

## 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)
MASSACHUSETTS	STATEWIDE	PDP PDP		S5884	002	0	235415	009	\$50.60	Humana Enhanced Prescription Drug Plan (PDP)
MASSACHUSETTS	STATEWIDE	PDP PDP		S5884	102	0	235415	054	\$26.70	Humana Preferred Rx Plan (PDP)
MASSACHUSETTS	STATEWIDE	PDP PDP		S5884	149	0	235415	055	\$15.60	Humana Walmart Rx Plan (PDP)