

Humana Market
Product Guide 2026

Kentucky

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Humana Market Product Guide 2026

Think of the Market Product Guide as a what's what and who's who as you build your strategy for selling Humana Medicare Advantage (MA) and prescription drug plans (PDPs) in the coming year. Here you'll find plan information, contact information for leaders who can help support you in your work, and maps of your markets in the District of Columbia and the 46 U.S. states Humana serves.

Humana puts people first

At Humana, we are committed to the people we serve. That means plans that deliver on what matters most to your clients and prospects, plus tools that make it easier for you to sell plans and serve your community.

Our product guide offers a more simplified way to offer plans, too. Peek inside to find tools and questions that can guide your conversations, helping you uncover the top priority your clients have in a plan so you can help match them with the one that's right for them.

The Humana logo consists of the word "Humana" in a bold, green, sans-serif font. A registered trademark symbol (®) is positioned at the end of the "a".

FirstLook.Humana.com

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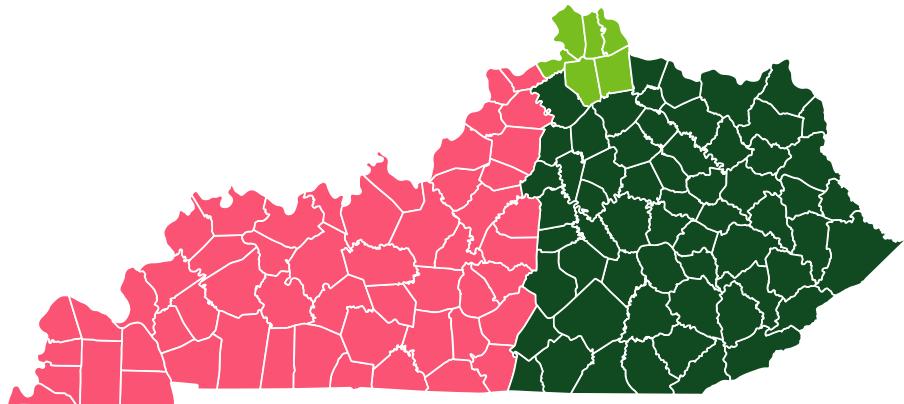
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Market leadership Kentucky

Broker relationship leaders



Horace Williams
Jamaal Cherry
Chris Baker
Michael Jones

Samantha Stevenson

Regional Sales Director
Partner Sales Support



Ryan McGonegal
Region Sales Director
rmcgonegal@humana.com

Broker relationship executives (BREs)
Broker relationship managers (BRMs)



Horace Williams
Broker Relationship Executive
502-313-7938
hwilliams41@humana.com



Jamaal Cherry
Broker Relationship Executive
502-313-7962
jcherry10@humana.com



Chris Baker
Broker Relationship Manager
859-227-9256
cbaker56@humana.com



Michael Jones
Broker Relationship Manager
502-424-8498
mjones49@humana.com



Samantha Stevenson
Broker Relationship Manager
502-438-3816
sjones224@humana.com

Market contacts

Kentucky contact information

If you need additional assistance, please contact agentsupport@humana.com

Name	Title	Contact	Email
Horace Williams	Broker Relationship Executive	502-313-7938	hwilliams41@humana.com
Jamaal Cherry	Broker Relationship Executive	502-313-7962	jcherry10@humana.com
Chris Baker	Broker Relationship Manager	859-227-9256	cbaker56@humana.com
Michael Jones	Broker Relationship Manager	502-424-8498	mjones49@humana.com
Samantha Stevenson	Broker Relationship Manager	502-438-3816	sjones224@humana.com
Ryan McGonegal	Region Sales Director		rmcgonegal@humana.com



Veteran engagement

Kentucky



Let's get veterans the coverage they deserve

Serve veterans with Humana Medicare Advantage

The Humana USAA Honor Giveback plans are the nation's only Medicare Advantage (MA) plans designed in partnership with USAA. They support veterans' healthcare needs and are available to anyone eligible for Medicare. In 2024, Humana added the USAA name to all Honor plans, expanding our multi-year partnership with USAA to better serve veterans. Plans may include:

- \$0 premiums
- Part B Giveback*
- Freedom to get care close to home with access to providers outside the VA healthcare system
- These plans are available in 46 states and Washington, D.C.
- Dental, vision and hearing coverage
- Coverage that works alongside Veterans Administration (VA) healthcare
- New mental health benefit that offers \$0 copays for in-network mental health visits (virtual or in person)
- \$0 copays for in-network primary care visits (in-person or virtual)



Proudly partnering with veterans service organizations

Humana is the MA plan provider trusted by Veterans of Foreign Wars (VFW) and American Veterans (AMVETS). We are also a proud sponsor of DAV (Disabled American Veterans). Our collaboration ensures that veterans get a high standard of care.

#1 Military-friendly employer

Humana has been recognized as the #1 Military-Friendly Employer by G.I. Jobs/Victory Media for two consecutive years. We are committed to hiring veterans and military spouses through our national veteran-hiring initiative.

* The Part B Giveback Benefit provides money back each month in a member's Social Security check for the Part B premium. The Part B Giveback Benefit could take up to 90 days to take effect.

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Multicultural services

Kentucky

Maximize multicultural outreach

Resources for non-English speakers and more

Humana can help you break down language barriers to help you build relationships with clients from diverse backgrounds. We can ensure your multicultural prospects and clients feel comfortable and fully understand their options with a dedicated team who not only can speak in their preferred language, but also understand how their health needs may vary.

Multilingual, multicultural member services

Your prospects and clients can get help from our interpreter line service or from one of our dedicated teams:

- Spanish: **800-606-1710**
- Korean: **800-433-4736**
- Chinese (Mandarin): **800-558-9927**
- Chinese (Cantonese): **800-819-1697**
- There's also a translation line that offers interpretation services for multiple languages, including Vietnamese and Haitian Creole.

Sales technology tools

Explore user-friendly tools in multiple languages, including:

- Humana Enrollment Platform (English and Spanish)
- Find Care tool with Care Highlight® ratings for doctors
- Medicare Dental Benefits (English and Spanish)

Language-optimized resources

Find a variety of assets tailored to your clients' language preferences:

- In-language Spanish websites
- Digital Marketing Materials tool in Spanish
- Sales Enablement Library within AgentAdvantage University (AAU) in multiple languages
- First Look in Spanish
- Prospecting and retention marketing materials available in multiple languages on Agent Marketing Hub (AMH)

Visit AAU or search the AMH for in-language materials.

Support for your language preference

Find materials in your preferred language by completing the language preference form on AAU.

Embrace diversity and expand your outreach with Humana's variety of language tools, including in-language training and resources.

You can get additional support from our dedicated Agent Support Unit using the following numbers:

- English: **800-309-3136**
- Spanish: **800-309-3136 option 9**



Service area overview

Kentucky

Service area overview

Plan color key



Plans will be identified by the initials followed by the listing of all plans for that designation in brackets.

Example: MAPD: [H5216-321]; MA: [7315-001]

County	Plans	County	Plans
Adair	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Bourbon	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Allen	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Boyd	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Anderson	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-163-000]	Boyle	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Ballard	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Bracken	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Barren	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Breathitt	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Bath	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Breckinridge	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Bell	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Bullitt	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Boone	MA-PD: [H0292-003-000; H6622-017-000; H7617-003-000; H7617-004-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H6622-018-000]	Butler	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]

Service area overview

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Example: MAPD: [H5216-321]; MA: [7315-001]

County	Plans	County	Plans
Caldwell	MA-PD: [H5619-170-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Christian	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H5619-075-000; H5619-163-000]
Calloway	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Clark	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Campbell	MA-PD: [H0292-003-000; H6622-017-000; H7617-003-000; H7617-004-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H6622-018-000]	Clay	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Carlisle	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Clinton	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Carroll	MA-PD: [H5619-170-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Crittenden	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Carter	MA-PD: [H5619-113-000; H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-163-000]	Cumberland	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Casey	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Daviess	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]

Service area overview

Plan color key



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Example: MAPD: [H5216-321]; MA: [7315-001]

County	Plans	County	Plans
Edmonson	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-163-000]	Gallatin	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Elliott	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Garrard	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Estill	MA-PD: [H5619-170-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Grant	MA-PD: [H0292-003-000; H6622-017-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H6622-018-000]
Fayette	MA-PD: [H5178-002-000; H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Graves	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Fleming	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Grayson	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Floyd	MA-PD: [H5619-170-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Green	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Franklin	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Greenup	MA-PD: [H5619-170-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Fulton	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Hancock	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]

Service area overview

Plan color key



Plans will be identified by the initials followed by the listing of all plans for that designation in brackets.

Example: MAPD: [H5216-321]; MA: [7315-001]

County	Plans	County	Plans
Hardin	MA-PD: [H5619-170-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Hopkins	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Harlan	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Jackson	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Harrison	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Jefferson	MA-PD: [H1036-234-000; H1036-236-000; H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-235-000; H1036-320-000; H5619-075-000; H5619-163-000]
Hart	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Jessamine	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Henderson	MA-PD: [H5619-049-000; H5619-055-000; H5619-170-000; H7617-003-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Johnson	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Henry	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Kenton	MA-PD: [H0292-003-000; H6622-017-000; H7617-003-000; H7617-004-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H6622-018-000]
Hickman	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Knott	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]

Service area overview

Plan color key



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Example: MAPD: [H5216-321]; MA: [7315-001]

County	Plans	County	Plans
Knox	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Lewis	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Larue	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Lincoln	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Laurel	MA-PD: [H5619-170-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Livingston	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Lawrence	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Logan	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Lee	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Lyon	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Leslie	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Madison	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Letcher	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Magoffin	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]

Service area overview

Plan color key



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Example: MAPD: [H5216-321]; MA: [7315-001]

County	Plans	County	Plans
Marion	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Menifee	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Marshall	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Mercer	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Martin	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Metcalfe	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Mason	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Monroe	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-163-000]
McCracken	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Montgomery	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
McCreary	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Morgan	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
McLean	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Muhlenberg	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Meade	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Nelson	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]

Service area overview

Plan color key



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Example: MAPD: [H5216-321]; MA: [7315-001]

County	Plans	County	Plans
Nicholas	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Pike	MA-PD: [H5619-113-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Ohio	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Powell	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Oldham	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-163-000]	Pulaski	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H5619-075-000; H5619-163-000]
Owen	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Robertson	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Owsley	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Rockcastle	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Pendleton	MA-PD: [H0292-003-000; H6622-017-000; H7617-003-000; H7617-004-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H6622-018-000]	Rowan	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Perry	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Russell	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]

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Example: MAPD: [H5216-321]; MA: [7315-001]

County	Plans	County	Plans
Scott	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Union	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Shelby	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Warren	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Simpson	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Washington	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Spencer	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Wayne	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Taylor	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Webster	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Todd	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Whitley	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Trigg	MA-PD: [H5619-170-000; H7617-005-000; H7617-049-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Wolfe	MA-PD: [H5619-170-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]
Trimble	MA-PD: [H5619-170-000; H7617-005-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]	Woodford	MA-PD: [H5619-071-000; H5619-170-000; H7617-005-000; H7617-049-000; H7617-050-000]; MA: [H5216-225-000; H5216-442-000]; DSNP: [H1036-320-000; H5619-075-000; H5619-163-000]



Consumer plan priorities Kentucky

Consumer Plan Priorities

[Click here for our enhanced NEEDS analysis resource](#)

Consumers' top priority for their Medicare plan	What it means	Key selling points
I want network flexibility and predictable costs	I want a plan where I can see out-of-network medical doctors, but pay the in-network copay.	<ul style="list-style-type: none"> Can use out-of-network doctors and not pay more No referrals needed for specialists Travel-friendly health coverage Rx and dental coverage to maintain my health Predictable out-of-pocket costs, but those costs may be higher
I'm healthy, so I don't want to pay for extras I won't use	I just need routine care and coverage, but I do want flexibility and practical benefits like a Part B Giveback.	<ul style="list-style-type: none"> Coverage for medical needs and the essentials Flexibility with travel-friendly health coverage and no referral needed for specialists Rx and dental coverage, plus a Part B Giveback that adds money back in my Social Security check
Gives me quality benefits and in-network care	I want value and a wide range of benefits, and I'm ok staying in a great network to get it.	<ul style="list-style-type: none"> \$0 or low premiums, plus low or \$0 copay doctor visits Dental, vision and hearing included OTC allowance and Rx coverage
Works with my Medicaid coverage (Dual eligible)	I want to get the most out of both Medicaid and Medicare.	<ul style="list-style-type: none"> A monthly allowance to help pay for things like groceries and utilities* \$0 copays on hundreds of prescriptions† Dental, vision and hearing included
I want access to care outside of my VA coverage	I want access to care outside of the VA, without disrupting my VA benefits.	<ul style="list-style-type: none"> Veteran-specific customer service, trained in partnership with USAA‡ \$0 copays for in-network mental health visits (virtual or in person)** Access to local doctors and pharmacies Part B Giveback that adds money back in my Social Security check Dental benefits not provided by the VA

Consumer Plan Priorities

[Click here for our enhanced NEEDS analysis resource](#)

Consumers' top priority for their Medicare plan	What it means	Key selling points
Supports my chronic conditions	I need affordable, ongoing care and support for my specific needs—without disruption.	<ul style="list-style-type: none"> • \$0 or low premiums, plus a \$0 copay for doctor visits • Lower prescription costs for condition-specific medications^{††} • Programs and services to support chronic conditions like diabetes, heart disease and more
I want budget-friendly benefits with no doctor referrals	I want my choice of doctors and coverage that works with my budget.	<ul style="list-style-type: none"> • \$0 or low premiums • \$0 or low copays for doctor visits • Coverage for everyday costs (like OTC) • Ability to see out-of-network doctors if the unexpected happens • No referral needed for specialists • Dental, vision and hearing included

* This spending allowance is a special program for members with specific health conditions. Qualifying conditions include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. Some plans require at least two conditions and other requirements apply. See the plan's Evidence of Coverage for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.

† Prescription drug coverage can vary across plans. \$0 copay may be limited to specific tiers, coverage stages, 3-month supply and/or certain pharmacies.

‡ Humana Insurance Company pays royalty fees to USAA for the use of its intellectual property. USAA means United Services Automobile Association and its affiliates. Use of the term "USAA member" or "USAA membership" refers to membership in USAA Membership Services and does not convey any legal or ownership rights in USAA. Restrictions apply and are subject to change. USAA and the USAA logo are registered trademarks of the United Services Automobile Association. All rights reserved. No Department of Defense or government agency endorsement.

** Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your Evidence of Coverage for additional details on what your plan may cover or other rules that may apply.

†† Does not apply to I-SNP.

Humana developed the Consumer Plan Priorities through extensive consumer research, identifying unique needs and preferences. The recommended plans align closely with these needs and should be considered starting points for discussions. Each consumer has unique stories and priorities, so a thorough NEEDS analysis is essential.



MA/MAPD

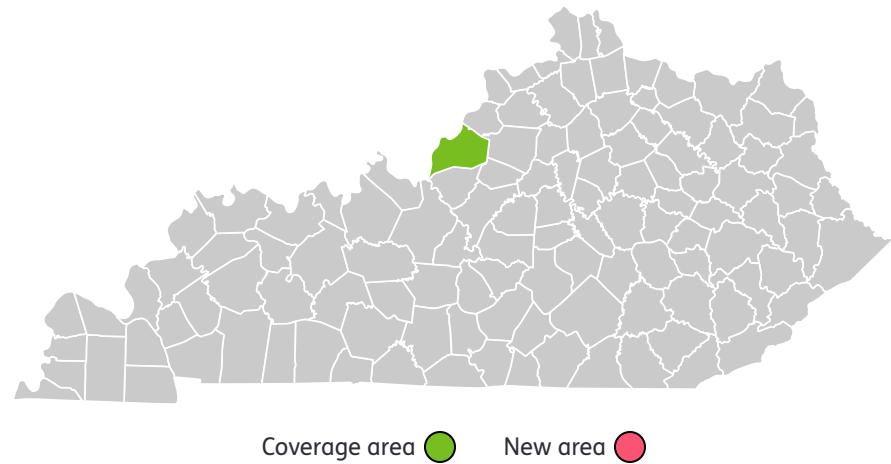
Kentucky

Key selling points

- Dental allowance benefit available, includes dentures
- Exclusive network plan

Ideal for consumers who prioritize

Gives me quality benefits and in-network care: I want the most value and I'm ok staying in network to get it.:



Medical benefits

MOOP	\$4250 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$15 copayment
Inpatient hospital	\$330 per day, Days(1-7);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$230 copayment Ambulatory Surgical Center; \$330 copayment Outpatient Hospital
Advanced imaging	\$155 copayment; \$325 copayment

Rx benefits

Deductible	\$150 Deductible for Tiers 4,5
Rx-retail 30-day supply	\$0/\$0/\$47/50%/31%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

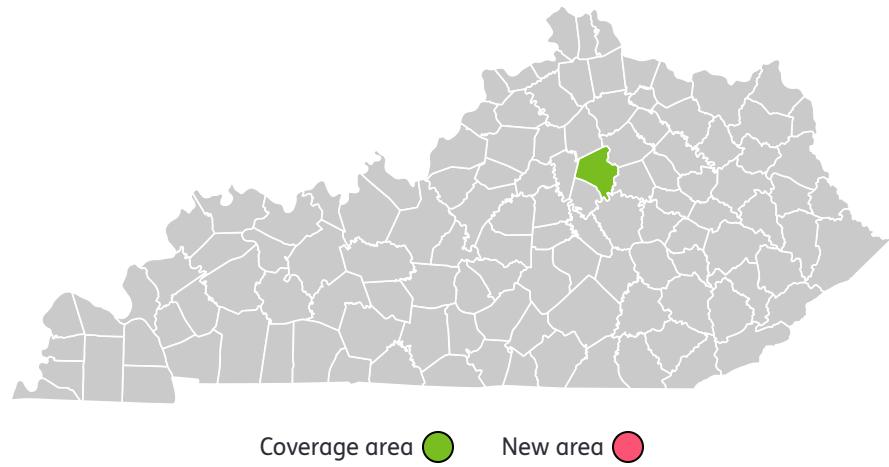
Dental	\$5000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, bridges, root canals. DEN142
Vision	\$0 copayment for annual exam and \$550 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	OTC Debit Card \$75/Quarter
Hearing	\$0 copay for annual exam, fitting and \$799 copayment for Advanced level hearing aid per ear per year and \$1099 copayment for Premium level hearing aid per ear per year and \$499 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	Transportation 60 one way trip(s) per year, may not exceed 150 per trip

Key selling points

- Dental allowance benefit available, includes dentures
- Exclusive network plan

Ideal for consumers who prioritize

Gives me quality benefits and in-network care: I want the most value and I'm ok staying in network to get it.:



Coverage area

New area

Medical benefits

MOOP	\$4050 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$30 copayment
Inpatient hospital	\$400 per day, Days(1-6);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$300 copayment Ambulatory Surgical Center; \$400 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$150 Deductible for Tiers 4,5
Rx-retail 30-day supply	\$0/\$0/\$47/50%/31%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

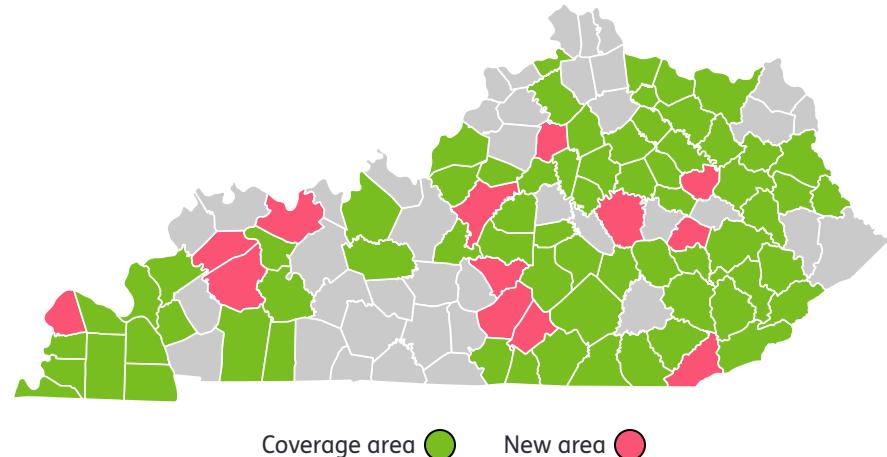
Dental	\$5000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, bridges, root canals. DEN142
Vision	\$0 copayment for annual exam and \$550 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	OTC Debit Card \$100/Quarter
Hearing	\$0 copay for annual exam, fitting and \$99 copayment for Advanced level hearing aid per ear per year and \$399 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	Transportation 100 one way trip(s) per year, may not exceed 25 per trip

Key selling points

- New lower Rx Copays
- Increased dental allowance benefit

Ideal for consumers who prioritize

Gives me quality benefits and in-network care: I want the most value and I'm ok staying in network to get it.:

**Medical benefits**

MOOP	\$5450 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$35 copayment
Inpatient hospital	\$530 per day, Days(1-5);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$420 copayment Ambulatory Surgical Center; \$520 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$250 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$0/\$47/47%/30%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

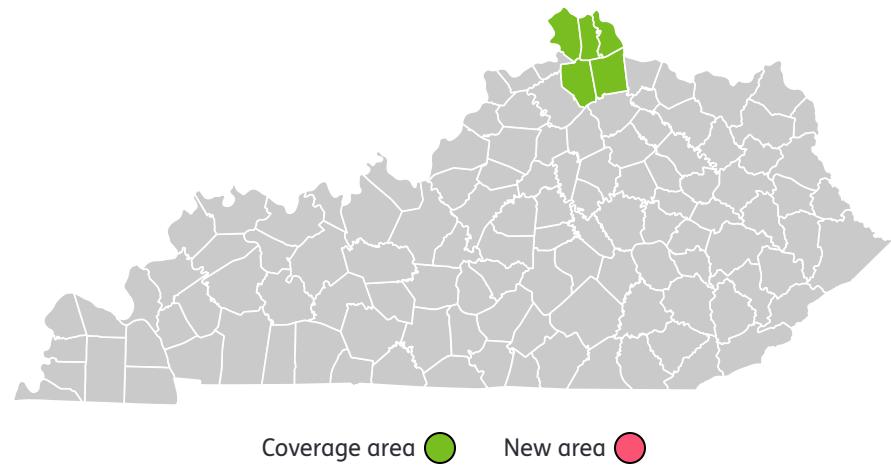
Supplemental benefits

Dental	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, root canals. DEN052
Vision	\$0 copayment for annual exam and \$450 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	OTC Debit Card \$50/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	Transportation 24 one way trip(s) per year, may not exceed 50 per trip

Please check the 2026 Producer Partnership Plan for non-commissionable counties at humana.com/sellhumana.

Key selling points

- \$0 monthly plan premium



Medical benefits

MOOP	\$4450 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$40 copayment
Inpatient hospital	\$400 per day, Days(1-5);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$300 copayment Ambulatory Surgical Center; \$400 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$250 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$0/\$47/50%/30%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

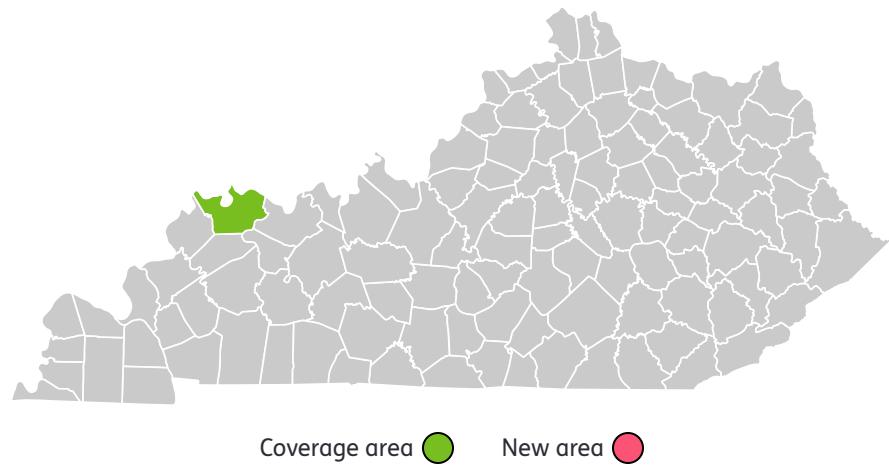
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, oral surgery, bridges, root canals. DENT325
Vision	\$0 copayment for annual exam and \$550 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	OTC Debit Card \$100/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year and \$399 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

Key selling points

- New lower Rx Copays
- \$0 monthly plan premium

Ideal for consumers who prioritize

Gives me quality benefits and in-network care: I want the most value and I'm ok staying in network to get it.:



Medical benefits

MOOP	\$4250 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	N/A
PCP copay	\$0 copayment
Specialist copay	\$35 copayment
Inpatient hospital	\$410 per day, Days(1-7);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$325 copayment Ambulatory Surgical Center; \$425 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$250 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$0/\$47/48%/30%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

Dental	\$2500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, bridges, root canals. OON coverage available. DEN044
Vision	\$0 copayment for annual exam and \$450 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	OTC Debit Card \$75/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year and \$399 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	Transportation 60 one way trip(s) per year, may not exceed 150 per trip

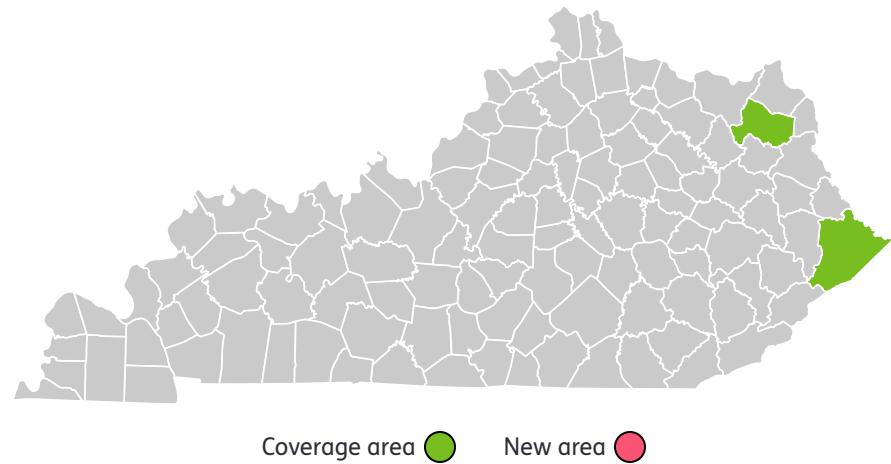
Please check the 2026 Producer Partnership Plan for non-commissionable counties at humana.com/sellhumana.

Key selling points

- New lower Rx Copays
- Reduced Specialist Copay

Ideal for consumers who prioritize

Gives me quality benefits and in-network care: I want the most value and I'm ok staying in network to get it.:



Medical benefits

MOOP	\$8050 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$40 copayment
Inpatient hospital	\$380 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$200 copayment Ambulatory Surgical Center; \$300 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$250 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$0/\$47/50%/30%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

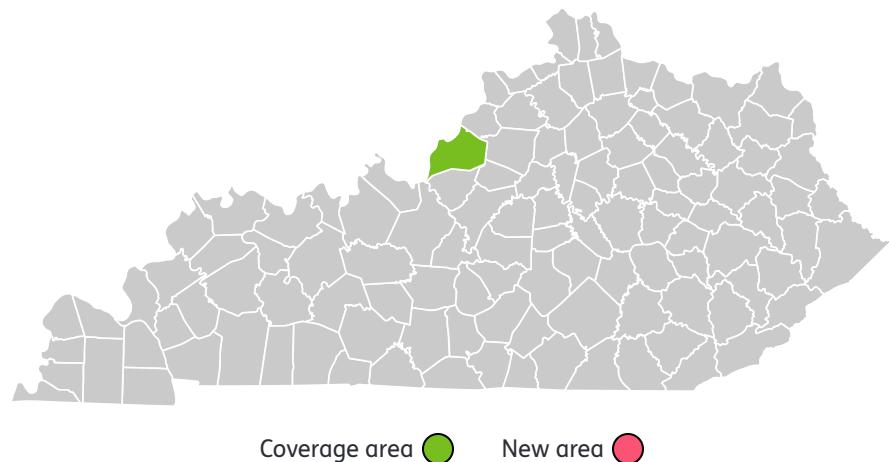
Dental	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, oral surgery, bridges, root canals. OON coverage available. DEN571
Vision	\$0 copayment for annual exam and \$400 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	OTC Debit Card \$50/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year and \$399 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	Transportation 48 one way trip(s) per year, may not exceed 50 per trip

Key selling points

- Healthy Options Allowance available with roll over
- Exclusive network plan

Ideal for consumers who prioritize

Supports my chronic conditions: I need affordable, ongoing care and support tailored to my specific needs—without disruption.:)



Medical benefits

MOOP	\$4250 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$35 copayment
Inpatient hospital	\$350 per day, Days(1-7);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$250 copayment Ambulatory Surgical Center; \$350 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$350 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$5/\$47/47%/29%/\$0
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

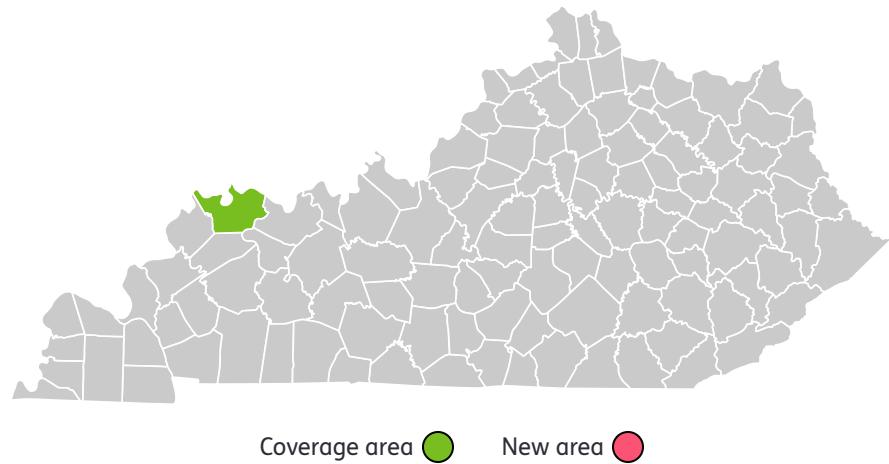
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation, oral surgery, root canals. DENF14
Vision	\$0 copayment for annual exam and \$550 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	N/A
Humana Healthy Options Allowance™	\$60 monthly allowance on a prepaid card for essentials like groceries, rent, utilities, and OTC products from participating retailers. Unused funds roll over each month and expire at the end of the plan year. Members must have a qualifying chronic condition to qualify for this benefit.
Hearing	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years and \$299 copayment for Premium level hearing aid per ear every 3 years plus 80 batteries per aid.
Transportation	Transportation 36 one way trip(s) per year, may not exceed 50 per trip

Key selling points

- Healthy Options Allowance available with roll over

Ideal for consumers who prioritize

Supports my chronic conditions: I need affordable, ongoing care and support tailored to my specific needs—without disruption.:)



Medical benefits

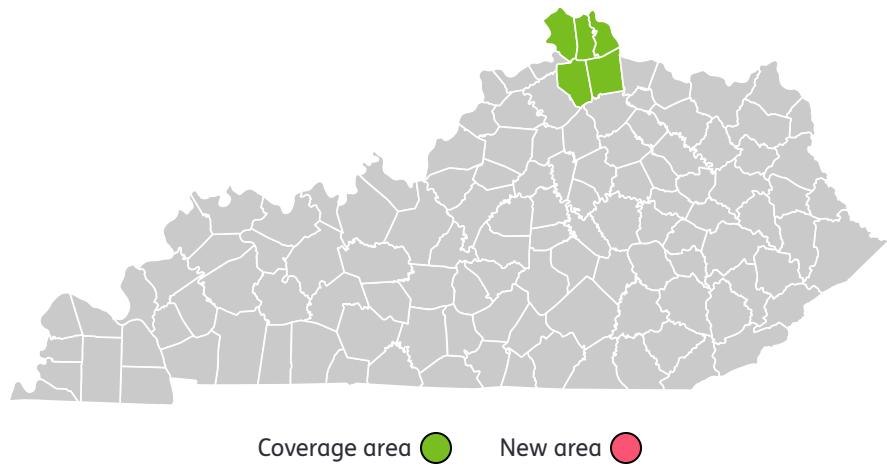
MOOP	\$9150 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$45 copayment
Inpatient hospital	\$405 per day, Days(1-6);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$295 copayment Ambulatory Surgical Center; \$395 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$615 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$5/\$47/48%/25%/\$0
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, oral surgery, bridges, root canals. D&N334
Vision	\$0 copayment for annual exam and \$200 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	N/A
Humana Healthy Options Allowance™	\$50 monthly allowance on a prepaid card for essentials like groceries, rent, utilities, and OTC products from participating retailers. Unused funds roll over each month and expire at the end of the plan year. Members must have a qualifying chronic condition to qualify for this benefit.
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year and \$399 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A



Key selling points

- Healthy Options Allowance available with roll over

Ideal for consumers who prioritize

Supports my chronic conditions: I need affordable, ongoing care and support tailored to my specific needs—without disruption.

Medical benefits

MOOP	\$9150 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	N/A
PCP copay	\$0 copayment
Specialist copay	\$30 copayment
Inpatient hospital	\$475 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$375 copayment Ambulatory Surgical Center; \$475 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$340 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$5/\$47/48%/29%/\$0
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. DEN311
Vision	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	N/A
Humana Healthy Options Allowance™	\$35 monthly allowance on a prepaid card for essentials like groceries, rent, utilities, and OTC products from participating retailers. Unused funds roll over each month and expire at the end of the plan year. Members must have a qualifying chronic condition to qualify for this benefit.
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year and \$399 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

Key selling points

- Healthy Options Allowance available with roll over
- \$0 Dialysis Copay
- Includes unlimited transportation benefit

Ideal for consumers who prioritize

Supports my chronic conditions: I need affordable, ongoing care and support tailored to my specific needs—without disruption.



Coverage area New area

Medical benefits

MOOP	\$9200 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	N/A
PCP copay	\$0 copayment
Specialist copay	\$50 copayment
Inpatient hospital	\$450 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$385 copayment Ambulatory Surgical Center; \$435 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$615 Deductible for Tiers 4,5
Rx-retail 30-day supply	\$0/\$0/\$47/49%/25%/\$0
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

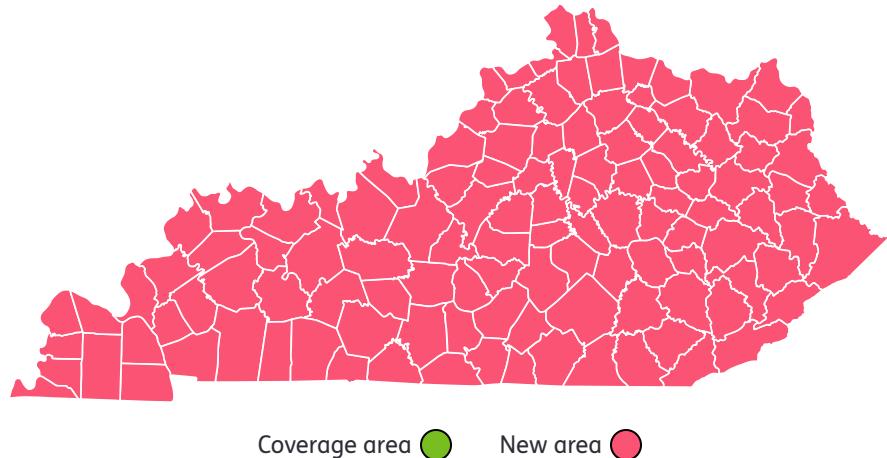
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, oral surgery, bridges, root canals. D&N325
Vision	\$0 copayment for annual exam and \$150 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	OTC Debit Card \$60/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year and \$399 copayment for Standard level hearing aid per ear per year plus 80 batteries per aid.
Transportation	Transportation Unlimited one-way trips per year, may not exceed 100 per trip

Key selling points

- New lower Rx Copays
- Features Part B Giveback

Ideal for consumers who prioritize

Works with my VA coverage: I want to be able to get care without barriers or disruption to my VA benefits.:.

**Medical benefits**

MOOP	\$9150 IN
Deductible	\$100 Combined In and Out-of-Network
Part B deductible in medical benefits	N/A
Part B Giveback	\$75
PCP copay	\$0 copayment
Specialist copay	\$50 copayment
Inpatient hospital	\$475 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$375 copayment Ambulatory Surgical Center; \$475 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$350 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$5/\$47/43%/29%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

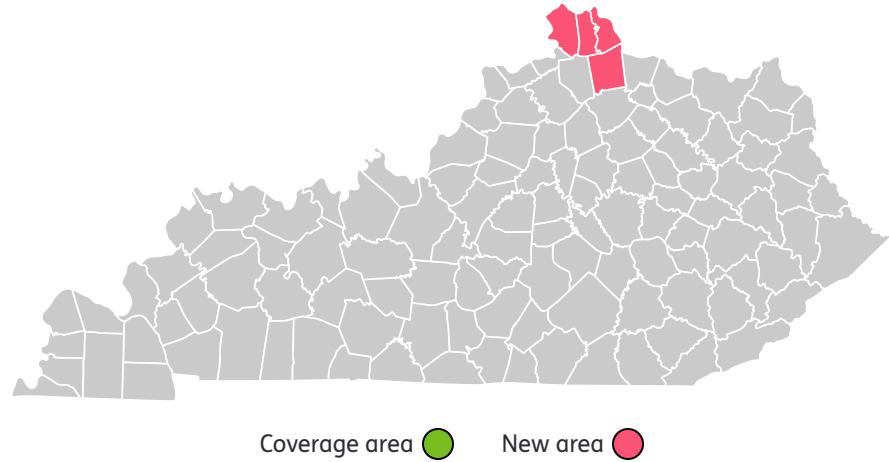
Dental	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation, oral surgery, root canals. OON coverage available. DENA75
Vision	\$75 allowance for annual exam and \$150 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	OTC Debit Card \$50/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

Key selling points

- Reduced Specialist Copay
- Increased Vision Allowance Benefit

Ideal for consumers who prioritize

Budget-friendly benefits without doctor referrals: I prefer low- or no-cost premiums and copays, and support and guidance when choosing a plan.:.



Medical benefits

MOOP	\$5500 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	N/A
PCP copay	\$0 copayment
Specialist copay	\$40 copayment
Inpatient hospital	\$495 per day, Days(1-5);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$400 copayment Ambulatory Surgical Center; \$500 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$250 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$5/\$47/48%/30%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

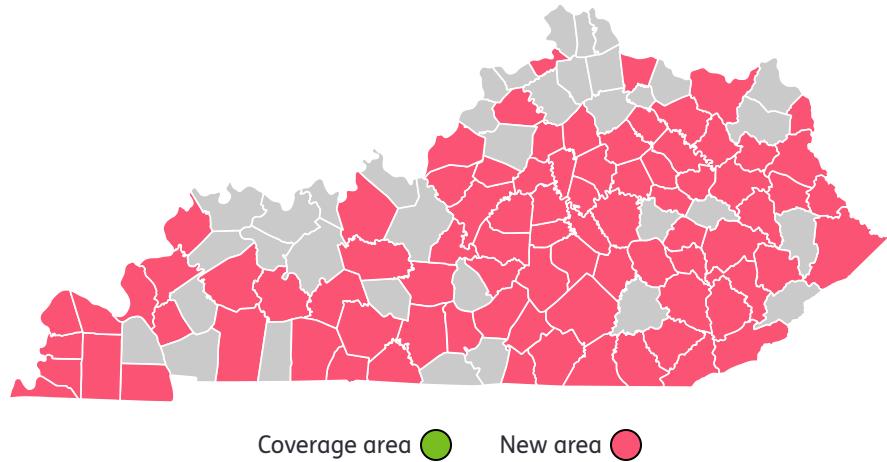
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, oral surgery, bridges, root canals. OON coverage available. DEN365
Vision	\$40 allowance for annual exam and \$350 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	OTC Debit Card \$75/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

Key selling points

- New lower Rx Copays
- \$0 monthly plan premium

Ideal for consumers who prioritize

Budget-friendly benefits without doctor referrals: I prefer low- or no-cost premiums and copays, and support and guidance when choosing a plan.:.

**Medical benefits**

MOOP	\$6250 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$1
PCP copay	\$0 copayment
Specialist copay	\$40 copayment
Inpatient hospital	\$530 per day, Days(1-5);
Skilled nursing	\$10 per day, days (1-20)
Outpatient surgery	\$420 copayment Ambulatory Surgical Center; \$520 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	\$350 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$5/\$47/48%/29%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

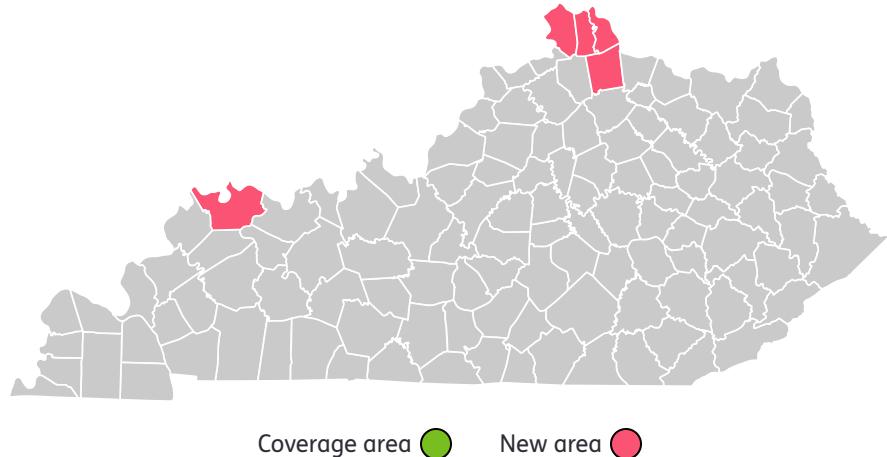
Dental	\$1500 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, oral surgery, bridges, root canals. OON coverage available. DEN365
Vision	\$40 allowance for annual exam and \$350 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	OTC Debit Card \$50/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	Transportation 24 one way trip(s) per year, may not exceed 50 per trip

Key selling points

- Features Part B Giveback
- Includes Dental, Vision, and Hearing coverage

Ideal for consumers who prioritize

I want routine coverage without extras I won't use: I want access to high-quality providers when I need them, without bells and whistles I won't use.:



Medical benefits

MOOP	\$9150 IN
Deductible	\$425 Combined In and Out-of-Network
Part B deductible in medical benefits	N/A
Part B Giveback	\$123
PCP copay	\$0 copayment
Specialist copay	\$40 copayment
Inpatient hospital	\$400 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$300 copayment Ambulatory Surgical Center; \$400 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	No Deductible
Rx-retail 30-day supply	\$0/\$0/\$30/35%/33%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits

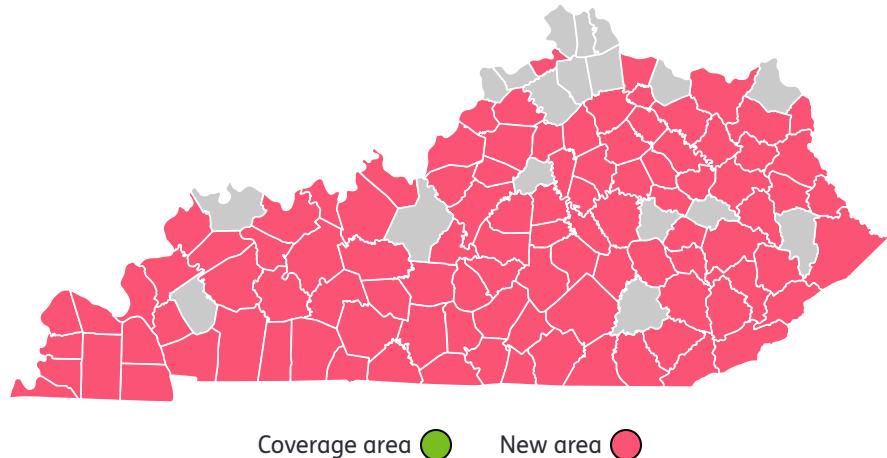
Dental	\$500 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available. DENA04
Vision	\$75 allowance for annual exam and \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	N/A
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

Key selling points

- Features Part B Giveback
- Includes Dental, Vision, and Hearing coverage

Ideal for consumers who prioritize

I want routine coverage without extras I won't use: I want access to high-quality providers when I need them, without bells and whistles I won't use.:)



Medical benefits

MOOP	\$9150 IN
Deductible	\$430 Combined In and Out-of-Network
Part B deductible in medical benefits	N/A
Part B Giveback	\$129
PCP copay	\$0 copayment
Specialist copay	\$40 copayment
Inpatient hospital	\$400 per day, Days(1-5);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$300 copayment Ambulatory Surgical Center; \$400 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$305 copayment

Supplemental benefits

Dental	\$500 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available. DENA04
Vision	\$75 allowance for annual exam and \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	N/A
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

Rx benefits

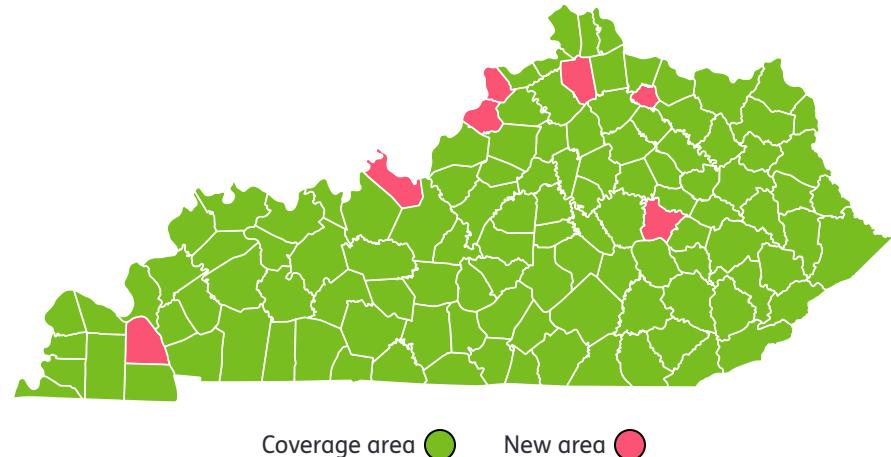
Deductible	\$615 Deductible for Tiers 3,4,5
Rx-retail 30-day supply	\$0/\$2/\$47/31%/25%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Key selling points

- Increased Part B Giveback
- New \$0 PCP Office Visit Copay

Ideal for consumers who prioritize

Works with my VA coverage: I want to be able to get care without barriers or disruption to my VA benefits.:.



Coverage area

New area

Medical benefits

MOOP	\$9150 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$160
PCP copay	\$0 copayment
Specialist copay	\$45 copayment
Inpatient hospital	\$500 per day, Days(1-4);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$495 copayment Ambulatory Surgical Center; \$595 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Supplemental benefits

Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings; \$25 copayment for fillings. OON coverage available. DEN351
Vision	\$75 allowance for annual exam and \$100 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	OTC Debit Card \$25/Quarter
Hearing	\$0 copay for annual exam, fitting and \$699 copayment for Advanced level hearing aid per ear per year and \$999 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A

Rx benefits

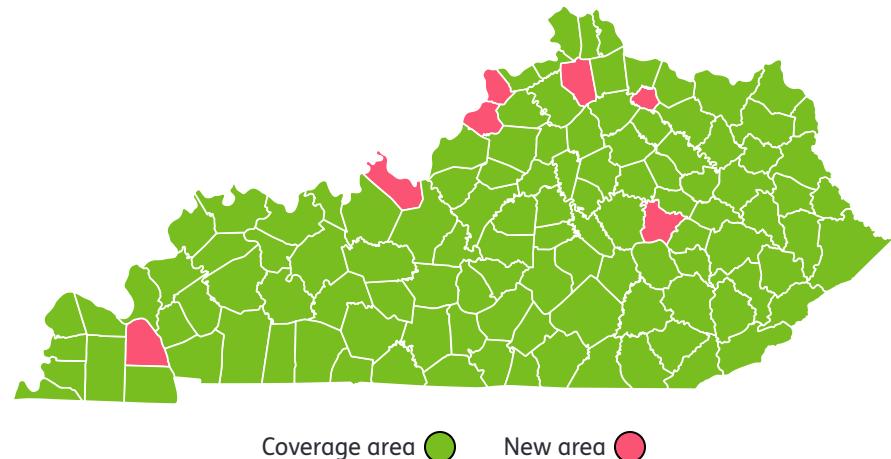
Deductible	No Deductible
Rx-retail 30-day supply	N/A
90-day mail order	N/A

Key selling points

- Includes OTC Allowance
- Increased Dental allowance benefit, includes dentures

Ideal for consumers who prioritize

Works with my VA coverage: I want to be able to get care without barriers or disruption to my VA benefits.:.

**Medical benefits**

MOOP	\$6500 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	\$100
PCP copay	\$0 copayment
Specialist copay	\$45 copayment
Inpatient hospital	\$360 per day, Days(1-7);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$260 copayment Ambulatory Surgical Center; \$360 copayment Outpatient Hospital
Advanced imaging	\$200 copayment; \$335 copayment

Rx benefits

Deductible	No Deductible
Rx-retail 30-day supply	N/A
90-day mail order	N/A

Supplemental benefits

Dental	\$5000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, bridges, root canals. OON coverage available. DEN144
Vision	\$75 allowance for annual exam and \$250 allowance per year for eyewear or contact lenses including fittings at PLUS Provider. OON coverage available.
OTC	OTC Debit Card \$75/Quarter
Hearing	\$0 copay for annual exam, fitting and \$499 copayment for Advanced level hearing aid per ear per year and \$799 copayment for Premium level hearing aid per ear per year plus 80 batteries per aid.
Transportation	N/A



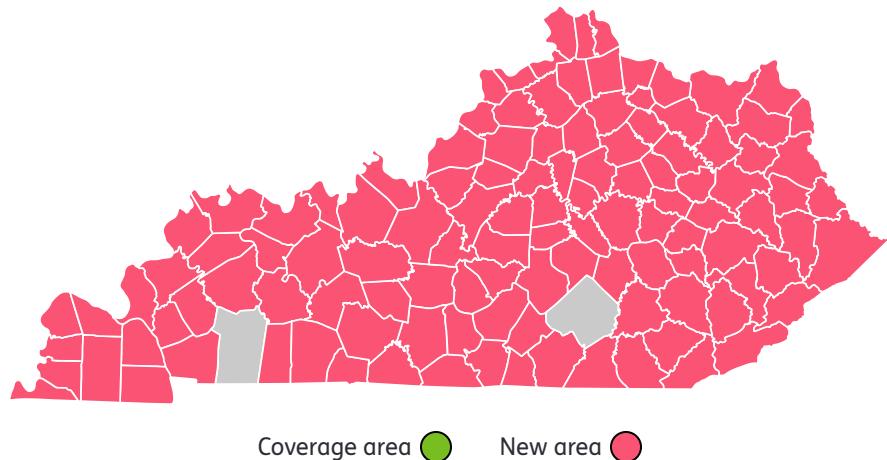
D-SNP Kentucky

Key selling points

- New Healthy Options allowance with roll over
- New HIDE DSNP

Ideal for consumers eligible for Medicare and Medicaid who prioritize

Works with my Medicaid coverage: I want to get the most out of both Medicaid and Medicare.:.



Medical benefits

Medicaid Levels	FBDE, QMB+, SLMB+
MOOP	\$0-\$9250 IN
Deductible	N/A
PCP copay	0%-20% coinsurance
Specialist copay	0%-20% coinsurance
Inpatient hospital	\$0-\$2230 per admission
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	0%-20% coinsurance; 0%-20% coinsurance
Advanced imaging	\$0-\$200 copayment; \$0-\$335 copayment

Rx benefits

Deductible*	\$615 Deductible for Tiers 3,4,5
Rx-retail 30-day supply*	\$0/\$0/25%/25%/25%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

*Prescription drug coverage can vary across plans. \$0 copay may be limited to specific tiers, coverage stages, Extra Help eligibility, 3-month supply and/or certain pharmacies.

Supplemental benefits

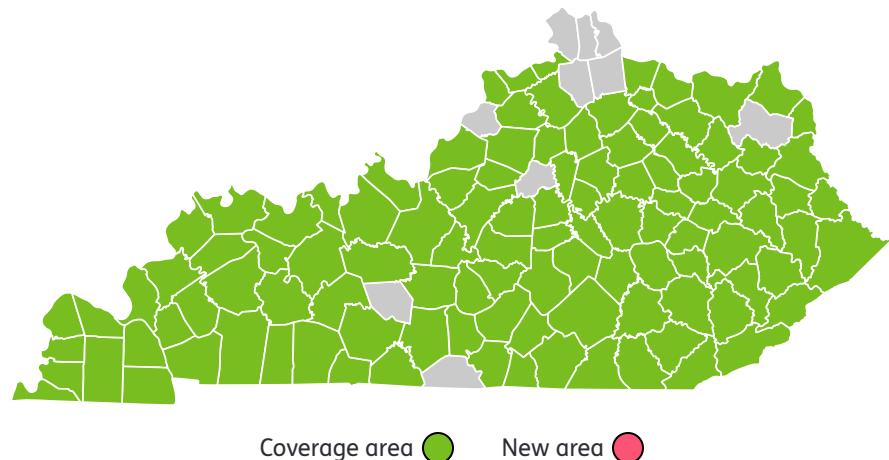
Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, scaling and root planing, scaling for moderate inflammation. DEN235
Vision	\$0 copayment for annual exam and \$150 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	N/A
Humana Healthy Options Allowance™	\$205 monthly allowance with roll over on a prepaid spending card. All plan members receive this amount to buy approved OTC health and wellness products at participating retailers or approved OTC mail order vendor. Plus, members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria.
Hearing	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
Transportation	Transportation 36 one way trip(s) per year, may not exceed 150 per trip

Key selling points

- Increased Healthy Options Allowance with roll over
- New \$0 PCP Office Visit Copay
- New HIDE DSNP

Ideal for consumers eligible for Medicare and Medicaid who prioritize

Works with my Medicaid coverage: I want to get the most out of both Medicaid and Medicare.:.



Medical benefits

Medicaid Levels	FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+
MOOP	\$0-\$9250 IN
Deductible	N/A
PCP copay	\$0 copayment
Specialist copay	\$0-\$30 copayment
Inpatient hospital	\$0-\$595 per day, Days(1-4);
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	\$0-\$495 copayment Ambulatory Surgical Center; \$0-\$595 copayment Outpatient Hospital
Advanced imaging	\$0-\$200 copayment; \$0-\$335 copayment

Rx benefits

Deductible*	\$615 Deductible for Tiers 3,4,5
Rx-retail 30-day supply*	\$0/\$0/25%/25%/25%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

*Prescription drug coverage can vary across plans. \$0 copay may be limited to specific tiers, coverage stages, Extra Help eligibility, 3-month supply and/or certain pharmacies.

Supplemental benefits

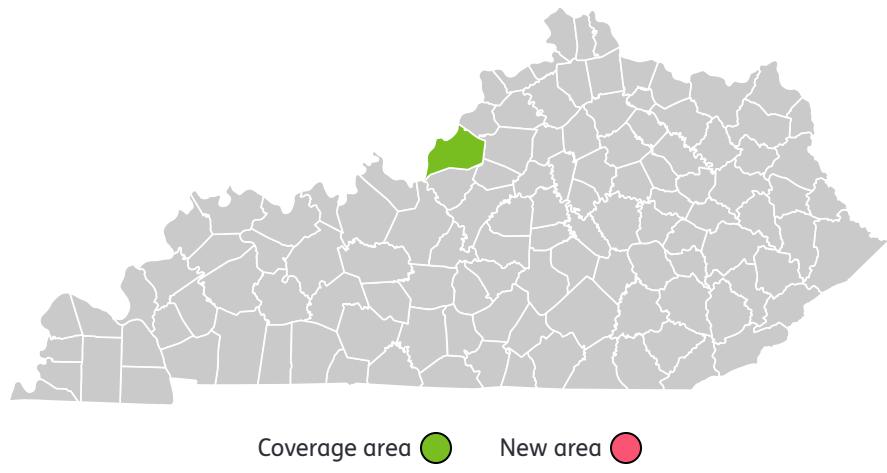
Dental	\$1000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, oral surgery, bridges, root canals. DЕН236
Vision	\$0 copayment for annual exam and \$250 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	N/A
Humana Healthy Options Allowance™	\$115 monthly allowance with roll over on a prepaid spending card. All plan members receive this amount to buy approved OTC health and wellness products at participating retailers or approved OTC mail order vendor. Plus, members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria.
Hearing	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
Transportation	Transportation 24 one way trip(s) per year, may not exceed 25 per trip

Key selling points

- New Healthy Options allowance with roll over
- New HIDE DSNP
- Exclusive network plan

Ideal for consumers eligible for Medicare and Medicaid who prioritize

Works with my Medicaid coverage: I want to get the most out of both Medicaid and Medicare.:.



Medical benefits

Medicaid Levels	FBDE, QMB, QMB+, SLMB+
MOOP	\$0-\$9250 IN
Deductible	N/A
PCP copay	0%-20% coinsurance
Specialist copay	0%-20% coinsurance
Inpatient hospital	\$0-\$2230 per admission
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	0%-20% coinsurance; 0%-20% coinsurance
Advanced imaging	\$0-\$200 copayment; \$0-\$335 copayment

Rx benefits

Deductible*	\$310 Deductible for Tiers 3,4,5
Rx-retail 30-day supply*	\$0/\$0/25%/25%/29%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

*Prescription drug coverage can vary across plans. \$0 copay may be limited to specific tiers, coverage stages, Extra Help eligibility, 3-month supply and/or certain pharmacies.

Supplemental benefits

Dental	\$5000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, bridges, root canals. DEN142
Vision	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	N/A
Humana Healthy Options Allowance™	\$185 monthly allowance with roll over on a prepaid spending card. All plan members receive this amount to buy approved OTC health and wellness products at participating retailers or approved OTC mail order vendor. Plus, members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria.
Hearing	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
Transportation	Transportation 24 one way trip(s) per year, may not exceed 25 per trip

**Key selling points**

- New Healthy Options allowance with roll over
- Dental allowance benefit available, includes dentures
- New HIDE DSNP

Ideal for consumers eligible for Medicare and Medicaid who prioritize

Works with my Medicaid coverage: I want to get the most out of both Medicaid and Medicare.:

Medical benefits

Medicaid Levels	FBDE, QMB+, SLMB+
MOOP	\$0-\$9250 IN
Deductible	N/A
PCP copay	0%-20% coinsurance
Specialist copay	0%-20% coinsurance
Inpatient hospital	\$0-\$2230 per admission
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	0%-20% coinsurance; 0%-20% coinsurance
Advanced imaging	\$0-\$200 copayment; \$0-\$335 copayment

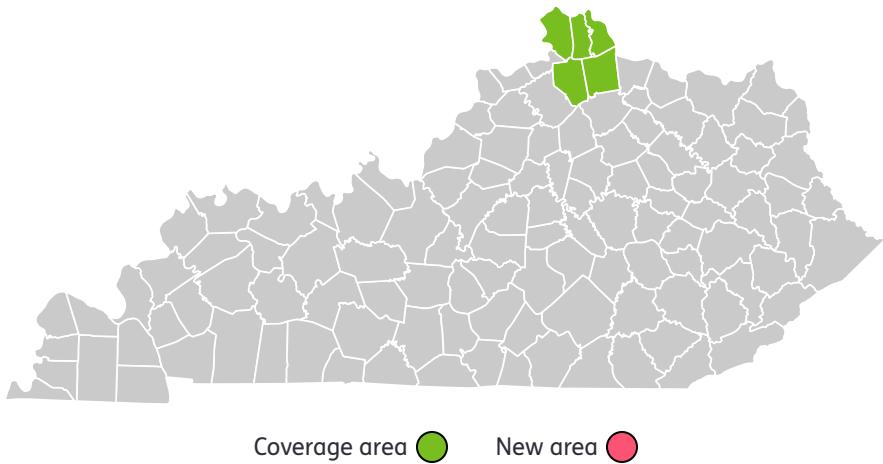
Rx benefits

Deductible*	\$615 Deductible for Tiers 3,4,5
Rx-retail 30-day supply*	\$0/\$0/25%/25%/25%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

*Prescription drug coverage can vary across plans. \$0 copay may be limited to specific tiers, coverage stages, Extra Help eligibility, 3-month supply and/or certain pharmacies.

Supplemental benefits

Dental	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, dentures, oral surgery, bridges, root canals. DEN346
Vision	\$0 copayment for annual exam and \$350 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	N/A
Humana Healthy Options Allowance™	\$170 monthly allowance with roll over on a prepaid spending card. All plan members receive this amount to buy approved OTC health and wellness products at participating retailers or approved OTC mail order vendor. Plus, members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria.
Hearing	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
Transportation	Transportation 48 one way trip(s) per year, may not exceed 50 per trip



Key selling points

- New Healthy Options allowance with roll over
- New HIDE DSNP

Ideal for consumers eligible for Medicare and Medicaid who prioritize

Works with my Medicaid coverage: I want to get the most out of both Medicaid and Medicare.:.

Medical benefits

Medicaid Levels	FBDE, QMB, QMB+, SLMB+
MOOP	\$0-\$9250 IN
Deductible	N/A
PCP copay	0%-20% coinsurance
Specialist copay	0%-20% coinsurance
Inpatient hospital	\$0-\$2230 per admission
Skilled nursing	\$0 per day, days (1-20)
Outpatient surgery	0%-20% coinsurance; 0%-20% coinsurance
Advanced imaging	\$0-\$200 copayment; \$0-\$335 copayment

Rx benefits

Deductible*	\$615 Deductible for Tiers 3,4,5
Rx-retail 30-day supply*	\$0/\$0/25%/25%/25%
100-day mail order	\$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

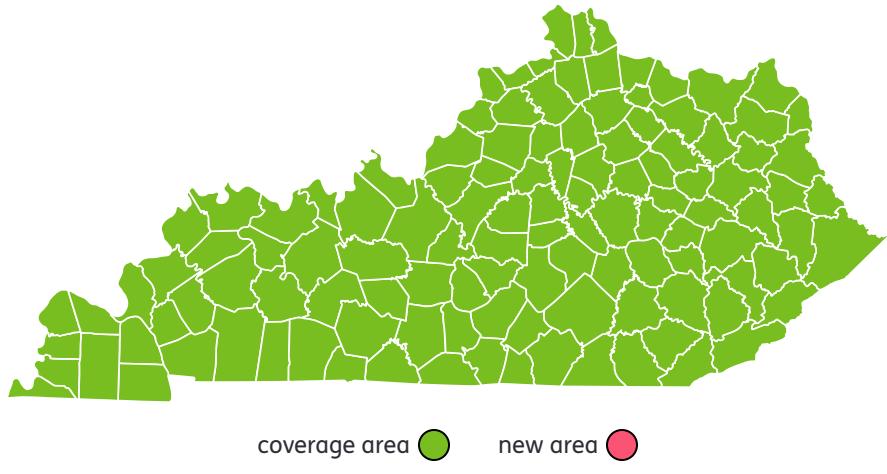
*Prescription drug coverage can vary across plans. \$0 copay may be limited to specific tiers, coverage stages, Extra Help eligibility, 3-month supply and/or certain pharmacies.

Supplemental benefits

Dental	\$3000 annually; \$0 copayment covers: exams, x-rays, cleanings, fillings, crowns, scaling and root planing, scaling for moderate inflammation, oral surgery, bridges, root canals. DЕН345
Vision	\$0 copayment for annual exam and \$300 allowance per year for eyewear or contact lenses including fittings at PLUS Provider
OTC	N/A
Humana Healthy Options Allowance™	\$150 monthly allowance with roll over on a prepaid spending card. All plan members receive this amount to buy approved OTC health and wellness products at participating retailers or approved OTC mail order vendor. Plus, members may also use this money for eligible groceries, utilities, rent, and more if they have certain qualifying chronic condition(s) and meet other program criteria.
Hearing	\$0 copay for annual exam, fitting and \$0 copayment for Advanced level hearing aid per ear every 3 years plus 80 batteries per aid.
Transportation	Transportation 24 one way trip(s) per year, may not exceed 25 per trip



PDP Kentucky



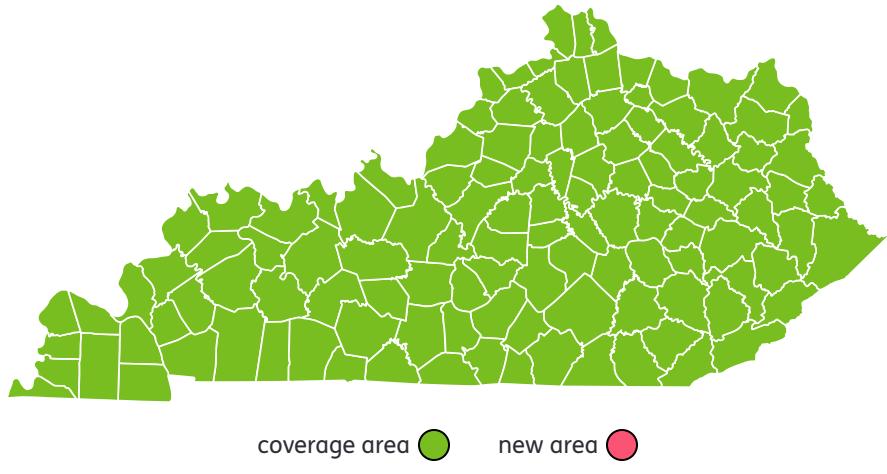
coverage area ● new area ●

Prescription drug plan

Premium	\$125.30
Rx deductible	No Deductible
Preferred retail 30-day supply	\$0/\$4/\$45/50%/33%
Standard cost-sharing retail 30-day supply	\$5/\$10/\$47/50%/33%
Preferred cost-sharing mail 90-day supply	\$0 copay for Tiers 1 & 2

Ideal for clients who prioritize

Individuals seeking broad drug coverage & peace of mind. This plan offers our most comprehensive PDP coverage, with low co-pays at preferred cost-sharing pharmacies.:



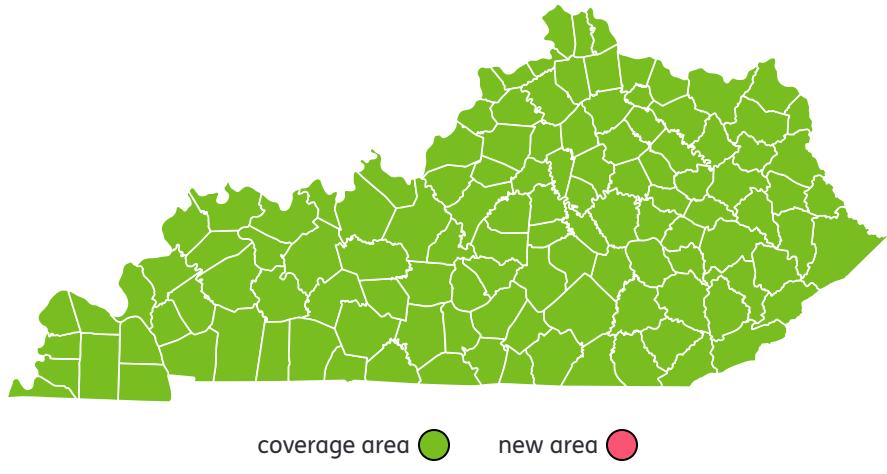
coverage area ● new area ●

Prescription drug plan

Premium	\$9.90
Rx deductible	\$601 Deductible for Tiers 3,4,5
Preferred retail 30-day supply	\$0/\$0/20%/34%/26%
Standard cost-sharing retail 30-day supply	\$1/\$2/20%/34%/26%
Preferred cost-sharing mail 90-day supply	\$0 copay for Tiers 1 & 2

Ideal for clients who prioritize

Individuals seeking an affordable premium, affordable co-pays, and access to preferred cost-sharing pharmacies.:

**Prescription drug plan**

Premium	\$0.00
Rx deductible	\$615 Deductible for All Tiers
Preferred retail 30-day supply	N/A
Standard cost-sharing retail 30-day supply	\$0/\$1/25%/33%/25%
Preferred cost-sharing mail 90-day supply	\$0 copay for Tiers 1 & 2

Ideal for clients who prioritize

Individuals who are eligible for Medicare Extra Help. This plan offers low co-pays, after the deductible has been met, and access to preferred cost-sharing pharmacies.:



Legacy plans Kentucky

Legacy Plans

"Legacy" plans are Medicare Advantage plans that Humana still offers in Kentucky for 2026.

Each county with a legacy plan will have other plans available with lower premiums or better benefits. Therefore, Humana is choosing not to actively market these existing legacy plans.

If a member is currently enrolled in a legacy plan that is also available in 2027, they will automatically renew in their existing plan unless they choose to enroll in a different plan offered in their service area.

Contract/PBP	Plan name	Premium
H0292-001-000	Humana Community (HMO)	\$0.00
H0292-002-000	Humana Gold Plus (HMO)	\$14.00
H5216-019-000	HumanaChoice (PPO)	\$24.00
H5216-105-000	Humana USAA Honor Giveback (PPO)	\$0.00
H5216-322-000	HumanaChoice Giveback (PPO)	\$0.00
H5216-309-000	HumanaChoice Giveback (PPO)	\$0.00
H5216-226-000	HumanaChoice Giveback (PPO)	\$0.00
H5216-229-000	HumanaChoice (PPO)	\$0.00
H5216-188-000	HumanaChoice (PPO)	\$32.00
H5216-317-000	HumanaChoice (PPO)	\$0.00
H5216-023-000	HumanaChoice (PPO)	\$21.00
H5216-396-000	Humana USAA Honor Giveback with Rx (PPO)	\$0.00
H5216-285-000	HumanaChoice (PPO)	\$0.00
H5525-008-000	HumanaChoice (PPO)	\$0.00
H5525-030-000	HumanaChoice (PPO)	\$85.00
H5525-045-000	HumanaChoice SNP-DE (PPO D-SNP)	\$0-\$38.40
H5619-053-000	Humana Gold Plus (HMO-POS)	\$0.00
H5619-173-000	Humana Gold Plus (HMO)	\$0.00

Contract/PBP	Plan name	Premium
H6622-055-000	Humana Gold Plus (HMO)	\$16.00
H6622-021-001	Humana Gold Plus (HMO-POS)	\$0.00
H8145-052-000	Humana Gold Choice (PFFS)	\$0.00
R0110-011-000	HumanaChoice (Regional PPO)	\$0.00
R0110-012-000	HumanaChoice (Regional PPO)	\$20.00



Other products

Kentucky

Humana Individual Dental insurance plans

Offering affordable solutions for your clients and prospects, Humana's Individual Dental plans offer a range of coverage options to consumers of any age. Plans range in coverage from budget-conscious preventive and basic care to robust dental, vision and hearing (DVH) plans, such as Humana Extend.*

Individual Dental plans provide a year-round selling opportunity. With dental benefits in high demand, our products are a good fit for:

- Original Medicare (OM) and Medicare Advantage (MA) enrollees
- Entrepreneurs and microbusinesses
- Graduate students
- Veterans and their spouses
- Employees with no/limited group benefits
- Families

Key features:*

- Affordable plans as low as \$18/month[†]
- National network with 135,000+ dentists and specialists[‡]
- Members save an average of 40% off dental services
- PPO plans that can start as soon as 5 days after enrollment
- DHMO plans with no deductible or annual max
- Plans with no waiting periods as well as plans with \$1,000 - \$5,000 annual maximum

* Plans are not available in all states. Plan benefits may vary by state. Refer to the plan documents for complete details of coverage.

† Rate is for one person on the Preventive Value plan in New Mexico and is for illustrative purposes only.

‡ Humana network data as of Oct. 2024.



Better for your clients and your business

Millions of Americans have no dental insurance or access to coverage.¹ Individual Dental plans can help you grow your business and revenue stream to new and potentially younger members. Those new members can provide a pipeline to future MA sales and referrals.

Learn more about selling Individual Dental plans and specialty products on the [IDV overview page](#) on AgentAdvantage University (AAU).

Source

1. "[New data: Americans are still not getting the dental care they need](#)," Dental Economics, last accessed May 21, 2025.

Medicare Supplement insurance plans

An ideal choice for prospects and clients who value more freedom and flexibility.

For those eligible for Medicare, Medicare Advantage (MA) plans aren't the only option available. Medicare Supplement insurance (also referred to as Medigap or Med Supp) can be an excellent way for many clients to complement their Original Medicare coverage by paying for out-of-pocket costs that Original Medicare doesn't pay. And as an agent, it can help you broaden your portfolio to help you capitalize on more potential sales.

Why Med Supp?

For many beneficiaries, Med Supp presents the right combination of flexibility, predictability and coverage. Here are some other features that can appeal to consumers:

- Limits out-of-pocket liability for medical expenses
- Guaranteed annual renewal as long as premium is paid
- A wide range of plans are available to fit most budgets and healthcare needs
- Freedom to see any provider that accepts Medicare patients
- No referrals required in most cases
- Can be offered to consumers year-round
- Competitive premiums in many markets
- Offers a variety of secure and convenient payment options



Additional resources

There is a lot of detailed information to know about Med Supp plans, which is why Humana provides you with extensive resources. We'll help you so you're ready to take members through the enrollment process, make the most of their benefits and answer any questions they may have. You'll find all the resources available on the [Med Supp overview page](#) on AgentAdvantage University (AAU) or the [Vantage agent portal](#).

Humana Individual Vision insurance plans

With more than 197.6 million Americans using eyeglasses or contacts¹, the opportunities to sell vision plans to consumers of all ages is significant. Humana's Individual Vision plans can be sold year-round and offer some of the most robust plan features in the industry.

Humana's Individual Vision plans are part of the whole-health approach we offer all consumers including Medicare members, including products that bundle dental, vision and hearing (DVH) benefits.

Key features:^{*}

- Affordable plans starting at \$12/month[†]
- Preventive coverage including an annual eye exam
- Generous allowances for frames and lenses—including designer frames and sunglasses—or for contacts
- Discounts on Lasik® and vision-related expenses
- 170,000 vision access points nationwide including independent, retail and online options[‡]
- No waiting periods on some plans

Source

1. [Organizational Overview](#), The Vision Council, last accessed May 21, 2025.

* Plans are not available in all states. Plan benefits may vary by state. Refer to the plan documents for complete details of coverage.

[†] Rate is for one person on the Humana Vision PLUS plan in Maine and is for illustrative purposes only.

[‡] Provider Access Points, Internal Reporting, Nov. 2024.

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National vision network

Humana Individual Vision members can access services with 170,000 access points including Walmart Vision Centers, Sam's Club Optical, Target Optical®, LensCrafters®, and Pearle Vision®. See the providers in your area at [Humana vision network](#).



Resources Kentucky

Resources

Helpful contacts

Name	Contact
Member Customer Service	1-800-457-4808
CenterWell Pharmacy	1-800-379-0092
CenterWell Specialty Pharmacy	1-800-486-2668
Agent Support Unit (ASU)	1-800-309-3163
Agency Management	1-855-330-8128
Scope Of Appointment	1-866-945-4471
Paper Application Fax	1-877-889-9936
Dedicated DSNP Paper Application Fax	1-877-889-9923
Med Supp Underwriting	1-800-825-7858
Humana Claims	1-888-308-6294
Humana Billing	1-866-444-7631
Go365	1-877-320-1235
Humana First Nurse Advice	1-800-622-9529
Silver Sneakers	1-888-423-4632
TruHearing	1-844-255-7146

Scope of appointment

Scope of appointment (SOA) is required before conducting an MAPD/PDP appointment. TELEPHONIC IVR: three-way call with member. Put confirmation number on the application.

TELEPHONIC IVR number: 800-903-5493

PAPER: Submit completed form to Humana. Humana will handle 10-year retention requirement if a Humana SOA is submitted, otherwise agent is responsible for 10-year retention.

For tracking purposes: The barcode number from the SOA should be put on your enrollment app and the barcode number from the enrollment app should be put on the SOA.

Medicare application submission

Online enrollment methods
(preferred)

Overnight mail
(not preferred):
Humana Medicare Enrollment
P.O. Box 14309
Lexington, KY 40512

Fax
(not preferred):
877-889-9936

CenterWell

CenterWell[®], a Humana company, is a leading healthcare services business focused on high-quality senior care that is accessible, comprehensive and personalized. When your clients choose CenterWell, they'll receive dedicated support across primary care, pharmacy and home health services.



CenterWell Senior Primary Care

CenterWell Senior Primary Care[®] is the largest provider of senior-focused primary care. Our patients receive 50% more one-on-one time with their providers*, along with personalized support and preventive care to help them achieve their best health. This primary care model is thoughtfully designed to help patients feel heard and close gaps in care.

CenterWell Home Health

As one of the largest providers of home healthcare, CenterWell Home Health[®] helps patients manage chronic conditions and provides clinical support for injury, illness, surgery or hospitalization. Our nurses and therapists address the care needs of patients, with the goal of helping them feel more confident and independent in managing their health from home.



CenterWell Pharmacy

CenterWell Pharmacy[®] is Humana's preferred cost-sharing, mail-order pharmacy included on most plans that could help members save on prescriptions. A team of skilled pharmacists and support staff work together to answer medication questions, provide care and safely ship customers' prescriptions right to their door.

* Comparison based on a study published by the Oxford Academic in June 2023 stating that the average primary care exam was approximately 21 minutes. Times vary based on services performed.

Healthy Options allowance

Help with the cost of living on an easy-to-use card

Get a monthly allowance to help pay for covered over-the-counter (OTC) items like vitamins, pain relievers and first aid supplies. Plus, you can use this money for eligible groceries, utilities, rent and more if you have eligible chronic conditions that meet certain criteria. Whatever you don't spend carries over each month.*

Members of general enrollment plans and D-SNPs will need to qualify to spend their money on additional categories like groceries. C-SNP members automatically qualify to use their allowance in these categories.

The Humana Spending Account Card advantage

With the Humana Spending Account Card, your clients can easily access and use the Healthy Options allowance-based benefit included in their plan. The card comes pre-loaded with their spending money based on their plan for convenient use at participating providers for eligible goods and services.

This card is not available with plans that do not include the Healthy Options allowance, so be sure to check what's available to your prospective clients.

This spending allowance is a special program for members with specific health conditions. Qualifying conditions include diabetes mellitus, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, or chronic heart failure, among others. Some plans require at least two conditions and other requirements apply. See the plan's Evidence of Coverage for details. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.

Allowance highlights

Key features of the Healthy Options allowance:

- Available on 97% of D-SNPs
- Unused funds roll over each month and expire upon disenrollment or at the end of the plan year

Expenses covered

Healthy Options allowance can be used to buy eligible products from participating retailer locations like:

- Groceries (produce, fruit, bread, meat, dairy, etc.)
- Personal care items (toothpaste, shampoo, deodorant, etc.)
- All enrollees can use their allowance on OTC health and wellness items like vitamins, first aid, pain relief medicine, incontinence supplies and more.
- Enrollees with eligible chronic conditions that meet certain criteria can use their allowance on home supplies, household assistive devices and pet supplies.
- Pet supplies (pet food, pet litter, flea shampoo, etc.; excludes grooming services, veterinary bills, and pet prescriptions)
- Non-medical transportation costs (public transportation, taxi, Uber, Lyft, etc.)
- Pest control services
- And more

Learn more about eligible items at <https://www.humana.com/medicare/medicare-programs/healthy-options-allowance>.

Health Risk Assessment

Health Risk Assessment

Help clients transition smoothly into their new plan

Looking out for your clients

Humana's Health Risk Assessment (HRA) is an optional online survey for new prescription drug plan (PDP) and Medicare Advantage (MA) members, as applicable based on plan type and plan-to-plan changes. The assessment can help you deliver the best service possible to members by proactively understanding their circumstances. Plus, select D-SNP and non-SNP plan members can qualify for the Humana Healthy Options Allowance® benefit by confirming a diagnosis through the HRA. It asks members about:

- Social connections
- Health status
- Financial wellness
- Transportation
- Food security
- Everyday tasks
- Housing

Your role in the assessment

As an agent, you are the first point of contact for members. As you introduce them to human care, it is crucial that you deliver an enriching experience through Humana. To get started, you'll complete certification through Humana MarketPoint University. This will give you access to the Humana Enrollment Platform and the HRA. You should complete the survey directly following the enrollment or within 30 days of the application signature date.



Following up after the HRA

After your clients complete the HRA, it's important to continue monitoring their well-being. This is why Humana also uses the Social Determinants of Health (SDOH) assessment to check in on members. It's less formal, more targeted and only focuses on four social determinants of health: food insecurity, loneliness, transportation and housing.

With the right information about your clients, you'll be equipped to ensure they have access to what they need to be their healthiest.

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Humana Market Product Guide 2026

Kentucky

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