

2015 Individual Market Plans

Customer Service Numbers

Agent Support (Career Agents): 866-921-6245
 Agent Support (Delegated Agents): 866-921-6245
 Claims/Address/PCP Changes: 800-457-4708
 Billing and Enrollment: 866-464-7932 or 800-922-2551
 Medicare Enrollment Fax: 877-889-9936

Enrollment Application Addresses

Overnight Mail Only

Humana Medicare Enrollment
 2432 Fortune Drive
 Lexington, KY 40509

Regular Mail

Medicare Enrollment/SNP
 PO Box 14309
 Lexington, KY 40512

Application Premium Field Note

If you wish to leave the base premium off the app due to LIS or sales concern, leave the premium field blank. Writing \$0.00 if the premium isn't truly \$0.00 could place the member on the wrong plan.

STATE	SERVICE AREA	PRODUCT/ PLAN TYPE	SNP TYPE	CONTRACT	PBP	SEGMENT	GROUP ID	BSN	BASE PREMIUM	PLAN OPTION BUBBLE (for paper app)
DELAWARE	STATEWIDE	PDP PDP		S5884	004	0	235395	009	\$55.60	Humana Enhanced Prescription Drug Plan (PDP)
DELAWARE	STATEWIDE	PDP PDP		S5884	103	0	235395	042	\$29.00	Humana Preferred Rx Plan (PDP)
DELAWARE	STATEWIDE	PDP PDP		S5884	151	0	235395	043	\$15.70	Humana Walmart Rx Plan (PDP)
DELAWARE	Kent, New Castle	LPPO MAPD		H6609	102	0	290900	001	\$65.00	HumanaChoice® PPO