

2025 Humana Texas - East Texas Plan Grid

Contract-PBP	Plan Type	Premium	Plan Service Area
H0028-032-000	HMO MAPD DSNP	\$0.00	Anderson; Angelina; Bowie; Cass; Collin; Cooke; Dallas; Delta; Denton; Ellis; Fannin; Freestone; Grayson; Gregg; Harrison; Henderson; Johnson; Kaufman; Lamar; Leon; Montague; Nacogdoches; Navarro; Parker; Red River; Rockwall; Rusk; Smith; Tarrant; Titus; Upshur; Van Zandt; Wise
H0028-041-000	HMO MAPD	\$0.00	Anderson; Angelina; Freestone; Gregg; Harrison; Henderson; Leon; Nacogdoches; Rusk; Smith; Upshur; Van Zandt
H0028-043-002	HMO MAPD	\$0.00	Bowie; Cass; Delta; Fannin; Lamar; Red River; Titus
H5216-043-006	LPPO MAPD	\$0.00	Austin; Bowie; Calhoun; Cass; Delta; Eastland; Fannin; Fayette; Hardin; Harris; Lamar; Liberty; Matagorda; Montgomery; Orange; Palo Pinto; Polk; Red River; San Jacinto; Titus; Trinity; Tyler; Victoria; Washington; Wharton
H5216-348-000	LPPO MA Honor	\$0.00	Anderson; Andrews; Angelina; Aransas; Archer; Armstrong; Atascosa; Austin; Bandera; Bastrop; Baylor; Bee; Bell; Bexar; Blanco; Bosque; Bowie; Brazoria; Brazos; Brooks; Brown; Burleson; Burnet; Caldwell; Calhoun; Callahan; Cameron; Camp; Carson; Cass; Chambers; Cherokee; Clay; Coke; Coleman; Collin; Colorado; Comal; Comanche; Concho; Cooke; Coryell; Crosby; Dallas; Dawson; DeWitt; Deaf Smith; Delta; Denton; Dickens; Dimmit; Duval; Eastland; Ector; Edwards; El Paso; Ellis; Erath; Falls; Fannin; Fayette; Franklin; Freestone; Frio; Galveston; Garza; Gillespie; Goliad; Gonzales; Gray; Grayson; Gregg; Grimes; Guadalupe; Hale; Hall; Hamilton; Hardin; Harris; Harrison; Hartley; Haskell; Hays; Henderson; Hidalgo; Hill; Hockley; Hopkins; Houston; Howard; Hudspeth; Hunt; Hutchinson; Irion; Jack; Jackson; Jasper; Jefferson; Jim Hogg; Jim Wells; Johnson; Jones; Karnes; Kaufman; Kendall; Kenedy; Kerr; Kinney; Kleberg; Lamar; Lamb; Lampasas; Lavaca; Lee; Leon; Liberty; Limestone; Live Oak; Llano; Lubbock; Lynn; Madison; Marion; Martin; Matagorda; Maverick; McCulloch; McLennan; Medina; Midland; Milam; Montague; Montgomery; Moore; Morris; Nacogdoches; Navarro; Newton; Nolan; Nueces; Orange; Palo Pinto; Panola; Parker; Pecos; Polk; Potter; Rains; Randall; Real; Red River; Reeves; Refugio; Robertson; Rockwall; Runnels; Rusk; Sabine; San Augustine; San Jacinto; San Patricio; San Saba; Schleicher; Shackelford; Shelby; Smith; Somervell; Starr; Stephens; Tarrant; Taylor; Terry; Throckmorton; Titus; Tom Green; Travis; Trinity; Tyler; Upshur; Uvalde; Val Verde; Van Zandt; Victoria; Walker; Waller; Ward; Washington; Webb; Wharton; Wichita; Wilbarger; Willacy; Williamson; Wilson; Wise; Wood; Young; Zapata; Zavala
H5216-352-000	LPPO MAPD	\$0.00	Cooke; Dallas; Denton; Ellis; Franklin; Gregg; Harrison; Henderson; Kaufman; Montague; Shelby; Smith; Tarrant; Upshur; Van Zandt; Wise
H5216-358-000	LPPO MAPD	\$0.00	Anderson; Angelina; Aransas; Bastrop; Bee; Bell; Bowie; Brazos; Caldwell; Cass; Chambers; Colorado; Coryell; Delta; Ector; Fannin; Fayette; Grayson; Gregg; Hale; Hardin; Harris; Harrison; Hays; Henderson; Hill; Hood; Hopkins; Howard; Jasper; Jefferson; Jim Wells; Johnson; Kaufman; Kleberg; Lamar; Liberty; Llano; Lubbock; Maverick; Milam; Montague; Nacogdoches; Navarro; Nueces; Orange; Parker; Potter; Randall; Red River; Rockwall; Rusk; San Jacinto; San Patricio; Smith; Tarrant; Titus; Tom Green; Travis; Tyler; Upshur; Van Zandt; Victoria; Walker; Waller; Washington; Wharton; Wichita; Williamson; Wise; Wood

2025 Humana Texas-East Plan Information

Plan #	H0028-032-000	H0028-041-000	H0028-043-002	H5216-043-006	H5216-348-000	H5216-352-000	H5216-358-000
Product Type	HMO MAPD DSNP	HMO MAPD	HMO MAPD	LPPO MAPD	LPPO MA Honor	LPPO MAPD	LPPO MAPD
Member Segment	QMB,QMB+,SLMB+				Veteran		
2025 Highlight							
Plan Area	East Texas	East Texas	East Texas	East Texas	East Texas	East Texas	East Texas
Premium	\$0*	\$0	\$0	\$0	\$0	\$0	\$0
Part B Giveback	\$0	\$0	\$0	\$0	\$130	\$0	\$85
Deductible	\$0*	\$0	\$0	\$0	N/A	\$0	\$450
MOOP	\$9,350	\$4,200	\$4,175	\$7,500	\$7,900	\$6,400	\$8,300
PCP/Specialist	\$0/\$0*	\$0/\$20	\$0/\$20	\$0/\$35	\$0/\$45	\$0/\$35	\$0/\$55
Hospital Inpatient IN	\$0 copay/admit*	\$275/day (1-5) \$0/day (6-90)	\$295/day (1-5) \$0/day (6-90)	\$340/day (1-6) \$0 per day (Days 7-90)	\$345/day (1-6) \$0/day (7-90)	\$310/day (1-6) \$0/day (7-90)	\$310/day (1-7) \$0/day (Days 8-90)
ER IN	\$0*	\$125	\$125	\$110	\$110	\$125	\$110
Urgent Care	\$0*	\$55	\$55	\$45	\$45	\$55	\$45
Freestanding Lab IN	\$0*	\$0	\$0	\$0	\$0	\$0	\$0
Skilled Nursing Facility	\$0/day (1-20) \$0/day (21-100)*	\$10/day (1-20) \$214/day (21-100)	\$10/day (1-20) \$214/day (21-100)	\$10/day (1-20) \$214/day (21-100)	\$0/day (1-20) \$214/day (21-100)	\$0/day (1-20) \$214/day (21-100)	\$0/day (1-20) \$214/day (21-100)
Ambulatory Surgical Center	\$0*	\$190	\$225	\$295	\$350	\$350	\$300
Travel	TRV003	TRV003	TRV003	No	NA	UST001	NA
Transportation	60 one-way (50)	Unlimited one trips to plan approved locations as requested by PCP	24 One Way (50miles)	NA	NA	NA	NA
Dental	DEN348: \$4000 annually	DEN046: \$3000 annually	DEN337: \$2000 annually	DEN374: \$2000 annually	DEN351: \$1000 annually	DEN374: \$2000 annually	DEN365: \$1500 annually
Vision	VIS735: \$2500 annually for eyewear at PLUS Provider	VIS754: \$300 annually for eyewear at PLUS Provider	VIS754: \$300 annually for eyewear at PLUS Provider	VIS751: \$150 annually for eyewear at PLUS Provider	VIS751: \$150 annually for eyewear at PLUS Provider	VIS752: \$250 annually for eyewear at PLUS Provider	VIS751: \$150 annually for eyewear at PLUS Provider
Hearing	HER814: \$1000 for hearing aids every 3 years	HER959: See Summary of Benefits	HER946: See Summary of Benefits	HER937: See Summary of Benefits	HER937: See Summary of Benefits	HER967: See Summary of Benefits	HER937: See Summary of Benefits
OTC	NA	\$90/qtr Mail Order	\$60/qtr Mail Order + Roll Over	\$50/qtr Mail Order + Roll Over	NA	\$75/qtr Mail Order	NA
Healthy Options	\$100 Card + Roll Over	NA	NA	NA	NA	NA	NA
Silver Sneakers	No	Yes	Yes	Yes	Yes	Yes	Yes
Go365	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Meal	Mom's Meals	Mom's Meals	Mom's Meals	Mom's Meals	Mom's Meals	Mom's Meals	Mom's Meals
Rx							
Rx Deductible	*	\$200 (Tiers 4, 5)	\$200 (Tiers 4, 5)	\$250 (Tiers 3, 4, 5)	NA	\$250 (Tiers 3, 4, 5)	\$590 (Tiers 3, 4, 5)
Standard Retail 30 day	*	\$0/\$5/\$45/46%/30%	\$0/\$5/\$45/38%/30%%	\$0/\$9/\$47/43%/30%	NA	\$0/\$9/\$45/48%/30%	\$0/\$9/\$47/42%/25%
Preferred Retail Mail Order	*	\$0/\$0/\$125/46%	\$0/\$0/\$125/38%	\$0/\$0/\$131/43%	NA	\$0/\$0/\$125/48%	\$0/\$0/\$131/42%
Formulary	Super National- 5	Super National- 5	Super National- 5	Super National- 5	NA	Super National- 5	Super National- 5

*Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive.