

MARKET HIGHLIGHTS

- Plan available with Part B premium giveback.
- Introducing new \$0 plan premium PPO in Bon Homme, Brookings, Clark, Clay, Codington, Davison, Day, Deuel, Grant, Hamlin, Hanson, Hutchinson, Kingsbury, Lake, Lincoln, Marshall, McCook, Miner, Minnehaha, Moody, Roberts, Sanborn, Spink, Turner, Union, Yankton
- H5216-273-000 has a \$675 Deductible on Select Services, please refer to the summary of benefits.
- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy.
- Go365® by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- Virtual office visits for PCP, urgent care, and behavioral health are now \$0 co-pay.

Network Highlights

- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.
- 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.
- HMO plans within the market do not require referrals.
- In-network hospitals and provider systems include, but are not limited to, the following: Sanford, Avera, and UnityPoint.
- In-network PPO hospitals and provider systems include, but are not limited to, the following: Nationwide network includes Mayo Clinic in Minnesota.

Market Service Area

Bon Homme, Brookings, Clark, Clay, Codington, Davison, Day, Deuel, Grant, Hamlin, Hanson, Hutchinson, Kingsbury, Lake, Lincoln, Marshall, McCook, Miner, Minnehaha, Moody, Roberts, Sanborn, Spink, Turner, Union, Yankton

MA / MAPD

| Plan Name | HumanaChoice (PPO) | Humana Gold Plus (HMO) | HumanaChoice (PPO) |
|---------------------|---|---|---|
| Plan Number | H5216-273-000 | H0028-053-004 | H5216-103-000 |
| Premium | \$0.00 | \$0.00 | \$105.00 |
| Part B Giveback | N/A | N/A | N/A |
| PCP | \$10 | \$0 | \$0 |
| Specialist | \$45 | \$45 | \$20 |
| Referrals Required | No | No | No |
| Inpatient 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) | \$100 per day(Days 1-5); \$0 per day(Days 6-90) |
| Max Out-of-Pocket | \$4400 In-Network | \$3850 In-Network | \$3250 In-Network |
| Rx Deductible | \$325 Deductible for Tiers 3,4,5 | \$150 Deductible for Tiers 4,5 | \$200 Deductible for Tiers 4,5 |
| Rx Preferred | \$4/\$15/\$47/\$100/27% | \$4/\$16/\$47/\$100/30% | \$4/\$15/\$47/\$100/29% |
| Key Extra Benefits | Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products, Insulin Savings Program | 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, Insulin Savings Program |
| Dental | \$2000 annually; 0% coinsurance covers: exams, x-rays, cleanings; \$25 copayment for fillings, recementation, extractions; 50% coinsurance for dentures, crowns, denture adjustment | \$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fluoride \$25 copayment covers: fillings | \$1000 annually; 0% coinsurance on exams, x-rays, cleanings 50% coinsurance on fillings |
| Market Service Area | South Dakota East River Market-wide | Minnehaha, Union | South Dakota East River Market-wide |

Humana Honor Plan 

| | |
|----------------------------|--|
| Plan Name | Humana Honor (PPO) |
| Plan Number | H5216-278-001 |
| Premium | \$0.00 |
| Part B Giveback | \$40 |
| PCP | \$10 |
| Specialist | \$45 |
| Referrals Required | No |
| Inpatient Hospital | \$295 per day(Days 1-6); \$0 per day(Days 7-90) |
| Max Out-of-Pocket | \$4900 In-Network |
| Rx Deductible | No Deductible |
| Rx Preferred | No Coverage |
| Key Extra Benefits | Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products |
| Dental | \$2000 annually, 0 % coinsurance covers: exams, x-rays, fluoride; \$25 copayment covers: fillings. |
| Market Service Area | South Dakota East River Market-wide |

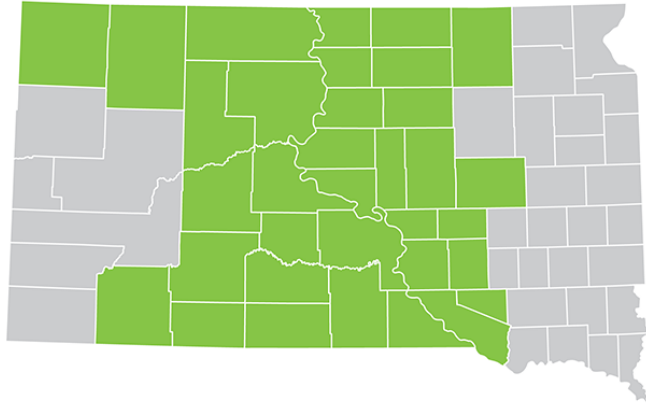
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|-----------------------------|--|
| Plan Name | Humana Value Plus (PPO) |
| Plan Number | H5216-171-000 |
| Dental | \$2000 annually, 0 % coinsurance covers: exams, x-rays, fluoride; \$25 copayment covers: fillings. |
| Vision | \$75 credit for annual eye exam and \$100 credit every year for eyeglasses or contact lenses including fittings. OON coverage available. Some restrictions apply if benefits received Out-of-Network. |
| Hearing | \$0 annual exams and TruHearing advanced level hearing aids plus 80 batteries. |
| OTC Allowance | \$175 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products. Unused quarterly funds carry over to the next quarter and expire at the end of the plan year. |
| Transportation | \$0 copayment for plan approved location up to 24 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip. |
| Current Service Area | South Dakota East River Market-wide |

Prescription Drug Plans

| Plan Name | Humana Basic Rx Plan (PDP) | Humana Premier Rx Plan (PDP) | Humana Walmart Value Rx Plan (PDP) |
|--------------------------------|----------------------------|------------------------------|------------------------------------|
| Plan Number | Coming Soon | Coming Soon | Coming Soon |
| Insulin Savings Program | | | |
| Pairs Well With | | | |
| Premium | | | |
| Rx Deductible | | | |
| Preferred Retail 30-day Supply | | | |
| Standard Retail 30-day Supply | | | |
| Preferred Mail 90-day Supply | | | |
| Market Service Area | | | |

Other Plans

| Plan Name | Plan Number | Plan Category |
|---------------------------|---------------|---------------|
| HumanaChoice (PPO) | H5216-088-000 | MA-PD |
| HumanaChoice (PPO) | H5216-092-000 | MA-PD |
| Humana Gold Choice (PFFS) | H8145-089-000 | MA-PD |

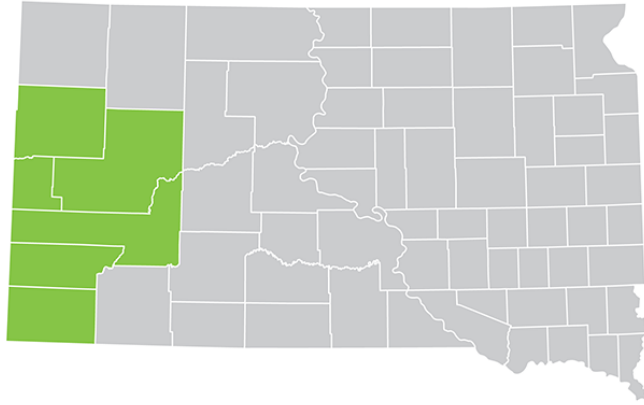


Market Service Area

Aurora, Beadle, Bennett, Brown, Brule, Buffalo, Campbell, Charles Mix, Corson, Dewey, Douglas, Edmunds, Faulk, Gregory, Haakon, Hand, Harding, Hughes, Hyde, Jackson, Jerauld, Jones, Lyman, McPherson, Mellette, Oglala Lakota, Perkins, Potter, Stanley, Sully, Todd, Tripp, Walworth, Ziebach

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| Preferred Mail 90-day Supply | | | |
| Market Service Area | | | |



MARKET HIGHLIGHTS

- Introducing new \$0 plan premium PPO in Butte, Custer, Fall River, Lawrence, Meade, Pennington
- Select plans available with Part B premium giveback.
- H5216-273-000 has a \$675 Deductible on Select Services, please refer to the summary of benefits.
- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy.
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Network Highlights


- For a complete list of in-network providers, visit www.Humana.com/PhysicianFinder.
- 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.
- HMO plans within the market do not require referrals.
- In-network hospitals and provider systems include, but are not limited to, the following: Monument Health.
- In-network PPO hospitals and provider systems include, but are not limited to, the following: Nationwide network includes Mayo Clinic in Minnesota.

Market Service Area

Butte, Custer, Fall River, Lawrence, Meade, Pennington

MA / MAPD

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| Premium | \$0.00 | \$0.00 | \$105.00 |
| Part B Giveback | N/A | N/A | N/A |
| PCP | \$10 | \$0 | \$0 |
| Specialist | \$45 | \$45 | \$20 |
| Referrals Required | No | No | No |
| Inpatient 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) | \$100 per day(Days 1-5); \$0 per day(Days 6-90) |
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| Vision | \$75 credit for annual eye exam and \$100 credit every year for eyeglasses or contact lenses including fittings. OON coverage available. Some restrictions apply if benefits received Out-of-Network. |
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