

### MARKET HIGHLIGHTS

- Local Market office and Support Team to help with all of your needs.
- New MAPD (LPPO/HMO) available with a Part B give back.
- New Flex Allowance available on H6622-056-000 with an annual allowance of \$1500 to be used for dental, vision, and hearing needs.
- New Healthy Options Allowance for food, OTC and more available on Dual Eligible Plans.
- New dental allowance benefit available on select HMO plans.
- New Papa Pal benefit available on select plans to provide certain in-home support services and companionship.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- Personal home care benefit added to select plans to help with activities of daily living.
- Humana Honor Plan available for customers that get their drug coverage elsewhere, such as Veterans.
- Go365® by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.


### Network Highlights

- Network physician groups include: CenterWell, Intermountain, Cano Health, P3, Prime West and many more!
- Humana PPO Plans have National Network Reciprocity, allowing members to travel with the comfort of knowing they can use any Humana ChoiceCare PPO Network Provider across the country for in-network services.
- All major hospital facilities within the market are in-network.
- For a complete list of in-network providers, visit [www.Humana.com/PhysicianFinder](http://www.Humana.com/PhysicianFinder).


### Market Service Area

Clark, Nye

### MA / MAPD

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO) 	HumanaChoice (PPO)
Plan Number	H6622-056-000	H6622-082-000	H5216-281-000
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	N/A	\$100	N/A
PCP	\$0	\$0	\$0
Specialist	\$0	\$15	\$25
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$0 per admission	\$150 per day(Days 1-6); \$0 per day(Days 7-90)	\$295 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$999 In-Network	\$2500 In-Network	\$4900 In-Network
Rx Deductible	No Deductible	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$0/\$47/\$100/33%	\$0/\$0/\$47/\$100/33%	\$0/\$5/\$47/\$100/33%
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Insulin Savings Program
Dental	\$2500 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, restoration implant, root canals, anesthesia	\$2000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia	\$2000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, oral surgery, bridges, root canals, anesthesia. OON coverage available.
Market Service Area	Las Vegas Market-wide	Las Vegas Market-wide	Las Vegas Market-wide

Plan Name	Humana Gold Plus - Diabetes and Heart (HMO C-SNP)	Humana Gold Plus Lung (HMO C-SNP)	HumanaChoice (PPO)
Plan Number	H6622-029-000	H6622-030-000	H5216-141-000
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	N/A	N/A	\$50
PCP	\$0	\$0	\$0
Specialist	\$0	\$0	\$45
Referrals Required	Yes	Yes	No
Inpatient Hospital	\$0 per admission	\$0 per day(Days 1-3); \$50 per day(Days 4-7); \$0 per day(Days 8-90)	\$325 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$1000 In-Network	\$2500 In-Network	\$5500 In-Network
Rx Deductible	No Deductible	No Deductible	\$195 Deductible for Tiers 4,5
Rx - Retail 30-day Supply	\$0/\$5/\$40/\$80/33%	\$0/\$2/\$40/\$80/33%	\$0/\$5/\$47/\$100/30%
Key Extra Benefits	Vision, Hearing, Fitness, Transportation 50 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 50 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, fillings, scaling and root planing, scaling for moderate inflammation, anesthesia	\$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, anesthesia	0% coinsurance covers: exams, x-rays, cleanings, anesthesia. OON coverage available.
Market Service Area	Las Vegas Market-wide	Las Vegas Market-wide	Las Vegas Market-wide

			Humana Honor Plan 
Plan Name	HumanaChoice (PPO)	Humana Gold Plus (HMO)	Humana Honor (PPO)
Plan Number	H5216-037-000	H6622-028-000	H5216-216-000
Premium	\$34.00	\$0.00	\$0.00
Part B Giveback	N/A	N/A	\$125
PCP	\$5	\$0	\$0
Specialist	\$40	\$10	\$35
Referrals Required	No	Yes	No
Inpatient Hospital	\$299 per day(Days 1-6); \$0 per day(Days 7-90)	\$0 per day(Days 1-3); \$50 per day(Days 4-7); \$0 per day(Days 8-90)	\$330 per day(Days 1-4); \$0 per day(Days 5-90)
Max Out-of-Pocket	\$5999 In-Network	\$1900 In-Network	\$5999 In-Network
Rx Deductible	\$225 Deductible for Tiers 4,5	No Deductible	No Deductible
Rx - Retail 30-day Supply	\$0/\$5/\$47/\$100/29%	\$2/\$8/\$47/\$100/33%	No Coverage
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$30/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year
Dental	\$2000 annually; 0% coinsurance covers: exams, x-rays, fluoride treatment, cleanings, anesthesia; 50% coinsurance covers: extractions, fillings, recementation, emergency treatment for pain; 70% coinsurance covers: periodontal maintenance, crowns, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, bridges, root canals. OON coverage available.	\$1000 annually; 0% coinsurance covers: exams, x-rays, cleanings, anesthesia; 50% coinsurance covers: fillings	\$1000 annually; \$0 copayment covers: exams, x-rays, fluoride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, bridges, root canals, anesthesia. OON coverage available.
Market Service Area	Las Vegas Market-wide	Las Vegas Market-wide	Las Vegas Market-wide



### DSNP

<b>Plan Name</b>	Humana Gold Plus SNP-DE (HMO D-SNP)	HumanaChoice SNP-DE (PPO D-SNP)
<b>Plan Number</b>	H6622-079-000	H5216-302-000
<b>Medicaid Levels</b>	FBDE, QMB, QMB+	FBDE, QMB, QMB+
<b>Dental</b>	\$2500 annually; \$0 copayment covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia	\$1500 annually; \$0 copayment covers: exams, x-rays, flouride treatment, cleanings, periodontal maintenance, extractions, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation, emergency treatment for pain, dentures, oral surgery, root canals, anesthesia. OON coverage available.
<b>Healthy Options Allowance</b>	\$125 automatically loaded on a prepaid card every month to use toward the purchase of food, over-the-counter (OTC) products, and home supplies from a national network of retailers. The card may also be used to pay for non-medical transportation, general supports for living (such as rent assistance, internet, and utilities), social needs, aging support and assistive devices, pest control, and pet care and supplies. Unused funds will roll over to the next month and expire at the end of the plan year.	\$75 automatically loaded on a prepaid card every month to use toward the purchase of food, over-the-counter (OTC) products, and home supplies from a national network of retailers. The card may also be used to pay for non-medical transportation, general supports for living (such as rent assistance, internet, and utilities), social needs, aging support and assistive devices, pest control, and pet care and supplies. Unused funds will roll over to the next month and expire at the end of the plan year.
<b>Vision</b>	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings	\$75 allowance for annual exam and \$200 allowance per year for eyewear or contact lenses including fittings. OON coverage available.
<b>Hearing</b>	\$0 copayment for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.	\$0 copayment for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.. OON coverage available.
<b>Transportation</b>	\$0 copayment for plan approved location up to unlimited one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 100 miles per trip.	\$0 copayment for plan approved location up to 76 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 150 miles per trip.
<b>Current Service Area</b>	Las Vegas Market-wide	FOR AGENT USE ONLY Las Vegas Market-wide



# Prescription Drug Plans

Plan Name	Humana Walmart Value Rx Plan (PDP)	Humana Basic Rx Plan (PDP)	Humana Premier Rx Plan (PDP)
Plan Number	S5884-208-000	S5884-112-000	S5884-175-000
Insulin Savings Program	N/A	N/A	Insulin Savings Program
Pairs Well With	Humana Med Supp Plan	Humana Med Supp Plan	Humana Med Supp Plan
Premium	\$30.60	\$32.70	\$89.40
Rx Deductible	\$505 Deductible for Tiers 3,4,5	\$505 Deductible for All Tiers	\$300 Deductible for Tiers 3,4,5
Preferred Retail 30-day Supply	\$1/\$2/15%/50%/25%	7%/11%/21%/39%/25%	\$1/\$4/\$45/45%/28%
Standard Retail 30-day Supply	\$10/\$20/21%/50%/25%	17%/22%/22%/40%/25%	\$5/\$10/\$47/46%/28%
Preferred Mail 90-day Supply	\$3 copay for Tier 1, \$6 copay for Tier 2	\$0 copay for Tiers 1 & 2	\$0 copay for Tiers 1 & 2
Market Service Area	Las Vegas Market-wide	Las Vegas Market-wide	Las Vegas Market-wide



# Local Support

## Local Support - Nevada



**Dan Nazarek**  
Broker Relationship Manager  
702-659-2225  
[dnazarek@humana.com](mailto:dnazarek@humana.com)



**Dave McNeill**  
Veterans Community Engagement Executive  
702-210-2846  
[Dmcneill4@humana.com](mailto:Dmcneill4@humana.com)

**Liz Maya**  
DSNP Community Engagement Executive  
702-501-9726  
[Emaya1@humana.com](mailto:Emaya1@humana.com)

**Local Market Office**  
702-837-4401

## Local Sales Manager

**Matt Maher**  
Local Sales Manager  
702-465-8817  
[mmaher@humana.com](mailto:mmaher@humana.com)

**Rachel Townsend**  
Local Sales Manager  
702-956-0860  
[rtownsend1@humana.com](mailto:rtownsend1@humana.com)