

LFUCG

Effective date  
01/01/2020

**Humana.**

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# New Case Document (NCD)

**NCD completed by:** Alison Hoskins  
**Account Executive:** Dianne Schaffner  
**Account Installation Manager:** Alison Hoskins

**Date:** 08/08/2019

## Authorization

**By signing below, the plan sponsor:**

Acknowledges it is the sponsor's responsibility to review and verify that the NCD and all document drafts are correct and, if not correct, to make necessary corrections in a timely manner. This authorizes Humana to build product, plan benefits, process claims and draft mandated communications (i.e., Evidence of Coverage) based on the final approved NCD.

This authorization and agreement is made and entered into by  
LFUCG

and Humana, effective 01/01/2020

After the exchange of the NCD, any changes to the documents describing the plan for these purposes must be in writing, state the effective date and must be communicated to and accepted by Humana claims administration in a timely fashion.

Renewing plan for existing client      **Effective date of plan:** 01/01/2020

**Plan Sponsor signature:**

*Linda Gorton*

**Print name:** Linda Gorton

**Title:** Mayor

**Date:** 11/18/19

**Humana signature:** Alison Hoskins  
**Print name:** Alison Hoskins  
**Title:** Account Installation Manager  
**Date:** 11/20/2019

The client and Humana have caused this agreement to be executed by their respective officers or representatives as duly authorized.



## 1. Plan Sponsor

**Legal name of plan sponsor:** Lexington-Fayette Urban County Government Policemens' & Firefighters' Retirement Fund  
**Plan sponsor DBA name:** LFUCG Policemen's and Firefighters' Retirement Fund

**Common name of plan sponsor:** LFUCG

**Federal Tax ID Number:** 61-0923115  
Name provided must match the tax ID number reported to the IRS.

**Location address: (No P.O. boxes)** 200 E. Main Street Lexington, KY 40507

**County:** Fayette

**Mailing address:** 200 E. Main Street Lexington, KY 40507

**County:** Fayette

**Management contact:** Kashene Wayne  
(Primary plan decision maker)

**Title:** Humana Resources Manager

**Mailing address:** 200 E. Main Street Lexington, KY 40507

**Telephone:** 859-258-3066

**Fax number:**

**Email address:** kwayne@lexingtonky.gov

**Administrative contact:** Susan Combs  
(Day-to-day administrative contact)

**Title:** Pension Administrator

**Mailing address:** 200 E. Main Street Lexington, KY 40507

**Telephone:** 859-258-3539

**Fax number:** 859-425-2059

**Email address:** scombs@lexingtonky.gov

**Third-party Administrator:**

**Contact name:**

**Mailing address:**

**Telephone:**

**Fax number:**

**Email address:**

**The account is sponsored by:**  
Employer

**Organization type:**  
Local Government

## 2. Product

**The product type offered:**

MAPD (Medical with Rx Rider)

**The plan(s) design available:**

Plan Type	Plan Number	Option Number	Rx Option	Medical Plan Design Exhibit	Rx Plan Design Exhibit
LPPD	079	060	Rx 381	See Attached	See Attached

### 3. Enrollment

**Plan Year:** 2020  
**Duration of the plan:** 01/01/2020-12/31/2020  
**Estimated eligible enrollees:** 452  
**Initial Open Enrollment Period:** N/A  
**Annual Enrollment Period:** N/A

**Other insurance options offered through the plan sponsor:**

No – Full Replacement

Humana is the only Medicare Advantage carrier offered to retirees. Medicare-eligible retirees are expected to move to the Humana plan unless the plan sponsors' rules allow retirees to remain on the active employee plan.

**Other Medical and/or Prescription drug insurance options offered through the plan sponsor:**

N/A

**Note:** Enrollees **may not** enroll into an individual MAPD or PDP plan and remain on this plan. If Humana plan is MA only, enrollees may enroll in a plan-sponsored PDP plan and remain on this plan. If Humana plan is a PDP only, enrollees may enroll in a plan-sponsored MA plan and remain on this plan.

**Dental and/or Vision insurance options offered through the plan sponsor:**

**Initial enrollment method to be used:**

Paper applications

**Ongoing enrollment method to be used:**

Paper applications

**Paper applications will be sent to:**

Humana

**Note:** Applications will need to be received by Humana prior to the effective date or within seven days of the signature date. Enrollment effective date is always the first of the month after the receipt date or a future effective month specified by the group.

**Humana updates demographics for:**

All

**Note:** For plan sponsors that use paper enrollment method, Humana is required to process an address change when a member contacts Humana with this information. If the plan sponsor contacts Humana with a demographic change, Humana must reach out to the member to confirm the change only if the member moves out of his or her current service area.

**Additional enrollment comments:**

N/A

## 4. Eligibility

**Acceptance of ongoing Medicare Age-In Enrollments:**

Aging-in retirees can enroll at any time

**New enrollments received after the Open Enrollment Period:** (Other than retirees aging-in to Medicare)

Yes, Humana can accept enrollments throughout the plan year

**Acceptance of Medicare-eligible Spouses and/or Dependents:**

Yes, Medicare eligible spouses and dependents may enroll

**Split coverage is allowed if multiple plan options are offered:**

N/A

**Acceptance of Surviving Spouses at implementation:**

Yes

**The Spouse or Dependent will be able to remain on the plan if the retiree passes away:**

Yes

**Note:** If an individual is eligible for or entitled to Medicare based solely on ESRD (end stage renal disease), Medicare Secondary Payer laws require that the Employer Group health plan offered by Employer Group be the primary payer for the first 30 months of the individual's Medicare eligibility or entitlement. The Employer Group agrees to confirm whether individuals seeking to enroll in the Plan are within this 30-month coordination period and also agrees not to seek enrollment in the Plan of any individuals during their 30-month coordination period.

**Additional Eligibility comments:**

N/A

**Age-In Process:**

Enrollment kits are requested through the kit request mailbox [GroupMedicareSalesKitRequest@humana.com](mailto:GroupMedicareSalesKitRequest@humana.com)

## 5. Opt-out and Terminations

**Opportunity for re-enrollment when a retiree opts out or terminates coverage from the plan:**

No, retirees cannot elect back into the plan at a later date

**The spouse or dependent will be able to remain on the plan if the retiree terminates coverage:**

No

**Note:** If time limit is set that allows the spouse or dependent to remain on the plan, the plan sponsor is responsible for informing Humana **30 days before** the desired termination date.

**Note:**

- **Voluntary terminations** are initiated by the member. Requests for terminations must be made by a signed and dated letter submitted by the member specifically requesting a termination date. The request must be received prior to the requested end date.
- **Involuntary terminations** are initiated by the plan sponsor. These requests must be made in enough time for Humana to provide the member with 30 days notice of termination. Terminations must be submitted 30 days in advance of the requested end date. Requests submitted late will be processed for the next available end date per CMS regulation.

**Additional opt-out/termination comments:**

None

**Consequences to a retiree if he or she opts out or terminates coverage from the plan:**

None



## 6. ID Card

**Name will be on the ID card:**

Yes

**If yes, the naming convention will be displayed as:** (26 characters; M and W count as 1.5)

L	F	U	C	G	-	P	F	R	F	/	C	E	P	F													
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

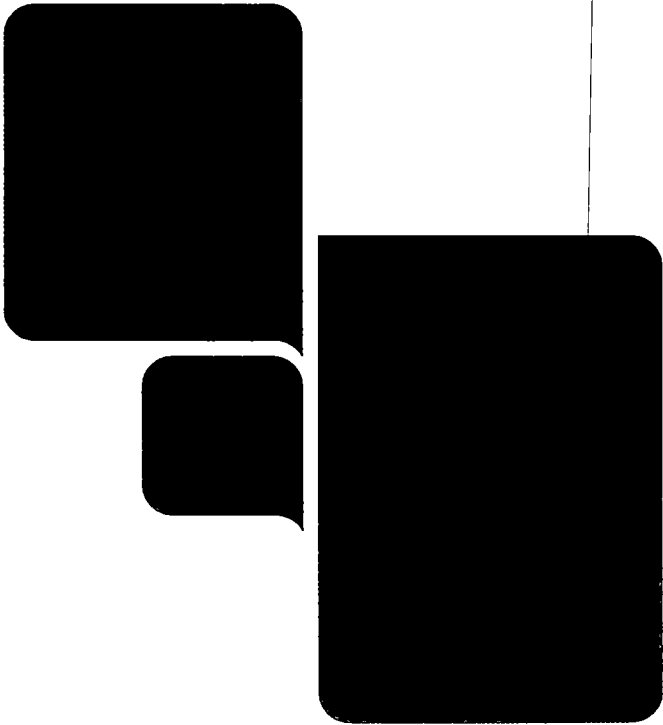
**Customer Service number displayed on the ID card:** 1-800-733-9064

**The benefits selected below will appear on the ID cards:**

- Office visit
- Specialist
- Hospital emergency

*Note:* Coinsurances do not display on the ID card

**Plan sponsor logo will appear on ID card:**



## 7. Billing Setup

**The Billing Type will be:**

Employer Billed

The plan sponsor pays full premium to Humana and coordinates payment from the member, if applicable. Members will be referred back to the designated contact and phone number provided by the group for questions related to premium information.

**Customer Service will provide premium information to the members:**

No, members can be referred to: Name: Susan Combs

Phone: 859-258-3539

**Plan sponsor will make a contribution to the premium: If yes, the contribution amount will be**

Yes 100% for retiree, 0% for spouse

**The plan sponsor will be:**

Pay as billed Plan Sponsor will receive monthly invoice; Plan Sponsor group numbers will be combined unless requested otherwise.

**Monthly payment method:** (Payment is due at the first of the month. Example: January premium is due Jan. 1.)

Check

**Type of premium:**

Blended

**If blended, the composite rate is:**

Plan type/option	Blended rate
LPPO 079/060 RX 381	\$240.46 Per Member Per Month

**Separate billing address for the invoices:**

No **Billing contact information:**

**Billing contact:**

**Mailing address:**

**Telephone:**

**Email address:**

**Additional billing setup comments:**

None

**The plan sponsor receives the retiree drug subsidy (RDS) or has an employer plan sponsor waiver plan (EGWP):**

Neither

**The plan sponsor will attest that all of the retirees enrolling in our plan(s) have had creditable prescription drug coverage before enrolling:**

Yes

**Note:** Medicare requires continuous prescription drug coverage at or above the Original Medicare level since the member became Medicare eligible. Continuous coverage means going no more than 63 consecutive days without coverage.

**The plan sponsor will pay late enrollment penalties (LEP) assessed by CMS for members who did not have creditable drug coverage:**

No

**Note:** If the plan sponsor does not pay for the member's LEP, Humana will send the member a coupon booklet to pay for the LEP portion of the premium.

## 8. Renewals

Each year Humana must conduct a renewal process for plan-sponsored Medicare plans. In the interest of protecting the member's coverage, Humana will automatically term the Medicare Advantage plan if the plan sponsor does not respond to its renewal before 11/30/2020

1. Renewal date for next plan year: 01/01/2021

## 9. Annual Member Mailings

### **Coordination of Benefits (COB)**

Humana's standard is to obtain coordination of benefit information at time of enrollment, and then annually thereafter if Medicare indicates the member could have other coverage. This information is collected in compliance with the Medicare Secondary Payer Act to ensure that Medicare should be the primary payer for the member.

### **Annual Notification of Change (ANOC) information**

Renewing members will receive an ANOC informing members of changes to their plan from one year to the next. The members will receive this information during the fourth quarter of each year, provided the plan sponsor has chosen to renew its plan.

### **Evidence of Coverage (EOC)**

All new members receive a detailed description of their specific benefits through the EOC, which will arrive within 30 days of the effective date. Renewing members will receive a copy of the upcoming year's EOC along with the ANOC.