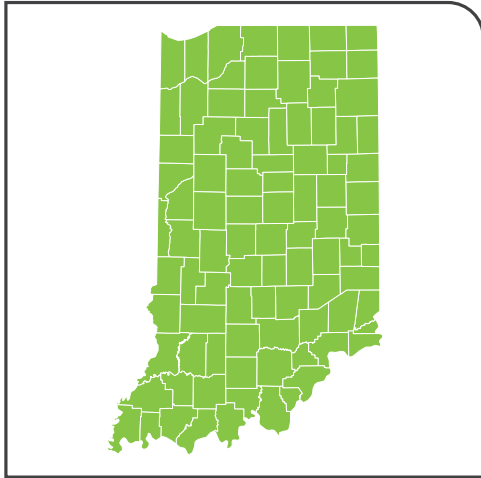


INDIANA

Select the market(s) below to view their Market Highlights



MA/MAPD PLANS

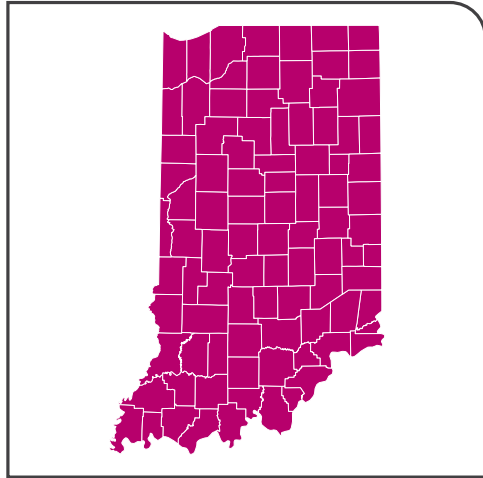
Humana offers a wide range of affordable plans and a broad network of healthcare providers nationwide to meet the unique needs of your clients. Many plans come with low or no monthly plan premium, plus health-boosting benefits that aim to help your clients achieve their best health.

INDIANA



DSNP AND VALUE PLUS PLANS

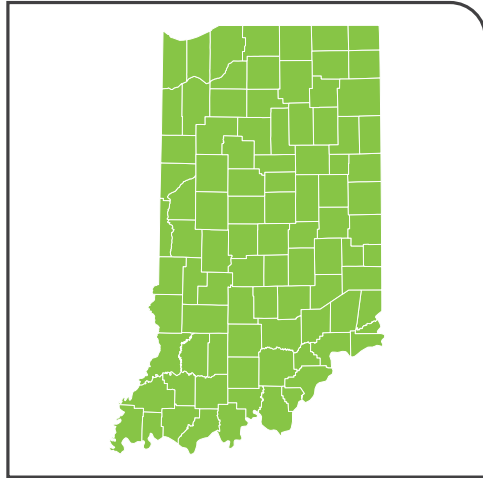
INDIANA



PDP PLANS

Humana offers affordable prescription drug plans that meet the unique needs of your clients. Our vast network includes mail-order pharmacies like Humana Pharmacy, which offers mail-order copays as low as \$0 on generic drugs in many regions. In-store copays as low as \$1 on certain generic drugs at Walmart, Sam's Club, and Walmart Neighborhood Markets, which are preferred cost sharing pharmacies.

INDIANA

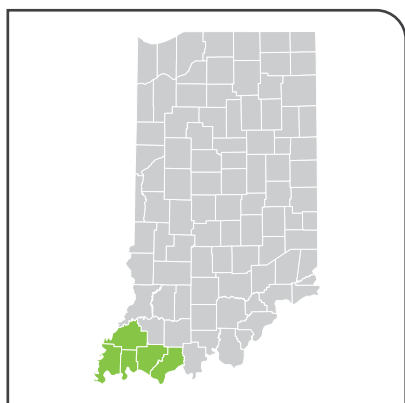


LOCAL SUPPORT

Humana now offers two new resources, Broker Relationship Managers (BRM) and Broker Relationship Executives (BRE), in addition to your local market offices. BRMs have been deployed in markets across the country to offer on-the-ground assistance, BREs to provide sales support telephonically and electronically. We encourage you to contact these resources or simply contact Humana Agent Support at 1-800-309-3163.

INDIANA

EVANSVILLE



MARKET HIGHLIGHTS

- Products range from \$0 plan premium HMOs & PPOs to premium offerings
- No referrals required to see specialists
- \$0 copay for Tiers 1 & 2 when utilizing Humana Mail Order Pharmacy for 90-day supply
- Unlimited transportation on non-SNP HMO and DSNP plans
- PPO plans include national network coverage; no out of network deductible
- DSNP available with denture coverage (see Indiana DSNP and Value Plus plans Section)

NETWORK HIGHLIGHTS

- HMO network includes Deaconess; Echo Community Healthcare is a recent addition
- PPO network includes Deaconess and Ascension (St. Vincent Evansville)
- A complete list of providers can be found at www.humana.com/physicianfinder

MARKET SERVICE AREA

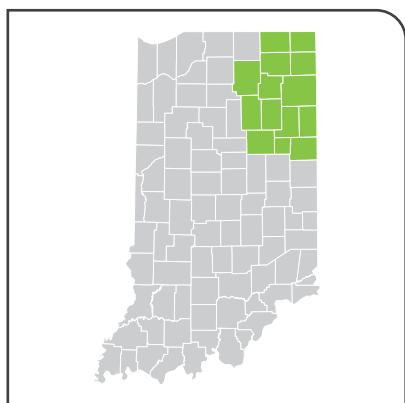
Gibson, Posey, Spencer, Vanderburgh, Warrick

	NEW		
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus - Diabetes and Heart (HMO SNP)	HumanaChoice (PPO)
Plan Number	H5619-050-000	H5619-055-000	H5216-192-000
Plan Highlights	\$0 plan premium with unlimited transportation	Plan designed for individuals with Diabetes and/or Heart Conditions	New \$0 plan premium LPPO that includes Rx coverage; passive design - cost shares are same for in and out-of-network providers
Premium	\$0	\$15	\$0
PCP	\$0	\$10	\$30
Specialist	\$40	\$45	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$275 per day Days 1-7	\$295 per day Days 1-6	\$495 per day Days 1-3
Max Out-of-Pocket	\$4,900 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$125 tiers 3-5	\$415 tiers 4-5	\$250 tiers 3-5
Rx Preferred	\$4/\$12/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$97/25%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$100/28%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$30/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$30/Quarter	
Market Service Area	Gibson, Posey, Vanderburgh, Warrick	Gibson, Posey, Vanderburgh	Evansville Marketwide

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-113-000	H5216-054-000	R0865-001-000
Plan Highlights	Reduced plan premium, MOOP, and pharmacy cost shares for 2019 (\$0 plan premium for 100% LIS)	\$47 plan premium with stable benefits	Good fit for military veterans who receive their drug coverage through the VA
Premium	\$15	\$47	\$0
PCP	\$10	\$10	\$10
Specialist	\$45	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$360 per day Days 1-5	\$325 per day Days 1-5	\$350 per day Days 1-5
Max Out-of-Pocket	\$4,500 In-network	\$5,700 In-network	\$6,700 In-network
Rx Deductible	\$100 tiers 4-5	\$175 tiers 3-5	No Coverage
Rx Preferred	\$2/\$8/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$100/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Vision, Hearing, Fitness, OTC allowance \$20/Month	Dental, Vision, Hearing, Fitness, OTC allowance \$30/Quarter	Dental, Vision, Fitness, OTC allowance \$45/Quarter
Market Service Area	Evansville Marketwide	Evansville Marketwide	Statewide in Indiana, Kentucky

INDIANA

FORT WAYNE



MARKET HIGHLIGHTS

- Products range from \$0 plan premium HMOs & PPOs to premium offerings
- No referrals required to see specialists
- \$0 copay for Tiers 1 & 2 when utilizing Humana Mail Order Pharmacy for 90-day supply
- Unlimited transportation on non-SNP HMO and DSNP plans
- PPO plans include national network coverage; no out of network deductible
- DSNP available with denture coverage (see Indiana DSNP and Value Plus plans Section)

NETWORK HIGHLIGHTS

- All HMO & PPO plans include access to Parkview Health System, Lutheran Health System, and Dekalb Health
- Humana offers exclusive access to Oak Street Health clinic in Fort Wayne
- A complete list of providers can be found at www.humana.com/physicianfinder

MARKET SERVICE AREA

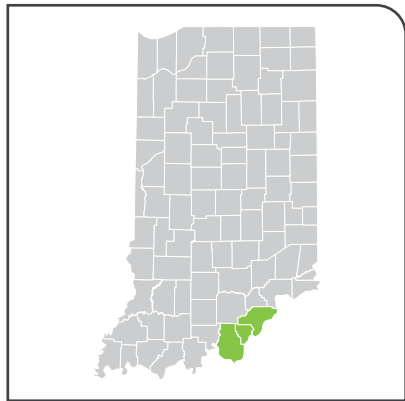
Adams, Allen, Blackford, De Kalb, Grant, Huntington, Jay, Kosciusko, Lagrange, Noble, Steuben, Wabash, Wells, Whitley

		NEW	
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5619-051-000	H5216-192-000	H5216-111-000
Plan Highlights	\$0 plan premium HMO with access to both Parkview and Lutheran Health Systems; unlimited transportation	New \$0 plan premium LPPO that includes Rx coverage; passive design - cost shares are same for in and out-of-network providers	Reduced plan premium, MOOP, and pharmacy cost shares for 2019 (\$0 plan premium for 100% LIS)
Premium	\$0	\$0	\$15
PCP	\$0	\$30	\$10
Specialist	\$40	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$275 per day Days 1-7	\$495 per day Days 1-3	\$360 per day Days 1-5
Max Out-of-Pocket	\$3,400 In-network	\$6,700 In-network	\$4,500 In-network
Rx Deductible	No Deductible	\$250 tiers 3-5	\$100 tiers 4-5
Rx Preferred	\$2/\$5/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$100/28%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$8/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Quarter, Transportation		Vision, Hearing, Fitness, OTC allowance \$20/Month
Market Service Area	Adams, Allen, DeKalb, Huntington, Kosciusko, Noble, Wells, Whitley	Fort Wayne Marketwide	Blackford, Grant, Jay, Lagrange, Steuben, Wabash

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-112-000	H5216-055-000	R0865-001-000
Plan Highlights	Reduced plan premium, MOOP, and pharmacy cost shares for 2019 (\$0 plan premium for 100% LIS)	\$40 plan premium LPPO with stable benefits	Good fit for military veterans who receive their drug coverage through the VA
Premium	\$15	\$40	\$0
PCP	\$5	\$10	\$10
Specialist	\$45	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$360 per day Days 1-5	\$325 per day Days 1-5	\$350 per day Days 1-5
Max Out-of-Pocket	\$4,500 In-network	\$4,900 In-network	\$6,700 In-network
Rx Deductible	\$75 tiers 4-5	\$160 tiers 3-5	No Coverage
Rx Preferred	\$2/\$8/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Vision, Hearing, Fitness, OTC allowance \$20/Month	Dental, Vision, Hearing, Fitness, OTC allowance \$30/Quarter	Dental, Vision, Fitness, OTC allowance \$45/Quarter
Market Service Area	Adams, Allen, DeKalb, Huntington, Kosciusko, Noble, Wells, Whitley	Adams, Allen, DeKalb, Grant, Huntington, Kosciusko, Lagrange, Noble, Steuben, Wabash, Wells, Whitley	Statewide in Indiana, Kentucky

INDIANA

GREATER LOUISVILLE



MARKET HIGHLIGHTS

- Full suite of products starting with \$0 plan premium HMOs up to high dollar plan premium PPO plans with low cost sharing
- Rich \$0 HMO benefit with broad network
- Dual-eligible plans available; see KY DSNP and Value Plus plan section
- Full PPO suite of products designed to meet a variety of consumer needs
- Many plans include enhanced additional benefits such as dental, vision, hearing, transportation, OTC allowance and fitness benefits
- \$0 copay for tiers 1 & 2 when utilizing Humana mail order pharmacy for 90-days supply
- No Rx deductibles on many of the plans
- No Referrals on any plans

NETWORK HIGHLIGHTS

- The Gold Plus HMO and Gold Choice PPO networks are broad networks that include all major Louisville Metro health systems
- Clark Memorial and Floyd Memorial are included in Southern Indiana counties for HMO and PPO
- A complete list of providers can be found at www.humana.com/physicianfinder

MARKET SERVICE AREA

Clark, Floyd, Harrison

Plan Name	Humana Community (HMO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H1036-236-000	H5619-073-000	H5216-107-000
Plan Highlights	\$0 HMO with access to the Community HMO network, \$0 PCP and \$30 Specialist copays. Rich MSBs. No referrals	Plan premium reduced to \$0. Large robust greater Louisville HMO network. Rich MSBs. No referrals	Passive network (same in and out of network benefits), multiple MSBs included, single copay hospital stay
Premium	\$0	\$0	\$117
PCP	\$0	\$5	\$5
Specialist	\$30	\$40	\$30
Referrals Required	No	No	No
Inpatient Hospital	\$250 per day Days 1-7	\$275 per day Days 1-7	\$350 per admission
Max Out-of-Pocket	\$4,900 In-network	\$5,400 In-network	\$6,700 In-network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx Preferred	\$0/\$14/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$3/\$15/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$15/\$47/\$97/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$45/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter
Market Service Area	Jefferson	Indiana: Clark, Floyd; Kentucky: Bullitt, Hardin, Jefferson, Oldham	Indiana: Clark, Floyd, Harrison; Kentucky: Boyle, Bullitt, Hardin, Henry, Jefferson, Marion, Meade, Nelson, Oldham, Shelby, Spencer

	NEW	NEW	
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5216-188-000	H5216-187-000	H5216-018-000
Plan Highlights	New \$15 plan premium LPPO with access to national PPO network. (\$0 premium for 100% LIS)	Rich LPPO; includes \$0 hospital, PCP and Specialist copays. Rich MSBs. Passive network (same in and out of network benefits)	LPPO plan premium reduced from \$67 to \$39, access to Full national network, No Rx deductible
Premium	\$15	\$195	\$39
PCP	\$15	\$0	\$10
Specialist	\$45	\$0	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$360 per day Days 1-5	\$0 per admission	\$350 per day Days 1-5
Max Out-of-Pocket	\$6,700 In-network	\$4,000 In-network	\$6,700 In-network
Rx Deductible	\$195 tiers 4-5	\$195 tiers 3-5	No Deductible
Rx Preferred	\$7/\$17/\$47/\$100/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$8/\$47/\$100/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$15/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, Fitness, OTC allowance \$45/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$45/Quarter
Market Service Area	Indiana: Clark, Floyd, Harrison; Kentucky: Boyle, Bullitt, Hardin, Henry, Jefferson, Marion, Meade, Nelson, Oldham, Shelby, Spencer	Jefferson	Indiana: Clark, Floyd, Harrison; Kentucky: Bullitt, Hardin, Henry, Jefferson, Marion, Nelson, Oldham, Shelby, Spencer

INDIANA | GREATER LOUISVILLE

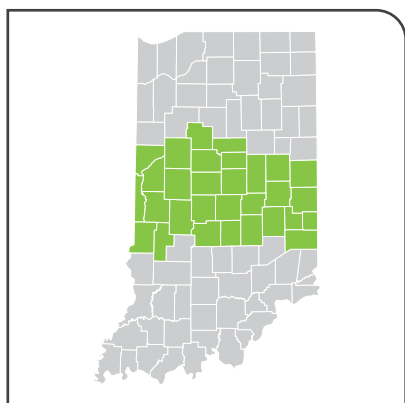
MA/MAPD PLANS



Plan Name	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-105-000	R0865-001-000
Plan Highlights	\$0 LPPO with access to national PPO network, No Rx coverage, Good fit for military veterans who have VA Rx coverage	Good fit for military veterans who receive their drug coverage through the VA
Premium	\$0	\$0
PCP	\$10	\$10
Specialist	\$35	\$45
Referrals Required	No	No
Inpatient Hospital	\$295 per day Days 1-6	\$350 per day Days 1-5
Max Out-of-Pocket	\$4,500 In-network	\$6,700 In-network
Rx Deductible	No Coverage	No Coverage
Rx Preferred	No Coverage	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$75/Quarter	Dental, Vision, Fitness, OTC allowance \$45/Quarter
Market Service Area	Boyle, Bullitt, Hardin, Henry, Jefferson, Marion, Meade, Nelson, Oldham, Shelby, Spencer	Statewide in Indiana, Kentucky

INDIANA

INDIANAPOLIS/CENTRAL IN



MARKET HIGHLIGHTS

- Products range from \$0 plan premium HMOs & PPOs to premium offerings
- HMO with \$0 plan premium expanded into Bartholomew, Brown, Clinton, Jackson, Putnam, Shelby, & Tipton
- No referrals required to see specialists
- \$0 copay for Tiers 1 & 2 when utilizing Humana Mail Order Pharmacy for 90-day supply
- Unlimited transportation on non-SNP HMO and DSNP plans
- PPO plans include national network coverage; no out of network deductible
- DSNP available with denture coverage (see Indiana DSNP and Value Plus plans Section)

NETWORK HIGHLIGHTS

- HMO & PPO provider networks include IU Health, Franciscan Alliance, Community Health Network (including ProHealth), St. Vincent Health, and Oak Street Health
- Humana offers exclusive access to Oak Street Health Clinics in Indianapolis
- A complete list of providers can be found at www.humana.com/physicianfinder

MARKET SERVICE AREA

Boone, Carroll, Clay, Clinton, Delaware, Fayette, Fountain, Franklin, Hamilton, Hancock, Hendricks, Henry, Howard, Johnson, Madison, Marion, Montgomery, Morgan, Parke, Putnam, Randolph, Rush, Shelby, Tippecanoe, Tipton, Union, Vermillion, Vigo, Warren, Wayne

INDIANA | INDIANAPOLIS/CENTRAL IN
MA/MAPD PLANS



		NEW	
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5619-049-000	H5216-192-000	H5216-111-000
Plan Highlights	\$0 plan premium with reduced copays; unlimited transportation	New \$0 plan premium LPPO that includes RX coverage; passive design - cost shares are same for in and out-of-network providers	Reduced plan premium, MOOP, and pharmacy cost shares for 2019 (\$0 plan premium for 100% LIS)
Premium	\$0	\$0	\$15
PCP	\$0	\$30	\$10
Specialist	\$40	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day Days 1-6	\$495 per day Days 1-3	\$360 per day Days 1-5
Max Out-of-Pocket	\$3,400 In-network	\$6,700 In-network	\$4,500 In-network
Rx Deductible	No Deductible	\$250 tiers 3-5	\$100 tiers 4-5
Rx Preferred	\$2/\$8/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$100/28%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$8/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Quarter, Transportation		Vision, Hearing, Fitness, OTC allowance \$20/Month
Market Service Area	Boone, Clinton, Delaware, Hamilton, Hancock, Hendricks, Howard, Johnson, Madison, Marion, Montgomery, Morgan, Putnam, Shelby, Tippecanoe, Tipton	Indianapolis/Central IN Marketwide	Carroll, Clay, Clinton, Fayette, Fountain, Henry, Howard, Montgomery, Parke, Putnam, Randolph, Rush, Shelby, Tippecanoe, Tipton, Union, Vermillion, Vigo, Warren, Wayne

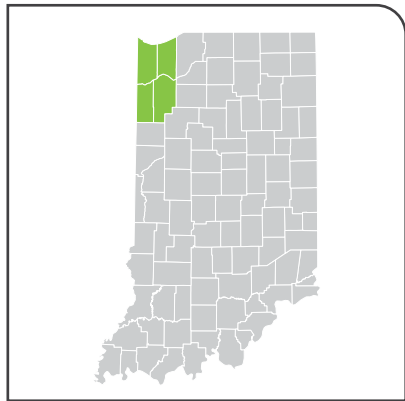
INDIANA | INDIANAPOLIS/CENTRAL IN
MA/MAPD PLANS



Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-114-000	H5216-053-000	R0865-001-000
Plan Highlights	Reduced plan premium, MOOP, and pharmacy cost shares for 2019 (\$0 plan premium for 100% LIS)	\$55 plan premium with stable benefits; added hearing aid coverage for 2019	Good fit for military veterans who receive their drug coverage through the VA
Premium	\$15	\$55	\$0
PCP	\$10	\$10	\$10
Specialist	\$45	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$360 per day Days 1-5	\$295 per day Days 1-6	\$350 per day Days 1-5
Max Out-of-Pocket	\$4,500 In-network	\$5,900 In-network	\$6,700 In-network
Rx Deductible	\$100 tiers 4-5	\$150 tiers 3-5	No Coverage
Rx Preferred	\$2/\$8/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Vision, Hearing, Fitness, OTC allowance \$20/Month	Dental, Vision, Hearing, Fitness, OTC allowance \$30/Quarter	Dental, Vision, Fitness, OTC allowance \$45/Quarter
Market Service Area	Boone, Delaware, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Morgan	Boone, Clay, Delaware, Fayette, Hamilton, Hancock, Hendricks, Henry, Johnson, Madison, Marion, Montgomery, Morgan, Parke, Putnam, Rush, Shelby, Tippecanoe, Union, Vigo, Wayne	Statewide in Indiana, Kentucky

INDIANA

NORTHWEST IN



MARKET HIGHLIGHTS

- Products range from \$0 plan premium HMOs & PPOs to premium offerings
- HMO with \$0 plan premium expanded into Porter County
- No referrals required to see specialists
- \$0 copay for Tiers 1 & 2 when utilizing Humana Mail Order Pharmacy for 90-day supply
- Unlimited transportation on non-SNP HMO and DSNP plans
- PPO plans include national network coverage; no out of network deductible
- DSNP available with denture coverage (see Indiana DSNP and Value Plus plans Section)

NETWORK HIGHLIGHTS

- HMO & PPO network includes Community Healthcare, Franciscan Alliance, Methodist Hospitals & Oak Street Health
- Cook County, IL providers are accessible for H5619-053-000 HMO
- A complete list of providers can be found at www.humana.com/physicianfinder

MARKET SERVICE AREA

Jasper, Lake, Newton, Porter

	NEW		
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus - Diabetes and Heart (HMO SNP)	HumanaChoice (PPO)
Plan Number	H5619-053-000	H5619-055-000	H5216-192-000
Plan Highlights	\$0 plan premium with reduced copays; unlimited transportation	C-SNP plan designed for individuals with Diabetes and/or Heart Conditions	New \$0 plan premium LPPO that includes Rx coverage; passive design - cost shares are same for in and out-of-network providers
Premium	\$0	\$15	\$0
PCP	\$0	\$10	\$30
Specialist	\$45	\$45	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$325 per day Days 1-5	\$295 per day Days 1-6	\$495 per day Days 1-3
Max Out-of-Pocket	\$5,500 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$100 tiers 3-5	\$415 tiers 4-5	\$250 tiers 3-5
Rx Preferred	\$4/\$12/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$97/25%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$100/28%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$30/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$30/Quarter	
Market Service Area	Lake, Porter	Lake	Northwest IN Marketwide

INDIANA | NORTHWEST IN

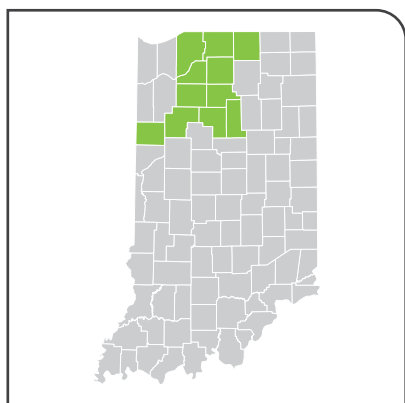
MA/MAPD PLANS



Plan Name	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-111-000	R0865-001-000
Plan Highlights	Reduced plan premium, MOOP, and pharmacy cost shares for 2019 (\$0 plan premium for 100% LIS)	Good fit for military veterans who receive their drug coverage through the VA
Premium	\$15	\$0
PCP	\$10	\$10
Specialist	\$45	\$45
Referrals Required	No	No
Inpatient Hospital	\$360 per day Days 1-5	\$350 per day Days 1-5
Max Out-of-Pocket	\$4,500 In-network	\$6,700 In-network
Rx Deductible	\$100 tiers 4-5	No Coverage
Rx Preferred	\$2/\$8/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Vision, Hearing, Fitness, OTC allowance \$20/Month	Dental, Vision, Fitness, OTC allowance \$45/Quarter
Market Service Area	Northwest IN Marketwide	Statewide in Indiana, Kentucky

INDIANA

SOUTH BEND



MARKET HIGHLIGHTS

- Products range from \$0 plan premium HMOs & PPOs to premium offerings
- DSNP expansion into Elkhart, LaPorte, St. Joseph, and Marshall counties
- No referrals required to see specialists
- \$0 copay for Tiers 1 & 2 when utilizing Humana Mail Order Pharmacy for 90-day supply
- Unlimited transportation on non-SNP HMO and DSNP plans
- PPO plans include national network coverage; no out of network deductible
- DSNP available with denture coverage (see Indiana DSNP and Value Plus plans Section)

NETWORK HIGHLIGHTS

- HMO network includes Beacon Medical Group, St. Joseph's Regional, South Bend Clinic, Goshen Health, & Kosciusko Medical Group
- PPO network includes the above providers as well as the Elkhart Clinic
- A complete list of providers can be found at www.humana.com/physicianfinder

MARKET SERVICE AREA

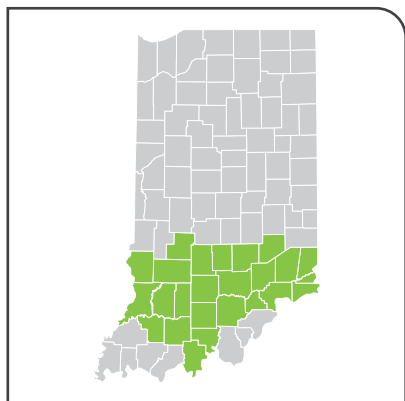
Benton, Cass, Elkhart, Fulton, La Porte, Marshall, Miami, Pulaski, St Joseph, Starke, White

		NEW	
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5619-052-000	H5216-192-000	H5216-111-000
Plan Highlights	\$0 plan premium with reduced copays; unlimited transportation	New \$0 plan premium LPPO that includes Rx coverage; passive design - cost shares are same for in and out-of-network providers	Reduced plan premium, MOOP, and pharmacy cost shares for 2019 (\$0 plan premium for 100% LIS)
Premium	\$0	\$0	\$15
PCP	\$0	\$30	\$10
Specialist	\$45	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$325 per day Days 1-5	\$495 per day Days 1-3	\$360 per day Days 1-5
Max Out-of-Pocket	\$4,500 In-network	\$6,700 In-network	\$4,500 In-network
Rx Deductible	No Deductible	\$250 tiers 3-5	\$100 tiers 4-5
Rx Preferred	\$2/\$8/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$100/28%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$8/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$30/Quarter, Transportation		Vision, Hearing, Fitness, OTC allowance \$20/Month
Market Service Area	Elkhart, La Porte, Marshall, St Joseph	South Bend Marketwide	South Bend Marketwide

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-055-000	H5216-053-000	R0865-001-000
Plan Highlights	\$40 plan premium with stable benefits	\$55 plan premium with stable benefits; added hearing aid coverage for 2019	Good fit for military veterans who receive their drug coverage through the VA
Premium	\$40	\$55	\$0
PCP	\$10	\$10	\$10
Specialist	\$45	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$325 per day Days 1-5	\$295 per day Days 1-6	\$350 per day Days 1-5
Max Out-of-Pocket	\$4,900 In-network	\$5,900 In-network	\$6,700 In-network
Rx Deductible	\$160 tiers 3-5	\$150 tiers 3-5	No Coverage
Rx Preferred	\$7/\$17/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$30/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$30/Quarter	Dental, Vision, Fitness, OTC allowance \$45/Quarter
Market Service Area	Cass, Elkhart, Fulton, La Porte, Marshall, Miami, Pulaski, St Joseph, Starke	Benton	Statewide in Indiana, Kentucky

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SOUTHERN IN



MARKET HIGHLIGHTS

- Products range from \$0 plan premium HMOs & PPOs to premium offerings
- No referrals required to see specialists
- \$0 copay for Tiers 1 & 2 when utilizing Humana Mail Order Pharmacy for 90-day supply
- Unlimited transportation on non-SNP HMO and DSNP plans
- PPO plans include national network coverage; no out of network deductible
- DSNP available with denture coverage (see Indiana DSNP and Value Plus plans Section)

NETWORK HIGHLIGHTS

- HMO & PPO network includes IU Health & Memorial Hospital
- A complete list of providers can be found at www.humana.com/physicianfinder

MARKET SERVICE AREA

Bartholomew, Brown, Crawford, Daviess, Dearborn, Decatur, Dubois, Greene, Jackson, Jefferson, Jennings, Knox, Lawrence, Martin, Monroe, Ohio, Orange, Owen, Perry, Pike, Ripley, Scott, Sullivan, Switzerland, Washington

		NEW	
Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5619-049-000	H5216-192-000	H5216-113-000
Plan Highlights	\$0 plan premium with reduced copays for 2019; includes unlimited transportation	New \$0 plan premium LPPO that includes Rx coverage; passive design - cost shares are same for in and out-of-network providers	Reduced plan premium (\$0 for 100% LIS), MOOP, Rx cost shares for 2019; additional counties with same benefits on H5216-111
Premium	\$0	\$0	\$15
PCP	\$0	\$30	\$10
Specialist	\$40	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day Days 1-6	\$495 per day Days 1-3	\$360 per day Days 1-5
Max Out-of-Pocket	\$3,400 In-network	\$6,700 In-network	\$4,500 In-network
Rx Deductible	No Deductible	\$250 tiers 3-5	\$100 tiers 4-5
Rx Preferred	\$2/\$8/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$100/28%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$8/\$47/\$100/31%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Quarter, Transportation		Vision, Hearing, Fitness, OTC allowance \$20/Month
Market Service Area	Bartholomew, Brown, Jackson, Monroe	Bartholomew, Brown, Daviess, Dearborn, Decatur, Dubois, Greene, Jackson, Jefferson, Jennings, Knox, Lawrence, Monroe, Orange, Owen, Perry, Ripley, Scott, Sullivan, Washington, among others	Bartholomew, Brown, Daviess, Dearborn, Decatur, Dubois, Greene, Jackson, Jefferson, Jennings, Knox, Lawrence, Martin, Orange, Perry, Pike, Ripley, Scott, Sullivan, Washington, among others

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MA/MAPD PLANS



Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-054-000	H5216-053-000	R0865-001-000
Plan Highlights	\$47 plan premium with stable benefits	\$55 plan premium with stable benefits; added hearing aid coverage for 2019	Good fit for military veterans who receive their drug coverage through the VA
Premium	\$47	\$55	\$0
PCP	\$10	\$10	\$10
Specialist	\$45	\$45	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$325 per day Days 1-5	\$295 per day Days 1-6	\$350 per day Days 1-5
Max Out-of-Pocket	\$5,700 In-network	\$5,900 In-network	\$6,700 In-network
Rx Deductible	\$175 tiers 3-5	\$150 tiers 3-5	No Coverage
Rx Preferred	\$7/\$17/\$47/\$100/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$7/\$17/\$47/\$100/30%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC allowance \$30/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$30/Quarter	Dental, Vision, Fitness, OTC allowance \$45/Quarter
Market Service Area	Bartholomew, Brown, Daviess, Decatur, Dubois, Jackson, Jefferson, Jennings, Lawrence, Martin, Monroe, Orange, Pike, Ripley, Scott, Washington	Owen, Sullivan	Statewide in Indiana, Kentucky

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DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter items, hearing aids, and more. DSNPs allow year-round enrollment. Eligible members must meet Medicaid requirements to enroll in these plans.

VALUE PLUS PLANS

A Value Plus plan is a Medicare Advantage plan offered by Humana with those eligible for both Medicare and Medicaid in mind, but since it's a Medicare Advantage plan, it's available to anyone with Medicare.

Dual-eligible Medicare and Medicaid beneficiaries will receive free or low-cost care for most medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye

exams and glasses, over-the-counter items, hearing aids, and more. Dual eligibles may enroll in this plan year-round. Unlike a DSNP, if a beneficiary loses Medicaid status, they are not required to change health plans—they will keep this plan and pay higher cost sharing.

Value Plus plans also appeal to Medicare beneficiaries who are familiar with Original Medicare benefits and cost sharing, who also desire pharmacy coverage and rich supplemental benefits.

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DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW



Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H5619-076-000
Plan Highlights	Dual-eligible SNP plan available Southern Indiana/Louisville area
Dental	\$1,000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam every year
Hearing	\$0 annual exams, fittings and TruHearing advanced level hearing aids plus 48 batteries
OTC Allowance	OTC \$100/Quarter for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Clark, Floyd

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DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW



Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H5619-054-000
Plan Highlights	Dual-eligible SNP plan in Indianapolis, Ft. Wayne, Evansville, South Bend, and NW Indiana
Dental	\$2,000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$200 credit every year for eyewear or contact lenses including fittings
Hearing	\$0 annual exams, fittings and TruHearing advanced level hearing aids plus 48 batteries
OTC Allowance	OTC \$300/Quarter for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Adams, Allen, Bartholomew, Boone, Brown, Clinton, De Kalb, Delaware, Elkhart, Gibson, Hamilton, Hancock, Hendricks, Howard, Huntington, Jackson, Johnson, Kosciusko, La Porte, Lake, Madison, Marion, Marshall, Monroe, Montgomery, Morgan, Noble, Porter, Posey, Putnam, Shelby, St Joseph, Tippecanoe, Tipton, Vanderburgh, Warrick, Wells, Whitley

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DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW

	NEW
Plan Name	Humana Value Plus (PPO)
Plan Number	H5216-193-000
Plan Highlights	Lean medical and Rx benefits with rich supplemental benefits, designed with dual eligibles in mind yet available to all
Dental	\$1,000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$200 credit every year for eyeglasses or contact lenses. OON coverage available. Some restrictions apply if benefits received Out-of-Network
Hearing	\$0 annual exam, fittings and TruHearing advanced level hearing aids plus 48 batteries
OTC Allowance	OTC \$240/Quarter for select health and wellness products
Transportation	Unlimited one-way trips to approved locations and fitness centers per year
Current Service Area	Benton, Blackford, Carroll, Cass, Clay, Daviess, Dearborn, Decatur, Dubois, Fayette, Fountain, Franklin, Fulton, Grant, Greene, Henry, Jasper, Jay, Jefferson, Jennings, Knox, Lagrange, Lawrence, Martin, Miami, Newton, Ohio, Orange, Owen, Parke, Perry, Pike, Pulaski, Randolph, Ripley, Rush, Scott, Spencer, Starke, Steuben, Sullivan, Switzerland, Union, Vigo, Wabash, Warren, Washington, Wayne, White

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PDP PLANS



Plan Name	Humana Preferred Rx Plan (PDP)	Humana Walmart Rx Plan (PDP)
Plan Number	S5884-138-000	S5884-161-000
Plan Highlights	Pairs well for members with Extra Help (LIS). Tier 1 & Tier 2 mail-order copays are \$0 at Humana Pharmacy for 90-day supply	Retail copays as low as \$1. Tier 1 mail-order copays are as low as \$0 at Humana Pharmacy for 90-day supply
Premium	TBD	TBD
Rx Deductible	\$415 all tiers	\$415 tiers 3-5
Preferred Retail 30-day Supply	No Coverage	\$1/\$4/20%/35%/25%
Standard Retail 30-day Supply	\$0/\$1/25%/39%/25%	\$10/\$20/25%/50%/25%
Preferred Mail 90-day Supply	\$0 copay for tiers 1 & 2	\$0 copay for tier 1, \$8 copay for tier 2
Market Service Area	Statewide in Indiana, Kentucky	Statewide in Indiana, Kentucky

INDIANA



Chuck Hargis

Broker Relationship Executive
(855) 305-4946
chargis3@humana.com



Michael W. Jones

Broker Relationship Manager
(502) 424-8498
mjones49@humana.com

Local Market Office

(317) 558-5670