

2018 Humana Medicare Products – Washington **Final**

WA Plan Name	Former Contract	2018 Plan Contract	Counties	GR-BN	Premium
Humana Gold Plus HMO	H2012-031	H5619-056	Clark	301353-001	\$0
Humana Gold Plus HMO	H2012-033	H5619-057	King	302496-001	\$0
Humana Gold Plus HMO	H2012-037	H5619-059	Snohomish	302134-001	\$33
Humana Gold Plus HMO	H2012-039	H5619-060	Spokane	302374-001	\$0
Humana Gold Plus HMO	H2012-088	H5619-061	Pierce	301815-001	\$47
Humana Gold Plus HMO	H2012-090	H5619-062	Thurston	301789-001	\$40
Humana Gold Plus HMO	H2012-106	H5619-063	Snohomish	301923-001	\$0
Humana Gold Plus HMO	H2012-108	H5619-064	Thurston	301849-001	\$0
Humana Gold Plus HMO-SNP DE	H2012-095	H5619-067	King	301805-001	\$0
Humana Gold Plus HMO-SNP DE	H2012-095	H5619-067	Pierce	301993-001	\$0
Humana Gold Plus HMO-SNP DE	H2012-095	H5619-067	Snohomish	302152-001	\$0
Humana Gold Plus HMO	New	H5619-097	King	302196-001	\$33
Humana Gold Plus HMO	New	H5619-099	Kitsap	302504-001	\$17
Humana Gold Plus HMO	New	H5619-100	Pierce	302256-001	\$17
Humana Gold Plus HMO	New	H5619-101	Clark	302306-001	\$33
Humana Gold Plus HMO	New	H5619-102	Spokane	302544-001	\$33
Humana Gold Plus HMO	New	H5619-104	Kitsap	301853-001	\$47
HumanaChoice PPO (MA Only)	H6609-012	H5216-046	Clark, Cowlitz	302224-001	\$0
HumanaChoice PPO (MA Only)	H6609-012	H5216-046	Island, King, Kitsap, Kittitas, Pierce, Snohomish, Spokane, Thurston, Walla Walla	302529-001	\$0
HumanaChoice PPO	H6609-013	H5216-047	Clark, Cowlitz	301229-001	\$100
HumanaChoice PPO	H6609-013	H5216-047	Island, King, Kitsap, Kittitas, Snohomish, Spokane, Walla Walla	301751-001	\$100
HumanaChoice PPO	H6609-073	H5216-048	Cowlitz	301963-001	\$199
HumanaChoice PPO	H6609-073	H5216-048	Island, Kitsap, Kittitas, Pierce, Thurston, Walla Walla	301287-001	\$199
Humana Enhanced PDP	S5884-028	S5884-028	Washington Statewide	235445-009	\$73.80
Humana Preferred Rx Plan PDP	S5884-113	S5884-113	Washington Statewide	235445-028	\$32.50
Humana Walmart Rx Plan PDP	S5884-176	S5884-176	Washington Statewide	235445-029	\$20.40

2018 Humana Medicare Products – Oregon **Final**

OR Plan Name	Former Contract	Plan Contract	Counties	GR-BN	Premium
Humana Gold Plus HMO	H1036-153	H1036-153	Clackamas, Multnomah, Washington	301534-001	\$0
Humana Gold Plus HMO	H1036-219	H1036-219	Deschutes	297402-001	\$69
Humana Gold Plus HMO	H1036-219	H1036-219	Jefferson	297400-001	\$69
HumanaChoice PPO (MA Only)	H6609-012	H5216-046	Benton, Clackamas, Columbia, Crook, Deschutes, Hood River, Jefferson, Lincoln, Linn, Malheur, Multnomah, Washington	302698-001	\$0
HumanaChoice PPO	H6609-013	H5212-047	Crook, Deschutes, Jefferson	301665-001	\$100
HumanaChoice PPO	H6609-073	H5212-048	Benton, Columbia, Crook, Deschutes, Hood River, Jefferson, Lincoln, Linn	301310-001	\$199
Humana Enhanced PDP	S5884-028	S5884-028	Oregon Statewide	235450-009	\$73.80
Humana Preferred Rx Plan PDP	S5884-113	S5884-113	Oregon Statewide	235450-027	\$32.50
Humana Walmart Rx Plan PDP	S5884-176	S5884-176	Oregon Statewide	235450-028	\$20.40

2018 Humana Medicare Products – Washington Final

WA Plan Name	2018 Contract	Counties	Premium	PCP Copay	Spec. Copay	MOOP	Rx Ded	Tiers	OTC	Dental	Vision	Hearing	Web/ PH	Acupuncture	Rewards/ Go365
Humana Gold Plus HMO	H5619-056	Clark	\$0	\$5	\$50	\$6,700	\$125	3, 4, 5	\$50 Qrtly OTC062	DEN917	VIS735	HER939	RAT001	ACU011	INC009
Humana Gold Plus HMO	H5619-057	King	\$0	\$0	\$45	\$6,700	\$150	3, 4, 5	\$50 Qrtly OTC062		VIS735	HER939	RAT001	ACU007	INC009
Humana Gold Plus HMO	H5619-059	Snohomish	\$33	\$0	\$40	\$5,000	\$100	3, 4, 5	\$50 Qrtly OTC062	DEN917	VIS735	HER940	RAT001	ACU014	INC009
Humana Gold Plus HMO	H5619-060	Spokane	\$0	\$10	\$50	\$5,900	\$180	3, 4, 5	\$50 Qrtly OTC062		VIS735	HER939	RAT001	ACU007	INC009
Humana Gold Plus HMO	H5619-061	Pierce	\$47	\$0	\$40	\$5,000	\$100	3, 4, 5	\$50 Qrtly OTC062	DEN917	VIS735	HER940	RAT001	ACU014	INC009
Humana Gold Plus HMO	H5619-062	Thurston	\$40	\$5	\$40	\$5,700	\$160	3, 4, 5	\$50 Qrtly OTC062	DEN917	VIS735	HER940	RAT001	ACU014	INC009
Humana Gold Plus HMO	H5619-063	Snohomish	\$0	\$10	\$50	\$6,700	\$150	3, 4, 5	\$50 Qrtly OTC062		VIS735	HER939	RAT001	ACU007	INC009
Humana Gold Plus HMO	H5619-064	Thurston	\$0	\$10	\$50	\$6,700	\$200	3, 4, 5	\$50 Qrtly OTC062		VIS734	HER939	RAT001	ACU007	INC009
Humana Gold Plus HMO-SNP DE	H5619-067	King, Pierce, Snohomish	\$0	\$0	\$0	\$6,700	\$200	2,3,4,5	\$50/mo. OTC029	DEN932	VIS735	HER945	RAT001	ACU011	INC009
Humana Gold Plus HMO	H5619-097	King	\$33	\$0	\$40	\$5,000	\$100	3, 4, 5	\$50 Qrtly OTC062	DEN917	VIS735	HER940	RAT001	ACU014	INC009
Humana Gold Plus HMO	H5619-099	Kitsap	\$17	\$10	\$50	\$6,700	\$200	3, 4, 5			VIS734	HER937	RAT001	ACU015	INC009
Humana Gold Plus HMO	H5619-100	Pierce	\$17	\$10	\$50	\$6,700	\$125	3, 4, 5	\$50 Qrtly OTC062		VIS734	HER939	RAT001	ACU015	INC009
Humana Gold Plus HMO	H5619-101	Clark	\$33	\$0	\$40	\$5,000	\$100	3, 4, 5	\$50 Qrtly OTC062	DEN918	VIS735	HER940	RAT001	ACU011	INC009
Humana Gold Plus HMO	H5619-102	Spokane	\$33	\$0	\$40	\$5,000	\$150	3, 4, 5	\$50 Qrtly OTC062	DEN917	VIS735	HER940	RAT001	ACU014	INC009
Humana Gold Plus HMO	H5619-104	Kitsap	\$47	\$0	\$40	\$5,000	\$160	3, 4, 5		DEN917	VIS735	HER939	RAT001	ACU014	INC009
HumanaChoice PPO (MA Only)	H5216-046	Clark, Cowlitz	\$0	\$10	\$25	\$3,600			\$15/mo. OTC025	DEN976	VIS751	HER944	RAT001	ACU011	INC009
HumanaChoice PPO (MA Only)	H5216-046	Island, King, Kitsap, Kittitas, Pierce, Snohomish, Spokane, Thurston, Walla Walla	\$0	\$10	\$25	\$3,600			\$15/mo. OTC025	DEN976	VIS751	HER944	RAT001	ACU011	INC009
HumanaChoice PPO	H5216-047	Clark, Cowlitz	\$100	\$10	\$45	\$6,700	\$320	3, 4, 5	\$30 Qrtly OTC060		VIS751	HER941	RAT001		INC009
HumanaChoice PPO	H5216-047	Island, King, Kitsap, Kittitas, Snohomish, Spokane, Walla Walla	\$100	\$10	\$45	\$6,700	\$320	3, 4, 5	\$30 Qrtly OTC060		VIS751	HER941	RAT001		INC009
HumanaChoice PPO	H5216-048	Cowlitz	\$199	\$0	\$30	\$6,700	\$310	3, 4, 5	\$30 Qrtly OTC060	DEN750	VIS775		RAT001		INC009
HumanaChoice PPO	H5216-048	Island, Kitsap, Kittitas, Walla Walla	\$199	\$0	\$30	\$6,700	\$310	3, 4, 5	\$30 Qrtly OTC060	DEN750	VIS775		RAT001		INC009
Humana Enhanced PDP		Washington Statewide	\$73.80												
Humana Preferred Rx Plan PDP		Washington Statewide	\$32.50												
Humana Walmart Rx Plan PDP		Washington Statewide	\$20.40												

All MA plans have TeleMed (RAT001), Fitness (FTP002), Nurse Hotline (HST001), Well Dine (WDE001) and Go365 (INC009). Only DSNP plan has Transportation.

2018 Humana Medicare Products – Oregon **Final**

OR Plan Name	Plan Contract	Counties	Premium	PCP Copay	Spec. Copay	MOOP	Rx Ded	Tiers	OTC	Dental	Vision	Hearing	Web/ PH	Acupuncture	Rewards/ Go365
Humana Gold Plus HMO	H1036-153	Clackamas, Multnomah, Washington	\$0	\$0	\$40	\$5,700	\$200	3, 4, 5	\$50 Qrtly OTC062	DEN917	VIS733	HER939	RAT001	ACU014	INC009
Humana Gold Plus HMO	H1036-219	Deschutes	\$69	\$10	\$40	\$5,700	\$200	3, 4, 5	\$50 Qrtly OTC062		VIS734	HER937	RAT001	ACU015	INC009
Humana Gold Plus HMO	H1036-219	Jefferson	\$69	\$10	\$40	\$5,700	\$200	3, 4, 5	\$50 Qrtly OTC062		VIS734	HER937	RAT001	ACU015	INC009
HumanaChoice LPPO (MA Only)	H5216-046	Benton, Clackamas, Columbia, Crook, Deschutes, Hood River, Jefferson, Lincoln, Linn, Multnomah, Washington	\$0	\$10	\$25	\$3,600			\$15/mo OTC025	DEN976	VIS751	HER944	RAT001	ACU011	INC009
HumanaChoice LPPO	H5216-047	Crook, Deschutes, Jefferson	\$100	\$10	\$45	\$6,700	\$320	3, 4, 5	\$30 Qrtly OTC060		VIS751	HER941	RAT001		INC009
HumanaChoice LPPO	H5216-048	Benton, Columbia, Crook, Deschutes, Hood River, Jefferson, Lincoln, Linn, Malheur	\$199	\$0	\$30	\$6,700	\$300	3, 4, 5	\$30 Qrtly OTC060	DEN750	VIS775		RAT001		INC009
Humana Gold Choice PFFS	H8145-093	Clackamas, Multnomah, Washington	\$87				\$320	3, 4, 5	\$20 Qrtly OTC055						INC009
Humana Enhanced PDP	S5884-028	Oregon Statewide	\$73.80												
Humana Preferred Rx Plan PDP	S5884-113	Oregon Statewide	\$32.50												
Humana Walmart Rx Plan PDP	S5884-176	Oregon Statewide	\$20.40												

All MA plans have TeleMed (RAT001), Fitness (FTP002), Nurse Hotline (HST001), Well Dine (WDE001) and Go365 (INC009). Only DSNP plan has Transportation.

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10/1/2017

All MA plans have TeleMed (RAT001), Fitness (FTP002), Nurse Hotline (HST001), Well Dine (WDE001) and Go365 (INC009). Only the DSNP plan has Transportation.

ACUPUNCTURE

Plan Name	Plan Contract	Counties	Acupuncture	Quick Look
Humana Gold Plus HMO	H1036-153	Clackamas, Multnomah, Washington	ACU014	\$10 for 12
Humana Gold Plus HMO	H1036-219	Deschutes, Jefferson	ACU015	\$20 for 12
HumanaChoice LPPO (MA Only)	H5216-046	OR: Benton, Clackamas, Columbia, Crook, Deschutes, Hood River, Jefferson, Lincoln, Linn, Multnomah, Washington; WA: Clark, Cowlitz, Island, King, Kitsap, Kittitas, Pierce, Snohomish, Spokane, Thurston, Walla Walla	ACU011	\$0 for 20
Humana Gold Plus HMO	H5619-056	Clark	ACU011	\$0 for 20
Humana Gold Plus HMO	H5619-057	King	ACU007	\$0 for 12
Humana Gold Plus HMO	H5619-059	Snohomish	ACU014	\$10 for 12
Humana Gold Plus HMO	H5619-060	Spokane	ACU007	\$0 for 12
Humana Gold Plus HMO	H5619-061	Pierce	ACU014	\$10 for 12
Humana Gold Plus HMO	H5619-062	Thurston	ACU014	\$10 for 12
Humana Gold Plus HMO	H5619-063	Snohomish	ACU007	\$0 for 12
Humana Gold Plus HMO	H5619-064	Thurston	ACU007	\$0 for 12
Humana Gold Plus HMO-SNP DE	H5619-067	King, Pierce, Snohomish	ACU011	\$0 for 20
Humana Gold Plus HMO	H5619-097	King	ACU014	\$10 for 12
Humana Gold Plus HMO	H5619-099	Kitsap	ACU015	\$20 for 12
Humana Gold Plus HMO	H5619-100	Pierce	ACU015	\$20 for 12
Humana Gold Plus HMO	H5619-101	Clark	ACU011	\$0 for 20
Humana Gold Plus HMO	H5619-102	Spokane	ACU014	\$10 for 12
Humana Gold Plus HMO	H5619-104	Kitsap	ACU014	\$10 for 12

DENTAL

Plan Name	Plan Contract	Counties	Dental
Humana Gold Plus HMO	H1036-153	Clackamas, Multnomah, Washington	DEN917
HumanaChoice PPO (MA Only)	H5216-046	OR: Benton, Clackamas, Columbia, Crook, Deschutes, Hood River, Jefferson, Lincoln, Linn, Multnomah, Washington; WA: Clark, Cowlitz, Island, King, Kitsap, Kittitas, Pierce, Snohomish, Spokane, Thurston, Walla Walla	DEN976
HumanaChoice PPO	H5216-048	OR: Benton, Clackamas, Columbia, Crook, Deschutes, Hood River, Jefferson, Lincoln, Linn, Malheur, Multnomah, Washington; WA: Clark, Cowlitz, Island, King, Kitsap, Kittitas, Pierce, Thurston, Walla Walla	DEN750
Humana Gold Plus HMO	H5619-056	Clark (H2012-031)	DEN917
Humana Gold Plus HMO	H5619-059	Snohomish (H2012-037)	DEN917
Humana Gold Plus HMO	H5619-061	Pierce (H2012-088)	DEN917
Humana Gold Plus HMO	H5619-062	Thurston (H2012-090)	DEN917
Humana Gold Plus HMO-SNP DE	H5619-067	King, Pierce, Snohomish (H2012-095)	DEN932
Humana Gold Plus HMO	H5619-097	King	DEN917
Humana Gold Plus HMO	H5619-101	Clark	DEN918
Humana Gold Plus HMO	H5619-102	Spokane	DEN917
Humana Gold Plus HMO	H5619-104	Kitsap	DEN917

TELEMEDICINE (MedLive Web/Phone Based Tech) on ALL MA Plans

TruHEARING

WA Plan Name	2018 Contract	Counties	Hearing	Quick Look
Humana Gold Plus HMO	H1036-153	Clackamas, Multnomah, Washington	HER939	\$499/\$799
Humana Gold Plus HMO	H1036-219	Deschutes, Jefferson	HER937	\$699/\$999
HumanaChoice PPO (MA Only)	H5216-046	OR: Benton, Clackamas, Columbia, Crook, Deschutes, Hood River, Jefferson, Lincoln, Linn, Multnomah, Washington; WA: Clark, Cowlitz, Island, King, Kitsap, Kittitas, Pierce, Snohomish, Spokane, Thurston, Walla Walla	HER944	\$399/\$699

WA Plan Name	2018 Contract	Counties	Hearing	Quick Look
HumanaChoice PPO	H5216-047	OR: Crook, Deschutes, Jefferson; WA: Clark, Cowlitz, Island, King, Kitsap, Kittitas, Snohomish, Spokane, Walla Walla	HER941	\$699/\$999
Humana Gold Plus HMO	H5619-056	Clark	HER939	\$499/\$799
Humana Gold Plus HMO	H5619-057	King	HER939	\$499/\$799
Humana Gold Plus HMO	H5619-059	Snohomish	HER940	\$399/\$699
Humana Gold Plus HMO	H5619-060	Spokane	HER939	\$499/\$799
Humana Gold Plus HMO	H5619-061	Pierce	HER940	\$399/\$699
Humana Gold Plus HMO	H5619-062	Thurston	HER940	\$399/\$699
Humana Gold Plus HMO	H5619-063	Snohomish	HER939	\$499/\$799
Humana Gold Plus HMO	H5619-064	Thurston	HER939	\$499/\$799
Humana Gold Plus HMO-SNP DE	H5619-067	King, Pierce, Snohomish	HER945	\$0/\$0
Humana Gold Plus HMO	H5619-097	King	HER940	\$399/\$699
Humana Gold Plus HMO	H5619-099	Kitsap	HER937	\$699/\$999
Humana Gold Plus HMO	H5619-100	Pierce	HER939	\$499/\$799
Humana Gold Plus HMO	H5619-101	Clark	HER940	\$399/\$699
Humana Gold Plus HMO	H5619-102	Spokane	HER940	\$399/\$699
Humana Gold Plus HMO	H5619-104	Kitsap	HER939	\$499/\$799

TRANSPORTATION - only on HMO-SNP DE

VISION

Plan Name	Plan Contract	Counties	Vision	Quick Look
Humana Gold Plus HMO	H1036-153	Clackamas, Multnomah, Washington	VIS733	\$300
Humana Gold Plus HMO	H1036-219	Deschutes, Jefferson	VIS734	\$100
HumanaChoice PPO (MA Only)	H5216-046	OR: Benton, Clackamas, Columbia, Crook, Deschutes, Hood River, Jefferson, Lincoln, Linn, Multnomah, Washington; WA: Clark, Cowlitz, Island, King, Kitsap, Kittitas, Pierce, Snohomish, Spokane, Thurston, Walla Walla	VIS751	\$100
HumanaChoice PPO	H5216-047	OR: Crook, Deschutes, Jefferson; WA: Clark, Cowlitz, Island, King, Kitsap, Kittitas, Snohomish, Spokane, Walla Walla	VIS751	\$100
HumanaChoice PPO	H5216-048	OR: Benton, Clackamas, Columbia, Crook, Deschutes, Hood River, Jefferson, Lincoln, Linn, Malheur, Multnomah, Washington; WA: Clark, Cowlitz, Island, King, Kitsap, Kittitas, Pierce, Thurston, Walla Walla	VIS775	\$40
Humana Gold Plus HMO	H5619-056	Clark	VIS735	\$200
Humana Gold Plus HMO	H5619-057	King	VIS735	\$200
Humana Gold Plus HMO	H5619-059	Snohomish	VIS735	\$200
Humana Gold Plus HMO	H5619-060	Spokane	VIS735	\$200
Humana Gold Plus HMO	H5619-061	Pierce	VIS735	\$200
Humana Gold Plus HMO	H5619-062	Thurston	VIS735	\$200
Humana Gold Plus HMO	H5619-063	Snohomish	VIS735	\$200
Humana Gold Plus HMO	H5619-064	Thurston	VIS734	\$100
Humana Gold Plus HMO-SNP DE	H5619-067	King, Pierce, Snohomish	VIS735	\$200
Humana Gold Plus HMO	H5619-097	King	VIS735	\$200
Humana Gold Plus HMO	H5619-099	Kitsap	VIS734	\$100
Humana Gold Plus HMO	H5619-100	Pierce	VIS734	\$100
Humana Gold Plus HMO	H5619-101	Clark	VIS735	\$200
Humana Gold Plus HMO	H5619-102	Spokane	VIS735	\$200
Humana Gold Plus HMO	H5619-104	Kitsap	VIS735	\$200

Mandatory Supplemental Benefits (MSB)

ACU007	Acupuncture Healthways	<ul style="list-style-type: none"> • \$0 copayment for acupuncture visits up to 12 visit(s) every 12 months.
ACU011	Acupuncture Healthways	<ul style="list-style-type: none"> • \$0 copayment for acupuncture visits up to 20 visit(s) every 12 months.
ACU014	Acupuncture Healthways	<ul style="list-style-type: none"> • \$10 copayment for acupuncture visits up to 12 visit(s) every 12 months.
ACU015	Acupuncture Healthways	<ul style="list-style-type: none"> • \$20 copayment for acupuncture visits up to 12 visit(s) every 12 months.
DEN750	Humana Dental	<ul style="list-style-type: none"> • 0% coinsurance for Panoramic Film up to 1 every 5 years. • 0% coinsurance for extra oral X-rays, intraoral X-rays up to 1 per year. • 0% coinsurance for Bitewing X-rays up to 1 set(s) per year. • 0% coinsurance for Emergency Diagnostic Exam, Fluoride Treatment, Oral Evaluation, Prophylaxis (cleaning) 2 per year. • 25% coinsurance for Emergency treatment for pain up to 2 per year. • 25% coinsurance for Extractions up to unlimited per year. • 50% coinsurance for Composite Filling 1 every 3 years.
DEN917	Humana Dental	<ul style="list-style-type: none"> • \$0 copayment for bitewing x-rays up to 1 set(s) per year. • \$0 copayment for amalgam or composite filling, periodic oral exam or comprehensive oral evaluation, prophylaxis (cleaning) up to 1 per year. • \$0 copayment for necessary anesthesia with covered service up to unlimited per year.
DEN918	Humana Dental	<ul style="list-style-type: none"> • \$0 copayment for bitewing x-rays up to 1 set(s) per year. • \$0 copayment for amalgam or composite filling, composite filling, denture reline, extractions, periodic oral exam or comprehensive oral evaluation, prophylaxis (cleaning) up to 1 per year. • \$0 copayment for necessary anesthesia with covered service up to unlimited per year.
DEN932	Humana Dental	<ul style="list-style-type: none"> • 0% coinsurance for Panoramic Film or diagnostic x-rays up to 1 every 5 years. • 0% coinsurance for Bitewing X-rays up to 1 set(s) per year. • 0% coinsurance for amalgam or composite filling, extra oral x-rays, intraoral x-rays up to 1 per year. • 0% coinsurance for Emergency diagnostic exam, emergency treatment for pain, fluoride treatment, periodic oral exam and/or comprehensive oral evaluation, prophylaxis (cleaning) up to 2 per year. • 0% coinsurance for Extractions up to unlimited per year.
DEN976	Humana Dental	<ul style="list-style-type: none"> • 0% coinsurance for periodontal exam 1 every 3 years. • 0% coinsurance for panoramic film or diagnostic x-rays 1 every 5 years • 0% coinsurance for bitewing x-rays 1 set(s) per year • 0% coinsurance for intraoral x-rays 1 per year • 0% coinsurance for periodic oral exam and/or comprehensive oral evaluation, prophylaxis (cleaning) 2 per year • 50% coinsurance for amalgam and/or composite filling, simple or surgical extraction 2 per year • \$1000 combined maximum benefit coverage per year
FTP002	Fitness	<ul style="list-style-type: none"> • \$0 copayment for basic fitness center membership at participating fitness center(s), fitness classes, Program Advisor™ assistance, SilverSneakers program, social events and SilverSneakers Steps® personalized home fitness program. • Any fitness center services that usually have an extra fee are not included in your membership.
HER723	Hearing Services	<ul style="list-style-type: none"> • \$0 copayment for fitting/evaluation, routine hearing test up to 1 per year. • \$250 maximum benefit coverage amount per ear for Hearing Aids (all types) up to 1 per ear every 12 months.
HER865	Hearing Services	<ul style="list-style-type: none"> • \$0 copayment for fitting/evaluation, routine hearing test up to 1 per year. • \$1000 maximum benefit coverage amount per ear for Hearing Aids (all types) up to 1 per ear per year.
HER937	Hearing Services	<ul style="list-style-type: none"> • \$0 copayment for routine hearing test up to 1 per year. • \$0 copayment for fitting/evaluation up to 3 per year. • \$699 copayment for advanced level hearing aid up to 1 per ear per year. • \$999 copayment for premium hearing aid purchase, up to 1 per ear per year. • Note: Includes 48 batteries per aid and 3 year warranty. • Flyte Advanced and Flyte Premium are the hearing aids available for purchase by the member.
HER939	Hearing Services	<ul style="list-style-type: none"> • \$0 copayment for routine hearing test up to 1 per year. • \$0 copayment for fitting/evaluation up to 3 per year. • \$499 copayment for advanced level hearing aid up to 1 per ear per year. • \$799 copayment for premium level hearing aid purchase, up to 1 per ear per year. • Note: Includes 48 batteries per aid and 3 year warranty. • Flyte Advanced and Flyte Premium are the hearing aids available for purchase by the member.
HER940	Hearing Services	<ul style="list-style-type: none"> • \$0 copayment for routine hearing exams up to 1 per year. • \$0 copayment for fitting/evaluation up to 3 per year. • \$399 copayment for advanced level hearing aid up to 1 per ear per year. • \$699 copayment for premium hearing aid purchase, up to 1 per ear per year. • Note: Includes 48 batteries per aid and 3 year warranty. • Flyte Advanced and Flyte Premium are the hearing aids available for purchase by the member.
HER941	Hearing Services	<ul style="list-style-type: none"> • \$0 copayment for routine hearing test up to 1 per year. • \$0 copayment for fitting/evaluation up to 3 per year. • \$699 copayment for advanced level hearing aid up to 1 per ear per year. • \$999 copayment for premium level hearing aid purchase, up to 1 per ear pre year. • Note: Includes 48 batteries per aid and 3 year warranty. • Flyte Advanced and Flyte Premium are the hearing aids available for purchase by the member.
HER944	Hearing Services	<ul style="list-style-type: none"> • \$0 copayment for routine hearing exams up to 1 per year. • \$0 copayment for fitting/evaluation up to 3 per year. • \$399 copayment for advanced level hearing aid up to 1 per ear per year. • \$699 copayment for premium level hearing aid purchase, up to 1 per ear pre year. • Note: Includes 48 batteries per aid and 3 year warranty. • Flyte Advanced and Flyte Premium are the hearing aids available for purchase by the member.

Mandatory Supplemental Benefits (MSB)

HER945	Hearing Services	<ul style="list-style-type: none"> • \$0 copayment for routine hearing test up to 1 per year. • \$0 copayment for fitting/evaluation up to 3 per year. • \$0 copayment for advanced level hearing aid purchase up to 1 per ear per year. • \$0 copayment for premium level hearing aid purchase, up to 1 per ear per year. • Note: Includes 48 batteries per aid and 3 year warranty. • Flyte Advanced and Flyte Premium are the hearing aids available for purchase by the member.
HST001	Nursing Hotline	\$0 copayment for CarePlus 24 Hour Nurse Advice Line.
INC009	Humana Medicare Go365	Members complete a personal health assessment and a personal pathway to better health. Members are then encouraged to engage in preventive screenings and other healthy behaviors. Members can choose reward items spending their bucks from the Go365 mall.
LSY001	Humana Wellness	\$0 copayment for Humana Personal Health Coaching. It is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement including weight management, tobacco cessation, nutrition, exercise, back care, blood pressure management, and blood sugar management.
MAP002	Member Assistance Program	<ul style="list-style-type: none"> • \$0 copayment for Member Assistance Program (MAP) • Three confidential, telephonic counseling sessions, per life event, with online resources to help you cope with life changes, stress, conflict resolution and grief. • Unlimited consultations with subject-matter experts and referrals for adult care and childcare issues.
OTC025	Over the Counter	\$15 maximum benefit coverage amount per month for OTC health and wellness products.
OTC055	Over the Counter	\$20 maximum benefit coverage amount per quarter (3 months) for select OTC health and wellness products
OTC060	Over the Counter	\$30 maximum benefit coverage amount per quarter for select OTC health and wellness products.
OTC062	Over the Counter	\$50 maximum benefit coverage amount per quarter (3 months) for select OTC health and wellness products
RAT001	Web/Phone Based Technologies, MDI live	\$10 copayment for web/phone based technology up to unlimited per year.
SMC001	Smoking Cessation	<ul style="list-style-type: none"> • \$0 copayment for web based or telephonic counseling/coaching. • A comprehensive smoking cessation program available online, email, and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.
TRN134	Transportation	\$0 copayment for plan approved location, fitness centers up to 24 one-way trip(s) per year by taxi, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.
VIS733	Vision Services EyeMed Vision	<ul style="list-style-type: none"> • \$0 copayment for Routine Exam, which includes refraction, up to 1 per year. • \$300 maximum benefit coverage amount per year for Contact Lenses, Eyeglasses - Lenses and Frames (includes fitting). Eyeglasses will include ultraviolet protection and scratch resistant coating.
VIS734	Vision Services EyeMed Vision	<ul style="list-style-type: none"> • \$0 copayment for Routine Exam, which includes refraction, up to 1 per year. • \$100 maximum benefit coverage amount per year for Contact Lenses or Eyeglasses - Lenses and Frames (includes fitting). Eyeglasses will include ultraviolet protection and scratch resistant coating.
VIS735	Vision Services EyeMed Vision	<ul style="list-style-type: none"> • \$0 copayment for Routine Exam, refraction, up to 1 per year. • \$200 maximum benefit coverage amount per year for Contact Lenses, Eyeglasses - Lenses and Frames (includes fitting). Eyeglasses will include ultraviolet protection and scratch resistant coating.
VIS751	Vision Services EyeMed Vision	<ul style="list-style-type: none"> • \$75 maximum benefit coverage amount per year for Routine Exam, which includes refraction, up to 1 per year. • \$100 maximum benefit coverage amount per year for contact lenses or eyeglasses - lenses and frames (includes fitting). Eyeglasses will include ultraviolet protection and scratch resistant coating.
VIS775	Vision Services EyeMed Vision	\$0 copayment for refraction, routine exam up to 1 per year. \$40 combined maximum benefit coverage amount per year for refraction, routine exam.
WDE001	Meal Benefit Well Dine	<ul style="list-style-type: none"> • \$0 copayment for 2 meals per day for 5 days, Up to 10 pre-cooked, frozen meals delivered to member's home after an overnight stay in a hospital or nursing facility. • Limited to 4 times per year.