

SERFF Tracking Number: HUMA-126625481 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 45644
 Company Tracking Number: AR-07-2010
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: 2010 Individual Medicare Supplement Plans
 Project Name/Number: 2010 FASTAPP/AR-07-2010

Filing at a Glance

Company: Humana Insurance Company
 Product Name: 2010 Individual Medicare Supplement Plans
 TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
 Sub-TOI: MS08I.001 Plan A 2010
 Filing Type: Form

SERFF Tr Num: HUMA-126625481 State: Arkansas
 SERFF Status: Closed-Filed-Closed
 State Tr Num: 45644
 Co Tr Num: AR-07-2010
 State Status: Under Review
 Reviewer(s): Stephanie Fowler
 Disposition Date: 05/27/2010
 Authors: Michele Zabel, Dennis Cowart, Paula Williamson, Adrianna Maki, Mary Walker
 Date Submitted: 05/12/2010
 Disposition Status: Filed-Closed
 Implementation Date:

Implementation Date Requested: On Approval
 State Filing Description:

General Information

Project Name: 2010 FASTAPP
 Project Number: AR-07-2010
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 05/27/2010

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 05/27/2010
 Created By: Adrianna Maki
 Corresponding Filing Tracking Number: AR-07-2010

Filing Description:

Please find enclosed for your review and approval forms necessary to complete a telephonic enrollment process for Humana's Medicare Supplement insurance plans. Following is a description and form number of each piece submitted for review:

1. Telesales Scripts - The telesales scripts will be used by licensed agents to market and enroll prospects in Humana's

SERFF Tracking Number: HUMA-126625481 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 45644
Company Tracking Number: AR-07-2010
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: 2010 FASTAPP/AR-07-2010

Medicare Supplement insurance plans.

- GHA082HHH - Inbound Script
- GHA082IHH - Outbound Script

2. T-Sig Voicelog Scripts – voicelog scripts accessed by the licensed agent to complete the telephonic signature of the applicant.

- GHA0899HH - standard enrollment
- GHA089AHH - applicant is replacing existing coverage

3. Electronic Signature Screens

- GH22954M10 - signature screens
- GH22951M10 - E-Sig 1st E-mail
- GH22952M10 - E-Sig 2nd E-mail
- GH22953M10 - E-Sig 3rd E-mail

4. Fulfillment Enrollment Forms

- GN85026M10EE - An application form is populated with the applicant's responses. The completed application will be provided to the applicant when the policy is issued.
- GN97031M10EE - Notice of Replacement Form populated with applicant's responses and provided at time of policy issue.

Policy forms issued by Humana Insurance Company: ARMESM10A, ARMESM10B, ARMESM10C, ARMESM10F, ARMESM10F(HD), ARMESM10K, and ARMESM10L.

If you have any questions or require additional information, I can be reached in addition to SERFF at (502) 476-1262 or by email at amaki@humana.com.

Company and Contact

Filing Contact Information

Adrianna Maki, Compliance Analyst
500 West Main Street
Louisville, KY 40202

amaki@humana.com
502-476-1262 [Phone]

Filing Company Information

Humana Insurance Company

CoCode: 73288

State of Domicile: Wisconsin

SERFF Tracking Number: HUMA-126625481 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 45644
 Company Tracking Number: AR-07-2010
 TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
 Standard Plans 2010
 Product Name: 2010 Individual Medicare Supplement Plans
 Project Name/Number: 2010 FASTAPP/AR-07-2010
 1100 Employers Boulevard Group Code: 119 Company Type: Life & Health
 Green Bay, WI 54344 Group Name: State ID Number:
 (800) 558-4444 ext. [Phone] FEIN Number: 39-1263473

Filing Fees

Fee Required? Yes
 Fee Amount: \$500.00
 Retaliatory? No
 Fee Explanation: \$50 x 10 forms
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------|----------|----------------|---------------|
| Humana Insurance Company | \$500.00 | 05/12/2010 | 36443271 |

SERFF Tracking Number: HUMA-126625481 *State:* Arkansas
Filing Company: Humana Insurance Company *State Tracking Number:* 45644
Company Tracking Number: AR-07-2010
TOI: MS08I Individual Medicare Supplement - *Sub-TOI:* MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: 2010 FASTAPP/AR-07-2010

Disposition

Disposition Date: 05/27/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-126625481 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 45644
 Company Tracking Number: AR-07-2010
 TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
 Standard Plans 2010
 Product Name: 2010 Individual Medicare Supplement Plans
 Project Name/Number: 2010 FASTAPP/AR-07-2010

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|---|-------------------------------------|---------------|
| Supporting Document | Flesch Certification | Accepted for Informational Purposes | Yes |
| Supporting Document | Application | Filed | Yes |
| Supporting Document | Health - Actuarial Justification | | Yes |
| Supporting Document | Outline of Coverage | | Yes |
| Form (revised) | Inbound Telesales Script | Filed | Yes |
| Form | Inbound Telesales Script | Replaced | Yes |
| Form (revised) | Outbound Telesales Script | Filed | Yes |
| Form | Outbound Telesales Script | Replaced | Yes |
| Form | T-Sig Voicelog Script - Standard | Filed | Yes |
| Form | T-Sig Voicelog Script - w/ROC | Filed | Yes |
| Form | Electornic Signature Screens | Filed | Yes |
| Form | E-Sig 1st Email | Filed | Yes |
| Form | E-Sig 2nd Email | Filed | Yes |
| Form | E-Sig 3rd Email | Filed | Yes |
| Form | Enrollment Application Fulfillment Form | Filed | Yes |
| Form | Notice of Replacment Fulfillment Form | Filed | Yes |

SERFF Tracking Number: HUMA-126625481 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 45644
 Company Tracking Number: AR-07-2010
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: 2010 Individual Medicare Supplement Plans
 Project Name/Number: 2010 FASTAPP/AR-07-2010

Amendment Letter

Submitted Date: 05/25/2010

Comments:

Please see the amended IB and OB Telesales scripts attached on 5/25/10. They include language that was accidentally omitted from the originally attached versions.

Thank you,
Anna Maki

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

| Form Number | Form Type | Form Name | Action | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments |
|-------------|-----------|---------------------------|---------|-------------------|-------------------|-----------------|-------------------|---|
| GHA082HHH | Other | Inbound Telesales Script | Initial | | | | 0.000 | GHA082HHH (IB Telesales Script - Revised).pdf |
| GHA082IHH | Other | Outbound Telesales Script | Initial | | | | 0.000 | GHA082IHH (OB Telesales Script - Revised).pdf |

SERFF Tracking Number: HUMA-126625481 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 45644
 Company Tracking Number: AR-07-2010
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: 2010 Individual Medicare Supplement Plans
 Project Name/Number: 2010 FASTAPP/AR-07-2010

Form Schedule

Lead Form Number:

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------------|-------------------------------------|-----------|------------------------------|----------------|----------------------|-------------|---|
| Filed 05/27/2010 | GHA082HH Other H | | Inbound Telesales Script | Initial | | 0.000 | GHA082HHH (IB Telesales Script - Revised).pdf |
| Filed 05/27/2010 | GHA082IH Other H | | Outbound Telesales Script | Initial | | 0.000 | GHA082IHH (OB Telesales Script - Revised).pdf |
| Filed 05/27/2010 | GHA0899H Other H | | T-Sig Voicelog - Standard | Script Initial | | 0.000 | GHA0899HH (Tsig VoiceLog Script).pdf |
| Filed 05/27/2010 | GHA089AH Other H | | T-Sig Voicelog - w/ROC | Script Initial | | 0.000 | GHA089AHH (Tsig VoiceLog Script w ROC).pdf |
| Filed 05/27/2010 | GH22954M Other 10 | | Electornic Signature Screens | Initial | | 0.000 | GH22954M10 (E-Sig Copy).pdf |
| Filed 05/27/2010 | GH22951M Other 10 | | E-Sig 1st Email | Initial | | 0.000 | GH22951M10 (Esig Email-First).pdf |
| Filed 05/27/2010 | GH22952M Other 10 | | E-Sig 2nd Email | Initial | | 0.000 | GH22952M10 (Esig Email-Second).pdf |
| Filed 05/27/2010 | GH22953M Other 10 | | E-Sig 3rd Email | Initial | | 0.000 | GH22953M10 (Esig Email-Third).pdf |
| Filed | GN85026M Application/ Enrollment | | | Initial | | 0.000 | GN85026M10 |

| | | | |
|---------------------------------|---|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i> | <i>HUMA-126625481</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Humana Insurance Company</i> | <i>State Tracking Number:</i> | <i>45644</i> |
| <i>Company Tracking Number:</i> | <i>AR-07-2010</i> | | |
| <i>TOI:</i> | <i>MS081 Individual Medicare Supplement - Standard Plans 2010</i> | <i>Sub-TOI:</i> | <i>MS081.001 Plan A 2010</i> |
| <i>Product Name:</i> | <i>2010 Individual Medicare Supplement Plans</i> | | |
| <i>Project Name/Number:</i> | <i>2010 FASTAPP/AR-07-2010</i> | | |
| 05/27/2010 10EE | Enrollment Application | | EE.pdf |
| | Form | Fulfillment Form | |
| Filed | GN97031M Other | Notice of ReplacmentInitial | 0.000 |
| 05/27/2010 10EE | | Fulfillment Form | GN97031M10 EE.pdf |

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

OPENING

Use Required Opening:

“Thank you for calling <Humana Insurance Company or Humana Insurance Company of Kentucky or Humana Health Benefit Plan of Louisiana, Inc. (Agent Note: To find the Humana legal entity appropriate for the state of the caller, use the legal entity grid)>. My name is <First and Last> How may I help you?”

- Inquire as to the specific nature of the call
 - Requesting information about available Medicare Supplement plans?
 - If sales call, reconfirm the request for Plan information and collect demographic information:
 - Prospect telephone number with area code
 - Prospect last and first name
 - Prospect’s full address, zip code and state, search for record/create record, as applicable
 - Calling for Customer Assistance?
 - If non-sales call, reconfirm the request for Customer Service and route call to Customer Service or other departments, as appropriate.

QUALIFICATION

Preliminary Qualification of the Prospect:

Thank the prospect for their patience, express gratitude, inform the prospect of the eligibility requirements and qualify as follows:

- Is prospect currently age 65 or older (under 65 and qualifies for Medicare due to disability) or will they be turning 65 within the next three months? Note: availability to those under age 65 is dependent upon state of residence.
- Prospect has both Medicare Part A and Part B (or will within the next three months)?
- Confirm that the prospect resides in the state/rating area for the plan that is being quoted.
- Confirm that the prospect does not have Medicaid. If the caller has Medicaid, they are only eligible if they can answer yes to one of the following questions:
 - Will Medicaid pay your Medicare Supplement policy premium?
 - Is the only benefit that you receive from Medicaid the premium payment for Part B of Medicare?
- If the caller has a Medicare Advantage plan, another Medicare supplement policy or Group coverage, they are only eligible to enroll if they can answer yes to the following question:
 - Will the Humana Medicare Supplement policy replace their current coverage?
Note if they are on a Medicare Advantage plan they may only be eligible to disenroll if they have a valid election period available to use at the time (such as SEP, OEP, AEP, etc.).

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

Required statement

“Humana Medicare Supplement applicants are subject to underwriting and may be declined coverage based on previous and/or current health conditions, unless one qualifies for guaranteed acceptance. After we discuss your needs and Humana Medicare Supplement plans available in your area, if one of the plans seems suitable, we can discuss how underwriting and guaranteed acceptance work.”

SELLING PROCESS

NEADS Analysis:

(Note: The purpose of the NEADS analysis is to determine plan suitability, and help the prospect in selecting the best plan for their particular needs.)

NEADS Based Selling; guide to probing for health care needs.

(N) What kind of coverage does the prospect have now?
What type of health coverage do they have (Medicare only, Medicare and PDP only, Medicaid, Group, MAPD, Medicare Supplement, etc.)?
How much do they pay in premium for their current coverage?

(E) Which benefits do they enjoy most?
Which benefits are most important with their current coverage?
Does Humana offer comparable benefits?

(A) What would they change about their current health coverage?
Does Humana meet their needs in these areas better than their current carrier?

(D) Is there anyone that assists them in making their healthcare decisions?
If yes, do they have POA or just assist in making their decisions?

(S) Summarize what the prospect has told you and offer them a solution to their concerns as appropriate.

Is a Humana Medicare Supplement plan suitable for their needs?
If so, which Humana Medicare Supplement plan is most suitable?
Confirm with the prospect that they agree with the plan you have recommended.

Plan Features:

- Present plan benefits and rates in detail utilizing the tools and resources which have been provided ('Med Supp' option on EDGE, Humana.com or Outline of Coverage). These policies contain exclusions and limitations. Benefits vary by plan and the premium will vary with the amount of benefits selected.

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

Convert Features to Benefits:

- Demonstrate the advantages of the plan features as they relate to the prospect's healthcare needs.
- Discuss how the advantages will benefit the prospect. *EX: Additional coverage for hospitalization may mean less out of pocket expenses for you should you have to enter the hospital.*
- Trial close. *EX: Does this Humana Medicare Supplement plan sound like a plan you could benefit from?*

Inform the caller that Humana is not connected with nor endorsed by the U.S. Government or the Federal Medicare Program.

Guaranteed Acceptance:

Determine if the caller is eligible for guaranteed acceptance. If they answer yes to either of the following questions, they are guaranteed acceptance into a Medicare Supplement plan at this time and no questions concerning underwriting can be asked:

- Are you applying for coverage during your Medicare Supplement open enrollment period?
- Have you lost, or are you losing or replacing, other health coverage which would qualify you for guaranteed acceptance?

Below are examples of guaranteed acceptance qualifications.

- Are you applying for coverage during your Medicare Supplement open enrollment period (6 month period beginning on the first day of the month when the prospect is 65 years old or older AND enrolls in Medicare Part B)? If under the age of 65, open enrollment begins on the first day of the month when your Medicare Part B is effective. (Agent note: Applicable ONLY if plans are available to those under the age of 65 in the prospect's state of residence.)
- You are in a Medicare Advantage Plan and the plan is leaving Medicare or stops giving care in your area, or you move out of the plan's services area.
- You have employer group health coverage or union coverage that is ending.
- You have Original Medicare and a Medicare SELECT policy and you move out of the Medicare SELECT policy's service area.
- You joined a Medicare Advantage plan or PACE when you were first eligible for Medicare at age 65 and within the first year of joining, you decide you want to switch to Original Medicare.
- You dropped a Medicare Supplement policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time; you have been in the plan for less than a year, and you want to switch back.

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

- Your Medicare Supplement insurance company goes bankrupt and you lose your coverage, or your Medicare Supplement policy coverage otherwise ends through no fault of your own.
- You leave a Medicare Advantage plan, or drop a Medicare Supplement policy, because the company hasn't followed the rules or it misled you.

Underwriting Review (omit if they qualify for guaranteed acceptance):

Let the caller know that their eligibility to purchase a Humana Medicare Supplement Plan is dependant upon them meeting Humana underwriting requirements.

- At this time I'd like to go through the underwriting process to determine if you are eligible to purchase a Humana Medicare Supplement Plan (Ask all underwriting questions if "yes" is answered to any health questions they are not eligible).

If they do not meet the underwriting requirements state, "Based on what you've shared with me, I'm sorry to say that you do not meet the medical underwriting requirements for our Medicare Supplement plans. I want to thank you though, for your time and your interest in a Humana Medicare Supplement plan. Humana offers many different types of products and I would be happy to go over all of the products we offer in your area"

CLOSING

Close (Telephonic Enrollment):

Recap and plan selection

- "Mr./Ms. <prospect's name>, based on what you told me about (recap hot buttons/points of interest from the NEADS analysis), I feel that our Medicare Supplement Plan <plan letter> that we discussed could be an excellent fit for you."
(NOTE: Only state this if in fact our plan meets their needs or improves their current situation AND if they have passed Medical Underwriting)
- "Would you like to complete your enrollment at this time?"
- (If yes) "Which plan would you like to enroll in today?"
 - Confirm plan and plan type in which they wish to enroll. *EX: "So you are requesting to enroll in Medicare Supplement Plan F?"*
 - Complete online application including all state specific forms that are required.
 - Conference the prospect into the appropriate Voicelog recording (T-Sig Only). Complete the <Telephonic Signature (T-Sig), Electronic Signature (E-Sig)> process.
 - Once the Voicelog is completed and the enrollee agrees to all statements, ask them to confirm their name and date of birth before the Voicelog ID is played.
 - Ask any additional state required disclosures and/or questions.
 - After the enrollee agrees to all statements you may submit the application.

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

- If an E-Sig is being used to sign the application, let the applicant know that they will receive an e-mail which they will need to review and follow the instructions in order to sign the application electronically as well so the application can be processed.
- If a traditional signature is being used to sign the application, let the applicant know that they will receive the paper application by mail. They will need to review, complete, sign and return the paper application in order for their enrollment to begin processing.
- Discuss the next steps in the enrollment process, such as when they can expect an ID card, when they will receive their new member enrollment kit, etc.
- Perfect Telesales Experience (PTE) Question: On a scale of 1 to 5, with 5 being perfect, how well did I meet your needs and expectations during the call?
- Inform the prospect that Humana offers a wide variety of products in most areas of the country. Offer to discuss other products which may be of interest to them. (If yes, refer to the script for those products.)
- Give prospect Humana DMS telephone number <1-866-205-0000>, Humana DMS TTY/TDD number <711> and hours of operation <state current hours> prior to end of every call.
- Express gratitude.
- Ask for Referral.
- End call.
- (If no or not sure) Ask the prospect if they have any questions you can answer that would help them make their decision,
 - Answer questions, refer back to the NEADS analysis conducted earlier in the call, discuss points of interest, determine if they have any objections and if so address the objections.
 - “Would you like to complete your enrollment at this time?”
- (If Yes) Go back to the third bullet under the Closing section of the script and continue from that point.
- (If no) Ask if there is anything else you can do for them.
 - Perfect Telesales Experience (PTE) Question: On a scale of 1 to 5 with 5 being perfect how would you rate my level of courtesy and professionalism?
 - Thank the caller for considering Humana’s Medicare Supplement product. Inform the caller that Humana offers a wide variety of products in most areas of the country. Offer to discuss other products available in their area which may be of more interest to them (If yes, refer to the script for those products)
 - Give prospect Humana DMS telephone number <1-866-205-0000>, Humana DMS TTY/TDD number <711> and hours of operation <state current hours> prior to end of every call
 - Express gratitude

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

- Ask for Referral
- End call

NOTE:

As a general rule, the call should flow according to this outline: Open-Qualify-Sell-Close. As the prospect asks questions which force the flow to change, address the diversion to the call flow appropriately and go back to where you initially left the conversation (point of diversion).

Unlicensed Agents – Engaging in discussing plan rates & benefits is a violation of DOI regulations.

Demonstrate Operational and Service excellence at all times by being courteous and professional. Provide Healthcare guidance aiding the caller to make an informed decision. As part of consultative selling, make it your priority to guide the prospect toward the plan that best meets their healthcare needs.

If the caller insists that they do not wish to discuss benefits or go through the entire presentation and state they would like to have an appointment or seminar or have additional information mailed to them, we must honor their request.

Outbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

OPENING

Use Required Opening:

"Good <morning, afternoon or evening>! My name is <First and Last> and I am calling from <Humana Insurance Company or Humana Insurance Company of Kentucky or Humana Health Benefit Plan of Louisiana, Inc. (Agent Note: replace with the Humana legal entity appropriate for the state of the caller use the legal entity grid to make this determination)>."

- I'm contacting <Medicare beneficiaries or individuals who will soon be on Medicare> <to let you know about **or** to follow up on the information we recently mailed to you about **or** who recently responded to information they received on> the exciting Humana Medicare Supplement plans available in your area which may be able to help protect you against the out of pocket costs associated with original Medicare and/or which may be able to help you save money and/or provide you with improved benefits.
- State the Humana DMS telephone number "I'm calling from <1-866-205-0000>, Humana DMS TTY/TDD number <711> (Note: required in all states).
- State that this call may be recorded for quality and training purposes.

- When calling [KY, SD or WY] state the address of the call.
- When calling [IL, KY, or SD] state:
 - *Do you have a few minutes to discuss this plan which may be able to provide you with benefits you're not receiving currently?*
 - If no, thank them for their time and end the call.
 - If yes, continue.
- When calling [AR, ID, MS, PA, or SD]:
 - If the prospect states they are not interested, you may not attempt to continue the call by using a rebuttal.

Optional Statement: Humana offers Medicare Supplement plans at a very competitive price to give you an excellent combination of comprehensive benefits and low cost. Our plans can help you with expenses that Medicare may not cover, like deductibles, coinsurance, and even preventative services."

QUALIFICATION

Preliminary Qualification of the Prospect:

Thank the prospect for their patience, express gratitude, inform the prospect of the eligibility requirements and qualify as follows:

- Is prospect currently age 65 or older (under 65 and qualifies for Medicare due to disability) or will they be turning 65 within the next three months? Note: availability to those under age 65 is dependent upon state of residence.
- Prospect has both Medicare Part A and Part B (or will within the next three months)?

Outbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

- Confirm that the prospect resides in the state/rating area for the plan that is being quoted.
- Confirm that the prospect does not have Medicaid. If the caller has Medicaid, they are only eligible if they can answer yes to one of the following questions:
 - Will Medicaid pay your Medicare Supplement policy premium?
 - Is the only benefit that you receive from Medicaid the premium payment for Part B of Medicare?
- If the caller has a Medicare Advantage plan, another Medicare supplement policy or Group coverage, they are only eligible to enroll if they can answer yes to the following question:
 - Will the Humana Medicare Supplement policy replace their current coverage?
Note if they are on a Medicare Advantage plan they may only be eligible to disenroll if they have a valid election period available to use at the time (such as SEP, OEP, AEP, etc.).

Required statement

“Humana Medicare Supplement applicants are subject to underwriting and may be declined coverage based on previous and/or current health conditions, unless one qualifies for guaranteed acceptance. After we discuss your needs and Humana Medicare Supplement plans available in your area, if one of the plans seems suitable, we can discuss how underwriting and guaranteed acceptance work.”

SELLING PROCESS

NEADS Analysis:

(Note: The purpose of the NEADS analysis is to determine plan suitability, and help the prospect in selecting the best plan for their particular needs.)

NEADS Based Selling; guide to probing for health care needs.

(N) What kind of coverage does the prospect have now?

What type of health coverage do they have (Medicare only, Medicare and PDP only, Medicaid, Group, MAPD, Medicare Supplement, etc.)?

How much do they pay in premium for their current coverage?

(E) Which benefits do they enjoy most?

Which benefits are most important with their current coverage?

Does Humana offer comparable benefits?

(A) What would they change about their current health coverage?

Does Humana meet their needs in these areas better than their current carrier?

(D) Is there anyone that assists them in making their healthcare decisions?

If yes, do they have POA or just assist in making their decisions?

(S) Summarize what the prospect has told you and offer them a solution to their concerns as appropriate.

Outbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

Is a Humana Medicare Supplement plan suitable for their needs?

If so, which Humana Medicare Supplement plan is most suitable?

Confirm with the prospect that they agree with the plan you have recommended.

Plan Features:

- Present plan benefits and rates in detail utilizing the tools and resources which have been provided ('Med Supp' option on EDGE, Humana.com or Outline of Coverage). These policies contain exclusions and limitations. Benefits vary by plan and the premium will vary with the amount of benefits selected.

Convert Features to Benefits:

- Demonstrate the advantages of the plan features as they relate to the prospect's healthcare needs.
- Discuss how the advantages will benefit the prospect. *EX: Additional coverage for hospitalization may mean less out of pocket expenses for you should you have to enter the hospital.*
- Trial close. *EX: Does this Humana Medicare Supplement plan sound like a plan you could benefit from?*

Inform the caller that Humana is not connected with nor endorsed by the U.S. Government or the Federal Medicare Program.

Guaranteed Acceptance:

Determine if the caller is eligible for guaranteed acceptance. If they answer yes to either of the following questions, they are guaranteed acceptance into a Medicare Supplement plan at this time and no questions concerning underwriting can be asked:

- Are you applying for coverage during your Medicare Supplement open enrollment period?
- Have you lost, or are you losing or replacing, other health coverage which would qualify you for guaranteed acceptance?

Below are examples of guaranteed acceptance qualifications.

- Are you applying for coverage during your Medicare Supplement open enrollment period (6 month period beginning on the first day of the month when the prospect is 65 years old or older AND enrolls in Medicare Part B)? If under the age of 65, open enrollment begins on the first day of the month when your Medicare Part B is effective. (Agent note: Applicable ONLY if plans are available to those under the age of 65 in the prospect's state of residence.)
- You are in a Medicare Advantage Plan and the plan is leaving Medicare or stops giving care in your area, or you move out of the plan's services area.
- You have employer group health coverage or union coverage that is ending.
- You have Original Medicare and a Medicare SELECT policy and you move out of the Medicare SELECT policy's service area.

Outbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

- You joined a Medicare Advantage plan or PACE when you were first eligible for Medicare at age 65 and within the first year of joining, you decide you want to switch to Original Medicare.
- You dropped a Medicare Supplement policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time; you have been in the plan for less than a year, and you want to switch back.
- Your Medicare Supplement insurance company goes bankrupt and you lose your coverage, or your Medicare Supplement policy coverage otherwise ends through no fault of your own.
- You leave a Medicare Advantage plan, or drop a Medicare Supplement policy, because the company hasn't followed the rules or it misled you.

Underwriting Review (omit if they qualify for guaranteed acceptance):

Let the caller know that their eligibility to purchase a Humana Medicare Supplement Plan is dependant upon them meeting Humana underwriting requirements.

- At this time I'd like to go through the underwriting process to determine if you are eligible to purchase a Humana Medicare Supplement Plan (Ask all underwriting questions if "yes" is answered to any health questions they are not eligible).

If they do not meet the underwriting requirements state, "Based on what you've shared with me, I'm sorry to say that you do not meet the medical underwriting requirements for our Medicare Supplement plans. I want to thank you though, for your time and your interest in a Humana Medicare Supplement plan. Humana offers many different types of products and I would be happy to go over all of the products we offer in your area"

CLOSING

Close (Telephonic Enrollment):

Recap and plan selection

- "Mr./Ms. <prospect's name>, based on what you told me about (recap hot buttons/points of interest from the NEADS analysis), I feel that our Medicare Supplement Plan <plan letter> that we discussed could be an excellent fit for you."
(NOTE: Only state this if in fact our plan meets their needs or improves their current situation AND if they have passed Medical Underwriting)
- "Would you like to complete your enrollment at this time?"
- (If yes) "Which plan would you like to enroll in today?"
 - Confirm plan and plan type in which they wish to enroll. *EX: "So you are requesting to enroll in Medicare Supplement Plan F?"*
 - Complete online application including all state specific forms that are required.
 - Conference the prospect into the appropriate Voicelog recording (T-Sig Only). Complete the <Telephonic Signature (T-Sig), Electronic Signature (E-Sig)> process.

Outbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

- Once the Voicelog is completed and the enrollee agrees to all statements, ask them to confirm their name and date of birth before the Voicelog ID is played.
- Ask any additional state required disclosures and/or questions.
- After the enrollee agrees to all statements you may submit the application.
- If an E-Sig is being used to sign the application, let the applicant know that they will receive an e-mail which they will need to review and follow the instructions in order to sign the application electronically as well so the application can be processed.
- If a traditional signature is being used to sign the application, let the applicant know that they will receive the paper application by mail. They will need to review, complete, sign and return the paper application in order for their enrollment to begin processing.
- Discuss the next steps in the enrollment process, such as when they can expect an ID card, when they will receive their new member enrollment kit, etc.
- Perfect Telesales Experience (PTE) Question: On a scale of 1 to 5, with 5 being perfect, how well did I meet your needs and expectations during the call?
- Inform the prospect that Humana offers a wide variety of products in most areas of the country. Offer to discuss other products which may be of interest to them. (If yes, refer to the script for those products.)
- Give prospect Humana DMS telephone number <1-866-205-0000>, Humana DMS TTY/TDD number <711> and hours of operation <state current hours> prior to end of every call.
- Express gratitude.
- Ask for Referral.
- End call.
- (If no or not sure) Ask the prospect if they have any questions you can answer that would help them make their decision,
 - Answer questions, refer back to the NEADS analysis conducted earlier in the call, discuss points of interest, determine if they have any objections and if so address the objections.
 - “Would you like to complete your enrollment at this time?”
- (If Yes) Go back to the third bullet under the Closing section of the script and continue from that point.
- (If no) Ask if there is anything else you can do for them.
 - Perfect Telesales Experience (PTE) Question: On a scale of 1 to 5 with 5 being perfect how would you rate my level of courtesy and professionalism?
 - Thank the caller for considering Humana’s Medicare Supplement product. Inform the caller that Humana offers a wide variety of products in most areas of the country. Offer to discuss other products available in their area which may be of more interest to them (If yes, refer to the script for those products)

Outbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

- Give prospect Humana DMS telephone number <1-866-205-0000>, Humana DMS TTY/TDD number <711> and hours of operation <state current hours> prior to end of every call
- Express gratitude
- Ask for Referral
- End call

NOTE:

As a general rule, the call should flow according to this outline: Open-Qualify-Sell-Close. As the prospect asks questions which force the flow to change, address the diversion to the call flow appropriately and go back to where you initially left the conversation (point of diversion).

Unlicensed Agents – Engaging in discussing plan rates & benefits is a violation of DOI regulations.

Demonstrate Operational and Service excellence at all times by being courteous and professional. Provide Healthcare guidance aiding the caller to make an informed decision. As part of consultative selling, make it your priority to guide the prospect toward the plan that best meets their healthcare needs.

If the caller insists that they do not wish to discuss benefits or go through the entire presentation and state they would like to have an appointment or seminar or have additional information mailed to them, we must honor their request.

Medicare Supplement T-Sig Voicelog Script:

Agent Calls Into Voicelog

Section 1:

Online Services Agreement:

Agreement with Humana

This agreement is between you, Humana Insurance Company, and its affiliates.

Consent to Electronic Transactions

I, the User, and Humana acknowledge and agree to the following provisions:

1. To conduct this enrollment and any changes made to this enrollment information through the use of an electronic transaction which will be verified by the use of an electronic signature.
2. This consent to conduct an electronic transaction only applies to enrollment services.
3. That I may request that this Agreement be terminated. If terminated, paper access to enrollment services and forms will be distributed at no cost to me if an address, phone number and a contact name are provided to a Humana representative.
4. That I may request a paper copy of this recorded transaction.
5. To be bound by this agreement as stated by law throughout the term of this Agreement.
6. This agreement may be modified at any time if Humana provides notice.

For More Information

Humana, 500 W. Main Street, Louisville, KY 40202, maintains this Humana digital recording.

End of Section 1 – Agent confirms acceptance, “Do you understand the statements as they have been read”

You will receive full details on Humana’s privacy policies as well as several important disclosure agreements by mail. We encourage you to take the time to review them in detail once you receive them. In order to complete your enrollment now, however, I will need to review the highlights of these statements with you and will be asking you for your agreement at the conclusion.

Section 2:

Do you understand that by completing this enrollment application you agree to the following:

- You have the right to appeal plan decisions about payments and services.
- You acknowledge that Humana will release your information to Medicare and other plans as necessary for treatment, payment and healthcare operations.
- You understand that the information you have given us is correct to the best of your knowledge.
- If you are completing this enrollment process on behalf of someone else, you attest that you are authorized under the state law and have documentation of this authority.
- Humana is not liable for bills incurred before the effective date of coverage.
- You understand that if your application is not submitted during an open enrollment or guaranteed issue period, Humana has the right to reject your application and any premiums paid will be refunded. You also understand that the policy will not pay benefits for stays beginning or medical expenses incurred during the first three months of coverage if they are due to conditions for which medical advice was given or treatment recommended by or received from a physician within six months prior to the insurance effective date. Coverage is not limited if you enroll during an open enrollment or guaranteed issue period or satisfy the creditable coverage requirements.
- This is a Medicare Supplement plan and you will need to keep Medicare parts A and B, and you can only be in one Medicare Supplement plan at a time.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a false or deceptive statement may be subject to prosecution for fraud.
- By signing this application you certify that you have read, or had read to you, the completed application and that you realize that any false statement or misrepresentation in the application may result in loss of coverage under the policy. You further acknowledge that it has been disclosed to you that you will be receiving the currently available Outline of Coverage and the "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" publication with your policy and copy of your completed enrollment application.

End of Section 2 – Agent confirms acceptance, "Do you understand the statements as they have been read"

End of interaction with Voicelog

Blue text = read by recording Red text = read by agent Black text = not read

Medicare Supplement T-Sig Voicelog Script: **Applicant is Replacing Existing Coverage**

Agent Calls Into Voicelog

Section 1:

Online Services Agreement:

Agreement with Humana

This agreement is between you, Humana Insurance Company and its affiliates.

Consent to Electronic Transactions

I, the User, and Humana acknowledge and agree to the following provisions:

1. To conduct this enrollment and any changes made to this enrollment information through the use of an electronic transaction which will be verified by the use of an electronic signature.
2. This consent to conduct an electronic transaction only applies to enrollment services.
3. That I may request that this Agreement be terminated. If terminated, paper access to enrollment services and forms will be distributed at no cost to me if an address, phone number and a contact name are provided to a Humana representative.
4. That I may request a paper copy of this recorded transaction.
5. To be bound by this agreement as stated by law throughout the term of this Agreement.
6. This agreement may be modified at any time if Humana provides notice.

For More Information

Humana, 500 W. Main Street, Louisville, KY 40202, maintains this Humana digital recording.

End of Section 1 – Agent confirms acceptance, **“Do you understand the statements as they have been read”**

You will receive full details on Humana’s privacy policies as well as several important disclosure agreements by mail. We encourage you to take the time to review them in detail once you receive them. In order to complete your enrollment now, however, I will need to review the highlights of these statements with you and will be asking you for your agreement at the conclusion.

Section 2:

Do you understand that by completing this enrollment application you agree to the following:

- According to information you have furnished, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy/certificate to be issued by Humana Insurance Company. Your new policy/certificate will provide 30 days within which you may decide - without cost - whether you desire to keep the policy/certificate.
- You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.
- Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
- If you still wish to terminate your present policy/certificate and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy/certificate had never been in force. After you receive your completed application, review it carefully to be certain that all information was properly recorded.
- Do not cancel your present policy/certificate until you have received your new policy/certificate and are sure that you want to keep it.
- You have the right to appeal plan decisions about payments and services.
- You acknowledge that Humana will release your information to Medicare and other plans as necessary for treatment, payment and healthcare operations.
- You understand that the information you have given us is correct to the best of your knowledge.

- If you are completing this enrollment process on behalf of someone else, you attest that you are authorized under the state law and have documentation of this authority.
- Humana is not liable for bills incurred before the effective date of coverage.
- You understand that if your application is not submitted during an open enrollment or guaranteed issue period, Humana has the right to reject your application and any premiums paid will be refunded. You also understand that the policy will not pay benefits for stays beginning or medical expenses incurred during the first three months of coverage if they are due to conditions for which medical advice was given or treatment recommended by or received from a physician within six months prior to the insurance effective date. Coverage is not limited if you enroll during an open enrollment or guaranteed issue period or satisfy the creditable coverage requirements.
- This is a Medicare Supplement plan and you will need to keep Medicare parts A and B, and you can only be in one Medicare Supplement plan at a time.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a false or deceptive statement may be subject to prosecution for fraud.
- By signing this application you certify that you have read, or had read to you, the completed application and that you realize that any false statement or misrepresentation in the application may result in loss of coverage under the policy. You further acknowledge that it has been disclosed to you that you will be receiving the currently available Outline of Coverage and the "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" publication with your policy and copy of your completed enrollment application.

End of Section 2 – Agent confirms acceptance, "Do you understand the statements as they have been read"

End of interaction with Voicelog

Blue text = read by recording Red text = read by agent Black text = not read

**Electronic Signature: Medicare Supplement Plans
INFORMATION TO DISPLAY ON ALL PAGES**

en español

Toll-free: [Insert toll-free number]

TTY users: [Insert toll-free number]



Enlarge Text / Print This Page / Help

You are enrolling in: [insert dynamic plan]

Monthly Premium Quote: [\$XXX.XX - insert monthly premium]*

(these two sentences do not display on the Esignature complete page)

Toll-free: [Insert toll-free number]

TTY users: [Insert toll-free number]

[Monday - Friday, 8 a.m. to 8 p.m., Eastern Time]

Last updated [6-01-2010]

[About Humana](#) | [Contact Us](#) | [Humana.com](#)
| [Legal](#) | [Internet Privacy Statement](#) | [Privacy Practices](#) | [Licensure](#) |
Copyright [2006] Humana Inc.

All premium rate quotes are monthly. Rates provided are subject to change and are dependent on varying factors such as the effective date you choose and your age at the time of issue. Once issued, your policy will include your initial premium. Keep in mind that you will be provided a 30 day right to examine your policy and you may return your policy if you are not fully satisfied. Humana will refund your premium less any claims paid.

Login Page:

Users who complete their enrollment over the phone and elect to E-Sign will be sent to this page. Additionally, users who have enrolled via the web may get a reminder email to complete their enrollment via Esignature and will also be sent to this page.

Complete your Application with an Electronic Signature

Please enter the information requested below so we may access your application.
All fields are required.

Application Number: 1323361

First Name: [_____]

Last Name: [_____]

Date of Birth: [-Month-] [-Day-] [-Year-]

Home Zip Code: [_____]

Medicare Claim Number: [_____]

Refer to your Medicare card or your letter from the Social Security Administration or Railroad Retirement Board to complete the Medicare Claim number field. Please enter your Medicare Claim number without the dashes.

[SUBMIT]

[Error text appears if information entered does not match what is on file –

We are sorry but the information you entered does not match the data in our records. Please check your entry and try again.]

Error Messages

Please answer the required question(s) highlighted below.

Please enter a valid First Name. A valid First Name must contain letters and cannot contain periods or special characters such as \$, %, #.

Please enter a valid Last Name. A valid Last Name must contain letters and cannot contain periods or special characters such as \$, %, #.

Please enter a valid Medicare Claim number. Your Medicare claim number must contain both letters and numbers. Your Medicare claim number cannot contain special characters. Your Medicare Claim Number must contain at least six characters. Your Medicare Claim Number must be twelve characters or less.

Please enter a valid Date of Birth. (if the user selects an invalid date of birth (i.e. – Feb 31)

[Error text appears if user makes three invalid attempts]

Your account has been locked. Please contact Customer Service at the number listed at the top of the screen.]

[ONCE FORM HAS BEEN SIGNED, IF APPLICANT TRIES TO SIGN AGAIN THE FOLLOWING MESSAGE APPEARS]

Hello [First Name],

Your enrollment form has been signed and submitted to Humana. It cannot be edited or resubmitted. If you have questions about your enrollment, please call the number at the bottom of the screen. [To check the status of your application, visit [Humana's Medicare Member website.](#)]

Rates Change: User logs in and there has been a rate increase but NOT a change to GI/OEP

Your Monthly Premium Quote Has Changed

Effective [Month DD, YYYY], a premium change for the plan you are enrolling in will take effect.

| | |
|-----------------------------------|-------------------|
| New Monthly Premium Quote: | [\$125.00] |
| Previous Monthly Premium Quote: | [\$98.00] |

Yes, I understand my monthly premium quote has changed, and I would like to continue enrolling.

[< PREVIOUS] [NEXT >]

For questions, call the number below to speak to one of our licensed representatives.

Toll-free: [Insert toll-free number]

TTY users: [Insert toll free number]

[Monday – Friday, 8 a.m. to 8 p.m., Eastern Time]

If the user does not check the box:

! You must agree to your monthly premium quote changing before you can continue.

Rates Change: User logs in and there has been a change to GI/OEP

Your Eligibility Status may have changed

According to our records, there has been a change in your Guaranteed Acceptance or Open Enrollment Status. We need to gather some additional information from you to complete your enrollment application.

Please call us to continue with your application.

Toll-free: [Insert toll-free number]

TTY users: [Insert toll free number]

[Monday – Friday, 8 a.m. to 8 p.m., Eastern Time]

Thank you for choosing Humana.

Plans Change: User logs in and there has been a change to the Plan they were enrolling in:

Please call us to continue your application

Toll-free: [Insert toll-free number]

TTY users: [Insert toll free number]

[Monday – Friday, 8 a.m. to 8 p.m., Eastern Time]

Thank you for choosing Humana.

Notice of Replacement

Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage

According to information you have furnished, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by Humana Insurance Company. Your new policy will provide 30 days within which you may decide – without cost – whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

Statement to the Applicant by Issuer

Based on the information you provided, and to the best of our knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan.

The replacement policy is being purchased for the following reason (check one):

- | | |
|---|--|
| <input type="checkbox"/> Additional benefits | <input type="checkbox"/> No change in benefits; but lower premiums |
| <input type="checkbox"/> Fewer benefits and lower premiums | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D | _____ |
| <input type="checkbox"/> Disenrollment from a Medicare Advantage plan (please explain reason for disenrollment) | _____ |

1. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure you want to keep it.

- By checking this box, you acknowledge you have read and understand the above information.

[Submit]

If the user does not check a reason box:

! Please check a box to indicate why the replacement policy is being purchased.

If the user does not check a reason box:

! Please explain the reason for disenrollment

If the user does not enter a value for the Other text box:

! Please explain the reason that the replacement policy is being purchased.

If the user does not check the box:

! You must acknowledge you have read and understand the above information.

Signature Page

Sign to Complete Your Enrollment Application

The final step to complete your application is to sign with an **electronic signature**.

Please Read this Important Information and Sign Below

ACKNOWLEDGEMENT LANGUAGE

I understand that if my application is not submitted during an open enrollment or guaranteed issue period, Humana has the right to reject my application and any premiums paid will be refunded. I also understand that the policy will not pay benefits for stays beginning or medical expenses incurred during the first three months of coverage if they are due to conditions for which medical advice was given or treatment recommended by or received from a physician within six months prior to the insurance effective date. Coverage is not limited if you enroll during an open enrollment or guaranteed issue period or satisfy the creditable coverage requirements.

FRAUD LANGUAGE

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a false or deceptive statement may be subject to prosecution for fraud.

UNDERSIGNED

The undersigned applicant certifies that the applicant has read, or had read to him or her, the completed application and that the applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy. The applicant further acknowledges receipt of the currently available Outline of Coverage and the "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" publication.

Please enter the following information to sign and complete your application:

First Name:

Re-Enter First Name:

Last Name:

Re-Enter Last Name:

Today's Date: -Month- -Day- -Year-

Re-Enter Today's Date: -Month- -Day- -Year-

City of Residence:

State of Residence:

[Print copy of Enrollment Application]

[SUBMIT]

Reference Documents

[\[View Application\]](#)

[\[Notice of Replacement Form\]](#)

[Humana Privacy Notice](#)

[Choosing a Medigap Policy](#) PDF

[Outline of Coverage](#) PDF

You will need [Adobe Acrobat Reader](#) to view a PDF file. It is free.

If the user does not complete the required fields:

! Please answer the required question(s) highlighted below.

First names do not match = **Your entries for First Name do not match. Please re-enter your First Name.**

Last name does not match = **Your entries for Last Name do not match. Please re-enter your Last Name.**

Dates do not match each other = **Your entries for Today's Date do not match. Please re-enter Today's Date.**

Dates do not match the date on the server = **Your entries for Today's Date do not match what today's date is. Please confirm today's date.**

=====

View Enrollment Application: Displays when enrollee clicks to view and/or to print their enrollment form.

View Enrollment Application

Below is a copy of your application. To complete your application, please sign your application electronically. Just click the "Close" button and then proceed with signing your application with an electronic signature.

If you have questions, please call [insert 800#]. For speech and hearing impaired, please call [insert TTY number]. [Monday – Friday, 8 a.m. to 8 p.m., Eastern Time].

[Insert Legal Copy that displays on signature page]

[Insert questions and answers that the user completed when applying]

[Close] [Print]

Thank You Page:

Thank You for Applying

Thank you for applying for a Humana [Medicare Supplement Plan A].

[Display for applicants who have no items pending -----]

Your application has been submitted.

- Coverage for your [Medicare Supplement Plan A] will begin on [Effective Date].
- Your monthly premium quote is [Monthly Premium].*

-----]

[Display for applicant who is applying based on Guaranteed Issue (Answered yes to having lost coverage-----]

Your application has been submitted. If you are replacing current coverage, Humana must receive a copy of the termination notice you received from your prior insurer. If you did not receive a termination notice from your prior insurer, please contact us at the number provided below.

For quicker processing, please fax your termination notice to
[502-508-9003]
[Attn: Medicare Supplement Enrollment]

[You can also scan a copy of this notice and email it to MSOPSupport@humana.com.]

If you do not have access to a fax machine [or a scanner], please mail your termination notice to:
[Humana Medicare Supplement Plans
P.O. Box 14168
Lexington, KY 40512-4168]

Please mail your notice immediately. If you have any questions, please contact us.

Customer Care Representatives: [1-800-866-0581]
TTY users: [1-800-833-3301]
[Monday – Friday, 8 a.m. to 8 p.m., Eastern Time]

- If your application is complete and accepted, coverage for your [Plan Name] will begin on [Effective Date].
- Your monthly premium quote is [Monthly Premium].*

-----]

Please take a minute to [complete our online survey](#) to tell us about your satisfaction with our online enrollment process.

What will happen next

1. You will soon receive the following information:
 - a copy of your electronically signed application
 - other information about Humana and your Medicare Supplement Insurance Plan
2. Once your application is accepted by Humana, you will receive your new Humana ID card. Use this card whenever you use any of the plan's benefits.

Should you have any questions regarding plan coverage or monthly premium, please contact our Customer Care Representatives: [1-800-866-0581]
TTY users: [1-800-833-3301]
[Monday – Friday, 8a.m. to 8 p.m., Eastern Time]

Reference Documents

These important documents concern the plan you are enrolling in and how Humana protects your private health information. Please review each document and print a copy for your records.

| | |
|--|---------------------------------|
| Humana Privacy Notice | Review Document |
| Outline of Coverage | Review Document |
| [Notice of Replacement Form] | [Print Document |
| (Notice of Replacement form only displays if the user indicated while enrolling that they were replacing coverage, and completed this form as part of application). | |

Your Enrollment Application

The document below is your online application form.

| |
|---|
| Enrollment Application for [Plan Name] Electronically Signed Print Document |
|---|

[Sign up for Humana Active Outlook – at no additional cost to you
[] Yes, I wish to take advantage of [Humana's Active Outlook program \[link to http://www.humana.com/members/active_outlook.asp\]](http://www.humana.com/members/active_outlook.asp), offered at no additional cost to Humana members.

By signing up for this program, you'll get:

- Exciting information for healthy living
- Medicare news and updates
- Valuable discounts and coupons from major brands.]

Plus, be sure and visit *MyHumana* at www.humana.com, where you can:

- Review plan benefits
- View claims information
- Locate physicians, pharmacies and dentists
- Use decision tools
- Create and maintain a personal health record
- Learn about medical conditions
- Compare hospitals

Again, thank you for enrolling and please take a moment to [complete our online survey](#).

[\[Link to online survey\]](#)

[\[Return to Medicare Home Page\]](#)

[\[Visit Humana.com\]](#)

ALERT MESSAGE FOR MEDICARE SUPPLEMENT E-SIG
If the user tries to close the Signature page, this message appears:



Note: Email sent to prospect after completing enrollment form with TSR and electing to sign electronically.

Subject: Important request from Humana

Body of email:

Dear [First Name] [Last Name],

Your enrollment application for Humana's Medicare Supplement insurance plan is ready for your electronic signature!

Please review the information in its entirety. These documents are the basis for your policy and with your electronic signature you are attesting to the accuracy of the information. To access your enrollment application for electronic signature, click on the link below and follow the instructions:

[Review & Sign Enrollment Application](#)

It's important to complete the electronic signature process when you receive this e-mail. Your application cannot be processed until your signature is received by Humana. If you do not submit your signature in a timely manner, your coverage may be delayed.

If you are unable to access your enrollment application through the [Review & Sign Enrollment Application](#) link, copy and paste the link below into the address bar of your web browser. Make sure you copy the entire link.

[https://www.humana-medicare.com/internal/ESignature/ESig_Login.asp?APP_NO=6N]

If you have any questions regarding your enrollment please call: [1-800-866-0581.] [For the speech and hearing impaired, please call TDD: [1-800-833-3301.] [Monday – Friday, 8 a.m. to 8 p.m., Eastern Time.]

Thank you for choosing Humana's Medicare Supplement plan.

Sincerely,
Humana Medicare Enrollment Department

Insured by Humana Insurance Company. **Not connected with or endorsed by the U.S. government or the federal Medicare program.** Medicare Supplement insurance is available to anyone enrolled in both Medicare Part A and Part B, a resident of the state where the policy is offered and is age 65 or over, or, in some states, under age 65 with a disability and/or end stage renal disease (plan offerings and eligibility vary by state). Refer to your state's Outline of Coverage for more information.

Coverage is limited to Medicare-eligible expenses. Exclusions and limitations may apply.

Please DO NOT reply to this email; this email box is NOT monitored.

GH22951M10

Note: 1st follow up e-mail sent to applicant who has not e-signed their enrollment after 2 days. This e-mail will be cc:'d to the TSR and/or Agent without link attached.

Subject: Alert – Humana Enrollment Form Not Complete

Body of email:

Dear [First Name] [Last Name],

Your enrollment application for Humana's Medicare Supplement insurance plan is ready for your electronic signature!

Please review the information in its entirety. These documents are the basis for your policy and with your electronic signature you are attesting to the accuracy of the information. To access your enrollment application for electronic signature, click on the link below and follow the instructions:

[Review & Sign Enrollment Application](#)

It's important to complete the electronic signature process when you receive this e-mail. Your application cannot be processed until your signature is received by Humana. If you do not submit your signature in a timely manner, your coverage may be delayed.

If you are unable to access your enrollment application through the [Review & Sign Enrollment Application](#) link, copy and paste the link below into the address bar of your web browser. Make sure you copy the entire link.

[https://www.humana-medicare.com/internal/ESignature/ESig_Login.asp?APP_NO=6N]

If you have any questions regarding your enrollment please call: [1-800-866-0581.] [For the speech and hearing impaired, please call TDD: [1-800-833-3301.] [Monday – Friday, 8 a.m. to 8 p.m., Eastern Time.]

Thank you for choosing Humana's Medicare Supplement plan.

Sincerely,
Humana Medicare Enrollment Department

Insured by Humana Insurance Company. **Not connected with or endorsed by the U.S. government or the federal Medicare program.** Medicare Supplement insurance is available to anyone enrolled in both Medicare Part A and Part B, a resident of the state where the policy is offered and is age 65 or over, or, in some states, under age 65 with a disability and/or end stage renal disease (plan offerings and eligibility vary by state). Refer to your state's Outline of Coverage for more information.

Coverage is limited to Medicare-eligible expenses. Exclusions and limitations may apply.

Please DO NOT reply to this email; this email box is NOT monitored.

GH22952M10

2nd follow up e-mail sent to applicant who has not e-signed their enrollment form after 5 days from initial notifications, 3 days from 1st follow-up.

Subject: Final Notice – Humana Enrollment Form Not Complete

Body of email:

Dear [First Name] [Last Name],

Your enrollment application for Humana's Medicare Supplement insurance plan is ready for your electronic signature!

Please review the information in its entirety. These documents are the basis for your policy and with your electronic signature you are attesting to the accuracy of the information. To access your enrollment application for electronic signature, click on the link below and follow the instructions:

[Review & Sign Enrollment Application](#)

It's important to complete the electronic signature process when you receive this e-mail. Your application cannot be processed until your signature is received by Humana. If you do not submit your signature in a timely manner, your coverage may be delayed.

If you are unable to access your enrollment application through the [Review & Sign Enrollment Application](#) link, copy and paste the link below into the address bar of your web browser. Make sure you copy the entire link.

[https://www.humana-medicare.com/internal/ESignature/ESig_Login.asp?APP_NO=6N]

If you have any questions regarding your enrollment please call: [1-800-866-0581.] [For the speech and hearing impaired, please call TDD: [1-800-833-3301.] [Monday – Friday, 8 a.m. to 8 p.m., Eastern Time.]

Thank you for choosing Humana's Medicare Supplement plan.

Sincerely,
Humana Medicare Enrollment Department

Insured by Humana Insurance Company. **Not connected with or endorsed by the U.S. government or the federal Medicare program.** Medicare Supplement insurance is available to anyone enrolled in both Medicare Part A and Part B, a resident of the state where the policy is offered and is age 65 or over, or, in some states, under age 65 with a disability and/or end stage renal disease (plan offerings and eligibility vary by state). Refer to your state's Outline of Coverage for more information.

Coverage is limited to Medicare-eligible expenses. Exclusions and limitations may apply.

Please DO NOT reply to this email; this email box is NOT monitored.

GH22953M10

MEDICARE SUPPLEMENT ENROLLMENT APPLICATION

Please review the following copy of your application. If any of the information contained in your application, including that which is related to your medical history (when applying outside of guaranteed acceptance periods), is incorrect or incomplete, please contact Humana within 10 days by calling [1-800-866-0581]. If you are speech or hearing impaired and use a TTY, please call [1-800-833-3301]. You can also contact us by mail at Humana, [P.O. Box 14168, Lexington, KY 40512-4168]. Depending upon the circumstances of your enrollment, you may not have been asked all of the questions contained in this application. Questions which you were not required to answer appear blank or do not display a Yes or No response.

This application is a part of the policy and the policy was issued on the basis that the answers to all questions and the information provided are correct and complete.

SECTION 1 – PERSONAL INFORMATION

LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: ____ ZIP CODE: _____ COUNTY: _____

PHONE: (____) ____ - ____ DATE OF BIRTH: ____/____/____ GENDER: M F

MAILING ADDRESS (Only if different from Street Address):

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: ____ ZIP CODE: _____

E-MAIL ADDRESS: _____

(E-mail address, if available, will be used as a means to communicate only Humana information.)

Select the policy you are applying for:

- Plan A
- Plan B
- Plan C
- Plan F
- High Deductible Plan F
- Plan K
- Plan L

PROPOSED EFFECTIVE DATE:

_____/_____/_____

Please complete the information below as it appears on your Medicare card.

MEDICARE CLAIM NUMBER _____

IS ENTITLED TO EFFECTIVE DATE

HOSPITAL INSURANCE (PART A) ____/____/____

MEDICAL INSURANCE (PART B) ____/____/____

Person to Notify in an Emergency (optional):

LAST NAME: _____ FIRST NAME: _____

MIDDLE INITIAL: ____ RELATIONSHIP TO APPLICANT: _____ PHONE: (____) ____ - _____

SECTION 2 – OTHER COVERAGE INFORMATION

- You do not need more than one Medicare Supplement policy.
- If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverage.
- You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-income Medicare Beneficiary (SLMB).

Yes or No answers are required to the following questions. If you have lost, or you are losing or replacing, other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. A copy of the notice from your prior insurer may be requested.

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

1. a. Did you turn age 65 in the last six months? Yes No
b. Did you enroll in Medicare Part B in the last six months? Yes No

If yes, what is the effective date? ___/___/___

2. Are you covered for medical assistance through the State Medicaid program? Yes No

(NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer NO to this question.)

- a. If yes, will Medicaid pay your premiums for this Medicare Supplement policy? Yes No
b. Do you receive any benefits from Medicaid OTHER THAN payments toward Your Medicare Part B premium?
 Yes No
3. If you had coverage from any Medicare plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.

START ___/___/___ END ___/___/___

- a. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy? Yes No
b. Was this your first time in this type of Medicare plan? Yes No
c. Did you drop a Medicare Supplement policy to enroll in the Medicare plan? Yes No
4. Do you have another Medicare supplement policy in force? Yes No
- a. If so, with what company? _____
What plan do you have? _____
- b. If so, do you intend to replace your current Medicare supplement policy with this policy? Yes No
5. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan.) Yes No
- a. If so, with what company? _____
What policy do you have? _____
- b. What are your dates of coverage under this policy? (If you are still covered under this policy, leave "END" blank.)

START ___/___/___ END ___/___/___

6. Do you intend to replace your current healthcare coverage with this Medicare Supplement policy? Yes No

SECTION 3 – GUARANTEED ACCEPTANCE DETERMINATION

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

1. Are you applying for coverage during your Medicare Supplement Open Enrollment period? Yes No
If yes, please go directly to Section 6.
2. Have you lost, or are you losing or replacing, other health coverage which would qualify you for guaranteed acceptance? Yes No
If yes, please go directly to Section 6.

If you answered yes to either question in this section, you qualify for the Preferred rates.

SECTION 4 – MEDICAL QUESTIONS

Yes or No answers are required to the following questions, unless you indicated that you are applying for coverage during your Medicare Supplement Open Enrollment Period or qualify for guaranteed acceptance.

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

1. In the last year, have you been hospitalized, confined to a nursing facility; or are you bedridden or confined to a wheelchair? Yes No
2. In the past 90 days have you received Home Health care? Yes No
3. Do you now have or within the last two years have you had or been advised by a physician that you need treatment or surgery for:
 - a. Heart, Coronary, or Carotid Artery Disease (not including high blood pressure), Peripheral Vascular Disease, Congestive Heart Failure or any other type of Heart Failure, Enlarged Heart, Stroke, Transient Ischemic Attacks (TIA), or Heart Rhythm disorders? Yes No
 - b. Emphysema, Chronic Obstructive Pulmonary Disease (COPD), or other Chronic Pulmonary disorders? Have you used supplementary oxygen in the last year? Yes No
 - c. Parkinson's Disease, Multiple or Lateral Sclerosis, Huntington's Disease, Muscular Dystrophy, Lupus, Hepatitis, or Lou Gehrig's Disease? Yes No
 - d. Alzheimer's Disease, senile dementia, organic brain disorders, senility disorder, schizophrenia, other major depressive disorders, mental or nervous disorders, cirrhosis, alcoholism or drug abuse? Yes No
 - e. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for exposure to the Human Immunodeficiency Virus (HIV) infection? Yes No
 - f. Kidney disease requiring dialysis or diabetes requiring more than 50 units of insulin daily? Yes No
 - g. Internal cancer, leukemia or melanoma? Yes No
 - h. Amputation caused by disease or trauma or neuralgic or poor circulation that has caused an ulcer on the skin? Do you have any paralytic conditions? Yes No
 - i. Rheumatoid arthritis, Paget's Disease, degenerative bone disease, crippling arthritis, vertebral or hip fractures/dislocations, spinal cord disorders/injuries? Yes No
 - j. Organ transplantation? Yes No

SECTION 5 - MONTHLY PREMIUM DETERMINATION

All applicants must answer these questions, unless applying during a Medicare Supplement Open Enrollment Period or qualify for guaranteed acceptance as indicated in Section 3.

1. Did you have Medicare coverage prior to age 65? Yes No
2. Have you used tobacco products within the last 12 months? Yes No

If your application is accepted, and you answered **No** to both questions, you qualify for the Preferred rates.

SECTION 6 - PAYMENT OPTIONS

PREMIUM PAYMENT INFORMATION HAS BEEN INTENTIONALLY REMOVED FROM THIS COPY OF YOUR COMPLETED ENROLLMENT APPLICATION IN ORDER TO SAFEGUARD YOUR PERSONAL FINANCIAL INFORMATION.

I understand that if my application is not submitted during an open enrollment or guaranteed issue period, Humana has the right to reject my application and any premiums paid will be refunded. I also understand that the policy will not pay benefits for stays beginning or medical expenses incurred during the first three months of coverage if they are due to conditions for which medical advice was given or treatment recommended by or received from a physician within six months prior to the insurance effective date. Coverage is not limited if you enroll during an open enrollment or guaranteed issue period or satisfy the creditable coverage requirements.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a false or deceptive statement may be subject to prosecution for fraud.

The undersigned applicant certifies that the applicant has read, or had read to him or her, the completed application and that the applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy. The applicant further acknowledges receipt of the currently available Outline of Coverage and the "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" publication.

If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility.

If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan.

SECTION 7 – SIGNATURE & DATE

APPLICANT'S SIGNATURE: _____ SIGNATURE DATE: ____ / ____ / ____

AGENT'S SIGNATURE: _____ SIGNATURE DATE: ____ / ____ / ____

Sales Agent - Please list: All health insurance policies sold to the applicant which are still in force and all health insurance policies sold to the applicant within the past five years which are no longer in force (if none or not applicable, write NONE.)

COMPANY: _____ TYPE: _____

COMPANY _____ TYPE _____

Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage
Humana Insurance Company • [P.O. Box 14309, Lexington, KY 40512-4309]

Save this notice! It may be important to you in the future.

According to information you have furnished, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy/certificate to be issued by Humana Insurance Company. Your new policy/certificate will provide 30 days within which you may decide - without cost - whether you desire to keep the policy/certificate.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

Statement to the Applicant by Issuer, Agent (Broker or other Representative)

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan.

The replacement policy/certificate is being purchased for the following reason (check one):

- | | |
|---|--|
| <input type="checkbox"/> additional benefits | <input type="checkbox"/> no change in benefits, but lower premiums |
| <input type="checkbox"/> fewer benefits and lower premiums | <input type="checkbox"/> other (please specify) |
| <input type="checkbox"/> my plan has outpatient prescription drug coverage and I am enrolling in Part D | _____ |
| <input type="checkbox"/> disenrollment from a Medicare Advantage plan (please explain reason for disenrollment) | _____ |

1. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you still wish to terminate your present policy/certificate and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy/certificate had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy/certificate until you have received your new policy/certificate and are sure that you want to keep it.

| | |
|------------------------|---|
| Applicant's signature | Signature of agent/broker/representative |
| Print name | Print name and address of agent or broker below |
| Social Security number | Date |



SERFF Tracking Number: HUMA-126625481 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 45644
 Company Tracking Number: AR-07-2010
 TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
 Standard Plans 2010
 Product Name: 2010 Individual Medicare Supplement Plans
 Project Name/Number: 2010 FASTAPP/AR-07-2010

Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------------|----------------------|-------------------------------------|---------------------|
| Bypassed - Item: | Flesch Certification | Accepted for Informational Purposes | 05/27/2010 |
| Bypass Reason: | N/A | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|--------------------------|---|---------------------|---------------------|
| Satisfied - Item: | Application | Filed | 05/27/2010 |
| Comments: | Please see the Application form attached under the Form Schedule tab. | | |

| | | Item Status: | Status Date: |
|-------------------------|----------------------------------|---------------------|---------------------|
| Bypassed - Item: | Health - Actuarial Justification | | |
| Bypass Reason: | N/A | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|---------------------|---------------------|---------------------|
| Bypassed - Item: | Outline of Coverage | | |
| Bypass Reason: | N/A | | |
| Comments: | | | |

SERFF Tracking Number: HUMA-126625481 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 45644
 Company Tracking Number: AR-07-2010
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: 2010 Individual Medicare Supplement Plans
 Project Name/Number: 2010 FASTAPP/AR-07-2010

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|----------------|----------|---------------------------|---------------------------|--|
| 05/12/2010 | Form | Inbound Telesales Script | 05/25/2010 | GHA082HHH (IB Telesales Script).pdf (Superseded) |
| 05/12/2010 | Form | Outbound Telesales Script | 05/25/2010 | GHA082IHH (OB Telesales Script).pdf (Superseded) |

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

OPENING

Use Required Opening:

“Thank you for calling <Humana Insurance Company or Humana Insurance Company of Kentucky or Humana Health Benefit Plan of Louisiana, Inc. (Agent Note: To find the Humana legal entity appropriate for the state of the caller, use the legal entity grid)>. My name is <First and Last> How may I help you?”

- Inquire as to the specific nature of the call
 - Requesting information about available Medicare Supplement plans?
 - If sales call, reconfirm the request for Plan information and collect demographic information:
 - Prospect telephone number with area code
 - Prospect last and first name
 - Prospect’s full address, zip code and state, search for record/create record, as applicable
 - Calling for Customer Assistance?
 - If non-sales call, reconfirm the request for Customer Service and route call to Customer Service or other departments, as appropriate.

QUALIFICATION

Preliminary Qualification of the Prospect:

Thank the prospect for their patience, express gratitude, inform the prospect of the eligibility requirements and qualify as follows:

- Is prospect currently age 65 or older (under 65 and qualifies for Medicare due to disability) or will they be turning 65 within the next three months? Note: availability to those under age 65 is dependent upon state of residence.
- Prospect has both Medicare Part A and Part B (or will within the next three months)?
- Confirm that the prospect resides in the state/rating area for the plan that is being quoted.
- Confirm that the prospect does not have Medicaid. If the caller has Medicaid, they are only eligible if they can answer yes to one of the following questions:
 - Will Medicaid pay your Medicare Supplement policy premium?
 - Is the only benefit that you receive from Medicaid the premium payment for Part B of Medicare?
- If the caller has a Medicare Advantage plan, another Medicare supplement policy or Group coverage, they are only eligible to enroll if they can answer yes to the following question:
 - Will the Humana Medicare Supplement policy replace their current coverage?
Note if they are on a Medicare Advantage plan they may only be eligible to disenroll if they have a valid election period available to use at the time (such as SEP, OEP, AEP, etc.).

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

Required statement

“Humana Medicare Supplement applicants are subject to underwriting and may be declined coverage based on previous and/or current health conditions, unless one qualifies for guaranteed acceptance. After we discuss your needs and Humana Medicare Supplement plans available in your area, if one of the plans seems suitable, we can discuss how underwriting and guaranteed acceptance work.”

SELLING PROCESS

NEADS Analysis:

(Note: The purpose of the NEADS analysis is to determine plan suitability, and help the prospect in selecting the best plan for their particular needs.)

NEADS Based Selling; guide to probing for health care needs.

(N) What kind of coverage does the prospect have now?
What type of health coverage do they have (Medicare only, Medicare and PDP only, Medicaid, Group, MAPD, Medicare Supplement, etc.)?
How much do they pay in premium for their current coverage?

(E) Which benefits do they enjoy most?
Which benefits are most important with their current coverage?
Does Humana offer comparable benefits?

(A) What would they change about their current health coverage?
Does Humana meet their needs in these areas better than their current carrier?

(D) Is there anyone that assists them in making their healthcare decisions?
If yes, do they have POA or just assist in making their decisions?

(S) Summarize what the prospect has told you and offer them a solution to their concerns as appropriate.

Is a Humana Medicare Supplement plan suitable for their needs?
If so, which Humana Medicare Supplement plan is most suitable?
Confirm with the prospect that they agree with the plan you have recommended.

Plan Features:

- Present plan benefits and rates in detail utilizing the tools and resources which have been provided ('Med Supp' option on EDGE, Humana.com or Outline of Coverage). These policies contain exclusions and limitations. Benefits vary by plan and the premium will vary with the amount of benefits selected.

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

Convert Features to Benefits:

- Demonstrate the advantages of the plan features as they relate to the prospect's healthcare needs.
- Discuss how the advantages will benefit the prospect. *EX: Additional coverage for hospitalization may mean less out of pocket expenses for you should you have to enter the hospital.*
- Trial close. *EX: Does this Humana Medicare Supplement plan sound like a plan you could benefit from?*

Inform the caller that Humana is not connected with nor endorsed by the U.S. Government or the Federal Medicare Program.

Guaranteed Acceptance:

Determine if the caller is eligible for guaranteed acceptance. If they answer yes to either of the following questions, they are guaranteed acceptance into a Medicare Supplement plan at this time and no questions concerning underwriting can be asked:

- Are you applying for coverage during your Medicare Supplement open enrollment period?
- Have you lost, or are you losing or replacing, other health coverage which would qualify you for guaranteed acceptance?

Below are examples of guaranteed acceptance qualifications.

- Are you applying for coverage during your Medicare Supplement open enrollment period (6 month period beginning on the first day of the month when the prospect is 65 years old or older AND enrolls in Medicare Part B)? If under the age of 65, open enrollment begins on the first day of the month when your Medicare Part B is effective. (Agent note: Applicable ONLY if plans are available to those under the age of 65 in the prospect's state of residence.)
- You are in a Medicare Advantage Plan and the plan is leaving Medicare or stops giving care in your area, or you move out of the plan's services area.
- You have employer group health coverage or union coverage that is ending.
- You have Original Medicare and a Medicare SELECT policy and you move out of the Medicare SELECT policy's service area.
- You joined a Medicare Advantage plan or PACE when you were first eligible for Medicare at age 65 and within the first year of joining, you decide you want to switch to Original Medicare.
- You dropped a Medicare Supplement policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time; you have been in the plan for less than a year, and you want to switch back.

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

- Your Medicare Supplement insurance company goes bankrupt and you lose your coverage, or your Medicare Supplement policy coverage otherwise ends through no fault of your own.
- You leave a Medicare Advantage plan, or drop a Medicare Supplement policy, because the company hasn't followed the rules or it misled you.

Underwriting Review (omit if they qualify for guaranteed acceptance):

Let the caller know that their eligibility to purchase a Humana Medicare Supplement Plan is dependant upon them meeting Humana underwriting requirements.

- At this time I'd like to go through the underwriting process to determine if you are eligible to purchase a Humana Medicare Supplement Plan (Ask all underwriting questions if "yes" is answered to any health questions they are not eligible).

If they do not meet the underwriting requirements state, "Based on what you've shared with me, I'm sorry to say that you do not meet the medical underwriting requirements for our Medicare Supplement plans. I want to thank you though, for your time and your interest in a Humana Medicare Supplement plan. Humana offers many different types of products and I would be happy to go over all of the products we offer in your area"

CLOSING

Close (Telephonic Enrollment):

Recap and plan selection

- "Mr./Ms. <prospect's name>, based on what you told me about (recap hot buttons/points of interest from the NEADS analysis), I feel that our Medicare Supplement Plan <plan letter> that we discussed could be an excellent fit for you."
(NOTE: Only state this if in fact our plan meets their needs or improves their current situation AND if they have passed Medical Underwriting)
- "Would you like to complete your enrollment at this time?"
- (If yes) "Which plan would you like to enroll in today?"
 - Confirm plan and plan type in which they wish to enroll. *EX: "So you are requesting to enroll in Medicare Supplement Plan F?"*
 - Complete online application including all state specific forms that are required.
 - Conference the prospect into the appropriate Voicelog recording (T-Sig Only). Complete the <Telephonic Signature (T-Sig), Electronic Signature (E-Sig)> process.
 - Once the Voicelog is completed and the enrollee agrees to all statements, ask them to confirm their name and date of birth before the Voicelog ID is played.
 - Ask any additional state required disclosures and/or questions.
 - After the enrollee agrees to all statements you may submit the application.

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

- If an E-Sig is being used to sign the application, let the applicant know that they will receive an e-mail which they will need to review and follow the instructions in order to sign the application electronically as well so the application can be processed.
- If a traditional signature is being used to sign the application, let the applicant know that they will receive the paper application by mail. They will need to review, complete, sign and return the paper application in order for their enrollment to begin processing.
- Discuss the next steps in the enrollment process, such as when they can expect an ID card, when they will receive their new member enrollment kit, etc.
- Perfect Telesales Experience (PTE) Question: On a scale of 1 to 5, with 5 being perfect, how well did I meet your needs and expectations during the call?
- Inform the prospect that Humana offers a wide variety of products in most areas of the country. Offer to discuss other products which may be of interest to them. (If yes, refer to the script for those products.)
- Give prospect Humana DMS telephone number <1-866-205-0000>, Humana DMS TTY/TDD number <711> and hours of operation <state current hours> prior to end of every call.
- Express gratitude.
- Ask for Referral.
- End call.

NOTE:

As a general rule, the call should flow according to this outline: Open-Qualify-Sell-Close. As the prospect asks questions which force the flow to change, address the diversion to the call flow appropriately and go back to where you initially left the conversation (point of diversion).

Unlicensed Agents – Engaging in discussing plan rates & benefits is a violation of DOI regulations.

Demonstrate Operational and Service excellence at all times by being courteous and professional. Provide Healthcare guidance aiding the caller to make an informed decision. As part of consultative selling, make it your priority to guide the prospect toward the plan that best meets their healthcare needs.

If the caller insists that they do not wish to discuss benefits or go through the entire presentation and state they would like to have an appointment or seminar or have additional information mailed to them, we must honor their request.

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

OPENING

Use Required Opening:

"Good <morning, afternoon or evening>! My name is <First and Last> and I am calling from <Humana Insurance Company or Humana Insurance Company of Kentucky or Humana Health Benefit Plan of Louisiana, Inc. (Agent Note: replace with the Humana legal entity appropriate for the state of the caller use the legal entity grid to make this determination)>."

- I'm contacting <Medicare beneficiaries or individuals who will soon be on Medicare> <to let you know about **or** to follow up on the information we recently mailed to you about **or** who recently responded to information they received on> the exciting Humana Medicare Supplement plans available in your area which may be able to help protect you against the out of pocket costs associated with original Medicare and/or which may be able to help you save money and/or provide you with improved benefits.
- State the Humana DMS telephone number "I'm calling from <1-866-205-0000>, Humana DMS TTY/TDD number <711> (Note: required in all states).
- State that this call may be recorded for quality and training purposes.

- When calling [KY, SD or WY] state the address of the call.
- When calling [IL, KY, or SD] state:
 - *Do you have a few minutes to discuss this plan which may be able to provide you with benefits you're not receiving currently?*
 - If no, thank them for their time and end the call.
 - If yes, continue.
- When calling [AR, ID, MS, PA, or SD]:
 - If the prospect states they are not interested, you may not attempt to continue the call by using a rebuttal.

Optional Statement: Humana offers Medicare Supplement plans at a very competitive price to give you an excellent combination of comprehensive benefits and low cost. Our plans can help you with expenses that Medicare may not cover, like deductibles, coinsurance, and even preventative services."

QUALIFICATION

Preliminary Qualification of the Prospect:

Thank the prospect for their patience, express gratitude, inform the prospect of the eligibility requirements and qualify as follows:

- Is prospect currently age 65 or older (under 65 and qualifies for Medicare due to disability) or will they be turning 65 within the next three months? Note: availability to those under age 65 is dependent upon state of residence.
- Prospect has both Medicare Part A and Part B (or will within the next three months)?

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

- Confirm that the prospect resides in the state/rating area for the plan that is being quoted.
- Confirm that the prospect does not have Medicaid. If the caller has Medicaid, they are only eligible if they can answer yes to one of the following questions:
 - Will Medicaid pay your Medicare Supplement policy premium?
 - Is the only benefit that you receive from Medicaid the premium payment for Part B of Medicare?
- If the caller has a Medicare Advantage plan, another Medicare supplement policy or Group coverage, they are only eligible to enroll if they can answer yes to the following question:
 - Will the Humana Medicare Supplement policy replace their current coverage?
Note if they are on a Medicare Advantage plan they may only be eligible to disenroll if they have a valid election period available to use at the time (such as SEP, OEP, AEP, etc.).

Required statement

"Humana Medicare Supplement applicants are subject to underwriting and may be declined coverage based on previous and/or current health conditions, unless one qualifies for guaranteed acceptance. After we discuss your needs and Humana Medicare Supplement plans available in your area, if one of the plans seems suitable, we can discuss how underwriting and guaranteed acceptance work."

SELLING PROCESS

NEADS Analysis:

(Note: The purpose of the NEADS analysis is to determine plan suitability, and help the prospect in selecting the best plan for their particular needs.)

NEADS Based Selling; guide to probing for health care needs.

(N) What kind of coverage does the prospect have now?

What type of health coverage do they have (Medicare only, Medicare and PDP only, Medicaid, Group, MAPD, Medicare Supplement, etc.)?

How much do they pay in premium for their current coverage?

(E) Which benefits do they enjoy most?

Which benefits are most important with their current coverage?

Does Humana offer comparable benefits?

(A) What would they change about their current health coverage?

Does Humana meet their needs in these areas better than their current carrier?

(D) Is there anyone that assists them in making their healthcare decisions?

If yes, do they have POA or just assist in making their decisions?

(S) Summarize what the prospect has told you and offer them a solution to their concerns as appropriate.

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

Is a Humana Medicare Supplement plan suitable for their needs?
If so, which Humana Medicare Supplement plan is most suitable?
Confirm with the prospect that they agree with the plan you have recommended.

Plan Features:

- Present plan benefits and rates in detail utilizing the tools and resources which have been provided ('Med Supp' option on EDGE, Humana.com or Outline of Coverage). These policies contain exclusions and limitations. Benefits vary by plan and the premium will vary with the amount of benefits selected.

Convert Features to Benefits:

- Demonstrate the advantages of the plan features as they relate to the prospect's healthcare needs.
- Discuss how the advantages will benefit the prospect. *EX: Additional coverage for hospitalization may mean less out of pocket expenses for you should you have to enter the hospital.*
- Trial close. *EX: Does this Humana Medicare Supplement plan sound like a plan you could benefit from?*

Inform the caller that Humana is not connected with nor endorsed by the U.S. Government or the Federal Medicare Program.

Guaranteed Acceptance:

Determine if the caller is eligible for guaranteed acceptance. If they answer yes to either of the following questions, they are guaranteed acceptance into a Medicare Supplement plan at this time and no questions concerning underwriting can be asked:

- Are you applying for coverage during your Medicare Supplement open enrollment period?
- Have you lost, or are you losing or replacing, other health coverage which would qualify you for guaranteed acceptance?

Below are examples of guaranteed acceptance qualifications.

- Are you applying for coverage during your Medicare Supplement open enrollment period (6 month period beginning on the first day of the month when the prospect is 65 years old or older AND enrolls in Medicare Part B)? If under the age of 65, open enrollment begins on the first day of the month when your Medicare Part B is effective. (Agent note: Applicable ONLY if plans are available to those under the age of 65 in the prospect's state of residence.)
- You are in a Medicare Advantage Plan and the plan is leaving Medicare or stops giving care in your area, or you move out of the plan's services area.
- You have employer group health coverage or union coverage that is ending.
- You have Original Medicare and a Medicare SELECT policy and you move out of the Medicare SELECT policy's service area.

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

- You joined a Medicare Advantage plan or PACE when you were first eligible for Medicare at age 65 and within the first year of joining, you decide you want to switch to Original Medicare.
- You dropped a Medicare Supplement policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time; you have been in the plan for less than a year, and you want to switch back.
- Your Medicare Supplement insurance company goes bankrupt and you lose your coverage, or your Medicare Supplement policy coverage otherwise ends through no fault of your own.
- You leave a Medicare Advantage plan, or drop a Medicare Supplement policy, because the company hasn't followed the rules or it misled you.

Underwriting Review (omit if they qualify for guaranteed acceptance):

Let the caller know that their eligibility to purchase a Humana Medicare Supplement Plan is dependant upon them meeting Humana underwriting requirements.

- At this time I'd like to go through the underwriting process to determine if you are eligible to purchase a Humana Medicare Supplement Plan (Ask all underwriting questions if "yes" is answered to any health questions they are not eligible).

If they do not meet the underwriting requirements state, "Based on what you've shared with me, I'm sorry to say that you do not meet the medical underwriting requirements for our Medicare Supplement plans. I want to thank you though, for your time and your interest in a Humana Medicare Supplement plan. Humana offers many different types of products and I would be happy to go over all of the products we offer in your area"

CLOSING

Close (Telephonic Enrollment):

Recap and plan selection

- "Mr./Ms. <prospect's name>, based on what you told me about (recap hot buttons/points of interest from the NEADS analysis), I feel that our Medicare Supplement Plan <plan letter> that we discussed could be an excellent fit for you." *(NOTE: Only state this if in fact our plan meets their needs or improves their current situation AND if they have passed Medical Underwriting)*
- "Would you like to complete your enrollment at this time?"
- (If yes) "Which plan would you like to enroll in today?"
 - Confirm plan and plan type in which they wish to enroll. *EX: "So you are requesting to enroll in Medicare Supplement Plan F?"*
 - Complete online application including all state specific forms that are required.
 - Conference the prospect into the appropriate Voicelog recording (T-Sig Only). Complete the <Telephonic Signature (T-Sig), Electronic Signature (E-Sig)> process.

Inbound Telesales – Script Outline
Medicare Supplement Insurance Plans
Generic

- Once the Voicelog is completed and the enrollee agrees to all statements, ask them to confirm their name and date of birth before the Voicelog ID is played.
- Ask any additional state required disclosures and/or questions.
- After the enrollee agrees to all statements you may submit the application.
- If an E-Sig is being used to sign the application, let the applicant know that they will receive an e-mail which they will need to review and follow the instructions in order to sign the application electronically as well so the application can be processed.
- If a traditional signature is being used to sign the application, let the applicant know that they will receive the paper application by mail. They will need to review, complete, sign and return the paper application in order for their enrollment to begin processing.
- Discuss the next steps in the enrollment process, such as when they can expect an ID card, when they will receive their new member enrollment kit, etc.
- Perfect Telesales Experience (PTE) Question: On a scale of 1 to 5, with 5 being perfect, how well did I meet your needs and expectations during the call?
- Inform the prospect that Humana offers a wide variety of products in most areas of the country. Offer to discuss other products which may be of interest to them. (If yes, refer to the script for those products.)
- Give prospect Humana DMS telephone number <1-866-205-0000>, Humana DMS TTY/TDD number <711> and hours of operation <state current hours> prior to end of every call.
- Express gratitude.
- Ask for Referral.
- End call.

NOTE:

As a general rule, the call should flow according to this outline: Open-Qualify-Sell-Close.

As the prospect asks questions which force the flow to change, address the diversion to the call flow appropriately and go back to where you initially left the conversation (point of diversion).

Unlicensed Agents – Engaging in discussing plan rates & benefits is a violation of DOI regulations.

Demonstrate Operational and Service excellence at all times by being courteous and professional. Provide Healthcare guidance aiding the caller to make an informed decision. As part of consultative selling, make it your priority to guide the prospect toward the plan that best meets their healthcare needs.

If the caller insists that they do not wish to discuss benefits or go through the entire presentation and state they would like to have an appointment or seminar or have additional information mailed to them, we must honor their request.