

2016 Enrollment Application Plan Selection FAQ's

For 2016, the Humana Medicare Enrollment Applications have been modified. The Plan selection portion has been moved from a portion of the first page to a full page. The below FAQ will help introduce you to and familiarize you with changes made to the Plan Selection page of paper enrollment applications.

Required Fields Are Indicated With An Asterisk	APPLICANT MEDICARE CLAIM NUMBER* <input type="text"/>	
Plan Selection <input type="radio"/> Fill this oval only if you are submitting more than one application on the same day.		
Complete the appropriate section for the type of plan you'd like. Select only one option on this page. Refer to your Summary of Benefits and your agent for assistance.		
I would like <u>one</u> of the following plans*:		
<input type="radio"/> Humana Preferred Rx Plan (PDP)		
<input type="radio"/> Humana Walmart Rx Plan (PDP)		
<input type="radio"/> Humana Enhanced (PDP)		
<input type="radio"/> HumanaChoice® PPO		
<input type="radio"/> HumanaChoice® Value PPO (Offered in Puerto Rico only)		
<input type="radio"/> Humana Gold Plus® HMO		
<input type="radio"/> Humana Community HMO		
<input type="radio"/> Humana Chronic Condition SNP HMO		
<input type="radio"/> Humana Total Care Advantage HMO (Offered in Louisiana Only)		
<input type="radio"/> Humana Gold Choice® PFFS <u>without</u> a standalone PDP		
<input type="radio"/> Humana Gold Choice® PFFS (medical only) <u>and</u> Humana Walmart Rx Plan (PDP)		
<input type="radio"/> Humana Gold Choice® PFFS (medical only) <u>and</u> Humana Enhanced (PDP)		
<input type="radio"/> Humana Gold Choice® PFFS (medical only) <u>and</u> Humana Preferred Rx Plan (PDP)		
Please provide the base premium for this plan from the Summary of Benefits. This amount helps us identify the plan you would like and should not include any OSB options, Part D penalties, or payments from other parties like Medicaid.		
PREMIUM* \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> For MA/MAPD plan	PREMIUM* \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> For PDP plan	
Complete this section for plans with Medical Coverage		
If you have selected a PPO, HMO, or PFFS plan, please provide the plan information below which can be found in your Summary of Benefits. Agents: Refer to document AP-502 in the Agent Workbench to determine the correct Group and BSN or contact the Agent Support Unit for assistance. A valid and correct Group/BSN is necessary for Enrollment processing.		
CONTRACT* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -	PBP* <input type="text"/> <input type="text"/> <input type="text"/> -	
SEGMENT <input type="text"/> <input type="text"/> <input type="text"/>	GROUP ID* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> /	
BSN* <input type="text"/> <input type="text"/> <input type="text"/>		
OPTIONAL SUPPLEMENTAL BENEFIT (OSB) YOU ARE ENROLLING IN:		
Please fill in the ovals for the OSB's you want to enroll in. If you're currently enrolled in an OSB, you MUST choose it on this form to continue receiving this benefit. Not all OSB offerings are available in all areas. Please review the OSB options below and your Summary of Benefits to verify that yours are still offered and available.		
Enrollees must continue to pay the Medicare Part B premium and the Humana plan premium plus the OSB premium.		
<input type="radio"/> MyOption™ Platinum Dental	<input type="radio"/> MyOption™ Enhanced Dental PPO	<input type="radio"/> MyOption™ Plus
<input type="radio"/> MyOption™ Dental – High PPO	<input type="radio"/> MyOption™ Enhanced Dental HMO	<input type="radio"/> MyOption™ Fitness
<input type="radio"/> MyOption™ Vision		
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Q: Will I need to use multiple applications to enroll a member onto an MA-Only PFFS plan and a PDP plan?

A: No, the last three plan selection options were built to enroll a member into both plans using a single application. Choose the selection that aligns with the PDP plan the member desires.

- ☐ Humana Gold Choice® PFFS (medical only) and Humana Walmart Rx Plan (PDP)
- ☐ Humana Gold Choice® PFFS (medical only) and Humana Enhanced (PDP)
- ☐ Humana Gold Choice® PFFS (medical only) and Humana Preferred Rx Plan (PDP)

Q: What if the member wants to enroll in a standalone PFFS plan without a PDP plan?

A: Choose the plan selection option “Humana Gold Choice PFFS without a standalone PDP”

- ☐ Humana Gold Choice® PFFS without a standalone PDP

Q: What if the member wants to enroll in an MA-only HMO with a PDP or an MA-only PPO with a PDP? Will I need to submit 2 applications?

A: The only combination of plans allowable by CMS is the MA-only PFFS and PDP. If you fill out two applications for an HMO or PPO and a PDP, only one of the plans will be allowed.

Q: When would I need to use the bubble at the top of the page for completing more than one application in the same day?

A: This should only be selected when one enrollee completes applications for enrollments in 2 or more plans with different effective dates. This commonly occurs when an enrollee is aging in at the end of the year and wants a plan for the remainder of the calendar year and then a new plan offering for an AEP election to be effective January 1st. Selecting this allows Humana to process the enrollments in the correct order.

Q: Should I select the bubble for multiple applications on the same day if I select the PFFS and PDP combination option?

A: No. This is only to be used when more than one physical application is completed on the same day for the same member.

Q: Why are there two places to include the Premium?

A: There are two locations for Premium to eliminate the need to add premiums for the PFFS and PDP combo enrollment. When this option is selected, the PFFS premium should be filled out in the boxes on the left and the PDP premium should be filled out in the boxes on the right.

Q: How do I use the premium boxes when enrolling a member into a single plan?

A: If the member is enrolling in an HMO, PPO, or PFFS plan, add the premium to the boxes on the left side. If they are enrolling in a PDP plan, indicate the premium on the right side.

Q: I only see one place to enter Contract, PBP, Segment, Group ID, and BSN. When someone is enrolling in a PFFS and PDP combo, which plan should these details be supplied for?

A: Only provide this information on the PFFS plan. Contract, PBP, Segment, Group ID, and BSN are not needed for the PDP plan.

Q: I am enrolling a member into a standalone PDP. Do I need to supply the Contract, PBP, Segment, Group ID, and BSN for this enrollment?

A: No. As long as you have selected the plan option from the top of the page, this is not needed. This information is only needed when a member is enrolling on an HMO, PPO, or PFFS plan.