

Sales Agent Field Guide

Humana Value Medicare Supplement Plans



Humana®

[Humana.com](https://www.humana.com)

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Humana – Who We Are

Humana – Who We Are

Humana, headquartered in Louisville, Kentucky, is one of the nation's largest publicly traded health benefits companies, with 12.0 million medical members and 7.8 million specialty members. The company, founded in 1961, is traded on the New York Stock Exchange (NYSE: HUM).

Humana offers coordinated health insurance coverage and related services to employer groups, government-sponsored plans and individuals through:

- Administrative services products
- Preferred provider organizations
- Consumer driven plans
- Health maintenance organizations
- Medicare Supplement plans
- Medicare Advantage plans
- Medicare Prescription Drug plans
- Plans for U.S. military dependents and retirees
- Individual major medical plans



Humana's Financial Strength

- Fortune 100 company with 2013 revenues of approximately \$41.31 billion.
- Total assets of approximately \$20.7 billion as of December 31, 2013.
- Net income for 2013 was \$1.2 billion.
- Approximately 12.0 million medical members including 6.0 million Medicare members of which 2.5 million are Medicare Advantage members and 3.3 million Prescription Drug Plan members.
- The company's strategy is on track creating innovative, consumer-directed products and services powered by leading edge information technology.
- "A-" investment grade rating from AM Best. (Rating is applicable to Humana Insurance Company.)

Agent Information

Agent Conduct

Humana is committed to providing quality products and services. In order to maintain this commitment and to comply with all state and federal laws, Humana has enacted a code of conduct for its agent representatives and independent contractors.

As representatives of Humana, agents should always act with professionalism and integrity. The best interest of the customer should always take the highest priority. A high level of customer service will be maintained by answering customer calls quickly and accurately, staying informed of coverage needs, and promoting an atmosphere of trust with the policyholder.

Agents will accurately promote the strengths of Humana and its products without disparaging competitors. Only Humana-approved materials will be used in presenting product information. Benefits, features, costs, exclusions, and limitations will be adequately disclosed to the applicant in compliance with Humana and regulatory guidelines.

Monitoring will ensure that all agents representing Humana are fully licensed and have accepted this code of conduct. Humana reserves the right to discontinue its relationship with anyone who is unwilling or unable to follow this code of conduct on an ongoing basis.

Licensing and Appointment for Humana's Agents

All agents who solicit insurance business on behalf of Humana (and all companies affiliated with Humana) as well as any agent or agency that will receive commissions from Humana are required to complete a Group Producing Agent or Agency contract.

All agents or agencies soliciting insurance business are required to hold an active agent or agency license in every state they solicit business. Along with licensing requirements for agents or agencies, states require agents or agencies to be appointed by Humana in each state in which business is solicited.

An agent or agency appointment with Humana cannot be processed without an active agent license. Both the writing agent and agent of record must be licensed, contracted, and appointed.

Please contact the Agent Support Line (contact information on page 26) for details regarding what you need to do to sell Humana Value Medicare Supplement Plans.

Humana Value Medicare Supplement Plans

Coverage Features

Humana Value Medicare Supplement Plans offer protection to customers from the gaps in Medicare Parts A and B. Plans include features such as:

Freedom to choose any doctor, hospital, or clinic that accepts Medicare assignment. Some plans provide coverage for services received by providers who do not accept Medicare.

Portable coverage that can be used anywhere in the United States and, with certain plans, even out of the country.

- Nationwide coverage is provided. Humana Value Medicare Supplement Plans do not contain provider or hospital networks.
- Policyholders enrolled in Plans F, High Deductible F, G, or N receive foreign travel emergency coverage as well.

Pricing

Premium Discounting

- *ACH Discount* – Policyholders save \$2 on their monthly premium by electing to make payments electronically. If applicants wish to take advantage of this discount, be sure to elect an automatic payment option in the payment section of the enrollment application.
- *Household Discount (where approved)* – Policyholders with effective dates of 6/1/2010 and later sharing a residence save 5% on their monthly premium. To enroll in the Household Discount program be sure applicants provide the name and Medicare ID of the **other** policyholder living at their residential address in the Discounting section of the enrollment application. (Household is defined as a condominium unit, single family home, or apartment within an apartment complex.)
- *Early Enrollment Discount (Arizona only)*
 - **Arizona** – Policyholders save on their monthly premium if enrolling between the ages of 65 and 73. They will continue to receive the discount, which diminishes by 3% annually at time of renewal, through age 77.

Age at time of Enrollment	Discount
65	30%
66	30%
67	30%
68	27%
69	24%
70	21%
71	18%
72	15%
73	12%

Humana Value Medicare Supplement Plans

Standard and Preferred rates

- Tobacco use and Medicare eligibility prior to age 65 are used as rate determining factors (where permitted).

Humana practices Attained-age rating (where permitted).

- *Attained-age rating*: Premium is based on Policyholders current age and will be adjusted annually as they get older. (Please note, in some attained-age states where plans are offered to those under the age of 65 qualifying for Medicare due to disability, policies are issued on an issue-age basis.) When quoting, the premium should be determined based on the applicant's age at the end of the proposed coverage effective month.
- *Community rating* (where required by the state): Generally the same monthly premium is charged to everyone regardless of age. In some states, premiums vary due to tobacco use and/or Medicare eligibility prior to age 65.
- *Issue-age rating* (where required by the state): Premium is based on age at time of policy issue. Policyholders will remain in that age group for the life of the policy. When quoting, the premium should be determined based on the applicant's age as of the proposed coverage effective date.

Area rating by county (where permitted).

- Although Medicare Supplement Plans are offered statewide, premiums can vary by county. Most states are divided in up to 3 rating areas depending upon medical cost variations.

Rate increases

- Rates will not increase more than once in a 12 month period. These increases take effect no sooner than the policyholder's anniversary date. Annual age increases for attained-age states, will take place at time of renewal. Age is determined as of the end of the month in which the policy is renewing.

Humana Value Medicare Supplement Plans

Other Features

Electronic claims coordination with Medicare.

Guaranteed renewable

- Coverage cannot be cancelled for reasons other than lack of premium payment or fraud.
- One time enrollment. No annual enrollment action required.

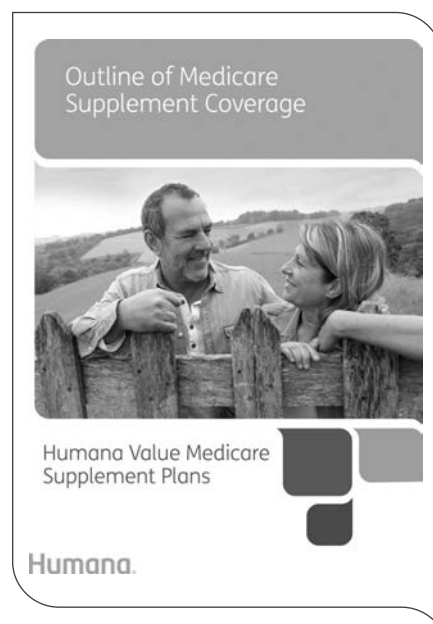
30-day free look period

- If the policyholder is not satisfied with his/her Medicare Supplement plan, the policy may be returned within 30 days of delivery and it will be considered void from their effective date of coverage. Humana will refund paid premium less any claims incurred during that 30 days.

Plan availability

- Humana Value Medicare Supplement Plans (standardized plan offering)
 - Humana commonly offers Plans A, F, High Deductible F, G, K and N. Note: Plan B is also available in **Pennsylvania**.
- Waiver State plan offering
 - **Wisconsin** offers plans that do not conform to the nationally standardized menu; however, the benefit structures are similar. Plan offering includes a Basic Plan (similar to Plan A) and optional riders as well as Cost Share plans (similar to Plans K and L).

For plan details refer to an Outline of Coverage (sample pictured here).



Humana Value Medicare Supplement Plans

Extra Services

Please note not all extra services are offered in all states; availability may vary. No promotional discussion is allowed pre-sale in Idaho, but the services are offered post-enrollment. Extra services are not contractually offered, nor guaranteed under Humana Value Medicare Supplement insurance policies, and services may be added or discontinued annually. (Please note: In the state of **Montana**, applicants must authorize the release of personal information for those services administered by third parties - SilverSneakers and QuitNet. There is a form included in the **Montana** app packet for doing so.)

Humana Value Medicare Supplement Plans provide the following extra services at no additional cost:

SilverSneakers® Fitness – Basic fitness center membership that entitles the member to use any equipment, attend group exercise classes, and work with trained advisors at participating SilverSneakers® fitness centers.

SilverSneakers® Steps – For members without easy access to a participating center, this pedometer based walking program is available.

Rx Discount – The policyholder can save an average of 20% or more on prescription drugs at participating pharmacies. The discount program can be used for weight loss, impotence, hair loss, smoking cessation, and many other prescriptions that are not covered by Medicare. Most major pharmacy chains participate. Policyholders can find out if an independent pharmacy participates by calling 1-800-866-0581. Agents can access information via the Pharmacy Locator within the Agent Self-Service Center at **Humana.com**.

Vision Discount – This program is available to the policyholder through EyeMed, which offers access to 40,000 national providers including optometrists, ophthalmologists, and opticians at 20,000 locations. Policyholders can locate a participating EyeMed provider by calling 1-866-392-6056.

Humana Active OutlookSM – Life-enrichment program designed exclusively for Humana Medicare members. Through Humana Active Outlook mailings, online content, seminars, and classes members receive information about healthy living, Medicare news, and valuable discounts and coupons from major brands.

HumanaFirst® – Nurse advice line offering 24-hour health information, guidance, and support for policyholders. Whether the concern is immediate or long-term, policyholders can call 1-800-622-9529 for expert advice to find out how Humana can help them lead a healthier life and get the most out of their health plan.

QuitNet® Comprehensive – Included in the **Humana Active Outlook** program, QuitNet is an evidence-based smoking cessation program that offers expert advice, personalized support, unlimited social support from fellow quitters, practical quit tips, and celebration of milestones reached, all designed to help tobacco users quit – and stay tobacco-free.

Humana Value Medicare Supplement Plans

MyHumana – Members can log onto **Humana.com** and register for MyHumana, your password-protected, personal page, to review details of your claims, use health and pharmacy tools, and find health information and resources. You can also find Medicare information at **Humana-Medicare.com**.

WellDine™ Meal Program – After an overnight stay in the hospital or nursing facility, policyholders are eligible for 10 nutritious, precooked frozen meals delivered to their door at no cost. To arrange for this service, policyholders call 1-866-96MEALS (1-866-966-3257) after discharge and provide their Humana policyholder ID number and other basic information. A Humana representative will assist in scheduling delivery. (Not available to policyholders living in **Montana**.)

Hearing Discount – Discounts on hearing aids and services are available through HearUSA, TruHearing, and Beltone.

Member Experience / Post-Sale Communications Only

These programs are available to Humana Value Medicare Supplement policyholders but are **not** allowed to be discussed or promoted during the sales process. Information is here for reference only should an agent receive a question from a policyholder.

USA Senior Care Network Premium Savings Program – An opportunity for policyholders to receive a \$100 credit off of a future premium payment if the policyholder goes to a participating hospital that is part of the USA Senior Care Network and has an inpatient stay that requires payment of a Part A deductible. The network arrangement is non-restrictive and has no impact on the policyholder's freedom to visit any provider who accepts Medicare. This program is purely a savings opportunity. Policyholders can find hospitals that are part of USA Senior Care Network by calling USA Senior Care at 1-800-872-3860. (Please note: this program is not available on Plan A or High Deductible F.)

SeniorBridge® Homecare & Care Management – A 10% discount on SeniorBridge accredited homecare and professional care management services. SeniorBridge has Licensed Nurses, Social Workers, Certified Home Health Aides (CHHAs), Certified Nursing Assistants (CNAs) and specialty companions to provide professional oversight, planning, coordination and implementation of care plans. This program is available to the policyholder and a family member. Policyholders can visit **SeniorBridge.com** to check available services in their area or, can get a free consultation by calling 1-800-694-8326 or emailing **contactus@SeniorBridge.com**.

Please refer Medicare Supplement policyholders to their Extra Services Brochure for more information.

Humana Value Medicare Supplement Plans

Eligibility Requirements

Applicants must be age 65 or older (may vary by state; review your state's Outline of Coverage for details) and enrolled in Medicare Parts A and B. Policies are issued based on the applicant's state of residence. Additionally, when and where required, applicants must be able to pass Medical Underwriting.

Enrollment Application

The proper submission of an enrollment application is critical in our ability to provide the best possible service to you and our applicants. Carefully review these steps to ensure your business will be processed without delay.

The Sales Agent initiates the application process. After confirming with the applicant that a Humana Value Medicare Supplement Plan meets his or her needs, providing rates, and confirming eligibility, follow these steps to successfully submit the enrollment application.

The applicant completes the Medicare Supplement Enrollment Application. Information must be printed on the enrollment application in clear, legible, capital block letters in blue or black ink. Additionally, fill in all circles completely, where applicable, to ensure proper scanning. **Sales Agents are responsible for ensuring that the applicant answers all required questions on the application.** Please review the marking instructions on the paper enrollment application for additional guidance. If an error is made when completing the application, please be sure the applicant initials the correction.

Personal information

Be sure to complete all information in full.

An application may be submitted up to 90 days in advance of the proposed effective date. Applications received on or after the proposed effective date will be made effective the first day of the following month.

Enrollment Application



Follow these easy steps to apply for a Humana Value Medicare Supplement insurance policy.

- 1 Have Your Medicare Card Ready**
Please print legibly and complete the entire form. You will need to fill in the information exactly as it appears on your Medicare card. Each person must complete a separate application.
- 2 Read and Complete Other Coverage Information**
Be sure you read and understand the information before completing this section. If you intend to replace your current Medicare Supplement policy or Medicare Advantage plan with this policy, be sure to complete the enclosed form titled Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage.
- 3 Complete Guaranteed Acceptance**
Please fill out this section if you are eligible for guaranteed acceptance.
- 4 Read and Complete Medical Questions**
- 5 Determine Your Premium**
- 6 Determine Your Discount**
- 7 Be Sure to Include Your Initial Premium Payment**
Your first month's premium payment must be included. This is necessary even if you choose our Automatic Bank Withdrawal or Auto Credit Card Charge options for future premium payments.
- 8 Sign and Date the Enrollment Application**

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Humana Value Medicare Supplement Plans

Other coverage information

Be sure to complete all information in full. When replacing coverage end dates are needed if known but are only required if coverage is ending prior to the signature date of the application. If required responses are left blank within the application, the processing of the application will be delayed. Applicants must also indicate that they intend to replace their current coverage with the Medicare Supplement plan they are electing. Please be aware that if an applicant qualifies for a Guaranteed Acceptance period (see below), the coverage they are losing/replacing must be identified within this section. If this information is not provided or if the applicant indicates a lapse in coverage greater than 63 days (or the state required time period), the application will be underwritten. If this section is not completed correctly, the enrollment process will be delayed.

Guaranteed acceptance determination

Guaranteed Issue Guidelines can be found in the current CMS publication of *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* provided in the Humana Value Medicare Supplement Sales/Enrollment Kits.

A list of state-specific open enrollment and guaranteed issue periods is included on pages 19 and 20 of this guide.

Medical questions, if applicable based on Guaranteed Acceptance and Open Enrollment

All health questions must be answered, including the question regarding prescription medications, unless an application is submitted during an open enrollment or guaranteed issue period. Sales agents are responsible for reviewing and explaining all medical questions to applicants during the application process. Sales agents are responsible for marking accurate answers to medical questions as given by applicants. Humana reserves the right to monitor Sales Agents' books of business for inaccurate health information.

ALL applications should be submitted unless the applicant indicates they have been prescribed one or more of the drugs listed on pages 14 and 15, they suffer from one of the conditions listed on pages 16 and 17, or the applicant's height and weight fall into the denial ranges provided on page 18. Only in these situations should an application not be submitted.

Premium determination

Use the answers to the questions in this section to provide the appropriate base premium quote in the next section. If it is determined that the applicant is enrolling during their Medicare Supplement Open Enrollment Period or they qualify for Guaranteed Acceptance, some or all of these questions are not used for rate determination and therefore, responses are not necessary.

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Humana Value Medicare Supplement Plans

Discount determination

If the applicant qualifies for the Household discount, provide the name and Medicare claim number of the **other** policyholder/enrollee in this section. **This section should NOT be completed with the applicant's information.** Additional information can be found in the Outline of Coverage providing details around how to qualify for the discount as well as a page to calculate the applicant's monthly discounted premium. This is the amount required to be submitted with the enrollment application.

In **Arizona** an Early Enrollment discount is also available. See the Outline of Coverage for more information. Applicants qualify for this discount due to age only. Nothing additional has to be included on the enrollment application.

Monthly premium, initial payment and recurring payment options

Be sure to quote current rates based on the answers in the previous 2 sections. If the Effective Date of the rates in the Outline of Coverage is nearing or over a year old, check for updated rates. Monitor the Humana Delegated Agent Alerts for news on annual rate changes. A \$2 per month discount will apply if **automatic bank withdrawal or recurring credit card payment** is the chosen recurring payment method.

Humana requires the first month's premium to process the application (not applicable in **Arizona**). The initial payment is processed within 2-5 business days of receipt, regardless of approval or denial of the application. **It is NOT held until the coverage effective date.** If the application is not approved, the first month's premium payment will be refunded (refunds are typically processed within 5-10 business days of the date of denial).

- Approved methods for submitting initial premium payments include: Automatic checking/savings account withdrawal (ACH), personal check, money order, or credit card. If fields for entering ACH information are not available in the Initial Payment section include "ACH" in the check number field of the Initial Payment section along with all banking information. Applications submitted without the initial premium payment will **not** be processed until payment is received.
- Post-dating checks will not ensure the payment is held and this is not an acceptable practice to suggest. Payments will be processed upon receipt (regardless of effective date of coverage).
- If applicant is paying by check, please indicate "Med Supp" in the check's note or memo section. If the applicant is also a PDP (Prescription Drug Plan) member that chooses to pay via coupon book for ongoing future payments, a separate check will need to be submitted for each plan. Again, "Med Supp" will need to be written in the memo section of the check for payments applicable to the Med Supp plan and "PDP" in the memo section for payments applicable to the Prescription Drug Plan. Electronic/automatic payment methods are always preferable and make the application easier to process.

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Humana Value Medicare Supplement Plans

Recurring Payments

Automatic Bank Withdrawal: If the applicant would like to have future premiums automatically withdrawn from their checking or savings accounts, please ensure that they complete the bank information.

- The withdrawal will take place between the 2nd and 7th of each month. Humana will draft only the balance due for that month. The payment being drafted is for the current month, not the future month.

Recurring Credit Card Payment: If the applicant would like to have future premiums automatically charged to their credit card, please ensure that they complete the credit card information for the card they want to use.

Coupon Book: If the applicant elects coupon book to pay ongoing monthly premiums, the applicant is responsible for remitting the amount due by the first of the following month and the first of every month thereafter. Sales agents are not authorized to collect ongoing premiums.

Annual Payments: If an applicant makes an annual payment, they should monitor notices regarding premium changes. This will help avoid potential payment shortfalls in the future.

Sign and date the enrollment application

The applicant and agent must both sign the application. Under no circumstances should a Sales Agent sign an application in place of an applicant.

Applications must be dated the day the application is completed and signed by the applicant, not the date it is sent to Humana or the date the insurance is to become effective. Backdating of applications is strictly prohibited.

Agents must list all health insurance policies sold to the applicant which are still in force and all policies sold to the applicant within the past five years which are no longer in force. If none, please be sure to write “none” in both fields (Company and Type). If both fields are left blank, the application will pend.

Office use only

To receive proper commission credit, you must fully complete the agent/agency information in the “Office Use Only” portion of the application:

- Writing Agent - Fill in your name as contracted with Humana.
- Writing Agent ID - Fill in your writing agent ID (i.e. your SAN/SSN).
- Commission Level - This field can be ignored.
- MGA Code - This field can be ignored.
- Affinity Code - provide your Affinity Code if applicable.
- Agency - not applicable to Career Agents. Delegated agents not being directly paid commissions need to provide their agency's name.
- Agency ID - not applicable to Career Agents. Delegated agents need to provide the Federal Tax ID (FEIN) of the agency to receive commission payment if the Agency name was provided.
- Ignore bubbles for Attachments and bubble labeled MAN as well as fields for GR and BN.

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Humana Value Medicare Supplement Plans

Prompt submission of paper applications

Failure to submit applications promptly may affect the effective date of coverage. A copy of the completed application will be provided to the applicant upon policy fulfillment.

Submit applications within 2 business days of applicant/agent signature date to:
Humana Medicare Enrollment
2432 Fortune Drive
Lexington, KY 40509

If initial premium is being paid by credit card or ACH, enrollment applications can be faxed to **1-877-889-9936**. Enrollments can NOT be faxed if initial premium is being paid by check. Please do not both fax and mail in enrollments.

In the event you have a pended application, you will receive an email alert notifying you of the missing information that needs to be submitted. You will need to call your applicant and access the application via the link included in the notice to submit the missing information. If you must submit the missing information via paper, the following fax number can be used to expedite PENDED applications by faxing in missing enrollment forms directly to Enrollment: **1-502-508-9003**.

Tracking your applications

Medicare Supplement MAPA reporting allows agents to track their personal activity on submitted applications. Please follow these steps to access this tool:

1. Log in to **www.humana.com** using your user ID & password
2. Click on Medicare Agent Workbench
3. Under Products & Enrollment click on MAPA tools
4. Under MAPA tasks to the right of the screen click on Application Status
5. Select filter criteria as required and hit submit
6. Run results

Humana Value Medicare Supplement Plans

Underwriting Guidelines

At Humana, we believe that an adequate level of underwriting leads to better premium rates for our customers. For this reason:

Unless the applicant qualifies for Guaranteed Issue or Open Enrollment, all applicants will be underwritten. Please inform your clients that they are not approved until the application has been reviewed by Humana's Medicare Supplement Underwriting Department. Their application will be reviewed within 2 business days after completing and submitting the application. If additional information is needed to complete underwriting, they will receive a call from Humana's Underwriting Department.

The Medical Release Form, included in the Sales Kit, is required to be submitted with all applications completed outside of an Open Enrollment Period or Guaranteed Issue scenario. Applications will not be sent to Underwriting until the form is received delaying the enrollment process.

ALL applications must be submitted regardless of the responses provided in the Medical Questions section of the application unless the applicant indicates they have been prescribed one or more of the drugs listed on pages 14 and 15, they suffer from one of the conditions listed on pages 16 and 17, or the applicant's height and weight fall into the denial ranges provided on page 18.

You will receive notification emails providing you with the status of your submitted applications during the Underwriting process. Please ensure the email address you have on file with Humana remains current. Notifications you can expect to receive are as follows:

Underwriting Review - email is sent upon receipt of the applicants application by the Underwriting department. This lets you know that the review will be completed within the next 24-48 hours (if the Underwriting consultant is able to reach your client telephonically).

Please Call - email is sent in the event the Underwriting consultant cannot reach the applicant. It is requested that you assist with contacting the applicant and instructing them to call the Underwriting department. A letter is also sent to the applicant.

Cancel - email is sent notifying you that either the applicant has asked that their application be withdrawn or the Underwriting review was not completed due to a lack of response from the applicant. This will occur after 45 days. A letter is also sent to the applicant.

Decline - email is sent alerting you that the applicant was not able to pass the Medical Underwriting portion of the enrollment process. A letter is also sent to the applicant.

Standard - email is sent upon completion of the Underwriting process. This only means that the applicant has passed Medical Underwriting. The application must then be reviewed by the Enrollment team to ensure accuracy and eligibility for coverage. Please DO NOT forward this email on to applicants.

The applicant should know that coverage is not effective at time of application and current coverage should not be cancelled until their application has been processed and their Humana Value Medicare Supplement policy is issued. If an applicant has current coverage (including Medicare Advantage), auto disenrollment is not triggered by purchasing a Medicare Supplement Plan. The applicant must contact their insurance carrier to terminate their existing plan.

Humana Value Medicare Supplement Plans

Medications Related to Uninsurable Conditions

Below is a partial listing of medications that will result in denial. If the applicant takes one or more of the following, do not submit the application. This list is not all-inclusive.

Please reference the enrollment application for additional information.

A

Abilify
Actiq
Afinitor
Akineton
Alkeran
Ampyra
Anagrelide Hydrochloride
Antabuse
Aptivus
Aranesp
Aranesp Albumin Free
Arava
Aricept
Arimidex
Aromasin
Atripila
Atrovent HFA
Aubagio
Avinza
Avonex
Azathioprine
Azilect

B

Baclofen
Baraclude
Benztropine Mesylate
Betapace
Betaseron
Bicalutamide
Bosulif
Bromocriptine Mesylate
Butrans

C

Campral
Carbidopa/Levodopa
Casodex
Ceenu
Cellcept
Cerefolin
Chlorpromazine HCL

Cilostazol

Clozapine

Clozaril

Combivir

Comtan

Copaxone

Cordarone

Crixivan

Cyclophosphamide

Cyclosporine

D

Demadex

Diazoxide

Didanosine

Didronel

Digoxin

Dipyridamole-aspirin

Droxia

DuoNeb

E

Eldepryl

Embeda

Emcyt

Emtriva

Enbrel

Epivir

Equetro

Ergoloid Mesylates

Etoposide

Exelon

Exemestane

F

Fanapt

Fareston

Felbatol

Femara

Fentanyl

Fluorouracil

Fluphenazine Decanoate

Fluphenazine Hcl

Flutamide

Fosrenol

H

Haloperidol

Haloperidol Decanoate

Hepsera

Humira Pen

Hydrea

Hydromorphone HCL

Hydroxyurea

I

Ilaris

Imuran

Intelence

Intron-A

Invega

Invirase

Ipratropium Bromide HFA

Iressa

Isentress

K

Kaletra

Kineret

Kogenate FS

L

Lanoxin

Letairis

Letrozole

Leukeran

Leukine

Lexiva

Lithium

Lodosyn

Loxapine

Loxapine Succinate

Loxitane

Lysodren

Humana Value Medicare Supplement Plans

Medications Related to Uninsurable Conditions

Below is a partial listing of medications that will result in denial. If the applicant takes one or more of the following, do not submit the application. This list is not all-inclusive.

Please reference the enrollment application for additional information.

M

Matulane
Megace
Megestrol Acetate
Mercaptopurine
Methotrexate
Mitomycin
Moban
Multaq
Mustargen
Mycophenolate Mofetil
Myfortic
Myleran

N

Nalbuphine HCL
Naltrexone HCL
Namenda
Nardil
Navane
Nebupent
Neoral
Neulasta
Neupogen
Neupro
Nexavar
Nilandron
Norvir

O

Olanzapine
Orencia

P

Parlodel
Pegasy
Peg-Intron
Redipen
Pergolide Mesylate
Phoslo
Plavix
Pletal
Pradaxa
Prezista
Procrit
Prograf

Propafenone
Purinethol

R

Rapamune
Razadyne
Razadyne ER
Rebetol
Remicade
Renagel
Renvela
Requip
Rescriptor
Revatio
Revlimid
Reyataz
Ribasphere
Ridaura
Rilutek
Risperdal
Risperdal Consta
Risperidone
Roferon-A

S

Saphris
Selegiline HCL
Selzentry
Seroquel
Simponi
Sinemet
Sps
Stalevo
Stalevo 100
Stribild
Sustiva
Sutent
Symbyax

T

Tabloid
Tacrolimus
Tambocor
Tamoxifen Citrate
Tarceva

Targretin
Tasmar
Taxotere
Temodar
Thalomid
Thioridazine ^{HCL}
Thiothixene
Tice Bcg
Tikosyn
Torsemide
Tracleer
Trental
Trexall
Trifluoperazine HCL
Trihexyphenidyl HCL
Trizivir
Truvada
Tysabri

V

Valcyte
Videx
Viracept
Viramune
Viread
Vivitrol

W

Warfarin Sodium

X

Xtandi
Xeloda
Xenazine
Xyrem

Z

Zaltrap
Zelapar
Zerit
Ziagen
Zidovudine
Zoladex
Zyprexa

Humana Value Medicare Supplement Plans

Medicare Supplement Ineligible Conditions

Below is a partial listing of conditions that will result in denial. If the applicant suffers from one or more of the following, do not submit the application. This list is not all-inclusive. Please reference the enrollment application for additional information.

A

AIDS, ARC or HIV
Addison's
Adrenal insufficiency
Alcohol Abuse / Alcoholism
Alzheimer's Disease
Ankylosing Spondylitis
Arterial embolism
Artificial opening for feeding
or elimination (within the
last 12 months)
Atrial Fibrillation

B

Bed Sore (Decubitus ulcer)
Bedridden
Bipolar Disorder
Brain tumor
Burns – extensive third degree

C

Cancer - Internal
Carotid artery disease
Cerebral Hemorrhage
Cerebral Palsy
Chest Pain (Angina Pectoris)
Chronic Kidney Disease
Chronic Obstructive Pulmonary
Disease (COPD)
Cirrhosis of the liver
Confined to a wheelchair

Coma, brain compression/
anoxic damage or severe
head injury
Congestive heart failure
Coronary heart disease
Crippling arthritis
Crohn's Disease
Cushing's Syndrome
Cystic Fibrosis

D

Delusions/Hallucinations
Dementia
Drug Abuse

E

Emphysema
End Stage Renal Disease
(ERSD)
Enlarged heart
(Cardiomyopathy)

H

Hardening of the arteries
Heart Attack
Heart disease
Heart Failure
Hemophilia
Hepatitis B
Hepatitis C
Huntington's disease

I

Internal Cancer

K

Kidney disease requiring
dialysis
Kidney Failure

L

Leukemia
Lou Gehrig's Disease
Lupus (systemic lupus
erythematosus)

M

Malnutrition
Marfan Syndrome
Melanoma
Multiple or lateral sclerosis
Multiple personality disorder
Muscular dystrophy
Myasthenia Gravis

N

Neuralgic or poor circulation
that has caused an ulcer on
the skin

Humana Value Medicare Supplement Plans

Medicare Supplement Ineligible Conditions

Below is a partial listing of conditions that will result in denial. If the applicant suffers from one or more of the following, do not submit the application. This list is not all-inclusive. Please reference the enrollment application for additional information.

O

Organ transplant (other than corneal)
Organic brain disorders
Osteopetrosis

P

Pacemaker
Paget's Disease
Pancreatitis
Paranoia
Paralysis
Paralytic condition
Parkinson's disease
Peripheral vascular disease
Polymyositis
Pulmonary embolism

R

Respiratory dependence
Rheumatoid arthritis

S

Schizophrenia
Seizures within the past 12 months
Senile Dementia
Senility disorder
Sick sinus syndrome/brady-tachycardia syndrome/ sinus node disease
Sickle Cell Anemia
Spina Bifida
Spinal cord disorders/injuries
Stroke
Suicide attempt
Systemic Lupus

T

Transient Ischemic Attack (TIA)

U

Ulcerative Colitis
Uncontrolled Diabetes
Uncontrolled high blood pressure (hypertension)
Uncontrolled high cholesterol

V

Ventricular arrhythmias
Ventricular fibrillation or flutter

Humana Value Medicare Supplement Plans

BODY MASS INDEX If applicants height and weight fall into one of these ranges they are not eligible for coverage. Do not submit the enrollment application.					
Height (ft/in)	Deniable BMI of 14 or less	Deniable BMI of 41 or more	Height (ft/in)	Deniable BMI of 14 or less	Deniable BMI of 41 or more
	Weight (lbs.)	Weight (lbs.)		Weight (lbs.)	Weight (lbs.)
4'	46 or less	134 or more	6'	103 or less	302 or more
4'1"	48 or less	140 or more	6'1"	106 or less	311 or more
4'2"	50 or less	146 or more	6'2"	109 or less	319 or more
4'3"	52 or less	152 or more	6'3"	112 or less	328 or more
4'4"	54 or less	158 or more	6'4"	115 or less	337 or more
4'5"	56 or less	164 or more	6'5"	118 or less	346 or more
4'6"	58 or less	170 or more	6'6"	121 or less	355 or more
4'7"	60 or less	176 or more	6'7"	124 or less	364 or more
4'8"	62 or less	183 or more	6'8"	127 or less	373 or more
4'9"	65 or less	189 or more	6'9"	131 or less	383 or more
4'10"	67 or less	196 or more	6'10"	134 or less	392 or more
4'11"	69 or less	203 or more	6'11"	137 or less	402 or more
5'	72 or less	210 or more	7'	141 or less	412 or more
5'1"	74 or less	217 or more	7'1"	144 or less	421 or more
5'2"	77 or less	224 or more	7'2"	147 or less	431 or more
5'3"	79 or less	231 or more	7'3"	151 or less	441 or more
5'4"	82 or less	239 or more	7'4"	154 or less	452 or more
5'5"	84 or less	246 or more	7'5"	158 or less	462 or more
5'6"	87 or less	254 or more	7'6"	161 or less	472 or more
5'7"	89 or less	262 or more	7'7"	165 or less	483 or more
5'8"	92 or less	270 or more	7'8"	169 or less	494 or more
5'9"	95 or less	278 or more	7'9"	172 or less	504 or more
5'10"	98 or less	286 or more	7'10"	176 or less	515 or more
5'11"	100 or less	294 or more	7'11"	180 or less	526 or more
			8'	184 or less	537 or more

Humana Value Medicare Supplement Plans

State-Specific Open Enrollment and Guaranteed Issue Guidelines

In addition to the guaranteed issue scenarios described in the *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, the following states have additional open enrollment and guaranteed issue periods that you should know about. This is not a complete list. Please review your state regulations for additional scenarios which may qualify an applicant for guaranteed issue into a Medicare Supplement plan.

California, Texas, and Wisconsin – Individuals are guaranteed issue into a Medicare Supplement plan when losing Medicaid.

California – Current Medicare Supplement policyholders (with any carrier) are guaranteed issue into a like or lesser Medicare Supplement plan (see plan comparison table on page 20) beginning 30 days prior to their birthday and ending 30 days after their birthday each year. Application signature dates will be accepted no more than 30 days prior to birthday. Coverage effective date must follow birthday.

Guaranteed issue is also available to individuals losing military health coverage due to the closing of a military base, the base no longer offering health care services, moving away from the base, or losing access to health care services at the military base. Applicants must apply no more than 6 months from the date their coverage ends.

Additionally, applicants are eligible for guaranteed issue if their current Medicare Advantage plan is reducing benefits, increasing cost sharing, terminating a provider contract, or increasing premiums by at least 15%. Applicants can enroll as guaranteed issue into a Medicare Supplement policy offered by their current carrier. If their carrier does not offer Medicare Supplement plans they are guaranteed issue into any carrier's Medicare Supplement plans.

Finally, individuals qualify for guaranteed issue due to termination of an employer retirement plan paying either primary or secondary to Medicare. Applicants must apply no more than 6 months from the date their coverage ends.

Colorado – Extends a guaranteed issue period of 63 days beginning with the date coverage ends to individuals voluntarily losing Employer Welfare Benefit coverage. For those involuntarily losing coverage the guaranteed issue period is extended to 6 months.

Humana Value Medicare Supplement Plans

PLAN COMPARISON CHART		
Current Plan (includes Select offerings)	Equal To	Lesser
A	A	High Deductible F, K, L, N
B	B	A, High Deductible F, K, L, N
C	C	A, B, High Deductible F, K, L, N
D	D	A, B, C, High Deductible F, K, L, N
E, H, I, J, High Deductible J	A, B, C, F, K, L, N	A, B, C, F, High Deductible F, K, L, N
F	F	A, B, C, High Deductible F, K, L, N
High Deductible F	High Deductible F	None
G	G	A, B, C, F, High Deductible F, K, L, N
K	K	High Deductible F
L	L	High Deductible F, K
M	M	High Deductible F, K, L
N	N	High Deductible F, K, L

Non Standard Plans	
Core (MA)	See standard Plan A
Supplement 1 (MA)	See standard Plan C
Basic (MN and WI)	See standard Plan A
Basic + Riders (MN and WI)	See standard Plan F
Extended Basic (MN)	See standard Plan F
50% Coverage (MN)	See standard Plan K
75% Coverage (MN)	See standard Plan L
High Deductible Coverage (MN)	See standard Plan High Deductible Plan F
50% Cost Share +/- Rider (WI)	See standard Plan K
25% Cost Share +/- Rider (WI)	See standard Plan L

Humana Value Medicare Supplement Plans

Guaranteed Acceptance Guide: This form defines categories for guaranteed acceptance and creditable coverage eligibility. In **Texas**, a copy of the form must be presented to and signed by the applicant to be submitted with the enrollment application. The form is included as part of the application packet rather than a separate, free-standing form. Failure to submit the form will result in the application pending. In **Pennsylvania**, the form must be presented to the applicant prior to completing the enrollment application. Receipt of this information is then acknowledged within the enrollment application. Forms may vary by state.

Medicare Supplement Guaranteed Issue Guide



Definitions Of Eligible Person For Guaranteed Issue And Creditable Coverage

You are eligible for guaranteed issue if you submit evidence of the date of termination or disenrollment with the Enrollment Application, and you meet one of the following conditions:

1. You are enrolled in an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare, and the plan terminates or ceases to provide such supplemental health benefits, or you are enrolled in an employee welfare benefit plan that is primary to Medicare and the plan terminates, or ceases to provide health benefits because you left the plan.
Your guaranteed issue period begins on the later of the following: the date you receive a notice of termination or cessation of all supplemental health benefits or, if a notice is not received, notice that a claim has been denied because of a termination or cessation, or the date that the applicable coverage terminates or ceases, and ends 63 days thereafter.
2. You are enrolled with a Medicare Advantage organization under a Medicare Advantage Plan (the "Plan") under Part C of Medicare and any of the following apply: or you are 65 years of age or older and are enrolled with a Program of Adult Insurance Care for the Elderly (PACE), and there are circumstances similar to those described in follows that would permit discontinuance of your enrollment with the provider if you were enrolled in a Medicare Advantage Plan:
 - (i) The organization's or Plan's certification under this part has been terminated or
 - (ii) The organization has terminated or otherwise discontinued providing the Plan in the area in which you reside, or
 - (iii) You are no longer eligible to elect the Plan because of a change in your place of residence or other change in circumstances specified by the Secretary of the Department of Health and Human Services (the "Secretary"), including those circumstances where you were disenrolled from the Plan for any of the reasons described in Section 1813(g)(2)(B) of the Federal Social Security Act (i.e., where you have not paid premiums on a timely basis, or you have engaged in disqualifying behavior as specified in standards under Section 1813(d), or the Plan is terminated for all enrollees residing within a particular residential service area); or
 - (iv) You demonstrate, in accordance with guidelines established by the Secretary, that:
 - (A) The organization offering the Plan substantially violated a material provision of the organization's contract with the Centers for Medicare & Medicaid Services in relation to you, including the failure to provide you, or a timely basis, with medically necessary care for which benefits are available under the Plan, or the failure to provide such covered care in accordance with applicable quality standards; or
 - (B) The organization or agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the Plan to you.
 - (v) You meet such other exceptional conditions as the Secretary may provide.


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Additional Enrollment Processing Information

Policy Delivery

After the application has been processed and accepted, the ID card will be mailed directly to the policyholder from Humana within five (5) business days, and the policy accompanied by a copy of the completed application will be mailed within ten (10) business days. A notice of application approval will be sent to the writing agent.

<p>Humana Value Medicare Supplement Insurance Plan</p> <p>MEMBER NAME Member ID: HXXXXXXXXX Group#: XXXXX Plan: XXXXXX Carrier PCN#: XXXXXXXX ANSIBIN#: XXXXXX</p> <p>HUMANADENTAL INSURANCE COMPANY</p>	 <p>Member/Provider Service: 1-800-866-0581 If you use a TTY, call 711 Humana Claims, PO Box 14601, Lexington, KY 40512-4601. Please visit us at Humana.com Pharmacists call: 1-800-345-5413</p> <p>Card Issued: MM/DD/YYYY</p>
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Pre-Existing Conditions

To help control rising costs, Humana policies include a pre-existing condition clause for newly issued Medicare Supplement policies.

Expenses resulting from a condition existing six months prior to policy effective date are not covered unless they are incurred three months after the policy effective date. If the policy replaces other creditable individual or group insurance coverage, this pre-existing condition limitation will be reduced by the number of months that coverage was in force. If this policy replaces another Medicare Supplement policy, the pre-existing condition limitation will be reduced by the number of months that coverage was in force. The pre-existing condition limitation is waived when application is made during guaranteed issue situations. Pre-existing condition requirements vary by state.

Humana Value Medicare Supplement and Prescription Drug Plan (PDP)

Many applicants seeking to enroll in a Humana Value Medicare Supplement Plan may have or purchase a Humana PDP. Since these are two separate plans, it is important to submit a separate check for the Medicare Supplement premium when submitting a paper application. To reduce the risk of posting Medicare Supplement premiums incorrectly, be sure applicants note in the memo section of their checks that the payment is applicable to their Medicare Supplement plan. When an applicant records "Payment for Med Supp" or "Med Supp" on the memo line, it is more easily identifiable and ensures accurate processing of funds. For more information, contact the Agent Support Line (contact information on page 26).

(Additional Enrollment Processing Information continued next page)

Additional Enrollment Processing Information

Changes to In-force Business

Address Change: Policyholders should contact Humana directly for address changes either in writing or over the phone. **Note:** An address change may result in a change in the premium rate. The change will be effective immediately and a new coupon book will automatically be issued or the new premium will be drafted with the next billing cycle.

In-State Move: In most states, premiums have been developed for up to three rating areas per state depending on the state. These rating areas are defined by county of residence. Please check rate charts in the Outline of Coverage for proper rate classification.

Out-of-State Move: When Humana Value Medicare Supplement policyholders move from the state their policy was initially issued, they may choose to continue coverage under their current plan with a premium adjustment or apply as guaranteed issue into a plan of **equal value** available in their new state of residence. A new enrollment application is required if applying in the new state of residence. If the policyholder chooses to enroll in a plan of greater or lesser value, they will be subject to medical underwriting.

Information on premium changes or plan availability due to a move is available through Customer Service (contact information on page 26).

Cancellation of Coverage: A cancellation request can be made in writing or over the phone by the policyholder or their legal representative. The cancellation will be effective the last day of the month in which Humana receives notification. Some states do require a prorated termination date based on the cancellation date requested.

Rescission of Coverage: If any information on any form is misstated or omitted, coverage may be rescinded. Rescission voids coverage from the effective date, and any premiums paid will be refunded, less any claims already paid. No payments will be made for any claims submitted, whether or not the treatment was related to the condition that was misstated (varies by state).

Agent Support

Marketing Materials

Agents can order Medicare Supplement Enrollment kits, including all required forms, by contacting the Agent Support Line (contact information on page 26). In order to place your order, Agent Support will require:

- Your 7-digit Agent ID
- Humana Value Medicare Supplement order
- Shipping Address
- State(s) for which you need kits
- Quantity of kits

This information can be provided to Agent Support by phone, fax, or email (contact information on page 26). **Please be sure to inform Agent Support that you wish to order the Humana Value Medicare Supplement materials. If this information is not provided, you will receive the incorrect sales materials.**

Commissions

Commission checks are calculated twice each month, on the 10th and the 25th. Payments are made on the 15th and the last day of the month. Dates are adjusted for weekends and holidays.

For questions regarding commission payments call Agency Management (contact information on page 26).

Get Commissions Faster

Still waiting for paper commission checks? Get your money faster and with fewer hassles by signing up for direct deposit. We will continue to mail your commission statement after each deposit. To receive the form for direct deposit contact the Agent Support Line (contact information on page 26).

(Agent Support continued next page)

Agent Support

Humana Contact Information

Important CUSTOMER Phone Numbers

Member Customer Service: 1-800-866-0581
Billing/Enrollment: 1-800-866-0581
Claims/Benefits: 1-800-866-0581
TDD (For Hearing Impaired): 711

Important AGENT Contact Information

Agency Management

Commissions: 1-800-558-4444 (ext. 8919) or AgencyMgmt@humana.com

Agent Support Line (8 a.m. – 9 p.m. EST)

For questions such as contracting/appointments, product support, marketing materials, or PRE-ENROLLMENT issues and general questions:

Agents: 1-800-309-3163
Email: AgentSupport@humana.com
Fax: 1-502-508-0062

Enrollment, Billing and Claims Inquiries

Please allow at least three business days for submissions to be reviewed. Due to complexity, research and possible approvals, certain issues may take up to five business days. Agents will receive a follow-up email every five business days with an updated status on open issues. Remember to limit each email to one member's issue(s).

Email: msopsupport@humana.com

Underwriting

Customer Service: 1-800-825-7858

Access to Care

Access to care and critical, time sensitive issues that need **immediate attention** should be called in to customer service for guidance and solutions. This will allow for escalation with a supervisor and/or manager.

Phone: 1-800-866-0581

Notes

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