

FOR AGENT USE ONLY				HUMANA 2025 PRODUCT SUITE								FOR AGENT USE ONLY			
HMO - National				PPO - Passive				PPO - Passive				MA only - PPO Open			
Humana Gold Plus HMO H8908-004				Humana Full Access PPO H5216-287				Humana Full Access MAPD H5216-306 <b>\$102 Part B giveback</b>				USAA Honor Giveback plan H5216-190 MA only; <b>\$100 PartB</b>			
Service Area: Genesee, Ingham, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne, Sanilac, St Clair, Tuscola, Wayne				Service Area: Macomb, Oakland, Wayne				Service Area: Statewide excl Baraga, Delta, Iosco, Isabella, Luce, Mackinac, Manistee, Mason, Ontonagon, Osceola, Schoolcraft				Service Area: Statewide excl Keweenaw and Schoolcraft			
IDEAL PROSPECT Greatest Value HMO National network				IDEAL PROSPECT Greatest Value PPO (tri-county area) nationwide OPEN network				IDEAL PROSPECT No Rx Deductible nationwide OPEN network				IDEAL PROSPECT Veteran or a person who does not want Rx coverage. OPEN national network			
Plan Cost				Plan Cost				Plan Cost				Plan Cost			
Monthly Premium		\$0		Monthly Premium		\$0		Monthly Premium		\$0		Monthly Premium		\$0	
Medical ded		no deductible		Medical ded		no deductible		Medical ded		\$500		Medical ded		no deductible	
PDP deductible		\$250 (tier 3,4,5)		PDP deductible		\$350 (3,4,5)		PDP deductible		\$0		PDP deductible		N/A	
MOOP		\$4,600 in/out		MOOP		\$5,200 in/out		MOOP		\$9,350 / \$14,000		MOOP		\$6,750 in/out	
In/outpatient Care				In/outpatient Care				In/outpatient Care				In/outpatient Care			
Hospital		\$440 days 1-5		Hospital		\$440 days 1-6		Hospital		\$400 days 1-5		Hospital		\$295 days 1-7	
Lab Services		\$0 copay		Lab Services		\$0 copay		Lab Services		\$0 copay		Lab Services		\$0 copay	
Outpatient surg		\$440 copay		Outpatient Surg		\$440 copay		Outpatient surg		\$350 copay		Outpatient surgical		\$245 copay	
Doctor Office Visits				Doctor Office Visits				Doctor Office Visits				Doctor Office Visits			
PCP		\$0		PCP		\$0		PCP		\$0 (no ded)		PCP		\$10	
Specialist		\$40		Specialist		\$40		Specialist		\$40 (no ded)		Specialist		\$45	
PDP Benefits				PDP Benefits				PDP Benefits				PDP Benefit:			
Tier	30 day	100 day	100 Mail	Tier	30 day	100 day	100 Mail	Tier	30 day	100 day	100 Mail	N/A			
Tier 1	\$0	\$0	\$0	Tier 1	\$0	\$0	\$0	Tier 1	\$0	\$0	\$0				
Tier 2	\$5	\$15	\$0	Tier 2	\$5	\$15	\$0	Tier 2	\$0	\$0	\$0				
Tier 3	\$47	\$141	\$131	Tier 3	\$47	\$141	\$131	Tier 3	\$34	\$102	\$68				
Tier 4	43%	43%	43%	Tier 4	50%	50%	50%	Tier 4	45%	45%	45%				
Tier 5	30%	N/A	N/A	Tier 5	28%	N/A	N/A	Tier 5	33%	N/A	N/A				
Additional Benefits				Additional Benefits				Additional Benefits				Additional Benefits			
Routine Dental: \$2,500 max (no dentures) Routine Vision: \$150 glasses (PLUS) Routine Hearing: \$599/\$899 per ear Transportation: 24 one-way trips OTC Benefit: \$60 / qtr retail No wig coverage SilverSneakers				Routine Dental: \$2,000 (incl dentures) Routine Vision: \$250 glasses (PLUS) Routine Hearing: \$399/\$699/\$999 per ear Transportation: 24 one-way (NEW) OTC Benefit: \$50 /qtr retail Wigs: \$500 SilverSneakers				Routine Dental: \$2,000 max (no dentures) Routine Vision: \$100 glasses (PLUS) Routine Hearing: \$399/\$699/\$999 per ear Transportation: no coverage OTC Benefit: \$50 /qtr retail Wigs: \$500 SilverSneakers				Routine Dental: \$2,500 max (no dentures) Routine Vision: \$200 glasses (PLUS) Routine Hearing: \$99/\$399/\$699 per ear Transportation: no coverage OTC Benefit: \$50 / qtr retail SilverSneakers			

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HMO DSNP		HMO DSNP		PPO CSNP - Open			HMO CSNP - ESRD				
Humana Gold Plus H8908-005 MAPD		Humana Gold Plus H8908-007 MAPD		HumanaChoice Diabetes & Heart H5216-375 MAPD			Humana Gold Plus HMO H8908-006 MAPD				
<b>Service Area:</b> Genesee, Ingham, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne, Sanilac, St Clair, Tuscola, Wayne		<b>Service Area:</b> Genesee, Ingham, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne, Sanilac, St Clair, Tuscola, Wayne		<b>Service Area:</b> 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.			<b>Service Area:</b> Genesee, Ingham, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne, Sanilac, St Clair, Tuscola, Wayne				
<b>IDEAL PROSPECT</b> Dual eligible w/ Medicaid level of FBDE, QMB, QMB+, or SLMB+		<b>IDEAL PROSPECT</b> Dual eligible w/ Medicaid level of FBDE, QMB+, or SLMB+		<b>IDEAL PROSPECT</b> <b>Diabetes, Heart Failure, Cardiovascular</b> Open national network, Year round SEP			<b>IDEAL PROSPECT</b> <b>End Stage Renal Disease</b> national HMO network, Year round SEP				
Plan Cost		Plan Cost		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	\$200 (tier 3,4,5)		PDP deductible	\$590 (tier 4 & 5)			
MOOP	\$0	MOOP	\$0	MOOP	\$6,750 in/out		MOOP	\$7,500 in/out			
In/outpatient Care		In/outpatient Care		In/outpatient Care			In/outpatient Care				
Hospital	\$0	Hospital	\$0	Hospital	\$530 days 1-5		Hospital	\$435 days 1-5			
Lab Services (lab)	\$0	Lab Services (lab)	\$0	Lab Services	\$15		Lab Services	\$0			
Outpatient surgical	\$0	Outpatient surgical	\$0	Outpatient surgical	\$480		Outpatient surgical	\$385			
Doctor Office Visits		Doctor Office Visits		Doctor Office Visits			Doctor Office Visits				
PCP	\$0	PCP	\$0	PCP	\$0		PCP	\$0			
Specialist	\$0	Specialist	\$0	Specialist	\$35		Specialist	\$0			
PDP Benefits		PDP Benefits		PDP Benefits			PDP Benefits				
Generic/brand name 30/90 day supply		Generic/brand name 30/90 day supply		Tier	30 day	100 day	100 Mail	Tier	30 day	100 day	100 Mail
generic/brand	all other drugs	generic/brand	all other drugs	Tier 1	\$0	\$0	\$0	Tier 1	\$0	\$0	\$0
\$0 copay ALL tiers	\$0 copay ALL Tiers	\$0 copay ALL tiers	\$0 copay ALL Tiers	Tier 2	\$10	\$30	\$0	Tier 2	\$0	\$0	\$0
				Tier 3	\$47	\$141	\$131	Tier 3	\$47	\$141	\$131
				Tier 4	42%	42%	42%	Tier 4	46%	46%	46%
				Tier 5	30%	N/A	N/A	Tier 5	25%	N/A	N/A
				Tier 6	\$0	\$0	\$0	Tier 6	\$0	\$0	\$0
Additional Benefits		Additional Benefits		Additional Benefits			Additional Benefits				
Routine Dental: \$3,000 max (no dentures) Routine Vision: \$350 glasses (PLUS) Routine Hearing: \$0 copay per ear per year Transportation: N/A - Can use debit card <b>Healthy options card: \$200 /mo rollover</b> SilverSneakers		Routine Dental: \$5,000 max (incl dentures) Routine Vision: \$450 glasses (PLUS) Routine Hearing: \$0 copay per ear Transportation: 76 1-way trips, 150 miles <b>Healthy options card: \$150 /mo rollover</b> SilverSneakers		Routine Dental: \$2,000 max, <b>30% on dentures</b> Routine Vision: \$250 glasses (PLUS) Routine Hearing: \$699/\$999 per ear Transportation: N/A <b>Healthy options card: \$50 /mo rollover</b> SilverSneakers			Routine Dental: \$1,500 max (no dentures) Routine Vision: \$150 glasses (PLUS) Routine Hearing: \$399/\$699/\$999 per ear Transportation: <b>Unlimited, 100 miles/trip</b> <b>Healthy options card: \$125 /mo rollover</b> <b>dialysis- \$0 at dialysis center or outpatient</b>				