

Humana (POET) Plan Break out

			Humana Honor Plan	
Plan Name	HumanaChoice (PPO)	HumanaChoice (Regional PPO)	Humana Honor (PPO)	HumanaChoice (Regional PPO)
Plan Number	H5216-043-001	R4182-004-000	H5216-128-000	R4182-001-000
Plan Highlights	Low Plan Premium LPPO MAPD Plan with moderate cost shares and additional ancillaries.	High Plan Premium RPPO MAPD Plan with moderate cost shares.	\$0 Plan Premium with \$50 Part B Premium Giveback LPPO MA Plan with moderate cost shares and additional ancillaries. Designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.	\$0 Plan Premium RPPO MA Plan with moderate cost shares and additional ancillaries. MA Only plan designed for individuals that do not need additional drug coverage. Great fit for Veterans using the VA for drug coverage.
Premium	\$10	\$55	\$0	\$0
PCP	\$5	\$15	\$10	\$15
Specialist	\$35	\$45	\$40	\$40
Referrals Required	No	No	No	No
Inpatient Hospital	\$325 per day (Days 1-5); \$0 per day (Days 6-90)	\$360 per day (Days 1-5); \$0 per day (Days 6-90)	\$295 per day (Days 1-5); \$0 per day (Days 6-90)	\$295 per day (Days 1-5); \$0 per day (Days 6-90)
Max Out-of-Pocket	\$6700 In-Network	\$7200 In-Network	\$5400 In-Network	\$5700 In-Network
Rx Deductible	\$295 tiers 4-5	\$175 tiers 3-5	No Coverage	No Coverage
Rx Preferred	\$3/\$10/\$47/\$99/27%	\$6/\$13/\$47/\$99/30%	No Coverage	No Coverage
Key Extra Benefits	Dental, Vision, Hearing, Fitness, OTC\$25/Quarter for select health and wellness products	Vision, Hearing, OTC \$30/Quarter for select health and wellness products	Dental, Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products, Transportation 24 one-way trips/Year	Dental, Vision, Hearing, OTC \$100/Quarter for select health and wellness products
Market Service Area	Houston Market-wide	Houston Market-wide	Houston Market-wide	Houston Market-wide

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