

HumanaChoice PPO

from 2025 Summary of Benefits:

4	Summary of Benefits	H5525084000SB25
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Monthly Premium, Deductible and Limits

PLAN COSTS

Monthly plan premium

\$34

If you receive premium assistance, this plan premium may be reduced.

H5525084000

from 2026 Summary of Benefits:

4	Summary of Benefits	H5525084000SB26
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Monthly Premium, Deductible and Limits

PLAN COSTS

Monthly plan premium

\$70

If you receive premium assistance, this plan premium may be reduced.
You must keep paying your Medicare Part B premium.

H5525084000