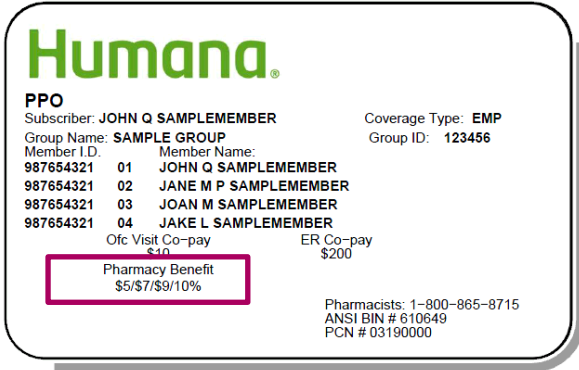


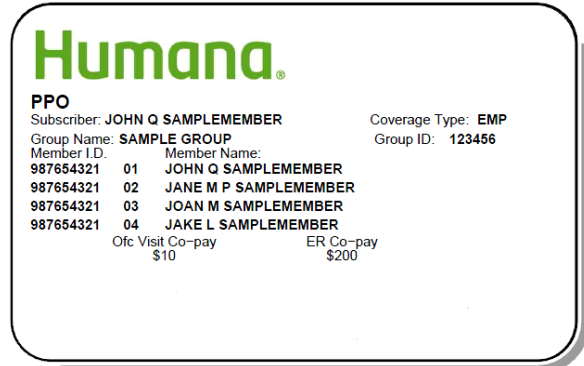
Identification (ID) cards

The following are examples of the ID cards that pharmacy employees may see from Humana members.

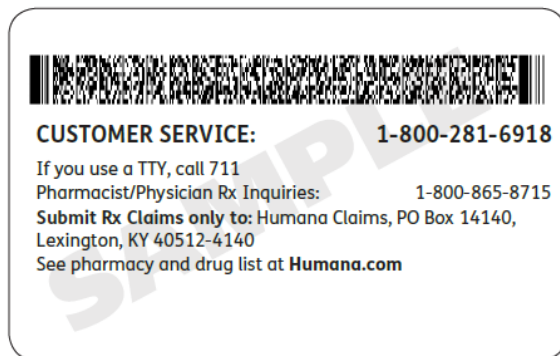
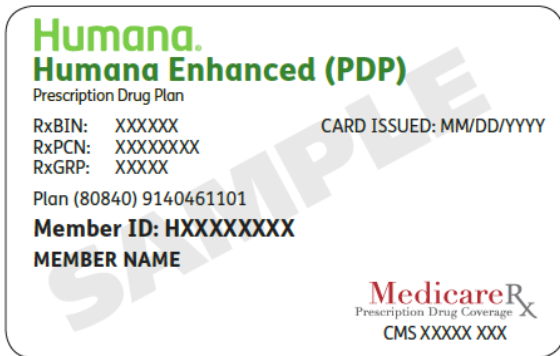
Card for a commercial member with pharmacy coverage



Card for a commercial member without pharmacy coverage

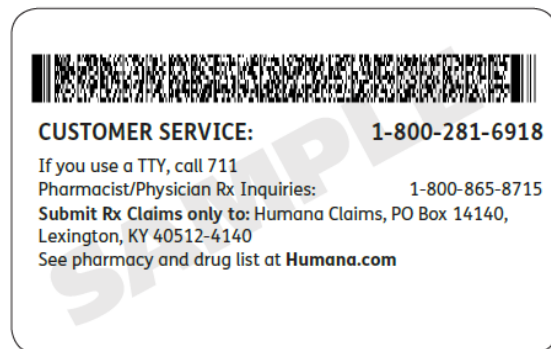
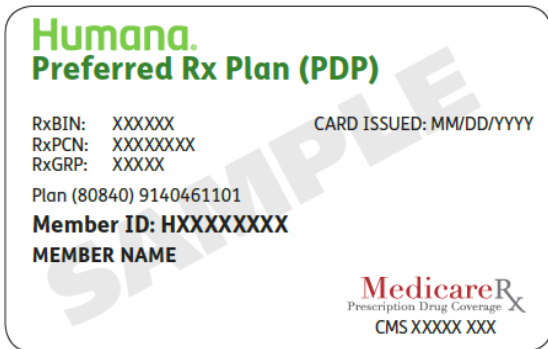


Card for a Medicare member with a Prescription Drug Plan (PDP) – Part D ONLY



The member’s plan designation is located under the Humana logo.

Card for a Medicare member with a (or the) Humana Preferred Rx Plan (PDP)



Card for a member with Medicare Advantage Prescription Drug Coverage (MAPD) (Parts A, B, D)

Humana.
Humana Gold Choice (PFFS)
 A Medicare Health Plan


CARD ISSUED: MM/DD/YYYY

MEMBER NAME
Member ID: HXXXXXXXXX
 Plan (80840) 9140461101

Copayments
 OFFICE VISIT: \$XX
 SPECIALIST: \$XX
 HOSPITAL EMERGENCY: \$XX

Network: XXXXX

CMS XXXXX XXX



Member/Provider Service: 1-800-457-4708

If you use a TTY, call 711
 For Payment Terms and Conditions: 1-866-291-9714
 Primary Physician: XXXXXXXXXXXXX
 PROVIDERS: DO NOT BILL MEDICARE.
 Claims, PO Box 14601, Lexington, KY 40512-4601
 Medicare limiting charges apply
 Please visit us at **Humana.com**
 Additional Benefits: DENXXX VISXXX HERXXX

Humana Medicare Advantage-only plans

Some beneficiaries continue to participate in a Medicare Advantage-only plan (without the prescription benefit). Humana’s coverage for these beneficiaries includes a benefit for Part B drugs. Note that the BIN and PCN are not supplied on the identification cards. Please process claims for these members under BIN 610649 and PCN 03200004. Beneficiaries with this plan may present a card similar to the cards below.

**Card for a member with health maintenance organization (HMO)
 Medicare Advantage-only plan – Parts A and B**

Humana.
Humana Gold Plus (HMO)
 A Medicare Health Plan

MEMBER NAME
Member ID: HXXXXXXXXX
 Plan (80840) 9140461101

Copayments
 OFFICE VISIT: \$XX
 SPECIALIST: \$XX
 HOSPITAL EMERGENCY: \$XX

CMS XXXXX XXX

Member/Provider Service: 1-800-457-4708

If you use a TTY, call 711
 IPA/Center Name: XXXXXXXX
 Primary Physician: XXXXXXXXXXXXXXXX
 Telephone: XXX-XXX-XXXX
 Humana Claims, PO Box 14601, Lexington, KY 40512-4601
 Please visit us at **Humana.com**

Supplemental Benefits: DENXXX VISXXX HERXXX
 CARD ISSUED: MM/DD/YYYY

**Card for a member with preferred provider organization (PPO)
 Medicare Advantage-only plan – Parts A and B**

Humana.
HumanaChoice (PPO)
 A Medicare Health Plan

MEMBER NAME
Member ID: HXXXXXXXXX
 Plan (80840) 9140461101

Copayments
 OFFICE VISIT: \$XX
 SPECIALIST: \$XX
 HOSPITAL EMERGENCY: \$XX

CMS XXXXX XXX

Member/Provider Service: 1-800-457-4708

If you use a TTY, call 711
 Primary Physician: XXXXXXXXXXXXXXXX
 Humana Claims, PO Box 14601, Lexington, KY 40512-4601
 Medicare limiting charges apply
 Please visit us at **Humana.com**

Supplemental Benefits: DENXXX VISXXX HERXXX
 CARD ISSUED: MM/DD/YYYY