

2027 Georgia Plan Documents Job Aid

Traditional HMO			Dental MSB	OSB	Formulary	ANOC
H4141-015	Summary of Benefits	Evidence of Coverage	DENK33		RX LIST	ANOC
H4141-017-003	Summary of Benefits	Evidence of Coverage	DENJ45		RX LIST	ANOC
H4141-017-005	Summary of Benefits	Evidence of Coverage	DENK61		RX LIST	ANOC
H4141-023	Summary of Benefits	Evidence of Coverage	DENJ22		RX LIST	ANOC
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Traditional PPO						
H7617-114	Summary of Benefits	Evidence of Coverage	DEN350	\$66.40	RX LIST	
H5216-203-002	Summary of Benefits	Evidence of Coverage	DENJ99		RX LIST	ANOC
H5216-207	Summary of Benefits	Evidence of Coverage	DENK99		RX LIST	ANOC
H5216-347	Summary of Benefits	Evidence of Coverage	DENJ20		RX LIST	ANOC
H5216-421	Summary of Benefits	Evidence of Coverage	DENK63		RX LIST	ANOC
H7617-093 (H5216-421 Mirror)	Summary of Benefits	Evidence of Coverage	DENK55		RX LIST	ANOC
H7617-095 (H5216-347 Mirror)	Summary of Benefits	Evidence of Coverage	DENJ20		RX LIST	ANOC
Giveback PPO						
H5216-154	Summary of Benefits	Evidence of Coverage	DEN350	\$66.40	RX LIST	ANOC
H7617-119	Summary of Benefits	Evidence of Coverage	DEN350	\$54.30	RX LIST	
H5216-345	Summary of Benefits	Evidence of Coverage	DEN350	\$66.40	RX LIST	ANOC
H7617-094 (H5216-345 Mirror)	Summary of Benefits	Evidence of Coverage	DEN350	\$66.40	RX LIST	ANOC
Giveback HMO						
H4141-022	Summary of Benefits	Evidence of Coverage	DEN310	\$66.40	RX LIST	ANOC
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MA-Only						
H5216-217	Summary of Benefits	Evidence of Coverage	DENE62			ANOC
H5216-286	Summary of Benefits	Evidence of Coverage	DEN350	\$66.40		ANOC
H7617-096 (H5216-286 Mirror)	Summary of Benefits	Evidence of Coverage	DEN350	\$66.40		ANOC
CSNP						
H5216-246	Summary of Benefits	Evidence of Coverage	DENJ52		RX LIST	ANOC
LIS PPO						
H5216-280-001	Summary of Benefits	Evidence of Coverage	DENK43		RX LIST	ANOC
H5216-284	Summary of Benefits	Evidence of Coverage	DENK47		RX LIST	ANOC
DSNP						
H4141-003	Summary of Benefits	Evidence of Coverage	DEND43		RX LIST	ANOC
H4141-024	Summary of Benefits	Evidence of Coverage	DEN240		RX LIST	ANOC
H5216-205	Summary of Benefits	Evidence of Coverage	DEN241		RX LIST	ANOC
H5216-206	Summary of Benefits	Evidence of Coverage	DEN243		RX LIST	ANOC

PFFS						
H8145-069	Summary of Benefits	Evidence of Coverage	DENJ48		RX LIST	ANOC
PDP						
Humana Basic Rx	Summary of Benefits	Evidence of Coverage			RX LIST	ANOC
Humana Value Rx	Summary of Benefits	Evidence of Coverage			RX LIST	ANOC
Humana Premier Rx	Summary of Benefits	Evidence of Coverage			RX LIST	ANOC
Additional Plans						
H5216-157	Summary of Benefits	Evidence of Coverage	DENE70			ANOC
H5216-203-001	Summary of Benefits	Evidence of Coverage	DENJ99		RX LIST	ANOC
H5216-466	Summary of Benefits	Evidence of Coverage	DEN350	\$54.30	RX LIST	ANOC
H7617-092	Summary of Benefits	Evidence of Coverage	DENK12		RX LIST	ANOC
H5525-049	Summary of Benefits	Evidence of Coverage	DEN350		RX LIST	ANOC
R0110-019	Summary of Benefits	Evidence of Coverage	DENL16			ANOC
R0110-020	Summary of Benefits	Evidence of Coverage	DEN351		RX LIST	ANOC

Stand-Alone Dental Vision Products

Humana Extend 1250	Summary of Benefits
Number of Members	Monthly Premium
1	\$40.99
2	\$74.99
3	\$100.99
4	\$131.99
5	\$170.99

Humana Extend 5000	Summary of Benefits
Number of Members	Monthly Premium
1	\$99.99
2	\$181.99
3	\$245.99
4	\$321.99
5	\$417.99

Humana Extend 2500	Summary of Benefits
Number of Members	Monthly Premium
1	\$75.99
2	\$139.99
3	\$191.99
4	\$251.99
5	\$324.99

Vision Plus	Summary of Benefits
Number of Members	Monthly Premium
1	\$17.99
2	\$34.99
3	\$51.99
4	\$51.99
5	\$51.99

Humana Bright Plus	Summary of Benefits
Number of Members	Monthly Premium
1 person < 22 years old	\$33.74
1 person age 22-59	\$29.99
1 person age 60+	\$32.99

Humana Complete Dental	Summary of Benefits
Number of Members	Monthly Premium
1	\$59.99
2	\$107.99
3	\$147.99
4	\$195.99
5	\$252.99

Dental Value Plan C550	Summary of Benefits
Number of Members	Monthly Premium
1	\$16.00
2	\$26.62
3	\$35.73
4	\$44.67
5	\$52.95

Preventive Value	Summary of Benefits
Number of Members	Monthly Premium
1	\$24.99
2	\$49.98
3	\$74.97
4	\$99.96
5	\$124.95

Dental Savings Plus	Summary of Benefits
Number of Members	Monthly Premium
1	\$7.99
2	\$12.99