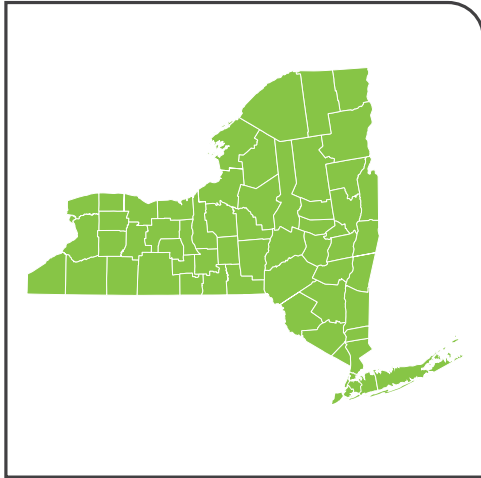


NEW YORK

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



MA/MAPD PLANS

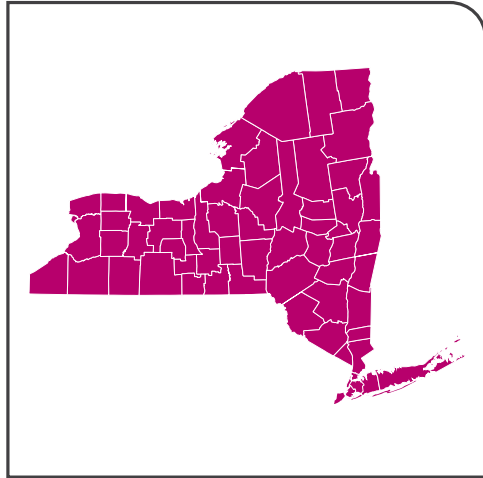
Humana offers a wide range of affordable plans and a broad network of healthcare providers nationwide to meet the unique needs of your clients. Many plans come with low or no monthly plan premium, plus health-boosting benefits that aim to help your clients achieve their best health.

NEW YORK



DSNP AND VALUE PLUS PLANS

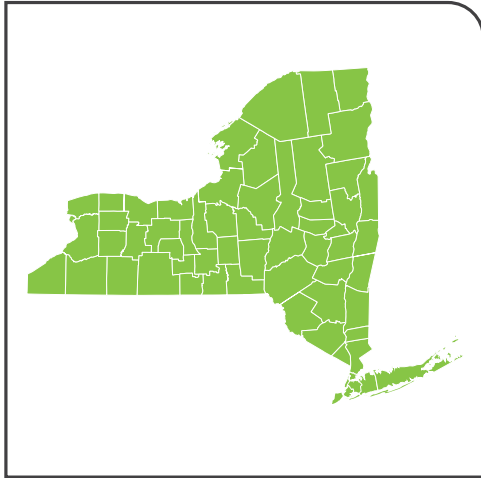
NEW YORK



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.

NEW YORK

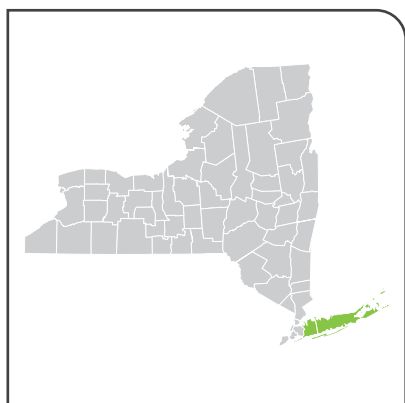


LOCAL SUPPORT

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.

NEW YORK

LONG ISLAND



MARKET HIGHLIGHTS

- \$0 plan premium HMO with \$0 PCP copay; \$0 plan premium LPPO with \$0 PCP copay in Nassau County
- No referrals on HMO plans
- Some plans include Dental, Vision, Hearing, Transportation, and/or OTC Allowance
- ED Rx covered on select plans
- Introducing multiple PPO options in Nassau County
- \$60 Part B premium giveback HMO; Introducing MA Only LPPO with \$40 Part B premium giveback (Nassau only), good fit for veterans
- Some plans include low maximum out of pocket (MOOP) limit

NETWORK HIGHLIGHTS

- Northwell Health, Long Island Health Network (Recently Added), Brooklyn Hospital Center; Wyckoff Heights Medical Center; Kingsbrook Jewish Medical Center; Lenox Hill Hospital
- Advantage Care Physicians; Mount Sinai Health; One Medical; NYU Lutheran; NYU Langone; Flushing Hospital Medical Center; Jamaica Hospital Medical Center
- St. Barnabas Hospital (Recently Added), NYU Winthrop Hospital
- Staten Island University Hospital-North Campus; Staten Island University Hospital-South Campus

MARKET SERVICE AREA

Nassau, Suffolk (partial)

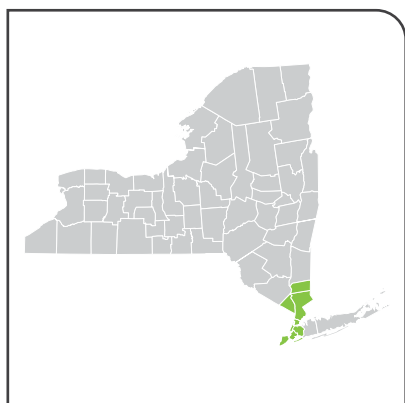
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H3533-027-000	H3533-010-000	H3533-023-000
Plan Highlights	\$0 plan premium HMO w/\$60 Part B premium giveback	Low plan premium HMO with \$0 PCP copay	Low MOOP; high options HMO plan
Premium	\$0	\$27	\$67
PCP	\$0	\$0	\$0
Specialist	\$50	\$35	\$15
Referrals Required	No	No	No
Inpatient Hospital	\$500 per admission	\$295 per day Days 1-6	\$190 per day Days 1-5
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network	\$3,300 In-network
Rx Deductible	\$400 tiers 3-5	\$250 tiers 4-5	No Deductible
Rx Preferred	\$6/\$16/\$47/\$100/25%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$9/\$47/\$100/28%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$9/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Quarter, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter
Market Service Area	Nassau, Suffolk (partial)	Nassau, Suffolk (partial)	Nassau, Suffolk (partial)

	NEW	NEW	NEW
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5970-021-000	H5970-023-000	H5970-022-000
Plan Highlights	\$0 plan premium LPPO w/\$0 PCP copay	Low MOOP; high options PPO plan	Low MOOP (IN) LPPO; ED drugs
Premium	\$0	\$199	\$95
PCP	\$0	\$0	\$0
Specialist	\$35	\$20	\$15
Referrals Required	No	No	No
Inpatient Hospital	\$350 per day Days 1-4	\$0 per admission	\$175 per day Days 1-5
Max Out-of-Pocket	\$6,700 In-network	\$3,000 In-network	\$3,500 In-network
Rx Deductible	\$350 tiers 4-5	No Deductible	No Deductible
Rx Preferred	\$2/\$9/\$47/\$100/26%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$12/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$9/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter
Market Service Area	Nassau	Nassau	Nassau

Plan Name	HumanaChoice (PPO)
Plan Number	H5970-016-000
Plan Highlights	\$0 plan premium HMO w/\$40 Part B premium giveback, good fit for veterans
Premium	\$0
PCP	\$0
Specialist	\$40
Referrals Required	No
Inpatient Hospital	\$350 per day Days 1-5
Max Out-of-Pocket	\$4,500 In-network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Vision, Fitness, OTC allowance \$45/Quarter
Market Service Area	Nassau

NEW YORK

NEW YORK CITY



MARKET HIGHLIGHTS

- \$0 plan premium LPPO with \$0 PCP copay
- No referrals on HMO plans
- Some plans include Dental, Vision, Hearing, Transportation, and/or OTC Allowance
- Some plans include low or no copays and low maximum out of pocket (MOOP) limit
- Full product continuum for both HMO & PPO plans
- \$60 Part B premium giveback HMO; Introducing MA Only LPPO with \$40 Part B premium giveback, good fit for veterans
- ED Rx covered on select plans

NETWORK HIGHLIGHTS

- Brooklyn Hospital Center, Wyckoff Heights Medical Center, Kingsbrook Jewish Medical Center, Lenox Hill Hospital
- Northwell Health, Advantage Care Physicians, Mount Sinai Health, One Medical, NYU Lutheran, NYU Langone, Flushing Hospital Medical Center, Jamaica Hospital Medical Center
- Recently added Saint Barnabas Hospital, NYU Winthrop Hospital & Long Island Health Network
- Staten Island University Hospital-North Campus, Staten Island University Hospital-South Campus

MARKET SERVICE AREA

Bronx, Kings, New York, Putnam, Queens, Richmond, Rockland, Westchester

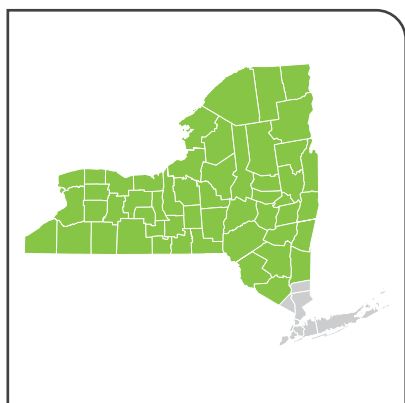
Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H3533-027-000	H3533-021-000	H3533-023-000
Plan Highlights	\$0 plan premium HMO w/\$60 Part B premium giveback	Low plan premium HMO with low copays	High options HMO plan w/low MOOP; ED drugs
Premium	\$0	\$21	\$67
PCP	\$0	\$0	\$0
Specialist	\$50	\$20	\$15
Referrals Required	No	No	No
Inpatient Hospital	\$500 per admission	\$295 per day Days 1-5	\$190 per day Days 1-5
Max Out-of-Pocket	\$6,700 In-network	\$6,500 In-network	\$3,300 In-network
Rx Deductible	\$400 tiers 3-5	\$200 tiers 3-5	No Deductible
Rx Preferred	\$6/\$16/\$47/\$100/25%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$9/\$47/\$100/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$9/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC allowance \$35/Month, Transportation	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter
Market Service Area	Bronx, Kings, New York, Queens, Richmond	Bronx, Kings, New York, Queens, Richmond	Bronx, Kings, New York, Queens, Richmond

	NEW	NEW	NEW
Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5970-021-000	H5970-023-000	H5970-022-000
Plan Highlights	\$0 plan premium LPPO with \$0 PCP copay	High options PPO plan w/low MOOP low/no copays	LPPO w/low MOOP (IN); ED drugs
Premium	\$0	\$199	\$95
PCP	\$0	\$0	\$0
Specialist	\$35	\$20	\$15
Referrals Required	No	No	No
Inpatient Hospital	\$350 per day Days 1-4	\$0 per admission	\$175 per day Days 1-5
Max Out-of-Pocket	\$6,700 In-network	\$3,000 In-network	\$3,500 In-network
Rx Deductible	\$350 tiers 4-5	No Deductible	No Deductible
Rx Preferred	\$2/\$9/\$47/\$100/26%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$12/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$0/\$9/\$47/\$100/33%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Hearing, Fitness	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter
Market Service Area	Bronx, Kings, New York, Queens, Richmond	Bronx, Kings, New York, Queens, Richmond	Bronx, Kings, New York, Queens, Richmond

Plan Name	HumanaChoice (PPO)
Plan Number	H5970-016-000
Plan Highlights	\$0 plan premium PPO w/\$40 Part B premium giveback, good fit for veterans
Premium	\$0
PCP	\$0
Specialist	\$40
Referrals Required	No
Inpatient Hospital	\$350 per day Days 1-5
Max Out-of-Pocket	\$4,500 In-network
Rx Deductible	No Coverage
Rx Preferred	No Coverage
Key Extra Benefits	Dental, Vision, Fitness, OTC allowance \$45/Quarter
Market Service Area	Bronx, Kings, New York, Queens, Richmond

NEW YORK

UPSTATE NY



MARKET HIGHLIGHTS

- \$0 plan premium HMO and LPPO plans with \$0 in-network PCP copays
- No referrals on HMO plans
- Some plans include Dental, Vision, Hearing, OTC Allowance and/or Transportation
- Full product continuum for both HMO & PPO plans
- \$0 LPPO w/ \$50 Part B premium giveback; \$0 MA Only LPPO with \$40 Part B premium giveback (VA options)
- Some plans include low maximum out of pocket (MOOP) limit
- Some plans designed for Low Income Subsidy recipients

NETWORK HIGHLIGHTS

- Strong provider network on all plans. No referrals needed/required for the HMO plans
- Lourdes, UHS, St. James Mercy Hospital, Arnot, Endwell Family Physicians, Guthrie, Great Lakes Physician Practice, UPMC Chautauqua WCA, Olean Medical Group

- Crouse, St. Joseph's, Mohawk Valley Health System, FamilyCare Medical Group, Syracuse Community Health Centers, CNY FamilyCare, SUNY Upstate, Family Practice Associates
- St. Peter's, Glens Falls, Ellis Hospital, Community Care, Capital Care, Hudson Headwaters, Hometown Health, St. Mary's Healthcare, Columbia Memorial, Whitney Young, Saratoga

MARKET SERVICE AREA

Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Rensselaer, Saint Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Wyoming, Yates

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)
Plan Number	H3533-001-000	H3533-006-000	H3533-020-000
Plan Highlights	Central New York \$0 plan premium HMO, \$0 PCP copay	Capital Region \$0 plan premium HMO, \$0 PCP copay	Southern Tier \$0 plan premium HMO, \$0 PCP copay
Premium	\$0	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$35	\$30	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day Days 1-5	\$295 per day Days 1-6	\$350 per day Days 1-5
Max Out-of-Pocket	\$6,700 In-network	\$6,700 In-network	\$6,700 In-network
Rx Deductible	\$350 tiers 4-5	\$300 tiers 4-5	\$200 tiers 3-5
Rx Preferred	\$2/\$9/\$47/\$100/26%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$9/\$47/\$100/27%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$5/\$12/\$47/\$100/29%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy
Key Extra Benefits	Dental, OTC allowance \$25/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$50/Quarter	Vision, Fitness, OTC allowance \$50/Quarter
Market Service Area	Oneida, Onondaga, Oswego	Albany, Rensselaer, Saratoga, Schenectady, Warren, Washington	Broome, Chemung, Steuben, Tioga

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H3533-013-000	H5970-015-000	H5970-018-000
Plan Highlights	Central NY/Capital Region low plan premium HMO with low/no copays	Upstate NY \$0 plan premium LPPO, \$0 PCP copay	Upstate NY \$0 plan premium LPPO w/\$50 Part B premium giveback
Premium	\$17	\$0	\$0
PCP	\$0	\$0	\$0
Specialist	\$25	\$35	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$260 per day Days 1-7	\$275 per day Days 1-5	\$650 per admission
Max Out-of-Pocket	\$5,900 In-network	\$5,900 In-network	\$6,700 In-network
Rx Deductible	\$275 tiers 4-5	\$275 tiers 3-5	\$310 tiers 3-5
Rx Preferred	\$4/\$12/\$47/\$100/27%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$9/\$47/\$100/27%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$6/\$16/\$47/\$100/27%; \$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/Month, Transportation	Fitness	Fitness
Market Service Area	Albany, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Warren, Washington	Albany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Columbia, Herkimer, Jefferson, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Steuben, Warren, among others	Albany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Columbia, Herkimer, Jefferson, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Steuben, Warren, among others

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5970-001-000	H5970-019-000	H5970-016-000
Plan Highlights	Southern Tier low plan premium PPO with low/no copays	Central NY/Capital Region low plan premium PPO with low/no copays	Upstate \$0 plan premium PPO w/\$40 Part B premium giveback, good fit for veterans
Premium	\$19	\$29	\$0
PCP	\$0	\$0	\$0
Specialist	\$35	\$35	\$40
Referrals Required	No	No	No
Inpatient Hospital	\$250 per day Days 1-5	\$250 per day Days 1-5	\$350 per day Days 1-5
Max Out-of-Pocket	\$5,500 In-network	\$5,500 In-network	\$4,500 In-network
Rx Deductible	\$275 tiers 3-5	\$200 tiers 4-5	No Coverage
Rx Preferred	\$2/\$8/\$47/\$100/27%; \$0 copay for tiers 1 & 2 through mail order for a 90 day supply from Humana Pharmacy	\$2/\$8/\$47/\$99/29%; \$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 \$45/Quarter	Dental, Vision, Hearing, Fitness, OTC allowance \$25/Quarter	Dental, Vision, Fitness, OTC allowance \$45/Quarter
Market Service Area	Allegany, Broome, Cattaraugus, Chautauqua, Chemung, Chenango, Cortland, Schuyler, Steuben, Tioga, Yates	Albany, Cayuga, Columbia, Greene, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Warren, Washington	Albany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Columbia, Herkimer, Jefferson, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Steuben, Warren, among others

NEW YORK



DUAL-ELIGIBLE SPECIAL NEEDS PLANS (DSNP)

Humana's DSNPs offer beneficiaries who qualify for both Medicare and Medicaid with \$0 or low cost copays for many medical and pharmacy services, as well as rich supplemental benefits like dental coverage, eye exams and glasses, over-the-counter allowance, 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 \$0 or low cost copays for many medical and pharmacy services, as well as rich supplemental benefits like dental coverage,

eye exams and glasses, over-the-counter allowance, 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, but will lose their Medicaid benefits.

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.

NEW YORK

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW



Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H3533-002-000
Plan Highlights	HMO Dual Special Needs plan with \$130/month OTC allowance debit card
Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Vision	Annual exam and \$300 credit every year for eyeglasses or contact lenses
Hearing	\$0 annual exams, fittings and TruHearing advanced level hearing aids plus 48 batteries
OTC Allowance	OTC Card \$130/Month for select health and wellness products at participating retailers
Transportation	Up to 48 one-way trips to approved locations and fitness centers per year
Current Service Area	Albany, Broome, Chemung, Oneida, Onondaga, Oswego, Rensselaer, Saratoga, Schenectady, Steuben, Tioga, Warren, Washington

NEW YORK

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW



Plan Name	Humana Gold Plus SNP-DE (HMO SNP)
Plan Number	H3533-004-000
Plan Highlights	HMO Dual Special Needs plan with \$130/month OTC allowance debit card
Dental	\$0 copayment covers: exams, x-rays, cleanings, fillings, and extractions
Vision	Annual exam and \$300 credit every year for eyeglasses or contact lenses
Hearing	Annual exam and fitting. \$1000 credit for hearing aids once every 3 years
OTC Allowance	OTC Card \$130/Month for select health and wellness products at participating retailers
Transportation	Up to 48 one-way trips to approved locations and fitness centers per year
Current Service Area	Bronx, Kings, New York, Queens, Richmond

NEW YORK

DSNP AND VALUE PLUS PLANS BENEFIT OVERVIEW



	NEW
Plan Name	HumanaChoice SNP-DE (PPO SNP)
Plan Number	H5970-020-000
Plan Highlights	PPO Dual Special Needs plan with \$130/month OTC allowance debit card
Dental	\$1000 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 Card \$130/Month for select health and wellness products at participating retailers
Transportation	Up to 48 one-way trips to approved locations and fitness centers per year
Current Service Area	Cattaraugus, Chautauqua, Madison

NEW YORK

PDP PLANS



Plan Name	Humana Preferred Rx Plan (PDP)	Humana Walmart Rx Plan (PDP)
Plan Number	S5552-004-000	S5552-005-000
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%/34%/25%	\$10/\$15/25%/44%/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	New York Statewide	New York Statewide

NEW YORK



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