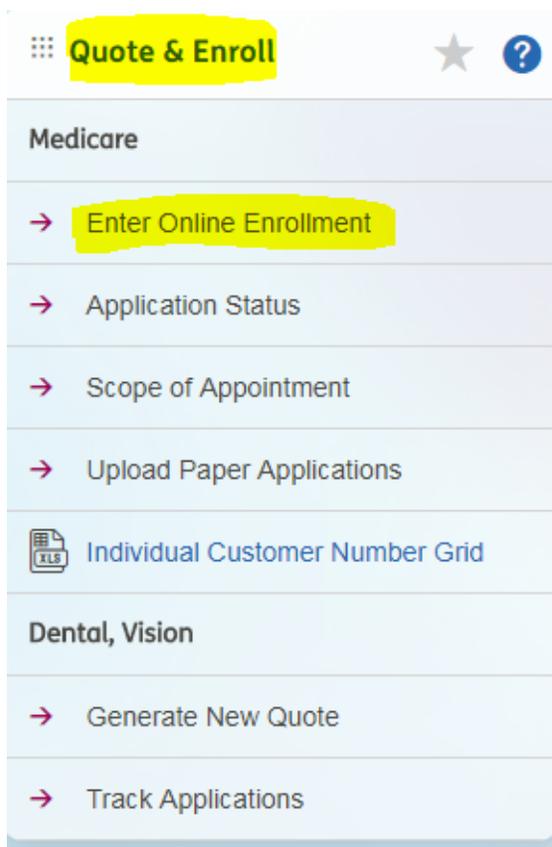


# Humana®

**How to Access:**

1. Go to the Humana Agent Portal website and log in with your username and password: [Click Here](#)
2. In the box titles “Quote & Enroll,” select “Enter Online Enrollment”



3. Enter the zip code that is associated with your applicant’s primary residential address where they will ride when coverage is in effect.

## Online Enrollment

Enter the zipcode associated with your applicant's primary residential address where they will reside when coverage is in effect.

NOTE: Do NOT enter a zip code for a PO Box.

Continue

\*Agent must be licensed within the state associated with zip code entered above.

- Then select your county, plan year, and type of policy you are wanting.

### Plan Enrollment

County:  Plan Year:  All PDP MA MAPD Med Supp [View Plans](#)

[Pharmacy Calculator](#)

- Click "View Plans" once you are done with this step.

[View Plans](#)

- Fill out all the proper boxes for the "Quick Quote"

### Quick Quote

Please answer the following questions:

Gender:  Male  Female Date of Birth:  Proposed Effective Date: - Month -  - Year -  Medical Insurance (Part B): - Month -  - Year -

OK

- Once you hit "OK," you will get a list of plans that you can choose from. To begin an application, select "Enroll in Plan" on your desired policy.

**Humana Medicare Supplement Plans (Preferred Rates/Standard Rates)**

Benefit Summary	Preferred Rates	Standard Rates	RX Coverage	Riders	Part A Deductible	Part B Deductible	Benefit Period Hospital Deductible	Annual Deductible	Max Medical Out-of-Pocket
<b>Humana Med Supp Value Plan A</b> <a href="#">Enroll in Plan &gt;</a> <a href="#">View Details</a>	110.36	126.62	No	No	\$1,340.00	\$183.00	\$0.00	\$0.00	\$0.00
<b>Humana Med Supp Value Plan F</b> <a href="#">Enroll in Plan &gt;</a> <a href="#">View Details</a>	178.86	205.39	No	No	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Humana Med Supp High Deductible Value Plan F</b> <a href="#">Enroll in Plan &gt;</a> <a href="#">View Details</a>	59.55	68.19	No	No	\$0.00	\$0.00		\$2,240.00 Plan Deductible	
<b>Humana Med Supp Value Plan G</b> <a href="#">Enroll in Plan &gt;</a> <a href="#">View Details</a>	137.28	157.57	No	No	\$0.00	\$183.00	\$0.00	\$0.00	\$0.00
<b>Humana Med Supp Value Plan N</b> <a href="#">Enroll in Plan &gt;</a> <a href="#">View Details</a>	121.08	138.94	No	No	\$0.00	\$183.00	\$0.00	\$0.00	\$0.00

8. Begin to fill out the necessary information for the application.