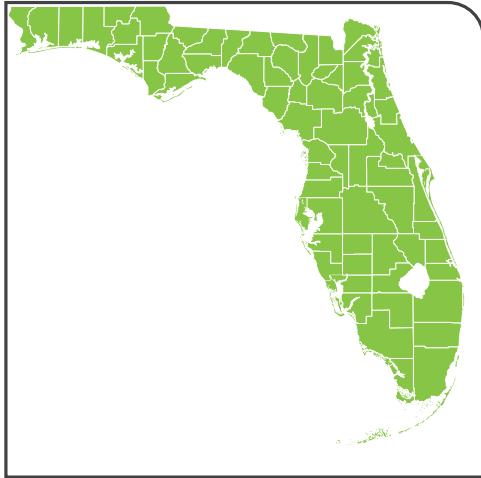


FLORIDA

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



HUMANA 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.

HUMANA
MA/MAPD

FLORIDA

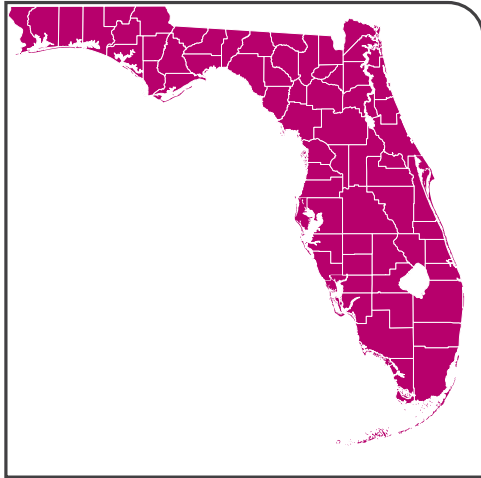
Select the market(s) below to view their Market Highlights



HUMANA DSNP AND VALUE PLUS PLANS

HUMANA DSNP
AND VALUE PLUS

FLORIDA



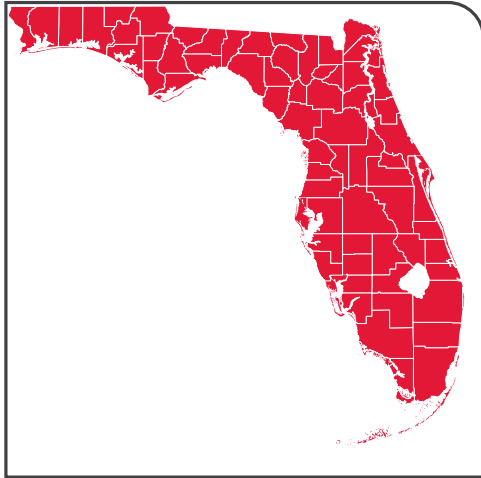
HUMANA PDP PLANS

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.

HUMANA
PDP

FLORIDA

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

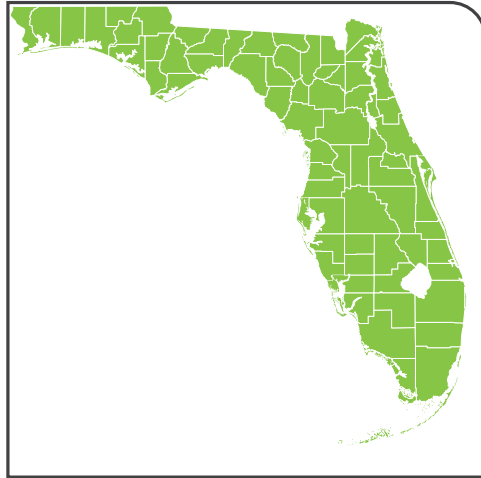


CAREPLUS MAPD AND DSNP PLANS

CarePlus offers a wide range of affordable plans and includes a strong network of healthcare providers 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.

FLORIDA

Click below to view Local Support in your market



LOCAL SUPPORT

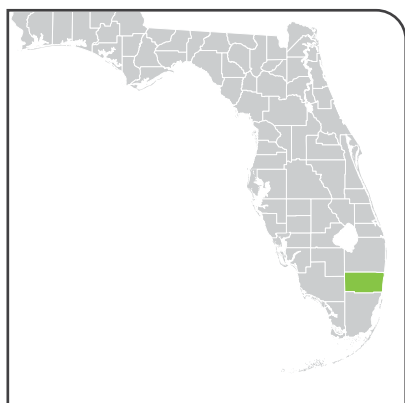
Humana now offers two new resources, Broker Relationship Managers (BRM) and Broker Relationship Executives (BRE), in addition to your local market offices. BRMs have been deployed in markets across the country to offer on-the-ground assistance, BREs to provide sales support telephonically and electronically.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

 CarePlus support available



FLORIDA

BROWARD



MARKET HIGHLIGHTS

- Core/Lead HMO 1036-065 plan has a \$0 plan premium, \$0 PCP copay, \$0 copay for Tier 1 & 2 Rx, Respite Care added
- Two Dual-Eligible plans, one for Full Duals, one for Partial Duals & one Chronic SNP Plan for Diabetics
- \$75 Part B premium giveback HMO with \$0 plan premium, \$0 PCP copay, \$0 copay for Tier 1 Rx
- Core/Lead LPPO H5216-068 plan has a \$0 plan premium, \$0 PCP copay, no deductible for in/out of network
- Some plans include improved Dental, Vision, Hearing, OTC allowance, Acupuncture, Transportation & SilverSneakers
- Most plans with low maximum out of pocket (MOOP) limit & ED Drugs included in Tier 1
- Additional RPPO and Medicare Supplement plans available
- Local sales and marketing support to our partners

NETWORK HIGHLIGHTS

- All hospitals are in network for the HMO plans
- All hospitals are in network for the PPO plans except Memorial Health Systems
- Network includes 300+ PCP to choose from
- PPO Plans offer a national PPO network with reciprocity of care within the US

MARKET SERVICE AREA

Broward

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus - Diabetes (HMO SNP)
Plan Number	H1036-065-000	H1036-237-001	H1036-121-000
Plan Highlights	\$0 plan premium, \$0 copay for: PCP, hospital, ambulance, Tier 1 & 2 Rx & ED drugs Tier 1, \$5 Specialist, OTC \$25 allowance	\$0 plan premium, \$75 Part B premium giveback, \$0 copay for: PCP, Tier 1/2 Rx, \$25 Spec copay, hospital \$200 copay days 1-5	\$0 plan premium, \$0 copay for: PCP, Tier 1 Rx & ED drugs Tier 1, OTC \$15 allowance
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$5	\$25	\$15
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$0 per admission	\$200 per day Days 1-5	\$25 per day Days 1-5
Max Out-of-Pocket	\$2,500 In-network	\$3,400 In-network	\$6,700 In-network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$20/\$85/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$0/\$0/\$40/\$80/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$0/\$3/\$40/\$85/33%; \$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 \$25/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$20/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$15/Month, Transportation
Market Service Area	Broward Marketwide	Broward Marketwide	Broward Marketwide

FLORIDA | BROWARD

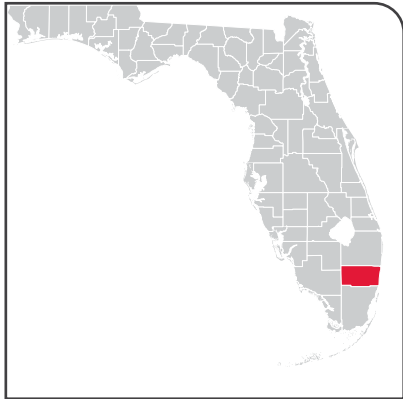
MA/MAPD PLANS



Plan Name	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-068-000	R5826-018-000
Plan Highlights	Lead LPPO plan, \$0 plan premium & PCP copay, \$35 Spec copay, hosp. \$250 copay days 1-4, IN MOOP \$3,400 IN/OON combined \$5,100	\$0 plan premium for RPPO MA Only with \$10 PCP copay; Great option for the veteran population
Premium	\$0	\$0
PCP	\$0	\$10
Specialist	\$35	\$45
Referrals Required	No	No
Inpatient Hospital	\$250 per day Days 1-4	\$195 per day Days 1-10
Max Out-of-Pocket	\$3,400 In-network	\$6,700 In-network
Rx Deductible	\$150 tiers 4-5	No Coverage
Rx Preferred	\$2/\$12/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Dental, Vision, Fitness, OTC allowance \$45/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$10/Quarter
Market Service Area	Broward Marketwide	Florida Statewide

FLORIDA

BROWARD



MARKET HIGHLIGHTS

- Strong brand recognition & customer loyalty
- \$0 plan premium HMO with \$0 hospital copay, \$0 pcp copay and \$0 tier 1 & tier 2 Rx benefit copays
- NEW CareExtra plan
- \$75 part B premium giveback HMO plan - attractive to veteran population
- Plans include rich dental, vision, hearing benefits along with OTC allowance
- SilverSneakers fitness and gym membership & unlimited transportation at \$0 copay on all plans
- Full & partial dentures at \$0 copay offered on most plans

NETWORK HIGHLIGHTS

- Major hospitals systems such as Broward Health, Tenet and HCA
- Strong relationships with provider groups and medical centers
- Over 275 primary care physicians to choose from
- Many bilingual providers to support growing Spanish & Haitian population

MARKET SERVICE AREA

Broward

FLORIDA | BROWARD
MA/MAPD CAREPLUS PLANS



	NEW		
Plan Name	CareOne (HMO)	CareFree (HMO)	CareExtra (HMO)
Plan Number	H1019-001-000	H1019-065-000	H1019-097-000
Plan Highlights	\$0 plan premium with low copays and rich benefits	Up to \$75 Part B premium giveback plan, \$0 plan premium, \$0 PCP copay, \$25 Specialist copay	NEW CareExtra plan offering exceptional value
Premium	\$0	\$0	\$11.90
PCP	\$0	\$0	\$0
Specialist	\$5	\$25	\$5
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$0 per admission	\$150 per day Days 1-8	\$50 per day Days 1-5
Max Out-of-Pocket	\$2,000 In-network	\$3,400 In-network	\$1,500 In-network
Rx Deductible	No Deductible	\$100 tiers 4-5	\$415 all tiers
Rx Preferred	\$0/\$0/\$20/\$85/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$0/\$0/\$47/\$97/31%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	24%/24%/24%/24%/25%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Month, Transportation
Market Service Area	Broward Marketwide	Broward Marketwide	Broward Marketwide

FLORIDA | BROWARD
DUAL-ELIGIBLE CAREPLUS PLANS



Plan Name	CareNeeds PLUS (HMO SNP)
Plan Number	H1019-023-000
Plan Highlights	Full Medicaid Dual-Eligible plan with \$400 quarterly OTC allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$400/Quarter for select health and wellness products
Transportation	Unlimited trips to plan approved locations and fitness centers. One-way trips to approved locations and fitness centers per year
Current Service Area	Broward Marketwide

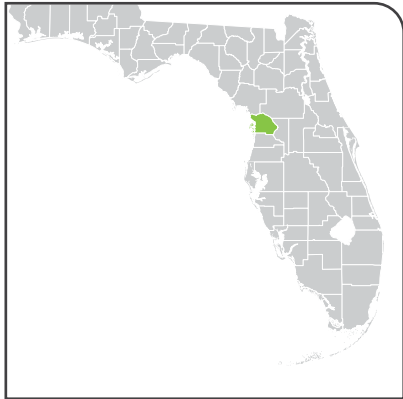
FLORIDA | BROWARD
DUAL-ELIGIBLE CAREPLUS PLANS



Plan Name	CareNeeds (HMO SNP)
Plan Number	H1019-081-000
Plan Highlights	Partial Medicaid Dual-Eligible plan with \$100 monthly OTC allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Respite Care	Respite Care services for 3 hours per day up to 42 hours per year
Current Service Area	Broward Marketwide

FLORIDA

CITRUS



MARKET HIGHLIGHTS

- Full suite of HMO and PPO products
- Strong brand recognition in the market
- Year-round selling opportunities with 2 Dual-Eligible plans
- Part B premium giveback
- \$0 plan premium LPPO Plan
- Some plans include dental, vision, hearing, OTC allowance, transportation, and fitness program
- Local sales and marketing support to our partners

NETWORK HIGHLIGHTS

- This information is for Medicare HMO and PPO unless otherwise indicated below
- Network of PCP providers dedicated to improving and managing members access to care, needs and goals
- Humana Associates/Network of professionals dedicated to ensuring members have an excellent experience and the resources available to live an active and healthy life
- No referrals needed for PPO, Referrals required for HMO
- National network reciprocity (all states) on all PPO plans

MARKET SERVICE AREA

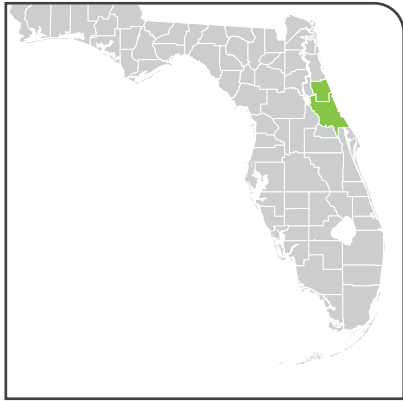
Citrus

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-140-000	H1036-266-000	H5216-072-000
Plan Highlights	\$0 plan premium, \$3,400 MOOP, \$0 PCP copay, \$20 Specialist copay	\$0 plan premium, \$100 Part B premium giveback, \$5,500 MOOP, \$0 PCP copay, \$35 Specialist copay	LPPO with \$0 plan premium, \$0 deductible, \$4,900 MOOP, \$5 PCP copay, \$35 Specialist copay
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$5
Specialist	\$20	\$35	\$35
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$95 per day Days 1-10	\$180 per day Days 1-5	\$290 per day Days 1-5
Max Out-of-Pocket	\$3,400 In-network	\$5,500 In-network	\$4,900 In-network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 3-5
Rx Preferred	\$0/\$0/\$40/\$75/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$0/\$3/\$45/\$95/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$10/\$47/\$100/30%; \$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 \$40/Month, Transportation	Dental, Vision, Fitness, OTC allowance \$25/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$45/Quarter
Market Service Area	Citrus Marketwide	Citrus Marketwide	Citrus Marketwide

Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)
Plan Number	R5826-074-000	R5826-018-000
Plan Highlights	Regional PPO plan with \$0 plan premium and improved copays for IP, PCP, urgent care, and Rx Tier 1 drugs	\$0 plan premium for RPPO MA Only with \$10 PCP copay; Great option for the veteran population
Premium	\$0	\$0
PCP	\$15	\$10
Specialist	\$50	\$45
Referrals Required	No	No
Inpatient Hospital	\$395 per day Days 1-4	\$195 per day Days 1-10
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$395 tiers 3-5	No Coverage
Rx Preferred	\$6/\$20/\$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	Dental, Vision, Hearing, Fitness, OTC allowance \$10/Quarter
Market Service Area	Florida Statewide	Florida Statewide

FLORIDA

DAYTONA



MARKET HIGHLIGHTS

- Largest Medicare Advantage Plan membership in Volusia and Flagler counties with over 40,000 members strong and growing; Source CMS.gov
- Strong brand recognition in the market with over 25 year history
- Two local retail market office locations and support team
- Year round selling opportunities with two Dual-Eligible plans and a Chronic Care Diabetic plan
- Offer a Part B Premium Giveback Plan
- Highly competitive \$0 Plan Premium LPPO plan
- Most plans include Dental, Vision, Hearing, OTC benefit allowance, Transportation, Acupuncture, and Fitness Program
- Erectile Dysfunction Rx coverage on most plans

NETWORK HIGHLIGHTS

- All Volusia and Flagler area Hospitals participate in our plans
- Robust PCP and Specialist Network
- Strong relationships with Providers
- Large number of participating fitness centers
- National network reciprocity (all states) on all PPO plans

MARKET SERVICE AREA

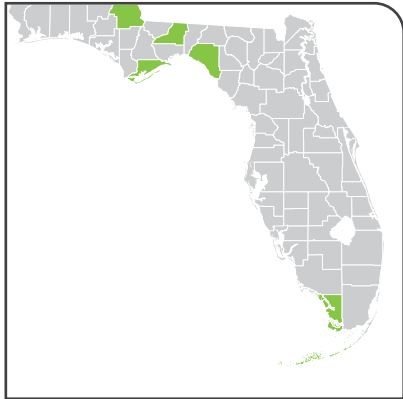
Flagler, Volusia

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus - Diabetes (HMO SNP)
Plan Number	H1036-044-000	H1036-157-000	H1036-156-000
Plan Highlights	\$0 plan premium HMO with improved benefits over 2018; \$0 PCP copay, low Specialist copays, low MOOP, and low cost share	Competitive Part B premium giveback plan	Chronic Special Needs plan for Diabetes Mellitus
Premium	\$0	\$0	\$0
PCP	\$0	\$5	\$0
Specialist	\$15	\$25	\$25
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$75 per day Days 1-7	\$195 per day Days 1-7	\$150 per day Days 1-7
Max Out-of-Pocket	\$3,400 In-network	\$6,700 In-network	\$3,400 In-network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$40/\$80/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$5/\$45/\$85/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$7/\$45/\$85/33%; \$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 \$50/Month, Transportation	Vision, Hearing, Fitness, OTC allowance \$25/Month	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Month, Transportation
Market Service Area	Daytona Marketwide	Daytona Marketwide	Daytona Marketwide

Plan Name	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)	Humana Gold Plus (HMO)
Plan Number	H5216-070-000	R5826-074-000	H1036-056-000
Plan Highlights	Competitive LPPO plan with \$0 plan premium, \$0 IN/OUT network deductible, and low cost share	Regional PPO plan with \$0 plan premium and improved copays for IP, PCP, urgent care, and Rx Tier 1 drugs	HMO plan with no Rx benefit
Premium	\$0	\$0	\$0
PCP	\$5	\$15	\$0
Specialist	\$40	\$50	\$20
Referrals Required	No	No	Yes
Inpatient Hospital	\$295 per day Days 1-5	\$395 per day Days 1-4	\$100 per day Days 1-7
Max Out-of-Pocket	\$5,500 In-network	\$6,700 In-network	\$2,900 In-network
Rx Deductible	\$175 tiers 3-5	\$395 tiers 3-5	No Coverage
Rx Preferred	\$2/\$10/\$47/\$100/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$20/\$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, Fitness, OTC allowance \$30/Quarter	Vision	Vision, Hearing, Fitness, OTC allowance \$25/Month, Transportation
Market Service Area	Daytona Marketwide	Florida Statewide	Daytona Marketwide

FLORIDA

FLORIDA OUTSTATE



MARKET HIGHLIGHTS

- Strong brand recognition in the market
- No referrals needed on the PPO

NETWORK HIGHLIGHTS

- Broad range of local primary care and specialty providers
- Local relationships with providers
- Humana Associates/Network of professionals dedicated to ensuring members have an excellent experience and the resources available to live an active and healthy life
- National network reciprocity (all states) on all PPO plans

MARKET SERVICE AREA

Franklin, Jackson, Leon, Monroe, Taylor

FLORIDA | FLORIDA OUTSTATE

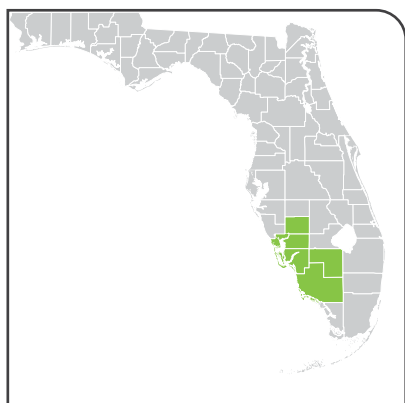
MA/MAPD PLANS



Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)
Plan Number	R5826-074-000	R5826-018-000
Plan Highlights	Regional PPO plan with \$0 plan premium and improved copays for IP, PCP, urgent care, and Rx Tier 1 drugs	\$0 plan premium for RPPO MA Only with \$10 PCP copay; Great option for the veteran population
Premium	\$0	\$0
PCP	\$15	\$10
Specialist	\$50	\$45
Referrals Required	No	No
Inpatient Hospital	\$395 per day Days 1-4	\$195 per day Days 1-10
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$395 tiers 3-5	No Coverage
Rx Preferred	\$6/\$20/\$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	Dental, Vision, Hearing, Fitness, OTC allowance \$10/Quarter
Market Service Area	Florida Statewide	Florida Statewide

FLORIDA

FORT MYERS - PORT CHARLOTTE - NAPLES



MARKET HIGHLIGHTS

- \$0 plan premium HMO with \$0 PCP copay
- Introducing a \$50 Part B Premium Giveback HMO & ED Drugs Tier 1 & Introducing Local PPO Med. Supp. Look a like plan
- \$0 plan premium LPPO with low PCP copay
- Plans available with low maximum out of pocket (MOOP) limit
- ED Rx covered on HMO and select LPPO plans
- Dental, Vision, & OTC allowance benefits on all plans, with Hearing also included on some HMO and LPPO plans
- Local sales and marketing support to our partners
- No Rx deductible on HMOs, low Rx deductible on PPOs

NETWORK HIGHLIGHTS

- All hospitals contract with our HMO, PPO, and LPPO plans, with the exception of Lehigh Regional, in Charlotte, Collier, and Lee
- Millennium Physician's Group, IMA, Lee Physician's Group, Physician's Regional, and many others make up HMO and PPO networks
- Strong engagement with providers
- National network reciprocity on all PPO plans

MARKET SERVICE AREA

Charlotte, Collier, De Soto, Hendry, Lee

FLORIDA | FORT MYERS - PORT CHARLOTTE - NAPLES

MA/MAPD PLANS



		NEW	
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-217-000	H1036-278-000	H5216-061-000
Plan Highlights	\$0 plan premium, \$0 PCP copay, \$190 hospital copay, \$15 Specialist copay, \$3,400 MOOP, Tiers 1 & 2 gap coverage, ED drugs 1	\$50 Part B premium giveback, \$0 plan premium & PCP copay, \$35 Spec copay, hosp. \$275 copay, dental, vision, OTC allowance	\$0 plan premium, \$5 PCP copay, \$40 Specialist copay, hospital \$360 copay, no deductible, dental, vision, OTC allowance
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$5
Specialist	\$15	\$35	\$40
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$190 per day Days 1-9	\$275 per day Days 1-7	\$360 per day Days 1-4
Max Out-of-Pocket	\$3,400 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	No Deductible	No Deductible	\$225 tiers 3-5
Rx Preferred	\$0/\$8/\$45/\$95/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$20/\$45/\$95/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$10/\$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 \$30/Month	Dental, Vision, Fitness, OTC allowance \$15/Month	Dental, Vision, Fitness, OTC allowance \$30/Quarter
Market Service Area	Charlotte, Collier, Lee	Charlotte, Collier, Lee	DeSoto, Hendry

FLORIDA | FORT MYERS - PORT CHARLOTTE - NAPLES

MA/MAPD PLANS



		NEW	
Plan Name	HumanaChoice Florida (PPO)	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-072-000	H7284-002-000	R5826-005-000
Plan Highlights	Lead LPPO plan, \$0 plan premium, \$5 PCP copay, \$35 Spec copay, hosp. \$290 copay, no deductible, MOOP \$4,900, D/H/V, OTC allowance	\$75 plan premium, \$0 PCP copay, \$25 Spec copay, \$250 copay days 1-7, no deductible, MOOP \$3,400, Combined IN/OON MOOP \$5,100, \$0 Rx deductible	\$96 plan premium, hospital \$195 copay days (1-7) \$0 copay days (8-90), \$5 PCP copay (in network), ED drugs included
Premium	\$0	\$75	\$96
PCP	\$5	\$0	\$5
Specialist	\$35	\$25	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$290 per day Days 1-5	\$250 per day Days 1-7	\$195 per day Days 1-7
Max Out-of-Pocket	\$4,900 In-network	\$3,400 In-network	\$6,700 In-network
Rx Deductible	\$150 tiers 3-5	No Deductible	\$100 tiers 3-5
Rx Preferred	\$2/\$10/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$10/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$15/\$45/\$95/31%; \$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 \$45/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Month	Dental, Vision, Fitness, OTC allowance \$50/Quarter
Market Service Area	Charlotte, Collier, Lee	Charlotte, Collier, Lee	Florida Statewide

FLORIDA | FORT MYERS - PORT CHARLOTTE - NAPLES

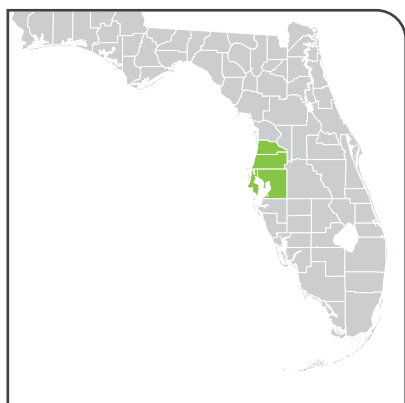
MA/MAPD PLANS



Plan Name	HumanaChoice (Regional PPO)
Plan Number	R5826-018-000
Plan Highlights	\$0 plan premium for RPPO MA Only with \$10 PCP copay; Great option for the veteran population
Premium	\$0
PCP	\$10
Specialist	\$45
Referrals Required	No
Inpatient Hospital	\$195 per day Days 1-10
Max Out-of-Pocket	\$6,700 In-network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$10/Quarter
Market Service Area	Florida Statewide

FLORIDA

GREATER TAMPA BAY



MARKET HIGHLIGHTS

- Largest Medicare Advantage membership (over 100,000) in the 4 county area of Pinellas, Pasco, Hillsborough and Hernando per CMS data
- Over 30 years in the Tampa Bay area - Strong Brand Awareness
- Improved 2019 benefits on our Flagship HMO, Part B premium giveback HMO, DSNP HMO plans, CSNP HMO and PPO products w/SilverSneakers on most plans
- Many plans with improved MOOP, Hospital, Specialist, OTC allowance, Dental, Vision and Transportation
- HMO Part B premium giveback up to \$110 w/improved benefits and Flagship HMO w/\$50 a day copay in the Hospital, \$75 OTC allowance, \$10 Specialist copays, dental w/dentures
- Highly competitive \$0 plan premium LPPO w/Hospital \$290 copay days (1-5), PCP \$5, SPC \$35, \$4,900 MOOP
- Year around selling opportunities with two dual-eligible SNP plans and a Chronic Diabetic SNP plan
- Local retail storefronts in Clearwater, Port Richey, Tampa, Zephyrhills and Spring Hill - Onsite Customer Service, Health and Wellness activities and sales material in a pinch

NETWORK HIGHLIGHTS

- Network of PCP providers dedicated to improving and managing members' access to care, needs, and goals
- Over 400 PCPs in our HMO network and over 1,000 PCPs in our PPO network, and we are adding more PCP choices throughout the Tampa Bay area
- We are contracted with all hospitals in the Tampa Bay area (HMO and PPO), and have a robust specialist network
- Humana Associates/Network of professionals dedicated to ensuring members have an excellent experience and the resources available to live an active and healthy life
- National network reciprocity (all states) on all PPO plans

MARKET SERVICE AREA

Hernando, Hillsborough, Pasco, Pinellas

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H1036-025-000	H1036-067-000	H1036-265-001
Plan Highlights	Improved MOOP, HOSP, Spec, OTC allowance, dental w/dentures, vision and Unlimited transportation	Improved MOOP, HOSP, Spec, OTC allowance, dental w/dentures, vision and Unlimited transportation	Improved Part B premium giveback to \$110, MOOP, HOSP, Spec, OTC allowance, dental, vision, transportation and added hearing
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$10	\$10	\$25
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$50 per day Days 1-7	\$50 per day Days 1-7	\$150 per day Days 1-8
Max Out-of-Pocket	\$2,500 In-network	\$2,500 In-network	\$3,400 In-network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$5/\$55/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$0/\$0/\$5/\$55/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$0/\$5/\$45/\$95/33%; \$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/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Month, Transportation
Market Service Area	Hillsborough, Pasco, Pinellas	Hernando	Greater Tampa Bay Marketwide

Plan Name	Humana Gold Plus - Diabetes (HMO SNP)	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)
Plan Number	H1036-160-000	H5216-072-000	R5826-074-000
Plan Highlights	Improved MOOP, HOSP, Spec, OTC allowance, dental and includes transportation	Improved MOOP, HOSP, Spec, PCP, urgent care, Tier 1 and 2 copays on Rx and added hearing	Regional PPO plan with \$0 plan premium and improved copays for IP, PCP, urgent care, and Rx Tier 1 drugs
Premium	\$0	\$0	\$0
PCP	\$0	\$5	\$15
Specialist	\$30	\$35	\$50
Referrals Required	Yes	No	No
Inpatient Hospital	\$125 per day Days 1-7	\$290 per day Days 1-5	\$395 per day Days 1-4
Max Out-of-Pocket	\$3,400 In-network	\$4,900 In-network	\$6,700 In-network
Rx Deductible	No Deductible	\$150 tiers 3-5	\$395 tiers 3-5
Rx Preferred	\$0/\$0/\$10/\$60/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$2/\$10/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$20/\$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 \$35/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$45/Quarter	Vision
Market Service Area	Greater Tampa Bay Marketwide	Greater Tampa Bay Marketwide	Florida Statewide

FLORIDA | GREATER TAMPA BAY

MA/MAPD PLANS



Plan Name	HumanaChoice (Regional PPO)	Humana Gold Choice (PFFS)	Humana Gold Plus (HMO)
Plan Number	R5826-005-000	H8145-061-000	H1036-119-000
Plan Highlights	Improved HOSP, urgent care, and Rx copays on tiers 1-4	Private Fee for Service plan does not include Hillsborough county	Part B premium giveback improved to \$100 - Improved MOOP, Spec, OTC allowance, dental & vision
Premium	\$96	\$117	\$0
PCP	\$5	\$10	\$0
Specialist	\$40	\$40	\$25
Referrals Required	No	No	Yes
Inpatient Hospital	\$195 per day Days 1-7	\$290 per day Days 1-5	\$195 per day Days 1-5
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network	\$3,400 In-network
Rx Deductible	\$100 tiers 3-5	\$200 tiers 4-5	No Coverage
Rx Preferred	\$5/\$15/\$45/\$95/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$97/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Dental, Vision, Fitness, OTC allowance \$50/Quarter	Vision, Fitness, OTC allowance \$10/Month	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Month
Market Service Area	Florida Statewide	Hernando, Pasco, Pinellas	Greater Tampa Bay Marketwide

FLORIDA | GREATER TAMPA BAY

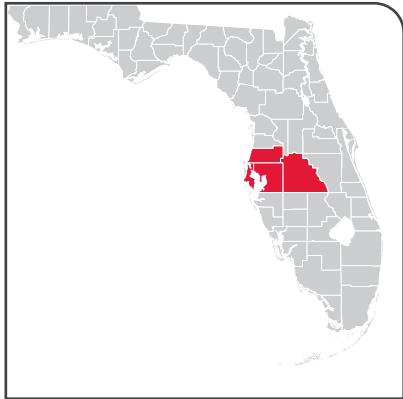
MA/MAPD PLANS



Plan Name	HumanaChoice (Regional PPO)
Plan Number	R5826-018-000
Plan Highlights	\$0 plan premium for RPPO MA Only with \$10 PCP copay; Great option for the veteran population
Premium	\$0
PCP	\$10
Specialist	\$45
Referrals Required	No
Inpatient Hospital	\$195 per day Days 1-10
Max Out-of-Pocket	\$6,700 In-network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$10/Quarter
Market Service Area	Florida Statewide

FLORIDA

GREATER TAMPA BAY



MARKET HIGHLIGHTS

- \$0 monthly plan premiums with \$0 PCP copay for office visits
- All plans include dental, vision, hearing, transportation, OTC, SilverSneakers and ED drugs
- Extremely low MOOP on all plans \$1,500 to \$2,500
- CarePlus Greater Tampa Bay services area includes, Hillsborough, Pinellas, Pasco and Polk counties
- 18 years of experience in Medicare Advantage specializing in only HMO products
- Competitive Part B premium giveback plan
- Conventional and DSNP plan options available throughout the market

NETWORK HIGHLIGHTS

- Established Network of Primary Care Physicians and Specialists
- Contracted with almost every Hospital in the Greater Tampa Bay Market
- Long standing relationships with multiple specialty practice groups, providing specialist services

MARKET SERVICE AREA

Hillsborough, Pasco, Pinellas, Polk

FLORIDA | GREATER TAMPA BAY
 MA/MAPD CAREPLUS PLANS



Plan Name	CareOne PLUS (HMO)	CareFree (HMO)
Plan Number	H1019-054-000	H1019-060-000
Plan Highlights	\$0 plan premium, \$0 PCP, \$10 Spec, \$25 IP, \$1500 MOOP, \$50 OTC allowance/mth, Rx w/ED, Tier 1-2 Gap coverage, dental, hearing, vision	\$110 Part B premium giveback, \$0 PCP, \$20 Spec, \$2500 MOOP, \$40 OTC allowance/mth, dental, hearing, vision, transport. & more
Premium	\$0	\$0
PCP	\$0	\$0
Specialist	\$10	\$20
Referrals Required	Yes	Yes
Inpatient Hospital	\$25 per day Days 1-7	\$150 per day Days 1-5
Max Out-of-Pocket	\$1,500 In-network	\$2,500 In-network
Rx Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$10/\$55/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$0/\$0/\$35/\$60/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$40/Month, Transportation
Market Service Area	Greater Tampa Bay Marketwide	Greater Tampa Bay Marketwide

FLORIDA | GREATER TAMPA BAY
DUAL-ELIGIBLE CAREPLUS PLANS



Plan Name	CareNeeds PLUS (HMO SNP)
Plan Number	H1019-026-000
Plan Highlights	Coverage for individuals with Medicare and Medicaid (QMB+) (SLMB+) (FBDE) \$0 to limited cost share on nearly all services
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited trips to plan approved locations and fitness centers per year
Current Service Area	Greater Tampa Bay Marketwide

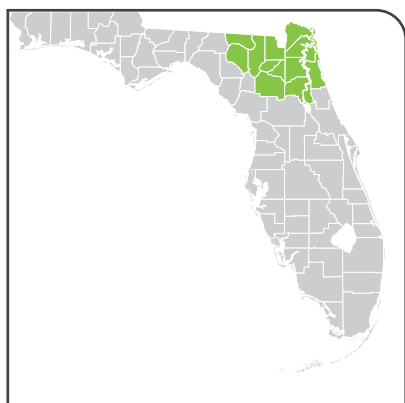
FLORIDA | GREATER TAMPA BAY
DUAL-ELIGIBLE CAREPLUS PLANS



Plan Name	CareNeeds (HMO SNP)
Plan Number	H1019-079-000
Plan Highlights	Coverage for Medicare and Medicaid Members (QMB) (SLMB) (QI) (QDWI) \$0 to limited cost share on nearly all services
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Greater Tampa Bay Marketwide

FLORIDA

JACKSONVILLE



MARKET HIGHLIGHTS

- 2nd largest Medicare Advantage Plan membership in Jacksonville with over 40,000 members strong and growing
- Strong brand recognition in the market
- Bold Goal initiative to help make the communities we serve 20% healthier by 2020
- Year round selling opportunities with two Dual-Eligible plans and a Chronic Care Diabetic plan
- Offer a Part B Premium Giveback Plan — NEW in Duval County
- Highly competitive \$0 plan Premium LPPO plan
- Most plans include Dental, Vision, Hearing, OTC benefit allowance, Transportation, Acupuncture, and Fitness Program
- Erectile Dysfunction Rx coverage on most plans

NETWORK HIGHLIGHTS

- Large PCP and Specialist Network
- No deductible on LPPO plan
- Strong relationships with Providers
- National network reciprocity (all states) on all PPO plans

MARKET SERVICE AREA

Alachua, Baker, Bradford, Clay, Columbia, Duval, Hamilton, Nassau, Putnam, Saint Johns, Suwannee, Union

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H1036-068-000	H1036-081-000	H1036-270-000
Plan Highlights	\$0 plan premium HMO with improved benefits over 2018; \$0 PCP copay, low Specialist copays, improved IP hospital, and low MOOP	\$0 plan premium HMO with improved benefits over 2018; \$0 PCP copay, low Specialist copays, improved IP hospital, and low MOOP	Competitive Part B premium giveback plan — NEW to Duval County
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$10	\$15	\$30
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$100 per day Days 1-5	\$125 per day Days 1-7	\$195 per day Days 1-6
Max Out-of-Pocket	\$3,400 In-network	\$3,400 In-network	\$3,400 In-network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$40/\$89/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$0/\$45/\$89/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$20/\$47/\$95/33%; \$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 \$40/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$40/Month, Transportation	Vision, Hearing, Fitness, OTC allowance \$30/Quarter
Market Service Area	Alachua, Clay, Columbia, Putnam, Saint Johns	Baker, Duval, Nassau	Alachua, Clay, Columbia, Duval, Putnam, Saint Johns

Plan Name	Humana Gold Plus - Diabetes (HMO SNP)	HumanaChoice Florida (PPO)	HumanaChoice Florida (PPO)
Plan Number	H1036-175-000	H5216-061-000	H5216-070-000
Plan Highlights	Chronic Special Needs plan for Diabetes Mellitus	Competitive LPPO plan with \$0 plan premium, \$0 deductible, and low cost share	Competitive LPPO plan with \$0 plan premium, \$0 deductible, and low cost share
Premium	\$0	\$0	\$0
PCP	\$0	\$5	\$5
Specialist	\$25	\$40	\$40
Referrals Required	Yes	No	No
Inpatient Hospital	\$150 per day Days 1-8	\$360 per day Days 1-4	\$295 per day Days 1-5
Max Out-of-Pocket	\$3,400 In-network	\$6,700 In-network	\$5,500 In-network
Rx Deductible	No Deductible	\$225 tiers 3-5	\$175 tiers 3-5
Rx Preferred	\$0/\$10/\$45/\$89/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$10/\$47/\$100/28%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$10/\$47/\$100/29%; \$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 \$45/Quarter, Transportation	Dental, Vision, Fitness, OTC allowance \$30/Quarter	Dental, Vision, Fitness, OTC allowance \$30/Quarter
Market Service Area	Baker, Clay, Columbia, Duval, Nassau, Putnam, Saint Johns	Bradford, Hamilton, Union	Alachua, Baker, Clay, Columbia, Duval, Nassau, Putnam, Saint Johns, Suwannee

FLORIDA | JACKSONVILLE

MA/MAPD PLANS



Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)
Plan Number	R5826-074-000	R5826-018-000
Plan Highlights	Regional PPO plan with \$0 plan premium and improved copays for IP, PCP, urgent care, and Rx Tier 1 drugs	\$0 plan premium for RPPO MA Only with \$10 PCP copay; Great option for the veteran population
Premium	\$0	\$0
PCP	\$15	\$10
Specialist	\$50	\$45
Referrals Required	No	No
Inpatient Hospital	\$395 per day Days 1-4	\$195 per day Days 1-10
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$395 tiers 3-5	No Coverage
Rx Preferred	\$6/\$20/\$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	Dental, Vision, Hearing, Fitness, OTC allowance \$10/Quarter
Market Service Area	Florida Statewide	Florida Statewide

FLORIDA

JACKSONVILLE



MARKET HIGHLIGHTS

- All plans include \$0 plan premium and \$0 PCP copay
- Both full and partial Medicaid plans are offered
- All plans include dental, vision, and hearing benefits
- All plans include transportation to all plan-approved locations
- All plans include OTC benefits
- Coverage area consists of Duval County

NETWORK HIGHLIGHTS

- Some of the providers in our network include Family Care Partners, American Care, St. Vincents Provider Group, and First Coast Cardiovascular

MARKET SERVICE AREA

Duval

FLORIDA | JACKSONVILLE
MA/MAPD CAREPLUS PLANS



Plan Name	CareOne (HMO)	CareFree (HMO)
Plan Number	H1019-069-000	H1019-094-000
Plan Highlights	\$0 plan premium, \$0 PCP copay, \$0 Rx copays for tiers 1-2, \$0 copay for unlimited transportation	\$75 Part B premium giveback, \$0 plan premium, \$0 PCP copay, \$0 tier 1 Rx copay, \$0 copay for unlimited transportation
Premium	\$0	\$0
PCP	\$0	\$0
Specialist	\$25	\$40
Referrals Required	Yes	Yes
Inpatient Hospital	\$150 days 1-8 at preferred facility	\$350 days 1-5 at preferred facility
Max Out-of-Pocket	\$3,400 In-network	\$3,400 In-network
Rx Deductible	No Deductible	\$100 tiers 4-5
Rx Preferred	\$0/\$0/\$47/\$95/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$0/\$10/\$45/\$95/31%; \$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 \$40/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$40/Month, Transportation
Market Service Area	Jacksonville Marketwide	Jacksonville Marketwide

FLORIDA | JACKSONVILLE
DUAL-ELIGIBLE CAREPLUS PLANS



Plan Name	CareNeeds (HMO SNP)
Plan Number	H1019-085-000
Plan Highlights	Partial dual-eligible plan includes wigs due to cancer treatment and \$0 copay for smoking cessation treatment
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Up to 50 one-way trips to approved locations and fitness centers per year
Current Service Area	Jacksonville Marketwide

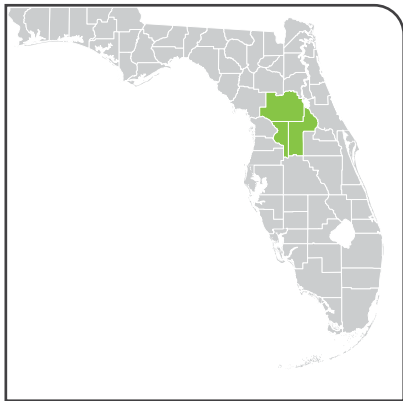
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DUAL-ELIGIBLE CAREPLUS PLANS



Plan Name	CareNeeds PLUS (HMO SNP)
Plan Number	H1019-073-000
Plan Highlights	Full dual-eligible plan includes \$0 copay for complete set of dentures every 5 years, wigs due to cancer treatment & smoking cessation
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited trips to plan approved locations and fitness centers per year
Current Service Area	Jacksonville Marketwide

FLORIDA

LAKE - MARION - SUMTER



MARKET HIGHLIGHTS

- NEW Humana HMO EXPANSION
- Strong brand recognition in the market
- Year-round selling opportunities with 2 NEW HMO Dual-Eligible plans
- NEW Part B premium giveback plan
- \$0 Plan Premium LPPO, and new \$75 premium LPPO with low MOOP and enriched supplemental benefits
- Most plans include dental, vision, hearing, transportation, and fitness program benefits, as well as OTC allowance
- Local sales and marketing support to our partners

NETWORK HIGHLIGHTS

- This information is for Medicare HMO and PPO unless otherwise indicated below
- Lake, Marion, and Sumter counties have a broad range of local primary care and specialty providers
- Network of PCP providers dedicated to improving and managing members access to care, needs and goals
- Humana Associates/Network of professionals dedicated to ensuring members have an excellent experience and the resources available to live an active and healthy life
- National network reciprocity (all states) on all PPO plans

MARKET SERVICE AREA

Lake, Marion, Sumter

		NEW	
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-269-000	H1036-277-000	H5216-074-000
Plan Highlights	\$0 plan premium, \$72 Part B premium giveback, \$0 PCP copay; dental, vision, and fitness program benefits, and OTC allowance	\$0 plan premium, \$3400 MOOP, \$0 PCP copay; includes dental, vision, hearing, and fitness program benefits, and OTC allowance	LPPO with \$0 plan premium, \$4900 MOOP, \$0 deductible, \$5 PCP copay, \$35 Specialist copay
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$5
Specialist	\$25	\$10	\$35
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$195 per day Days 1-8	\$75 per day Days 1-7	\$295 per day Days 1-5
Max Out-of-Pocket	\$6,700 In-network	\$3,400 In-network	\$4,900 In-network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 3-5
Rx Preferred	\$0/\$15/\$45/\$95/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$0/\$40/\$90/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$2/\$10/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, Vision, Fitness, OTC allowance \$15/Month	Dental, Vision, Hearing, Fitness, OTC allowance \$10/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Month
Market Service Area	Lake - Marion - Sumter Marketwide	Lake - Marion - Sumter Marketwide	Lake - Marion - Sumter Marketwide

FLORIDA | LAKE - MARION - SUMTER

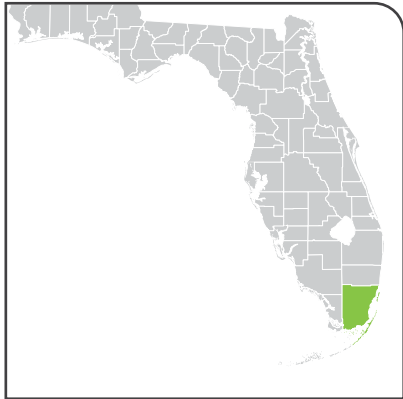
MA/MAPD PLANS



	NEW		
Plan Name	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)
Plan Number	H7284-001-000	R5826-074-000	R5826-018-000
Plan Highlights	\$75 plan premium LPPO, \$2000 MOOP, \$0 PCP copay, dental, vision, hearing, and fitness program benefits, and OTC allowance	Regional PPO plan with \$0 plan premium and improved copays for IP, PCP, urgent care, and Rx Tier 1 drugs	\$0 plan premium for RPPO MA Only with \$10 PCP copay; Great option for the veteran population
Premium	\$75	\$0	\$0
PCP	\$0	\$15	\$10
Specialist	\$20	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$125 per day Days 1-10	\$395 per day Days 1-4	\$195 per day Days 1-10
Max Out-of-Pocket	\$2,000 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	No Deductible	\$395 tiers 3-5	No Coverage
Rx Preferred	\$2/\$10/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$20/\$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 \$25/Month	Vision	Dental, Vision, Hearing, Fitness, OTC allowance \$10/Quarter
Market Service Area	Lake - Marion - Sumter Marketwide	Florida Statewide	Florida Statewide

FLORIDA

MIAMI



MARKET HIGHLIGHTS

- Over 25 years in the market with very strong brand recognition
- 40,000 Individual Medicare Advantage Members and growing
- Local Market office and Support Team to help with all of your needs
- Year round selling opportunities: Multiple Dual-Eligible Special Needs Program Plans
- HMO Plans include Dental, Hearing, Vision, OTC allowance, SilverSneakers and Transportation benefits and Independent Living Systems® Meals Discount Services Program
- Some HMO plans include Respite Care through SeniorBridge
- Lower Maximum Out of Pocket (MOOP) on select plans

NETWORK HIGHLIGHTS

- 400+ Primary Care Physicians to choose from
- A vast network of Hospital and Specialists
- Strong Relationship with Providers
- PPO offers a National PPO network with reciprocity of care within the U.S.

MARKET SERVICE AREA

Miami-Dade

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-054-000	H1036-237-002	H5216-068-000
Plan Highlights	\$0 PCP copay/\$0 Specialist copay/\$0 Rx deductible \$50 Emergency Room Visit copay/\$75 ambulance copay	\$75 Part B premium giveback/ \$0 plan premium/ \$0 PCP copay/ \$0 hospital copay for days 1-2/ED drugs/OTC allowance	Core/Lead LPPO/\$0 plan premium/\$0 PCP copay/ \$35 Specialist copay/\$250 copay for days 1-4 in network and out of network
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$0	\$15	\$35
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$0 per admission	\$0 days 1-2, \$125 days 3-7	\$250 per day Days 1-4
Max Out-of-Pocket	\$2,000 In-network	\$3,400 In-network	\$3,400 In-network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 4-5
Rx Preferred	\$0/\$0/\$0/\$45/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$0/\$40/\$80/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$2/\$12/\$47/\$100/30%; \$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/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Month, Transportation	Dental, Vision, Fitness, OTC allowance \$45/Quarter
Market Service Area	Miami Marketwide	Miami Marketwide	Miami Marketwide

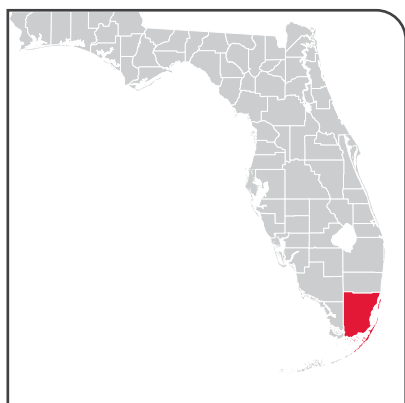
FLORIDA | MIAMI
MA/MAPD PLANS



Plan Name	HumanaChoice (Regional PPO)
Plan Number	R5826-018-000
Plan Highlights	\$0 plan premium for RPPO MA Only with \$10 PCP copay; Great option for the veteran population
Premium	\$0
PCP	\$10
Specialist	\$45
Referrals Required	No
Inpatient Hospital	\$195 per day Days 1-10
Max Out-of-Pocket	\$6,700 In-network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$10/Quarter
Market Service Area	Florida Statewide

FLORIDA

MIAMI



MARKET HIGHLIGHTS

- Dental benefits offered in all plans, some plans include deep cleaning, root canal, crown
- OTC benefit offered in all our plans, up to \$100 per month allowance
- Unlimited transportation offered in all plans
- Rewards Incentive Program offered to all members, earn gift cards for preventive care
- Erectile Dysfunction drug offered in all plans
- Plans designed for Year-Round selling; Part B premium giveback, two Dual-Eligible Plans and New “CareExtra” plan smartly designed to offer exceptional value
- Local market support team focused on grassroots and community engagement efforts
- Strong brand recognition in the Market

NETWORK HIGHLIGHTS

- Strong relationships with Provider Groups and Medical centers in the Market
- Large selection of “All in One” Medical Centers; PCP network designed for all needs and preferences
- All major hospitals in network, except Baptist

MARKET SERVICE AREA

Miami-Dade

FLORIDA | MIAMI
MA/MAPD CAREPLUS PLANS



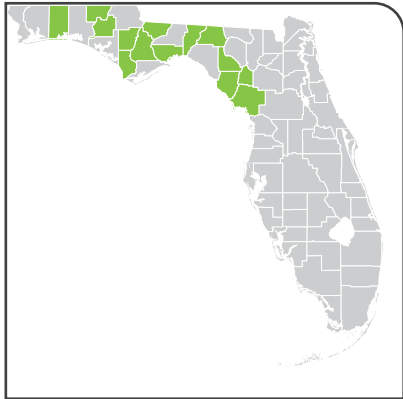
Plan Name	CareOne PLUS (HMO)	CareFree PLUS (HMO)	CareExtra (HMO)
Plan Number	H1019-006-000	H1019-076-000	H1019-089-000
Plan Highlights	\$0 plan premium, \$1000 MOOP, Rx: tiers 1-3 \$0 copay, \$8000 ICL, \$100 OTC allowance per month, acupuncture covered	Up to \$90 Part B premium giveback, \$25 per month OTC allowance, dental coverage included	\$0 plan premium, \$75 OTC allowance per month, acupuncture, dental includes denture coverage, and more
Premium	\$0	\$0	\$12
PCP	\$0	\$0	\$0
Specialist	\$0	\$0	\$0
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$0 per admission	\$50 per day Days 1-5	\$0 per admission
Max Out-of-Pocket	\$1,000 In-network	\$3,400 In-network	\$1,500 In-network
Rx Deductible	No Deductible	No Deductible	\$415 all tiers
Rx Preferred	\$0/\$0/\$0/\$35/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$0/\$0/\$47/\$97/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$0/\$0/24%/24%/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 \$100/Month, Transportation	Dental, Vision, Fitness, OTC allowance \$25/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Month, Transportation
Market Service Area	Miami Marketwide	Miami Marketwide	Miami Marketwide

Plan Name	CareNeeds (HMO SNP)
Plan Number	H1019-083-000
Plan Highlights	\$0 plan premium, \$100 per month OTC allowance, acupuncture covered
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Respite Care	Respite Care services for 3 hours per day up to 42 hours per year
Current Service Area	Miami Marketwide

Plan Name	CareNeeds PLUS (HMO SNP)
Plan Number	H1019-024-000
Plan Highlights	\$0 plan premium, \$400 quarterly OTC allowance, dental includes denture coverage, acupuncture
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$400/Quarter for select health and wellness products
Transportation	Unlimited trips to plan approved locations and fitness centers per year
Current Service Area	Miami Marketwide

FLORIDA

N. FLORIDA - PANHANDLE



MARKET HIGHLIGHTS

- Strong brand recognition in the market
- LPPPO with \$0 plan premium

NETWORK HIGHLIGHTS

- Broad range of local primary care and specialty providers
- \$0 deductible on LPPPO
- Network of PCP providers dedicated to improving and managing members access to care, needs and goals
- Humana Associates/Network of professionals dedicated to ensuring members have an excellent experience and the resources available to live an active and healthy life
- National network reciprocity (all states) on all PPO plans

MARKET SERVICE AREA

Calhoun, Dixie, Gadsden, Gilchrist, Gulf, Holmes, Jefferson, Lafayette, Levy, Liberty, Madison, Okaloosa, Wakulla, Washington

Plan Name	HumanaChoice Florida (PPO)	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-061-000	H5216-070-000	R5826-074-000
Plan Highlights	LPPO with \$0 plan premium, \$6700 MOOP, \$0 deductible, \$5 PCP copay, \$40 Specialist copay	LPPO with \$0 plan premium, \$5500 MOOP, \$0 deductible, \$5 PCP copay, \$40 Specialist copay	Regional PPO plan with \$0 plan premium and improved copays for IP, PCP, urgent care, and Rx Tier 1 drugs at a preferred pharmacy
Premium	\$0	\$0	\$0
PCP	\$5	\$5	\$15
Specialist	\$40	\$40	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$360 per day Days 1-4	\$295 per day Days 1-5	\$395 per day Days 1-4
Max Out-of-Pocket	\$6,700 In-network	\$5,500 In-network	\$6,700 In-network
Rx Deductible	\$225 tiers 3-5	\$175 tiers 3-5	\$395 tiers 3-5
Rx Preferred	\$2/\$10/\$47/\$100/28%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$10/\$47/\$100/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$20/\$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, Fitness, OTC allowance \$30/Quarter	Dental, Vision, Fitness, OTC allowance \$30/Quarter	Vision
Market Service Area	Calhoun, Dixie, Gadsden, Gilchrist, Gulf, Holmes, Jefferson, Lafayette, Levy, Liberty, Madison, Washington	Okaloosa, Wakulla	Florida Statewide

FLORIDA | N. FLORIDA - PANHANDLE

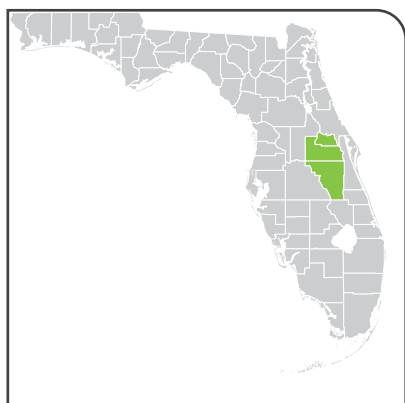
MA/MAPD PLANS



Plan Name	HumanaChoice (Regional PPO)
Plan Number	R5826-018-000
Plan Highlights	\$0 plan premium for RPPO MA Only with \$10 PCP copay; Great option for the veteran population
Premium	\$0
PCP	\$10
Specialist	\$45
Referrals Required	No
Inpatient Hospital	\$195 per day Days 1-10
Max Out-of-Pocket	\$6,700 In-network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$10/Quarter
Market Service Area	Florida Statewide

FLORIDA

ORLANDO



MARKET HIGHLIGHTS

- Full product continuum for HMO/PPO/PDP/Medicare Supplement plans
- \$0 plan premium HMO with \$0 PCP copay
- HMO Part B premium giveback
- Some plans include Dental, Vision, Hearing, OTC, SilverSneakers & Transportation
- Some plans include Erectile Dysfunction Drugs
- 3 Local Market Offices with customer service - Altamonte Springs, West Colonial, and Kissimmee

NETWORK HIGHLIGHTS

- Humana Associates dedicated to ensuring members have an excellent experience and the resources available to live an active and healthy life
- PCP network includes providers dedicated to improving and managing members access to care, needs and goals including some popular physician groups
- All Hospitals in Orange, Osceola, and Seminole counties are in network, including all Florida and Orlando Regional Hospitals
- Large specialty network including Lab Corp and Quest Diagnostics
- National network reciprocity (all states) on all PPO plans

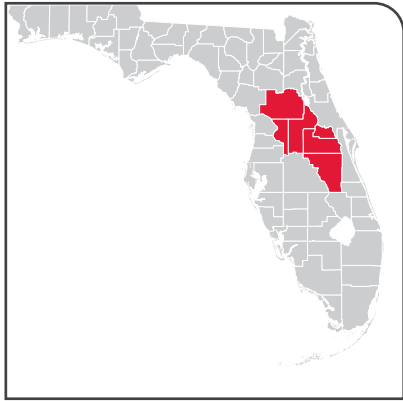
MARKET SERVICE AREA

Orange, Osceola, Seminole

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-146-000	H1036-269-000	H5216-072-000
Plan Highlights	\$2,250 MOOP, \$0 PCP copay, \$10 Specialist copay, \$5 urgent care copay, Rx Tier 2 Insulin, \$50 OTC monthly allowance	\$72 Part B premium giveback, \$0 PCP copay, \$25 Specialist copay, \$195 inpatient hospital copay per day for days 1-8	\$0 plan premium, \$4,900 MOOP, \$290 inpatient hospital copay per day for days 1-5, \$5 PCP copay, \$35 Specialist copay
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$5
Specialist	\$10	\$25	\$35
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$95 per day Days 1-10	\$195 per day Days 1-8	\$290 per day Days 1-5
Max Out-of-Pocket	\$2,250 In-network	\$6,700 In-network	\$4,900 In-network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 3-5
Rx Preferred	\$0/\$5/\$35/\$85/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$15/\$45/\$95/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$10/\$47/\$100/30%; \$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/Month, Transportation	Dental, Vision, Fitness, OTC allowance \$15/Month	Dental, Vision, Hearing, Fitness, OTC allowance \$45/Quarter
Market Service Area	Orlando Marketwide	Orlando Marketwide	Orlando Marketwide

FLORIDA

ORLANDO



MARKET HIGHLIGHTS

- All plans include \$0 plan premium and \$0 PCP copay
- Both full and partial Medicaid plans are offered
- All plans include dental, vision, and hearing benefits
- All plans include transportation to all plan-approved locations
- All plans include OTC benefits

NETWORK HIGHLIGHTS

- Some of the providers in our network include Aegis, AMG, DaVita, DNF, FPG, IMA, Metro Health, OFM, Physicians Partners, and Premier Medical

MARKET SERVICE AREA

Lake, Marion, Orange, Osceola, Seminole, Sumter

FLORIDA | ORLANDO
MA/MAPD CAREPLUS PLANS



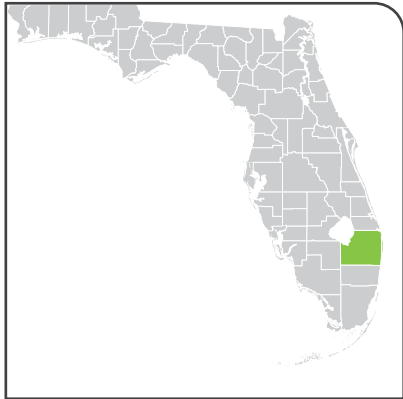
Plan Name	CareOne PLUS (HMO)	CareFree (HMO)
Plan Number	H1019-057-000	H1019-092-000
Plan Highlights	Includes \$0 copay for unlimited transportation, \$0 copay for tier 1-2 drugs (same in coverage gap)	Includes up to \$80 Part B premium giveback, \$0 plan premium, \$0 PCP copay, and \$0 copay for preferred Tier 1 drugs
Premium	\$0	\$0
PCP	\$0	\$0
Specialist	\$10	\$20
Referrals Required	Yes	Yes
Inpatient Hospital	\$75 per day Days 1-7	\$200 per day Days 1-5
Max Out-of-Pocket	\$2,750 In-network	\$3,400 In-network
Rx Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$30/\$85/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$0/\$5/\$35/\$85/33%; \$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 \$50/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$40/Month, Transportation
Market Service Area	Orlando Marketwide	Orlando Marketwide

Plan Name	CareNeeds (HMO SNP)
Plan Number	H1019-077-000
Plan Highlights	Partial dual-eligible plan includes ED drugs, wigs due to cancer treatment, and \$0 copay for smoking cessation treatment
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1000 per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Orlando Marketwide

Plan Name	CareNeeds PLUS (HMO SNP)
Plan Number	H1019-028-000
Plan Highlights	Full dual-eligible plan includes ED drugs, \$0 copay for complete set of dentures every 5 years, wigs due to cancer treatment & smoking cessation
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited trips to plan approved locations and fitness centers per year
Current Service Area	Orlando Marketwide

FLORIDA

PALM BEACH



MARKET HIGHLIGHTS

- Strong brand recognition in Market
- Local market office and support team
- Year round selling opportunities with two Dual-Eligible plans and a Chronic Care SNP plan
- Offer a Part B premium giveback plan
- \$0 Plan Premium Local PPO
- Most plans include Dental, Vision, Hearing, OTC & Transportation
- Erectile Dysfunction Rx and Respite Care covered on select plans

NETWORK HIGHLIGHTS

- All Hospitals participate in our HMO and PPO plans; including Tenet
- Large PCP and Specialist Network within HMO and PPO lines of business
- Contracted PCPs include Palm Beach Medical Group, Premier Family Medicine, Jupiter Medical Group, MCCI, Delray Medical Asso., New Med, Cambridge and Personal Physician Care
- Highly engaged large Managed Service Organizations, who fully support local PCP Offices
- National network reciprocity (all states) on all PPO plans

MARKET SERVICE AREA

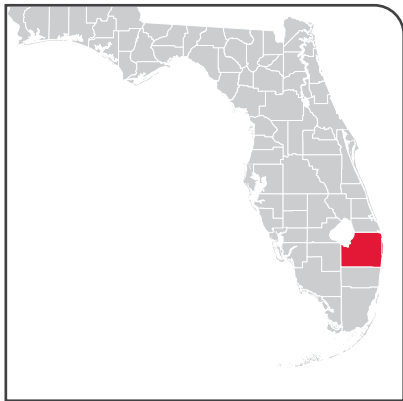
Palm Beach

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus - Diabetes (HMO SNP)
Plan Number	H1036-062-000	H1036-199-000	H1036-130-000
Plan Highlights	Core plan with decreased cost share within hospital, Specialist and Rx	\$75 Part B premium giveback plan	Diabetic Chronic Special Needs plan
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$10	\$40	\$30
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$50 per day Days 1-8	\$225 per day Days 1-8	\$195 per day Days 1-9
Max Out-of-Pocket	\$3,400 In-network	\$3,400 In-network	\$6,700 In-network
Rx Deductible	No Deductible	\$100 tiers 3-5	\$150 tiers 4-5
Rx Preferred	\$0/\$0/\$20/\$97/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$6/\$15/\$47/\$97/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$7/\$47/\$97/30%; \$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 \$20/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$15/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$15/Month, Transportation
Market Service Area	Palm Beach Marketwide	Palm Beach Marketwide	Palm Beach Marketwide

Plan Name	HumanaChoice Florida (PPO)	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-068-000	H5216-065-000	R5826-074-000
Plan Highlights	\$0 plan premium Local PPO plan with decreased cost share, inpatient hospital, Specialist and deductible on Rx tiers 1-3	Local PPO premium plan	Regional PPO plan with \$0 plan premium and improved copays for IP, PCP, urgent care, and Rx Tier 1 drugs
Premium	\$0	\$57	\$0
PCP	\$0	\$0	\$15
Specialist	\$35	\$40	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$250 per day Days 1-4	\$285 per day Days 1-7	\$395 per day Days1-4
Max Out-of-Pocket	\$3,400 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$150 tiers 4-5	\$350 tiers 4-5	\$395 tiers 3-5
Rx Preferred	\$2/\$12/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90-day supply from Humana Pharmacy	\$5/\$15/\$47/\$97/26%; \$0 copay for tiers 1 & 2 through mail order for a 90-day supply from Humana Pharmacy	\$6/\$20/\$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, Fitness, OTC allowance \$45/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$20/Month	Vision
Market Service Area	Palm Beach Marketwide	Palm Beach Marketwide	Florida Statewide

FLORIDA

PALM BEACH



MARKET HIGHLIGHTS

- Strong brand recognition & customer loyalty
- \$75 Part B premium giveback HMO plan is a good fit for veteran population
- NEW CareExtra plan
- Plans include rich dental, vision, hearing benefits and OTC allowance
- SilverSneakers fitness and gym membership benefit on all plans
- Full & partial dentures at \$0 copay offered on most plans
- Unlimited transportation at \$0 copay on all plans

NETWORK HIGHLIGHTS

- All hospitals in-network with the exception of Boca Raton Regional
- Strong Relationships with provider groups and medical centers
- Many bilingual providers to support growing Spanish & Haitian population

MARKET SERVICE AREA

Palm Beach

FLORIDA | PALM BEACH
MA/MAPD CAREPLUS PLANS



	NEW	
Plan Name	CareFree (HMO)	CareExtra (HMO)
Plan Number	H1019-065-000	H1019-097-000
Plan Highlights	Up to \$75 Part B premium giveback plan, \$0 plan premium \$0 PCP copay, \$25 Specialist copay	NEW CareExtra plan offering exceptional value
Premium	\$0	\$11.90
PCP	\$0	\$0
Specialist	\$25	\$5
Referrals Required	Yes	Yes
Inpatient Hospital	\$150 per day Days 1-8	\$50 per day Days 1-5
Max Out-of-Pocket	\$3,400 In-network	\$1,500 In-network
Rx Deductible	\$100 tiers 4-5	\$415 all tiers
Rx Preferred	\$0/\$0/\$47/\$97/31%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	24%/24%/24%/24%/25%
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Month, Transportation
Market Service Area	Palm Beach Marketwide	Palm Beach Marketwide

FLORIDA | PALM BEACH
DUAL-ELIGIBLE CAREPLUS PLANS



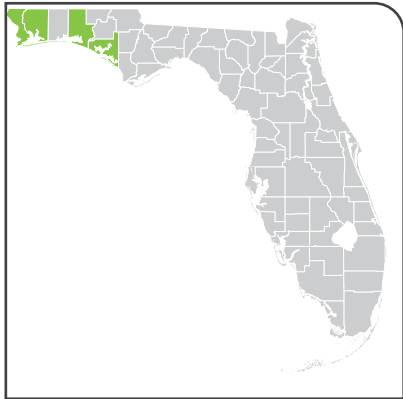
Plan Name	CareNeeds PLUS (HMO SNP)
Plan Number	H1019-023-000
Plan Highlights	Full Medicaid dual-eligible plan with \$400 quarterly OTC allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$400/Quarter for select health and wellness products
Transportation	Unlimited trips to plan approved locations and fitness centers per year
Current Service Area	Palm Beach Marketwide

FLORIDA | PALM BEACH
DUAL-ELIGIBLE CAREPLUS PLANS



Plan Name	CareNeeds (HMO SNP)
Plan Number	H1019-081-000
Plan Highlights	Partial Medicaid dual-eligible plan with \$100 monthly OTC allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Respite Care	Respite Care services for 3 hours per day up to 42 hours per year
Current Service Area	Palm Beach Marketwide

FLORIDA PANHANDLE



MARKET HIGHLIGHTS

- Full suite of HMO and PPO products
- Strong brand recognition in the market
- Year-round selling opportunities with 2 Dual-Eligible plans
- Part B premium giveback plan
- LPPO with \$0 plan premium
- Most plans include dental, vision, hearing, transportation, and fitness program benefits, as well as OTC allowance
- Local MarketPoint Retail Sales office and customer service kiosk, sales and marketing support staff

NETWORK HIGHLIGHTS

- This information is for Medicare HMO and PPO unless otherwise indicated below
- Panhandle has a broad range of local primary care and specialty providers
- Network of PCP providers dedicated to improving and managing members access to care, needs and goals
- Humana Associates/Network of professionals dedicated to ensuring members have an excellent experience and the resources available to live an active and healthy life
- National network reciprocity (all states) on all PPO plans

MARKET SERVICE AREA

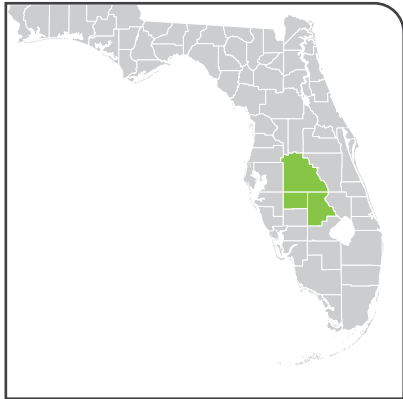
Bay, Escambia, Santa Rosa, Walton

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-143-000	H1036-271-000	H5216-070-000
Plan Highlights	\$0 plan premium, \$3,400 MOOP, \$0 PCP copay, \$25 Specialist copay, added ED Rx drugs	\$0 plan premium, \$52 Part B premium giveback, \$6,700 MOOP, \$5 PCP copay, \$45 Specialist copay, added ED Rx drugs	LPPO with \$0 plan premium, \$5500 MOOP, \$0 IN/OUT network deductible, \$5 PCP copay, \$40 Specialist copay
Premium	\$0	\$0	\$0
PCP	\$0	\$5	\$5
Specialist	\$25	\$45	\$40
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$250 per day Days 1-5	\$370 per day Days 1-5	\$295 per day Days 1-5
Max Out-of-Pocket	\$3,400 In-network	\$6,700 In-network	\$5,500 In-network
Rx Deductible	No Deductible	\$275 tiers 4-5	\$175 tiers 3-5
Rx Preferred	\$0/\$10/\$45/\$85/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$20/\$47/\$100/27%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$10/\$47/\$100/29%; \$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 \$30/Month	Vision, Hearing, Fitness, OTC allowance \$10/Month	Dental, Vision, Fitness, OTC allowance \$30/Quarter
Market Service Area	Panhandle Marketwide	Panhandle Marketwide	Panhandle Marketwide

Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)
Plan Number	R5826-074-000	R5826-018-000
Plan Highlights	Regional PPO plan with \$0 plan premium and improved copays for IP, PCP, urgent care, and Rx Tier 1 drugs	\$0 plan premium for RPPO MA Only with \$10 PCP copay; Great option for the veteran population
Premium	\$0	\$0
PCP	\$15	\$10
Specialist	\$50	\$45
Referrals Required	No	No
Inpatient Hospital	\$395 per day Days 1-4	\$195 per day Days 1-10
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$395 tiers 3-5	No Coverage
Rx Preferred	\$6/\$20/\$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	Dental, Vision, Hearing, Fitness, OTC allowance \$10/Quarter
Market Service Area	Florida Statewide	Florida Statewide

FLORIDA

POLK



MARKET HIGHLIGHTS

- Full product continuum for HMO/PPO/PDP/Medicare Supplement plans
- \$0 plan premium HMO with \$0 PCP copay
- \$0 plan premium LPPO
- HMO Part B premium giveback
- Some plans include Dental, Vision, Hearing, OTC, & Transportation
- SilverSneakers fitness program
- Some plans include Erectile Dysfunction Drugs
- OTC benefit allowance

NETWORK HIGHLIGHTS

- Humana Associates dedicated to ensuring members have an excellent experience and the resources available to live an active and healthy life
- PCP network includes providers dedicated to improving and managing members access to care, needs and goals including some popular physician groups
- All Hospitals in Polk County are in network
- Large specialty network including Lab Corp and Quest Diagnostics
- National network reciprocity (all states) on all PPO plans

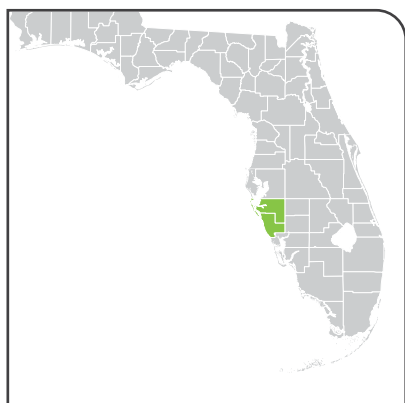
MARKET SERVICE AREA

Hardee, Highlands, Polk

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)
Plan Number	H1036-230-000	H1036-268-000	H5216-072-000
Plan Highlights	\$2,900 MOOP, \$0 PCP copay, \$15 Specialist copay, \$5 urgent care copay, \$95 inpatient hospital copay days 1-10	\$60 Part B premium giveback, \$0 PCP copay, \$30 Specialist copay, \$30 OTC monthly allowance, SilverSneakers	\$0 Plan premium, \$4,900 MOOP, \$290 inpatient hospital copay per day for days 1-5, \$5 PCP copay, \$35 Specialist copay
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$5
Specialist	\$15	\$30	\$35
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$95 per day Days 1-10	\$245 per day Days 1-5	\$290 per day Days 1-5
Max Out-of-Pocket	\$2,900 In-network	\$6,700 In-network	\$4,900 In-network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 3-5
Rx Preferred	\$0/\$10/\$45/\$95/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$15/\$45/\$95/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$10/\$47/\$100/30%; \$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 \$40/Month, Transportation	Dental, Vision, Fitness, OTC allowance \$30/Month	Dental, Vision, Hearing, Fitness, OTC allowance \$45/Quarter
Market Service Area	Polk Marketwide	Polk Marketwide	Polk Marketwide

FLORIDA

SARASOTA - BRADENTON



MARKET HIGHLIGHTS

- One of the largest Medicare Advantage plans with over 15,000 MA members in Manatee/Sarasota counties per CMS data
- Strong Brand Recognition
- Improved 2019 benefits on our Flagship HMO, Part B premium giveback HMO, DSNP HMO plans, CSNP HMO (Manatee only) and PPO products w/SilverSneakers on most plans
- Many plans with improved MOOP, Hospital, Specialist, OTC allowance, Dental, Vision and Transportation
- Two Part B premium giveback plans Manatee \$100/Sarasota \$80 w/improved benefits, OTC allowance, Specialist copays, dental, added Flagship HMO Hospital
- Highly competitive \$0 plan premium LPPO w/Hospital \$290 copay days (1-5), PCP \$5, SPC \$35, \$4,900 MOOP
- Year around selling opportunities with two dual-eligible SNP plans and a Chronic Diabetic SNP plan
- Local retail storefronts in Bradenton (Bayshore Gardens Shopping Center) - Onsite Customer Service, Health and Wellness activities and sales materials in a pinch

NETWORK HIGHLIGHTS

- Network of PCP providers dedicated to improving and managing members' access to care, needs, and goals
- Over 400 PCPs in our HMO network and over 1,000 PCPs in our PPO network, and we are adding more PCP choices throughout Manatee/Sarasota, some with activity centers
- We are contracted with all hospitals in the Tampa Bay area (HMO and PPO), and have a robust specialist network
- Humana Associates/Network of professionals dedicated to ensuring members have an excellent experience and the resources available to live an active and healthy life
- National network reciprocity (all states) on all PPO plans

MARKET SERVICE AREA

Manatee, Sarasota

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H1036-074-000	H1036-215-000	H1036-265-002
Plan Highlights	Improved HOSP, Spec, OTC allowance, dental, urgent care, vision and Unlimited transportation	Improved MOOP, HOSP, Spec, OTC allowance, dental, urgent care, vision and Unlimited transportation - Added acupuncture	Part B premium giveback improved to \$100 - Improved MOOP, HOSP, Spec, urgent care, dental, vision, transportation and hearing
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$15	\$25	\$30
Referrals Required	Yes	Yes	Yes
Inpatient Hospital	\$75 per day Days 1-7	\$95 per day Days 1-7	\$150 per day Days 1-7
Max Out-of-Pocket	\$3,400 In-network	\$3,400 In-network	\$3,400 In-network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$0/\$10/\$60/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$0/\$10/\$47/\$97/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$5/\$45/\$95/33%; \$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 \$50/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$40/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Month, Transportation
Market Service Area	Manatee	Sarasota	Manatee

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus - Diabetes (HMO SNP)	HumanaChoice Florida (PPO)
Plan Number	H1036-267-000	H1036-160-000	H5216-072-000
Plan Highlights	Part B premium giveback improved to \$80 - Improved MOOP, HOSP, Spec, urgent care, dental and hearing	Improved MOOP, HOSP, Spec, OTC allowance, dental and includes transportation	Improved MOOP, HOSP, Spec, PCP, urgent care, Tier 1 and 2 copays on Rx and added hearing
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$5
Specialist	\$40	\$30	\$35
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$175 per day Days 1-7	\$125 per day Days 1-7	\$290 per day Days 1-5
Max Out-of-Pocket	\$3,900 In-network	\$3,400 In-network	\$4,900 In-network
Rx Deductible	No Deductible	No Deductible	\$150 tiers 3-5
Rx Preferred	\$0/\$20/\$47/\$97/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$0/\$10/\$60/33%; \$0 copay for tiers 1 & 2 through mail order from Humana Pharmacy	\$2/\$10/\$47/\$100/30%; \$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 \$15/Month	Dental, Vision, Hearing, Fitness, OTC allowance \$35/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$45/Quarter
Market Service Area	Sarasota	Manatee	Sarasota - Bradenton Marketwide

Plan Name	HumanaChoice (Regional PPO)	HumanaChoice (Regional PPO)	Humana Gold Choice (PFFS)
Plan Number	R5826-074-000	R5826-005-000	H8145-061-000
Plan Highlights	Regional PPO plan with \$0 plan premium and improved copays for IP, PCP, urgent care, and Rx Tier 1 drugs	Improved HOSP, urgent care, and Rx copays on tiers 1-4	Private Fee for Service plan does not include Hillsborough county
Premium	\$0	\$96	\$117
PCP	\$15	\$5	\$10
Specialist	\$50	\$40	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$395 per day Days 1-4	\$195 per day Days 1-7	\$290 per day Days 1-5
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$395 tiers 3-5	\$100 tiers 3-5	\$200 tiers 4-5
Rx Preferred	\$6/\$20/\$47/\$100/25%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$15/\$45/\$95/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$97/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Vision	Dental, Vision, Fitness, OTC allowance \$50/Quarter	Vision, Fitness, OTC allowance \$10/Month
Market Service Area	Florida Statewide	Florida Statewide	Sarasota - Bradenton Marketwide

FLORIDA | SARASOTA - BRADENTON

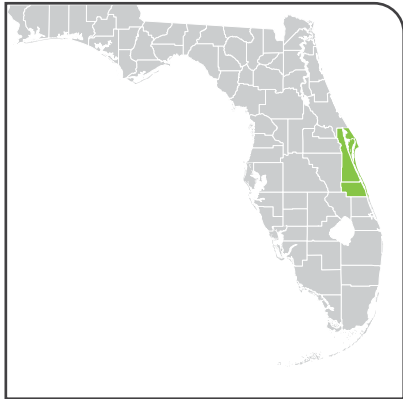
MA/MAPD PLANS



Plan Name	Humana Gold Plus (HMO)	HumanaChoice (Regional PPO)
Plan Number	H1036-119-000	R5826-018-000
Plan Highlights	Part B premium giveback improved to \$100 - Improved MOOP, Spec, OTC allowance, dental & vision	\$0 plan premium for RPPO MA Only with \$10 PCP copay; Great option for the veteran population
Premium	\$0	\$0
PCP	\$0	\$10
Specialist	\$25	\$45
Referrals Required	Yes	No
Inpatient Hospital	\$195 per day Days 1-5	\$195 per day Days 1-10
Max Out-of-Pocket	\$3,400 In-network	\$6,700 In-network
Rx Deductible	No Coverage	No Coverage
Rx Preferred	No Coverage	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Month	Dental, Vision, Hearing, Fitness, OTC allowance \$10/Quarter
Market Service Area	Manatee	Florida Statewide

FLORIDA

SPACE COAST



MARKET HIGHLIGHTS

- Engaged local market office which provides support throughout year
- Strong brand name recognition and presence in the Space Coast
- Competitive \$0 Plan Premium Local PPO product
- Most plans include Dental, Vision, Hearing, OTC
- Erectile Dysfunction Rx select plans

NETWORK HIGHLIGHTS

- Contract with most major Hospitals in Brevard County including Steward Hospitals and Parrish Medical Centers (Health First not contracted with Parrish)
- In-Network Hospitals in Indian River County include Steward Sebastian River and Indian River Medical Centers
- Contracted with many independent Physicians in addition to large Physician groups like Steward Medical Group (formerly HMA/Osler) and Parrish Medical
- Strong Relationships with Providers
- National network reciprocity (all states) on all PPO plans

MARKET SERVICE AREA

Brevard, Indian River

FLORIDA | SPACE COAST

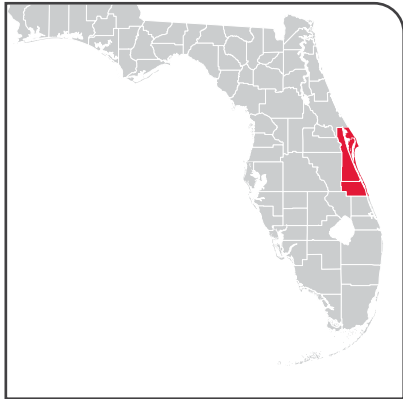
MA/MAPD PLANS



Plan Name	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-062-000	R5826-074-000
Plan Highlights	\$0 plan premium Local PPO plan with decreased cost share within IP hospital, Specialist, MOOP and deductible on RX tiers 1-3	Regional PPO plan with \$0 plan premium and improved copays for IP, PCP, urgent care, and Rx Tier 1 drugs
Premium	\$0	\$0
PCP	\$0	\$15
Specialist	\$35	\$50
Referrals Required	No	No
Inpatient Hospital	\$295 per day Days 1-4	\$395 per day Days 1-4
Max Out-of-Pocket	\$3,400 In-network	\$6,700 In-network
Rx Deductible	\$150 tiers 4-5	\$395 tiers 3-5
Rx Preferred	\$2/\$12/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$20/\$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, Fitness, OTC allowance \$75/Quarter	Vision
Market Service Area	Space Coast Marketwide	Florida Statewide

FLORIDA

SPACE COAST



MARKET HIGHLIGHTS

- Engaged local market office which provides support throughout year
- Offer year round selling opportunity with Full and Partial Dual-Eligible plans
- Improved CareOne benefits for 2019
- Strong Brand name recognition in Brevard County

NETWORK HIGHLIGHTS

- Contract with most major Hospitals in Brevard County including Steward Hospitals and Parrish Medical Centers (Health First not contracted with Parrish)
- In-Network Hospitals in Indian River County include Steward Sebastian River and Indian River Medical Centers
- Contracted with many independent Physicians in addition to large Physician groups like Steward Medical Group (formerly HMA/Osler) and Parrish Medical
- Strong Relationships with Providers

MARKET SERVICE AREA

Brevard, Indian River

FLORIDA | SPACE COAST
MA/MAPD CAREPLUS PLANS



Plan Name	CareOne (HMO)
Plan Number	H1019-043-000
Plan Highlights	\$0 plan premium Core HMO with decreased cost share within inpatient hospital, Specialist and Rx Tier 1
Premium	\$0
PCP	\$0
Specialist	\$20
Referrals Required	Yes
Inpatient Hospital	\$125 per day Days 1-5
Max Out-of-Pocket	\$3,400 In-network
Rx Deductible	No Deductible
Rx Preferred	\$0/\$10/\$30/\$95/33%; \$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 \$30/Month, Transportation
Market Service Area	Space Coast Marketwide

FLORIDA | SPACE COAST
DUAL-ELIGIBLE CAREPLUS PLANS



Plan Name	CareNeeds PLUS (HMO SNP)
Plan Number	H1019-090-000
Plan Highlights	Full Dual-Eligible plan with Increased hearing, OTC Allowance and offers a comprehensive dental plan
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited trips to plan approved locations and fitness centers
Current Service Area	Space Coast Marketwide

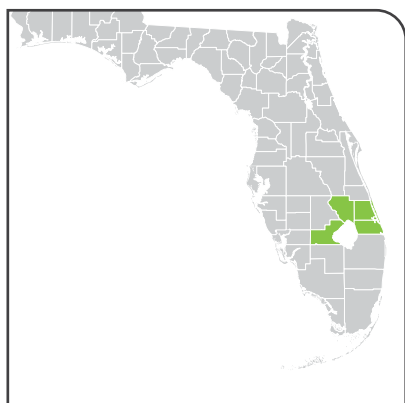
FLORIDA | SPACE COAST
DUAL-ELIGIBLE CAREPLUS PLANS



Plan Name	CareNeeds (HMO SNP)
Plan Number	H1019-091-000
Plan Highlights	Partial Dual-Eligible plan with decreased IP cost share, increased OTC allowance and added comprehensive dental plan
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Space Coast Marketwide

FLORIDA

TREASURE COAST



MARKET HIGHLIGHTS

- Fully engaged local market office
- Strong brand name recognition and presence in the Treasure Coast
- Offer year round selling opportunity with two Dual-Eligible Plans
- Competitive \$0 Plan Premium Local PPO plan
- Robust PCP and Specialty network
- Most plans include Dental, Vision, Hearing, OTC & Transportation
- Erectile Dysfunction Rx and Respite Care covered on select plans

NETWORK HIGHLIGHTS

- Highly engaged large Managed Service Organizations, who fully support local PCP Offices
- Contracted with large Physician groups including Martin Memorial Health Systems, St. Lucie Medical Specialists, Gateway Medical and Florida Women's Care
- All Hospitals participate in our HMO, PPO and LPPO plans including Martin Memorial, St. Lucie Medical, Tradition, Lawnwood Regional and Raulerson
- Strong relationship with providers
- National network reciprocity (all states) on all PPO plans

MARKET SERVICE AREA

Glades, Martin, Okeechobee, Saint Lucie

Plan Name	Humana Gold Plus (HMO)	HumanaChoice Florida (PPO)	HumanaChoice (Regional PPO)
Plan Number	H1036-229-000	H5216-062-000	R5826-074-000
Plan Highlights	Core HMO plan with decreased cost share within inpatient hospital, Specialist and Rx tiers 1 and 2	\$0 plan premium Local PPO plan with decreased cost share within IP hospital, Specialist, MOOP and deductible on Rx tiers 1-3	Regional PPO plan with \$0 plan premium and improved copays for IP, PCP, urgent care, and Rx Tier 1 drugs
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$15
Specialist	\$20	\$35	\$50
Referrals Required	Yes	No	No
Inpatient Hospital	\$200 per day Days 1-6	\$295 per day Days 1-4	\$395 per day Days 1-4
Max Out-of-Pocket	\$5,600 In-network	\$3,400 In-network	\$6,700 In-network
Rx Deductible	No Deductible	\$150 tiers 4-5	\$395 tiers 3-5
Rx Preferred	\$0/\$10/\$30/\$95/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$12/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$20/\$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 \$15/Month	Dental, Vision, Fitness, OTC allowance \$75/Quarter	Vision
Market Service Area	Treasure Coast Marketwide	Treasure Coast Marketwide	Florida Statewide

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

VALUE PLUS PLANS

A Value Plus plan is a Medicare Advantage plan offered by Humana with those eligible for both Medicare and Medicaid in mind, but since it's a Medicare Advantage plan, it's available to anyone with Medicare.

Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-103-000
Plan Highlights	\$0 copay for: PCP, Specialist, hospital, \$100 monthly OTC allowance benefit, ED drug, added Respite Care
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crown, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 allowance per ear per year
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited transportation to approved locations and fitness centers
Respite Care	Respite Care services for 3 hours per day up to 42 hours per year
Current Service Area	Broward Marketwide

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-255-000
Plan Highlights	\$0 copay for: PCP, Specialist, hospital, \$100 monthly OTC allowance benefit, ED drug, added Respite Care
Dental	\$0 copayment covers: exams, x-rays, cleanings, filling, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Respite Care	Respite Care services for 3 hours per day up to 42 hours per year
Current Service Area	Broward Marketwide

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

VALUE PLUS PLANS

A Value Plus plan is a Medicare Advantage plan offered by Humana with those eligible for both Medicare and Medicaid in mind, but since it's a Medicare Advantage plan, it's available to anyone with Medicare.

Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-251-000
Plan Highlights	Partial dual-eligible plan, \$2,000 MOOP, increased transportation benefit & OTC allowance, added ED Rx drugs
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Citrus Marketwide

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-102-000
Plan Highlights	Full dual-eligible plan, \$1,500 MOOP, added acupuncture benefit and ED Rx drugs, increased OTC allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Citrus Marketwide

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

VALUE PLUS PLANS

A Value Plus plan is a Medicare Advantage plan offered by Humana with those eligible for both Medicare and Medicaid in mind, but since it's a Medicare Advantage plan, it's available to anyone with Medicare.

Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-209-000
Plan Highlights	Full Dual-Eligible plan with added Erectile Dysfunction Rx drugs, enhanced dental, and OTC benefit allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Daytona Marketwide

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-241-000
Plan Highlights	Partial Dual-Eligible SNP with added Erectile Dysfunction drugs, decreased IP copays, enhanced dental & OTC allowance for 2019
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Daytona Marketwide

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

VALUE PLUS PLANS

A Value Plus plan is a Medicare Advantage plan offered by Humana with those eligible for both Medicare and Medicaid in mind, but since it's a Medicare Advantage plan, it's available to anyone with Medicare.

Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-251-000
Plan Highlights	Improved MOOP, HOSP, SNF, dental with dentures, vision, \$100 monthly allowance. Includes MD LIVE w/talk Psych, unlimited transportation
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Greater Tampa Bay Marketwide

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-102-000
Plan Highlights	Improved MOOP, dental w/dentures, vision, \$100 monthly OTC allowance. Acupuncture, MD LIVE w/talk Psych, unlimited transportation
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Greater Tampa Bay Marketwide

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

VALUE PLUS PLANS

A Value Plus plan is a Medicare Advantage plan offered by Humana with those eligible for both Medicare and Medicaid in mind, but since it's a Medicare Advantage plan, it's available to anyone with Medicare.

Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-243-000
Plan Highlights	Partial Dual-Eligible SNP with added Erectile Dysfunction drugs, decreased IP copays, enhanced dental & OTC allowance for 2019
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, and extractions
Vision	Annual exam and \$115 allowance for eyewear or contact lenses
Hearing	Annual exam, fitting and \$500 allowance per ear per year for hearing aids plus one month supply of batteries
OTC Allowance	OTC \$30/Month for select health and wellness products
Transportation	Up to 50 one-way trips to approved locations and fitness centers per year
Current Service Area	Alachua, Baker, Clay, Columbia, Duval, Nassau, Putnam, Saint Johns

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-210-000
Plan Highlights	Full Dual-Eligible plan with added Erectile Dysfunction Rx drugs, enhanced dental, and OTC benefit allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Alachua, Baker, Clay, Columbia, Duval, Nassau, Putnam, Saint Johns

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

VALUE PLUS PLANS

A Value Plus plan is a Medicare Advantage plan offered by Humana with those eligible for both Medicare and Medicaid in mind, but since it's a Medicare Advantage plan, it's available to anyone with Medicare.

Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

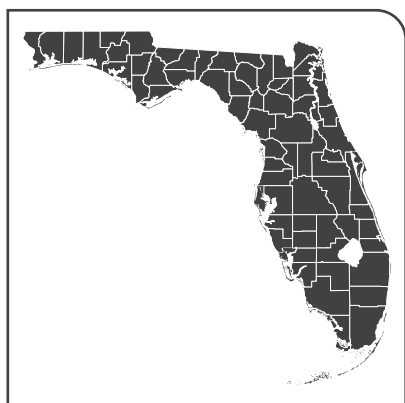
DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-213-000
Plan Highlights	Full Dual-Eligible plan; includes dental, vision, and hearing benefits, as well as ED Rx drugs and OTC allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$500 allowance per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$300/Quarter for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Lake, Marion, Sumter Marketwide

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-247-000
Plan Highlights	Partial Dual-Eligible plan; includes dental, vision, and hearing benefits, as well as ED Rx drugs and OTC allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Lake, Marion, Sumter Marketwide

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

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Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Value Plus (HMO)
Plan Number	H1036-264-000
Plan Highlights	Lean medical and Rx benefits with rich supplemental benefits, designed with dual eligibles in mind yet available to all
Dental	\$0 copayment covers: exams, x-rays, cleanings, filling, extractions, dentures
Vision	Annual exam and \$400 allowance every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 allowance per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC Card \$50/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Miami Marketwide

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-257-000
Plan Highlights	\$50 OTC allowance Card, Respite Care through SeniorBridge, \$0 copay Hosp-PCP-Spec-ER-ambulance, \$400 vision allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 allowance per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC Card \$50/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Respite Care	Respite Care services for 3 hours per day up to 42 hours per year
Current Service Area	Miami Marketwide

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-077-000
Plan Highlights	\$100 OTC Card allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crown, extractions, denture reline, dentures
Vision	Annual exam and \$400 allowance every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 allowance per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC Card \$100/Month for select health and wellness products at participating retailers
Transportation	Unlimited transportation to plan approved locations and fitness centers
Current Service Area	Miami Marketwide

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

VALUE PLUS PLANS

A Value Plus plan is a Medicare Advantage plan offered by Humana with those eligible for both Medicare and Medicaid in mind, but since it's a Medicare Advantage plan, it's available to anyone with Medicare.

Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-213-000
Plan Highlights	Full Medicaid Benefits, \$0 urgent care copay, \$0 copay for dentures, unlimited transportation; \$300 OTC quarterly allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 allowance per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$300/Quarter for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Orlando Marketwide

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-247-000
Plan Highlights	Partial Medicaid Benefits, \$25 inpatient hospital copay days 1-5, \$0 urgent care copay, unlimited transportation
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Orlando Marketwide

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

VALUE PLUS PLANS

A Value Plus plan is a Medicare Advantage plan offered by Humana with those eligible for both Medicare and Medicaid in mind, but since it's a Medicare Advantage plan, it's available to anyone with Medicare.

Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-259-000
Plan Highlights	Partial Dual-Eligible plan with decreased IP and ambulance cost shares, added Erectile Dysfunction drugs and dentures
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Palm Beach Marketwide

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-104-000
Plan Highlights	Full Dual-Eligible plan: added Erectile Dysfunction and Respite Care
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings and 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited transportation to plan approved locations and fitness centers
Respite Care	Respite Care services for 3 hours per day up to 42 hours per year
Current Service Area	Palm Beach Marketwide

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

VALUE PLUS PLANS

A Value Plus plan is a Medicare Advantage plan offered by Humana with those eligible for both Medicare and Medicaid in mind, but since it's a Medicare Advantage plan, it's available to anyone with Medicare.

Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-245-000
Plan Highlights	Partial Dual-Eligible plan, \$6,700 MOOP, increased acupuncture benefit & OTC allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, and extractions
Vision	Annual exam and \$180 credit for eyewear or contact lenses
Hearing	Annual exam, fitting and \$1,000 credit for hearing aids plus one month supply of batteries
OTC Allowance	OTC \$30/Month for select health and wellness products
Transportation	Up to 16 one-way trips to approved locations and fitness centers per year
Current Service Area	Panhandle Marketwide

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-214-000
Plan Highlights	Full Dual-Eligible plan, \$3,400 MOOP, increased acupuncture benefit and OTC allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Up to 44 one-way trips to approved locations and fitness centers per year
Current Service Area	Panhandle Marketwide

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

VALUE PLUS PLANS

A Value Plus plan is a Medicare Advantage plan offered by Humana with those eligible for both Medicare and Medicaid in mind, but since it's a Medicare Advantage plan, it's available to anyone with Medicare.

Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-231-000
Plan Highlights	Full Medicaid Benefits, \$0 urgent care copay, \$0 copay for dentures, unlimited transportation; \$300 OTC quarterly allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$300/Quarter for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Polk Marketwide

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-253-000
Plan Highlights	Partial Medicaid, \$50 inpatient hospital copay days 1-10, \$0 urgent care copay, unlimited transportation
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Polk Marketwide

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

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Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-261-000
Plan Highlights	Dental w/dentures, vision, \$100 monthly OTC allowance. Acupuncture, includes MD LIVE w/talk Psychiatry, unlimited transportation
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Sarasota

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-251-000
Plan Highlights	Improved MOOP, HOSP, SNF, dental w/dentures, vision, \$100 monthly OTC allowance. Includes MD LIVE w/talk Psychiatry, unlimited transportation
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Citrus, Hernando, Hillsborough, Manatee, Pasco, Pinellas

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-262-000
Plan Highlights	Improved HOSP, dental w/dentures, \$25 OTC allowance & Unlimited transportation
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, extractions, and dentures
Vision	Annual exam and \$115 allowance for eyewear or contact lenses or 1 pair of select eyeglasses at no cost
Hearing	Annual exam, fitting and \$500 allowance per ear per year for hearing aids plus one month supply of batteries
OTC Allowance	OTC \$25/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Sarasota

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-102-000
Plan Highlights	Improved MOOP, dental w/dentures, vision, \$100 OTC allowance. Acupuncture, MD LIVE w/talk Psych, unlimited transportation
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Citrus, Hernando, Hillsborough, Manatee, Pasco, Pinellas

FLORIDA



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

VALUE PLUS PLANS

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Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-226-000
Plan Highlights	Full Dual-Eligible plan: added Erectile Dysfunction. Increased vision and OTC allowance
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, denture reline, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited trips to plan approved locations and fitness centers
Current Service Area	Treasure Coast Marketwide

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H1036-249-000
Plan Highlights	Partial Dual-Eligible plan with decreased inpatient hospital and ambulance cost share, added Erectile Dysfunction drugs
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$400 credit every year for eyewear or contact lenses including fittings or 3 pairs of select eyeglasses at no cost
Hearing	Annual exam, fittings and \$1,000 credit per ear per year for hearing aids plus one month battery supply
OTC Allowance	OTC \$100/Month for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Treasure Coast Marketwide

FLORIDA
PDP PLANS



Plan Name	Humana Preferred Rx Plan (PDP)	Humana Walmart Rx Plan (PDP)
Plan Number	S5884-105-000	S5884-157-000
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	\$38.30	\$29.60
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%/42%/25%	\$10/\$15/25%/48%/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	Florida Statewide	Florida Statewide

FLORIDA

BROWARD



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FLORIDA

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FLORIDA

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