Making An Informed Pharmacy Choice

PY 2026



# Get to know CenterWell Pharmacy

## Who is CenterWell Pharmacy?



CenterWell Pharmacy® is a Humana-owned pharmacy. It is just one network option for Humana members with pharmacy benefits as part of their plan. CenterWell Pharmacy is the preferred cost sharing mail-order pharmacy on most Humana plans.

## Who is Humana Pharmacy Solutions?



Humana Pharmacy Solutions is the Humana PBM (Pharmacy Benefit Manager) that provides additional pharmacy benefits on certain Humana contracted plans.

## What is Integrated Health?



Integrated Health is the intentional effort to enable seamless delivery of health care to the customer across their journey, including the coordinated efforts of Humana, CenterWell Primary Care, CenterWell Pharmacy, and CenterWell Home Health

# Important points for agents to remember

## CenterWell Pharmacy:



Is the preferred cost-sharing mail-order pharmacy on most Humana plans



Is a provider and does not make any coverage determinations



Can only fill prescriptions according to plan benefits

# Important points for agents to remember

Agents **may** discuss CenterWell Pharmacy with members if:

- The member selects a plan where CenterWell Pharmacy is a preferred mail-order, cost-sharing pharmacy or;
- Asks for more information about mail-order pharmacies or CenterWell Pharmacy.

Agents **can** educate the member on the availability of this preferred mail-order, cost sharing pharmacy on their plan and potential benefits, so the member can decide whether they would like to use this pharmacy.

- Members have the sole discretion to choose their pharmacy. Humana members should check their plan documents to verify their prescription benefits.
- Agents must be objective when advising members about their pharmacy choices and must inform them that other pharmacies are available in our network. Members can go online to see all available in-network pharmacies.
- *It is important to capture consent on every enrollment* as it is an option for all MAPD, PDP, New and P2P members – yes, or no.

# Information on CenterWell Pharmacy – customer benefits

## Expert pharmacists

- Personalized support from 600+ pharmacists from the comfort of their home
- Our pharmacists specialize in senior health and chronic disease management. Our pharmacy is designed for seniors: 96% of CenterWell Pharmacy users are 60+ years old
- Pharmacists Review each prescription for accuracy
- Work to Ensure safety and review for potential interactions with other medications
- Our pharmacists understand Humana health plans and can help find lower-cost alternatives
- Are available via phone and live web chat to answer questions and concerns about member's medications.

## Over-the-counter items and prescriptions are delivered safely, securely and conveniently to member's door

- Accessible packaging We provide talking labels, large-print, magnifiers and easy-open bottlecaps for an easier experience
- For new prescriptions or transfers, medications are delivered within in 3-5 business days (after adjudication)
- For prescription refills, medications are delivered in 3-5 business days
- For over-the-counter, items are delivered in 5-7 business days
  - Please note that OTC items are benefits on MAPD and MA Plans offered by Humana. Where OTC is not a benefit, they are available for cash pay.

## Enhanced tracking to help members keep tabs on their orders using the CenterWell Pharmacy app, website, email or text alerts



### Medication Dose Reminders

- In the CenterWell Mobile App – members can set an alarm/notification to take their medications
- An advantage to help keep the members adherent.



### Auto Refill

- Program that will automatically refill and renew prescriptions that are enrolled in the program
- Two shipping reminders are sent to the member prior to prescriptions shipping



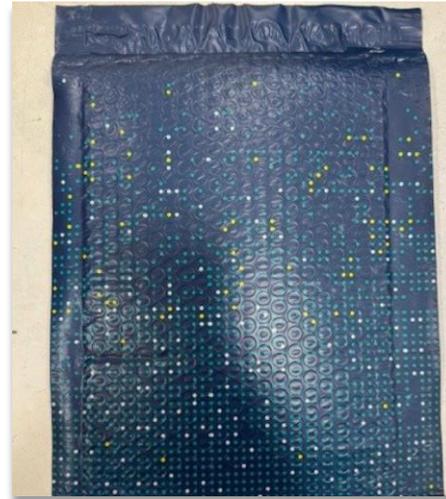
### Payment Plans

- CenterWell Pharmacy offers payment plan options for 90/100 day supply orders over \$90 – that can be split into 3 payments over 3 months. Call CenterWell Pharmacy call center to learn more
- AfterPay is also available at checkout with qualified on-line Orders. When applied, it breaks the balance into 4 payments over six-weeks.

# Medication safety starts here



**Ambient boxes**



**Bubble mailer**



**Mylar bags**



**Bottles**

## CenterWell Pharmacy Packaging

- Discrete packaging - no pharmacy indicators listed
- Items that are contained in their own cardboard box are packaged in a bubble mailer or mylar bag
- Items in glass bottles, liquid or gel solutions:
  - Placed in bags to prevent leakage during transit
  - Individually wrapped in bubble wrap
  - Cushioned with paper to fill any voids in the box

Humana Medicare Advantage members can get their continuous glucose monitor (CGM) supplies at the pharmacy\*

**NEW – All Humana MAPD 2026 Plans will have a \$0 cost-share for preferred CGMs.** To help you have access to the products you rely on, CGM supplies (transmitters, receivers/readers and sensors) will be available for purchase through the pharmacy.

**Please Note:**

A prior authorization may be required if a member's use is not consistent with CMS criteria. You will need to satisfy Centers for Medicare & Medicaid Services (CMS) criteria to purchase CGM supplies through the pharmacy at the point of sale or a national DME vendor. Whether the CGM is obtained through a DME vendor or through the pharmacy point of sale will be the same. Please refer to your Evidence of Coverage for CGM cost share details.



**Questions?**

If you have questions about your CGM coverage through the pharmacy, call the number on the back of your member ID card.

\*Members will still be able to access these CGMs through a national durable medical equipment (DME) vendor.

Did you know diabetic supplies are covered under your medical benefit, even though you get them from the pharmacy?

**Blood glucose manual diabetic testing supplies:**

Your Humana Medicare Advantage plan covers a variety of diabetic glucose testing supplies. CenterWell Pharmacy® is the preferred durable medical equipment (DME) vendor for these products, and offers the meters listed below, and their test strips and lancets, at a \$0 cost share.\*

**To order a meter and supplies from CenterWell Pharmacy:**

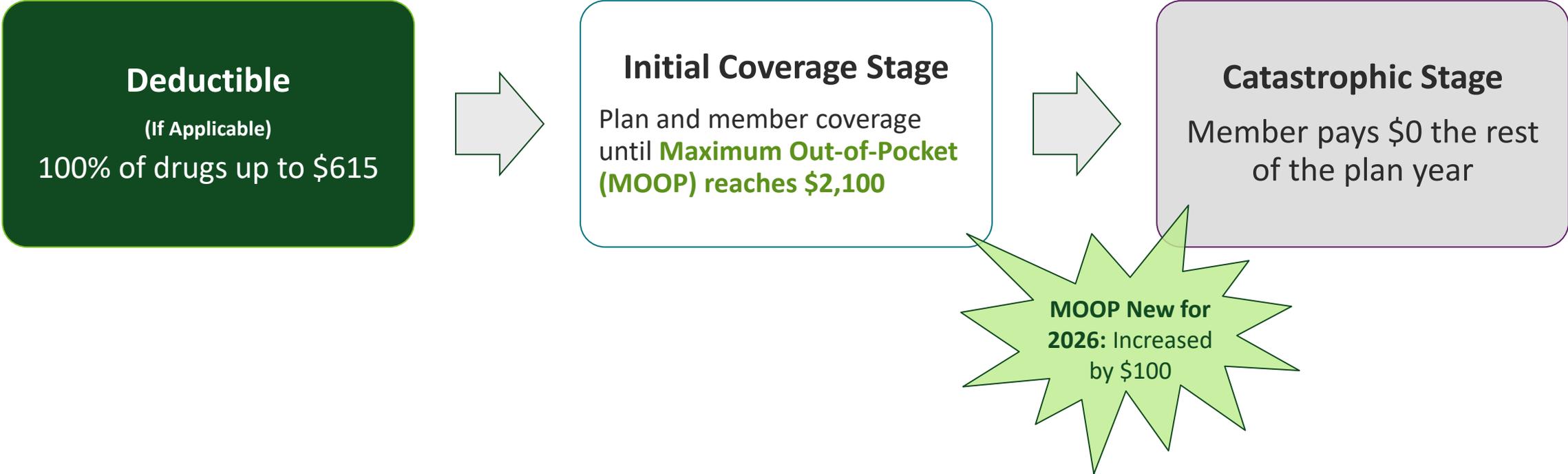
Call **833-554-4509 - NEW Number (TTY: 711)** Monday – Friday, 8 a.m. – 8 p.m., Eastern time. Your doctor can also send prescriptions for meters and testing strips by fax or e-prescribe.



*This applies to Humana-covered Medicare Advantage members only. It does not apply to Humana-covered prescription drug plan (PDP-only) members, because glucose meters and test strips are covered under Part B.*

*Other pharmacies are available in our network. You can also receive the meter and test strips through other durable medical equipment providers or pharmacies, but standard Part B coinsurance will apply.*

# 2026 Benefit Design Update



# MAPD PART D – PLAN GRID PY26

## MAPD

- Cost savings at preferred mail-order possible on tiers 1, 2 or 3 for 100-day fills including Insulin
- Plans vary – check specific plan benefit summary for details

### Pharmacy Cost-Sharing

	Retail Cost-Sharing Includes all in-network retail pharmacies		Standard Mail-Order Cost-Sharing		Preferred Mail-Order Cost-Sharing CenterWell Pharmacy™	
	30-day	100-day*	30-day	100-day*	30-day	100-day*
<b>Day supply</b>						
<b>Tier 1: Preferred Generic</b>	\$	\$	\$	\$	\$	\$
<b>Tier 2: Generic</b>	\$	\$	\$	\$	\$	\$
<b>Tier 3: Preferred Brand</b>	\$	\$	\$	\$	\$	\$
<b>Tier 4: Non-Preferred Drug</b>	%	%	%	%	%	%
<b>Tier 5: Specialty Tier</b>	%	N/A	%	N/A	%	N/A

### Insulin Cost-Sharing

	Retail Cost-Sharing Includes all in-network retail pharmacies		Standard Mail-Order Cost-Sharing		Preferred Mail-Order Cost-Sharing CenterWell Pharmacy™	
	30-day	100-day*	30-day	100-day*	30-day	100-day*
<b>Day supply</b>						
<b>Tier 3: Preferred Brand</b>	25% up to \$35	25% up to \$105	25% up to \$35	25% up to \$105	25% up to \$35	25% up to \$95

# Prescription Drug Plan Updates PY 2026

## Humana Value Rx Plan (PDP)

- Tier 1 and Tier 2 remain \$0 for preferred retail and mail
- Reduced mail coinsurance on Tier 3 including Insulin
- 100 Day Supply Benefit in NY only

### Mail Order Cost-Sharing

Day Supply	Standard Mail Order Cost-Sharing		Preferred Mail Order Cost-Sharing CenterWell Pharmacy™	
	30-day	90-day*	30-day	90-day*
<b>Tier 1:</b> Preferred Generic	\$1	\$3	\$0	\$0
<b>Tier 2:</b> Generic	\$4	\$12	\$0	\$0
<b>Tier 3:</b> Preferred Brand	20%	20%	15%	15%
<b>Tier 4:</b> Non-Preferred Drug	31%	N/A	31%	N/A
<b>Tier 5:</b> Specialty Tier	26%	N/A	26%	N/A

### Retail Cost-Sharing

Day Supply	Standard Retail Cost-Sharing		Preferred Retail Cost-Sharing	
	30-day	90-day*	30-day	90-day*
<b>Tier 1:</b> Preferred Generic	\$1	\$3	\$0	\$0
<b>Tier 2:</b> Generic	\$4	\$12	\$0	\$0
<b>Tier 3:</b> Preferred Brand	20%	20%	20%	20%
<b>Tier 4:</b> Non-Preferred Drug	31%	N/A	31%	N/A
<b>Tier 5:</b> Specialty Tier	26%	N/A	26%	N/A

### Insulin Mail Order Cost-Sharing

Day Supply	Standard Mail Order Cost-Sharing		Preferred Mail Order Cost-Sharing CenterWell Pharmacy™	
	30-day	90-day*	30-day	90-day*
<b>Tier 3:</b> Preferred Brand	20% up to \$35	20% up to \$105	15% up to \$35	15% up to \$105

### Insulin Retail Cost-Sharing

Day Supply	Standard Retail Cost-Sharing		Preferred Retail Cost-Sharing	
	30-day	90-day*	30-day	90-day*
<b>Tier 3:</b> Preferred Brand	20% up to \$35	20% up to \$105	20% up to \$35	20% up to \$105

# Prescription Drug Plan Updates PY 2026

## Humana Premier Rx Plan (PDP)

- Tier 1 and Tier 2 remain \$0 for preferred mail
- Maintained reduced mail copay on Tier 3 including Insulin
- Added Prescription Vitamin Coverage
- 100 Day Supply benefit in NY only

### Mail Order Cost-Sharing

Day Supply	Standard Mail Order Cost-Sharing		Preferred Mail Order Cost-Sharing CenterWell Pharmacy™	
	30-day	90-day*	30-day	90-day*
<b>Tier 1:</b> Preferred Generic	\$5	\$15	\$0	\$0
<b>Tier 2:</b> Generic	\$10	\$30	\$0	\$0
<b>Tier 3:</b> Preferred Brand	\$47	\$141	\$45	\$125
<b>Tier 4:</b> Non-Preferred Drug	50%	50%	50%	50%
<b>Tier 5:</b> Specialty Tier	33%	N/A	33%	N/A

### Retail Cost-Sharing

Day Supply	Standard Retail Cost-Sharing		Preferred Retail Cost-Sharing	
	30-day	90-day*	30-day	90-day*
<b>Tier 1:</b> Preferred Generic	\$5	\$15	\$0	\$0
<b>Tier 2:</b> Generic	\$10	\$30	\$4	\$12
<b>Tier 3:</b> Preferred Brand	\$47	\$141	\$45	\$135
<b>Tier 4:</b> Non-Preferred Drug	50%	50%	50%	50%
<b>Tier 5:</b> Specialty Tier	33%	N/A	33%	N/A

### Insulin Mail Order Cost-Sharing

Day Supply	Standard Mail Order Cost-Sharing		Preferred Mail Order Cost-Sharing CenterWell Pharmacy™	
	30-day	90-day*	30-day	90-day*
<b>Tier 3:</b> Preferred Brand	25% up to \$25	25% up to \$75	25% up to \$20	25% up to \$50

### Insulin Retail Cost-Sharing

Day Supply	Standard Retail Cost-Sharing		Preferred Retail Cost-Sharing	
	30-day	90-day*	30-day	90-day*
<b>Tier 3:</b> Preferred Brand	25% up to \$25	25% up to \$75	25% up to \$20	25% up to \$60

# Why is Consent Important?



1. **The CenterWell Pharmacy MAF/Consent** – Means of obtaining permission from the prospective or current member for CenterWell Pharmacy to contact them.
2. **NEW IN SUNFIRE** – Our current MAF form will be replaced with a CenterWell Consent to Communicate (C2C). This new form allows for not only the Centerwell Pharmacy permission to reach out to members, but also our CenterWell Primary Care and CenterWell Home Health divisions.
3. **Member Value** – CenterWell Pharmacy benefits our members with an improved member experience, convenience, additional health & well-being benefits such as better clinical outcomes, as well as potential savings with preferred cost-sharing on covered prescriptions medication.

*Although CenterWell itself is a Humana-owned entity, CenterWell and its divisions are operated as separate entities. As such, CenterWell does not have automatic access to Humana's Medicare member information. Therefore, consent must be provided.*

# Sunfire Enrollment Platform for CenterWell - C2C Collection

## CENTERWELL AUTHORIZATION

### CenterWell Consent to Communicate

With your insurance plan, you can choose your network pharmacy and healthcare providers. This includes CenterWell who offers mail-order pharmacy in all 50 states, which is the preferred cost-sharing mail order pharmacy for many Humana MAPD and PDP plans. CenterWell also offers home health services, and senior primary care with a care team who can support every aspect of your health (in certain regions).

If you're interested, we can connect you with CenterWell. We'll share your personal and health information with them, so CenterWell can find the right services for you. CenterWell may contact you by phone, text or email with personalized benefits and marketing and you will always have the option to decide if CenterWell is right for you. Cancel anytime, just give us a call or reply "STOP" to a consent message we can send you now.

With your permission, I'm going to send you the consent notice.

Can I first confirm I have the correct contact information for you?\*

Phone Number

313-223-1456

Email

johndoe@gmail.com

This is a cell phone

Do you want to receive the consent notice via text or email?\*

Text

Email

No cell phone/email

Doesn't want consent notice

Do we have your permission to use and share your contact and health information?\*

Yes

No

In the future, can CenterWell call, text or email you?\*

Yes

No

What is your preferred method of contact?\*

Call

Text

Email

No preference

**Contact preference required**

Submit



# Pricing drugs in Sunfire with the Calculator

Humana Gold Plus H1036-054C (HMO)  
Humana Inc. [Go Back](#)

\$0 Est. Monthly Premium [Summary of Benefits](#)

### Application Enhancements

We have identified some potential improvement before starting this application.

Do you want to share your Rx drug information with Humana?

Sharing this information may:

- Speed up the insurance claims process
- Alert you about possible Rx drug savings
- Notify you of adverse drug-to-drug interactions

You are not required to share this information with Humana & can say 'No' to Submit the enrollment without sending the Rx drug information.

Are you comfortable sharing your drug information with Humana?

**!** You could save up to \$68 by using CenterWell Mail Order Pharmacy, based on the medications you provided. You can opt-in to learning more about these potential savings after we submit your enrollment.

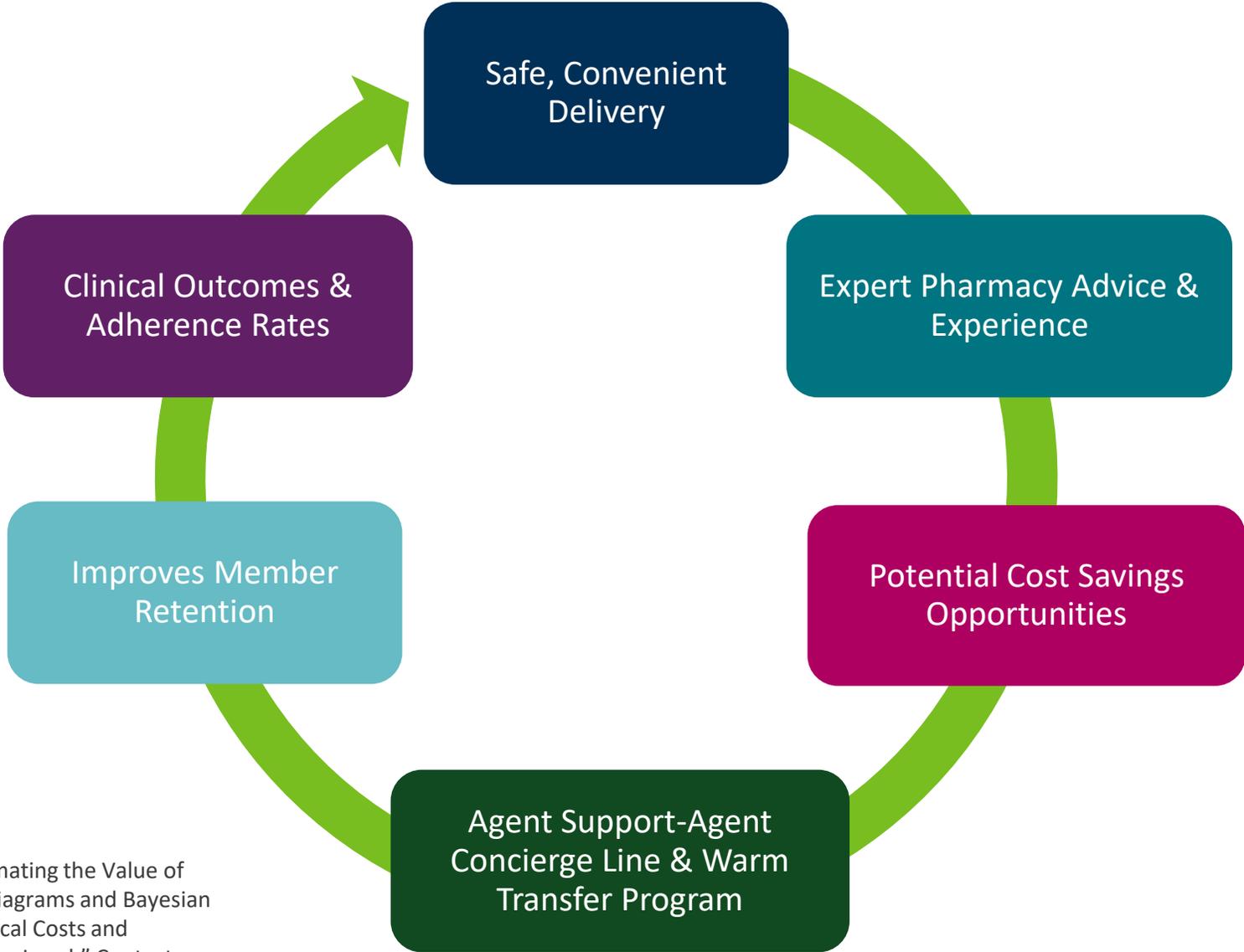
[Start Application](#) [Go Back](#)

## Providing consent to save the drug list may:

- ✓ Improve the member experience
- ✓ Enhance member satisfaction
- ✓ Bolster member loyalty

*Please remember to ask permission to save that drug list for your customer once it's been created. Use of their Calculator tool itself does not require consent but saving that information does.*

# CenterWell Brings the Pharmacy to the Member



\*Pharmacy Analytics and Consulting. "Estimating the Value of CenterWell Pharmacy Usage with Causal Diagrams and Bayesian Additive Regression Trees: A study of Medical Costs and Medication Adherence Rates at the Member Level." Contact Elias Assaf, PhD.

# CenterWell Pharmacy/Humana Pharmacy Solutions contact numbers

## CenterWell Pharmacy

- **Phone:** 855-310-5799 (TTY: 711)
- **Prescriber fax:** 800-379-7617
- **E-prescribe:** NCPDP ID # 0353108
- **Hours of operation:** Mon – Fri 8 a.m.-11 p.m., Sat 8 a.m.-6:30 p.m. ET

## CenterWell Specialty Pharmacy

**Phone:** 800-486-2668 (TTY: 711)  
**Prescriber fax:** 877-405-7940  
**E-prescribe:** NCPDP ID # 3677955  
**Hours of operation:** Mon – Fri 8 a.m.-11 p.m., Sat 8 a.m.-6:30 p.m. ET

## Humana Clinical Pharmacy Review\*

**Phone:** 800-555-2546  
\*If requesting a prior authorization, step therapy or formulary/tier exception

## Ordering OTC products at CenterWell Pharmacy (English and Spanish)

**Phone:** 855-211-8370 (TTY: 711)  
**Hours of operation:** Mon – Fri 8 a.m.-11 p.m., Sat 8 a.m.-6:30 p.m. ET

## Ordering diabetic supplies at CenterWell Pharmacy (English and Spanish)

**Phone:** **833-554-4509 - NEW Number** (TTY: 711)  
**Hours of operation:** Monday – Friday, 8am to 8pm EST

## Agent Concierge Line (English and Spanish)

**Phone:** 844-222-2097 (TTY: 711)  
**Hours of operation:** Monday – Friday, 8am to 8pm EST

## Agent Warm Transfer Line (English and Spanish)

**Phone:** 844-330-7816 (TTY: 711)  
**Hours of operation:** Mon – Fri 8 a.m.-11 p.m., Sat 8 a.m.- 8 p.m. ET



[www.CenterWellStartNew.com](http://www.CenterWellStartNew.com)

# Upcoming Webinars – AEP 2026 CenterWell Pharmacy Updates



September 26th



September 26th



September 26<sup>th</sup>  
English



October 2<sup>nd</sup>



October 2<sup>nd</sup>



October 2<sup>nd</sup>  
Spanish



October 8<sup>th</sup>



October 6<sup>th</sup>

National Webinars  
English

National Webinars  
Spanish

CarePlus Webinars

*Thank You!*



Humana®