

Humana Medicare Products

Consult with your contractor for participation

HUMANA
Guidance when you need it most

HumanaChoice PPO: Medicare PPO

HUMANA.
Guidance when you need it most

HumanaChoice PPO
 A Medicare Health Plan with Prescription Drug Coverage

SAMPLECARDS, CHRISTOPHER S
 Member ID: 12345678-9
 RxBIN: 87654321
 RxPCN: 12345678
 RxGRP: XXXXXX

Effective: MM/DD/YYYY
 Issuer: 80840
 Copayments
 OFFICE VISIT \$XX
 SPECIALIST \$XX
 HOSPITAL EMERGENCY \$XX

MedicareRx
 Prescription Drug Coverage
 CMS H1234 001

CUSTOMER SERVICE:
 TDD/TTY Hearing or Speech Impaired: 1-800-457-4708
 1-800-833-3301
 Pharmacist/Physician Rx Inquiries: 1-800-865-8715
 Physician and hospital authorization or notification: 1-800-523-0023

Submit claims to: Humana Claims, PO Box 14601, Lexington, KY 40512-4601.
 [Supplemental Benefits: DEN723 / VIS734 / HER820]
 See pharmacy & drug list at www.humana.com

CARD ISSUED: MM/DD/YYYY

HUMANA.
Guidance when you need it most

Humana Group Medicare PPO
 A Medicare Health Plan with Prescription Drug Coverage

SAMPLECARDS, CHRISTOPHER S
 Member ID: 12345678-9
 Company Name
 RxBIN: 87654321
 RxPCN: 12345678
 RxGRP: XXXXXX

Effective: MM/DD/YYYY
 Issuer: 80840
 Copayments
 OFFICE VISIT \$XX
 SPECIALIST \$XX
 HOSPITAL EMERGENCY \$XX

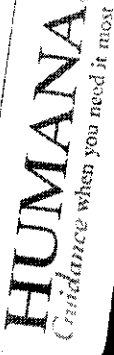
MedicareRx
 Prescription Drug Coverage
 CMS H1234 001

CUSTOMER SERVICE:
 TDD/TTY Hearing or Speech Impaired: 1-866-396-8810
 1-800-833-3301
 Pharmacist/Physician Rx Inquiries: 1-800-865-8715
 Physician and hospital authorization or notification: 1-800-523-0023

Submit claims to: Humana Claims, PO Box 14601, Lexington, KY 40512-4601.
 [Supplemental Benefits: DEN723 / VIS734 / HER820]
 See pharmacy & drug list at www.humana.com

CARD ISSUED: MM/DD/YYYY

In network and out of network benefits available. Payment is based on the negotiated rate and follows contract guidelines. Higher co-pays and co-insurance apply when member is out of network. MC ID Card will be updated effective 1/1/07.



Humana Gold Choice: Medicare PFFS

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Guidance when you need it most

Humana Gold Choice

A Medicare Health Plan with Prescription Drug Coverage

PFFS

SAMPLECARDS, CHRISTOPHER S

Member ID: 12345678-9

RxBIN: 87654321

RxPCN: 12345678

RxGRP: XXXXXX

Effective: MM/DD/YYYY

Issuer 80840

Copayments

OFFICE VISIT \$XX

SPECIALIST \$XX

HOSPITAL/EMERGENCY \$XX

MedicareRx
Prescription Drug Coverage

CMS H1234 001

CUSTOMER SERVICE:

TDD/TTY Hearing or Speech Impaired:

For payment terms and conditions

Pharmacist/Physician Rx Inquiries:

Physician and hospital authorization or notification:

PROVIDERS: DO NOT BILL MEDICARE.

Submit claims to: Humana Claims, PO Box 14601, Lexington, KY 40512-4601.

See pharmacy & drug list at www.humana.com

CARD ISSUED: MMDDYYYY

1-800-457-4708
1-800-833-3301

1-866-291-9714

1-800-865-8715

1-800-523-0023

Member must go to a Medicare enrolled provider. Payment is at 100% of the current year MC fee schedule, locality based. Provider must be willing to accept Medicare rate. A Medicare enrolled provider is not obligated to treat a PFFS member. MC ID Card will be updated effective 1/1/07.

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