

What happens after you choose a Humana One plan?

So you've decided which Humana One plan you want. Now what happens?

First, you need to know that all individual health insurance applications are subject to approval. That means you shouldn't cancel any existing coverage until we notify you that you've been approved for a Humana*One* plan.

The application process includes underwriting. When we review your health history to determine your eligibility for coverage. Here's an overview of the process:

1. Gather your information

So you can complete the application easily and completely, have the following ready:

- ☐ Plan information The plan, deductible level, and optional benefits you've selected.
- ☐ Applicant information For each person applying for coverage, you'll need:
 - Demographic information, including: date of birth, height, weight, Social Security number, contact information, and occupation.
 - Information about current and past health insurance plans, including the carrier name and when the coverage started and ended.
 - Information about medical history such as diagnosis, treatment, and current status of any conditions; for applicants who have high blood pressure or high cholesterol, we'll need your most current readings.
 - Information about prescriptions, including the drug name of each, dosage, how
 often it's taken, and when it was first prescribed.
 - Contact information for doctors and facilities that have provided treatment.
- ☐ Payment information For your initial payment, you can provide a credit / debit card number or a bank account number and bank routing number. After the initial payment, recurring payment choices include: monthly, quarterly or semi annually.
- ☐ Quote number or agent information If an agent prepared your quote, you should have a quote reference number. If you can't find it, the agent's name and agent number will do.

Please use the Application Preparation Checklist in this document to assist you with gathering this information.



2. Complete the application

You can apply for a Humana One plan online or by phone. The application process takes about 30-45 minutes, depending on the number of people applying and their medical history.



Online

If an agent prepared a quote for you, he or she will send you a link to the application site. You can also work with your agent to complete your application online.

Our site digitally encrypts your personal information so it's safe and secure.



By phone

Our highly trained representatives can walk you through the application over the phone. To apply, call **1-800-552-0758**.

Representatives are available Monday through Thursday from 7 a.m. to 8 p.m., Friday from 7 a.m. to 6 p.m., and Saturday from 9 a.m. to 3 p.m. All times are Central.

As part of the underwriting application process, we may need to contact previous healthcare providers to give us details about your treatment history. You will need to authorize the release of this information. We protect the privacy of your health information throughout the application and underwriting process.

3. Communicating the outcome

We're dedicated to getting you an answer quickly. More than one-third of applicants receive a decision in one business day. If we are unable to make an immediate decision, you will be notified of any additional information needed. If you're approved for coverage, we'll send your welcome kit that includes your Humana ID card, a member guide, and important plan documents.

Frequently asked questions about applying for a HumanaOne plan

Q. I don't have health insurance now. If I apply for a Humana*One* plan, how soon can my coverage begin?

- The earliest effective date you can request is the date of your application
- You can request an effective date for any day of the month
- You cannot request an effective date more than 45 days in the future
- Humana reserves the right to approve the final effective date

Depending on your state, applicants who haven't had major medical coverage within 63 days of applying may:

- Be required to choose an effective date 30 to 45 days after the date of application -OR-
- Be given two start dates:
 - 1. Coverage for accidents and routine care will start the day you request (subject to approval)
 - 2. Coverage for sickness-related services will begin on the 15th day after your approved effective date

We'll keep you informed during the application process if either of these situations affect you. Please note: Neither situation applies to Short Term Medical plans.

Q. What if I have a health condition?

If Humana extends an offer of coverage, the health condition may:

- Be covered, but require an additional premium
- Be excluded from coverage altogether -OR-
- Have a separate deductible for anything related to the condition

Q. For what reasons could coverage be denied?

Although we make every effort to extend coverage to all applicants, not everyone will qualify. People who've been diagnosed with certain conditions may be denied coverage. Coverage may also be denied to people who are undergoing or awaiting the results of diagnostic tests, treatments, surgery, biopsies, or lab work. In addition, coverage can't be provided to expectant parents (male or female), to children younger than 2 weeks old, or to adults older than 64.5 years.

Other eligibility requirements may apply.

Application Preparation Checklist

Agent name _	Lani	Corriveau	Humana agent number _	1440359

Please review the following information and complete the checklists before you apply. All applicants 18 years and older will be required to review and sign the application. If you have questions, refer to your benefit summary or contact your agent.

Please indicate the date you would like coverage to begin. Requested date:

Please choose one of the following health plans. Note: Benefit options can be added to your plan for an additional cost.

Plan opt	tions	Deductible Deductible or Out-of-netwo	options btions shown are in-network. brk deductibles also apply. Family	Benefit options Check all that apply
	Humana <i>One</i> Enhanced Copay / 80%	\$500 \$1,000 \$1,500 \$2,000 \$2,500 \$3,500 \$5,000	When three family members meet their individual deductible, the family deductible is met	□ \$150 prescription deductible buy-up □ Additional \$3 million lifetime maximum □ Supplemental accident benefit: □ \$1,000 □ \$2,500 □ Deductible carryover credit □ Dental insurance: □ Term life insurance
	Humana <i>On</i> e Copay / 80%	□ \$3,500 □ \$5,000		□ \$300 prescription deductible buy-up Additional \$2 million lifetime maximum Supplemental accident benefit: □ \$1,000 □ \$2,500 Deductible carryover credit Dental insurance: □ Term life insurance
	Humana <i>One</i> Copay / 70%	\$1,500 \$2,500 \$5,000	members meet their	□ \$500 prescription deductible buy-up Additional \$2 million lifetime maximum Supplemental accident benefit: □ \$1,000 □ \$2,500 Deductible carryover credit Dental insurance: □ Term life insurance
	Humana <i>One</i> Value / 100%	□ \$5,000 □ \$7,500		 □ Additional \$3 million lifetime maximum □ Supplemental accident benefit: □ \$1,000 □ \$2,500 □ Deductible carryover credit □ Dental insurance: □ □ Term life insurance
	Humana <i>On</i> e Enhanced HSA / 100%	\$1,500 \$2,500 \$3,500 \$5,000 \$5,950	\$5,000 \$7,000 \$10,000	□ Additional \$3 million lifetime maximum □ Supplemental accident benefit: □ \$1,000 □ \$2,500 □ Dental insurance: □ Term life insurance
	Humana <i>On</i> e HSA / 100%	\$1,500 \$2,500 \$3,500 \$5,000 \$5,950	\$5,000 \$7,000 \$10,000	□ Additional \$3 million lifetime maximum □ Supplemental accident benefit: □ \$1,000 □ \$2,500 □ Dental insurance: □ Term life insurance
	Short Term Medical / 100% (not available in all markets; contact your sales representative for details)	\$1,000 \$2,500 \$5,000	members meet their	
	Short Term Medical / 80% (not available in all markets; contact your sales representative for details)	\$500 ¹ \$1,000 \$2,500 \$5,000	individual deductible, the	

¹ Only available for plans six months or less in duration Dental insurance is not available in Indiana.

Term life insurance options

