



What happens after you choose a HumanaOne plan?

So you've decided which HumanaOne plan you want. Now what happens?

First, you need to know that all individual health insurance applications are subject to approval. That means you shouldn't cancel any existing coverage until we notify you that you've been approved for a HumanaOne plan.

The application process includes underwriting. When we review your health history to determine your eligibility for coverage. Here's an overview of the process:

1. Gather your information

So you can complete the application easily and completely, have the following ready:

- ❑ **Plan information** – The plan, deductible level, and optional benefits you've selected.
- ❑ **Applicant information** – For each person applying for coverage, you'll need:
 - Demographic information, including: date of birth, height, weight, Social Security number, contact information, and occupation.
 - Information about current and past health insurance plans, including the carrier name and when the coverage started and ended.
 - Information about medical history such as diagnosis, treatment, and current status of any conditions; for applicants who have high blood pressure or high cholesterol, we'll need your most current readings.
 - Information about prescriptions, including the drug name of each, dosage, how often it's taken, and when it was first prescribed.
 - Contact information for doctors and facilities that have provided treatment.
- ❑ **Payment information** – For your initial payment, you can provide a credit / debit card number or a bank account number and bank routing number. After the initial payment, recurring payment choices include: monthly, quarterly or semi annually.
- ❑ **Quote number or agent information** – If an agent prepared your quote, you should have a quote reference number. If you can't find it, the agent's name and agent number will do.

Please use the Application Preparation Checklist in this document to assist you with gathering this information.

