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## Humana Group Medicare Advantage Plan Renewal

In signing this document, you are accepting the renewal, effective January 1, 2022, of the Group Medicare plan(s) submitted by your Humana Account Executive and described in the enclosed renewal package. **The new rate is effective January 1, 2022. It is important that we receive acceptance of your renewal no later than September 1, 2021. This will ensure we meet CMS requirements and provide on-time delivery of member materials.**

2022 Plan/Option: LPPO 079/060 Rx 381                      2022 Rate: \$229.26

You, the Plan Sponsor, understand, acknowledge, and agree that:

- You have carefully reviewed the enclosed renewal package.
- Only individuals who meet the eligibility requirements of the plan are eligible to maintain coverage.
- Providing incomplete, inaccurate, or untimely information may void, reduce, or increase premium, or terminate an individual's coverage or the plan coverage.
- The Plan Sponsor can subsidize different premium amounts for different classes of enrollees in a plan provided: 1) such classes are reasonable and based on objective business criteria, such as years of service, date of retirement, business location, job category, and nature of compensation (e.g., salaried vs. hourly), 2) the premium cannot vary for individuals within a given class of enrollees, and 3) the Plan Sponsor must pass through any direct subsidy payments received from CMS to reduce the amount that the beneficiary pays (or in those instances where the subscriber to or participant in the plan pays premiums on behalf of a Medicare eligible spouse or dependent, the amount the subscriber or participant pays). With regard to the Part D premium, different classes of enrollees cannot be based on eligibility for the Part D Low-Income Subsidy (LIS).
- If plan enrollees are entitled to a reduction of their premium as Part D LIS enrollees and Humana receives a Low-Income Premium Subsidy for such enrollees, Humana will pass the Low-Income Premium Subsidy amount through to the LIS enrollees to reduce their premiums.
- With regard to the Part D premium, the Plan Sponsor cannot charge an enrollee for prescription drug coverage provided under the PDP/MAPD plan more than the sum of his or her monthly beneficiary premium attributable to basic prescription drug coverage and 100% of the monthly beneficiary premium attributable to his or her non-Medicare Part D benefits (if any).

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Important reminder:

Please sign and return the enclosed "Humana Group Medicare Advantage Plan Renewal" form no later than **September 1, 2021** to accept the plan's benefits and rates and continue the plan in the coming year.

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Humana Medicare Employer Plan – Premium Information

LFUCG POLICE & FIRE RF - PPO

**Date:** 4/16/2021  
 Humana Medicare Employer Plan  
**Plan Names:** Passive PPO 079 060 with Custom Rx \$10/\$20/\$40/25% from \$0 to Catastrophic  
 Passive LPPO 079 060 with Custom Rx \$10/\$20/\$40/25% from \$0 to Catastrophic  
**Rx Formulary:** Group Plus Formulary - TBD  
**Additional Packages:** Cosmetics, Coughs and Colds, Fertility Agents, Vitamins, Weight Loss Agents, EDs Standard

Plan Year	Final Billed Premium (Per Member Per Month)
1/1/2022 - 12/31/2022	\$229.26
1/1/2023 - 12/31/2023	Not-to-Exceed \$240.46

Passive PPO 079 060 Medical and Rx Benefit Overview

	(In-Network Benefits match Out-of-Network Benefits)
Deductible	None
Inpatient Acute Hospital	\$175 Copayment per Admission
Skilled Nursing Facility	\$50 Copayment (Days 21-100)
Physician Office Visits	\$5 Copayment
Specialist Office Visits	\$15 Copayment
Outpatient Surgical	\$50 Copayment
Ambulance	\$50 Copayment
Emergency Room	\$65 Copayment
Medical Maximum Out of Pocket	\$2,500 Combined (Medicare Covered Services)
Prescription Drugs (Retail 30 day supply)	Custom Rx \$10/\$20/\$40/25% from \$0 to Catastrophic

\*\*\*See attached sheet for rating assumptions and stipulations. The benefits presented above are a high-level summary. Please consult the Plan Design Exhibit for a more detailed list of covered services, member cost shares, services subject to deductibles and any plan limitations.\*\*\*

Proprietary and confidential. For the sole use of LFUCG POLICE & FIRE RF.  
 Not to be shared externally without written consent from Humana Inc.



## Humana Medicare Employer Plan – Rating Assumptions and Stipulations

### LFUCG POLICE & FIRE RF

#### Proposal Terms

The benefits presented on the previous page are a high-level summary. Please consult the Plan Design Exhibit for a more detailed outline of the benefits proposed. Final benefits may differ due to annual changes in CMS benefit requirements.

For members with End Stage Renal Disease (ESRD), the Humana Group Medicare Advantage Plan is only offered to eligible members who are diagnosed and enrolled in a manner that is consistent with applicable Medicare secondary laws, and the rules and regulations set forth by CMS.

The rates provided do not reflect any potential premium adjustments provided by Center for Medicare and Medicaid Services (CMS) or federal regulations based on a Medicare beneficiary's income.

Humana will hold the proposed rate(s) unless there are material changes to existing or implementation of new federal regulations or requirements, and/or any unforeseen/unusual circumstances (i.e. pandemic) that would impact Group Medicare.

**Humana will hold the proposed rates, assuming all of the information provided is accurate, and could be subject to change should any of the following differ:**

All members are retired and enrolled in Medicare Part A and Part B.

A minimum average employer contribution level of 76% of the proposed premium for the plan.

A majority of members' (51% or more) primary residence is in an adequate Humana Medicare Advantage network service area. Humana will monitor network adequacy throughout the year to confirm standards are met.

Enrolled membership should not change from current, or differ from the information provided, by more than 10% per year. This proposal assumes 486 currently enrolled members.

Humana's Medicare Advantage plan is the only plan offered and there is no additional secondary plan wrapping around or offered in conjunction with this plan for all current and future Medicare eligible retirees.

Part D, administered by Humana Pharmacy Solutions, will utilize Humana's Group Plus formulary and include utilization management programs such as: quantity limits, prior authorization, and step therapy. Humana continually updates its drug list and quantity limits, and ensures these updates are in accordance with CMS regulations.

Benefits, deductibles, maximum out of pocket accumulators, and any applicable pharmacy TrOOP accumulators will be reset on January 1 each year.

We are pleased to present this Humana Group Medicare Advantage proposal to you and assume all information provided is accurate with the understanding if there is a material change from the current offering environment, Humana has the right to revise or rescind the quote.