

HUMANA HEALTH INSURANCE CARD

Group Policy Information

MEMBER INFORMATION

Member Name: David Michael Brown

Date of Birth: 11/30/1968

Member ID: HUMANA567890123

Group Number: GRP005

Policy Number: HUM890123456

PLAN INFORMATION

Plan Type: PPO (Preferred Provider Organization)

Effective Date: 01/01/2024

Termination Date: 12/31/2024

Network: Humana ChoiceCare Network

BENEFIT INFORMATION

Deductible: 2,500 individual / \$5,000 family

Out-of-Pocket Maximum: \$10,000 individual / \$20,000 family

Co-pay: \$40 primary care / \$80 specialist

Emergency Room: \$400 co-pay

Hospitalization: 40% coinsurance after deductible

PRIOR AUTHORIZATION REQUIREMENTS

Robotic Prostatectomy: REQUIRES PRIOR AUTHORIZATION

Authorization Phone: (305) 800-AUTH

Authorization Fax: (305) 800-FAX

Online Portal: www.humana.com/pa

Provider Portal: <https://provider.humana.com>

CONTACT INFORMATION

Customer Service: (305) 800-HUMANA

Claims Address: PO Box 11111, Miami, FL 33101

Provider Relations: (305) 800-PROV

24/7 Nurse Line: (305) 800-NURSE

Card ID: HUMANA-2024-001238 | Issue Date: 01/01/2024 | Valid Through: 12/31/2024

For verification: www.humana.com/verify | Phone: (305) 800-VERIFY