

2017 MarketPoint Extract

Note: This content is confidential for Humana agent/agency planning only and should not be used for consumer marketing purposes. It was spot-check audited for accuracy.

Plan ID	State(s)	Plan Geographic	Plan Name	Product Type	Premium	Maximum Out of Pocket IN	Maximum Out of Pocket IN/OON	PCP IN	PCP OON	Specialist IN	Specialist OON	Inpatient IN	Inpatient OON	Rx Copay Tiers
H1036-153-000	OR	Clackamas, Multnomah and Washington counties	Humana Gold Plus H1036-153 (HMO)	HMO	\$0.00	\$5700		\$0		\$40		\$430 per day (Days 1 - 4);\$0 per day (Days 5 - 90)		\$3/\$15/\$47/\$100/27%
H1036-219-000	OR	Deschutes and Jefferson counties	Humana Gold Plus H1036-219 (HMO)	HMO	\$0	\$5700		\$10		\$40		\$395 per day (Days 1 - 4);\$0 per day (Days 5 - 90)		\$5/\$15/\$47/\$100/26%
H6609-009-000	ID,OR	Select Counties in Idaho and Malheur County Oregon	HumanaChoice H6609-009 (PPO)	LPPO	\$0	\$6000	\$9000	\$10	50%	\$50	50%	\$360 per day (Days 1 - 5);\$0 per day (Days 6 - 90)	50% per admit	\$4/\$15/\$47/\$100/26%
H6609-012-000	ID,OR,UT,WA	Select Counties in ID, OR, WA and UT	HumanaChoice H6609-012 (PPO)	LPPO	\$0	\$3600	\$4500	\$10	50%	\$25	50%	\$275 per day (Days 1 - 5);\$0 per day (Days 6 - 90)	50% per admit	
H6609-013-000	OR,WA	Select Counties in Washington and Oregon	HumanaChoice H6609-013 (PPO)	LPPO	\$0	\$6700	\$10000	\$10	50%	\$45	50%	\$300 per day (Days 1 - 5);\$0 per day (Days 6 - 90)	50% per admit	\$4/\$15/\$47/\$100/26%
H6609-073-000	ID,OR,WA	Select Counties in ID, OR and WA	HumanaChoice H6609-073 (PPO)	LPPO	\$0	\$6700	\$10000	\$0	30%	\$30	30%	\$325 per day (Days 1 - 4);\$0 per day (Days 5 - 90)	30% per admit	\$4/\$15/\$42/\$95/27%
H8145-093-000	OR	Select Counties in Oregon	Humana Gold Choice H8145-093 (PFFS)	PFFS	\$87.00		\$5000	\$15	50%	\$40	50%	\$275 per day (Days 1 - 6);\$0 per day (Days 7 - 90)	50% per admit	\$4/\$15/\$47/\$100/26%
S5884-028-000	OR,WA	States of Oregon and Washington	Humana Enhanced (PDP)	PDP	\$62.10									\$3/\$7/\$42/44%/33%
S5884-113-000	OR,WA	States of Oregon and Washington	Humana Preferred Rx Plan (PDP)	PDP	\$30.30									\$0/\$1/20%/35%/25%
S5884-176-000	OR,WA	States of Oregon and Washington	Humana Walmart Rx Plan (PDP)	PDP	\$17.00									\$1/\$4/20%/35%/25%