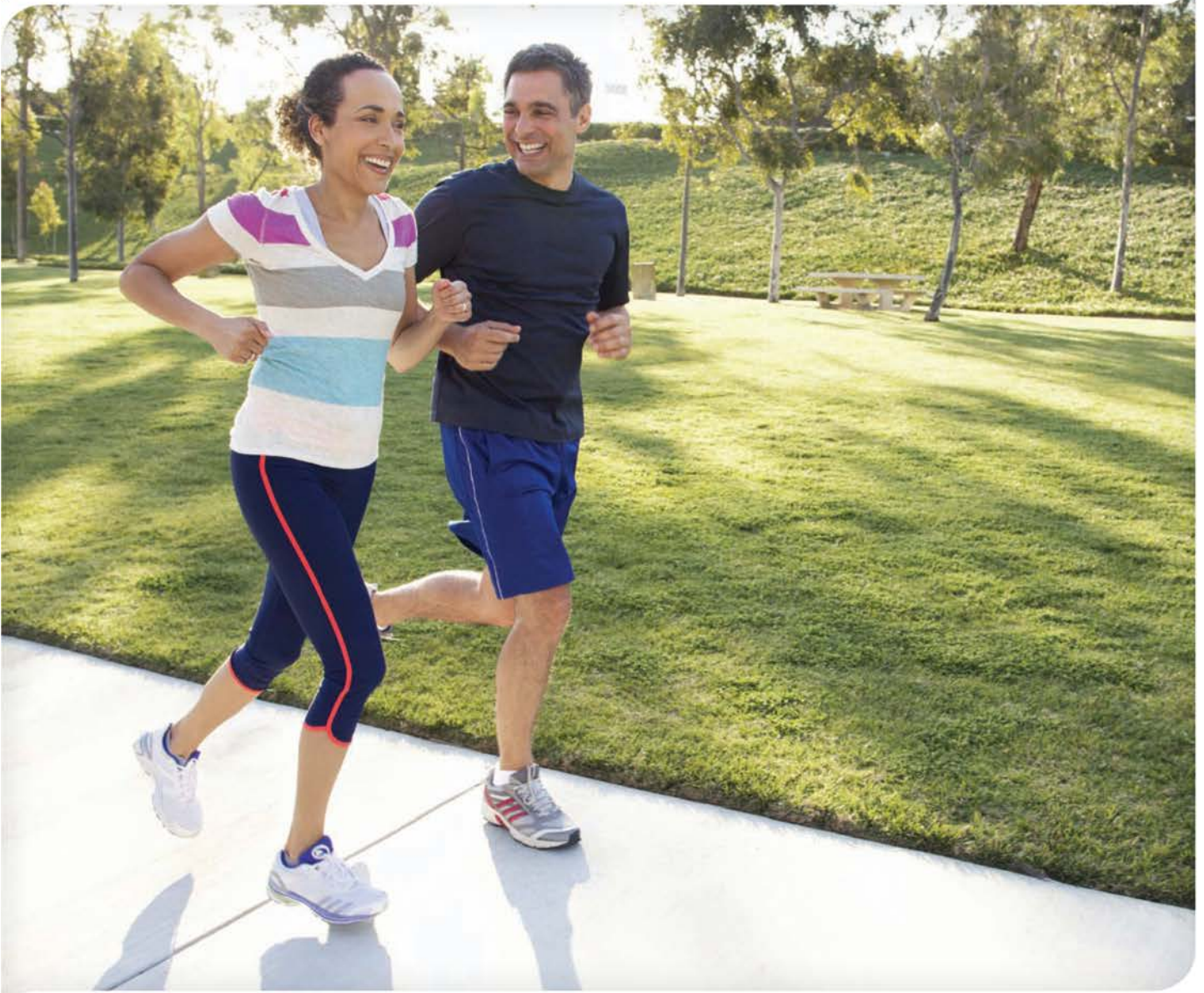


# Humana Medical

For groups with up to 99 employees



**Humana**®

Humana.com 

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# Who to contact

To best serve you, please mention your group or member identification number when you contact Humana.



## Enrollment

### ID CARDS

- We mail most ID cards to the employees' home addresses 10 days after coverage is issued.
- If an employee selected a spending account (PCA, HSA), we provide a separate HumanaAccess<sup>SM</sup> card or combined medical ID / HumanaAccess card. We will mail these cards to employees' home addresses 10 to 15 days after coverage is issued.
- If services are needed before ID cards are received, proof of insurance information can be accessed online by registering or logging in to Humana.com.

### EMPLOYEE CHANGES, ADDITIONS, AND TERMINATIONS

- Employer secured section of **Humana.com** – Billing & Enrollment
- Fax: 1-866-584-9140
- Phone: 1-800-232-2006
- Humana Inc., P.O. Box 14209, Lexington, KY 40512-4209

### ENROLLMENT FORMS

- Sign into **Humana.com**, select "Support & Resources", then choose "Application and Enrollment Forms"
- Phone: 1-800-232-2006

## Administrative and billing

### GROUP-LEVEL CHANGES

Update addresses, probationary periods, and contact information.

- **Humana.com**
- Email: [beclericals@humana.com](mailto:beclericals@humana.com)
- Fax: 1-877-369-5615
- Phone: 1-800-232-2006

## PREMIUMS

- Phone: 1-800-232-2006
- The premium payment address is on your monthly premium invoice
- You can register to pay your invoice electronically on [Humana.com](https://www.humana.com) by signing into your secured Employer Self-Service account
- If you mail your payment, send any new enrollment or terminations separately using the address noted on your invoice

## COVERAGE DETAILS

You and your employees have 24-hour access to the plan document as registered users of [Humana.com](https://www.humana.com)

## CORRESPONDENCE

Humana Inc.  
P.O. Box 14601  
Lexington, KY 40512-4601

## PREMIUM ONLY PLAN (WAGeworks)

The Premium Only Plan (POP)\* allows employers to reduce their payroll tax obligations through the use of pretax deductions of employee benefit premiums, and the employees may reduce their taxable income. Wageworks administers POPs for Humana groups.

Phone: 1-800-876-7548

## HUMANA ACCESS SPENDING ACCOUNT ADMINISTRATION

Phone: 1-800-604-6228

## CREDITABLE COVERAGE

Employers offering prescription drug coverage must disclose to Medicare-eligible individuals with prescription drug benefits that the coverage is “creditable,” and file a notice with the Centers for Medicare & Medicaid Services (CMS). For details, go to [www.cms.hhs.gov/CreditableCoverage](https://www.cms.hhs.gov/CreditableCoverage).

# COBRA and State Continuation

## STATE CONTINUATION SERVICES

Most states have State Continuation laws that require employers to offer former employees and their dependents continuation of health coverage when they no longer are active under the employer’s health plan. State Continuation is an employer/employee relationship for employers with fewer than 20 employees. States may have different eligibility requirements that employees will need to meet.

For details, call 1-800-579-8040 or go to [Humana.com](https://www.humana.com) and search for “COBRA” then select “State Continuation and COBRA - Humana Small Group.”

## COBRA OPTIONS

Employees may need guidance on what options are available after they or a dependent lose coverage.

### Options include:

- COBRA enables them to temporarily continue their current health coverage for up to 18 months (dependents can qualify for up to 36 months). The rate includes the employee’s premium, the employer’s share of the premium, and a small administrative fee.

Employees with questions about COBRA can call our Billing and Enrollment department at 800-232-2006. For more information, go to **Humana.com** and search for “COBRA” then select “State Continuation and COBRA - Humana Small Group”.

## Register on Humana.com

Administering your Humana plan online makes your job easier. To register for online access, go to **Humana.com** and click “Sign in or Register.” For online support questions, call 1-800-232-2006.

## Customer Care

- Humana.com
- Phone: 1-800-232-2006
- Customer care specialists are happy to help you Monday through Friday, 8 a.m. to 6 p.m. If you have a speech or hearing impairment and use a TTY, call 711.
- The automated information line is available 24/7

### FIND A PARTICIPATING PROVIDER

- On the home page of **Humana.com**, you and your employees can search for doctors, hospitals, pharmacies, and other healthcare providers
- Phone: 1-866-4ASSIST (1-866-427-7478)

### CLAIMS

- MyHumana at Humana.com
- Phone:
  - 1-866-4ASSIST (1-866-427-7478)
  - If you have an HMO plan, call 1-800-4HUMANA (1-800-448-6262)
- Fax: 1-888-556-2128
- Humana Inc., Claims Department, P.O. Box 14601, Lexington, KY 40512-4601

### PHARMACY CLAIMS AND RECEIPTS

- Fax: 920-617-1600
- Humana Inc., Pharmacy Operations, 1100 Employers Blvd, Green Bay, WI 54344

# Important deadlines

## Timely applicant

Employees and dependents must enroll for coverage within 31 days of a qualifying event, or 60 days before or 31 days after their eligibility date.

## Premiums

Humana sends premium statements about the 15<sup>th</sup> of the month. To ensure your invoice reflects timely adjustments, submit changes before the 10<sup>th</sup> of the month. Payments are due the first of each month.

## Plan changes

For a non-HMO plan, submit plan changes by the 10<sup>th</sup> of the renewal month. For best results, on-renewal plan change requests must be received by the 15<sup>th</sup> of the month prior to the desired plan effective date.

**Example:** A July 1 renewal can send in a plan change by July 10 for a July 1 effective date. Submit HMO changes by the 25<sup>th</sup> of the month before renewal.

## Employee eligibility changes

Submit enrollment changes within 31 days of the qualifying event.

You are responsible for notifying us of a change in a covered employee's eligibility within 31 days of the change, or as otherwise stated in your Group Policy. A request to us to terminate coverage retroactively is your certification that the member did not pay any premium for coverage past the requested termination date.

