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Minnesota, North & South Dakota – Support Team







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Minnesota – **Overall** Plan Highlights



- Market Highlights

 1. New MAPD (LPPO/HMO) available with a Part B giveback.

 2. Expanding into 3 new counties

 3. Existing Footprint Plan Expansion in SR counties

- Expansion in 58 counties (New LPPO Plan)
 Increased Part B premium giveback on select Honor Plans.
 Significant dental allowance
- benefit is available on select HMO & PPO plans.

 6. No Referrals needed on HMO plans.

Benefit Highlights

OTC allowance has increased on selected Plans to include quarterly Rollover.

- Network Highlights
 1. HMO plans within the market do not require referrals.
 2. In-network HMO hospitals and provider
- systems include, but are not limited to, the following: Allina, HCMC, Entira, North Memorial, Regions Hospital, Ridgeview, & Voyage
- 3. Access to HMO/PPO nationwide network



Minnesota HMO Network:

Allina Health

TWIN CITIES

TWIN CITIES

Member receives in-network benefits when services are received from participating HMO National Network provider in another service area.

Minnesota PPO Network:

Just how large is Humana's PPO Network in Minnesota?

Here are some of the in-network major health care systems that your clients can enjoy in Minnesota with their Humana PPO Plan. Included in our network but not limited to:

MANO

Essentia Health

MANO

MANATO Clinic

MANATO Clini

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| Premium | H5216-354-000 H5216-278-001 | | | |
|----------------------|---|---|--------------------------------------|--|
| | \$0 | \$0 | | |
| Part B Giveback | \$100 | \$70 👚 | 7 8 | |
| Primary Care | \$10 | \$10 | USAÃ | |
| Specialist | \$45 | \$45 | New USSA Co-Branding | |
| Referrals | No | No | rew obsit co branama | |
| Hospital | \$295 per day(Days 1-6); \$0 per day(Days 7-90) | \$295 per day(Days 1-6); \$0 per day(Days 7-90) | Increased Part B giveback to \$70 | |
| Max Out of Pocket | \$4900 In-Network | \$4900 In-Network | | |
| Rx Deductible | No Deductible | No Deductible | | |
| Preferred Rx 30 days | No Coverage | No Coverage | | |
| Extra Benefits | \$1,000 Dental, Vision, Hearing, Fitness, OTC \$60/Quarter for select health and wellness products | \$2,500 Dental, Vision, Hearing, Fitness, OTC \$60/Quarter for select health and wellness products | | |

| Premium | H5216-275-000 | H6622-073-000 | | | |
|----------------------|--|---|---|--|--|
| | \$0 | \$0 | | | |
| Part B Giveback | N/A | \$20 | | | |
| Primary Care | \$0 | \$0 | | | |
| Specialist | \$45 | \$45 | | | |
| Referrals | No | No | | | |
| Hospital | \$400 per day(Days 1-4); \$0 per day(Days 5-90) | \$350 per day(Days 1-5); \$0 per day(Days 6-90) | 275 Plan - \$750 Medical Deductible | | |
| Max Out of Pocket | \$4500 In-Network | \$4900 In-Network | 073 Plan - Giveback included within HMO-POS | | |
| Rx Deductible | \$325 Deductible for Tiers 3,4,5 | \$350 Deductible for Tiers 3,4,5 | | | |
| Preferred Rx 30 days | \$0/\$5/\$47/\$100/28% | \$0/\$5/\$47/\$100/27% | | | |
| extra Benefits | | \$2,500 Dental, Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products | | | |

| Benefit Highlights | | | | | | | | |
|----------------------|--|--|---|--|--|--|--|--|
| Premium | H8145-006-000 | H5216-397-000 | H5216-063-000 | H5216-092-000 | H5216-359-000 | | | |
| | \$39 | \$69 | \$98 | \$78 | \$54 | | | |
| Medical Deductible | None | None | None | Part B | None | | | |
| Primary Care | \$0 | \$0 | \$0 | \$20 | \$15 | | | |
| Specialist | \$50 | \$35 | \$25 | \$50 | \$45 | | | |
| Referrals | No | No | No | No | No | | | |
| Hospital | \$150 per day(Days 1-7); \$0 per day(Days 8-90) | \$400 per day(Days 1-4); \$0 per day(Days 5-90) | \$150 per admission | \$362 per day(Days 1-7); \$0 per day(Days 8-90) | \$360 per day(Days 1-5) \$0 per day(Days 6-90) | | | |
| Max Out of Pocket | \$6700 In/Out Network | \$3500 In-Network | \$2800 In-Network | \$6700 In-Network | \$5900 In-Network | | | |
| Rx Deductible | \$545 Deductible for Tiers 3,4,5 | \$250 Deductible for Tiers 4,5 | No Deductible | \$545 Deductible for Tiers \$400 Deductible for Tie 3,4,5 3,4,5 | | | | |
| Preferred Rx 30 days | | | \$0/\$5/\$47/\$100/33% | \$4/\$15/\$47/50%/25% | \$4/\$15/\$47/\$100/27% | | | |
| Extra Benefits | \$4,000 BOM w/ Implants Dental, Vision, Hearing, Fitness, OTC \$175/Quarter for select health and wellness products | Hearing, Fitness, OTC | Preventative Dental, Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products | Dental, Vision, Hearing, Fitness | \$1,000 Dental, Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products | | | |





