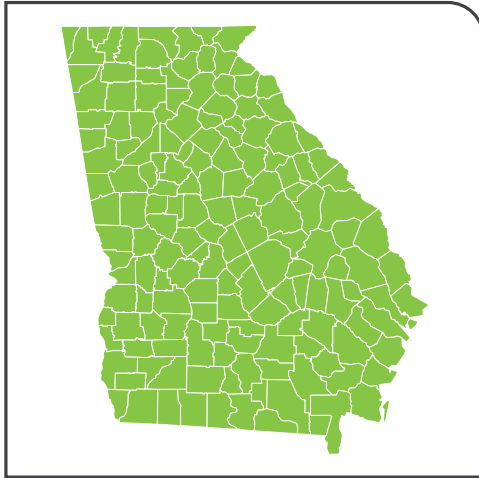


# MEDICARE ADVANTAGE PLANS

**Humana**<sup>®</sup>

## GEORGIA

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.

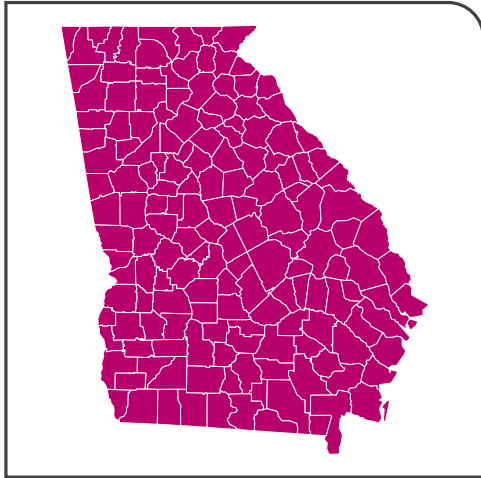
## GEORGIA



DSNP PLANS

DSNP

## GEORGIA



### PDP PLANS

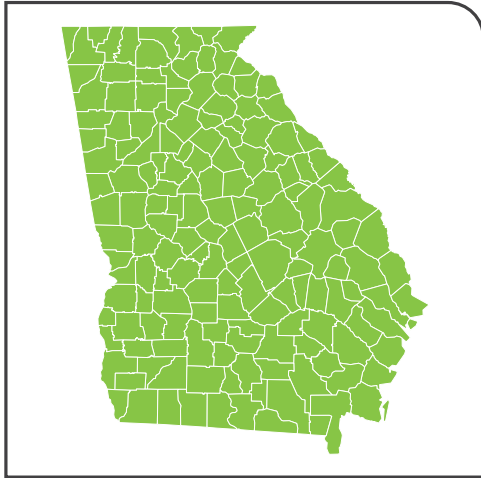
Humana offers affordable prescription drug plans that meet the unique needs of your clients. Our vast network includes mail-order pharmacies like Humana Pharmacy, which offers mail-order copays as low as \$0 on generic drugs in many regions. In-store copays as low as \$1 on certain generic drugs at Walmart,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

PDP

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FOR AGENT USE ONLY

## GEORGIA



### 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.

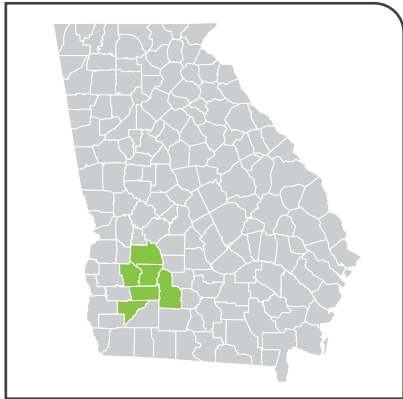
LOCAL SUPPORT

# MEDICARE ADVANTAGE PLANS

Humana®

## GEORGIA

### ALBANY



#### MARKET HIGHLIGHTS

- New LPPO with \$0 plan premium, \$5 PCP copay, \$75 Rx deductible and \$25 OTC allowance per quarter
- New \$50 Part B premium giveback LPPO plan
- New HMO DSNP plan includes first dollar dental coverage with \$2,500 max benefit limit that includes dentures, \$0 hearing aid and \$300 OTC allowance per quarter
- New MA only with \$0 plan premium includes first dollar dental coverage with \$1,000 max benefit limit that includes dentures and \$150 OTC allowance per quarter
- New LPPO with \$45 plan premium, \$5 PCP copay, \$75 Rx deductible, includes first dollar dental coverage that includes dentures and \$50 OTC allowance per quarter
- No referrals on HMO plans

#### NETWORK HIGHLIGHTS

- Phoebe Putney Health System now participating in network

#### MARKET SERVICE AREA

Baker, Dougherty, Lee, Sumter, Terrell, Worth

	NEW	NEW	NEW
<b>Plan Name</b>	<b>HumanaChoice (PPO)</b>	<b>HumanaChoice (PPO)</b>	<b>HumanaChoice (PPO)</b>
<b>Plan Number</b>	H5216-147-000	H5216-154-000	H5216-145-000
<b>Plan Highlights</b>	New LPPO with \$0 plan premium, \$5 PCP copay, \$75 Rx deductible and \$25 OTC allowance per quarter	New \$50 Part B premium giveback plan	New \$45 plan premium LPPO, \$5 PCP copay, \$75 Rx Ded, first dollar dental coverage includes dentures, \$50 OTC allowance per qtr
<b>Premium</b>	\$0	\$0	\$45
<b>PCP</b>	\$5	\$20	\$5
<b>Specialist</b>	\$45	\$50	\$45
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$290 copay per day Days 1-7	\$450 copay per day Days 1-4	\$290 copay per day Days 1-7
<b>Max Out-of-Pocket</b>	\$6,700 In-network	\$6,700 In-network	\$6,700 In-network
<b>Rx Deductible</b>	\$75 tiers 3-5	\$400 tiers 3-5	\$75 tiers 3-5
<b>Rx Preferred</b>	\$4/\$12/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$15/\$47/\$100/25%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$4/\$12/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter, Transportation	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Quarter, Transportation
<b>Market Service Area</b>	Albany Marketwide	Albany Marketwide	Albany Marketwide

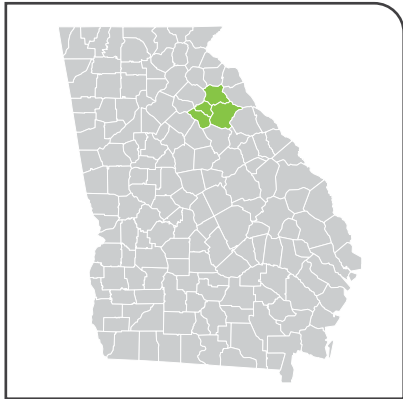
	<b>NEW</b>
<b>Plan Name</b>	<b>HumanaChoice (PPO)</b>
<b>Plan Number</b>	H5216-157-000
<b>Plan Highlights</b>	LPPO MA only with \$0 plan premium, includes first dollar dental coverage w/ denture coverage, \$150 OTC allowance per quarter
<b>Premium</b>	\$0
<b>PCP</b>	\$10
<b>Specialist</b>	\$45
<b>Referrals Required</b>	No
<b>Inpatient Hospital</b>	\$245 copay per day Days 1-6
<b>Max Out-of-Pocket</b>	\$6,700 In-network
<b>Rx Deductible</b>	No Coverage
<b>Rx Preferred</b>	No Coverage
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC allowance \$150/Quarter, Transportation
<b>Market Service Area</b>	Albany Marketwide

# MEDICARE ADVANTAGE PLANS

**Humana**<sup>®</sup>

## GEORGIA

### ATHENS



#### MARKET HIGHLIGHTS

- New LPPO \$0 plan premium with \$5 PCP copay, \$75 Rx deductible and \$25 OTC allowance per quarter
- New \$50 Part B premium giveback LPPO plan
- New HMO DSNP plan includes first dollar dental coverage with \$2,500 max benefit limit that includes dentures, \$0 hearing aids and \$300 OTC allowance per quarter
- New MA only with \$0 plan premium includes first dollar dental coverage with \$1,000 max benefit limit that includes dentures and \$150 OTC allowance per quarter
- New LPPO with \$45 plan premium, \$5 PCP copay, \$75 Rx deductible, includes first dollar dental coverage that includes dentures and \$50 OTC allowance per quarter
- No referrals on HMO plans

#### MARKET SERVICE AREA

Clarke, Madison, Oconee, Oglethorpe

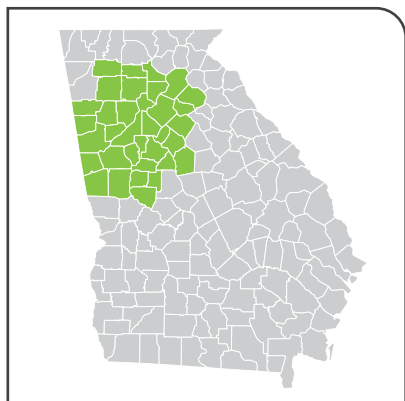


		NEW	NEW
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H4141-019-002	H5216-147-000	H5216-154-000
Plan Highlights	HMO with \$0 plan premium, \$0 PCP copay, \$0 Rx deductible and rich MSBs in the Athens area	New LPPO with \$0 plan premium, \$5 PCP copay, \$75 Rx deductible and \$25 OTC allowance per quarter	New \$50 Part B premium giveback plan
Premium	\$0	\$0	\$0
PCP	\$0	\$5	\$20
Specialist	\$40	\$45	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$290 copay per day Days 1-7	\$290 copay per day Days 1-7	\$450 copay per day Days 1-4
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	No Deductible	\$75 tiers 3-5	\$400 tiers 3-5
Rx Preferred	\$4/\$12/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$4/\$12/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$15/\$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 \$25/Quarter, Transportation	Hearing, Fitness
Market Service Area	Athens Marketwide	Athens Marketwide	Athens Marketwide

	NEW	NEW
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-145-000	H5216-157-000
Plan Highlights	New \$45 plan premium LPPO, \$5 PCP copay, \$75 Rx Ded, first dollar dental coverage includes dentures, \$50 OTC allowance per quarter	LPPO MA only with \$0 plan premium, includes first dollar dental coverage w/ denture coverage, \$150 OTC allowance per quarter
Premium	\$45	\$0
PCP	\$5	\$10
Specialist	\$45	\$45
Referrals Required	No	No
Inpatient Hospital	\$290 copay per day Days 1-7	\$245 copay per day Days 1-6
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$75 tiers 3-5	No Coverage
Rx Preferred	\$4/\$12/\$47/\$100/31%; \$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 \$50/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$150/Quarter, Transportation
Market Service Area	Athens Marketwide	Athens Marketwide

## GEORGIA

### ATLANTA



#### MARKET HIGHLIGHTS

- Referrals no longer required on HMO plans
- New \$50 Part B premium giveback LPPO plan
- New LPPO with \$0 plan premium, \$5 PCP copay, \$75 Rx deductible and \$25 OTC allowance per quarter
- \$0 plan premium HMO plans with enhanced benefits now offered in most Atlanta area counties, including Bartow, Floyd, Troup and Walton
- Enhanced HMO DSNP plan includes first dollar dental coverage with \$2,500 max benefit limit that includes dentures, \$0 hearing aid copay and \$300 OTC allowance per quarter
- New PPO with \$0 plan premium in Hall County with same in and out of network benefits, \$75 Rx deductible and enhanced MSBs including dental and \$50 OTC allowance per quarter
- New PPO with \$0 plan premium in Catoosa, Dade, Gordon, Murray Counties, Troup and Upson Counties
- New PPO with \$45 plan premium, \$5 PCP copay, \$75 Rx deductible, includes first dollar dental coverage that includes dentures and \$50 OTC allowance per quarter

#### NETWORK HIGHLIGHTS

- Grady Health System recently added to our extensive HMO network (including DSNP)
- Northside Physicians now participating in network

#### MARKET SERVICE AREA

Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gordon, Gwinnett, Hall, Haralson, Heard, Henry, Jackson, Jasper, Lamar, Meriwether, Newton, Paulding, Pickens, Pike, Polk, Rockdale, Spalding, Troup, Upson, Walton

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H4141-015-000	H4141-017-003	H4141-019-002
Plan Highlights	\$0 plan premium HMO with \$0 PCP copay, \$0 Rx deductible and enhanced MSBs	\$0 plan premium HMO with \$0 PCP copay, \$0 Rx deductible and enhanced MSBs	\$0 plan premium HMO with \$0 PCP copay, \$0 Rx deductible and rich MSBs in the Athens area
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$40	\$40	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$290 copay per day Days 1-7	\$290 copay per day Days 1-7	\$290 copay per day Days 1-7
Max Out-of-Pocket	\$5,900 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$2/\$10/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$4/\$12/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$4/\$12/\$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 \$50/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter, Transportation
Market Service Area	Clayton, Dekalb, Fulton, Gwinnett, Henry	Barrow, Bartow, Cherokee, Coweta, Fayette, Forsyth, Meriwether, Newton, Pickens, Rockdale, Troup, Walton	Barrow, Meriwether

	NEW	NEW	NEW
<b>Plan Name</b>	<b>HumanaChoice (PPO)</b>	<b>HumanaChoice (PPO)</b>	<b>HumanaChoice (PPO)</b>
<b>Plan Number</b>	H5216-143-000	H5216-147-000	H5216-154-000
<b>Plan Highlights</b>	\$0 plan premium PPO in Hall County with same In and Out of network benefits, \$75 Rx deductible and enhanced MSBs	\$0 plan premium PPO with dental, vision and hearing; not available in Cobb, Douglas and Paulding counties	New \$50 Part B premium giveback plan
<b>Premium</b>	\$0	\$0	\$0
<b>PCP</b>	\$0	\$5	\$20
<b>Specialist</b>	\$40	\$45	\$50
<b>Referrals Required</b>	No	No	No
<b>Inpatient Hospital</b>	\$290 copay per day Days 1-7	\$290 copay per day Days 1-7	\$450 copay per day Days 1-4
<b>Max Out-of-Pocket</b>	\$6,700 In-network	\$6,700 In-network	\$6,700 In-network
<b>Rx Deductible</b>	\$75 tiers 3-5	\$75 tiers 3-5	\$400 tiers 3-5
<b>Rx Preferred</b>	\$4/\$12/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$4/\$12/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$15/\$47/\$100/25%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter, Transportation	Hearing, Fitness
<b>Market Service Area</b>	Hall	Fulton, DeKalb, Gwinnett, Cherokee, Clayton, Henry, Forsyth, Fayette, Coweta, Carroll, Bartow, Newton, Walton, Rockdale, Spalding, Troup, Jackson, Barrow, Gordon, Pickens, among others	Atlanta Marketwide

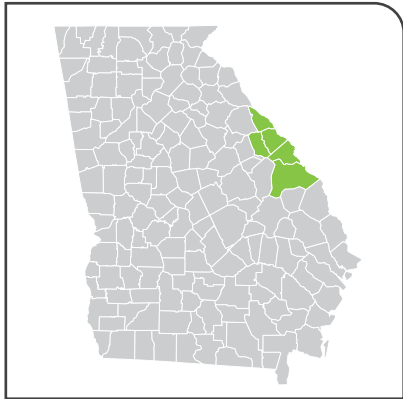
		NEW	NEW
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-071-000	H5216-145-000	H5216-157-000
Plan Highlights	PPO plan available in Cobb, Douglas and Paulding counties with low copays and enhanced MSBs including dental and OTC	\$45 plan premium PPO with rich MSBs including dental, vision and hearing; not available in Cobb, Douglas, Paulding counties	\$0 plan premium LPPO MA only with \$150 OTC allowance per quarter and first dollar dental coverage that covers dentures
Premium	\$33	\$45	\$0
PCP	\$5	\$5	\$10
Specialist	\$40	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$360 copay per day Days 1-5	\$290 copay per day Days 1-7	\$245 copay per day Days 1-6
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$195 tiers 3-5	\$75 tiers 3-5	No Coverage
Rx Preferred	\$4/\$12/\$47/\$100/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$4/\$12/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Dental, Hearing, Fitness, OTC allowance \$25/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$150/Quarter, Transportation
Market Service Area	Cobb, Douglas, Paulding	Fulton, DeKalb, Gwinnett, Cherokee, Clayton, Henry, Forsyth, Fayette, Coweta, Carroll, Bartow, Newton, Walton, Rockdale, Spalding, Troup, Barrow, Jackson, Gordon, Pickens, among others	Atlanta Marketwide

# MEDICARE ADVANTAGE PLANS

**Humana**<sup>®</sup>

## GEORGIA

### AUGUSTA



#### MARKET HIGHLIGHTS

- Enhanced HMO with \$0 plan premium, \$0 Rx deductible, \$0 PCP copay, \$75 OTC allowance quarterly, enriched vision and dental benefits
- New \$50 Part B premium giveback LPPO plan
- New MA only with \$0 plan premium includes first dollar dental coverage with \$1,000 max benefit limit that includes dentures and \$150 OTC allowance per quarter
- New HMO DSNP plan includes first dollar dental coverage with \$2,500 max benefit limit that includes dentures, \$0 hearing aids and \$300 OTC allowance per quarter
- No referrals on HMO plans

#### NETWORK HIGHLIGHTS

- Aiken Regional now participating in network, among others

#### MARKET SERVICE AREA

Burke, Columbia, Lincoln, McDuffie, Richmond

		NEW	NEW
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H4141-019-002	H5216-154-000	H5216-157-000
Plan Highlights	HMO with \$0 plan premium, \$0 PCP copay, \$0 Rx deductible and rich MSBs	New \$50 Part B premium giveback plan	LPPO MA only with \$0 plan premium, includes first dollar dental coverage w/ denture coverage, \$150 OTC allowance per quarter
Premium	\$0	\$0	\$0
PCP	\$0	\$20	\$10
Specialist	\$40	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$290 per day Days 1-7	\$450 per day Days 1-4	\$245 per day Days 1-6
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	No Deductible	\$400 tiers 3-5	No Coverage
Rx Preferred	\$4/\$12/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$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	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter, Transportation	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC allowance \$150/Quarter, Transportation
Market Service Area	Burke, Columbia, McDuffie, Richmond	Augusta Marketwide	Augusta Marketwide

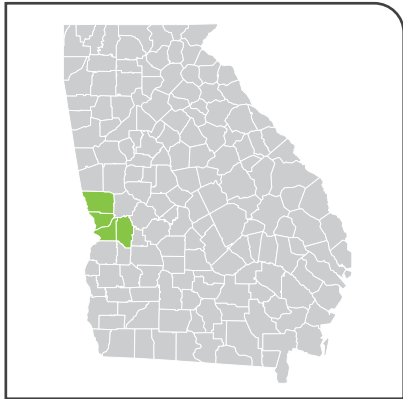


# MEDICARE ADVANTAGE PLANS

Humana®

## GEORGIA

### COLUMBUS



#### MARKET HIGHLIGHTS

- Enhanced HMO with \$0 plan premium, \$0 Rx deductible, \$0 PCP copay, \$75 OTC allowance quarterly, enriched vision and dental benefits
- New HMO DSNP plan includes first dollar dental coverage with \$2,500 max benefit limit that includes dentures, \$0 hearing aids and \$300 OTC allowance per quarter
- New \$50 Part B premium giveback LPPO plan
- New MA only with \$0 plan premium includes first dollar dental coverage with \$1,000 max benefit limit that includes dentures and \$150 OTC allowance per quarter
- No referrals on HMO plans

#### MARKET SERVICE AREA

Chattahoochee, Harris, Marion, Muscogee

		NEW	
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H4141-019-002	H5216-154-000	H5216-142-002
Plan Highlights	HMO with \$0 plan premium, \$0 PCP copay, \$0 Rx deductible and rich MSBs	New \$50 Part B premium giveback plan	Low plan premium LPPO with low copays with vision, hearing and OTC MSBs
Premium	\$0	\$0	\$39
PCP	\$0	\$20	\$15
Specialist	\$40	\$50	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$290 per day Days 1-7	\$450 per day Days 1-4	\$325 per day Days 1-5
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	No Deductible	\$400 tiers 3-5	\$250 tiers 3-5
Rx Preferred	\$4/\$12/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$15/\$47/\$100/25%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$4/\$12/\$47/\$100/28%; \$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	Hearing, Fitness	Vision, Hearing, Fitness, OTC allowance \$25/Quarter
Market Service Area	Columbus Marketwide	Columbus Marketwide	Columbus Marketwide

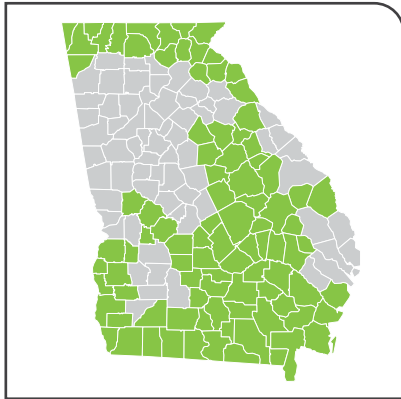
	<b>NEW</b>
<b>Plan Name</b>	<b>HumanaChoice (PPO)</b>
<b>Plan Number</b>	H5216-157-000
<b>Plan Highlights</b>	LPPO MA only with \$0 plan premium, includes first dollar dental coverage w/ denture coverage, \$150 OTC allowance per quarter
<b>Premium</b>	\$0
<b>PCP</b>	\$10
<b>Specialist</b>	\$45
<b>Referrals Required</b>	No
<b>Inpatient Hospital</b>	\$245 per day Days 1-6
<b>Max Out-of-Pocket</b>	\$6,700 In-network
<b>Rx Deductible</b>	No Coverage
<b>Rx Preferred</b>	No Coverage
<b>Key Extra Benefits</b>	Dental, Vision, Hearing, Fitness, OTC allowance \$150/Quarter, Transportation
<b>Market Service Area</b>	Columbus Marketwide

# MEDICARE ADVANTAGE PLANS

**Humana®**

## GEORGIA

### GEORGIA OUTSTATE



#### MARKET HIGHLIGHTS

- New \$50 Part B premium giveback LPPO plan
- New MA only with \$0 plan premium includes first dollar dental coverage with \$1,000 max benefit limit that includes dentures and \$150 OTC allowance per quarter
- Reduced MAPD RPPO premium

#### NETWORK HIGHLIGHTS

- Same IN or OUT of network benefits. Widely accepted statewide

#### MARKET SERVICE AREA

Appling, Atkinson, Bacon, Baldwin, Banks, Ben Hill, Berrien, Bleckley, Brantley, Brooks, Calhoun, Camden, Candler, Catoosa, Charlton, Chattooga, Clay, Clinch, Coffee, Colquitt, Cook, Crisp, Dade, Decatur, Dodge, Dooly, Early, Echols, Elbert, Emanuel, Evans, Fannin, Franklin, Gilmer, Glascock, Glynn, Grady, Greene, Habersham, Hancock, Hart, Irwin, Jeff Davis, Jefferson, Jenkins, Johnson, Lanier, Laurens, Lowndes, Lumpkin, Macon, McIntosh, Miller, Mitchell, Montgomery, Morgan, Murray, Pierce, Pulaski, Putnam, Quitman, Rabun, Randolph, Schley, Screven, Seminole, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Turner, Union, Walker, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson

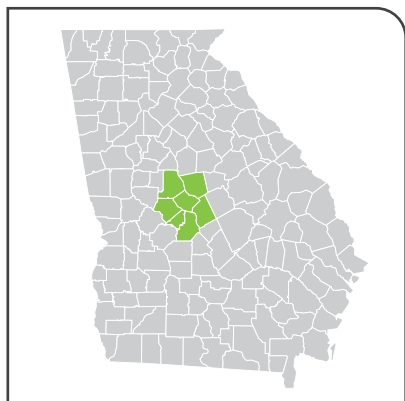
		NEW	
Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	R3392-002-000	H5216-157-000	R3392-001-000
Plan Highlights	Same in-or out-of-network benefits, low plan premium and many extras	LPPO MA only with \$0 plan premium, includes first dollar dental coverage w/ denture coverage, \$150 OTC allowance per quarter	\$0 plan premium MA only RPPO with enhanced MSBs, great option for the veteran population
Premium	\$65	\$0	\$0
PCP	\$20	\$10	\$15
Specialist	\$50	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$360 per day Days 1-5	\$245 per day Days 1-6	\$245 per day Days 1-6
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network	\$5,900 In-network
Rx Deductible	\$340 tiers 3-5	No Coverage	No Coverage
Rx Preferred	\$7/\$17/\$47/\$97/26%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$150/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$45/Quarter
Market Service Area	Statewide in Georgia, South Carolina	Glynn, Catoosa, Habersham, Baldwin, Camden, Ware, Union, Murray, White, Stephens, Hart, Lumpkin, Chattooga, Greene, Franklin, Rabun, Elbert, Towns, Washington, Morgan, among others	Statewide in Georgia, South Carolina

# MEDICARE ADVANTAGE PLANS

**Humana**®

## GEORGIA

### MACON



#### MARKET HIGHLIGHTS

- Enhanced HMO with \$0 plan premium, \$0 PCP copay, \$0 Rx deductible and enhanced MSBs
- Exciting Supplemental Benefits: Dental, Vision, Hearing, over-the-counter allowance and transportation

#### NETWORK HIGHLIGHTS

- Strong provider network on all plans

#### MARKET SERVICE AREA

Bibb, Crawford, Houston, Jones, Monroe, Peach, Twiggs

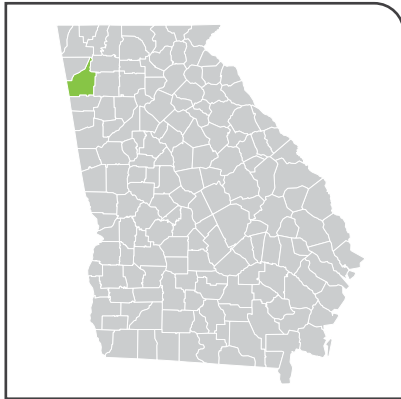
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H4141-019-001	H5525-024-000
Plan Highlights	\$0 plan premium HMO with low copays and many extras	Low plan premium LPPO plan with many extras
Premium	\$0	\$55
PCP	\$0	\$15
Specialist	\$45	\$50
Referrals Required	No	No
Inpatient Hospital	\$345 per day Days 1-5	\$360 per day Days 1-5
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network
Rx Deductible	No Deductible	\$295 tiers 3-5
Rx Preferred	\$4/\$12/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$97/27%; \$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 \$50/Quarter, Transportation	Hearing, Fitness, OTC allowance \$25/Quarter
Market Service Area	Macon Marketwide	Macon Marketwide

# MEDICARE ADVANTAGE PLANS

Humana®

## GEORGIA

ROME



### MARKET HIGHLIGHTS

- New HMO with \$0 plan premium, \$0 PCP copay, \$0 Rx deductible and enhanced MSBs
- New HMO DSNP plan includes first dollar dental coverage with \$2,500 max benefit limit that includes dentures, \$0 hearing aids and \$300 OTC allowance per quarter
- New LPPO with \$0 plan premium, \$5 PCP copay, \$75 Rx deductible and \$25 OTC allowance per quarter
- New \$50 Part B premium giveback LPPO plan
- New MA only LPPO with \$0 plan premium, first dollar dental coverage with \$1,000 max benefit limit that includes dentures and \$150 OTC allowance per quarter
- New LPPO with \$45 plan premium, \$5 PCP copay, \$75 Rx deductible, includes first dollar dental coverage that includes dentures and \$50 OTC allowance per quarter
- No referrals on HMO plans

### NETWORK HIGHLIGHTS

- Harbin Clinic and Floyd Medical Center now participating in network, among others

### MARKET SERVICE AREA

Floyd



		NEW	NEW
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H4141-017-003	H5216-147-000	H5216-154-000
Plan Highlights	HMO with \$0 plan premium, \$0 PCP copay, \$0 Rx deductible and rich MSBs	New LPPO with \$0 plan premium, \$5 PCP copay, \$75 Rx deductible and \$25 OTC allowance per quarter	New \$50 Part B premium giveback plan
Premium	\$0	\$0	\$0
PCP	\$0	\$5	\$20
Specialist	\$40	\$45	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$290 per day Days 1-7	\$290 per day Days 1-7	\$450 per day Days 1-4
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	No Deductible	\$75 tiers 3-5	\$400 tiers 3-5
Rx Preferred	\$4/\$12/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$4/\$12/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$15/\$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 \$50/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter, Transportation	Hearing, Fitness
Market Service Area	Rome Marketwide	Rome Marketwide	Rome Marketwide

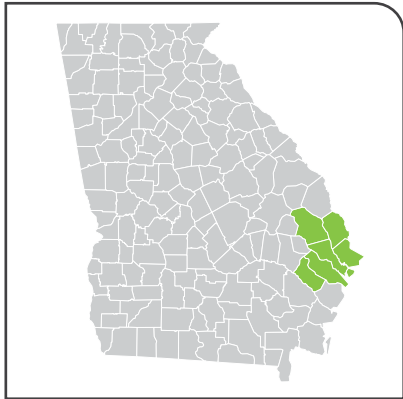
	NEW	NEW
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-145-000	H5216-157-000
Plan Highlights	New \$45 plan premium LPPO, \$5 PCP copay, \$75 Rx deductible, first dollar dental coverage includes dentures, \$50 OTC allowance per quarter	LPPO MA only with \$0 plan premium, includes first dollar dental coverage w/ denture coverage, \$150 OTC allowance per quarter
Premium	\$45	\$0
PCP	\$5	\$10
Specialist	\$45	\$45
Referrals Required	No	No
Inpatient Hospital	\$290 per day Days 1-7	\$245 per day Days 1-6
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$75 tiers 3-5	No Coverage
Rx Preferred	\$4/\$12/\$47/\$100/31%; \$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 \$50/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$150/Quarter, Transportation
Market Service Area	Rome Marketwide	Rome Marketwide

# MEDICARE ADVANTAGE PLANS

Humana®

## GEORGIA

### SAVANNAH



#### MARKET HIGHLIGHTS

- New HMO with \$0 plan premium, \$0 PCP copay, \$0 Rx deductible and enhanced MSBs
- New HMO DSNP plan includes first dollar dental coverage with \$2,500 max benefit limit that includes dentures, \$0 hearing aids and \$300 OTC allowance per quarter
- New LPPO with \$0 plan premium, \$5 PCP copay, \$75 Rx deductible and \$25 OTC allowance per quarter
- New \$50 Part B premium giveback LPPO plan
- New MA only LPPO with \$0 plan premium, first dollar dental coverage with \$1,000 max benefit limit that includes dentures and \$150 OTC allowance per quarter
- New LPPO with \$45 plan premium, \$5 PCP copay, \$75 Rx deductible, includes first dollar dental coverage that includes dentures and \$50 OTC allowance per quarter
- No referrals on HMO plans

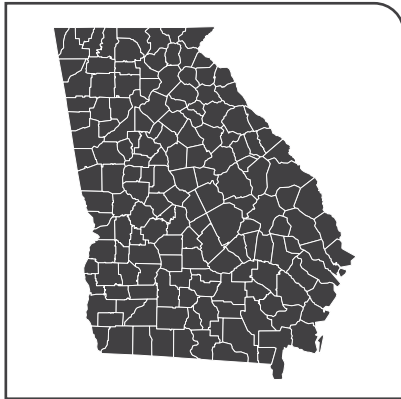
#### MARKET SERVICE AREA

Bryan, Bulloch, Chatham, Effingham, Liberty, Long

		NEW	NEW
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H4141-019-002	H5216-154-000	H5216-156-000
Plan Highlights	HMO with \$0 plan premium, \$0 PCP copay, \$0 Rx deductible and rich MSBs	New \$50 Part B premium giveback plan	New LPPO with \$0 plan premium, \$5 PCP copay, \$75 Rx deductible and \$25 OTC allowance per quarter
Premium	\$0	\$0	\$0
PCP	\$0	\$20	\$5
Specialist	\$40	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$290 per day Days 1-7	\$450 per day Days 1-4	\$290 per day Days 1-7
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	No Deductible	\$400 tiers 3-5	\$75 tiers 3-5
Rx Preferred	\$4/\$12/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$15/\$47/\$100/25%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$4/\$12/\$47/\$100/31%; \$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	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter, Transportation
Market Service Area	Bryan, Chatham, Effingham, Liberty	Savannah Marketwide	Savannah Marketwide

	NEW	NEW
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-155-000	H5216-157-000
Plan Highlights	New \$45 plan premium LPPO, \$5 PCP copay, \$75 Rx deductible, first dollar dental coverage includes dentures, \$50 OTC allowance per quarter	LPPO MA only with \$0 plan premium, includes first dollar dental coverage w/ denture coverage, \$150 OTC allowance per quarter
Premium	\$45	\$0
PCP	\$5	\$10
Specialist	\$45	\$45
Referrals Required	No	No
Inpatient Hospital	\$290 per day Days 1-7	\$245 per day Days 1-6
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$75 tiers 3-5	No Coverage
Rx Preferred	\$4/\$12/\$47/\$100/31%; \$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 \$50/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$150/Quarter, Transportation
Market Service Area	Savannah Marketwide	Savannah Marketwide

## GEORGIA



### DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with \$0 or low cost copays for many medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter allowance, hearing aids and more. Dual-eligible enrollees may change plans once per calendar quarter for the first 9 months of the year. Eligible members must meet Medicaid requirements to enroll in these plans.

<b>Plan Name</b>	<b>Humana Gold Plus SNP-DE (HMO SNP)</b>
<b>Plan Number</b>	H4141-003-000
<b>Plan Highlights</b>	Enhanced HMO DSNP has first dollar dental coverage w/ dentures, hearing, vision, transportation and \$300 OTC allowance/quarter
<b>Dental</b>	\$2,500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
<b>Vision</b>	Annual exam and \$300 credit every year for eyeglasses or contact lenses
<b>Hearing</b>	\$0 annual exams, fittings and TruHearing advanced level hearing aids plus 48 batteries
<b>OTC Allowance</b>	OTC \$300/Quarter for select health and wellness products
<b>Transportation</b>	Up to 36 one-way trips to approved locations and fitness centers per year
<b>Current Service Area</b>	Baker, Barrow, Bartow, Bibb, Bryan, Burke, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Dougherty, Douglas, Effingham, Elbert, Fayette, Floyd, Forsyth, Fulton, Greene, Gwinnett, Harris, Henry, Houston, Jones, Lee, Liberty, Madison, Marion, McDuffie, Meriwether, Monroe, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Putnam, Richmond, Rockdale, Stewart, Sumter, Talbot, Terrell, Troup, Twiggs, Walton, Webster, Worth

# GEORGIA

## PDP PLANS



Plan Name	Humana Preferred Rx Plan (PDP)	Humana Walmart Rx Plan (PDP)
Plan Number	S5884-135-000	S5884-156-000
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	\$23.50	\$30.70
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%/37%/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	Georgia Statewide	Georgia Statewide



**GEORGIA**



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