

Humana®

Alaska Highlights: Statewide Medicare Supplements

Medicare Supplements

Modernization Plans	
Current Plans:	A, B, C, F, F(HD), K & L
Disabled Offerings:	N/A
Discounting:	Household Discount Effective 08/01/2014 Online Enrollment Discount Effective 11/01/2015
Premium Type:	Attained Age
Rate Change Notification Period:	45 Days
Area Rating Regions within State:	Statewide
Electronic Enrollment Available:	FastApp/MAPA/D2C
Value Added Service Offerings:	Silver Sneakers, QuitNet, Vision and Hearing Discounts, Rx Discounts, WellDine, Humana First, Lifeline
Guaranteed Issue Rights:	Extends Guaranteed Issue to include individuals who voluntarily leaves Employer Welfare Benefit Plan whether plan is primary or secondary. 63 day period beginning w/ the term date/date of first denied claim.

*Refer to the Outline of Medicare Supplement Coverage for plan premium rates

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Alaska Highlights: Statewide PDP

PDP

Plan Name

\$-- Premium

Deductible & Applicable Tiers:

Mail Order Rx Tier Copay:

Preferred Rx Tier Copay:

Standard Rx Tier Copay:

Contract/PBP: H0000-000

Group ID: *To be provided between late Sept. & 10/1*

BSN: *To be provided between late Sept. & 10/1*

Serving Counties: Area Name, Area Name, Area Name, Area Name, & Area Name

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PLACEHOLDER.. 2018 DATA NOT AVAILABLE UNTIL July/August

