



2023 Humana MAPD Plan Summary

North Dakota

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.

Humana Confidential

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 & Market 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

Humana[®]

Plan Year 2023

HumanaChoice PPO

PPO

\$0 Premium

**Contract/PBP:
H5216-273-000**

Serving: Burleigh, Cass, Grand Forks, Morton, Richland and Stutsman

PPO

\$0 Premium

**Contract/PBP:
H5525-067-000**

**** NEW FOR 2023 ****

Serving: Adams, Barnes, Bowman, Cavalier, Dickey, Dunn, Emmons, Foster, Golden Valley, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McIntosh, McLean, Mercer, Nelson, Oliver, Pembina, Ransom, Sargent, Sheridan, Slope, Stark, Steele, Traill, Walsh and Wells

PPO

\$105 Premium

**Contract/PBP:
H5216-103-000**

Serving: Burleigh, Cass, Grand Forks, Morton, Richland and Stutsman

Humana[®]

Plan Year 2023

HumanaChoice PPO HONOR PLANS

PPO HONOR PLAN MA ONLY / NO DRUG

\$0 Premium

**Contract/PBP:
H5216-278-001**

Serving: Burleigh, Cass, Grand Forks, Morton, Richland and Stutsman

PPO HONOR PLAN

\$0 Premium

**Contract/PBP:
H5216-354-000**

**** NEW FOR 2023 ****

Serving: Burleigh, Cass, Grand Forks, Morton, Richland and Stutsman

PPO HONOR PLAN

\$0 Premium

**Contract/PBP:
H5525-066-000**

**** NEW FOR 2023 ****

Serving: Adams, Barnes, Bowman, Cavalier, Dickey, Dunn, Emmons, Foster, Golden Valley, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McIntosh, McLean, Mercer, Nelson, Oliver, Pembina, Ransom, Sargent, Sheridan, Slope, Stark, Steele, Traill, Walsh and Wells

Humana[®]

Plan Year 2023

HumanaChoice PPO

PPO

\$67 Premium

**Contract/PBP:
H5216-088-000**

Serving: Burleigh, Cass, Grand Forks, Morton, Richland and Stutsman

PPO

Value +

\$38.80 Premium

**Contract/PBP:
H5216-171-000**

Serving: Burleigh, Cass, Grand Forks, Morton, Richland and Stutsman

PPO

\$37 Premium

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

Serving: Burleigh, Cass, Grand Forks, Morton, Richland and Stutsman

PFFS

\$95 Premium

**Contract/PBP:
H8145-089-000**

Serving: Burleigh



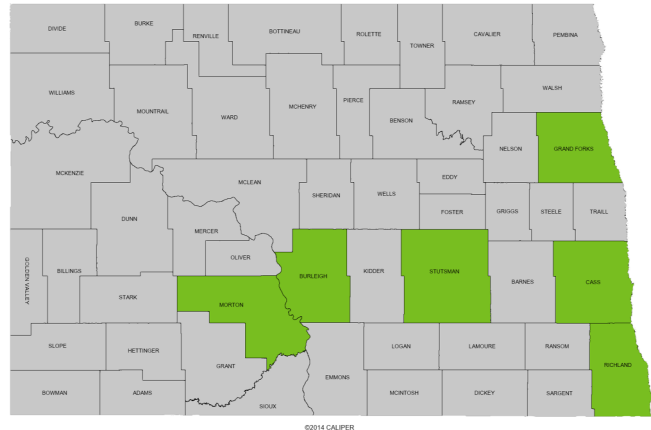
2023 Plan Summary Outline

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

HumanaChoice PPO H5216-273-000

Service Area:

Burleigh, Cass, Grand Forks, Morton, Richland
and Stutsman



©2014 CALPERS

Key Selling Points

\$0 Premium MAPD PPO Plan. Access to the PPO nationwide network. Benefits included are Dental, Vision, Hearing, \$75 Quarterly OTC Benefit with rollover, Well Dine, Telehealth, Silver Sneakers, and Humana Medicare GO365. Participates in the Insulin Savings Program. Includes a \$1,000 Visa Card to be used with Dental, Vision and Hearing costs.

Premium	\$0
MOOP:	\$4,000 In-Network; \$6,600 Combined IN & OON
Plan Deductible:	\$600 Deductible (only applies to certain services)
Inpatient Cost Share	\$350/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	\$35 IN Providers / 50% OON Providers
Urgent Care	Primary \$0; Specialist \$35; Urgent Care Center \$25 (In-Network)
Emergency Room	\$110 copay (copay waived if admitted within 24 hours)
Part D Benefit	T1*-\$0, T2*-\$5, T3-\$47, T-\$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 DEN281 is included with this plan.

Optional Supplemental Benefits

Dental PPO - My Option \$40.40 monthly premium; See plan docs for details (DEN478)

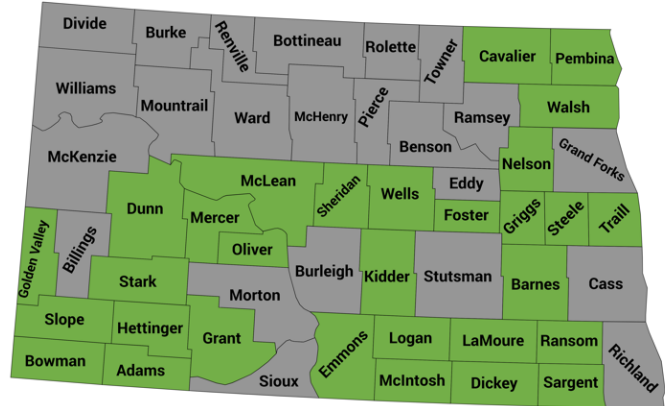


2023 Plan Summary Outline

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

HumanaChoice PPO
H5525-067-000

**** NEW FOR 2023 ****



Service Area:

Adams, Barnes, Bowman, Cavalier, Dickey, Dunn, Emmons, Foster, Golden Valley, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McIntosh, McLean, Mercer, Nelson, Oliver, Pembina, Ramsom, Sargent, Sheridan, Slope, Stark, Steele, Traill, Walsh and Wells

Key Selling Points

\$0 Premium MAPD PPO Plan. Access to the PPO nationwide network. Benefits included are Dental, Vision, Hearing, \$75 Quarterly OTC Benefit with rollover, Well Dine, Telehealth, Silver Sneakers, and Humana Medicare GO365. Participates in the Insulin Savings Program. Includes a \$1,000 Visa Card to be used with Dental, Vision and Hearing costs.

Premium

\$0

MOOP:	\$4,000 In-Network; \$6,600 Combined IN & OON
Plan Deductible:	\$600 Deductible (only applies to certain services)
Inpatient Cost Share	\$350/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	\$35 IN Providers / 50% OON Providers
Urgent Care	Primary \$0; Specialist \$35; Urgent Care Center \$25 (In-Network)
Emergency Room	\$110 copay (copay waived if admitted within 24 hours)
Part D Benefit	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 DEN281 is included with this plan.

Optional Supplemental Benefits

Dental PPO - My Option \$40.40 monthly premium; See plan docs for details (DEN478)



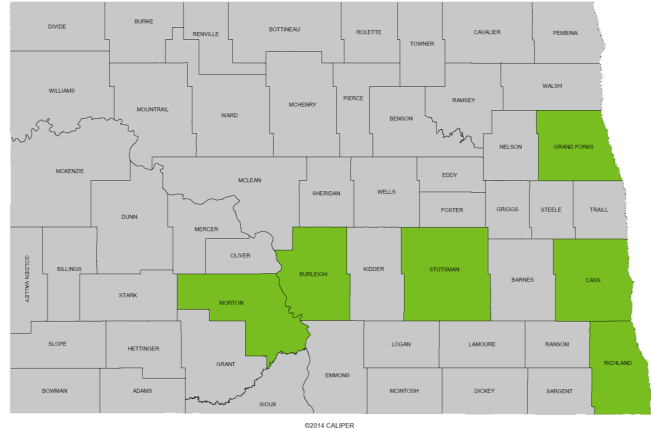
2023 Plan Summary Outline

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

HumanaChoice PPO H5216-103-000

Service Area:

Burleigh, Cass, Grand Forks, Morton, Richland
and Stutsman



©2014 CALPERS

Key Selling Points

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

Premium

\$105

MOOP:	\$3,250 In-Network; \$5,000 Combined IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Cost Share	\$100/day (days 1-5) / 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	\$20 IN Providers / 20% OON Providers
Urgent Care	Primary \$0; Specialist \$20; Urgent Care Center \$20 (In-Network)
Emergency Room	\$125 copay (copay waived if admitted within 24 hours)
Part D Benefit	T1*-\$0, T2*-\$5, T3*-\$47, T4- \$100, T5-29%

*Tiers 1, 2, and 3 are exempt from the \$200 deductible; **90 Day Tiers 1 and 2 from CenterWell for \$0 copay

Other Benefits: Dental Benefit DEN351 is included with this plan.

Optional Supplemental Benefits

Dental PPO	My Option	\$29.10 monthly premium; See plan docs for details (DEN204)
Dental PPO	My Option	\$36.10 monthly premium; See plan docs for details (DEN205)



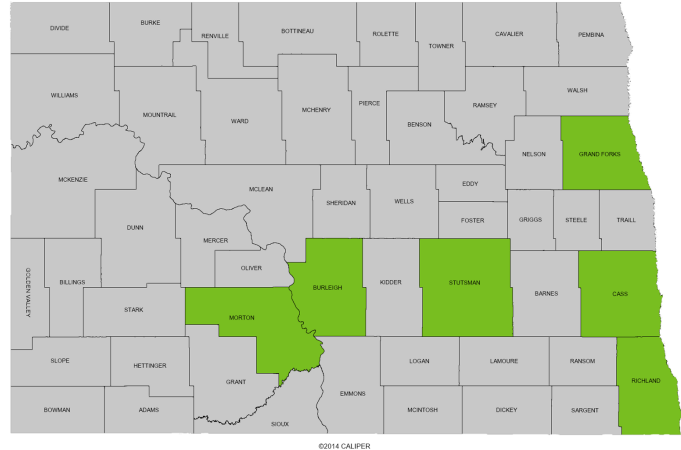
2023 Plan Summary Outline

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:

Burleigh, Cass, Grand Forks, Morton, Richland
and Stutsman



©2014 CALPERS

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 include Dental, Vision, Hearing, Quarterly \$125 OTC Benefit with rollover, Well Dine, SilverSneakers, Telehealth and Humana Medicare GO365 Incentive Program. Includes a \$500 Visa Card to be used with Dental, Vision and Hearing costs. **This plan includes a \$55 Part B premium reduction.**

Premium

\$0

MOOP:	\$4,500 In-Network; \$8,950 Combined IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Cost Share	\$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
Urgent Care	Primary \$5; Specialist \$45; Urgent Care Center \$25 (In-Network)
Emergency Room	\$110 copay (copay waived if admitted within 24 hours)
Part D Benefit	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

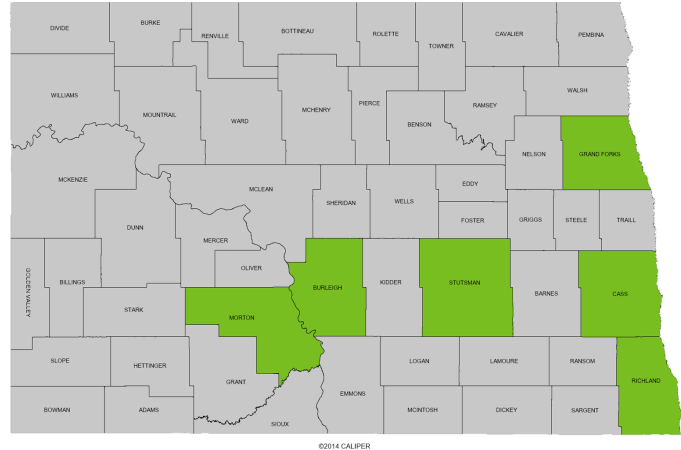
Please refer to plan Summary of Benefits and EOC for full explanation of benefits

**Humana HONOR PPO
MA Only/No Drug
H5216-354-000**

**** NEW PLAN FOR 2023 ****

Service Area:

Burleigh, Cass, Grand Forks, Morton, Richland
and Stutsman



©2014 CALPERS

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 include Dental, Vision, Hearing, Quarterly \$75 OTC Benefit with rollover, Well Dine, SilverSneakers, Telehealth and Humana Medicare GO365 Incentive Program. **This plan includes a \$100 Part B premium reduction.**

Premium	\$0
MOOP:	\$4,500 In-Network; \$8,950 Combined IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Cost Share	\$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
Urgent Care	Primary \$5; Specialist \$45; Urgent Care Center \$25 (In-Network)
Emergency Room	\$110 copay (copay waived if admitted within 24 hours)
Part D Benefit	Not Available-CANNOT BE SOLD SEPARATELY

Dental Benefit DEN072 is included with this plan.

Optional Supplemental Benefits

Dental PPO My Option \$40.40 monthly premium; See plan docs 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

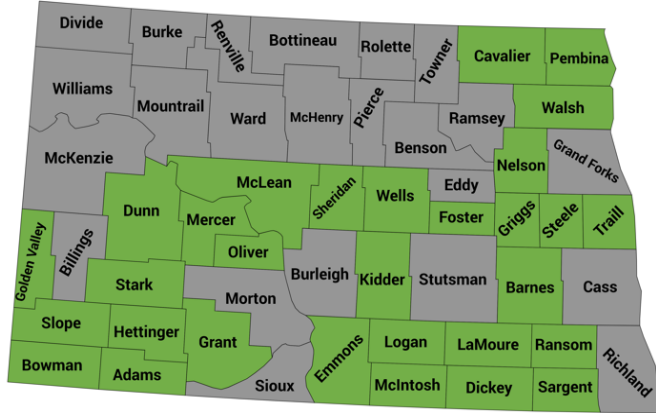
Please refer to plan Summary of Benefits and EOC for full explanation of benefits

**Humana HONOR PPO
MA Only/No Drug
H5525-066-000**

Service Area:

Adams, Barnes, Bowman, Cavalier, Dickey, Dunn, Emmons, Foster, Golden Valley, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McIntosh, McLean, Mercer, Nelson, Oliver, Pembina, Ramsom, Sargent, Sheridan, Slope, Stark, Steele, Traill, Walsh and Wells

**** NEW PLAN FOR 2023 ****



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 include Dental, Vision, Hearing, Quarterly \$125 OTC Benefit with rollover, Well Dine, SilverSneakers, Telehealth and Humana Medicare GO365 Incentive Program. Includes a \$500 Visa Card to be used with Dental, Vision and Hearing costs.

This plan includes a \$55 Part B premium reduction.

Premium	\$0
MOOP:	\$4,500 In-Network; \$8,950 Combined IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Cost Share	\$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
Urgent Care	Primary \$5; Specialist \$45; Urgent Care Center \$25 (In-Network)
Emergency Room	\$110 copay (copay waived if admitted within 24 hours)
Part D Benefit	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.



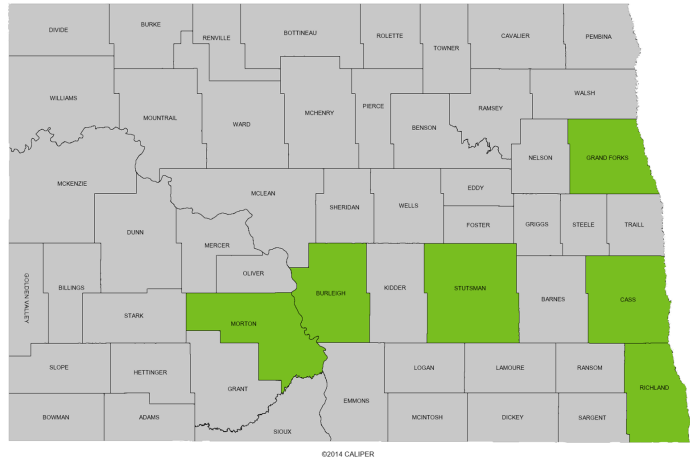
2023 Plan Summary Outline

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

HumanaChoice PPO
H5216-088-000

Service Area:

Burleigh, Cass, Grand Forks, Morton, Richland
and Stutsman



©2014 CALIPER

Key Selling Points

Affordable plan for Medicare beneficiaries living in this service area; extensive PPO network nationwide; benefits included are Dental, Vision, Quarterly \$25 OTC, SilverSneakers, Telehealth and Humana Medicare G0365 Incentive Program. Participates in the Insulin Savings Program.

Premium

\$67

MOOP:	\$6,700 In-Network; \$12,450 IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Cost Share	\$350 day (days 1-5) / 50% OON
Skilled Nursing Facility	\$0 (days 1-20); \$196 day (Days 21-100); 50% OON
PCP Copay	\$10 IN Providers / 50% OON Providers
Specialist Copay	\$45 IN Providers / 50% OON Providers
Urgent Care	Primary \$10; Specialist \$45; Urgent Care Center \$25 (In-Network)
Emergency Room	\$95 copay (copay waived if admitted within 24 hours)
Part D Benefit	T1*-\$5, T2*-\$15, T3*-\$47, T4-\$100, T5-27%

*Tiers 1, 2, and 3 are exempt from the \$350 deductible; **90 Day Tiers 1 and 2 from CenterWell for \$0 copay

Dental Benefit DEN350 is included with this plan.

Optional Supplemental Benefits

Dental PPO—My Option	\$29.10 monthly premium; See plan docs for details (DEN204)
Dental PPO—My Option	\$36.10 monthly premium; See plan docs for details (DEN205)

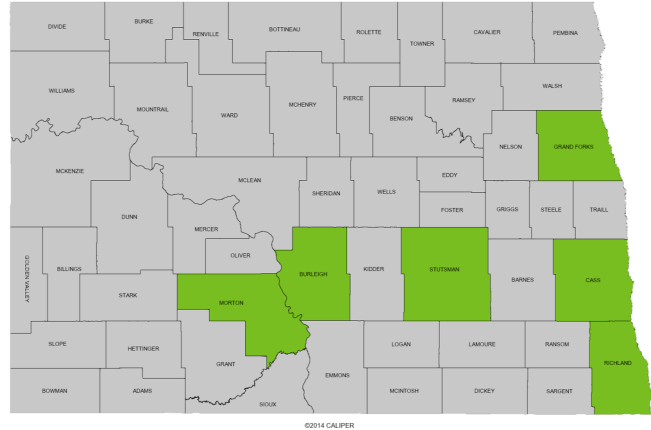


2023 Plan Summary Outline

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

HumanaChoice PPO
H5216-171-000

Service Area:
Burleigh, Cass, Grand Forks, Morton,
Richland and Stutsman



©2014 CALPERS

Key Selling Points

For Medicare beneficiaries with 100% Low Income Subsidy they will have a \$0 Monthly premium. This is a good option for Medicare beneficiaries currently on Medicaid. Extensive PPO network nationwide. Benefits include Dental, Vision, Hearing, Quarterly \$175 OTC Benefit with rollover, Well Dine, SilverSneakers, Telehealth, Philips Lifeline, Routine Transportation, and Humana Medicare GO365 Incentive Program.

Premium

\$39.50

MOOP:	\$6,700 In-Network; \$10,000 Combined IN & OON
Plan Deductible:	\$233 Part B Deductible
Inpatient Cost Share	\$2,019/admit / 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
Urgent Care	Primary \$20; Specialist \$50; Urgent Care Center 20% (In-Network)
Emergency Room	\$95 copay (copay waived if admitted within 24 hours)
Part D Benefit	T1*-\$10, T2*-\$16, T3-\$47, T4-\$100, T5-25%

***Tier 1 and 2 is exempt from the \$505 deductible; **90 Day Tiers 1 and 2 from CenterWell for \$0 copay**

Dental Benefit DEN378 is included with this plan.



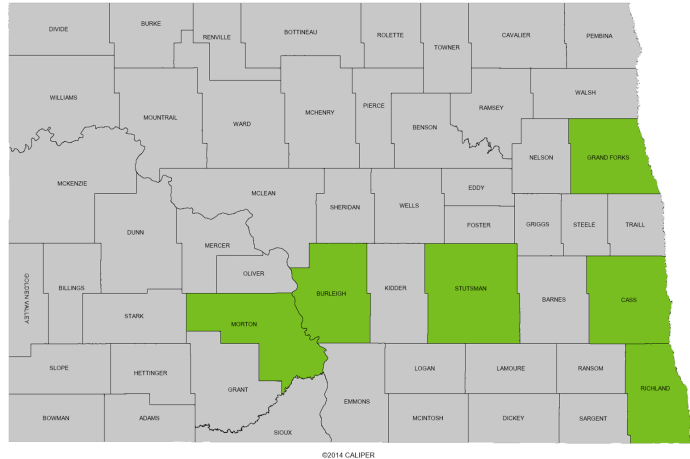
2023 Plan Summary Outline

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

HumanaChoice PPO
H5216-092-000

Service Area:

Burleigh, Cass, Grand Forks, Morton, Richland
and Stutsman



©2014 CALPERS

Key Selling Points

Low premium plan for Medicare beneficiaries with access to the PPO nationwide network. Benefits included are SilverSneakers, Quarterly \$25 OTC Benefit, Telehealth, Well Dine, MyDirectives 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; \$12,450 Combined IN & OON
Plan Deductible:	\$233 Part B Deductible
Inpatient Cost Share	\$400/day (day 1-5) IN or 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% for OON Providers
Urgent Care	\$20 Primary; Specialist \$50; Urgent Care Center 20% (In-Network)
Emergency Room	\$95 copay (copay waived if admitted within 24 hours)

Part D Benefit 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

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

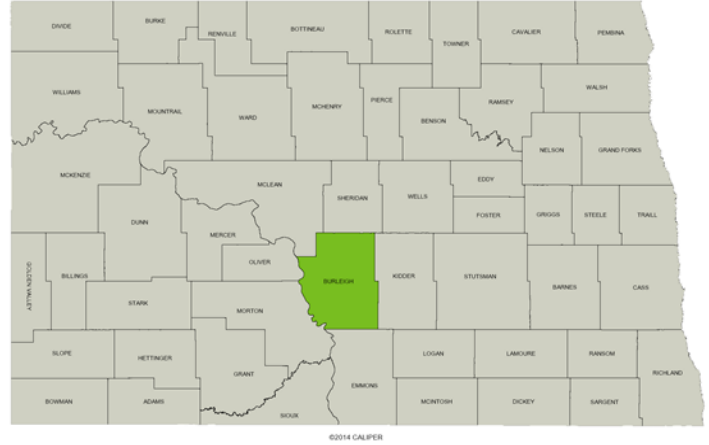


2023 Plan Summary Outline

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

Humana Gold Choice PFFS
H8145-089-000

Service Area:
Burleigh



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, SilverSneakers, Telehealth Services, and Humana Medicare GO365 Incentive Program. Comprehensive Dental and Vision can be added.

Premium

\$95

MOOP:	\$6,700 Combined for IN & OON
Plan Deductible:	No Plan Deductible
Inpatient Cost Share	\$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
Urgent Care	Primary \$20; Specialist \$50; Urgent Care Center \$25 (In-Network)
Emergency Room	\$95 copay (copay waived if admitted within 24 hours)

Part D Benefit T1-\$2, T2-\$7, T3-25%, T4-25%, T5-25%

\$465 Deductible All Tiers **90 Day Tiers 1 and 2 from CenterWell for \$0 copay

Optional Supplemental Benefits

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

Humana®

Plan Year 2022

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



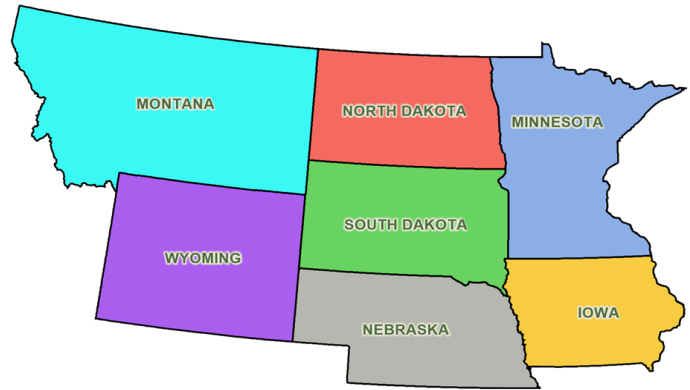
2023 Plan Summary Outline

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

**Humana Walmart Value RX PDP
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	
		Pref	Standard
Initial Coverage Limit \$4,660	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.	



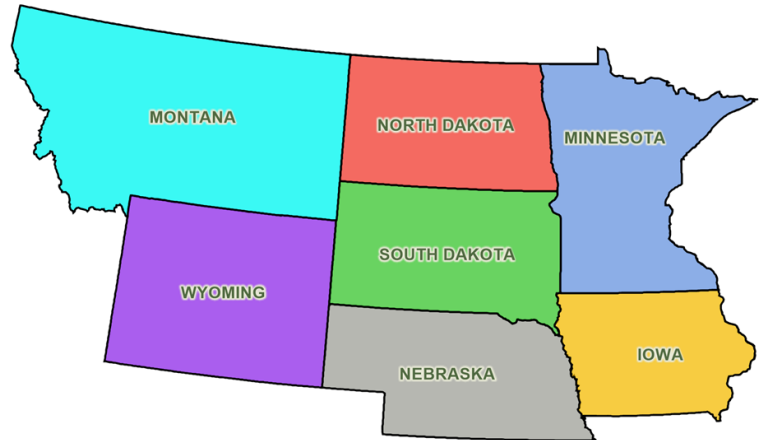
2023 Plan Summary Outline

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

Humana Basic RX PDP 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 Humana Pharmacy Mail Order for \$0 copay after the deductible has been met.



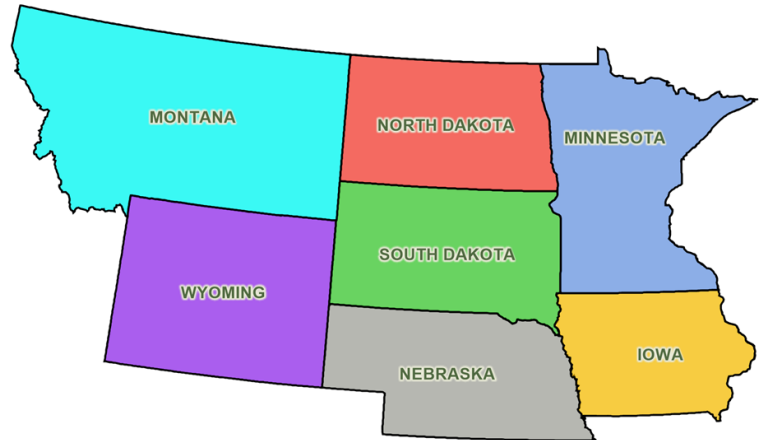
2023 Plan Summary Outline

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

Humana Premier RX PDP 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 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.	

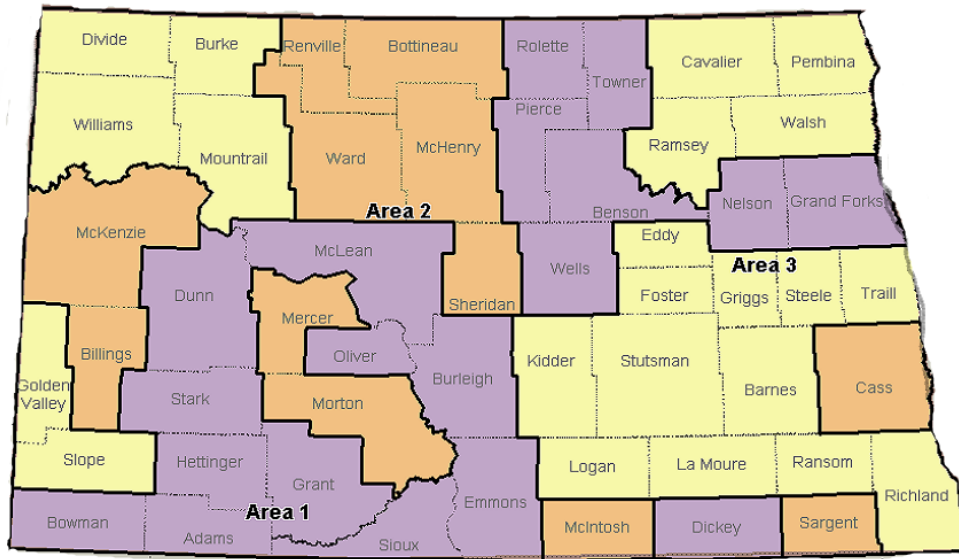
Members can obtain 90 Day Supply of Tier 1 and Tier 2 drugs ordered through Humana Pharmacy Mail Order for \$0 copay with no deductible.

Humana Confidential



2022 Plan Summary Outline

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



Humana Medicare Supplement Options

Humana Value Medicare Supplement Plans

Offering Plans: A, B, C, F, High Deductible F, G, High Deductible G, K, L and N

These Plans Offer:

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

5% Monthly Household Premium Discount

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

HumanaFirst 24 Hour Nurse Hotline

MyHumana

WellDine Meal Program

Vision Discount

Hearing Discount

Rx Discount

Lifeline Medical Alert System 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 Pharmacy

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

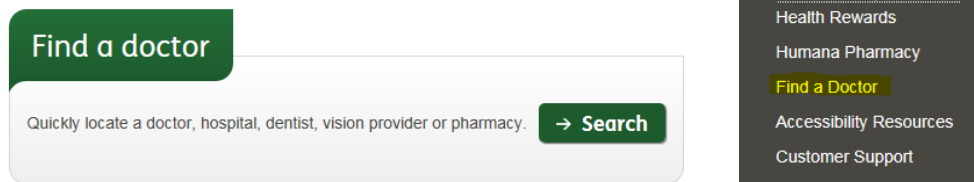
SEM= Seminar

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**.



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**.

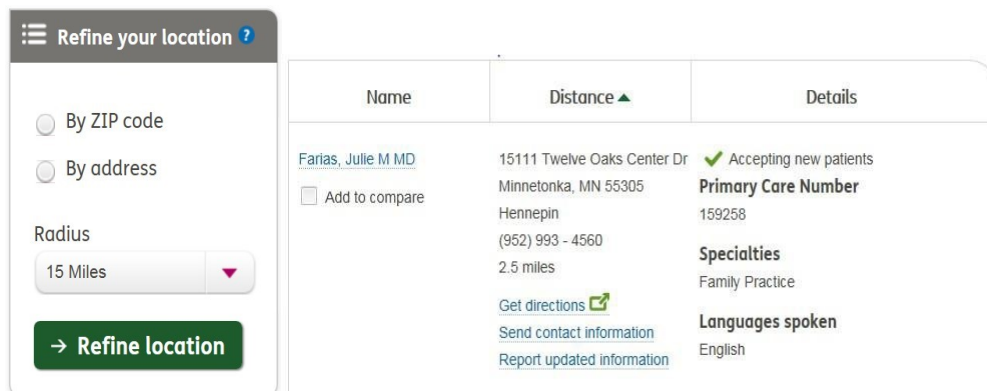
NOTE: You can refine your search on left side of the screen.

If you want to pull up a list of PCPs in a network:

- Choose **Specialty** from the drop down list and type **All Primary Care Physician Specialties**.



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



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

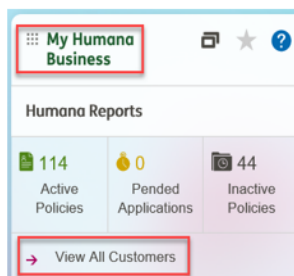
Humana®

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. At the top left is a back arrow and 'Consumer Profile', and at the top right is a close 'X' icon. The main content area shows 'Wayne (Age: 69)' with a 'Create new inquiry' button to the right, which is highlighted with a red rectangle. Below this is a table with two rows of information. The first row has columns for 'Consumer Information', 'Date of Birth', 'Medicare Number', and 'Gender M'. The second row has columns for 'Applications & Policies' and 'Contact Information', with 'Home Address' listed below 'Contact Information'. On the left side, there are expandable sections for 'Consumer Information', 'Applications & Policies', and 'Service Inquiries'.

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

A screenshot of the 'Create an inquiry' form. At the top, it says 'Create an inquiry' with a close 'X' icon. Below, it asks 'For which of Wayne policies/applications would you like to create an inquiry?' with a dropdown menu showing 'Medical' and 'HUM'. Under 'Select an inquiry type', there is a list of options: 'Claims' (Claims status, claims filing, pended and processed claims questions), 'Demographics' (Update or confirm demographic changes), 'Benefits' (Verification, cost of service, coordination, benefit accumulators and benefit rewards), and 'PCP Change' (Request new PCP/PCD changes). To the right of the form, there is 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****