

2023 Humana MAPD Plan Summary

Minnesota

FOR AGENT USE ONLY



Please note: The information included in this document is for training purposes only and is not approved for public distribution. The following pages are summaries of the 2023 MAPD plan highlights. For more complete benefit information, please refer to the appropriate Summary of Benefits and/or Evidence of Coverage.

Important Contact Numbers

Humana
MarketPOINT Office

12600 Whitewater Dr
Suite 150
Minnetonka, MN 55343

Sales Director

Minnesota, North Dakota and Wisconsin

Nixon Salomon

954-662-3176

nsalomon@humana.com

Sales Managers

Minnesota

Anne Hodges

952-255-9183

ahodges@humana.com

Minnesota/North Dakota

David Van Wagner

406-927-7034

dvan_wagner@humana.com

Broker Relationship Manager & Executive

Todd Koland (BRM)

612-417-9798

tkoland@humana.com

Austin Compton (BRE)

502-313-7945

acompton1@humana.com

MINNESOTA AND NORTH DAKOTA SUPPORT TEAM

Julian Abrego, Sales & Marketing Executive

502-297-2184 jabrego1@humana.com

Chris Sabo, Manager of Sales Administration

952-253-3503 csabo@humana.com

Jeanna Pelino, Sales Support Representative

952-253-3540 jpelino@humana.com

Customer service inquiries, Supply requests, benefit questions, etc.

MinnesotaAgentMailbox@humana.com



Plan Year 2023

Humana Gold Plus HMO-POS

HMO Twin Cities

\$0 Premium

Contract/PBP:

H6622-073-000

Serving: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington

HMO Twin Cities

\$127 Premium

Contract/PBP:

H6622-062-000

Serving: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington

Humana[®]

Plan Year 2023

HumanaChoice PPO

Humana Choice PPO
\$0 Premium
Contract/PBP:
H5216-275-000

Serving: Anoka, Benton, Carver, Dakota, Hennepin, Isanti, McLeod, Meeker, Ramsey, Scott, Washington and Wright

Humana Choice PPO
\$0 Premium
Contract/PBP:
H5216-303-000

Serving: Aitkin, Becker, Beltrami, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Koochiching, Lake, Lake of the Woods, Mahnomen, Mille Lacs, Norman, Otter Tail, Pennington, Red Lake, Roseau, St Louis, Todd and Wadena

Humana Choice PPO
\$97 Premium
Contract/PBP:
H5216-063-000

Serving: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Fillmore, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, St Louis, Steele, Todd, Wadena, Washington, Wilkin, Winona and Wright. WI: Burnett, Polk and St Croix

Humana®

Plan Year 2023

HumanaChoice PPO

PPO Mid

\$72 Premium

**Contract/PBP:
H5216-167-000**

Serving: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Fillmore, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, St Louis, Steele, Todd, Wadena, Washington, Wilkin, Winona and Wright. WI: Burnett, Polk and St Croix

PPO Metro Mid

\$54 Premium

Contract/PBP: H5216-359-000

(Formerly H5216-080-001,002 and 003)

Serving: Aitkin, Anoka, Becker, Beltrami, Benton, Blue Earth, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Fillmore, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Koochiching, Lake, Lake of the Woods, Le Sueur, Mahnomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Rice, Roseau, Scott, St Louis, Steele, Todd, Wadena, Washington, Wilkin, Winona and Wright WI: Burnett, Douglas and Polk

Twin Cities PPO

\$37 Premium

**Contract/PBP:
H5216-092-000**

Serving: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, Sibley, St Louis, Steele, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona and Wright

Twin Cities PPO

\$39.90 Premium

**Contract/PBP:
H5216-176-000**

Serving: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Brown, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Grant, Hennepin, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Lincoln, Lyon, Mahnomen, Marshall, McLeod, Meeker, Mille Lacs, Morrison, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rock, Roseau, Scott, Sibley, St Louis, Todd, Wabasha, Wadena, Washington, Watonwan, Wilkin, and Wright

Humana[®]

Plan Year 2023

HumanaChoice MA ONLY and PFFS

PPO MA ONLY

\$0 Premium

Contract/PBP:

H5216-278-001

Serving: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabeck, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, Sibley, St Louis, Steele, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, and Wright

PPO MA ONLY

\$0 Premium

Contract/PBP:

H5216-354-000

****NEW FOR 2023****

Serving: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabeck, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, Sibley, St Louis, Steele, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, and Wright

PFFS

\$95

Contract/PBP:

H8145-089

Serving: Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Martin, Mower, Nicollet, Olmsted, Rice, Sibley, Steele, Wabasha, Waseca, and Winona



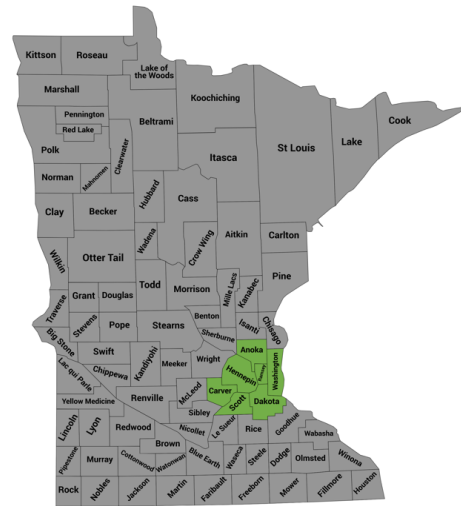
2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

Humana Gold Plus HMO-POS
H6622-073-000

Service Area:

Anoka, Carver, Dakota, Hennepin, Ramsey,
Scott and Washington



Key Selling Points

\$0 Premium MAPD HMO-POS Plan. Uses MN HMO Network. Receive In-Network benefits with participating HMO National Network providers in another service area as well as access to Out-of-Network Providers. No Referral needed. This plan includes Dental, Hearing, Vision, Quarterly \$50 OTC Benefit with rollover, Well Dine, Telehealth Services, Silver Sneakers, and Humana Medicare Go365 Incentive Program. Plan includes the Insulin Savings Program. **This plan includes a \$30 Part B Premium Reduction.**

Premium	\$0
MOOP:	\$4,900 In-Network; \$8,000 Combined IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Hospital Care	\$350/day (days 1-5); 30% OON
Skilled Nursing Facility	\$0 (days 1-20); \$196/day (days 21-100); 30% OON
PCP Copay	\$0 IN Providers/ 30% OON Providers
Specialist Copay	\$45 IN Providers / 30% OON Providers
Urgently Needed Services	Primary \$0; Specialist \$45; Urgent Care Center \$30 (In Network)
Emergency Services	\$90 copay (copay waived if admitted within 24 hours)
Prescription Drug Benefits	T1*-\$0, T2*-\$5, T3-\$47, T4-\$100, T5-27%

***Tiers 1 and 2 are exempt from the \$350 deductible; 90 Day Tiers 1 and 2 from CenterWell for \$0 copay**

Dental Benefit DEN057 is included with this plan



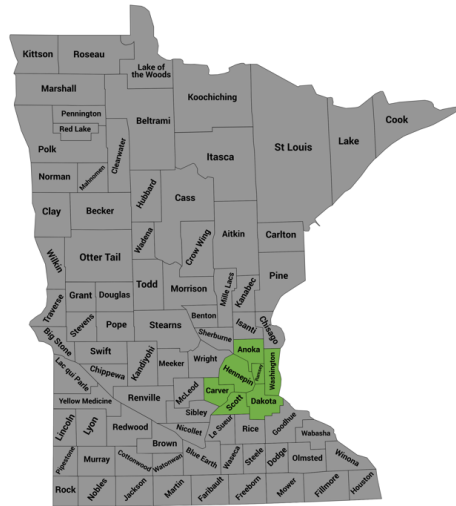
2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

Humana Gold Plus HMO-POS H6622-062-000

Service Area:

Anoka, Carver, Dakota, Hennepin, Ramsey, Scott
and Washington



Key Selling Points

Uses MN HMO Network. Access to Out-of-Network Providers. Receive In-Network benefits with participating HMO National Network providers in another service area as well as access to Out-of-Network Providers. No Referral needed. This Plan includes the Post-Discharge Personal Home Care Benefit, Dental, Hearing, Vision, Quarterly \$100 OTC Benefit, Well Dine, Telehealth Services, Routine Transportation, Silver Sneakers and

Premium

\$127

MOOP:	\$3,000 In-Network; \$5,000 Combined IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Hospital Care	\$100/admit / \$200/admit OON
Skilled Nursing Facility	\$0 (days 1-20); \$196/day (days 21-100); 20% OON
PCP Copay	\$0 IN & OON Providers
Specialist Copay	\$20 IN & OON Providers
Urgently Needed Services	Primary \$0; Specialist \$20; Urgent Care Center \$20
Emergency Services	\$125 copay (copay waived if admitted within 24 hours)
Prescription Drug Benefits	T1*-\$0, T2*-\$6, T3*-\$47, T4-\$100, T5-31%

*Tiers 1, 2, and 3 are exempt from the \$100 deductible;

**90 Day Tiers 1 and 2 from CenterWell for \$0 copay

Dental Benefit DEN187 is included with this plan



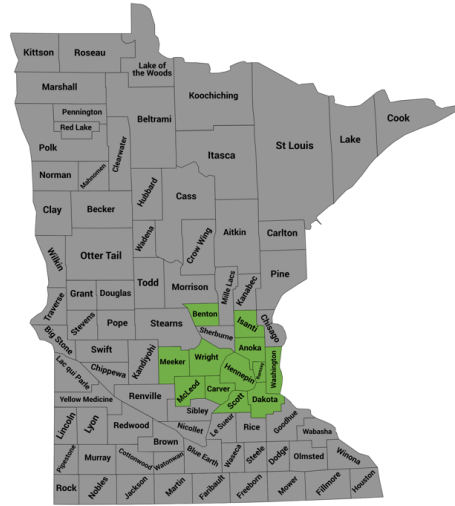
2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

HumanaChoice PPO
H5216-275-000

Service Area:

Anoka, Benton, Carver, Dakota, Hennepin,
Isanti, McLeod, Meeker, Ramsey, Scott,
Washington and Wright



Key Selling Points

\$0 Premium MAPD PPO Plan. Access to the PPO nationwide network. Benefits included are Dental, Vision, Hearing, \$75 OTC Benefit with rollover, Well Dine, Telehealth Services, Silver Sneakers and Humana Medicare GO 365. Participates in the Insulin Savings Program.

Premium

\$0

MOOP:	\$4,200 In-Network; \$6,600 Combined IN & OON
Plan Deductible:	\$680 Deductible (only applies to certain services)
Inpatient Hospital Care	\$400/day (days 1-4); 50% OON
Skilled Nursing Facility	\$0 (days 1-20); \$196/day (days 21-100); 50% OON
PCP Copay	\$0 IN Providers/50% OON Providers
Specialist Copay	\$45 IN Providers/ 50% OON Providers
Urgently Needed Services	Primary \$0; Specialist \$45; Urgent Care Center \$25 (In Network)
Emergency Services	\$110 copay (copay waived if admitted within 24 hours)
Prescription Drug Benefits	T1*-\$0, T2*-\$5, T3-\$47, T4-\$100, T5-27%

Tiers 1 and 2 are exempt from the \$325 deductible; *90 Day Tiers 1 and 2 from CenterWell for \$0 copay

Dental Benefit DEN061 is included with this plan



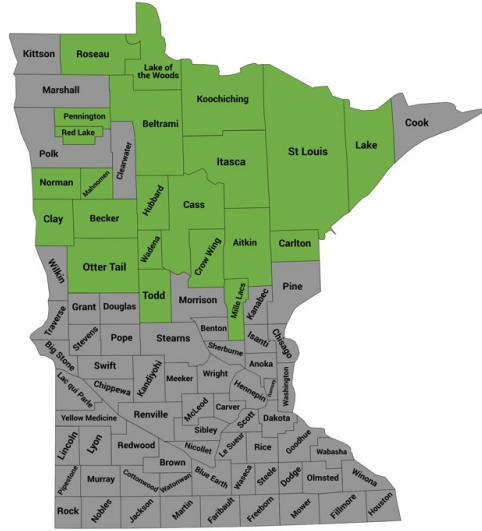
2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

HumanaChoice PPO
H5216-303-000

Service Area:

Aiktin, Becker, Beltrami, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Koochiching, Lake, Lake of the Woods, Mahnommen, Mille Lacs, Norman, Otter Tail, Pennington, Red Lake, Roseau, St Louis, Todd, and Wadena



Key Selling Points

\$0 Premium MAPD PPO Plan. Access to the PPO nationwide network. Benefits included are Dental, Vision, Hearing, \$75 OTC Quarterly Benefit with rollover, Well Dine, Telehealth Services, Silver Sneakers and Humana Medicare GO 365. Participates in the Insulin Savings Program.

Premium

\$0

MOOP:	\$4,200 In-Network; \$6,600 Combined IN & OON
Plan Deductible:	\$680 Deductible (only applies to certain services)
Inpatient Hospital Care	\$400/day (days 1-4); 50% OON
Skilled Nursing Facility	\$0 (days 1-20); \$196/day (days 21-100); 50% OON
PCP Copay	\$0 IN Providers/50% OON Providers
Specialist Copay	\$45 IN Providers/ 50% OON Providers
Urgently Needed Services	Primary \$0; Specialist \$45; Urgent Care Center \$25 (In Network)
Emergency Services	\$110 copay (copay waived if admitted within 24 hours)
Prescription Drug Benefits	T1*- \$0, T2*-\$5, T3-\$47, T4- \$100, T5-27%

*Tiers I and 2 are exempt from the \$325 deductible; *90 Day Tiers I and 2 from CenterWell for \$0 copay

Dental Benefit DEN061 is included with this plan



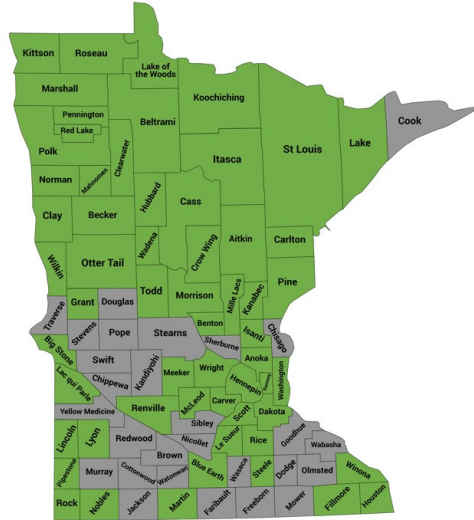
2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

HumanaChoice PPO H5216-063-000

Service Area:

Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Fillmore, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, St Louis, Steele, Todd, Wadena, Washington, Wilkin, Winona and Wright.
WI: Burnett, Polk and St Croix



Key Selling Points

Low out-of-pocket costs for Medicare beneficiaries living in this service area; Access to the PPO nationwide network. Benefits include Dental, Hearing, Vision, Quarterly \$50 OTC Benefit with rollover, My Directive, Well Dine, Telehealth Services, Silver Sneakers and Humana Medicare GO365 Program. Participates in the Insulin Savings Program.

Premium

\$97

MOOP:	\$2,900 In-Network; \$4,500 IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Hospital Care	\$150/admit / 20% OON
Skilled Nursing Facility	\$20 (days 1-20); \$196/day (days 21-100); 20% OON
PCP Copay	\$0 IN Providers / 20% OON Providers
Specialist Copay	\$25 IN Providers / 20% OON Providers
Urgently Needed Services	Primary \$0; Specialist \$25; Urgent Care Center \$25 (In-Network)
Emergency Services	\$125 copay (copay waived if admitted within 24 hours)
Prescription Drug Benefits	T1-\$0, T2-\$5, T3-\$47, T4-\$100, T5-33%
	No Rx Deductible on this plan

Dental Benefit DEN371 is included with this plan

Optional Supplemental Benefits

Dental PPO— My Option \$55.50 monthly premium; See plan documents for details (DEN432)



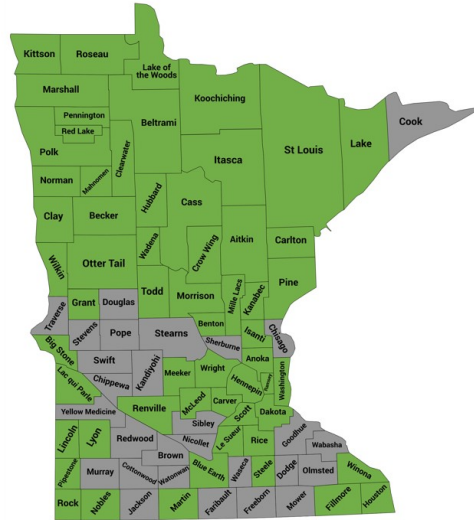
2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

HumanaChoice PPO
H5216-167-000

Service Area:

Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Fillmore, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, St Louis, Steele, Todd, Wadena, Washington, Wilkin, Winona and Wright.
WI: Burnett, Polk and St Croix



Key Selling Points

Low copay plan for Medicare beneficiaries living in this service area; Access to the PPO nationwide network. Benefits included are Dental, Hearing, Vision, Quarterly \$50 OTC Benefit with rollover, Well Dine, Telehealth Services, SilverSneakers, and Humana Medicare GO365 Incentive Program. Participates in the Insulin Savings Program.

Premium

\$72

MOOP:	\$2,900 In-Network; \$5,450 Combined IN & OON	
Plan Deductible:	No Plan Deductible	
Inpatient Hospital Care	\$300/per admit/20% OON	
Skilled Nursing Facility	\$0 (days 1-20); \$196/day (days 21-100); 20% OON	
PCP Copay	\$0 IN Providers/20% OON Providers	
Specialist Copay	\$35 IN Providers/20% OON Providers	
Urgently Needed Services	Primary \$0; Specialist \$35; Urgent Care Center \$25 (In-Network)	
Emergency Services	\$125 copay (copay waived if admitted within 24 hours)	
Prescription Drug Benefits	Preferred**	T1*-\$0, T2*-\$5, T3*-\$47, T4-\$100, T5-33% No RX Deductible on this plan

Dental Benefit DEN371 is included with this plan

Optional Supplemental Benefits

Dental PPO— My Option

\$55.50 monthly premium; See plan documents for details (DEN432)



2023 Plan Summary Outline

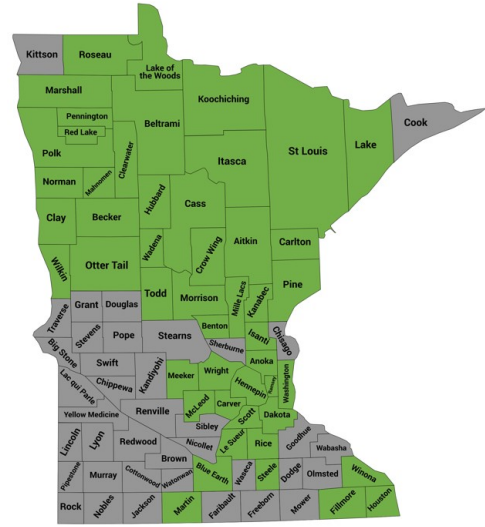
Please refer to plan Summary of Benefits and EOC for full explanation of benefits

HumanaChoice PPO H5216-359-000

Formerly H5216-080-001,002 and 003

Service Area:

Aitkin, Anoka, Becker, Beltrami, Benton, Blue Earth, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Fillmore, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Koochiching, Lake, Lake of the Woods, Le Sueur, Mahanomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Rice, Roseau, Scott, St Louis, Steele, Todd, Wadena, Washington, Wilkin, Winona and Wright WI: Burnett, Douglas and Polk



Key Selling Points

Affordable plan for Medicare beneficiaries living in this service area; Access to the PPO nationwide network. Benefits include comprehensive Dental, Hearing, Vision, Quarterly \$25 OTC Benefit, Well Dine, Telehealth Services, My Directive, SilverSneakers, and Humana Medicare GO365 Incentive Program. Participates in the Insulin Savings Program.

Premium

\$54

MOOP:	\$5,900 In-Network; \$8,850 Combined IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Hospital Care	\$360/day (days 1-5) / 50% OON
Skilled Nursing Facility	\$0 (days 1-20); \$184/day (days 21-100); 50% OON
PCP Copay	\$15 IN Providers/50% OON Providers
Specialist Copay	\$45 IN Providers/ 50% OON Providers
Urgently Needed Services	Primary \$15; Specialist \$45; Urgent Care Center \$25 (In-Network)
Emergency Services	\$110 copay (copay waived if admitted within 24 hours)
Prescription Drug Benefits	T1*-\$4, T2*-\$15, T3-\$47, T4-\$100, T5-27%

*Tiers 1 and 2 are exempt from the \$350 deductible; **90 Day Tiers 1 and 2 from CenterWell for \$0 copay

Dental Benefit DEN351 is included with this plan.

Optional Supplemental Benefits

Dental PPO: My Option	\$35.70 monthly premium; See plan documents for details (DEN204)
Dental PPO: My Option	\$43.10 monthly premium; See plan documents for details (DEN205)
Dental PPO: My Option	\$55.50 monthly premium; See plan documents for details (DEN432)

Humana Confidential



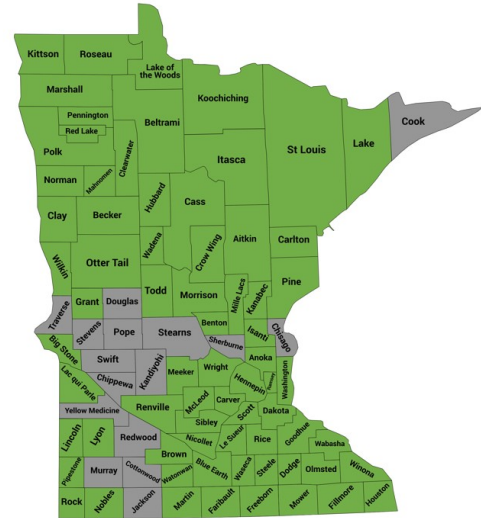
2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

HumanaChoice PPO H5216-092-000

Service Area:

Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, Sibley, St Louis, Steele, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona and Wright



Key Selling Points

Low premium plan for Medicare beneficiaries living in the service area with access to the PPO nationwide network. Benefits included are SilverSneakers, Quarterly \$25 OTC Benefit, Telehealth Services, Well Dine, My Directives and Humana Medicare GO365 Incentive Program. Dental and Vision can be added to this plan. Participates in the Insulin Savings Program.

Premium

\$37

MOOP:	\$6,700 In-Network; \$12450 Combined IN & OON
Plan Deductible:	\$233 Part B Deductible IN or OON
Inpatient Hospital Care	\$400/day (days 1-5) IN/ \$454/day (days 1-5) OON
Skilled Nursing Facility	\$0 (days 1-20); \$196/day (days 21-100) IN or OON
PCP Copay	\$20 IN Providers/20% OON Providers
Specialist Copay	\$50 IN Providers/ 20% OON Providers
Urgently Needed Services	Primary \$20; Specialist \$50; Urgent Care Center 20% (In-Network)
Emergency Services	\$95 copay (copay waived if admitted within 24 hours)
Prescription Drug Benefits	T1*-\$4, T2*-\$15, T3-\$47, T4-50%, T5-27%

*Tiers 1 and 2 are exempt from the \$350 deductible; **90 Day Tiers 1 and 2 from CenterWell for \$0 copay

Optional Supplemental Benefits

My Option	\$49.10 monthly premium; See plan documents for details (DEN207)
My Option Platinum Dental	\$35.20 monthly premium; See plan documents for details (DEN887)
Dental PPO — My Option Plus	\$28.00 monthly premium; See plan documents for details (DEN843)



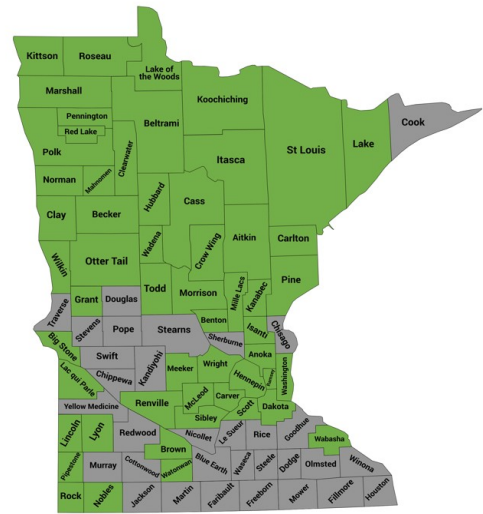
2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

HumanaChoice Value Plus PPO H5216-176-000

Service Area:

Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Brown, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Grant, Hennepin, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Lincoln, Lyon, Mahanomen, Marshall, McLeod, Meeker, Mille Lacs, Morrison, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rock, Roseau, Scott, Sibley, St Louis, Todd, Wabasha, Wadena, Washington, Watonwan, Wilkin, and Wright



Key Selling Points

Qualifying QMB or QMB+ Dual Eligible beneficiaries have \$0 premium and \$0 medical cost share on this plan. Access to the PPO nationwide network. Benefits include Dental, Hearing, Vision, Well Dine, SilverSneakers, Quarterly \$200 OTC Benefit with rollover, Routine Transportation, Telehealth Services, Philips Lifeline, and Humana Medicare GO365 Incentive Program.

Premium

\$39.90

MOOP:	\$6,700 In-Network; \$12,450 Combined IN & OON
Plan Deductible:	\$233 Part B Deductible IN or OON
Inpatient Hospital Care	\$410/day (days 1-5) / 50% OON
Skilled Nursing Facility	\$0 (days 1-20); \$196/day (days 21-100); 50% OON
PCP Copay	\$20 IN Providers / 50% OON Providers
Specialist Copay	\$50 IN Providers / 50% OON Providers
Urgently Needed Services	Primary \$20; Specialist \$50; Urgent Care Center 20% (In-Network)
Emergency Services	\$95 copay (copay waived if admitted within 24 hours)
Prescription Drug Benefits	T1*-\$7, T2-\$13, T3-\$47, T4-\$100, T5-26% \$435 Deductible on All Tiers

****90 Day Tiers 1 and 2 from CenterWell Pharmacy for \$0 Copay**

Dental Benefit DEN277 is included with this plan

Optional Supplemental Benefits

Dental PP0: My Option \$34.30 monthly premium; See plan documents for details (DEN478)



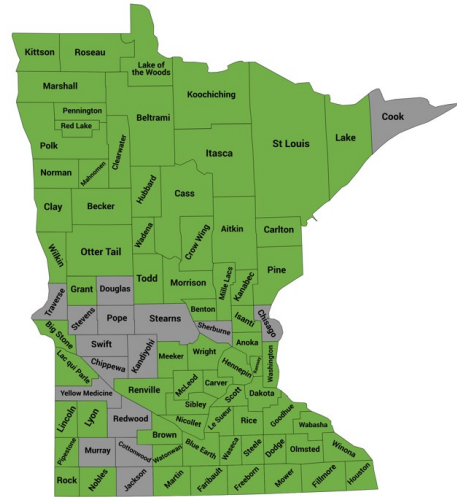
2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

**Humana HONOR PPO
MA Only/No Drug
H5216-278-001**

Service Area:

Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabeck, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, Sibley, St Louis, Steele, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, and Wright



Key Selling Points

This plan is best suited for Medicare Beneficiaries who do not need drug coverage, such as Veterans; with a \$0 premium and affordable benefits this plan provides a great back-up plan to the VA. Benefits included are Dental, Vision, Hearing, Quarterly \$125 OTC Benefit, Well Dine, Silver Sneakers, Telehealth Services, and Humana Medicare GO365 Incentive Program. Includes a \$500 Visa card to use with Dental, Vision and Hearing. **(This plan includes a \$55 Part B Premium reduction.) You cannot sell a separate Part D plan with this plan.**

Premium	\$0
MOOP:	\$4,500 In Network; \$8,950 Combined IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Hospital Care	\$295/day (days 1-6) /IN; 50% OON
Skilled Nursing Facility	\$0 (days 1-20); \$196/day (days 21-100); 50% OON
PCP Copay	\$5 IN Providers / 50% OON Providers
Specialist Copay	\$45 IN Providers / 50% OON Providers
Urgently Needed Services	Primary \$5; Specialist \$45; Urgent Care Center \$25 (In-Network)
Emergency Services	\$110 copay (copay waived if admitted within 24 hours)
Prescription Drug Benefits	Not Available — CANNOT BE SOLD SEPARATELY
Dental Benefit DEN419 is included with this plan.	

Please Note: If a member has LIS and is placed on a plan without drug coverage (such as this MA Only plan), Medicare may attempt to move them to a plan with drug coverage for their protection. The member will be notified by letter if they fall into this category and will have an opt-out period that will allow them to stay in their current MA Only plan if they choose. If this process applies to a member you place on this plan, please alert them to watch for this correspondence.



2023 Plan Summary Outline

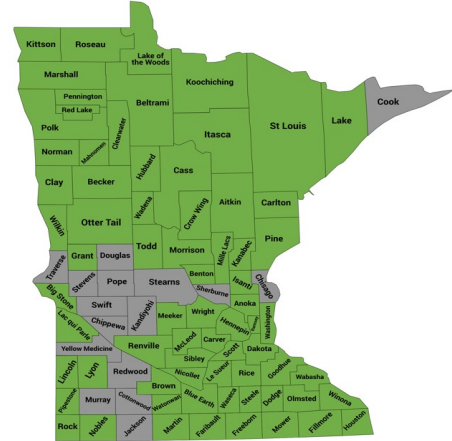
Please refer to plan Summary of Benefits and EOC for full explanation of benefits

**Humana HONOR PPO
MA Only/No Drug
H5215-354-000**

**** NEW FOR 2023 ****

Service Area:

Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabeck, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, Sibley, St Louis, Steele, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, and Wright



Key Selling Points

This plan is best suited for Medicare Beneficiaries who do not need drug coverage, such as Veterans; with a \$0 premium and affordable benefits this plan provides a great back-up plan to the VA. Benefits included are Dental, Vision, Hearing, Quarterly \$75 OTC Benefit with rollover, Well Dine, Silver Sneakers, Telehealth Services, and Humana Medicare GO365 Incentive Program. **This plan includes a \$100 Part B Premium reduction. You cannot sell a separate Part D plan with this plan.**

Premium	\$0
MOOP:	\$4,500 In Network; \$8,950 Combined IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Hospital Care	\$295/day (days 1-6) /IN; 50% OON
Skilled Nursing Facility	\$0 (days 1-20); \$196/day (days 21-100); 50% OON
PCP Copay	\$5 IN Providers / 50% OON Providers
Specialist Copay	\$45 IN Providers / 50% OON Providers
Urgently Needed Services	Primary \$5; Specialist \$45; Urgent Care Center \$25 (In-Network)
Emergency Services	\$110 copay (copay waived if admitted within 24 hours)
Prescription Drug Benefits	Not Available — CANNOT BE SOLD SEPARATELY

Dental Benefit DEN072 is included with this plan.

Optional Supplemental Benefits

Dental PP0: My Option \$34.30 monthly premium; See plan documents for details (DEN478)

Please Note: If a member has LIS and is placed on a plan without drug coverage (such as this MA Only plan), Medicare may attempt to move them to a plan with drug coverage for their protection. The member will be notified by letter if they fall into this category and will have an opt-out period that will allow them to stay in their current MA Only plan if they choose. If this process applies to a member you place on this plan, please alert them to watch for this correspondence.

Humana Confidential



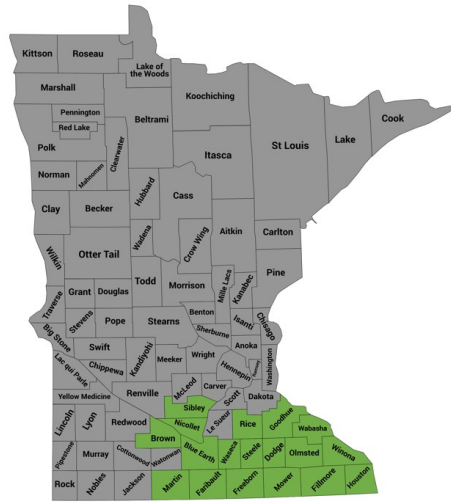
2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

Humana Gold Choice PFFS H8145-089

Service Area:

Blue Earth, Brown, Dodge, Faribault, Fillmore,
Freeborn, Goodhue, Houston, Martin, Mower,
Nicollet, Olmsted, Rice, Sibley, Steele, Wabasha,
Waseca, and Winona



Key Selling Points

Flexible plan for Medicare beneficiaries living in the service area with access to a nationwide network. Benefits include Quarterly \$225 Over-the-Counter Benefit, Well Dine, Silver Sneakers, Telehealth Services and Humana Medicare GO365 Incentive Program. Comprehensive Dental and Vision can be added.

Premium

\$95

MOOP:	\$6,700 Combined IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Hospital Care	\$454 day (days 1-4) / 30% OON
Skilled Nursing Facility	\$0 (days 1-20); \$196/day (days 21-55) \$0/day (days 56-100) / 30% OON
PCP Copay	\$20 IN Providers / 30% OON Providers
Specialist Copay	\$50 IN Providers / 30% OON Providers
Urgently Needed Services	Primary \$20; Specialist \$50; Urgent Care Center \$25 (In-Network)
Emergency Services	\$95 copay (copay waived if admitted within 24 hours)

Prescription Drug Benefits Preferred** T1- \$2, T2-\$7, T3-25%, T4- 25%, T5-25%

\$465 deductible All Tiers **100 Day Tiers 1 and 2 from CenterWell for \$0 copay

Optional Supplemental Benefits

Dental PPO-My Option	\$45.70 monthly premium; See plan documents for details (DEN478)
My Option Vision	\$16.10 monthly premium; See plan documents for details (VIS757)

Humana[®]

Plan Year 2023

Humana Prescription Drug Plans

Humana Walmart Value RX Plan

**\$30.50 Premium
Contract/PBP:
S5884-204-000**

Serving:

All counties in
IA, MN, MT, ND,
NE, SD, & WY

Humana Basic RX Plan

**\$ 37.00 Premium
Contract/PBP:
S5884-145-000**

Serving:

All counties in
IA, MN, MT, ND,
NE, SD, & WY

Humana Premier RX Plan

**\$75.40 Premium
Contract/PBP:
S5884-171-000**

Serving:

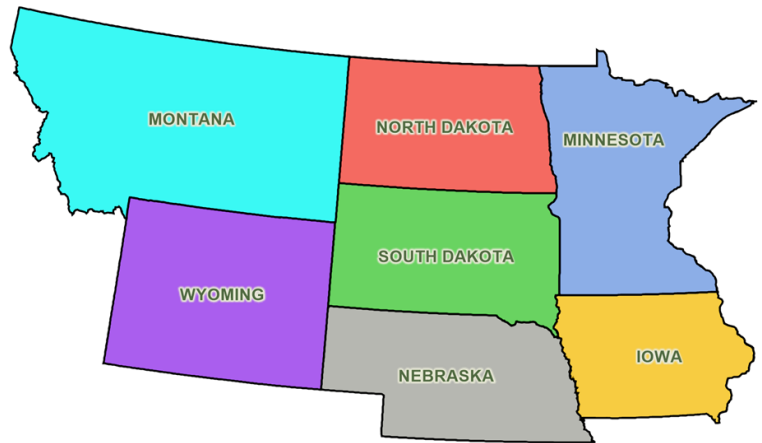
All counties in
IA, MN, MT, ND,
NE, SD, & WY



2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

Humana Walmart Value RX Plan S5884-204-000



Service Area:

Iowa, Minnesota, Montana, North Dakota,
Nebraska, South Dakota and Wyoming

Key Selling Points

Low premium plan. Low copays on Tier 1 and Tier 2 with no deductible.

Premium

\$30.50

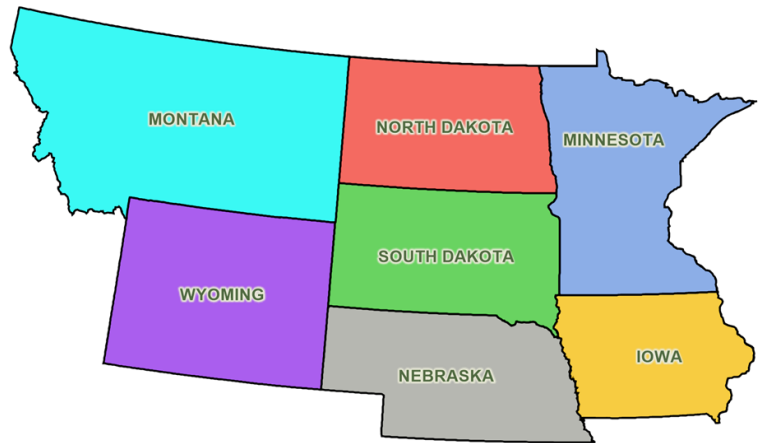
Deductible		\$505 on Tiers 3, 4, & 5	
Initial Coverage Limit \$4,660		Pref	Standard
	Tier I	\$0	\$10
	Tier II	\$2	\$20
	Tier III	16%	22%
	Tier IV	50%	50%
	Tier V	25%	25%
Coverage Gap	Generic	25% Co-Insurance	
	Brand	25% Co-Insurance	
True Out of Pocket		\$7,400	
Catastrophic Coverage		Member pays the greater of \$4.15 for Generic/Preferred multi-source drugs and \$10.35 for all other drugs; or 5% co-insurance.	



2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

Humana Basic RX Plan
S5884-145-000



Service Area:

Iowa, Minnesota, Montana, North Dakota,
Nebraska, South Dakota and Wyoming

Key Selling Points

Medicare Beneficiaries who receive LIS should be placed into this plan.

Premium

\$37.00

Deductible		\$505	
Initial Coverage Limit \$4,660		Pref	Standard
	Tier I	\$0	\$1
	Tier II	\$1	\$2
	Tier III	19%	23%
	Tier IV	37%	40%
	Tier V	25%	25%
Coverage Gap	Generic	25% Co-Insurance	
	Brand	25% Co-Insurance	
True Out of Pocket		\$7,400	
Catastrophic Coverage		Member pays the greater of \$4.15 for Generic/Preferred multi-source drugs and \$10.35 for all other drugs; or 5% co-insurance.	

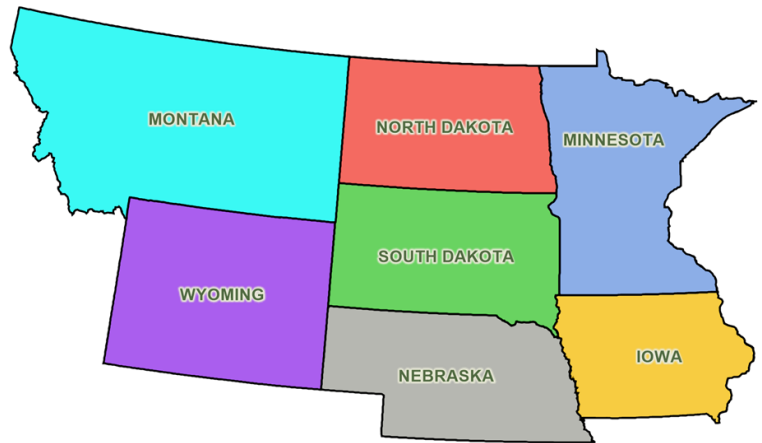
Members can obtain 90 Day Supply of Tier 1 and Tier 2 drugs ordered through CenterWell Mail Order for \$0 copay after the deductible has been met.



2023 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

Humana Premier RX Plan
S5884-171-000



Service Area:

Iowa, Minnesota, Montana, North Dakota,
Nebraska, South Dakota and Wyoming

Key Selling Points

Members will receive preferred cost-sharing when using certain pharmacies.

Premium

\$75.40

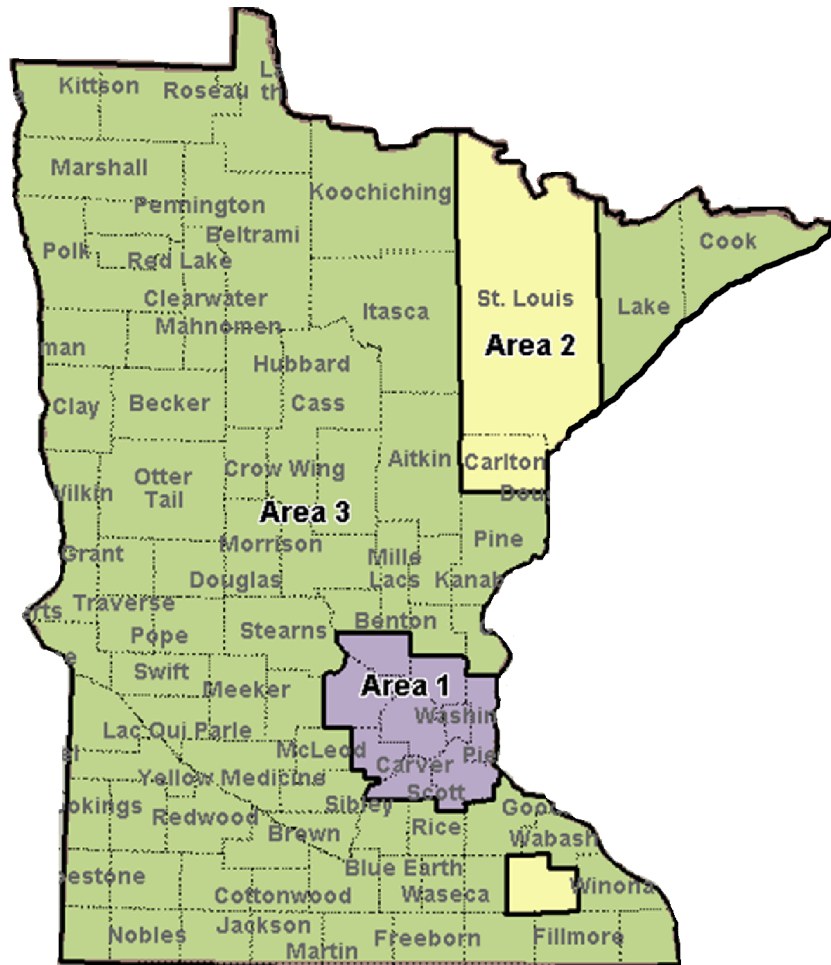
Deductible		\$300 on Tiers 3, 4, & 5	
Initial Coverage Limit \$4,660		Pref	Standard
	Tier I	\$1	\$5
	Tier II	\$4	\$10
	Tier III	\$45	\$47
	Tier IV	49%	50%
	Tier V	28%	28%
Coverage Gap	Generic Brand	Tier 1: \$1 Tier 2: \$4 25% Co-Insurance	
True Out of Pocket		\$7,400	
Catastrophic Coverage		Member pays the greater of \$4:15 for Generic/Preferred multi-source drugs and \$10.35 for all other drugs; or 5% co-insurance.	

Members can obtain 90 Day Supply of Tier 1 and Tier 2 drugs ordered through CenterWell Mail Order for \$0 copay after the deductible has been met.



2022 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits
Plan rates are based upon the member's residence.



Humana Medicare Supplement Options

Medicare Supplement

Offering Plans: Basic, Extended Basic, High Deductible Coverage Plan, 50% and 75% Coverage Plans, and \$20/\$50 Copay Plans.

These Plans Offer:

\$2 Monthly Premium Reduction for electronic bank withdrawals and credit card payments.

Full Underwriting Review :

Applicant may still be accepted even with "Yes" answer on application.

***Refer to Sales Agent Field Guide for all Underwriting requirements and additional information.**



2022 Plan Summary Outline

Please refer to plan Summary of Benefits and EOC for full explanation of benefits

Medicare Supplement — Additional Services

SilverSneakers Fitness Membership and/or Steps Program

WellDine Meal Program

HumanaFirst 24 Hour Nurse Hotline

MyHumana

Lifeline Medical Alert System Discount

Vision Discount

Hearing Discount

Rx Discount

***Refer to Sales Agent Field Guide for all Underwriting requirements and additional information.**

Humana®

Plan Year 2023

Humana MarketPOINT Sales Office

Minnetonka

12600 Whitewater Dr. Ste. 150 Minnetonka, MN 55343

Phone: 952.253.3540 • Toll Free: 1.877.367.6990

Fax: 952.938.2787 Email: MinnesotaAgentMailbox@Humana.com

Agent Support Toll Free Numbers

MECA, Delegated & Independent	1-800-309-3163
Bankers Life	1-877-801-0532
Thrivent	1-866-445-9660
USAA	1-800-610-1867
General Strategic Partner	1-877-823-2388
State Farm	1-800-259-8142

Please follow the prompts to be directed to the correct department. Some of the topics ASU can help with are:

- Contracting/Certification/SAN #
- Ordering Materials
- Enrollment Eligibility
- Commissions
- Current Member Questions
- Med Supp/Dental/Vision/STM
- Plan Questions
- Enrollment Status
- Marketing Materials



Affinity Codes

Did you sell a Humana Medicare Plan in a Wal-Mart or to a Veteran?

If so, please place the applicable code from below in the

“Affinity Partner” section of the app.

If your sale was made *in* a Wal-Mart, please note the 4-digit store number in the “Location” section.

Type of Sale	Affinity Partner Code:
Wal-Mart	WALM
Veterans	VTRN

Medicare Applications

*Must be sent to Humana within 24 hrs. of member signature via MAPA upload, fax for paper app or overnight mail.

For Paper Applications:

Fax (preferred):
1-877-889-9936

Overnight Mail (*not preferred*):
Humana Medicare Enrollment
P.O. Box 14309
Lexington, KY 40512

Helpful Numbers

Member Customer Service

1-800-992-2551

CenterWell

www.CenterWellpharmacy.com

1-855-255-9310

HumanaFirst

24/7 Nurse Advice Line for information regarding health concerns for

Medicare Advantage members:

1-800-622-9529

Scope of Appointment

SOA is required before conducting a MAPD or PDP appointment.



TELEPHONIC IVR: Establish a 3-way call with a member and call the IVR line. Write down the confirmation # and include it on the application.

TELEPHONIC IVR #: 1-800-903-5493

PAPER: Submit completed form to Humana. Humana will handle 10-year retention requirement. (If you use a non-Humana form, you are responsible for the 10-yr retention req.)

Include the barcode # from the paper SOA on your enrollment application so they can be linked. Also include the barcode from the enrollment application on your paper SOA if possible.

SOA TYPE to be used on the Enrollment Application:

INH= In Home

OTH= Other Company's Form

F2F= Face to Face

WAL= Wal-Mart

SEM= Seminar

RET= Non-Wal-Mart retail location



Find a Doctor JOB AID

- Go to **www.humana.com** and click the search button under **Find a Doctor** bubble in the middle of the screen or scroll to the very bottom and in small print under Membership Benefits, click **Find a Doctor**.

Find a doctor

Quickly locate a doctor, hospital, dentist, vision provider or pharmacy. [→ Search](#)

- [Membership Benefits](#)
- [Health Rewards](#)
- [Humana Pharmacy](#)
- [Find a Doctor](#)**
- [Accessibility Resources](#)
- [Customer Support](#)

- Under Search Type, select **Medical, Dental, Vision, or Pharmacy**.
- If you **do not** have a Humana ID:
 - Click **Just Looking** tab.
 - Select **Coverage**.
 - Click in white space box under **Zip Code** and enter zip code.
 - Choose a **Network**.
- If you **do** have a Humana ID:
 - Click **Member ID** tab.
 - Click in white space box under **Member ID** and enter Member ID.
- Under **Search**, choose an option in drop down box. Click in white space box to the right of choice to type specialty.
NOTE: If choosing a specialty, instead of typing in specific specialty, you may click the [blue link](#) that says **Specialty** and choose from the list.
- Click **Search**.
NOTE: You can refine your search on left side of the screen.
- If you want to pullup a list of PCPs in a network:
 - Choose **Specialty** from the drop down list and type **All Primary Care Physician Specialties**.

* Search ?

Specialty ▼

All Primary Care Physician Specialties

Enter a [Specialty](#)

- If a provider is a PCP, the **PCP #** will be located in the following location of the search window. Widen your radius further than 15 miles to capture all the information available

Refine your location ?

☐ By ZIP code

☐ By address

Radius

15 Miles ▼

[→ Refine location](#)

Name	Distance ▲	Details
Farias, Julie M MD	15111 Twelve Oaks Center Dr Minnetonka, MN 55305 Hennepin (952) 993 - 4560 2.5 miles	<input type="checkbox"/> Add to compare
	Get directions	Send contact information
	Report updated information	

IMPORTANT:

When searching for a providers name, please widen your radius search to **50 or 100 miles**. You may capture more providers names in the zip code you are searching in

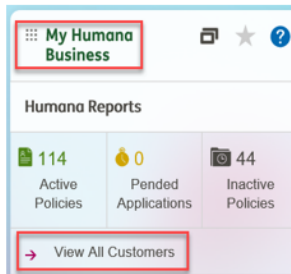
Humana®

Service Inquiry JOB AID

Humana has introduced a new electronic tool for agents to assist their clients with many issues without having to place a phone call to Customer Service or Agent Support. Here is how to save time using the Service Inquiry tool:

Log into Vantage (Agent Portal) from Humana.com

Go to **“My Business Center”** and click on **“View All Customers”**



Log into Vantage (Agent Portal) from Humana.com

Go to **“My Business Center”** and click on **“View All Customers”**

Locate member in question. Inside their Consumer Profile page, select **“Create New Inquiry”**

A screenshot of a 'Consumer Profile' page for a member named Wayne (Age: 69). The page has a sidebar on the left with navigation links: 'Consumer Information', 'Applications & Policies', and 'Service Inquiries'. The main content area shows fields for 'Date of Birth', 'Medicare Number', 'Gender', 'Contact Information', and 'Home Address'. A button labeled 'Create new inquiry' is highlighted with a red box in the top right corner of the main content area.

Then Select which type of Service Inquiry you would like to create:

A screenshot of the 'Create an inquiry' form. The form has a header 'Create an inquiry' and a close button. Below the header, there's a section for 'For which of Wayne you like to create an inquiry?' with a dropdown menu showing 'Medical' and 'HUM'. To the right, it says 'policies/applications would'. Below this, there's a section 'Select an inquiry type' with a dropdown menu showing 'Claims', 'Demographics', 'Benefits', and 'PCP Change'. To the right of the dropdown, there's a list of inquiry types: 'ASEC Agent Statement for Enrollment Correction', 'Application Error (Med Supp)', 'Claims (Claims Status, Claims Filing, Pended and Processed Claims Questions)', 'Demographics (Update Address, Name, Date of Birth, Phone and email)', 'Benefits (Verification, Cost of Service, Coordination)', 'PCP Change', 'Billing (Payment Status Inquiries, Payment Arrangements)', 'Fulfillment (Order ID card, Annual Notice of Change or Welcome Kit)', and 'General Inquiry/Other'.

Complete the Template

****For Agent Use Only, Not for Public Distribution****