


MAPD

		Humana Honor Plan 	
Plan Name	HumanaChoice (PPO)	Humana USAA Honor with Rx (PPO)	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)
Plan Number	H5216-254-000	H5216-340-000	H0028-057-000
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	N/A	\$84	N/A
PCP	\$0 copayment	\$0 copayment	\$0 copayment
Specialist	\$35 copayment	\$50 copayment	\$25 copayment
Referrals Required	No	No	No
Inpatient Hospital	\$395 per day, Days(1-7);	\$425 per day, Days(1-5);	\$295 per day, Days(1-6);
Max Out-of-Pocket	\$3900 IN	\$5900 IN	\$3600 IN
Rx Deductible	No Deductible	\$300 Deductible for Tiers 3,4,5	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$47/\$100/33%	\$2/\$9/\$47/\$99/28%	\$0/\$0/\$47/\$99/33%/\$0
Dental	\$2500 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.	\$4000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.	\$1000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness
Market Service Area	Cedar Rapids - Eastern Iowa Market-wide	Cedar Rapids - Eastern Iowa Market-wide	Johnson, Linn

Plan Name	Humana Gold Plus (HMO)
Plan Number	H0028-053-001
Premium	\$0.00
Part B Giveback	N/A
PCP	\$0 copayment
Specialist	\$35 copayment
Referrals Required	No
Inpatient Hospital	\$325 per day, Days(1-6);
Max Out-of-Pocket	\$3850 IN
Rx Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$47/\$100/33%
Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC \$40/Quarter for select health and wellness products
Market Service Area	Benton, Black Hawk, Bremer, Buchanan, Butler, Cedar, Clinton, Delaware, Des Moines, Dubuque, Floyd, Grundy, Henry, Jackson, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Mahaska, Mitchell, Muscatine, Poweshiek, Scott, Tama, Wapello, Washington