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
H5216-001-000	WI	Select Counties in Eastern Wisconsin	HumanaChoice H5216-001 (PPO)	LPPO	$0	$6700	$10000	$15	50%	$45	50%	$295 per day (Days 1 - 6);$0 per day (Days 7 - 90)	50% per admit	$6/$15/$47/$100/25%
H5216-006-000	WI	Madison area	HumanaChoice H5216-006 (PPO)	LPPO	$0	$6700	$10000	$10	50%	$45	50%	$279 per day (Days 1 - 7);$0 per day (Days 8 - 90)	50% per admit	$6/$15/$47/$100/25%
H5216-012-000	MI,WI	Select Counties in Wisconsin and Michigan	HumanaChoice H5216-012 (PPO)	LPPO	$0	$6700	$10000	$15	50%	$45	50%	$295 per day (Days 1 - 6);$0 per day (Days 7 - 90)	50% per admit	
H6622-001-000	WI	Green Bay area	Humana Gold Plus H6622-001 (HMO)	HMO	$0	$6700		$15		$50		$395 per day (Days 1 - 4);$0 per day (Days 5 - 90)		$6/$15/$47/$100/25%
H6622-002-000	WI	Milwaukee area	Humana Gold Plus H6622-002 (HMO)	HMO	$0	$6700		$15		$50		$395 per day (Days 1 - 4);$0 per day (Days 5 - 90)		$6/$15/$47/$100/25%
H8145-006-000	MI,WI	Select Counties in Michigan and Wisconsin	Humana Gold Choice H8145-006 (PFFS)	PFFS	$97.00		$6700	$15	$15	$45	$45	$279 per day (Days 1 - 7);$0 per day (Days 8 - 90)	$279 per day (Days 1 - 7);$0 per day (Days 8 - 90)	$6/$15/$47/$100/25%
R5826-009-000	IL,WI	States of Illinois and Wisconsin	HumanaChoice R5826-009 (Regional PPO)	RPPO	$135.00	$6700	$10000	20%	20%	20%	20%	$450 per day (Days 1 - 4);$0 per day (Days 5 - 90)	20% per admit	20%/25%/25%/25%/25%
R5826-023-000	IL,WI	States of Illinois and Wisconsin	HumanaChoice R5826-023 (Regional PPO)	RPPO	$0.00	$6700	$10000	$15	50%	$45	50%	$295 per day (Days 1 - 6);$0 per day (Days 7 - 90)	50% per admit	
S5884-074-000	WI	State of Wisconsin	Humana Enhanced (PDP)	PDP	$64.80									$3/$7/$42/44%/33%
S5884-139-000	WI	State of Wisconsin	Humana Preferred Rx Plan (PDP)	PDP	$34.30									$0/$1/20%/35%/25%
S5884-162-000	WI	State of Wisconsin	Humana Walmart Rx Plan (PDP)	PDP	$17.00									$1/$4/20%/35%/25%

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