



Florida Highlights: Treasure Coast Stuart, Port St. Lucie, and Ft. Pierce

Benefit Highlights

- \$0 Premium
- Plans includes Dental, Hearing, & Vision benefits (varies by plan)
- 4 star plans (HMO & LPPO plans)
- Over the Counter (OTC) Benefits on our HMO products
- Transportation benefit (Dual Eligible plans)
- SilverSneakers – free fitness and gym membership
- Lowered RX copays and \$0 RX deductible for 2018 on the H1036-229 plan
- Lowered MOOP on the H1036-229 plan to \$5,600
- \$150 RX Deductible (Tiers 3-5) and \$0 PCP copay on the H5216-062 plan
- \$0 Tier 1 & 2 Rx Benefits if member uses Humana Mail order for 90 day supply

Network Highlights

- Contracted with many independent Physician's in addition to large Physician groups like Martin Memorial Health Systems, St. Lucie Medical Specialists, and Gateway Medical.
- All Hospitals participate in our HMO, PPO and LPPO plans: Martin Memorial, St. Lucie Medical, Tradition, Lawnwood Regional and Raulerson
- Strong relationship with providers

Competitive Advantages

- 17,000 members and growing
- Fully engaged local market office.
- Strong brand name recognition and presence in the Treasure Coast
- Offer a full and partial Dual Eligible plan



Humana®

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HMO

Humana Gold Plus (Core Plan)

Contract/PBP: H1036-229
Premium: \$0
MOOP: \$5,600
PCP: \$0
SPEC: \$30
Inpatient: \$244 Days (1-8)
OP Surgical: \$125 AMB \$225 HOSP
RX: \$5/\$15/\$30/\$95/33%
Rx Deductible: \$0
**Vision, Hearing, Dental,
SilverSneakers**
Group ID: *To be provided between
late Sept. & 10/1*
BSN: *To be provided between late
Sept. & 10/1*
Serving Counties: Martin, St. Lucie,
Okeechobee, and Glades

HMO-DSNP

Humana Gold Plus (Full DE Plan)

Contract/PBP: H1036-226
Premium: \$0
MOOP: \$6,700
PCP: \$0
SPEC: \$0
Inpatient: \$0 (Cost-share protected)
\$150 Days 1-7 (Non-Cost share protected)
Rx Included
**Vision, Hearing, Dental,
SilverSneakers**
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HMO-DSNP

Humana Gold Plus (Partial DE Plan)

Contract/PBP: H1036-249
Premium: \$0
MOOP: \$6,700
PCP: \$0
SPEC: \$0
Inpatient: \$0 (Cost share protected)
\$150 Days 1-7 (Non-Cost share protected)
RX Included
**Vision, Hearing, Dental,
SilverSneakers**
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Local PPO

Humana Choice PPO

Contract/PBP: H5216-062
Premium: \$0
MOOP: \$6,700 IN / \$10,000 IN/OON
OON Deductible: \$0
PCP/SPEC: \$0/\$40
Inpatient: \$360 Days 1-5
Dental, Vision, SilverSneakers
Rx: \$2/\$12/\$47/\$100/33%
RX Deductible: \$150
Group ID: *To be provided between late Sept. & 10/1*
BSN: *To be provided between late Sept. & 10/1*
Serving Counties: Brevard, Indian River, Martin, St. Lucie, Okeechobee, and Glades

Regional PPO

\$95 RPPO

Contract/PBP: R5826-005
Premium: \$98
MOOP: \$6,700 IN / \$10,000 IN/OON
OON Deductible: \$500
PCP/SPEC: \$5 / \$40
Inpatient: \$225 Days 1-7
OP Surgical: 150 AMB / 195 HOSP
Dental, Vision, SilverSneakers
OTC: \$50/Qtr
Rx: \$9/\$20/\$47/\$100/ 31%
Rx Deductible: 100 Tiers 3-5
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Serving Counties: Florida

Regional PPO

MA ONLY RPPO

Contract/PBP: R5826-018
Premium: \$0
MOOP: \$6,700 IN / \$10,000 IN/OON
OON Deductible: \$975
PCP/SPEC: \$10 / \$40
Inpatient: \$195 Days 1-10
OP Surgical: \$75 AMB / \$100 HOSP
Dental, Vision, Hearing, SilverSneakers
OTC: \$10/Qtr
Rx: Part B Only
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PDP

Humana Enhanced PDP

Premium: \$68.80
Deductible: \$0
Mail Order Rx Tier Copay: (90 Day Supply)
\$0/\$7/\$116/44%
Preferred Rx Tier Copay: (30 Day Supply)
\$3/\$7/\$42/44%/33%
Standard Rx Tier Copay: (30 Day Supply)
\$7/\$12/\$47/50%/33%
Contract/PBP: S5884-010
Group ID: *To be provided between late Sept. & 10/1*
BSN: *To be provided between late Sept. & 10/1*
Serving Counties: Brevard, Indian River, Martin, St. Lucie, Okeechobee, and Glades

PDP

Humana Preferred PDP

Premium: \$26.10
Deductible: \$405.00
Applicable Tiers: All Tiers
Mail Order Rx Tier Copay: (90 Day Supply)
\$0/\$0/15%/30%
Preferred Rx Tier Copay: (30 Day Supply)
\$0/\$1/20%/35%/25%
Standard Rx Tier Copay: (30 Day Supply)
\$2/\$3/25%/38%/25%
Contract/PBP: S5884-105
Group ID: *To be provided between late Sept. & 10/1*
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PDP

Humana Walmart PDP

Premium: \$17.00
Deductible: \$405.00
Applicable Tiers: 3-5
Mail Order Rx Tier Copay: (90 Day Supply)
\$0/\$8/15%/30%
Preferred Rx Tier Copay: (30 Day Supply)
\$1/\$4/25%/35%/25%
Standard Rx Tier Copay: (30 Day Supply)
\$10/\$15/25%/48%/25%
Contract/PBP: S5884-157
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