HUMANA 2027 PRODUCT SUITE

FOR AGENT USE ONLY

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PPO - Passive	PPO - Passive	PPO - Passive	HMO - National
Humana Full Access PPO H7617-052 (H5216-384)	**Humana Full Access $99 B Reduction H7617-058 (H5216-306)**	**Humana Full Access PPO H5216-011**	**Humana Gold Plus HMO H8908-004**
Service Area: All Counties except: Alcona, Alger, Baraga, Charlevoix, Emmet, Gladwin, Houghton, Huron, Iosco, Iron, Kalkaska, Keweenaw, Lake, Luce, Mackinac, Manistee, Ontonagon, Otsego, Presque Isle, Sanilac, Schoolcraft, Tuscola	**Service Area: Statewide, except:** Alpena, Chippewa, Gogebic, Mackinac, Mason ******Not commissionable in:** Alger, Baraga, Houghton, Iron Keweenaw, Luce, Ontanagon, Schoolcraft ******	**Service Area: Statewides except**: Alger, Baraga, Iron, Luce, Mackinac, Manistee, Ontonagon, Schoolcraft, Tuscola	**Service Area:** Genesee, Ingham, Lapeer, Livingston, Macomb, Oakland, Sanilac, St Clair, Tuscola, Washtenaw, Wayne
IDEAL PROSPECT **Great PPO option nationwide OPEN network**	**IDEAL PROSPECT** **Part B Giveback nationwide OPEN network**	**IDEAL PROSPECT** **Most Rubust PPO nationwide OPEN network**	**IDEAL PROSPECT** **Greatest Value HMO National HMO network**

Plan Cost		Plan Cost		Plan Cost		Plan Cost	
Monthly Premium	$0	Monthly Premium	$0	Monthly Premium	$41	Monthly Premium	$0
Medical ded	no deductible	Medical ded	$500	Medical ded	no deductible	Medical ded	no deductible
PDP deductible	$600 (tiers 3,4,5)	PDP deductible	$150 (tiers 3,4,5)	PDP deductible	$450 (tiers 4 &5 only)	PDP deductible	$700 (tier 4 & 5 only)
MOOP	$5,200 in/out	MOOP	$9,850 / $14,800	MOOP	$4,800 in/out	MOOP	$4,400 in/out
Hospital	$450 days 1-6	Hospital	$450 days 1-5	Hospital	$350 days 1-6	Hospital	$450 days 1-6
Lab Services	$0 copay	Lab Services	$0 copay	Lab Services	$0 copay	Lab Services	$0 copay
Outpatient Surg	$450 copay	Outpatient surg	$450 copay	Outpatient Surg	$450 copay	Outpatient surg	$500 copay
PCP	$0	PCP	$0 (no ded)	PCP	$0	PCP	$0
Specialist	$40	Specialist	$50 (no ded)	Specialist	$40	Specialist	$40

Tier	30 day	100 day	100 Mail	Tier	30 day	100 day	100 Mail	Tier	30 day	100 day	100 Mail	Tier	30 day	100 day	100 Mail
Tier 1	$0	$30	$0	**Tier 1**	$0	$0	$0	**Tier 1**	$0	$0	$0	**Tier 1**	$0	$30	$0
Tier 2	$0	$60	$0	**Tier 2**	$0	$0	$0	**Tier 2**	$5	$15	$0	**Tier 2**	$0	$60	$0
Tier 3	17%	17%	15%	**Tier 3**	17%	17%	14%	**Tier 3**	17%	17%	15%	**Tier 3**	17%	17%	15%
Tier 4	46%	46%	46%	**Tier 4**	50%	50%	50%	**Tier 4**	50%	50%	50%	**Tier 4**	50%	50%	50%
Tier 5	26%	N/A	N/A	**Tier 5**	31%	N/A	N/A	**Tier 5**	28%	N/A	N/A	**Tier 5**	25%	N/A	N/A

Routine Dental: $1,500 max (incl dentures)	Routine Dental: $1,000 max (OSB for $35.30/mo)	Routine Dental: $3,000 max (incl dentures)	Routine Dental: $2,500 max (no dentures)
Routine Vision: $100 glasses (PLUS)	Routine Vision: $100 glasses (PLUS)	Routine Vision: $300 glasses (PLUS)	Routine Vision: $400 glasses (PLUS)
Routine Hearing: $575/$750 per ear	Routine Hearing: $575/$750 per ear	Routine Hearing: $399/$675 per ear	Routine Hearing: $575/$750 per ear
Transportation: 24 one-way trips, 50 miles each	Transportation: no coverage	Transportation: no coverage	Transportation: 24 one-way trips; 50 mile
OTC Benefit: $55/qtr retail	OTC Benefit: none	OTC Benefit: $50 /qtr retail	OTC Benefit: none
SilverSneakers	SilverSneakers	SilverSneakers	SilverSneakers

FOR AGENT USE ONLY — HUMANA 2027 NICHE PRODUCTS — FOR AGENT USE ONLY

MA only - PPO Open	PPO CSNP - Diabetes & Heart	HIDE DSNP HMO
USAA Honor $136 B Reduction **H7617-054 (H5216-190)**	**Humana Choice PPO** **H5216-375 MAPD**	**Humana Dual Integrated DSNP** **H0963-001 MAPD**
Service Area: Statewide (all counties)	**Service Area:** Allegan, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Cass, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Midland, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne	**Service Area:** Macomb & Wayne only
IDEAL PROSPECT **Ideal for Veterans, or people who have never had Rx coverage nationwide OPEN network**	**IDEAL PROSPECT** **Year round SEP - Diabetes, Heart Disease** **OPEN national PPO network**	**IDEAL PROSPECT** **Dual eligible Medicaid levels: FBDE, QMB+, SLMB+** **National HMO network**

Plan Cost		Plan Cost		Plan Cost	
Monthly Premium	$0	Monthly Premium	$0	Monthly Premium	$0
Medical ded	no deductible	Medical deductible	no deductible	Medical deductible	no deductible
PDP deductible	N/A	PDP deductible	$400 (tier 3, 4 & 5)	PDP deductible	no deductible
MOOP	$6,550 in/out	MOOP	$6,950 in/out	MOOP	$0
Hospital	$295 days 1-7	Hospital	$530 days 1-5	Hospital	$0
Lab Services	$0 copay	Lab Services	$0	Lab Services (lab)	$0
Outpatient surgical	$550 copay	Outpatient surgical	$530	Outpatient surgical	$0
PCP	$0	PCP	$0	PCP	$0
Specialist	$45	Specialist	$40	Specialist	$0

	Tier	30 day	100 day	100 Mail		
N/A	**Tier 1**	$0	$30	$0	Generic/brand name 30/90 day supply	
	Tier 2	$0	$60	$0	generic/brand	all other drugs
	Tier 3	17%	17%	15%	$0 copay T1 & T2, LIS copay T3-T5	$0 copay T1 & T2, LIS copay T3-T5
	Tier 4	50%	50%	50%		
	Tier 5	29%	N/A	N/A		
	Tier 6	$0	$33	$0		

Routine Dental: $4,000 max (no dentures)	Routine Dental: $1,000 max (no dentures)	Routine Dental: $2,000 max (incl dentures)
Routine Vision: $200 glasses (PLUS)	Routine Vision: $100 glasses (PLUS)	Routine Vision: $200 glasses
Routine Hearing: $199/$475 per ear	Routine Hearing: $575 / $750 per ear	Routine Hearing: $0 copay per ear per year
Transportation: no coverage	Transportation: 24 one-way trips, 25 miles	Transportation: 48 one-way trips, 50 miles ea
OTC Benefit: $50 / qtr retail	OTC Benefit: none	**Healthy options card: $240 /month does rollover**
SilverSneakers	SilverSneakers	SilverSneakers

HUMANA 2027 DSNP PRODUCTS

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PPO DSNP - Open	PPO DSNP - Open	HMO DSNP	HMO DSNP
Humana Dual Select PPO H5216-388 MAPD	**Humana Dual Select PPO H5216-385 MAPD**	**Humana Gold Plus H8908-005 MAPD**	**Humana Gold Plus H8908-007 MAPD**
Service Area: Statewide; **excl** Alger, Barry, Baraga, Berrien, Branch, Calhoun, Cass, Chippewa, Delta, Dickinson, Genesee, Gogebic, Houghton, Ingham, Iron, Kalamazoo, Keweenaw, Lapeer, Livingston, Luce, Macomb, Mackinac, Marquette, Menominee, Oakland, Ontonagon, Sanilac, Schoolcraft, St, Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne	**Service Area: Statewide; excl** Alger, Baraga, Barry, Berrien, Branch, Calhoun, Cass, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iosco, Iron, Kalamazoo, Keweenaw, Luce, Mackinac, Macomb, Manistee, Marquette, Menominee, Ontonagon, Schoolcraft, St. Joseph, Van Buren, Wayne	**Service Area:** Bay, Genesee, Huron, Ingham, Lapeer, Livingston, Oakland, Sanilac, St Clair, Tuscola, Washtenaw	**Service Area:** Bay, Genesee, Huron, Ingham, Lapeer, Livingston, Oakland, Sanilac, St Clair, Tuscola, Washtenaw
IDEAL PROSPECT **Dual eligible Medicaid levels: FBDE, QMB+, or SLMB+ nationwide OPEN network**	**IDEAL PROSPECT** **Dual eligible Medicaid levels: FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+**	**IDEAL PROSPECT** **Dual eligible w/ Medicaid level of FBDE, QMB, QMB+, SLMB+**	**IDEAL PROSPECT** **Dual eligible w/ Medicaid level of FBDE, QMB+, SLMB+**
Plan Cost	**Plan Cost if Full Medicaid**	**Plan Cost**	**Plan Cost**
Monthly Premium: $0	Monthly Premium: $0	Monthly Premium: $0	Monthly Premium: $0
Medical deductible: no deductible	Medical deductible: no deductible	Medical deductible: no deductible	Medical deductible: no deductible
PDP deductible: no deductible	PDP deductible: no deductible	PDP deductible: no deductible	PDP deductible: no deductible
MOOP: $0	MOOP: $0	MOOP: $0	MOOP: $0
Hospital: $0	Hospital: $0	Hospital: $0	Hospital: $0
Lab Services (lab): $0	Lab Services (lab): $0	Lab Services (lab): $0	Lab Services (lab): $0
Outpatient surgical: $0	Outpatient surgical: $0	Outpatient surgical: $0	Outpatient surgical: $0
PCP: $0	PCP: $0	PCP: $0	PCP: $0
Specialist: $0	Specialist: $0	Specialist: $0	Specialist: $0
Generic/brand name 30/90 day supply	Generic/brand name 30/90 day supply	Generic/brand name 30/90 day supply	Generic/brand name 30/90 day supply
generic/brand: $0 copay T1 & T2, LIS copay T3-T5	generic/brand: $0 copay T1 & T2, LIS copay T3-T5	generic/brand: $0 copay T1 & T2, LIS copay T3-T5	generic/brand: $0 copay T1 & T2, LIS copay T3-T5
all other drugs: $0 copay T1 & T2, LIS copay T3-T5	all other drugs: $0 copay T1 & T2, LIS copay T3-T5	all other drugs: $0 T1 & T2, LIS copay T3-T5	all other drugs: $0 T1 & T2, LIS copay T3-T5
Routine Dental: $1,500 max (no dentures)	Routine Dental: $2,000 max (incl dentures)	Routine Dental: $2,000 (no dentures)	Routine Dental: $1,750 max (incl dentures)
Routine Vision: $350 glasses (PLUS)	Routine Vision: $350 glasses (PLUS)	Routine Vision: $150 glasses (PLUS)	Routine Vision: $400 glasses (PLUS)
Routine Hearing: $0 copay /ear/year	Routine Hearing: $0 copay /ear/year	Routine Hearing: $0 copay/ear/year	Routine Hearing: $0 copay /ear/year
Transportation: N/A - Can use debit card	Transportation: 48-way trips; 50 miles	Transportation: N/A - Can use debit	Routine Hearing: $575/$750 per ear
Healthy options card: $200 /mo rollover	**Healthy options card: $100 /mo rollover**	**Healthy option card: $230/mo rollover**	**Healthy options card: $150 /mo rollover**
Chiro - $0 copay Medicare Covered Services	Chiro - $0 copay Medicare Covered Services	Chiro - $0; Medicare Covered Service	Chiro - $0; Medicare Covered Service
Podiatry - $0 copay; Medicare Covered Services	Podiatry - $0 copay; Medicare Covered Services	Podiatry - $0; Medicare Covered Service	Podiatry -$0; Medicare Covered Service
NO SilverSneakers	SilverSneakers	SilverSneakers	SilverSneakers