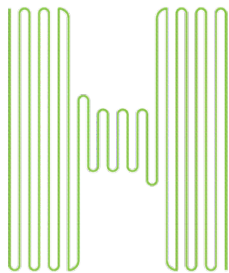




Discover 2022 Humana Plans to help  
your clients and grow your sales

**Humana.**



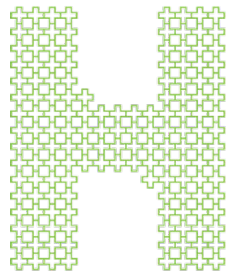
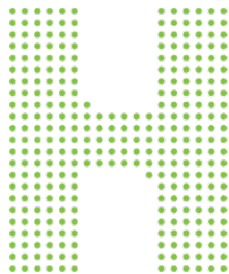
## Today's agenda.

01 | Introduction to the North Carolina Sales Team

02 | Humana's 2022 North Carolina plans

03 | Seven Humana Sales Tools for AEP Success

04 | Reach Rewards



**Humana.**

## Broker Support

## Local Support Team



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# Better sales starts with human care

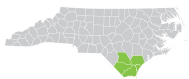




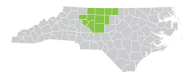
# Humana's 2022 North Carolina Plans



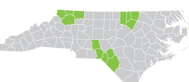
# Medicare Advantage Plans – North Carolina Market Highlights



- No referrals on any of our HMO or PPO plans.



- \$0 copay for 90 day supply of tier 1 and 2 drugs when using mail order through Humana Pharmacy.



- Insulin Saving Program available on all HMOs and expanding into 3 PPOs-
  - H5216-211, H5525-026, H5525-035



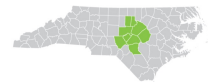
- Many Plans include Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.



- Virtual office visits for PCP, urgent care, and behavioral health are now \$0 co-pay.



- Air ambulance at \$290 on all standard HMO and LPPO plans



- Removed out of network deductible on our Part B giveback plans

- Go365® by Humana is a wellness program that rewards your clients for doing healthy activities. Many Humana Medicare Advantage plans include Go365.

- Most, if not all, major hospital facilities within the market are in-network.

- Multiple selling opportunity with Dual Special Needs Plan.

- Healthy Food Card available on NC Dual Eligible Plans.

# Western North Carolina

## H6622-025

- IP to \$395 1-5 from \$450 1-4
- RX ded \$150 from \$215 T4 & 5
- Reduced copay for ambulatory and outpatient surgery

## H6622-026

- Premium increased to \$30 from \$29
- Added POS comprehensive dental \$2000 from \$1000 preventative.

## H5216-017

- Expanded Greensboro PPO GB to the western HMO footprint (same service area as H6622)

Plan Name	Humana Gold Plus (HMO-POS)	Humana Gold Plus (HMO-POS)	HumanaChoice (PPO)
Plan Number	H6622-025-000	H6622-026-000	H5216-017-000
Premium	\$0.00	\$30.00	\$0.00
Part B Giveback	N/A	N/A	\$50
PCP	\$0	\$0	\$20
Specialist	\$45	\$35	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$395 per day(Days 1-5); \$0 per day(Days 6-90)	\$295 per day(Days 1-6); \$0 per day(Days 7-90)	\$450 per day(Days 1-4); \$0 per day(Days 5-90)
Max Out-of-Pocket	\$5900 In-Network	\$4400 In-Network	\$7550 In-Network
Rx Deductible	\$150 Deductible for Tiers 4,5	No Deductible	\$265 Deductible for Tiers 3,4,5
Rx Preferred	\$2/\$8/\$45/\$95/30%	\$2/\$8/\$45/\$95/33%	\$5/\$15/\$47/\$99/28%
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$15/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$45/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Fitness, OTC \$15/Quarter for select health and wellness products
Dental	\$2000 annually; \$0 copayments cover: exams, x-rays, cleanings, fluoride treatment, extractions, fillings, crowns, dentures, denture adjustments, denture realign, deep cleaning, recementation, emergency treatment for pain, oral surgery, periodontal maintenance, and root canals	\$2000 annually; 0% coinsurance covers: exams, x-rays, cleanings; \$25 copayment for fillings, recementation, extractions; 50% coinsurance for dentures, crowns, denture adjustment	N/A

# Charlotte North Carolina

## H1036-137 & H6622-057

- Lowered Specialist copay from \$30 to \$25
- now offering \$2,000 for dental with \$25 copay for 2 fillings per year
- Vision increased to \$200 for glasses/contacts
- (For the H6622-057 removed the Rx deductible that made the plans slightly different last year)

## H5216-211

- Added Insulin Savings Program to cover select insulins at \$35

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H1036-137-000	H6622-057-000	H5216-211-000
Premium	\$0.00	\$0.00	\$50.00
Part B Giveback	N/A	N/A	N/A
PCP	\$0	\$0	\$15
Specialist	\$25	\$25	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$345 per day(Days 1-5); \$0 per day(Days 6-90)	\$345 per day(Days 1-5); \$0 per day(Days 6-90)	\$325 per day(Days 1-6); \$0 per day(Days 7-90)
Max Out-of-Pocket	\$4400 In-Network	\$4400 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	No Deductible	\$160 Deductible for Tiers 4,5
Rx Preferred	\$2/\$8/\$45/\$95/33%	\$2/\$8/\$45/\$95/33%	\$4/\$12/\$47/\$100/30%
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Hearing, Fitness, OTC \$30/Quarter for select health and wellness products, Insulin Savings Program
Dental	\$2000 annually; \$0 copayments covers: exams, x-rays, cleanings, fluoride \$25 copayment covers: fillings	\$2000 annually; \$0 copayments covers: exams, x-rays, cleanings, fluoride \$25 copayment covers: fillings	\$1000 annually; 0% coinsurance on exams, x-rays, cleanings 50% coinsurance on fillings

# The Triad North Carolina

## H1036-291

- Specialist reduced to \$20 from \$25
- Dental to \$2000 (from \$1000)
- OTC \$50 QTR from (\$15/month)

## H5216-017

- In Network MOOP increased to \$7550 from \$6700
- Hospital Copay: added 1 more day to 1-4 days
- Removed OON deductible

## H5216-211

- minimal changes

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H1036-291-000	H5216-017-000	H5216-211-000
Premium	\$0.00	\$0.00	\$50.00
Part B Giveback	N/A	\$50	N/A
PCP	\$0	\$20	\$15
Specialist	\$20	\$50	\$45
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day(Days 1-6); \$0 per day(Days 7-90)	\$450 per day(Days 1-4); \$0 per day(Days 5-90)	\$325 per day(Days 1-6); \$0 per day(Days 7-90)
Max Out-of-Pocket	\$3900 In-Network	\$7550 In-Network	\$6700 In-Network
Rx Deductible	No Deductible	\$265 Deductible for Tiers 3,4,5	\$160 Deductible for Tiers 4,5
Rx Preferred	\$0/\$5/\$45/\$95/33%	\$5/\$15/\$47/\$99/28%	\$4/\$12/\$47/\$100/30%
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Fitness, OTC \$15/Quarter for select health and wellness products	Hearing, Fitness, OTC \$30/Quarter for select health and wellness products, Insulin Savings Program
Dental	\$2000 annually; \$0 copayments covers: exams, x-rays, cleanings, fluoride \$25 copayment covers: fillings	N/A	\$1000 annually; 0% coinsurance on exams, x-rays, cleanings 50% coinsurance on fillings



# Eastern NC & Outstate

## H5525-050 (NEW \$0 PPO)

- New \$0 LPPO in 33 Eastern counties & 4 Western
- Dental, Vision, Hearing, SilverSneakers
- Incl. Robeson for 2022

*Beaufort, Bertie, Chowan, Currituck, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne, Wilson, Franklin, Granville, Montgomery, Richmond, Robeson, Scotland, Vance, Warren, Hoke (Ashe, Alleghany, Wilkes, Surry)*

## H5525-035 (\$50GB PPO)

- Removed \$500 in/out deductible
- Expanded to Robeson county
- Added Insulin Savings Program

## H5525-049 (\$25 PPO)

- PCP reduced to \$0
- Expanded into 26 counties in Eastern NC (including Robeson) & 4 in West

*Beaufort, Bertie, Chowan, Currituck, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne, Wilson, Franklin, Granville, Hoke, Montgomery, Richmond, Robeson, Scotland, Vance, Warren (Ashe, Alleghany, Wilkes, Surry)*

Confidential/For Agent Use Only

Plan Name	HumanaChoice (PPO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H5525-050-000	H5525-035-000	H5525-049-000
Premium	\$0.00	\$0.00	\$25.00
Part B Giveback	N/A	\$50	N/A
PCP	\$0	\$20	\$0
Specialist	\$45	\$50	\$35
Referrals Required	No	No	No
Inpatient Hospital	\$425 per day(Days 1-4); \$0 per day(Days 5-90)	\$450 per day(Days 1-4); \$0 per day(Days 5-90)	\$375 per day(Days 1-5); \$0 per day(Days 6-90)
Max Out-of-Pocket	\$6200 In-Network	\$7550 In-Network	\$5900 In-Network
Rx Deductible	\$265 Deductible for Tiers 4,5	\$265 Deductible for Tiers 3,4,5	\$95 Deductible for Tiers 4,5
Rx Preferred	\$2/\$8/\$45/\$95/28%	\$5/\$15/\$47/\$99/28%	\$2/\$8/\$45/\$95/31%
Key Extra Benefits	Vision, Hearing, Fitness	Hearing, Fitness, OTC \$15/Quarter for select health and wellness products, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$25/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year
Dental	0% coinsurance covers: exams, x-rays, fluoride	N/A	\$1000 annually; 0% coinsurance on exams, x- rays, cleanings 50% coinsurance on fillings



# Wake County & NC Triangle

## H1036-233 (Wake \$0 HMO)/ H6622-060 (TP \$0 HMO)

- Most competitive benefits in Wake County
- Expansion into Cumberland and Moore Counties
- OTC increased to \$50
- Vision increased to \$300

## H5525-035 (\$50GB PPO)

- Removed \$500 in/out deductible
- Expanded to Robeson county
- Added Insulin Savings Program

Plan Name	Humana Gold Plus (HMO)	Humana Gold Plus (HMO)	HumanaChoice (PPO)
Plan Number	H1036-233-000	H6622-060-000	H5525-035-000
Premium	\$0.00	\$0.00	\$0.00
Part B Giveback	N/A	N/A	\$50
PCP	\$0	\$0	\$20
Specialist	\$30	\$30	\$50
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day(Days 1-6); \$0 per day(Days 7-90)	\$295 per day(Days 1-6); \$0 per day(Days 7-90)	\$450 per day(Days 1-4); \$0 per day(Days 5-90)
Max Out-of-Pocket	\$4200 In-Network	\$4200 In-Network	\$7550 In-Network
Rx Deductible	No Deductible	No Deductible	\$265 Deductible for Tiers 3,4,5
Rx Preferred	\$0/\$5/\$47/\$97/33%	\$0/\$5/\$47/\$97/33%	\$5/\$15/\$47/\$99/28%
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 36 one-way trip(s)/Year, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$50/Quarter for select health and wellness products, Transportation 36 one-way trip(s)/Year, Insulin Savings Program	Hearing, Fitness, OTC \$15/Quarter for select health and wellness products, Insulin Savings Program
Dental	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings	\$1000 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings	N/A

# Wilmington & SE North Carolina Plans

## H6622-061 (\$0 HMO)

- Spec. reduced to \$35
- Vision, Hearing, Fitness, OTC \$60/Quarter, Transportation, Insulin Savings Program

## H5525-035 (\$50GB PPO)

- \$500 in/out deductible removed
- Insulin Savings Program

## H5525-034 (PPO)

- No major changes- \$0 PCP & Spec
- Most copayments are \$0

Plan Name	Humana Gold Plus (HMO)	HumanaChoice (PPO)	HumanaChoice (PPO)
Plan Number	H6622-061-000	H5525-035-000	H5525-034-000
Premium	\$0.00	\$0.00	\$136.00
Part B Giveback	N/A	\$50	N/A
PCP	\$0	\$20	\$0
Specialist	\$35	\$50	\$0
Referrals Required	No	No	No
Inpatient Hospital	\$295 per day(Days 1-6); \$0 per day(Days 7-90)	\$450 per day(Days 1-4); \$0 per day(Days 5-90)	\$0 per admission
Max Out-of-Pocket	\$3900 In-Network	\$7550 In-Network	\$6700 In-Network
Rx Deductible	\$95 Deductible for Tiers 4,5	\$265 Deductible for Tiers 3,4,5	\$190 Deductible for Tiers 3,4,5
Rx Preferred	\$2/\$8/\$45/\$95/31%	\$5/\$15/\$47/\$99/28%	\$4/\$12/\$47/\$99/29%
Key Extra Benefits	Vision, Hearing, Fitness, OTC \$60/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year, Insulin Savings Program	Hearing, Fitness, OTC \$15/Quarter for select health and wellness products, Insulin Savings Program	Vision, Hearing, Fitness, OTC \$75/Quarter for select health and wellness products, Transportation 24 one-way trip(s)/Year
Dental	\$2000 annually; 0% coinsurance covers: exams, x-rays, cleanings; 50% coinsurance covers: fillings, extractions; 70% coinsurance covers: deep cleaning	N/A	\$2000 annually; \$0 coinsurance covers: exams, x-rays, regular cleanings, fluoride 50% to 70% coinsurance on fillings, extractions, crowns, dentures, adjustments to dentures, emergency treatment for pain, deep cleanings, recementation, root canal

# Humana North Carolina DSNP Plan Changes

## **H1036-167 (Charlotte HMO)**

- Dental increased to \$4000 (from \$2500)
- Vision increased to \$300 credit (from \$200)

## **H1036-168 (Triad HMO)**

- Dental increased to \$4000 (from \$2500)
- Vision increased to \$400 credit (from \$100)
- \$250 OTC per quarter (from \$200)

## **H1036-276 (Wake HMO)**

- Dental increased to \$4000 (from \$2500)
- Vision increased to \$300 credit (from \$100)

## **H6622-027 (Western HMO)**

- Vision increased to \$300 credit (from \$100)
- \$250 OTC per quarter (from \$200)

## **H5525-036 (East PPO)**

- Dental increased to \$2500 (from \$1000)
- Vision increased to \$300 credit (from \$100)

# Humana North Carolina DSNP Plans

**\*The communication or dissemination of 2022 Plan information or benefit details prior to Oct. 1 is strictly prohibited.**

Plan Name	HumanaChoice SNP-DE (PPO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)	Humana Gold Plus SNP-DE (HMO D-SNP)
Plan Number	H5525-036-000 (East)	H1036-167-000 (Charlotte)	H1036-168-000 (Triad)	H1036-276-000 (Wake)	H6622-027-000 (West)
Dental	\$2500 annually; 0% coinsurance covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures	\$4000 annually; 0% coinsurance covers: exams, x-rays, cleanings, fluoride, fillings, crown and denture recementation, emergency treatment for pain, extractions, dentures, crowns, adjustments to dentures	\$4000 annually; 0% coinsurance covers: exams, x-rays, cleanings, fluoride, fillings, crown and denture recementation, emergency treatment for pain, extractions, dentures, crowns, adjustments to dentures	\$4000 annually; 0% coinsurance covers: exams, x-rays, cleanings, fluoride, fillings, crown and denture recementation, emergency treatment for pain, extractions, dentures, crowns, adjustments to dentures	\$2500 annually; \$0 copayments covers: exams, x-rays, cleanings, fillings, crowns, extractions, dentures
Healthy Foods Card	\$75 allowance per month	\$75 allowance per month	\$75 allowance per month	\$75 allowance per month	\$75 allowance per month
Vision	\$40 credit for annual eye exam and \$300 credit every year for eyeglasses or contact lenses including fittings. OON coverage available. Some restrictions apply if benefits received Out-of-Network.	Annual exam and \$300 credit every year for eyeglasses or contact lenses including fittings.	Annual exam and \$300 credit every year for eyeglasses or contact lenses including fittings.	Annual exam and \$300 credit every year for eyeglasses or contact lenses including fittings.	Annual exam and \$300 credit every year for eyeglasses or contact lenses including fittings.
Hearing	\$0 annual exams and TruHearing advanced level hearing aids plus 80 batteries.	\$0 annual exams and TruHearing advanced level hearing aids plus 80 batteries.	\$0 annual exams and TruHearing advanced level hearing aids plus 80 batteries.	\$0 annual exams and TruHearing advanced level hearing aids plus 80 batteries.	\$0 annual exams and TruHearing advanced level hearing aids plus 80 batteries.
OTC Allowance	\$200 maximum benefit coverage amount per quarter	\$200 maximum benefit coverage amount per quarter	\$250 maximum benefit coverage amount per quarter	\$200 maximum benefit coverage amount per quarter	\$250 maximum benefit coverage amount per quarter
Transportation	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, van, wheelchair access vehicle. One trip is valid for up to 25 miles. For trips in excess of 25 miles, an additional trip will be exhausted for each additional 25 mile segment.	\$0 copayment for plan approved location up to 48 one-way trip(s) per year by car, van, wheelchair access vehicle. This benefit is not to exceed 50 miles per trip.

# Humana Honor Plan R1390-003

**\*The communication or dissemination of 2022 Plan information or benefit details prior to Oct. 1 is strictly prohibited**

## 2022 Changes

- Removed \$1000 deductible
- Increased OTC to \$75
- Added transportation -24 one-way trips/year

Plan highlights	
Monthly premium	\$0
Part B giveback	\$50
Primary care provider (PCP) copay	\$20
Specialist copay	\$50
Referrals	No
Inpatient hospital copay	\$395 per day (Days 1-5) \$0 per day (Days 7-90)
Maximum out-of-pocket costs	\$7550
Dental allowance	\$2000 annually; \$0 copayment covers: exams, x-rays, cleanings, fluoride treatment, extractions, fillings, crowns, dentures, denture adjustments, denture realign, deep cleaning, recementation, emergency treatment for pain, oral surgery, periodontal maintenance, and root canals
OTC allowance	\$75/Quarter for select health and wellness products
Transportation	24 one-way trips/year
Market service area	<b>North Carolina Market Wide</b>



# Other NC Plans

## NC Statewide

Plan Name	Plan Number	Plan Category
HumanaChoice (Regional PPO)	R1390-001	MA Only
HumanaChoice (Regional PPO)	R1390-002	MA-PD
Humana Basic Rx Plan (PDP)	S5884-133	PDP
Humana Premier Rx Plan (PDP)	S5884-154	PDP
Humana Walmart Value Rx Plan (PDP)	S5884-187	PDP

## Western

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5216-211	MA-PD
Humana Gold Choice (PFFS)	H8145-004	MA-PD

## Charlotte

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5525-026	MA-PD
Humana Gold Choice (PFFS)	H8145-004	MA-PD

## Triad

Plan Name	Plan Number	Plan Category
Humana Gold Choice (PFFS)	H8145-004	MA-PD

## East

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5525-026	MA-PD
Humana Gold Choice (PFFS)	H8145-004	MA-PD

## Outstate

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5216-211	MA-PD
HumanaChoice (PPO)	H5525-026	MA-PD
Humana Gold Choice (PFFS)	H8145-004	MA-PD

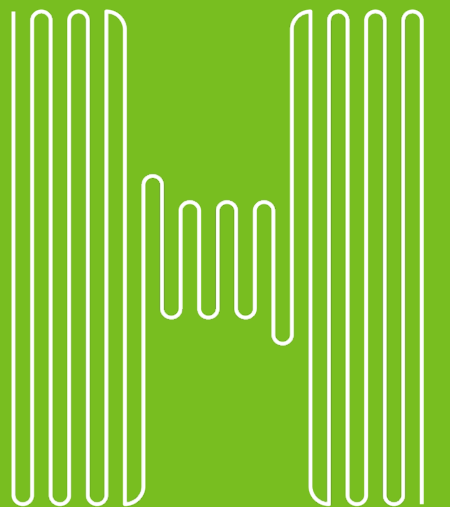
## Wake & Triangle

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5216-211	MA-PD
HumanaChoice (PPO)	H5525-026	MA-PD

## Wilmington

Plan Name	Plan Number	Plan Category
HumanaChoice (PPO)	H5525-026-000	MA-PD





**Humana®**

# Seven Humana Sales Tools for AEP Success

# Humana's pre-sales tools



# Tool #1 | Marketing Resource Center (MRC)

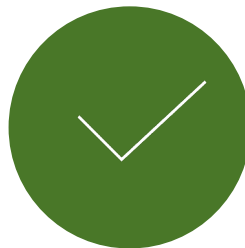
Humana helps you build your lead-generation pipeline



Traditional marketing  
assets



Digital marketing assets



Pre-approved



Customizable



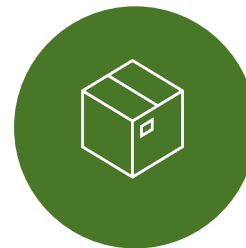
Ready-to-use



Humana branded  
or generic



Multiple languages



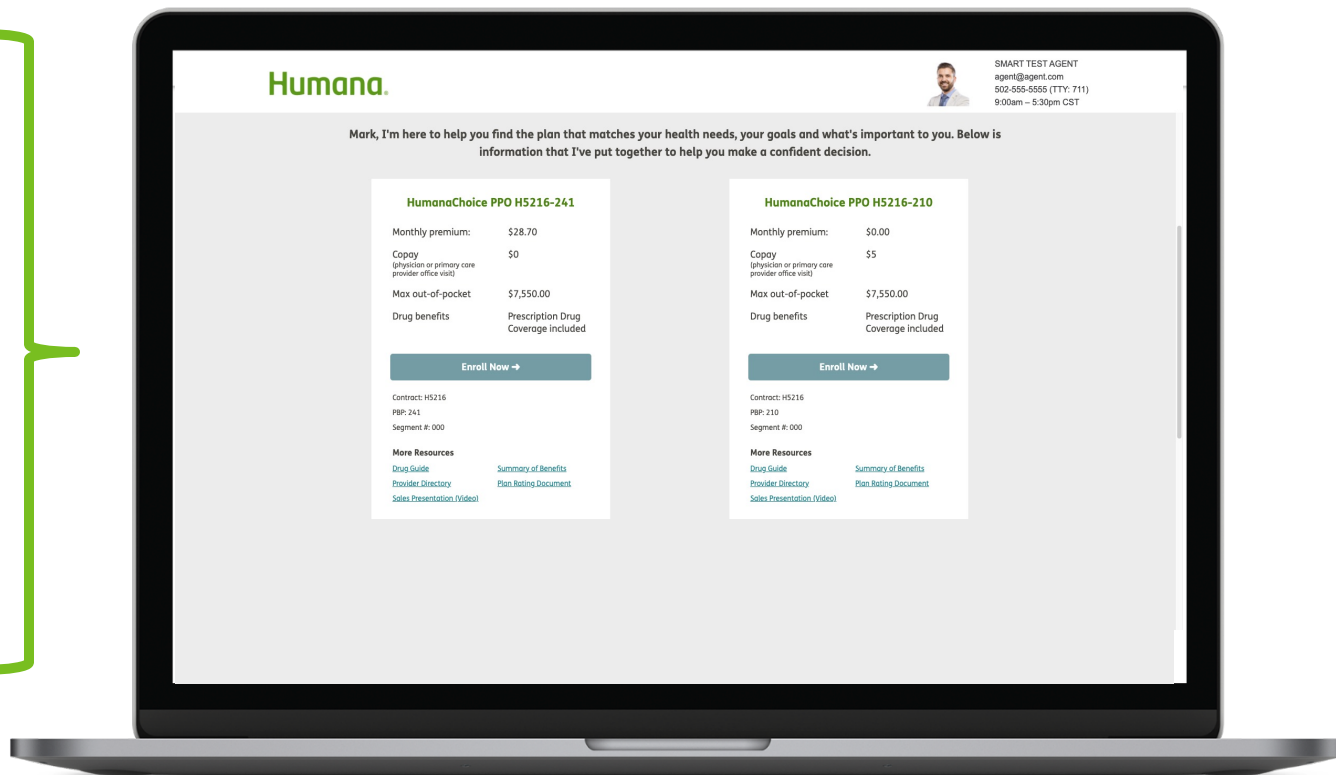
Direct and bulk shipping

# Humana's sales tools



## Tool #2 | Digital Marketing Materials

- ✓ Email prospects and clients sales materials **before** a sales appointment
- ✓ Send them up to three plans **after** a full, compliant sales presentation
- ✓ Clients can **self-enroll** while you get credit for the sale as Agent of Record



# Send information in a single email!

**HumanaChoice PPO H5216-241**

Monthly premium:	\$28.70
Copay (physician or primary care provider office visit)	\$0
Max out-of-pocket	\$7,550.00
Drug benefits	Prescription Drug Coverage included

**Enroll Now →**

Contract: H5216  
PBP: 241  
Segment #: 000

**More Resources**

<a href="#">Drug Guide</a>	<a href="#">Summary of Benefits</a>
<a href="#">Provider Directory</a>	<a href="#">Plan Rating Document</a>
<a href="#">Sales Presentation (Video)</a>	

## PLAN HIGHLIGHTS:

- ✓ Monthly premium
- ✓ PCP copay
- ✓ Maximum out-of-pocket costs
- ✓ Drug benefits

## SALES AND PLAN MATERIALS:

- ✓ Sales-presentation video
- ✓ Summary of benefits
- ✓ Formulary
- ✓ Provider directory
- ✓ Plan ratings



## Tool #3 | Enrollment Hub

- ✓ Optimize the quote and enroll process
  - Autofill
    - Accuracy
    - Speed
- ✓ End-to-end experience
  - Scope of Appointment (SOA)
  - Telephonic and electronic signatures
  - Integrated tools
    - Rx Calculator
    - Digital Marketing Materials
    - Find a Doctor tool with Care Highlight™ ratings
  - Integrated post-enrollment forms

The screenshot displays the 'Enrollment HUB' web application. At the top, there is a navigation bar with a 'Menu' icon and the 'Enrollment HUB' logo. Below this is a 'Learn & Shop' section. The main form area includes fields for 'ZIP code' (80238), 'County' (DENVER), 'State' (Colorado), and 'Plan year' (2021). An 'Agent Toolbox' section contains buttons for 'PHARMACY CALCULATOR' and 'PROVIDER LOCATOR'. The 'Enrollment type' section has radio buttons for 'Individual Medicare (MA/MAPD/PDP)' (selected), 'OSB Add-On', 'Medicare Supplement (English Only)' (with a 'Go to Medisnap' button), 'Individual Dental & Vision (English Only)' (with radio buttons for 'Dental and Vision (IDV)' and 'Group Individual Medicare'), and 'Group Individual Medicare'. The 'Eligibility & Medicare Card Information' section prompts the user to enter Medicare Card Information exactly as it appears on the Medicare Card. It includes fields for 'First Name', 'Middle Initial (optional)', 'Last Name', 'Medicare Number', 'Re-enter Medicare Number', 'Hospital Insurance (Part A)' (MM/DD/YYYY), and 'Medical Insurance (Part B)' (MM/DD/YYYY). A 'Launch W' button is visible on the right. At the bottom, there is an 'Additional Information' section. A small image of a Medicare card for John L. Smith is also visible.

# Tool #4 | Rx Calculator

Get the full picture on estimated costs and savings with Rx Calculator

Estimate drug prices based on\*:

*All pricing shown is an estimate and subject to change.*

Preferred retail Standard retail Preferred mail order

Humana Gold Plus HMO H5619-073	Humana Community HMO H1036-236
<div>ⓧ</div> <div>☆ Best option based on current information</div> <div>\$0.00/month premium \$0 deductible</div> <div>Annual premium <b>\$0.00</b> Member drug pay <b>\$234.72</b></div> <div>Estimated annual total <b>\$234.72</b></div> <div>Enroll now → Select to print →</div>	<div>ⓧ</div> <div>\$0.00/month premium \$0 deductible</div> <div>Annual premium <b>\$0.00</b> Member drug pay <b>\$60.00</b></div> <div>Estimated annual total <b>\$60.00</b></div> <div>Enroll now → Select to print →</div>
<div>Member does not experience coverage gap</div> <div><math>\\$234.72 + \\$63.60 = \\$298.32</math> Member pay + Humana pays = Annual cost</div> <div>\$ Potential savings with preferred mail order!</div>	<div>Member does not experience coverage gap</div> <div><math>\\$60.00 + \\$238.32 = \\$298.32</math> Member pay + Humana pays = Annual cost</div> <div>\$ Potential savings with preferred mail order!</div>

Estimate drug prices based on\*:

*All pricing shown is an estimate and subject to change.* Humana Pharmacy 1-800-379-0092

Preferred retail Standard retail Preferred mail order Standard mail order

Humana Gold Plus HMO H5619-073	Humana Community HMO H1036-236
<div>ⓧ</div> <div>\$0.00/month premium \$0 deductible</div> <div>Annual premium <b>\$0.00</b> Member drug pay <b>\$0.00</b></div> <div>Estimated annual total <b>\$0.00</b></div> <div>Enroll now → Select to print →</div>	<div>ⓧ</div> <div>\$0.00/month premium \$0 deductible</div> <div>Annual premium <b>\$0.00</b> Member drug pay <b>\$0.00</b></div> <div>Estimated annual total <b>\$0.00</b></div> <div>Enroll now → Select to print →</div>
<div>Member does not experience coverage gap</div> <div><math>\\$0.00 + \\$285.08 = \\$285.08</math> Member pay + Humana pays = Annual cost</div>	<div>Member does not experience coverage gap</div> <div><math>\\$0.00 + \\$285.08 = \\$285.08</math> Member pay + Humana pays = Annual cost</div>



## Get Humana Pharmacy consent post enrollment

What to say before asking for consent:

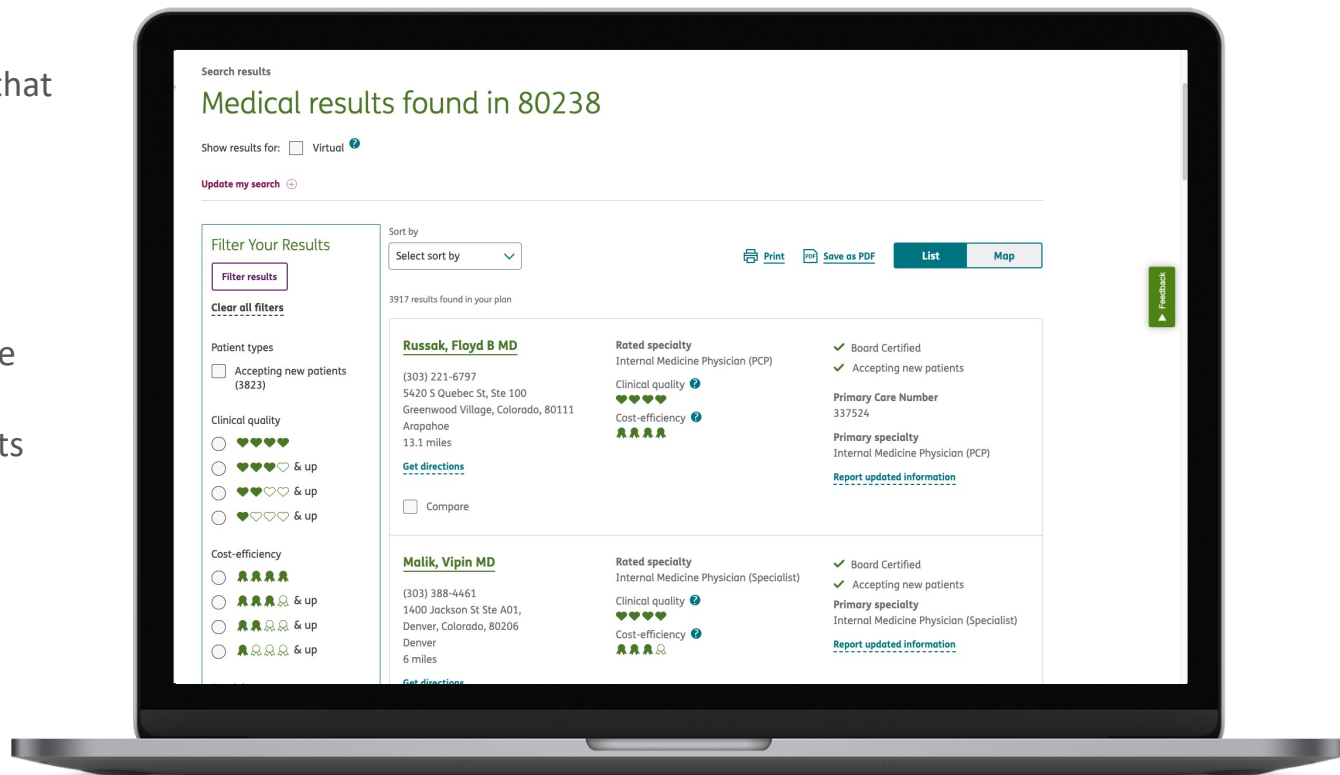
"You may be able to save money on the prescriptions that you use every day, because the plan you selected includes Humana Pharmacy as a preferred cost-sharing pharmacy in our network."

# Tool #5 | Find a Doctor tool with Care Highlight™ ratings

Find in-network providers that have been rated based on clinical quality and cost-efficiency

Search enhancements

- ✓ English, Spanish, Chinese and Korean
- ✓ Virtual and in-home visits
- ✓ Independent Physician Association (IPA) filter



# Humana's post-sales tools



# Tool #6 | Humana's Member Care Assessment (MCA)\*

## What it is:

- Formal, scripted survey
- 100% optional
- Captures member health and wellness outside the doctor's office
- 11 questions
- 7–10 minutes

## When to do it:

- At point of sale, post-enrollment or within five days of signature date

## Why it matters:

- Identify members who may need additional support
- Improved member experience
- Increased member satisfaction and loyalty



One pager



How-to video



Technology Tools  
page



# AEP 2022 MCA updates and Humana goals

1

New and updated questions

2

COVID-19 vaccination talking points

3

Agent MCA submission dashboard

4

In-language surveys in Spanish, Korean and Chinese

1

Early identification and proactive support

2

Increased insight into member's health and wellness journey

3

More targeted communications

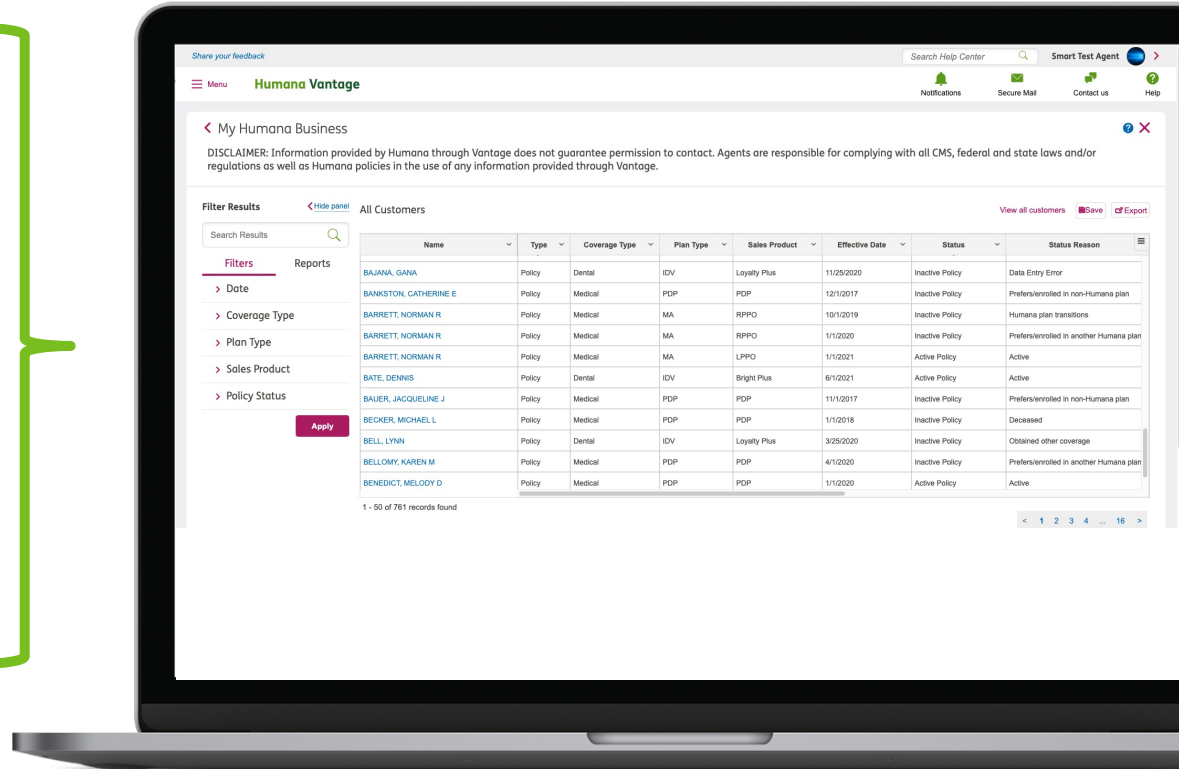
4

Help us build predictive models

# Tool #7 | My Humana Business Center (MHBC)

Real-time access and insight into your Humana Book of Business:

- ✓ View application status
- ✓ Robust filtering and reporting
- ✓ Enhanced, streamlined client support through Service Inquiries



The screenshot displays the Humana Vantage web application interface. At the top, there's a navigation bar with 'Share your feedback', 'Search Help Center', 'Smart Test Agent', and user icons. Below this, the 'My Humana Business' section includes a disclaimer. The main area features a 'Filter Results' sidebar with options like Date, Coverage Type, Plan Type, Sales Product, and Policy Status. An 'Apply' button is at the bottom of the filters. The 'All Customers' table lists customer details with columns for Name, Type, Coverage Type, Plan Type, Sales Product, Effective Date, Status, and Status Reason. The table shows 16 records, with a pagination bar at the bottom indicating '1 - 50 of 761 records found'.

Name	Type	Coverage Type	Plan Type	Sales Product	Effective Date	Status	Status Reason
BAJANA, GANA	Policy	Dental	IDV	Loyalty Plus	11/29/2020	Inactive Policy	Data Entry Error
BANKSTON, CATHERINE E	Policy	Medical	PDP	PDP	12/1/2017	Inactive Policy	Prefers/enrolled in non-Humana plan
BARRETT, NORMAN R	Policy	Medical	MA	RPPD	10/1/2019	Inactive Policy	Humana plan transitions
BARRETT, NORMAN R	Policy	Medical	MA	RPPD	1/1/2020	Inactive Policy	Prefers/enrolled in another Humana plan
BARRETT, NORMAN R	Policy	Medical	MA	LPPO	1/1/2021	Active Policy	Active
BATE, DENNIS	Policy	Dental	IDV	Bright Plus	6/1/2021	Active Policy	Active
BAUER, JACQUELINE J	Policy	Medical	PDP	PDP	11/1/2017	Inactive Policy	Prefers/enrolled in non-Humana plan
BECKER, MICHAEL L	Policy	Medical	PDP	PDP	1/1/2018	Inactive Policy	Deceased
BELL, LYNN	Policy	Dental	IDV	Loyalty Plus	3/25/2020	Inactive Policy	Obtained other coverage
BELLOMY, KAREN M	Policy	Medical	PDP	PDP	4/1/2020	Inactive Policy	Prefers/enrolled in another Humana plan
BENEDICT, MELODY D	Policy	Medical	PDP	PDP	1/1/2020	Active Policy	Active

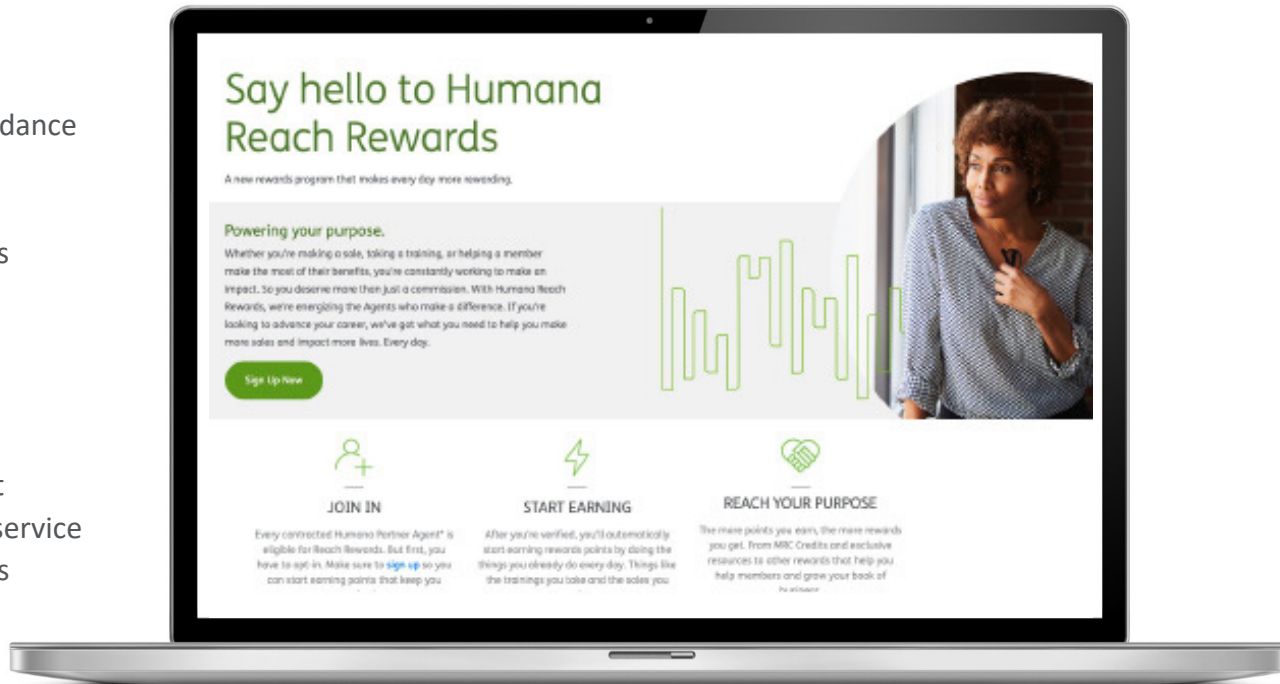
# Rewarding your everyday.

## Earn points for:

- ✓ Training and webinar attendance
- ✓ Closing sales
- ✓ Using enrollment tools
- ✓ MRC orders and downloads
- ✓ Completing surveys
- ✓ And more!

## Earn rewards:

- ✓ MRC credits
- ✓ Cert/recert reimbursement
- ✓ Premium Agent customer service
- ✓ Kaplan educational services
- ✓ And more!



*Use earned points July 1–December 31!*

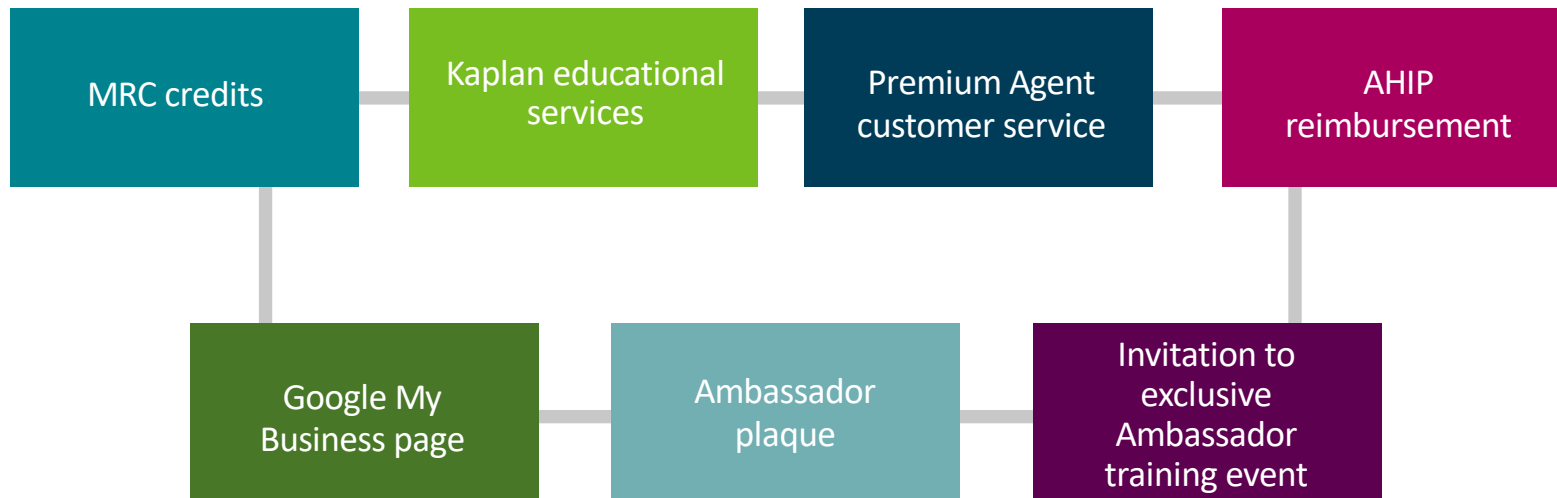
## Actions big and small matter.

100 points	75 points	50 points	30 points	25 points	20 points	10 points
<ul style="list-style-type: none"><li>• New enrollment for MA, MAPD or Med Supp</li></ul>	<ul style="list-style-type: none"><li>• Plan-to-Plan enrollment for MA, MAPD or Med Supp</li></ul>	<ul style="list-style-type: none"><li>• New PDP enrollment</li><li>• New ancillary enrollment (dental, vision or OSB)</li></ul>	<ul style="list-style-type: none"><li>• E-enrollment (in addition to sale points)</li><li>• Humana in-field training events and virtual experiences*</li><li>• MRC order placement (up to 150 points/month)</li></ul>	<ul style="list-style-type: none"><li>• Plan-to-plan PDP enrollment</li><li>• Humana survey completion</li></ul>	<ul style="list-style-type: none"><li>• Educational webinars</li></ul>	<ul style="list-style-type: none"><li>• MRC material download (up to 50 points/month)</li></ul>

\*See qualifying events at [IgniteWithHumana.com](https://ignitewithhumana.com)

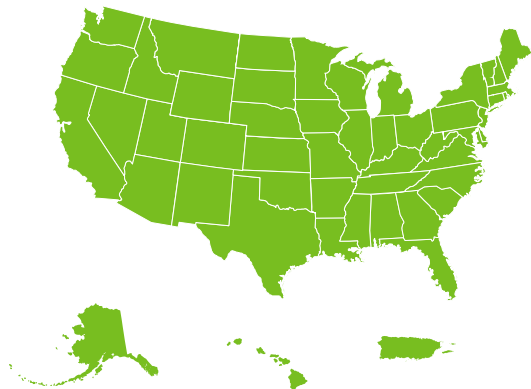
# Reach Rewards

The more points you earn, the more you get.

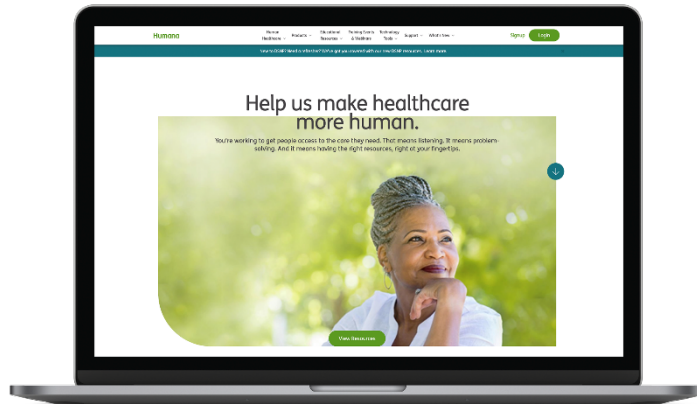


# Check out these other resources\*

**\*The communication or dissemination of 2022 Plan information or benefit details prior to Oct. 1 is strictly prohibited.**



Find local plan info on  
**First Look**  
Start exploring 2022 First Look  
Plan details by state



**Ignite**  
IgniteWithHumana.com  
Your 2022 AEP Journey



Thank you!