



en español

Toll-free: 1 - 800 - 833 - 6578
TTY users: 1 - 877 - 833 - 4486

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Plan Details

Humana Medicare Supplement Plan F

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M0006_GH20896c KC0907
C0006_GH20896c KC0907

8 a.m. to 8 p.m., 7 days a week

Last updated 9/14/2007

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Monthly Plan Premium: \$180.00 | [Monthly premiums by age and gender](#)

Premiums are based on your state of residency and/or the following information:

Gender: **Female**
Birthdate: **Feb 07 1931**
Medical Insurance (Part B): **02/01/1996**
Desired Coverage Start Date: **03/01/2008**
Have you lost other health coverage which would qualify you for guaranteed acceptance? (NOTE: To be considered for guaranteed acceptance, Humana must receive your application, along with a copy of the termination notice you received from your prior insurer, within 63 days of termination of your prior coverage.) **Yes**

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Rx Coverage:	No Prescription Drug coverage - See Additional Services section for Rx discount information
Hospital Part A Deductible:	\$0.00
Medical Part B Deductible:	\$0.00
Maximum Medical Out-of-Pocket:	N/A
Physician Detail:	<ul style="list-style-type: none"> You may choose any doctor, hospital, or other health care provider who accepts Medicare No referrals required
Doctor Office Visits:	
Primary Care Physician:	\$0.00
Specialist:	\$0.00
Hospitalization:	\$0.00
Additional Services:	
Fitness Program:	Yes - SilverSneakers® Membership Included 
Humana Active Outlook:	Yes - Humana Active OutlookSM Included 
Vision Discount:	Yes - Vision Discount Included
Rx Discount:	Yes - Rx Discount Included
Downloads:	<p>The benefits displayed are not a complete listing. View the Outline of Coverage for more details.</p> <p> Outline of Coverage (PDF)</p> <p> Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare (PDF)</p> <p> To view a Portable Document Format (PDF) file, you need an Adobe Acrobat Reader. If you do not already have this software, you can download a free copy from Adobe.</p>

[Adobe®](#).

Additional Resources:

- [Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare](#)
 - [Printable Plan Comparison Worksheet](#)
 - [Grievance and Appeals Information \(Part D Coverage\)](#)
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The benefits displayed are not a complete listing of every service we cover. For a complete list of covered benefits, limitations and exclusions, please contact us by the number at the bottom of this page. All Medicare Supplement 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. Medicare Supplement plans are not managed care plans.

The products and services described are not offered nor guaranteed under our Medicare Supplement insurance policies and are not subject to the Medicare appeals process. These products and services are not insurance benefits. Any disputes regarding these products and services may be subject to the Humana grievance process. Participation of fitness centers varies by state.

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