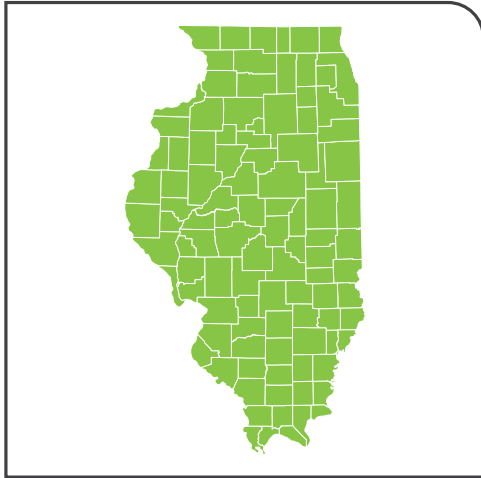


ILLINOIS

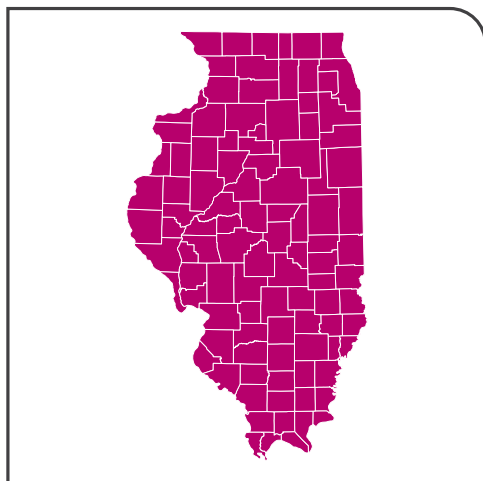
Select the market(s) below to view their Market Highlights



MA/MAPD PLANS

Humana offers a wide range of affordable plans and a broad network of healthcare providers nationwide to meet the unique needs of your clients. Many plans come with low or no monthly plan premium, plus health-boosting benefits that aim to help your clients achieve their best health.

ILLINOIS

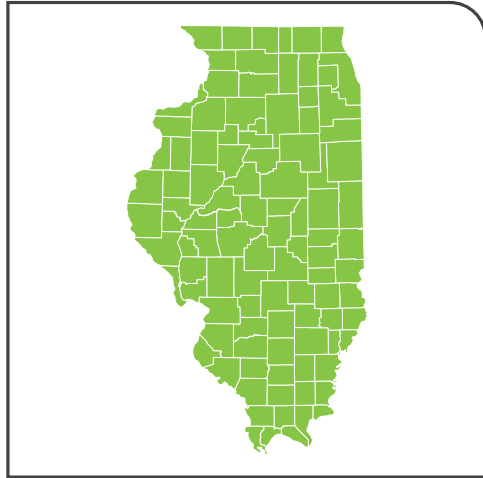


PDP PLANS

Humana offers affordable prescription drug plans that meet the unique needs of your clients. Our vast network includes mail-order pharmacies like Humana Pharmacy, which offers mail-order copays as low as \$0 on generic drugs in many regions. In-store copays as low as \$1 on certain generic drugs at Walmart, Sam's Club, and Walmart Neighborhood Markets, which are preferred cost sharing pharmacies.

PDP

ILLINOIS



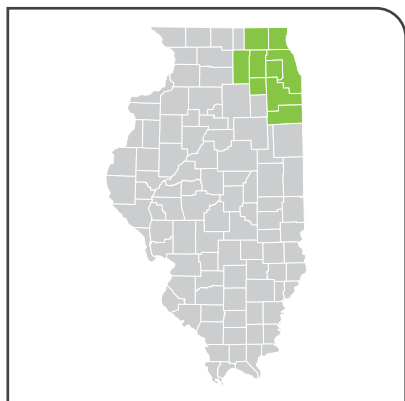
LOCAL SUPPORT

Humana now offers two new resources, Broker Relationship Managers (BRM) and Broker Relationship Executives (BRE), in addition to your local market offices. BRMs have been deployed in markets across the country to offer on-the-ground assistance, BREs to provide sales support telephonically and electronically. We encourage you to contact these resources or simply contact Humana Agent Support at 1-800-309-3163.

LOCAL SUPPORT

ILLINOIS

CHICAGO



MARKET HIGHLIGHTS

- \$0 HMO Plan Premium & \$0 HMO Plan Premium Chronic Condition Special Needs Plan
- \$0 PCP Copay Options
- Some HMO Plans offer \$2,750 Max Out of Pocket Protection (MOOP)
- LPPO plans with Rx Coverage
- Most HMO & PPO plans include OTC, Dental, Vision, Hearing Benefit
- \$0 Copay Tier 1 & 2 Rx Benefits if member uses Humana mail order for 90-day supply
- Most Plans contain Transportation Benefit
- SilverSneakers - Free fitness and gym membership

NETWORK HIGHLIGHTS

- Provider network that includes most of the key hospitals and provider systems throughout the Greater Chicagoland area

MARKET SERVICE AREA

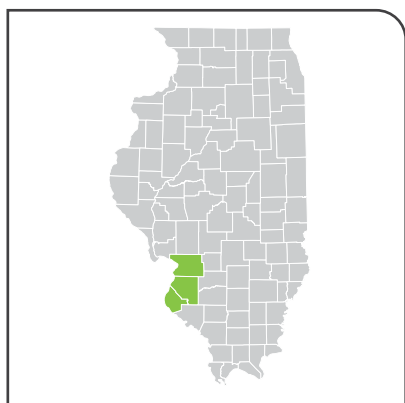
Cook, De Kalb, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Will

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H1468-013-000	H1468-016-000	H1468-014-000
Plan Highlights	\$0 plan premium \$0 PCP copay \$25 Spec copay \$2750 MOOP \$175 Hosp copay days 1-7 \$75 qtr OTC allowance Den Vis Hear Rx coverage	\$0 plan premium \$0 PCP copay \$25 Spec copay \$2750 MOOP \$175 Hosp copay days 1-7 \$75 qtr OTC allowance Den Vis Hear Rx coverage	\$19 plan premium \$0 PCP \$75 qtr OTC allowance dental vision hearing Rx coverage
Premium	\$0	\$0	\$19
PCP	\$0	\$0	\$0
Specialist	\$25	\$25	\$35
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$175 per day Days 1-7	\$175 per day Days 1-7	\$225 per day Days 1-7
Max Out-of-Pocket	\$2,750 In-Network	\$2,750 In-Network	\$6,700 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$1/\$5/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$1/\$5/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$15/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter, Transportation
Market Service Area	Cook, Lake, Will	DuPage	Kane, Kendall, McHenry

Plan Name	Humana Community HMO Diabetes and Heart (HMO SNP)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H1468-017-000	H5216-013-000	H5216-178-001
Plan Highlights	\$0 plan premium \$0 PCP copay \$20 Spec copay \$3200 MOOP \$200 Hosp copay days 1-7 \$75 qtr OTC allowance Den Vis Hear Rx coverage	\$79 plan premium \$5 PCP copay 80% Out-of-network coverage MOOP protection \$75 qtr OTC allowance Den Vis Hear Rx coverage	\$0 plan premium \$30 Part B premium giveback \$15 PCP copay MOOP protection \$75 qtr OTC allowance dental vision hearing
Premium	\$0	\$79	\$0
PCP	\$0	\$5	\$15
Specialist	\$20	\$40	\$45
Referrals Required	Yes	No	No
Inpatient Hospital	\$200 per day Days 1-7	\$295 per day Days 1-6	\$295 per day Days 1-6
Max Out-of-Pocket	\$3,200 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	No Deductible	No Deductible	No Coverage
Rx Preferred	\$1/\$5/\$47/\$99/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$15/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter
Market Service Area	Cook, DuPage, Will	Chicago Marketwide	Cook, DuPage, Kane, Lake, McHenry, Will

ILLINOIS

EAST ST LOUIS



MARKET HIGHLIGHTS

- \$0 Plan Premium HMO with \$0 PCP Copay and \$2,900 Max Out of Pocket
- \$0 Plan Premium MAPD with \$3,600 Max Out of Pocket
- \$0 Plan Premium MA Only plan with \$40 Part B Premium giveback
- Plans include extra benefits such as Hearing, Dental, Vision, OTC, SilverSneakers
- All MAPD Plans offer \$0 copay on Tier 1 & 2 drugs when you get a 90-day supply through our Preferred Mail Order

NETWORK HIGHLIGHTS

- Barnes Jewish Hospital
- Saint Louis University Hospital
- OSF, Alton Memorial Hospital, St. Josephs Hospital
- Memorial Hospital, Anderson Hospital, Touchette Regional Hospital, Gateway Regional Medical Center

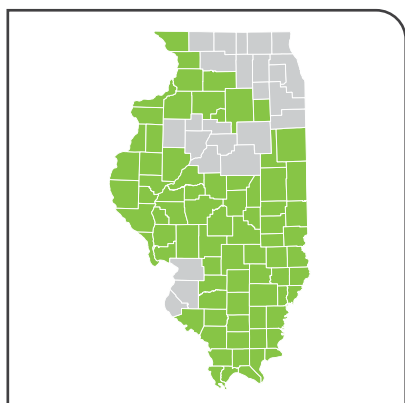
MARKET SERVICE AREA

Madison, Monroe, Saint Clair

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H0028-014-000	H5216-033-002	H5216-140-000
Plan Highlights	\$0 plan premium HMO, \$0 PCP, \$35 Spec, \$2900 MOOP, \$0 Rx ded, \$2000 dental/w denture, vision, hearing, OTC allowance & more	\$0 plan premium LPPO with \$3600 MOOP, dental, vision, hearing & OTC benefit included. Broad network	\$0 plan premium MA Only LPPO with \$40 Part B premium giveback. Great option for the veteran population
Premium	\$0	\$0	\$0
PCP	\$0	\$10	\$0
Specialist	\$35	\$45	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day Days 1-8	\$245 per day Days 1-8	\$360 per day Days 1-5
Max Out-of-Pocket	\$2,900 In-network	\$3,600 In-network	\$4,900 In-network
Rx Deductible	No Deductible	No Deductible	No Coverage
Rx Preferred	\$6/\$11/\$47/\$99/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$8/\$15/\$47/\$99/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter
Market Service Area	Madison, Saint Clair	East St Louis Marketwide	East St Louis Marketwide

ILLINOIS

ILLINOIS OUTSTATE



MARKET HIGHLIGHTS

- Multiple Plan Options including a \$0 Plan Premium MA Only LPPO
- LPPO has no Medical deductible for In and Out of Network
- Plans include extra benefits such as Hearing, Dental, Vision, OTC & SilverSneakers
- National Network on our LPPO product

MARKET SERVICE AREA

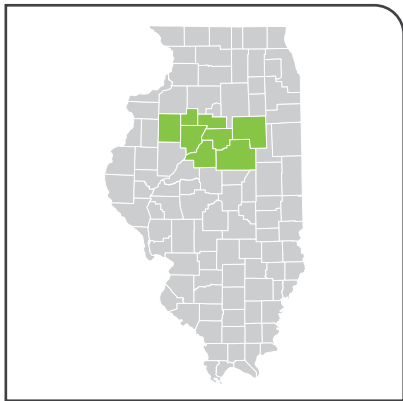
Adams, Alexander, Bond, Brown, Bureau, Calhoun, Carroll, Cass, Champaign, Christian, Clark, Clay, Clinton, Coles, Crawford, Cumberland, Dewitt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, La Salle, Lawrence, Lee, Logan, Macon, Macoupin, Marion, Mason, Massac, McDonough, Menard, Mercer, Montgomery, Morgan, Moultrie, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Williamson

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-013-000	H5525-004-000	R5361-002-000
Plan Highlights	Reduced plan premium from 2018. No Rx deductible. plan includes vision, dental, hearing, OTC & transportation	LPPO MAPD with a national network. Includes dental, hearing, vision, OTC & transportation	Great option for those looking for a PPO plan with a broad network. Plan includes hearing & OTC benefits
Premium	\$79	\$97	\$117
PCP	\$5	\$5	20%
Specialist	\$40	\$40	20%
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day Days 1-6	\$295 per day Days 1-6	\$450 per day Days 1-4
Max Out-of-Pocket	\$6,700 In-network	\$5,500 In-network	\$6,700 In-network
Rx Deductible	No Deductible	\$250 tiers 4-5	\$390 tiers 2-5
Rx Preferred	\$6/\$15/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$15/\$47/\$100/28%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$3/\$9/\$47/\$100/25%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Quarter, Transportation	Hearing, Fitness, OTC allowance \$30/Quarter
Market Service Area	Adams, Christian, Clark, Edgar, Henry, Jasper, Menard, Mercer, Morgan, Moultrie, Pike, Richland, Rock Island, Sangamon, Scott, Vermilion	Brown, Cass, Fulton, Hancock, Henderson, La Salle, Lee, McDonough, Putnam, Schuyler, Warren	Statewide in Illinois, Wisconsin

Plan Name	HumanaChoice (Regional PPO)	Humana Gold Choice (PFFS)
Plan Number	R5361-001-000	H8145-121-000
Plan Highlights	\$0 plan premium MA Only LPPO plan with dental, vision & OTC included. Great option for the Veteran population	Great option for those counties with no LPPO or HMO option and looking to add a stand alone Rx drug plan
Premium	\$0	\$59
PCP	\$15	20%
Specialist	\$45	20%
Referrals Required	No	No
Inpatient Hospital	\$295 per day Days 1-6	\$450 per day Days 1-4
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network
Rx Deductible	No Coverage	No Coverage
Rx Preferred	No Coverage	No Coverage
Key Extra Benefits	Dental, Vision, Fitness, OTC allowance \$25/Month	Dental, Vision, Fitness, OTC allowance \$15/Quarter
Market Service Area	Statewide in Illinois, Wisconsin	Sangamon, Rock Island, La Salle, Grundy, Lee, Bureau, Clinton, Iroquois, Montgomery, Jo Daviess, Logan, Union, Crawford, Edgar, Carroll, Douglas, Wayne, White, Clark, Richland, among others

ILLINOIS

PEORIA



MARKET HIGHLIGHTS

- \$0 Plan Premium HMO with \$0 PCP copay and \$4,500 Max out of Pocket
- Some plans include Dental, Vision, Hearing and OTC benefits
- Rx deductible only on Tier 4 & 5 on the HMO plan
- Transportation benefit included on HMO

NETWORK HIGHLIGHTS

- OSF Network
- Advocate Health System
- UnityPoint Health

MARKET SERVICE AREA

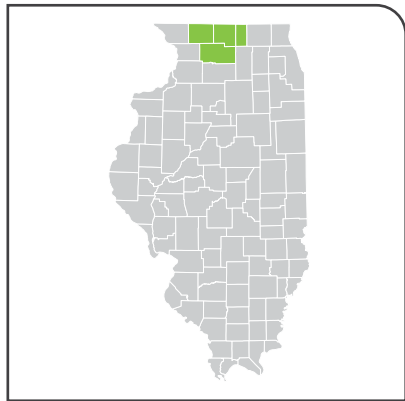
Knox, Livingston, Marshall, McLean, Peoria, Stark, Tazewell, Woodford

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	H1468-007-000	H5525-004-000	R5361-002-000
Plan Highlights	\$0 plan premium HMO with \$0 PCP copay & \$4500 MOOP. Includes extra benefits.	LPPO MAPD with a national network. Includes dental, hearing, vision, OTC & transportation	Broad network. Good fit for those in rural areas where no LPPO or HMO exists
Premium	\$0	\$97	\$117
PCP	\$0	\$5	20%
Specialist	\$40	\$40	20%
Referrals Required	Yes	No	No
Inpatient Hospital	\$250 per day Days 1-7	\$295 per day Days 1-6	\$450 per day Days 1-4
Max Out-of-Pocket	\$4,500 In-network	\$5,500 In-network	\$6,700 In-network
Rx Deductible	\$200 tiers 4-5	\$250 tiers 4-5	\$390 tiers 2-5
Rx Preferred	\$6/\$15/\$47/\$100/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$15/\$47/\$100/28%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$3/\$9/\$47/\$100/25%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Quarter, Transportation	Hearing, Fitness, OTC allowance \$30/Quarter
Market Service Area	Peoria Marketwide	Peoria Marketwide	Statewide in Illinois, Wisconsin

Plan Name	Humana Gold Choice (PFFS)	HumanaChoice (Regional PPO)
Plan Number	H8145-008-000	R5361-001-000
Plan Highlights	PFFS MAPD option for those in rural counties where no LPPO or HMO exists	\$0 plan premium MA Only LPPO. Great option for the veteran population. Vision & OTC benefit included
Premium	\$177	\$0
PCP	\$15	\$15
Specialist	\$45	\$45
Referrals Required	No	No
Inpatient Hospital	\$360 per day Days 1-5	\$295 per day Days 1-6
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$380 tiers 3-5	No Coverage
Rx Preferred	\$6/\$15/\$47/\$100/25%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Vision, Fitness	Dental, Vision, Fitness, OTC allowance \$25/Month
Market Service Area	Knox, McLean, Peoria, Tazewell	Statewide in Illinois, Wisconsin

ILLINOIS

ROCKFORD



MARKET HIGHLIGHTS

- Broad spectrum of MAPD products including HMO & PPO plans
- \$0 PCP Copay on HMO Plan
- LPPO plans with Rx Coverage
- Most HMO & PPO plans include OTC, Dental, Vision, Hearing Benefit
- \$0 Copay Tier 1 & 2 Rx Benefits if member uses Humana mail order for 90-day supply
- Most Plans contain Transportation Benefit
- SilverSneakers - Free fitness and gym membership
- MOOP Protection

NETWORK HIGHLIGHTS

- OSF Healthcare, Rockford Memorial Hospital, Mercyhealth Rockton Avenue Hospital, Oak Street Health, Rochelle Community Hospital

MARKET SERVICE AREA

Boone, Ogle, Stephenson, Winnebago

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H1468-007-000	H5525-004-000	H5216-178-001
Plan Highlights	\$0 plan premium \$0 PCP copay \$4500 MOOP \$75 qtr OTC allowance dental vision hearing transportation Rx coverage	\$97 plan premium \$5 PCP copay MOOP Protection \$50 qtr OTC allowance hearing vision transportation Rx coverage	\$0 plan premium \$30 Part B premium giveback \$15 PCP copay MOOP Protection \$75 monthly qtr OTC allowance dental vision hearing
Premium	\$0	\$97	\$0
PCP	\$0	\$5	\$15
Specialist	\$40	\$40	\$45
Referrals Required	Yes	No	No
Inpatient Hospital	\$250 per day Days 1-7	\$295 per day Days 1-6	\$295 per day Days 1-6
Max Out-of-Pocket	\$4,500 In-network	\$5,500 In-network	\$6,700 In-network
Rx Deductible	\$200 tiers 4-5	\$250 tiers 4-5	No Coverage
Rx Preferred	\$6/\$15/\$47/\$100/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$15/\$47/\$100/28%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter
Market Service Area	Boone, Stephenson, Winnebago	Rockford Marketwide	Winnebago

ILLINOIS

PDP PLANS



Plan Name	Humana Preferred Rx Plan (PDP)	Humana Walmart Rx Plan (PDP)
Plan Number	S5884-107-000	S5884-163-000
Plan Highlights	Pairs well for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply.	Retail copays as low as \$1. Tier 1 mail-order copays are as low as \$0 at Humana Pharmacy for 90-day supply.
Premium	\$26.20	\$23.50
Rx Deductible	\$415 all tiers	\$415 tiers 3-5
Preferred Retail 30-day Supply	No Coverage	\$1/\$4/20%/35%/25%
Standard Retail 30-day Supply	\$0/\$1/25%/40%/25%	\$10/\$20/25%/50%/25%
Preferred Mail 90-day Supply	\$0 copay for tiers 1 & 2	\$0 copay for tier 1, \$8 copay for tier 2
Market Service Area	Illinois Statewide	Illinois Statewide

ILLINOIS



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