

How to Change a Plan via the Web


Print this document as reference. Agent Support **800-309-3163**

This job aid is for plan changes & is not intended for new enrollments

IMPORTANT:

This job-aid is for the agent to use as a reference tool to assist Humana members with plan changes. The agent **CANNOT** conduct an on-line plan change without the member present due to the electronic signature.

For plan changes over the phone, call Humana plan change line at **(877) 856-5705**. Expect high call volume and long hold time prior to 7:00 PM EST during operating hours. A licensed Humana representative will assist in the plan change. This will change the Agent of Record (AOR) only in our enrollment system, but will not change the AOR in our commission system or affect your renewals.

Step	Action	What You'll See
1	<p>Go to www.humana-medicare.com. (This is the home page)</p> <p>Enter your Zip Code</p> <p>Click on Compare</p>	 <p>The screenshot shows the Humana Medicare website. At the top, there is a navigation bar with the Humana logo, the word 'Medicare', and a 'Contact Us' link. Below the navigation bar is a banner for '2008 Plans Now Available for Enrollment' with a photo of a man and a woman looking at a laptop. Below the banner are two main sections: 'EXPLORE' and 'COMPARE & ENROLL'. The 'COMPARE & ENROLL' section is highlighted with a red box and contains a form with the following text: 'Enter ZIP Code: 78629', a 'Compare' button, and a 'ZIP Code Lookup' link. Below the form is a list of benefits: 'Compare Medicare Advantage, prescription drug or Medicare Supplement plans', 'Review plan features', and 'Estimate your Rx costs'.</p>

2 Choose the plan type you wish to compare by clicking on the square box.

Click on **Compare Plans**.

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Select Plan Type

There are 7 Humana Plans Available for ZIP Code **78629** ([Change ZIP Code](#))

[Compare All Available Plans](#)

Or, select from the following:

Compare Medicare Advantage Plans (4 Plans Available)
 Plans can include medical and prescription drug coverage combined in one plan.

Compare Prescription Drug Plans (3 Plans Available)
 Plans include prescription drug coverage only.

Compare Medicare Supplement Plans
 Humana offers Medicare Supplement plans in your area that are not currently available online. Please call one of our licensed representatives for details.

[Compare Plans](#)

3 If you wish to view the plan's details, click on **Plan Details**.

Or

If you're ready to enroll click on **Enroll**.

My Available Plans You have selected to view 3 plans in 78629
[Change ZIP Code](#) | [View All Plans](#)

The chart below compares the plans available in your area.*

You can get detailed information on each plan by clicking the plan details button or the links on the right. You can also click on the question marks for more information. When you find a plan you like, click the enroll button to proceed.

My Available Plans
 My Rx Coverage
 My Annual Costs

Plan Name	Rx Coverage	Monthly Plan Premium	Annual Part D Deductible	Annual Medical Deductible	Maximum Medical Out-of-Pocket
Humana Prescription Drug Plans					
Humana PDP Standard S5884-080	Yes (Rx Only)	\$26.10	\$275.00	Prescription Drug Coverage Only	Enroll
Plan Details					
Humana PDP Enhanced S5884-020	Yes (Rx Only)	\$24.80	\$0.00	Prescription Drug Coverage Only	Enroll
Plan Details					
Humana PDP Complete S5884-050	Yes (Rx Only)	\$87.00	\$0.00	Prescription Drug Coverage Only	Enroll
Plan Details					
Humana Medicare Supplement Plans					

Humana offers Medicare Supplement plans in your area that are not currently available online. Please call one of our licensed representatives at the phone number on the bottom of the page for details.

Additional Resources:

4 Once you have viewed the plan details and you're ready to enroll, click on **Enroll**.

5 Enter your Member ID, Date of Birth, and Zip Code in the space provided under “**Humana Members.**”

Then click “**NEXT**” to complete your plan change.

6 You will need to review the Humana Web Confidentiality agreement and click **Continue.**

7 Verify your plan information and your personal information.

§ Choose your Effective Dates for Medicare Part A and Medicare Part B

§ Verify your phone number, including area code.

§ Enter you E-mail Address if you choose too.

§ Verify your Street Address (Street, City, State, and Zip Code)

§ Enter a mailing address if it’s different from your permanent address

8 Select your premium payment option by clicking on the circle next to the method you want to select.

Click on the circle next to the statement that represents who is completing the enrollment form. Then, click **NEXT** to continue.

Please select a premium payment option

I want to pay with a personal check.
After receiving your signed enrollment form, we will mail you a coupon book for paying your monthly premiums via personal check. The coupon book will include instructions on using other payment options should you prefer to do so.

OR

Deduct my premium payments from my Social Security check ****
Humana will forward your name and premium information to the U.S. Social Security Administration. They will determine if you're eligible to have healthcare premiums deducted from your check.

The Center for Medicare and Medicaid Services doesn't allow us to collect credit card and automatic bank withdrawal information online. To pay your premium using one of these options, please select the option to pay with personal check. The coupon book you receive will include instructions on how to change to other payment options should you prefer to do so.

Please tell us who is completing this enrollment form

I am completing my enrollment form on my own.
 I am a Power of Attorney and am enrolling on someone's behalf.
 I am a Translator and/or Witness and am assisting in completing this enrollment form on someone's behalf.

9 You will need to review the important information and complete your enrollment by signing with an electronic signature.

Electronic Signature > Agreements > Authentication > Review Documents > Sign Document

You are enrolling in: Humana PDP Enhanced S5884-020

Sign to Complete Your Enrollment Form

The final step to complete your enrollment is to sign with an electronic signature.

Please Read this Important Information and Sign Below

If you currently have health coverage from an employer or union, joining Humana could affect your employer or union healthcare benefits. Read the communications your employer or union sends you. If you have questions, visit their Website, or contact your benefits administrator or the office that answers questions about your current coverage.

By completing this enrollment application, I agree to the following: Humana is a Medicare drug plan and it is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare coverage. It is my responsibility to inform Humana of any prescription drug coverage that I have or may get in the future. I can be in only one Medicare prescription drug plan at a time. Enrollment in this plan is generally for the entire year. I may leave this plan only at certain times of the year, or under certain special circumstances, by

Reference Documents

- [Humana Privacy Notice](#)
- [Evidence of Coverage](#)

You will need [Adobe Acrobat Reader](#) to view this file. It is free. [Get Adobe Reader](#)

Please enter the following information to sign and complete your enrollment form:

First Name:

Re-Enter First Name:

10 Enter your first name and then re-enter your first name.

Next, enter your last name and re-enter your last name.

Third, enter today's date and re-enter today's date.

Last, Enter your City and State of Residence and click **SUBMIT**.

Please enter the following information to sign and complete your enrollment form:

First Name:

Re-Enter First Name:

Last Name:

Re-Enter Last Name:

Today's Date: DEC 01 2007

Re-Enter Today's Date: DEC 01 2007

City of Residence:

State of Residence:

This completes the plan change process.