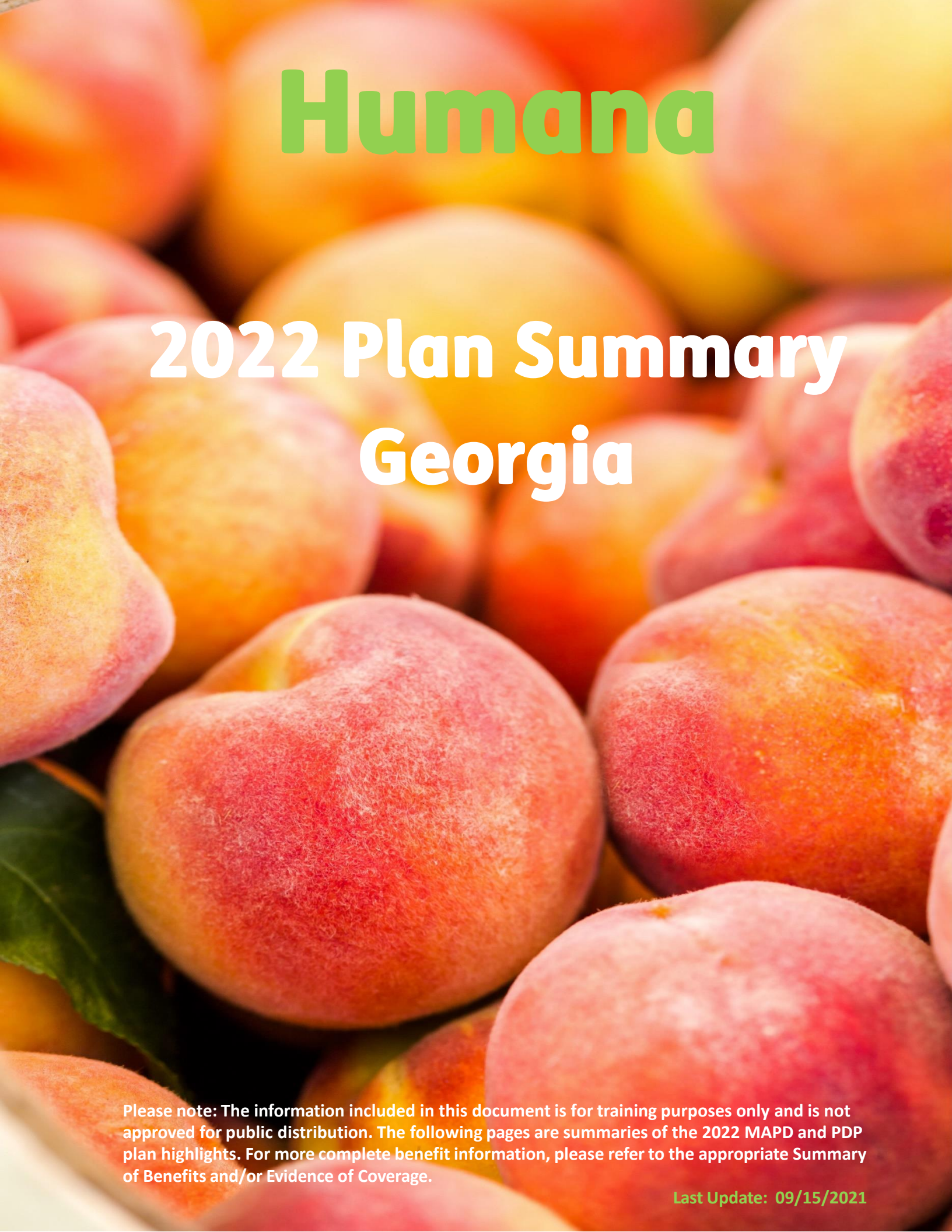

Humana

2022 Plan Summary
Georgia

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 2022 MAPD and PDP plan highlights. For more complete benefit information, please refer to the appropriate Summary of Benefits and/or Evidence of Coverage.

Last Update: 09/15/2021

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Table of Contents

DSNP

- **Expanded HMO DSNP to 29 new counties,** includes **$75 monthly Healthy Food Card**, $0 hearing aid copay, **$500 vision allowance with many Walmart Vision Centers in-network,** $200 OTC allowance per quarter, and first dollar dental coverage including dentures and unlimited extractions with $4,000 annual max benefit limit
- **Full Dual LPPO DSNP** available in 157 counties**,** includes **$50 monthly Healthy Food Card**, $0 hearing aid copay, **$400 vision allowance with many Walmart Vision Centers in-network, $100 OTC Debit Card allowance** per quarter, and first dollar dental coverage including dentures and unlimited extractions with $3,000 annual max benefit limit
- **Full/Partial Dual LPPO DSNP** available in 157 counties designed for **SLMB** and **QI** codes, now includes **$25 monthly Healthy Food Card**

CSNP

- Now includes **Cardiovascular Disease** and Diabetes, **Insulin Savings Plan** and **$50 monthly Healthy Food Card**

Low Income Subsidy

- **LIS LPPO** expanded to 157 counties

$0 HMO, PPO, PFFS and MA-Only Honor Plans

- **Insulin Savings Plan for model insulins** included in all HMO plans and added to select PPO plans
- $0 HMO **expanded to 21 new counties**; service area includes Atlanta, Albany, Athens, Gainesville, Augusta, Columbus, Macon, Savannah and surrounding counties, with no referral requirements
- $0 LPPO plans available in 157 counties; some with reduced copays
- **New $0 plan premium PFFS** plan in Lowndes County with a $50 monthly Part B premium reduction
- **New $0 plan premium MA-Only Honor Plan with $100 monthly Part B premium reduction** available in 157 counties
- Humana Medicare Advantage Plans are recommended by USAA

Meet Your Georgia Team

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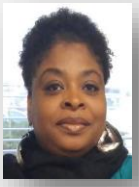
Statewide



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Georgia Broker Relationship Team + Territories

Metro ATLANTA

Pictured on map in **BLUE**

Rusty Lamb
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dlamb@humana.com

Eric Ritland
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eritland@humana.com

21 COUNTIES

Barrow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton

Greater GEORGIA

Pictured on map in WHITE

Pat Murray
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Karin Johnson
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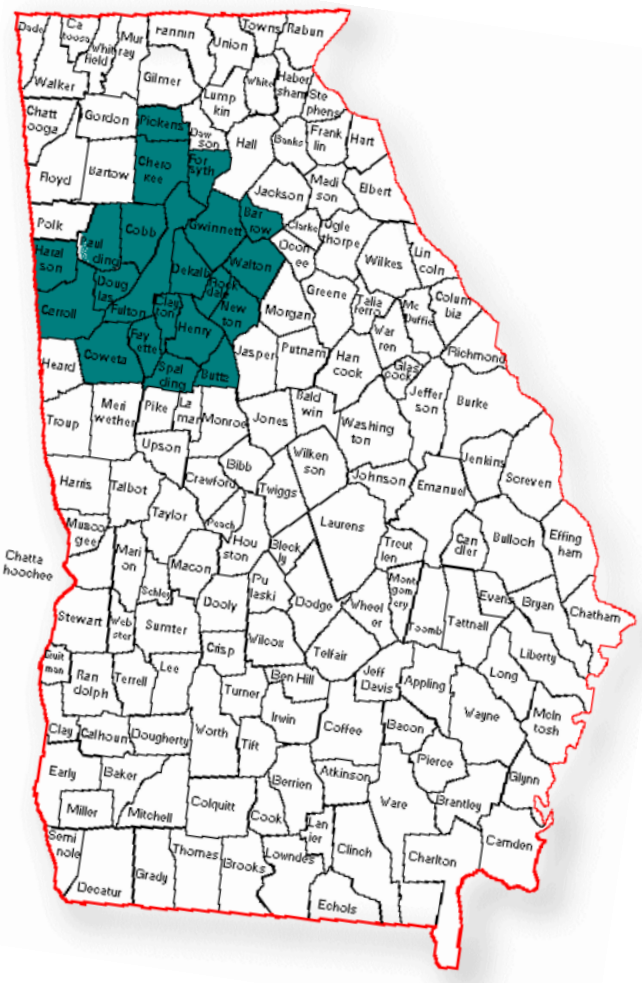
138 COUNTIES

Remainder of state



Resources

Local Office

MarketPoint Statewide Sales Office
100 Mansell Court East
Suite 125
Roswell, GA 30076
800.671.4055; '0' for live person

Helpful Contacts

Appeals/Grievances	1-800-457-4708
Claims	1-866-777-1569
Claims (Rx)	1-888-666-3319
Claims (to request forms)	1-877-511-5000
Customer Service	1-800-992-2551
Hear USA (discount)	1-800-333-3389
Humana Pharmacy	1-800-379-0092
Humana Specialty Pharmacy	1-800-486-2668
Healthy Food Card (Benefit)	www.healthyfoodcard.com
Jenny Craig (Discount)	1-877-536-6970
LogistiCare (aka Modivcare)	1-800-486-7642
Medicaid Help	1-800-611-1467
Nutrisystem (discount)	1-877-476-2946
OSB Dental/Vision (add or cancel)	1-800-285-7197
OTC Benefit	1-855-211-8370
PHI Consent Form (Online)	myHumana.com
Philips Lifeline (Benefit)	1-855-569-0605
Philips Lifeline (Discount)	1-800-543-3546
Retail Svc. Ops (RSOS)	AgentRSOS@Humana.com
Silver Sneakers (Benefit)	1-888-423-4632
Social Security Admin	1-800-772-1213
TruHearing (Benefit)	1-844-255-7146
TruHearing (discount)	1-855-299-3591

Scope Of Appt.

SOA is required before conducting a MAPD/PDP appt. *ELECTRONICALLY:* Use Enrollment Hub to complete an electronic SOA.

TELEPHONIC IVR: 3-way call with member. 1-800-903-5493 Put confirmation # on the application.

PAPER: Mail completed form to:

MarketPoint P.O. BOX 14637, Lexington, KY 40512-4637 or fax form to: 1-877-889-9936

Humana will retain SOA for 10 yrs. if a Humana SOA is submitted, otherwise agent is responsible.

For tracking purposes: the barcode # from the SOA should be put on your enrollment app and the barcode # from the enrollment app should be put on the SOA.

SOA TYPE to be used on the Enrollment Application:

INH= In Home OTH= Other Company's

Form F2F= Face to Face WAL= Wal-Mart

Agent Support

Career Agent Support…….866-921-6245

***Career* Uses of ASU:**

Technology (iPhone)	Contracting/ Certification/SAN	Med Supp/ Dental/Vision
Enrollment Status and Eligibility	Password Resets	Post/Pre Enrollment ?s

External Agent Support…..800-309-3163

***External* Uses of ASU:**

Commissions	Contracting/ Certification/SAN	Med Supp/ Dental/Vision
Enrollment Status and Eligibility	Order Materials	Post/Pre Enrollment ?s

Email (for all): AgentSupport@humana.com

Medicare Applications

***Must be sent to Humana**
within 24 hrs. of member signature

Fax:
Traditional Enrollment: 1-877-889-9936
DSNP Enrollment: 1-877-889-9923

Upload via Vantage:
Scan paper application to your computer and upload it via Vantage.
The "Upload Paper Application" link can be found on the Quote and Enroll card.

Enrollment Doc Transmitter:
Can be downloaded on Apple Products and used to submit enrollment forms

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

Affinity Codes

If you sold a Humana Medicare Plan in a Wal-Mart or to a Veteran please place the applicable code 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

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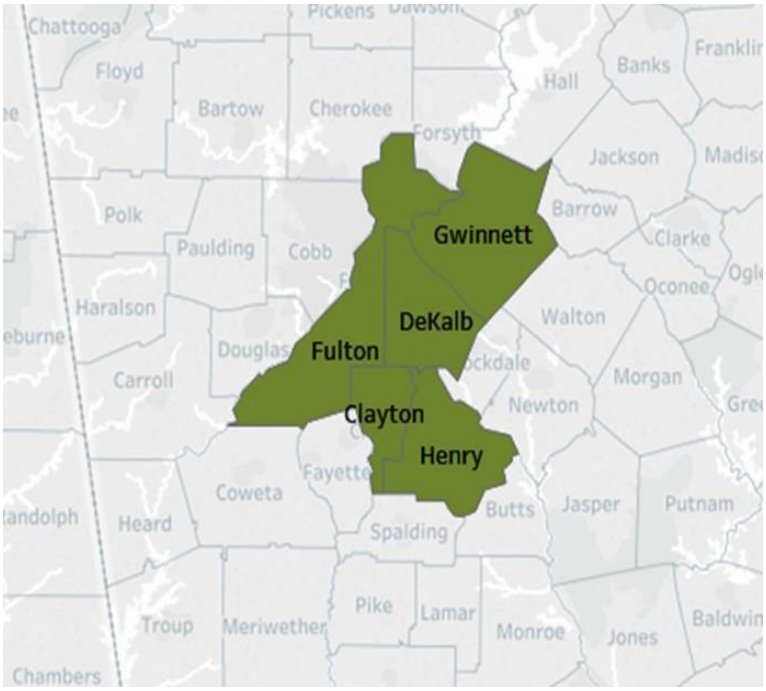
Atlanta HMO H4141-015-000



Key Selling Points

- $0 plan premium
- $0 PCP copay
- $0 Rx deductible
- No referrals required
- Includes Insulin Savings Plan

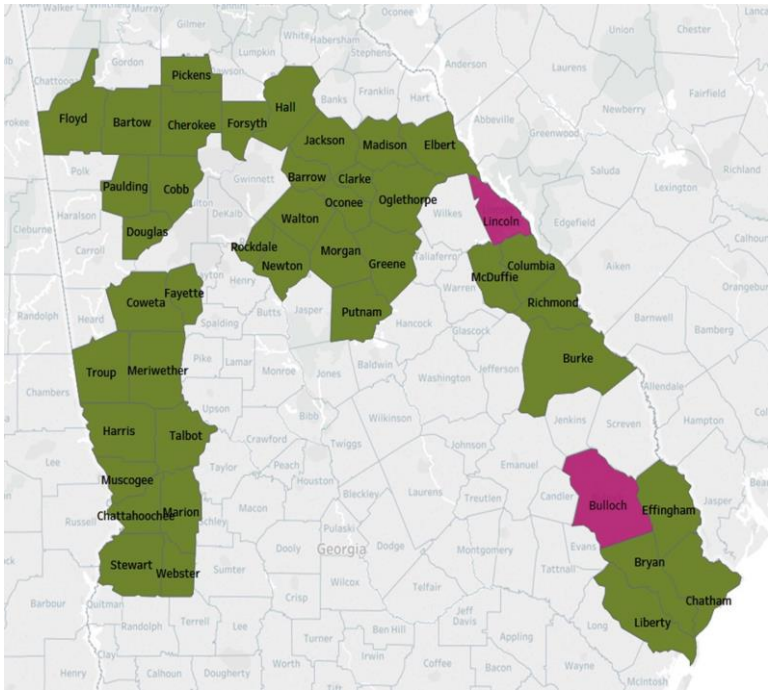
$0

Service Area: Clayton, DeKalb, Fulton, Gwinnett, Henry

Medical Benefits*	
MOOP	$6,800
Deductible	$0
Inpatient	$298/day (1-5)
Skilled Nursing	$188/day (21-100)
PCP	$0
Specialist	$30
Outpatient Surgery	$325 ASC/ $375 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	$0
Copays	$0/$12/$47/$100/33%

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), $25 copay for basic services (fillings), 50% coinsurance for major services (including dentures & unlimited extractions), $2,000 annual maximum benefit
• Vision - Exam & $200 for eyewear
• TruHearing - $599 or $899 copay for advanced or premium level hearing aids
• OTC - $100 per quarter allowance
• Well Dine Meal Program
• SilverSneakers
• Philips Lifeline Fall Alert System
• Transportation - 36 one-way trips; 75 miles

Atlanta/Augusta/Columbus/Savannah HMO H4141-017-003



Key Selling Points

- $0 plan premium
- $0 PCP copay
- $0 Rx deductible
- No referrals required
- Includes Insulin Savings Plan

Service Area: Barrow, Bartow, Bryan, Bulloch, Burke, Chatham, Chattahoochee, Cherokee, Clarke, Cobb, Columbia, Coweta, Douglas, Effingham, Elbert, Fayette, Floyd, Forsyth, Greene, Hall, Harris, Jackson, Liberty, Lincoln, Madison, Marion, McDuffie, Meriwether, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Putnam, Richmond, Rockdale, Stewart, Talbot, Troup, Walton, Webster

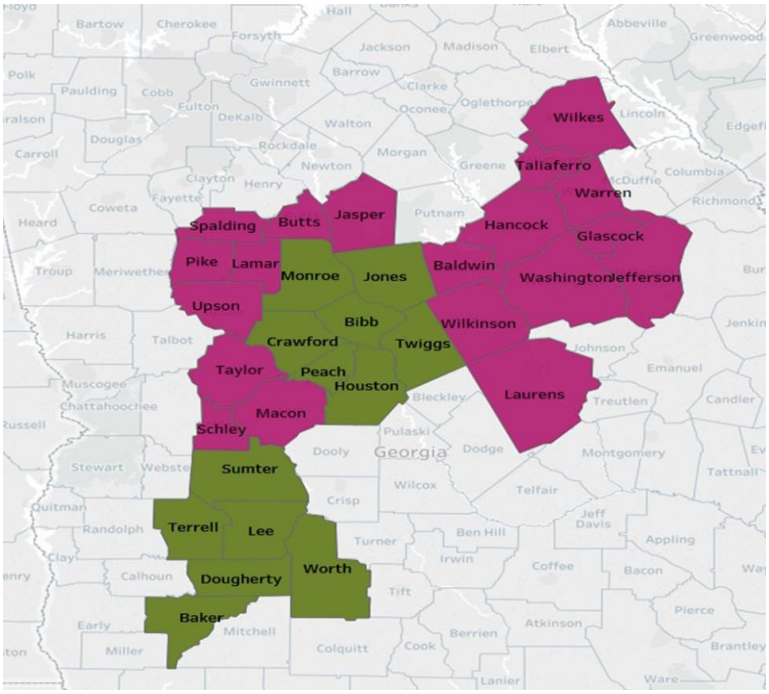
$0

2021 Service Area
2022 Service Area Expansion

Medical Benefits*	
MOOP	$7,550
Deductible	$0
Inpatient	$298/day (1-5)
Skilled Nursing	$188/day (21-100)
PCP	$0
Specialist	$30
Outpatient Surgery	$325 ASC/ $375 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	$0
Copays	$4/$12/$47/$100/33%

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), 50% coinsurance for basic services (fillings), 70% coinsurance for major services (including dentures & extractions), $2,000 annual maximum benefit
• Vision - Exam & $200 for eyewear
• TruHearing - $599 or $899 copay for advanced or premium level hearing aids
• OTC - $75 per quarter allowance
• Well Dine Meal Program
• SilverSneakers
• Transportation - 24 one-way trips; 75 miles

Albany/Macon HMO H4141-017-005



Key Selling Points

- $0 plan premium
- $0 Rx deductible
- No referrals required
- Includes Insulin Savings Plan

Service Area: Baker, Baldwin, Bibb, Butts, Crawford, Dougherty, Glascock, Hancock, Houston, Jasper, Jefferson, Jones, Lamar, Laurens, Lee, Macon, Monroe, Peach, Pike, Schley, Spalding, Sumter, Taliaferro, Taylor, Terrell, Twiggs, Upson, Warren, Washington, Wilkes, Wilkinson, Worth

$0

2021 Service Area
2022 Service Area Expansion

Medical Benefits*	
MOOP	$7,550
Deductible	$0
Inpatient	$345/day (1-5)
Skilled Nursing	$184/day (21-100)
PCP	$5
Specialist	$40
Outpatient Surgery	$325 ASC/ $375 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp

Part D Benefits*	
Deductible	$0
Copays	$4/$12/$47/$100/33%

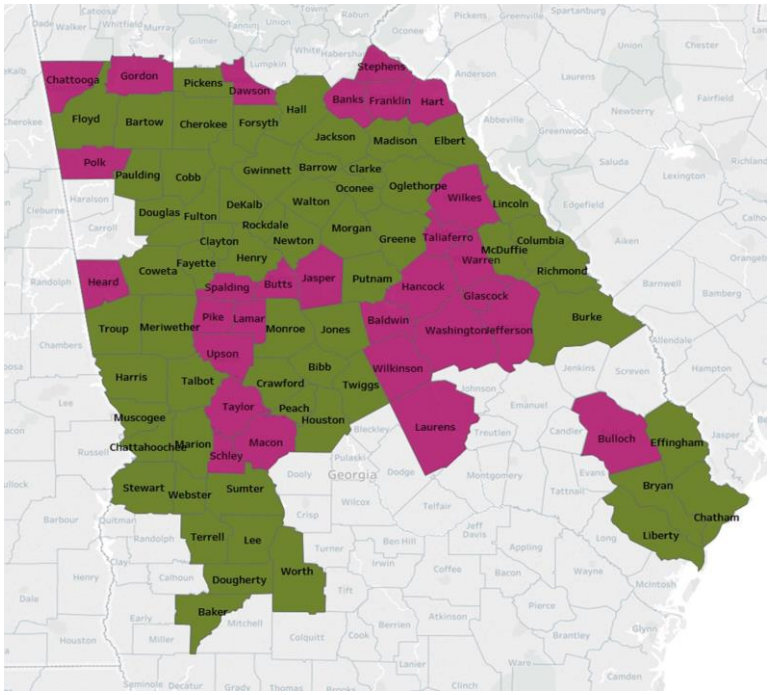
Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), 50% coinsurance for basic services (fillings), 70% coinsurance for major services (including dentures & extractions), $2,000 annual maximum benefit
• Vision - Exam & $100 for eyewear
• TruHearing - $699 or $999 copay for advanced or premium level hearing aids
• OTC - $50 per quarter allowance
• Well Dine Meal Program
• SilverSneakers
• Transportation - 12 one-way trips; 75 miles

Humana.

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

*****For Agent Use only. Not for Public Distribution.*****

DSNP HMO H4141-003-000



Most Walmarts are in the vision network for 2022

$0

2021 Service Area

2022 Service Area Expansion

Key Selling Points

- $4,000 dental with first dollar coverage
- $75 monthly Healthy Food Card
- $0 copay for TruHearing Hearing Aids
- $200 quarterly over-the-counter allowance
- QMB, QMB+, SLMB+ FBDE Medicaid categories accepted

Service Area: Baker, Baldwin, Banks, Barrow, Bartow, Bibb, Bryan, Bulloch, Burke, Butts, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Cobb, Columbia, Coweta, Crawford, Dawson, DeKalb, Dougherty, Douglas, Effingham, Elbert, Fayette, Floyd, Forsyth, Franklin, Fulton, Glascock, Gordon, Greene, Gwinnett, Hall, Hancock, Harris, Hart, Heard, Henry, Houston, Jackson, Jasper, Jefferson, Jones, Lamar, Laurens, Lee, Liberty, Lincoln, Macon, Madison, Marion, McDuffie, Meriwether, Monroe, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pike, Polk, Putnam, Richmond, Rockdale, Schley, Spalding, Stephens, Stewart, Sumter, Talbot, Taliaferro, Taylor, Terrell, Troup, Twiggs, Upson, Walton, Warren, Washington, Webster, Wilkes, Wilkinson, Worth

Medical Benefits*	
MOOP	$3,450
Deductible	$0
Inpatient	$0
Skilled Nursing	$0
PCP	$0
Specialist	$0
Outpatient Surgery	$0
Advanced Imaging	$0
Part D Benefits*	
Deductible	$0
Copays	$0 Tier 1; Medicaid copay for Tiers 2, 3, 4 & 5

Supplemental Benefits*

- Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), basic services (fillings), and major services (including dentures & unlimited extractions), $4,000 annual maximum benefit
- $75 monthly Healthy Food Card
- Vision - Exam & $500 for eyewear
- TruHearing - $0 copay for advanced level hearing aids
- OTC - $200 per quarter allowance
- Well Dine Meal Program
- SilverSneakers
- Philips Lifeline Fall Alert System
- Transportation - 36 one-way trips; 75 miles

Humana.

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

*****For Agent Use only. Not for Public Distribution.*****

DSNP LPPO – Full H5216-205-000

Key Selling Points

- $3,000 dental with first dollar coverage
- $50 monthly Healthy Food Card
- $0 copay for TruHearing hearing Aids
- $100 quarterly OTC allowance **debit card**
- QMB, QMB+, SLMB+, FBDE Medicaid categories accepted

Most Walmarts are in the vision network for 2022

$0

Service Area: Statewide EXCLUDING Lowndes and Walker

Medical Benefits*	
MOOP	$3,450
Deductible	$0
Inpatient	$0
Skilled Nursing	$0
PCP	$0
Specialist	$0
Outpatient Surgery	$0
Advanced Imaging	$0
Part D Benefits*	
Deductible	$0
Copays	$0 Tier 1; Medicaid copay for Tiers 2, 3, 4 & 5

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), basic services (fillings), and major services (including dentures & unlimited extractions), $3,000 annual maximum benefit
• $50 monthly Healthy Food Card
• Vision - Exam & $400 for eyewear
• TruHearing - $0 copay for advanced level hearing aids
• OTC - $100 per quarter allowance **debit card**
• Well Dine Meal Program
• SilverSneakers
• Philips Lifeline Fall Alert System
• Transportation - 36 one-way trips; 75 miles

Humana.

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

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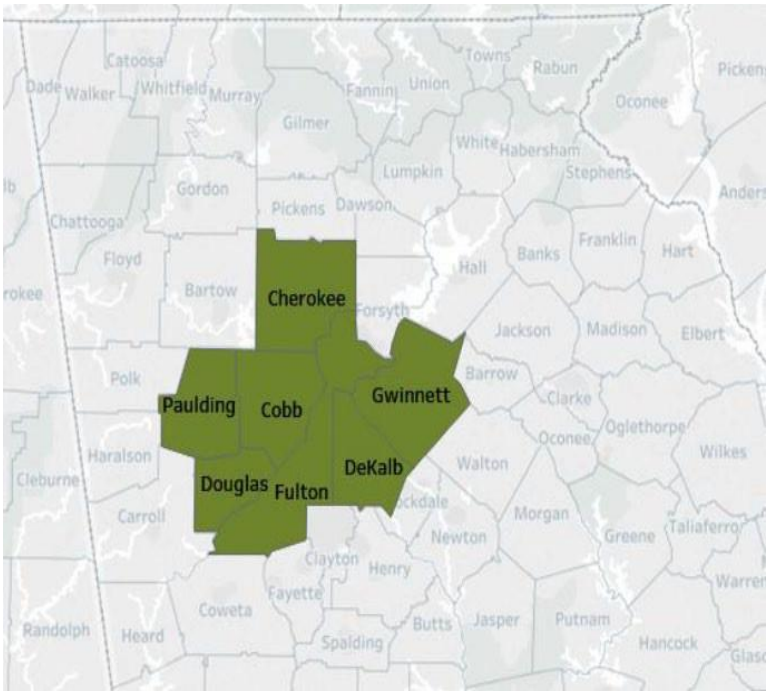
Atlanta DSNP PPO Care Extra H5216-240-000



Key Selling Points

- $100 per quarter OTC allowance
- $25 monthly Healthy Food Card
- $0 copay for TruHearing hearing Aids
- Flexibility for those who travel
- QMB, QMB+, SLMB+, FBDE Medicaid categories accepted
- Includes Sharecare App

Most Walmarts are in the vision network for 2022

$0

sharecare

Service Area: Cherokee, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Paulding

Medical Benefits*	
MOOP	$3,450
Deductible	$0
Inpatient	$0
Skilled Nursing	$0
PCP	$0
Specialist	$0
Outpatient Surgery	$0
Advanced Imaging	$0
Part D Benefits*	
Deductible	$0
Copays	$0 Tier 1; Medicaid copay for Tiers 2, 3, 4 & 5

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), basic services (fillings), and major services (including dentures & unlimited extractions), $3,000 annual maximum benefit
• $25 monthly Healthy Food Card
• Vision - Exam & $400 for eyewear
• TruHearing - $0 copay for advanced level hearing aids
• OTC - $100 per quarter allowance
• Well Dine Meal Program
• SilverSneakers
• Philips Lifeline Fall Alert System
• Transportation - 36 one way trips; 75 miles

Humana.

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

*****For Agent Use only. Not for Public Distribution.*****

DSNP LPPO – Full / Partial H5216-206-000

Key Selling Points

- $1,000 dental with first dollar coverage
- $25 monthly Healthy Food Card
- $0 copay for advanced level hearing aids
- $125 quarterly over-the-counter allowance
- QMB, QMB+, **SLMB**, SLMB+, FBDE and **QI** Medicaid categories accepted

Most Walmarts are in the vision network for 2022

$0 LIS PREMIUM SUBSIDIES APPLY

Service Area: Statewide EXCLUDING Lowndes and Walker

Medical Benefits*	
MOOP	$7,550
Deductible	$0
Inpatient	$325/day (1-6)
Skilled Nursing	$188/day (21-100)
PCP	$0
Specialist	$15
Outpatient Surgery	20% ASC/20% OP Hosp
Advanced Imaging	20% FSF/20% OP Hosp
Part D Benefits*	
Deductible	$480, Tiers 2, 3, 4 & 5 Only (LIS limits apply)
Copays	$0/$20/$47/$100/25%**

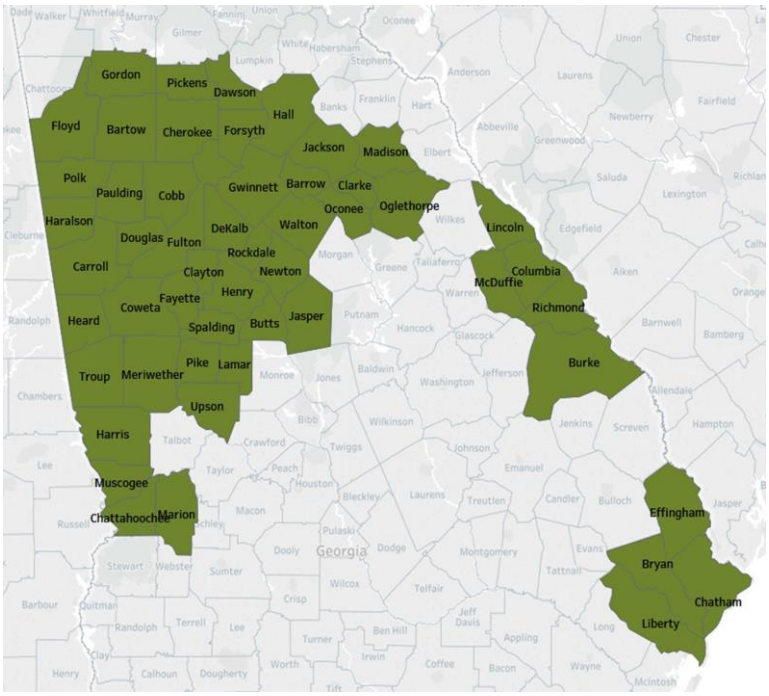
Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), basic services (fillings), and major services (including dentures & unlimited extractions), $1,000 annual maximum benefit
• $25 monthly Healthy Food Card
• Vision - Exam & $300 for eyewear
• TruHearing - $0 copay for advanced level hearing aids
• OTC - $125 per quarter allowance
• Well Dine Meal Program
• SilverSneakers
• Philips Lifeline Fall Alert System
• Transportation - 36 one way trips; 75 miles

Humana.

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

*****For Agent Use only. Not for Public Distribution.*****

LIS LPPO H5216-280-001 (*Former H5216-241)*



Key Selling Points

- $0 plan premium
- Same IN and OON benefits
- Year-round selling opportunity

Service Area: Barrow, Bartow, Bryan, Burke, Butts, Carroll, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Columbia, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Fulton, Gordon, Gwinnett, Hall, Haralson, Harris, Heard, Henry, Jackson, Jasper, Lamar, Liberty, Lincoln, Madison, Marion, McDuffie, Meriwether, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Troup, Upson, Walton

$0 LIS PREMIUM SUBSIDIES APPLY

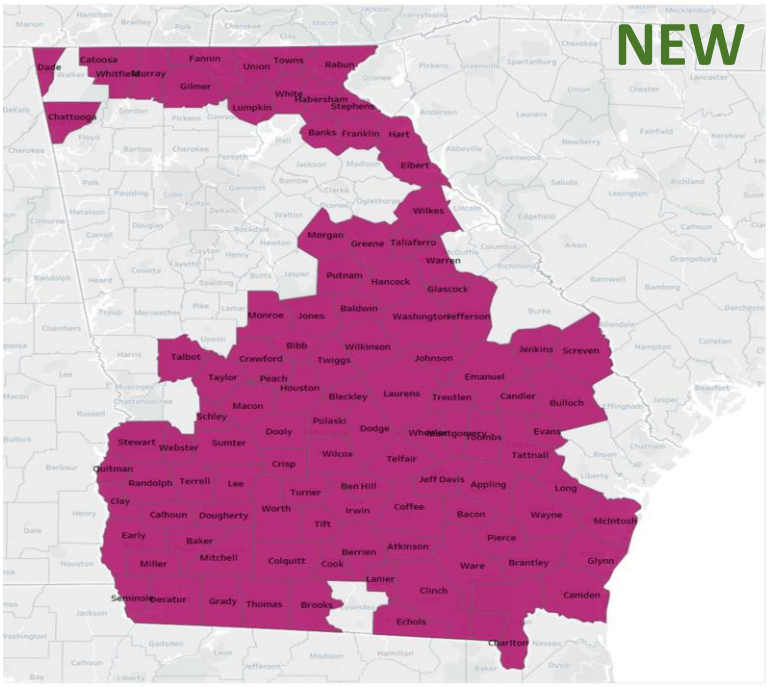
Medical Benefits*	
MOOP	$7,550
Deductible	$0
Inpatient	$325/day (1-6)
Skilled Nursing	$188/day (21-100)
PCP	$0
Specialist	$15
Outpatient Surgery	$295 ASC/$345 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	$480, Tiers 2, 3, 4 & 5 Only (LIS limits apply)
Copays	$0/$20/$47/$100/25%**

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), basic services (fillings), and major services (including dentures & unlimited extractions), $2,000 annual maximum benefit
• Vision - Exam & $300 for eyewear
• TruHearing - $99 or $399 copay for advanced or premium level hearing aids
• OTC - $125 per quarter allowance
• Well Dine Meal Program
• SilverSneakers
• Philips Lifeline Fall Alert System
• Transportation - 36 one way trips; 75 miles

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

*****For Agent Use only. Not for Public Distribution.*****

Greater Georgia LIS LPPO H5216-284-000



2022 Service Area Expansion

Key Selling Points

- $0 plan premium
- Same IN and OON benefits
- Year-round selling opportunity

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

$0 LIS PREMIUM SUBSIDIES APPLY

Medical Benefits*	
MOOP	$7,550
Deductible	$0
Inpatient	$325/day (1-6)
Skilled Nursing	$188/day (21-100)
PCP	$0
Specialist	$25
Outpatient Surgery	$295 ASC/ $345 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	$480, Tiers 2, 3, 4 & 5 Only (LIS limits apply)
Copays	$0/$20/$47/$100/25%**

Supplemental Benefits*

- Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), basic services (fillings), and major services (including dentures & unlimited extractions), $1,000 annual maximum benefit
- Vision - Exam & $300 for eyewear
- TruHearing - $99 or $399 copay for advanced or premium level hearing aids
- OTC - $100 per quarter allowance
- Well Dine Meal Program
- SilverSneakers
- Philips Lifeline Fall Alert System
- Transportation - 36 one way trips; 75 miles

Humana.

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

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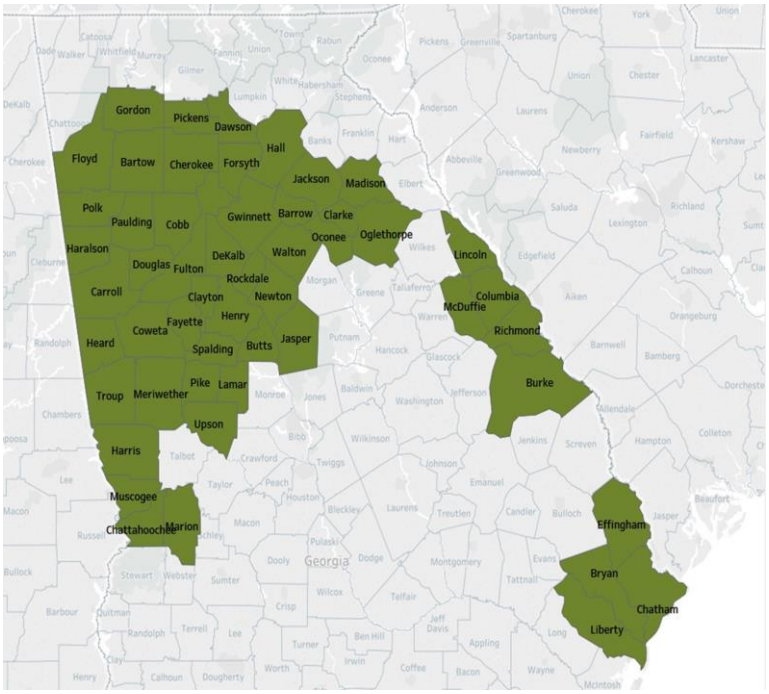
CSNP Diabetes/Cardiovascular LPPO H5216-246-000



Key Selling Points

- $0 plan premium
- $50 monthly Healthy Food Card
- Same In or OON benefits
- Year-round opportunity
- Includes Insulin Savings Plan

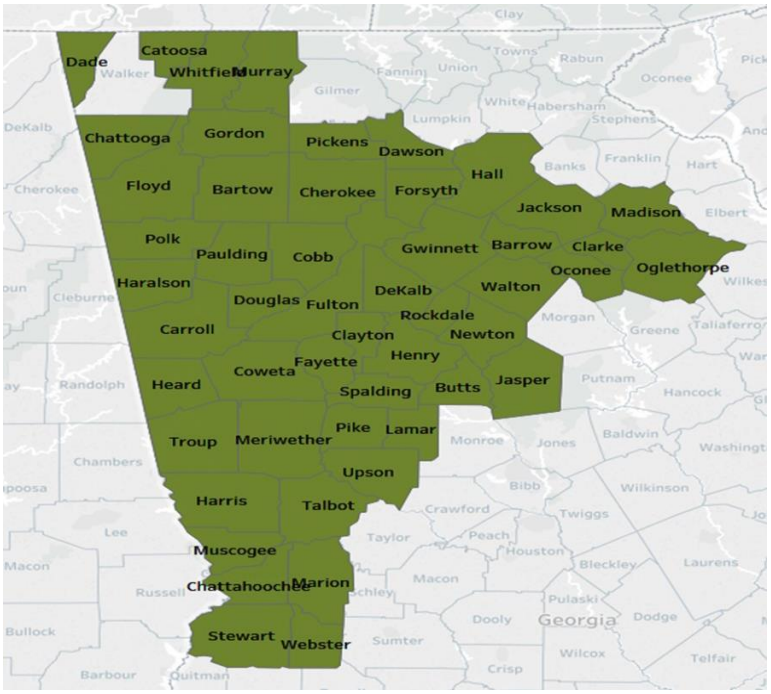
Service Area: Barrow, Bartow, Bryan, Burke, Butts, Carroll, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Columbia, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Fulton, Gordon, Gwinnett, Hall, Haralson, Harris, Heard, Henry, Jackson, Jasper, Lamar, Liberty, Lincoln, Madison, Marion, McDuffie, Meriwether, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Troup, Upson, Walton

$0

Medical Benefits*	
MOOP	$7,550
Deductible	$0
Inpatient	$350/day (1-5)
Skilled Nursing	$184/day (21-100)
PCP	$0
Specialist	$40
Outpatient Surgery	$325 ASC/ $375 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	$145 Tiers 4 & 5 only
Copays	$4/$12/$47/$100/30%

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), 50% coinsurance for basic services (fillings), 70% coinsurance for major services (including dentures & unlimited extractions), $2,000 annual maximum benefit
• Vision - Exam & $200 for eyewear
• TruHearing - $299 or $599 copay for advanced or premium level hearing aids
• $50 monthly Healthy Food Card
• OTC - $50 per quarter allowance
• Well Dine Meal Program
• SilverSneakers
• Transportation - 36 one way trips; 75 miles

Atlanta/Athens/Columbus LPPO H5216-203-001



Key Selling Points

- $0 plan premium
- $0 Rx deductible
- $0 PCP copay / $30 Specialist copay
- Flexibility for those who travel
- Includes Insulin Savings Plan

Service Area: Barrow, Bartow, Butts, Carroll, Catoosa, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dade, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Fulton, Gordon, Gwinnett, Hall, Haralson, Harris, Heard, Henry, Jackson, Jasper, Lamar, Madison, Marion, Meriwether, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Polk, Rockdale, Spalding, Stewart, Talbot, Troup, Upson, Walton, Webster, Whitfield

$0

Medical Benefits*	
MOOP	$7,550
Deductible	$0
Inpatient	$298/day (1-5)
Skilled Nursing	$188/day (21-100)
PCP	$0
Specialist	$30
Outpatient Surgery	$325 ASC/$375 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	$0
Copays	$4/$12/$47/$100/33%

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), 50% coinsurance for basic services (fillings), 70% coinsurance for major services (including dentures & extractions), $2,000 annual maximum benefit
• Vision - Exam & $100 for eyewear
• TruHearing - $699 or $999 copay for advanced or premium hearing aids
• OTC - $25 per quarter allowance
• Well Dine Meal Program
• SilverSneakers
• Transportation - 12 one way trips; 75 miles

Humana.

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

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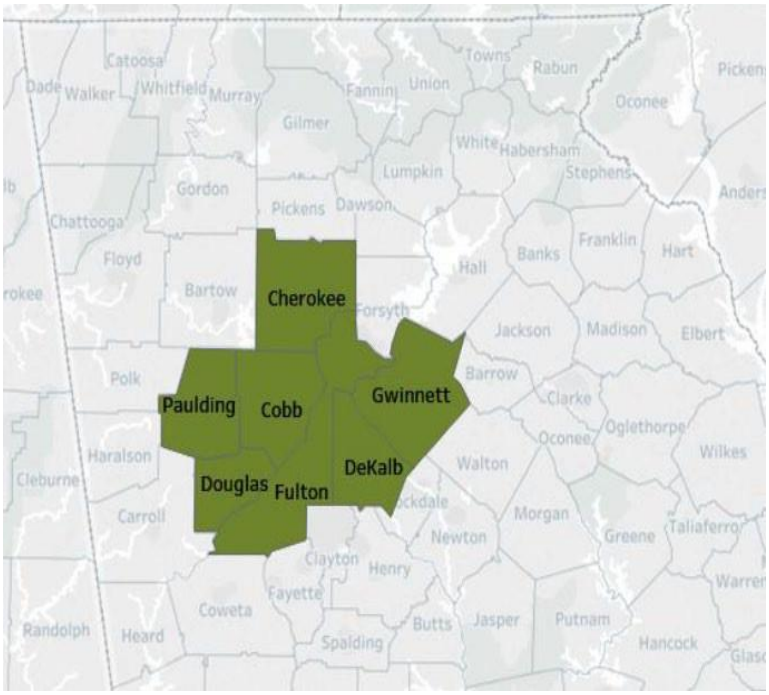
Atlanta LPPO Care Extra H5216-239-000



Key Selling Points

- $0 plan premium
- $0 Rx deductible
- $5 PCP copay/$35 Specialist copay
- Flexibility for those who travel
- Includes Sharecare App

$0

sharecare

Service Area: Cherokee, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Paulding

Medical Benefits*	
MOOP	$7,550
Deductible	$0
Inpatient	$298/day (1-7)
Skilled Nursing	$184/day (21-100)
PCP	$5
Specialist	$35
Outpatient Surgery	$295 ASC/ $345 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp

Part D Benefits*	
Deductible	$0
Copays	$4/$12/$47/$100/33%

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), 50% coinsurance for basic services (fillings), 70% coinsurance for major services (including dentures & extractions), $2,000 annual maximum benefit
• Vision - Exam & $100 for eyewear
• TruHearing - $699 or $999 copay for advanced or premium hearing aids
• SilverSneakers
• Transportation - 12 one way trips; 75 miles

Humana.

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

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Northeast Atlanta LPPO H5216-143-000

Key Selling Points

- $0 plan premium
- $0 PCP copay
- Rich supplemental benefits
- Flexibility for those who travel
- Same In or OON benefits
- Includes Insulin Savings Plan

$0

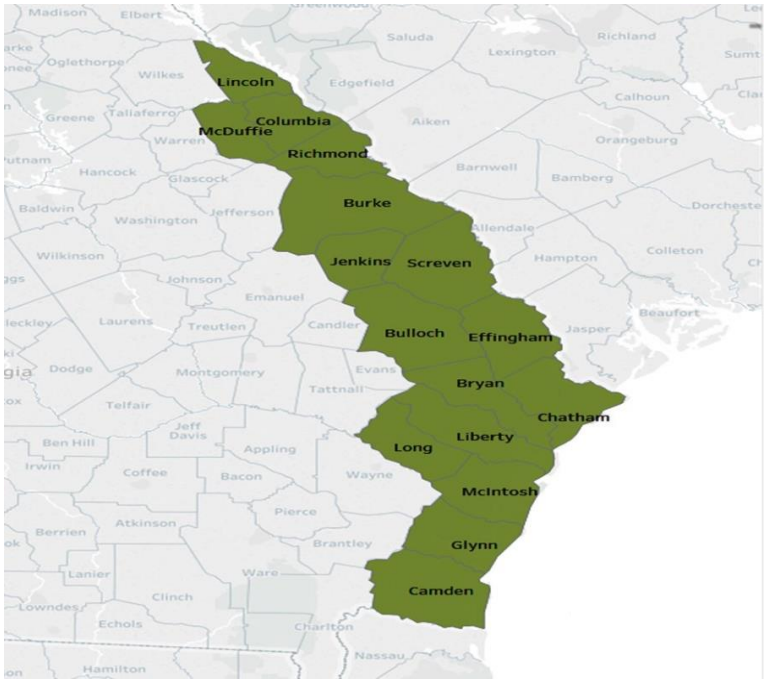
2021 Service Area
2022 Service Area Expansion

Service Area: Barrow, Forsyth, Gwinnett, Hall, Jackson

Medical Benefits*	
MOOP	$7,550
Deductible	$0
Inpatient	$390/day (1-5)
Skilled Nursing	$184/day (21-100)
PCP	$0
Specialist	$40
Outpatient Surgery	$340ASC/ $390 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	$75 Tiers 3, 4 & 5
Copays	$4/$12/$47/$100/31%

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), 50% coinsurance for basic services (fillings), $1,000 annual maximum benefit
• Vision - Exam & $200 for eyewear
• TruHearing - $699 or $999 copay for advanced or premium hearing aids
• OTC - $50 per quarter allowance
• Well Dine Meal Program
• SilverSneakers
• Transportation - 24 one way trips; 75 miles

Augusta/Savannah LPPO H5216-282-001 *(Former H5216-238-001)*



Key Selling Points

- $0 plan premium
- $0 Rx deductible
- $0 PCP copay / $30 Specialist copay
- Flexibility for those who travel
- Includes Insulin Savings Plan

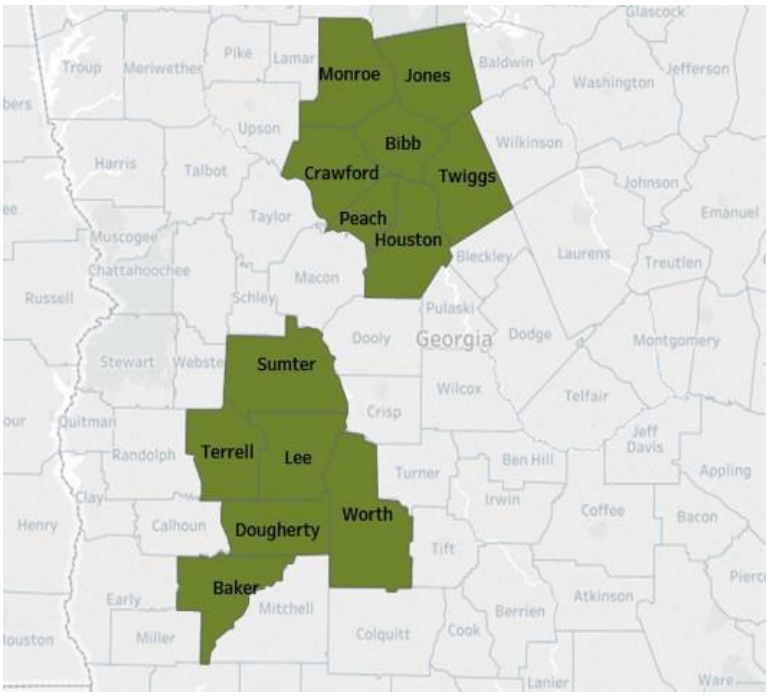
Service Area: Bryan, Bulloch, Burke, Camden, Chatham, Columbia, Effingham, Glynn, Jenkins, Liberty, Lincoln, Long, McDuffie, McIntosh, Richmond, Screven

$0

Medical Benefits*	
MOOP	$5,900
Deductible	$0
Inpatient	$298/day (1-5)
Skilled Nursing	$188/day (21-100)
PCP	$0
Specialist	$30
Outpatient Surgery	$325 ASC/$375 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	$0
Copays	$4/$12/$47/$100/33%

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), 50% coinsurance for basic services (fillings), 70% coinsurance for major services (including dentures & unlimited extractions), $2,000 annual maximum benefit
• Vision - Exam & $100 for eyewear
• TruHearing - $599 or $899 copay for advanced or premium level hearing aids
• OTC - $50 per quarter
• Well Dine Meal Program
• SilverSneakers
• Transportation - 12 one-way trips; 75 miles

Albany/Macon LPPO H5216-203-002



Key Selling Points

- $0 plan premium
- $0 Rx deductible
- Flexibility for those who travel
- Includes Insulin Savings Plan

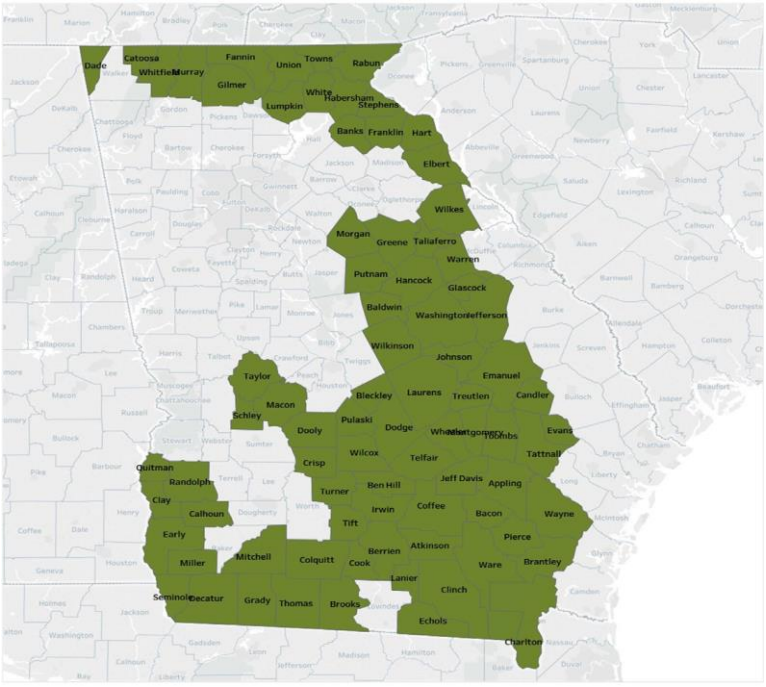
Service Area: Baker, Bibb, Crawford, Dougherty, Houston, Jones, Lee, Monroe, Peach, Sumter, Terrell, Twiggs, Worth

$0

Medical Benefits*	
MOOP	$7,550
Deductible	$0
Inpatient	$375/day (1-5)
Skilled Nursing	$184/day (21-100)
PCP	$10
Specialist	$45
Outpatient Surgery	$325 ASC/$375 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	$0
Copays	$4/$12/$47/$100/33%

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), 50% coinsurance for basic services (fillings), 70% coinsurance for major services (including dentures & unlimited extractions), $2,000 annual maximum benefit
• Vision - Exam & $100 for eyewear
• TruHearing - $699 or $999 copay for advanced or premium level hearing aids
• OTC - $25 per quarter allowance
• Well Dine Meal Program
• SilverSneakers
• Transportation - 12 one-way trips; 75 miles

Greater Georgia LPPO H5216-207-000



Key Selling Points

- $0 plan premium
- $5 PCP copay
- Low Rx Deductible
- Same benefits In or OON
- Includes Insulin Savings Plan

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

$0

Medical Benefits*	
MOOP	$7,550
Deductible	$0
Inpatient	$375/day (1-5)
Skilled Nursing	$188/day (21-100)
PCP	$5
Specialist	$45
Outpatient Surgery	$350 ASC/$400 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	$75 Tiers 3, 4 & 5
Copays	$4/$12/$47/$100/31%

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), 50% coinsurance for basic services (fillings), 70% coinsurance for major services (including dentures & unlimited extractions), $2,000 annual maximum benefit
• Vision - Exam & $100 for eyewear
• TruHearing - $699 or $999 copay for advanced or premium level hearing aids
• OTC - $25 per quarter allowance
• Well Dine Meal Program
• SilverSneakers
• Transportation - 12 one-way trips; 75 miles

Part B Giveback LPPO H5216-154-000

Key Selling Points

- $50 monthly Part B premium reduction
- Includes Insulin Savings Plan
- Additional supplemental benefits
- Flexibility for those travel

$0

Service Area: Statewide <u>EXCLUDING</u> Lowndes and Walker

Medical Benefits*	
MOOP	$7,550
Deductible	$0 INN $1,000 OON ONLY
Inpatient	$450/day (1-4)
Skilled Nursing	$178/day (21-100)
PCP	$20
Specialist	$50
Outpatient Surgery	$400 ASC/$450 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	$400 Tiers 3, 4, & 5
Copays	$5/$15/$47/$100/26%

Supplemental Benefits*
• TruHearing - $599 or $899 copay for advanced or premium level hearing aids
• Vision - Exam & $100 for eyewear
• WellDine Meal Program
• SilverSneakers

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

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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 2022 MAPD and PDP plan highlights. For more complete benefit information, please refer to the appropriate Summary of Benefits and/or Evidence of Coverage.**

Product Themes and Value Proposition

Care that begins with “How can we help you”?

At Humana, we understand that health isn’t one-size-fits-all—which is why our plans aren’t one-size- fits-all. Our comprehensive suite of products makes it easy to connect each prospect with the right plan for them for better prospecting and conversion, a happy clientele and an expanded portfolio. And now, we’re enhancing our end-to-end in-language member experience by providing more assets and solutions for communicating with prospects and clients in their language of choice.

Humana Medicare Advantage Plans are recommended by USAA

Humana and USAA* are committed to serving the military community. Working together, we stand ready to serve all Medicare-eligible individuals, including the more than 9 million veterans who are eligible for Medicare.

Humana Honor Plans

- 40% of plans increased the Part B giveback
- 100% have Part B giveback, OTC & Dental

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MA-Only LPPO Honor H5216-217-000

Key Selling Points

- $50 monthly Part B premium reduction
- Additional supplemental benefits
- Great for Veterans
- Flexibility for those who travel

USAA® RECOMMENDED

$0

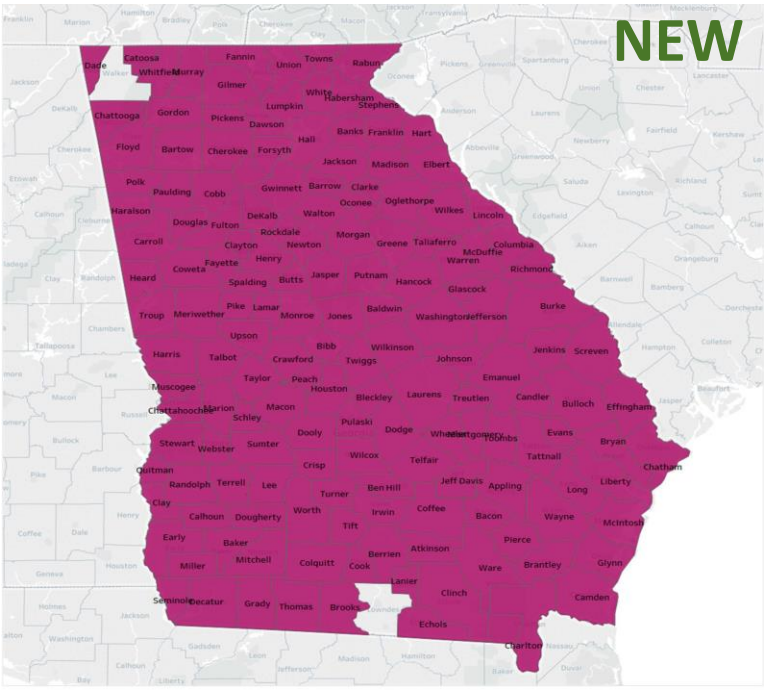
Service Area: Statewide <u>EXCLUDING</u> Lowndes and Walker

Medical Benefits*	
MOOP	$6,700
Deductible	$0
Inpatient	$245/day (1-6)
Skilled Nursing	$178/day (21-100)
PCP	$20
Specialist	$50
Outpatient Surgery	$195 ASC/$245 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp

Part D Benefits*	
Deductible	N/A
Copays	N/A

Supplemental Benefits*
• Dental - 0% coinsurance for preventive, basic and major services, $2,000 annual maximum benefit
• Vision - Exam & $200 for eyewear
• TruHearing - $399 or $699 copay for advanced or premium level hearing aids
• OTC - $30 per quarter allowance
• WellDine Meal Program
• SilverSneakers
• Transportation - 12 one-way trips; 75 miles

MA-Only LPPO Honor H5216-286-000



2022 Service Area Expansion

Key Selling Points

- $100 monthly Part B premium reduction
- Additional supplemental benefits
- Great for Veterans
- Flexibility for those who travel

USAA® RECOMMENDED

Service Area: Statewide <u>EXCLUDING</u> Lowndes and Walker

$0

Medical Benefits*	
MOOP	$6,700
Deductible	$0
Inpatient	$375/day (1-5)
Skilled Nursing	$188/day (21-100)
PCP	$20
Specialist	$50
Outpatient Surgery	$325 ASC/$375 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp

Part D Benefits*	
Deductible	N/A
Copays	N/A

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), $1000 annual maximum benefit
• Vision - Exam & $200 for eyewear
• TruHearing - $399 or $699 copay for advanced or premium level hearing aids
• OTC - $30 per quarter allowance
• WellDine Meal Program
• SilverSneakers
• Transportation - 12 one-way trips; 75 miles

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

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MA-Only LPPO H5216-157-000

Key Selling Points

- $0 plan premium
- Best suited for those who do not need additional Rx coverage, such as veterans
- Additional supplemental benefits
- Flexibility for those who travel

$0

Service Area: Statewide EXCLUDING Lowndes and Walker

Medical Benefits*	
MOOP	$6,100
Deductible	$0
Inpatient	$245/day (1-7)
Skilled Nursing	$178/day (21-100)
PCP	$10
Specialist	$45
Outpatient Surgery	$295 ASC/$345 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	N/A
Copays	N/A

Supplemental Benefits*
• Dental - 0% coinsurance for preventive (cleanings, x-rays & exams) & basic services (fillings) & major services (including dentures & unlimited extractions), $2,500 annual maximum benefit
• Vision - Exam & $400 for eyewear
• TruHearing - $399 or $699 copay for advanced or premium level hearing aids
• OTC - $225 per quarter allowance
• WellDine Meal Program
• SilverSneakers
• Transportation - 24 one-way trips; 75 miles

MA-Only Regional PPO R3392-001-000

Key Selling Points

- $0 plan premium
- Best suited for those who do not need additional Rx coverage, such as veterans
- Rich supplemental benefits
- Flexibility for those who travel

Service Area: all counties in GA and SC

$0

Medical Benefits*	
MOOP	$7,550
Deductible	$0 INN $750 OON ONLY
Inpatient	$270/day (1-6)
Skilled Nursing	$188/day (21-100)
PCP	$15
Specialist	$50
Outpatient Surgery	$195 ASC/$245 OP Hosp
Advanced Imaging	$180 FSF/$270 OP Hosp
Part D Benefits*	
Deductible	N/A
Copays	N/A

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), 50% coinsurance for basic services (fillings), 70% coinsurance for deep cleaning and periodontal, $1,000 annual maximum benefit
• Vision - Exam & $200 for eyewear
• TruHearing - $699 or $999 copay for advanced or premium level hearing aids
• OTC - $45 per quarter allowance
• Well Dine Meal Program
• SilverSneakers

Humana.

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

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MAPD Regional PPO R3392-002-000

Key Selling Points

- Same In or OON benefits
- Rich supplemental benefits
- Flexibility for those who travel

Service Area: all counties in GA and SC

$103

Medical Benefits*	
MOOP	$6,700
Deductible	$0
Inpatient	$390/day (1-5)
Skilled Nursing	$178/day (21-100)
PCP	$20
Specialist	$50
Outpatient Surgery	$340 ASC/$390 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp

Part D Benefits*	
Deductible	$340 Tiers 3,4 & 5
Copays	$7/$17/$47/$100/27%

Supplemental Benefits*
• Dental - 0% coinsurance for preventive services (cleanings, x-rays & exams), 50% coinsurance for basic services (fillings), $1,000 annual maximum benefit
• Vision - Exam & $100 for eyewear
• TruHearing - $699 or $999 copay for • advanced or premium level hearing aids
• OTC - $25 per quarter allowance
• Well Dine Meal Program
• SilverSneakers

Humana.

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

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Lowndes County PFFS H2944-114-000

Key Selling Points

- $0 plan premium
- $50 monthly Part B premium reduction
- Can use ANY provider that will bill Humana

Service Area: Lowndes

$0

Medical Benefits*	
MOOP	$6,700
Deductible	$0
Inpatient	$390/day (1-5)
Skilled Nursing	$178/day (21-100)
PCP	$20
Specialist	$50
Outpatient Surgery	$340 ASC/$390 OP Hosp
Advanced Imaging	$180 FSF/$275 OP Hosp
Part D Benefits*	
Deductible	$340 Tiers 3,4 & 5
Copays	$4/$17/$47/$100/27%

Supplemental Benefits*
• OTC - $25 per quarter allowance
• Well Dine Meal Program
• SilverSneakers

Prescription Drug Plans (PDP)

Service Area: Statewide

Humana Walmart Value Rx S5884-189-000	
Premium	$22.70
Deductible	$480 for Tiers 3, 4, 5
Initial Coverage Limit	$4430
Preferred Tier Copays*	$1/$4/16%/38%/25%
Standard Tier Copays	$10/$20/21%/45%/25%
Coverage Gap	**Generic: 25% co-ins** **Brand: 25% co-ins**
True Out of Pocket	$7050
Catastrophic Coverage member pays the greater of $3.95 for generic/preferred multi-source drugs and $9.85 for all other drugs; OR 5% coinsurance	

Humana Basic Rx S5884-135-000 (*Plan non-commissionable for new sales)*	
Premium	$30.90
Deductible	$480 for All Tiers
Initial Coverage Limit	$4430
Preferred Tier Copays**	7%,/11%/20%/35%/25%
Standard Tier Copays**	17%/19%/25%/38%/25%
Coverage Gap	**Generic: 25% co-ins** **Brand: 25% co-ins**
True Out of Pocket	$7050
Catastrophic Coverage member pays the greater of $3.95 for generic/preferred multi-source drugs and $9.85 for all other drugs; OR 5% coinsurance	

Humana Premier Rx S5884-156-000	
Premium	$81.50
Deductible	$480 for Tiers 3, 4, 5
Initial Coverage Limit	$4430
Preferred Tier Copays **	$1/$4/$45/49%/25%
Standard Tier Copays **	$5/$10/$47/50%/25%
Coverage Gap	**Generic: 25% co-ins** **Brand: 25% co-ins**
True Out of Pocket	$7050
Catastrophic Coverage member pays the greater of $3.95 for generic/preferred multi-source drugs and $9.85 for all other drugs; OR 5% coinsurance	

*** - Members can obtain a 90 day supply of Tier 1 drugs for $3 copay & Tier 2 drugs for $12 copay through Humana Pharmacy Mail Order if they are not in the Coverage Gap or in the Catastrophic Coverage Phase.**

**** - Members can obtain a 90 day supply of Tier 1 & Tier 2 drugs for $0 copay through Humana Pharmacy Mail Order**

GEORGIA MARKET 2022 LIS PREMIUM CHART

When quoting a premium based on LIS level of coverage, never guarantee what the premium will be.

Always be sure to explain the members premium will be based on their 2020 level of LIS coverage and it is subject to change, if their LIS level changes.

PLAN NAME	CONTRACT	PBP	SEG	TOTAL PREMIUM	SUB 1-6 - 100%	SUB 7 - 75%	SUB 8 - 50%	SUB 9 - 25%
HMO								
D-SNP HMO	H4141	003		$23.90	$0.00	$6.00	$11.90	$17.90
LPPO								
AL/GA/SC LPPO	H5216	142	002	$20.00	$0.00	$5.00	$10.00	$15.00
D-SNP LPPO (FULL)	H5216	205		$28.40	$0.00	$7.10	$14.20	$21.30
D-SNP LPPO (FULL/PARTIAL)	H5216	206		$25.80	$0.00	$6.40	$12.90	$19.30
METRO AREAS LIS LPPO	H5216	280	001	$32.40	$0.00	$8.10	$16.20	$24.30
Greater GA LIS LPPO	H5216	284		$32.40	$0.00	$8.10	$16.20	$24.30
CARE EXTRA D-SNP PPO	H5216	240		$24.20	$0.00	$6.00	$12.10	$18.10
RPPO								
GA / SC RPPO	R3392	002		$103.00	$71.00	$79.00	$87.00	$95.00
RX PLANS								
WALMART VALUE RX PLAN	S5884	189		$22.70	$1.20	$6.60	$11.90	$17.30
BASIC RX PLAN	S5884	135		$30.90	$0.00	$7.70	$15.40	$23.20
PREMIER RX PLAN	S5884	156		$81.50	$49.10	$57.20	$65.30	$73.40

Legacy Plans

Plan Name	Gold Plus HMO	Choice	Choice	Choice	Choice	Gold Choice PFFS
Contract & PBP	H4141-017-004	H5216-073-000	H5216-071-000	H5216-142-002	H5525-024-000	H8145-069-000
Service Area	Clayton, DeKalb, Fulton, Gwinnett, Henry	Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Fulton, Gwinnett, Haralson, Henry, Meriweather, Newton, Paulding, Pickens, Rockdale, Walton	Cobb, Douglas, Paulding	Baldwin, Bryan, Bulloch, Burke, Camden, Chatham, Chattahoochee, Clarke, Columbia, Effingham, Elbert, Evans, Franklin, Glascock, Glynn, Greene, Habersham, Hancock, Harris, Hart, Jackson, Jefferson, Lincoln, Lumpkin, Madison, Marion, McDuffie, McIntosh, Morgan, Muscogee, Oconee, Oglethorpe, Rabun, Randolph, Richmond, Screven, Stephens, Stewart, Talbot, Taliaferro, Towns, Union, Warren	Appling, Atkinson, Bacon, Barrow, Berrien, Bibb, Bleckley, Brantley, Butts, Charlton, Clinch, Coffee, Crawford, Dodge, Fannin, Gilmer, Heard, Houston, Jasper, Jenkins, Johnson, Jones, Lamar, Laurens, Lincoln, Macon, Monroe, Montgomery, Peach, Pike, Polk, Putnam, Spalding, Tattnall, Twiggs, Wayne, Wheeler	Atkinson, Baker, Barrow, Ben Hill, Brantley, Candler, Chatham, Chattooga, Clayton, Clinch, Crisp, DeKalb, Elbert, Forsyth, Franklin, Fulton, Gilmer, Glascock, Gwinnett, Habersham, Hancock, Hart, Heard, Henry, Irwin, Jackson, Jefferson, Jenkins, Lincoln, Morgan, Muscogee, Polk, Pulaski, Quitman, Rockdale, Talbot, Taliaferro, Terrell, Tift, Towns, Truetlen, Turner, Upson, WAlton, Warren, Washington, White, Wilcox, Wilkes
Premium	$6	$44	$40	$19	$57	$44
MOOP	$6,700	$6,700/$10,000	$6,700/$10,000	$6,700/$10,000	$6,700/$10,000	$6,700
Deductible	$0	$1,000	$1,000	$500	$500	$0
Inpatient	$345/day(1-5)	$490/day(1-4)	$390/day(1-5)	$325/day(1-5)	$390/day(1-5)	$390/day(1-5)
Skilled Nursing	$172/day(21-100)	$178/day(21-100)	$178/day(21-100)	$172/day(21-100)	$178/day(21-100)	$178/day(21-100)
PCP	$5	$15	$5	$15	$15	$15
Specialist	$50	$0	$40	$50	$50	$50
Outpatient Surgery	$295 ASC/$345 OP Hosp	$440 ASC/$490 OP Hosp	$340 ASC/$390 OP Hosp	$275 ASC/$325 OP Hosp	$340 ASC/$390 OP Hosp	$345 ASC/$395 OP Hosp
Advanced Imaging	$180 FSF/$250 OP Hosp	$180 FSF/$275 OP Hosp	$180 FSF/$275 OP Hosp	$180 FSF/$250 OP Hosp	$180 FSF/$275 OP Hosp	$180 FSF/$275 OP Hosp
Rx Deductible	$0	$360, Tiers 3, 4 & 5	$195, Tiers 3, 4 & 5	$250, Tiers 3, 4 & 5	$295, Tiers 3, 4 & 5	$340, Tiers 3, 4 & 5
Rx Copays	$4/$12/$47/$100/33%	$7/$17/$43/$100/27%	$4/$12/$47/$100/29%	$4/$12/$47/$100/29%	$7/$17/$43/$100/27%	$7/$17/$47/$100/27%
Dental	Yes	No	Yes	No	No	Yes
Vision	Exam & $100 for Eyewear	No	No	Yes	No	No
TruHearing	$699 or $999 per hearing aid	$699 or $999 per hearing aid	$699 or $999 per hearing aid	$699 or $999 per hearing aid	$699 or $999 per hearing aid	$699 or $999 per hearing aid
Over the Counter	$25/Quarter	$25/Quarter	$25/Quarter	$25/Quarter	$25/Quarter	$25/Quarter

Humana Supplemental Benefits Job Aid

Each of our Medicare Advantage Plans include some, but not all of these Supplemental Benefits. ***Please refer to the appropriate Summary of Benefits and/or Evidence of Coverage to determine which Supplemental Benefits are offered with each plan.***

Over the Counter (OTC) Items

Members receive a quarterly credit to order select over-the-counter health and wellness products from Humana Pharmacy. Orders may be placed using the Humana OTC catalog (found in each AIO book) or online through the Humana Pharmacy website at:
www.humanapharmacy.com
Benefits do not accumulate and must be used during the quarter they are given.

Wigs

Humana members who experience hair loss related to chemotherapy qualify to receive up to a $500 maximum benefit per year for wigs.
Offered on very limited plans

Smoking Cessation

Offers 4 sessions (in addition to the Medicare covered Smoking & Tobacco Cessation Counseling) per year.

SilverSneakers

Health and fitness program designed specifically for adults 65+. With this benefit members get access to: participating fitness locations across the country, fitness equipment, signature group exercise classes, pools, tennis courts, walking/running tracks, social events in their communities and online resources, including an on-demand video library of classes and workouts. For more info and to find a SilverSneakers fitness center, please go to:
www.silversneakers.com

Healthy Food Card

Members may receive an allowance per month for a Healthy Foods Card to spend at participating retailers toward the purchase of approved healthy foods and beverages.
For more info on activating their card, participating retailers and approved foods, members may call the number on the back of their Healthy Foods Card or visit:
www.HealthyFoodsCard.com
Offered on very limited plans

Philips Lifeline

Empowers seniors & supports caregivers by providing a trusted medical alert service. Services may include a personal help button with auto-alert fall detection and 24 hour remote monitoring.
Members will be assisted with installation via phone.
To get started with this benefit call: **1-855-569-0605**

COVID-19

$0 testing and treatment included in all individual MA Plans (not applicable to deductibles)
Meals after COVID diagnosis including 14 days of meals (28 meals)

Humana Supplemental Benefits Job Aid

Each of our Medicare Advantage Plans include some, but not all of these Supplemental Benefits. ***Please refer to the appropriate Summary of Benefits and/or Evidence of Coverage to determine which Supplemental Benefits are offered with each plan.***

TruHearing

This benefit, covers up to two hearing aids per year at a fixed price. These fixed prices can range between $0 and $999 per ear depending on the member's specific plan and benefit.

A hearing aid purchase includes three (3) follow-up visits with a provider for fitting and adjustments, a 45 day trial, 3 year warranty, and 48 free batteries per hearing aid.

Members with this benefit should call TruHearing at: **1-844-255-7146** to verify their coverage, get a list of local providers and set up a hearing exam

Transportation

Depending on the member's specific plan and benefit they may qualify for a predetermined amount of one-way trips to a plan approved location per year by car, van or wheelchair access vehicle. This benefit does have a maximum allowable miles per trip.

To schedule a ride to a location
call: 1-866-588-5122
To schedule a pick up from a location
call: 1-866-588-5123

Arrangements must be made 72 hrs. in adv.

Note: *Members on a plan that includes Author by Humana with a transportation benefit will call the number of the back of their ID card to schedule rides.*

Go365

A wellness program that rewards members for making healthy choices. Each time a member completes an eligible activity, he or she earns rewards. Once a member has accrued $25 in rewards, they can be redeemed (by web, phone or mail) via the Go365 Mall for gift cards to major retailers, including: Amazon, Target, Walmart and Shell. Annual wellness visits, bone density screenings, flu shots, SilverSneakers workouts and other preventive care activities earn members rewards!

To get started, members can visit: www.Go365.com or call the number on the back of their Humana ID card.

Well Dine

Members may receive nutritious, pre-cooked meals delivered to their home to aid in their recovery following discharge from a hospital.

Some plans include additional meal benefits for members who suffer from certain chronic conditions, such as Diabetes, Chronic Heart Failure, or Cardiovascular Disorders.

Members or Case Managers can request these meals be sent.

Agent Customer Service Job Aid

Create a Service Inquiry Via Vantage

The Service Inquiry feature in **Humana Vantage** is the preferred method to submit a customer service request for a member regarding a multitude of topics. A response is received within 1-5 days, and inquiries are able to be tracked on Vantage.

For Existing Members:

1) Go to Humana.com and log in to Vantage (Humana's Agent Portal)
2) On the My Humana Business card, click **View all Customers** and find the needed member and select **their name**.
3) This will open their Consumer Profile page, which will have three tabs on the left hand side: Consumer Information, Applications & Policies and Service Inquiries. Open any of these three tabs and click the **Create New Inquiry** button.
4) Find and select the member's policy or application that needs the Service Inquiry.
5) In the next pop-up, choose the type of inquiry you are submitting. The selections will be:

Correcting an error on a Medicare Application (ASEC)	Claims status, filing & questions	Billing- payment status and arrangement inquiries
Correcting an error on a Medicare Supplement Application	Benefits verification, cost of service and coordination questions	Fulfillment– Order ID card, ANOC and Welcome Kit
Update Member Demographics	PCP Change Request	General Inquiry/Other

6) Complete the form, filling in any field marked with a red asterisk. Be sure to fill in any relevant information in the **Summary of Issue** field that is needed to complete the request you are making.
7) If you or the member would like Humana to contact the member directly to resolve their request, please click **Yes** to that question on the form. If the Yes button is clicked, additional questions will be displayed.
8) Once completed, a confirmation message will appear and it will be listed on the Service Inquiries tab of the member's profile.
9) You will receive a response in 1-5 days, via secure email from AgentRSOS@humana.com, it will contain a resolution to the issue or will request more information. If more information is needed, follow the instructions given in the email.

For In-Process Members:

- Go to Humana.com and log in to Vantage (Humana's Agent Portal)
- Because these folks are not yet members, they will not have a Humana ID nor show in your Business Center
- Find the **Service Inquiries** card on your Vantage homepage, and click **Create an inquiry**
- Follow steps 4-9 listed above

Checking the Status of a Service Inquiries:

- Go to Humana.com and log in to Vantage (Humana's Agent Portal)
- Find the Service Inquiry card on Vantage, and click **View all inquiries**

*For more detailed job aids: please visit the Vantage homepage, find the **Education** card and click **Humana MarketPOINT University** and then type: **"Service Inquiry"** in the search bar at the top of the screen, and enter to find the agent toolkit.*

Escalated Direct Customer Service Call

This line allows the agent to instantly place frustrated members with **ESCALATED** issues, **or** members who require immediate access to care directly on the line with customer service. This line is only to be used when the member has an issue that meets the criteria below. The agent makes the call and the member must be on the line or in the room with the agent. This number (866-464-7932) is tracked and should NEVER be given to members, to any external entity or used outside of listed criteria below:

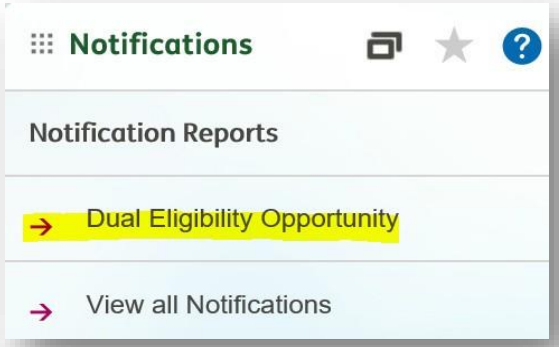
- The member has a current clinical need
- The member can't obtain clinical access (such as picking up a prescription)
- The member has an active medical plan
- The member reports they have an active plan, but they have been termed in error

DSNP Job Aid

DSNP—Stands for Dual Eligible Special Needs Plan. These plans can be sold to beneficiaries who are entitled to both Medicare A&B and certain levels of Medicaid. They will offer the opportunity of enhanced benefits by combining those available through Medicare and Medicaid. Please see plan document for full list.

Note: This is <u>not</u> a Chronic Condition SNP. Qualification for this plan is not derived from the beneficiary's health.

Dual Eligibility Opportunities are now displayed in a new "Notifications" card located on the Vantage dashboard. This will display any current consumers in your My Business Center who have been identified to be newly dual eligible.

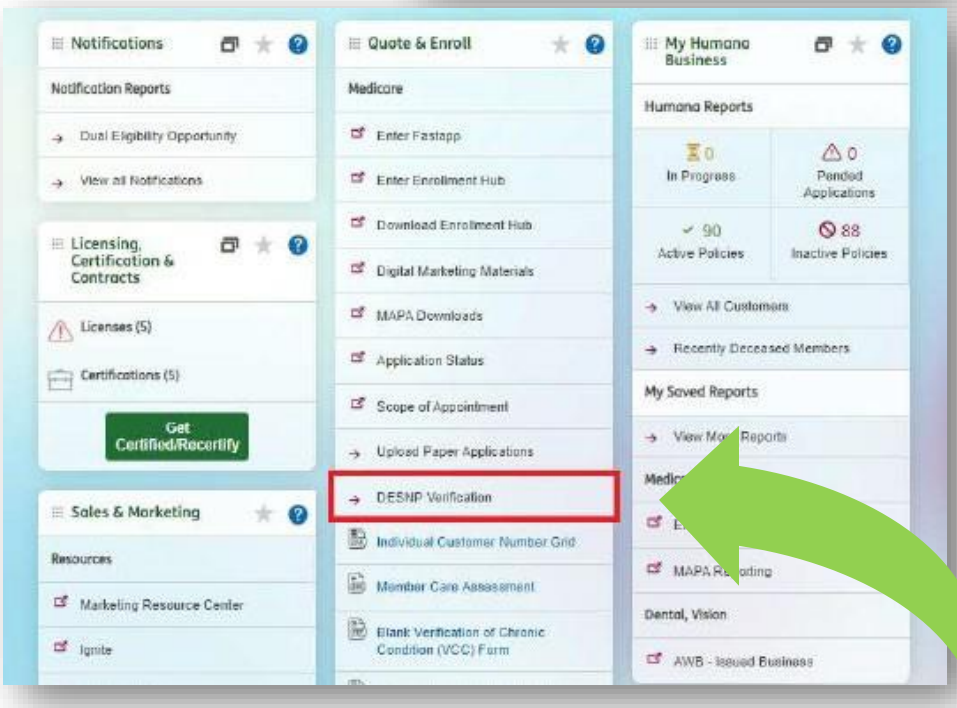


<u>2021 Humana Eligibility for DE-SNP Georgia Plans</u>

Full Dual HMO H4141-003
QMB
QMB+
SLMB+
FBDE

Full Dual PPO H5216-205
QMB
QMB+
SLMB+
FBDE

Partial Dual PPO H5216-206
SLMB QI



Checking DSNP Eligibility

Have member information ready: Either their Medicaid Member ID # <u>or</u> their SSN and DOB

- **DSNP Tool on Vantage:** located in the "Quote and Enroll" section. Use this tool to enter Medicaid ID or SSN to receive eligibility status

- **Call the local Humana office:** **Metro Atlanta:** 800.986.9527 - or - **Greater GA:** 800.671.4055 (Monday – Friday; 8am-5pm)

- **Call Humana Agent Support:** 1-800-309-3163
  Follow the prompts for Medicaid Eligibility Verification. <u>Be sure the call rep gives you the actual level of eligibility</u> (all numbers and letters), and then use the guide above to determine if their level of eligibility qualifies them to be placed on the DE SNP Plan

CSNP Job Aid

Who is eligible for a Humana Chronic Condition SNP in GA?

In GA, Humana has a CSNP PPO in select counties (H5216-246-000). To be eligible to enroll in this CSNP, beneficiaries must be entitled to Medicare Part A, enrolled in Medicare Part B, live in the plan's service area and be diagnosed with Diabetes Mellitus or a Cardiovascular Disorder:

See below for qualifiers for each of these conditions.

Diabetes Mellitus

- High blood sugar or diabetes
- Currently measure/monitor blood sugar
- Take a medication that's supposed to lower your blood sugar

Cardiovascular Disorders

- Heart attack
- Circulation problems
- Pain in your legs when you walk that gets better when you stop and rest

What are the forms associated with the Chronic Condition SNP in GA?

Pre-Qualification Assessment Form

A required form that is included in the AIO books or in the electronic application process. The agent and the member complete the form at the time of sale. It must be submitted with the enrollment form.

Important: **A PCP is not required on the PPO enrollment form; therefore, correctly capturing the member's PCP/Specialist name and phone number on the Pre-Qualification Form is especially important for the 2022 PPO CSNP.**

Verification Form

-This form is mailed to the member. The member should take it to their PCP for them to fill out; upon completion, the provider will fax the form in to the number listed.

- Agents can reach out to the member to assist with setting an appt. with their doctor to have their Verification Form completed and sent to Humana. If they are not an existing member with PCP they list on their Prequalification form they will need to make an appt. with that physician to get their condition verified OR reach out to an old provider to verify.
- Agents cannot take the form to the doctor's office and have it completed.
- On the last day of the month following the requested effective date, if the Verification Form hasn't been received by Humana the member will be terminated from the plan.

Example: member enrolls in June for a July 1st effective date, if the Verification Form hasn't been received by August 31st, the member will be disenrolled.

Find a Doctor Job Aid

1. Go to ***www.humana.com,*** scroll down, and click the Find a Doctor button under **My quick links** in the gray box on the right side of the screen.

OR: sign in to the Humana Agent Portal, *Vantage* - Find the "Doctor & Pharmacy" box and click Search

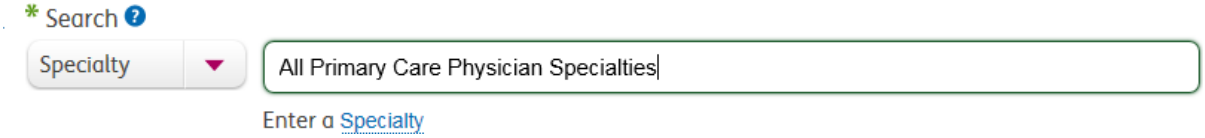
2. At the top of the page, under Search Type, select **Medical**
3. If you ***do not*** have a Humana ID:
   - Click Just Looking tab
   - Select Coverage
   - Click in white space box under Zip Code and enter zip code
   - Choose a Network
   - Go to step 4

If you ***do*** have a Humana ID:

   - Click Member ID tab
   - Click in white space box under Member ID and enter Member ID
   - Go to step 4

4. Under **Search**, choose an option in drop down box. Click in white space box to the right of choice to type.
   NOTE: If choosing a specialty, instead of typing in a specific specialty, you may click the blue link that says: "specialties" and choose from the list that pops up

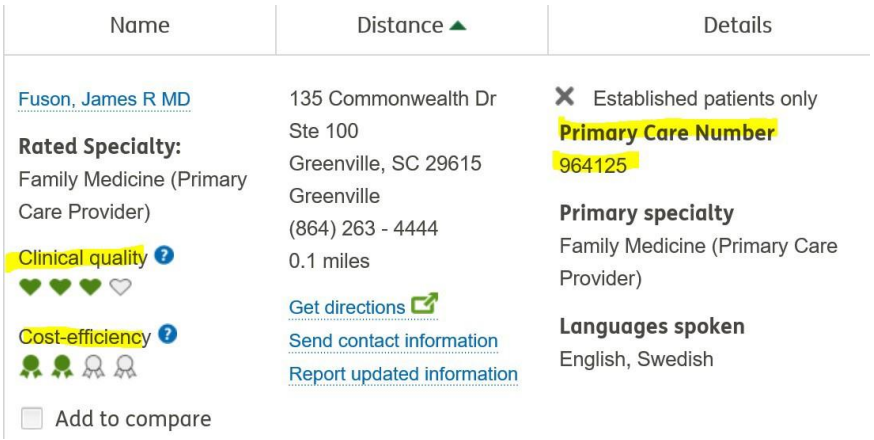
   NOTE: If you want to pull up a list of PCPs in a network, Choose **Specialty** from the drop down list and type **All Primary Care Physician Specialties**.



5. Click **Search**.

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

6. If a provider is a PCP, the **PCP #** will be located in the following location of the search window. As part of Humana's new Care Highlight Program you may also see **Clinical quality** and **Cost-efficiency** ratings *if available*.



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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 2022 MAPD and PDP plan highlights. For more complete benefit information, please refer to the appropriate Summary of Benefits and/or Evidence of Coverage.**

Notes

Notes