

2018 Individual Market Plans

Customer Service Numbers

Agent Support (Career Agents): 866-921-6245
 Agent Support (Delegated Agents): 800-309-3163
 Claims/Address/PCP Changes: 800-457-4708
 Billing and Enrollment: 866-464-7932
 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)
CONNECTICUT	STATEWIDE	PDP PDP		S5884	002	0	235392	009	\$73.90	Humana Enhanced (PDP)
CONNECTICUT	STATEWIDE	PDP PDP		S5884	102	0	235392	026	\$34.60	Humana Preferred Rx Plan (PDP)
CONNECTICUT	STATEWIDE	PDP PDP		S5884	149	0	235392	027	\$20.40	Humana Walmart Rx Plan (PDP)