

The market-at-a-glance resource enables you to draw quick comparisons between several plans that are specific to your area.

	Humana Gold Plus (HMO-POS): H1036-335-001	Humana Gold Plus (HMO-POS): H1036-335-002	Humana Gold Plus Giveback (HMO-POS): H1036-318-000	HumanaChoice Giveback (PPO): H5525-035-000	HumanaChoice (PPO): H5525- 050-000
Key Selling Point	Reduced Specialist Copay	Increased dental allowance benefit	Reduced Specialist Copay	Reduced Specialist Copay	\$0 monthly plan premium
Monthly premium	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Part B Giveback	\$1	\$2	\$129	\$117	\$1
Deductible	N/A	N/A	\$300In-Network	\$400Combined In and Out-of-Network	\$250Combined In and Out-of-Network
MOOP	\$3500 IN	\$3950 IN	\$9250 IN	\$9250 IN	\$9250 IN
PCP	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$5 copayment	\$10 copayment	\$40 copayment	\$35 copayment	\$25 copayment
Acute inpatient	\$295 per day, Days(1-5);	\$295 per day, Days(1-5);	\$375 per day, Days(1-7);	\$375 per day, Days(1-7);	\$375 per day, Days(1-7);
Urgent/emergency care services	\$65 copayment/\$150 copayment	\$65 copayment/\$150 copayment	\$40 copayment/\$115 copayment	\$40 copayment/\$115 copayment	\$40 copayment/\$115 copayment
Advanced imaging	\$200 copayment; \$335 copayment	\$200 copayment; \$335 copayment	\$200 copayment; \$335 copayment	\$200 copayment; \$335 copayment	\$200 copayment; \$335 copayment
Rx deductible	\$250 Deductible for Tiers 3,4,5	\$250 Deductible for Tiers 3,4,5	\$450 Deductible for Tiers 3,4,5	\$450 Deductible for Tiers 3,4,5	\$350 Deductible for Tiers 3,4,5
Rx copays	\$0/\$5/\$47/50%/30%	\$0/\$5/\$47/50%/30%	\$0/\$5/\$47/46%/27%	\$0/\$5/\$47/40%/27%	\$0/\$5/\$47/50%/29%
Dental	\$2500.00 annually	\$2500.00 annually	\$0 copay for basic services	\$0 copay for basic services	\$1250.00 annually
Vision	\$250.00 annually for eyewear at PLUS Provider	\$250.00 annually for eyewear at PLUS Provider	\$150.00 annually for eyewear at PLUS Provider	\$150.00 annually for eyewear at PLUS Provider	\$200.00 annually for eyewear at PLUS Provider
Hearing	See Summary of Benefits	See Summary of Benefits	See Summary of Benefits	See Summary of Benefits	See Summary of Benefits
OTC	OTC \$50/Quarter	OTC \$50/Quarter	N/A	N/A	N/A
Healthy Options allowance	N/A	N/A	N/A	N/A	N/A

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North Carolina Triangle/Eastern

Market at a glance
Compare plans available in your area

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	Humana USAA Honor Giveback (PPO): H5525-065-000	HumanaChoice (PPO): H5525-070-000	Humana Gold Plus SNP-DE (HMO D-SNP): H1036-331-000	Humana Gold Plus SNP-DE (HMO D-SNP): H1036-167-000	HumanaChoice SNP-DE (PPO D-SNP): H5525-036-000
Key Selling Point	Reduced Specialist Copay	New lower inpatient and outpatient copays	New Healthy Options allowance with roll over	Healthy Options Allowance available with roll over	Healthy Options Allowance available with roll over
Monthly premium	\$0.00	\$24.00	\$0-\$20.00	\$0-\$14.20	\$0-\$30.40
Part B Giveback	\$165	N/A	N/A	N/A	N/A
Deductible	N/A	N/A	N/A	N/A	N/A
MOOP	\$9250 IN	\$9250 IN	\$0-\$9250 IN	\$0-\$9250 IN	\$0-\$9250 IN
PCP	\$0 copayment	\$0 copayment	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance
Specialist	\$40 copayment	\$0 copayment	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance
Acute inpatient	\$375 per day, Days(1-7);	\$375 per day, Days(1-7);	\$0-\$2230 per admission	\$0-\$2230 per admission	\$0-\$2230 per admission
Urgent/emergency care services	\$40 copayment/\$115 copayment	\$40 copayment/\$115 copayment	0%-20% coinsurance/\$0-\$115 copayment	0%-20% coinsurance/\$0-\$115 copayment	0%-20% coinsurance/\$0-\$115 copayment
Advanced imaging	\$200 copayment; \$335 copayment	\$200 copayment; \$335 copayment	\$0-\$200 copayment; \$0-\$335 copayment	\$0-\$200 copayment; \$0-\$335 copayment	\$0-\$200 copayment; \$0-\$335 copayment
Rx deductible	No Deductible	\$615 Deductible for Tiers 3,4,5	\$615 Deductible for Tiers 3,4,5	\$615 Deductible for Tiers 3,4,5	\$615 Deductible for Tiers 3,4,5
Rx copays	No Coverage	\$0/\$5/\$47/40%/25%	\$0/\$0/25%/25%/25%	\$0/\$0/25%/25%/25%	\$0/\$0/25%/25%/25%
Dental	\$0 copay for basic services	\$2000.00 annually	\$4000.00 annually	\$4000.00 annually	\$4000.00 annually
Vision	\$150.00 annually for eyewear at PLUS Provider	\$300.00 annually for eyewear at PLUS Provider	\$350.00 annually for eyewear at PLUS Provider	\$350.00 annually for eyewear at PLUS Provider	\$250.00 annually for eyewear at PLUS Provider
Hearing	See Summary of Benefits	See Summary of Benefits	See Summary of Benefits	See Summary of Benefits	See Summary of Benefits
OTC	N/A	N/A	N/A	N/A	N/A
Healthy Options allowance	N/A	N/A	\$355 monthly allowance with Rollover. Members may also use this money for eligible groceries, and more if they meet other program criteria.	\$195 monthly allowance with Rollover. Members may also use this money for eligible groceries, and more if they meet other program criteria.	\$170 monthly allowance with Rollover. Members may also use this money for eligible groceries, and more if they meet other program criteria.

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	Humana Dual Select (HMO D-SNP): H1036-307-000	Humana Dual Select (PPO D-SNP): H5525-072-000	Humana Gold Plus - Diabetes and Heart (HMO C-SNP): H1036-308-000		
Key Selling Point	Healthy Options Allowance available with roll over	Healthy Options Allowance available with roll over	Increased Healthy Options Allowance with roll over		
Monthly premium	\$0-\$13.00	\$0-\$33.50	\$0.00		
Part B Giveback	N/A	N/A	\$1		
Deductible	N/A	N/A	N/A		
MOOP	\$0-\$9250 IN	\$0-\$9250 IN	\$9250 IN		
PCP	\$0 copayment	\$0 copayment	\$0 copayment		
Specialist	\$0-\$25 copayment	\$0-\$25 copayment	\$45 copayment		
Acute inpatient	\$0-\$399 per day, Days(1-6);	\$0-\$399 per day, Days(1-6);	\$375 per day, Days(1-7);		
Urgent/emergency care services	\$0-\$40 copayment/\$0-\$115 copayment	\$0-\$40 copayment/\$0-\$115 copayment	\$40 copayment/\$115 copayment		
Advanced imaging	\$0-\$200 copayment; \$0-\$335 copayment	\$0-\$200 copayment; \$0-\$335 copayment	\$200 copayment; \$335 copayment		
Rx deductible	\$615 Deductible for Tiers 3,4,5	\$615 Deductible for Tiers 3,4,5	\$450 Deductible for Tiers 3,4,5		
Rx copays	\$0/\$0/25%/25%/25%	\$0/\$0/25%/25%/25%	\$0/\$5/\$47/50%/27%/\$0		
Dental	\$2000.00 annually	\$1500.00 annually	\$1000.00 annually		
Vision	\$350.00 annually for eyewear at PLUS Provider	\$400.00 annually for eyewear at PLUS Provider	\$200.00 annually for eyewear at PLUS Provider		
Hearing	See Summary of Benefits	See Summary of Benefits	See Summary of Benefits		
OTC	N/A	N/A	N/A		
Healthy Options allowance	\$85 monthly allowance with Rollover. Members may also use this money for eligible groceries, and more if they meet other program criteria.	\$85 monthly allowance with Rollover. Members may also use this money for eligible groceries, and more if they meet other program criteria.	\$65 Monthly with Roll over. Members must have a qualifying chronic condition to qualify for this benefit.		

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