Get to know Humana Achieve Medicare Supplement Insurance Plans

Insured by Humana Benefit Plan of Illinois, Inc.

Coverage so you can enjoy your best health

Humana®

A more human way to healthcare®

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What is a Medicare Supplement insurance plan?

Get help paying costs that Medicare doesn't

If you have Medicare, you have reliable coverage. Just not complete coverage. Medicare pays most, but not all, doctor and hospitalization expenses. That's where a Medicare Supplement insurance plan comes in—to help cover healthcare costs you'd otherwise have to pay.

Medicare Supplement insurance plans generally pay for the 20% of healthcare costs that Medicare doesn't pay

Medicare Supplement insurance plans can help ease hassles. And with a Medicare Supplement plan, there's no provider network, most don't have additional copays or deductibles, and they're guaranteed renewable as long as you pay your premiums and have been truthful on your application.

Get the coverage you need—with the flexibility you want

A Medicare Supplement insurance plan puts decision-making power in your hands—and may help keep money in your pocket. With these plans, you can:

Get more complete coverage

Medicare Supplement plans help pay for some of the healthcare costs not paid by Original Medicare, such as copays and deductibles.

See any doctor

With no networks, you can get care anywhere in the country that accepts Medicare patients—including hospitals—with no referrals, pre-authorizations or surprise out-of-network costs.

Foreign travel

Some Medicare Supplement insurance plans may even cover emergency care when you travel outside the U.S.*

Skip copays

Unlike many Medicare Advantage plans, almost all Medicare Supplement plans have no additional copays. Most of your costs are paid up front as monthly premiums, making it easy to budget.

Set it and forget it

Plans are guaranteed renewable. That means you don't have to reenroll every year.

Never worry about losing coverage

Your plan can never be canceled as long as you pay your premium and are truthful on your application.

* After member pays a $250 deductible, the plan pays 80% up to a $50,000 lifetime maximum.

Which plan is right for you?

Get to know your options

Medicare Supplement insurance plans are designed to help with both expected and unexpected medical expenses, helping make your healthcare costs more predictable, with fewer or no surprises. Note: Plans C and F are not available to those eligible for Medicare after January 1, 2020.

Plan Benefits	Plan A	Plan B	Plan C	Plan D	Plan F†	Plan G†	Plan K	Plan L	Plan M	Plan N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%††
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled Nursing Facility Care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Medicare Part B deductible			100%		100%					
Medicare Part B excess charges					100%	100%				
Foreign Travel Emergency ($250 deductible)‡			80%	80%	80%	80%			80%	80%
Out-of-pocket limit**							$7,220 in 2025	$3,610 in 2025		

† Plans F and G have a high-deductible plan option in some states. If you get the high-deductible option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of $2,870 in 2025 before your policy pays anything.

‡ Lifetime maximum benefit of $50,000.

** Plans K and L show how much they'll pay for approved services before you meet your out-of-pocket yearly limit and your Part B deductible $257 in 2025. After you meet these amounts, the plan will pay 100% of your costs for approved services for the rest of the calendar year.

†† Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don't result in an inpatient admission.

As a Medicare Supplement plan policyholder with Humana, you get even more

Get access to the following services:

Vision care

Members can save with providers in EyeMed's Select network including LensCrafters®, Pearle Vision®, and Target Optical®.

Prescription medicine

Discounts are available on some medicines at the drugstore with a Humana member ID.

Hearing aids and services

Discounts are available through HearUSA and TruHearing®.

Lifeline medical alert system

Members can choose from multiple fall detection service options from Lifeline® at discounted prices.

Humana Well Dine®

Members may get 14 nutritious meals delivered to their door after an overnight stay in a hospital or nursing facility.

HumanaFirst® nurse advice line

A 24-hours-a-day, seven-days-a-week toll-free line, the HumanaFirst® Nurse Advice Line lets members speak with a registered nurse about non-emergency illness or injuries.

MyHumana Mobile app and website

Members get access to Humana.com or our secure mobile app to view plan benefits, claims, and more.

The programs and services described in this section are not insurance and are neither contractually offered nor guaranteed under our Medicare Supplement insurance policies. These programs and services may be provided by a third party, discontinued at any time, and are subject to geographic availability.

How to save money on your monthly premium

You may also save money on your Medicare Supplement plan premiums, using:

Electronic payment discounts (ACH)

You can save $2 on your monthly premium when you pay via automatic bank withdrawal or credit card.

Enhanced household discount

You may save 12% on your monthly premium when you reside with your spouse (including civil union/domestic partner) or you have continuously resided with at least one, but no more than three, adults in the past 12 months.

Common terms[1]

Assignment
An agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.

Benefit period
The way that Original Medicare measures your use of hospital and skilled nursing facility services. A benefit period begins the day you're admitted as an inpatient in a hospital or skilled nursing facility. The benefit period ends when you haven't gotten any inpatient hospital care (or skilled care in a skilled nursing facility) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Coinsurance
An amount you may be required to pay as your share of the cost for benefits after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment
An amount you may be required to pay as your share of the cost for benefits after you pay any deductibles. A copayment is a fixed amount, like $30.

Deductible
The amount you must pay for healthcare or prescriptions before Original Medicare, your Medicare Advantage Plan, your Medicare drug plan, or your other insurance begins to pay.

Inpatient rehabilitation facility
A hospital, or part of a hospital, that provides an intensive rehabilitation program to inpatients.

Lifetime reserve days
In Original Medicare, these are additional days that Medicare will pay for when you're in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

Medically necessary
Healthcare services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Medicare-approved amount
The payment amount that Original Medicare sets for a covered service or item. When your provider accepts assignment, Medicare pays its share and you pay your share of that amount.

Premium
The periodic payment to Medicare, an insurance company, or a healthcare plan for health or prescription drug coverage.

1. "2025 Medicare & You," U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, CMS Product No. 10050-51, last accessed September 2024, https://www.medicare.gov/publications/10050-medicare-and-you.pdf.

At Humana, we put health first for those we serve

Since 1961, Humana has been committed to helping people live healthy and happy. Our approach is simple—offer personalized care from people who care. We do this by listening to our members and creating solutions to help them reach the best version of themselves.

Decades of award-winning Medicare plans

At Humana, we've offered Medicare plans for more than 30 years—and Medicare Supplement plans since 2004. In that time, we've earned an AM Best Rating of A (excellent) (September 2023)[‡‡] and a #1 ranking among health insurers for Customer Experience in the Forrester CX Index™ for the 3rd time.[***]

[‡‡] "AM Best Upgrades Credit Ratings of Humana Inc. and Most of Its Health Insurance Subsidiaries," *AM Best*, September 2023, accessed July 30, 2024, https://news.ambest.com/newscontent.aspx?refnum=252915.

[***] The Industry leader brand received the highest CX Index™ score among Health Insurers in Forrester's proprietary 2023 CX Index™ survey. The ranking was based on responses from 6,824 US individuals measuring 17 brands in the industry. The proprietary survey results are based on consumers' opinions of the experiences with the brands in the survey. Forrester Research does not endorse any company included in any CX Index™ report and does not advise any person to select the products or services of any particular company based on the ratings included in such reports.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent/producer or insurance company.

PLEASE NOTE: Medicare Supplement insurance is available to those age 65 and older enrolled in Medicare Parts A and B.

Medicare Supplement insurance plans are not connected with or endorsed by the U.S. government or the federal Medicare program.

Coverage is guaranteed renewable and can only be cancelled for non-payment of premiums or material misrepresentation. Coverage is limited to Medicare-eligible expenses. Benefits vary by plan and the premium will vary with the amounts of benefits selected. Depending on the plan chosen you may be responsible for deductibles and coinsurance before benefits are payable. These policies have exclusions and limitations; please call your agent/producer or Humana for complete details of coverage or costs. AN OUTLINE OF COVERAGE MAY BE REQUESTED BY CONTACTING HUMANA. Policy form series AI2MES or state equivalent.