### Plan Name
- Humana
- Medicare Advantage with RX

### Plan Type
- Medicare Advantage
- Medicare Advantage with RX

### Monthly Premium
- $135.00
- $145.00
- $148.00
- $184.00
- $200.00
- $209.00
- $209.00
- $299.00
- $299.00
- $329.00
- $375.00
- $499.00
- $599.00
- $79.00

### Coverage Area
- Most counties throughout the U.S.
- HMO Network-PPO (MN)
- HMO Network-PPO (MN)
- HMO Network-PPO (MN)

### Medical Deductible (In Network)
- $0
- $0
- $0
- $0

### Provider Directory
- Click Here Provider Directory
- Click Here Provider Directory
- Click Here Provider Directory
- Click Here Provider Directory

### Routine Physical Exams
- $20-$50 (1 per year)
- $20-$50 (1 per year)
- $20-$50 (1 per year)

### Vision Exams/Eyewear
- $50-$75 (1 per year)
- $10-$15 (1 per year)
- $10-$15 (1 per year)

### Hearing Exams/Hearing Aids
- $20-$30 (1 per year)
- $30-$50 (1 per year)
- $30-$50 (1 per year)

### Preventative Care
- $0 copay
- $0 copay
- $0 copay

### Office Doctor Visits
- Primary Care: $20 copay
- Primary Care: $20 copay

### Urgent Care
- $25 copay
- $25 copay

### Emergency Care
- $25 copay
- $25 copay

### Inpatient Hospital Care
- $100 copay per admission
- $100 copay per admission

### Outpatient Services
- $50 copay
- $50 copay

### Durable Medical Equip
- 20% coinsurance
- 20% coinsurance

### Diabetes Supplies
- 15-16% coinsurance
- 15-16% coinsurance

### Part B Drugs (doc admin injects, etc)
- 20% coinsurance
- 20% coinsurance

### In Network Out-Of-Pocket Annual Max
- $6,700 Medical Only
- $3,000 Medical Only

### Dispensing Fee
- $0.00
- $0.00

### Dental
- $25 quarterly allowance for select OTC & Wellness Products
- $25 quarterly allowance for select OTC & Wellness Products

### Prescription Drug Formulary
- RX Formulary Click Here
- RX Formulary Click Here

### Prescription Drug Options
- Included
- Included

### Drug Deductible
- $350 - Tier 1 & 2 drugs excluded
- $0.00

### STAGE 1: Patient Pays
- $250 Tier 1: Generic: $4 copay
- $35 copay Tier 2: Brand: $47 copay
- $12 copay Tier 2: Brand: $25 copay
- $35 copay Tier 2: Brand: $25 copay
- $35 copay Tier 2: Brand: $35 copay
- $12 copay Tier 3: Brand: $25 copay
- $30 copay Tier 3: Brand: $35 copay
- $65 copay Tier 4: Specialty $125 copay
- $125 copay Tier 4: Specialty $125 copay
- $250 Tier 4: Specialty $125 copay

### STAGE 2: Donut Hole Coverage
- You pay: Tier 1: Generic: $25 copay Brand Name: $25 copay
- You pay: Tier 1: Generic: $25 copay Brand Name: $25 copay

### STAGE 3: Catastrophic Level
- 5%, or $3.60 for Generic, or $8.95
- 5%, or $3.60 for Generic, or $8.95

### Mail Order Discounts
- Tier 1: $20 copay Tier 2: $10 copay Tier 3: $0 copay Tier 4: $0 copay Tier 5: $0 copay Tier 6: $0 copay

### Pharmacy Directory
- Pharmacy Directory Click Here
- Pharmacy Directory Click Here

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**For more information or to access applications please visit www.educationmn.mhni.net or contact Sandra Juetten at 952-465-0064**