

BPO

CLAIMS PAYMENT AGREEMENT – SUMMARY PLAN DESCRIPTION

(PPO – SFLFUC10)

This authorization and agreement is made and entered into by Lexington Fayette Urban County Government (the "Client") and Humana Insurance Company ("HIC"), effective January 1, 2013.

This authorization and agreement concerns the establishment and development of a contractual relationship between HIC and the Client for providing administrative services with respect to the Lexington Fayette Urban County Government (the "Plan").

The Client and HIC agree as follows:

- (a) HIC is authorized and granted the right to process and make payment on claims submitted by participants in the Plan, on their behalf and on behalf of their covered dependents, for benefits under the Plan during the period prior to electronic delivery to the Client and HIC of a final Summary Plan Description.
- (b) Claims payment will be based on benefits and provisions described in the New Case Document as stated in the Summary Plan Description, draft numbered 1.
- (c) If benefit levels or provisions change in future drafts or modifications of the Plan, HIC shall not be required to reprocess claims properly processed under the agreed-upon description of the Plan as of the time that the claims were processed.
- (d) Between the time successor drafts of the Summary Plan Description are prepared and exchanged, any changes to the documents describing the Plan for these purposes must be in writing, state the effective date, and must be timely communicated to and accepted for claims administration by HIC. Changes made in this fashion will be incorporated into the documents controlling claims processing and payment, as described and agreed to under this agreement.

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

THE CLIENT

By: _____

Date: _____

Accepted:

HUMANA INSURANCE COMPANY

By: *Khalid Nazir*

Khalid Nazir
Vice President

CLAIMS PAYMENT AGREEMENT – SUMMARY PLAN DESCRIPTION

(PPO – SFLFUC11)

1/10/13

This authorization and agreement is made and entered into by Lexington Fayette Urban County Government (the "Client") and Humana Insurance Company ("HIC"), effective January 1, 2013.

This authorization and agreement concerns the establishment and development of a contractual relationship between HIC and the Client for providing administrative services with respect to the Lexington Fayette Urban County Government (the "Plan").

The Client and HIC agree as follows:

- (a) HIC is authorized and granted the right to process and make payment on claims submitted by participants in the Plan, on their behalf and on behalf of their covered dependents, for benefits under the Plan during the period prior to electronic delivery to the Client and HIC of a final Summary Plan Description.
- (b) Claims payment will be based on benefits and provisions described in the New Case Document as stated in the Summary Plan Description, draft numbered 1.
- (c) If benefit levels or provisions change in future drafts or modifications of the Plan, HIC shall not be required to reprocess claims properly processed under the agreed-upon description of the Plan as of the time that the claims were processed.
- (d) Between the time successor drafts of the Summary Plan Description are prepared and exchanged, any changes to the documents describing the Plan for these purposes must be in writing, state the effective date, and must be timely communicated to and accepted for claims administration by HIC. Changes made in this fashion will be incorporated into the documents controlling claims processing and payment, as described and agreed to under this agreement.

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THE CLIENT

By: _____

Date: _____

Accepted:

HUMANA INSURANCE COMPANY

By: *Khalid Nazir*

Khalid Nazir
Vice President

CLAIMS PAYMENT AGREEMENT – SUMMARY PLAN DESCRIPTION

(EHDHP – SFLFUC12) *KS*

This authorization and agreement is made and entered into by Lexington Fayette Urban County Government (the "Client") and Humana Insurance Company ("HIC"), effective January 1, 2013.

This authorization and agreement concerns the establishment and development of a contractual relationship between HIC and the Client for providing administrative services with respect to the Lexington Fayette Urban County Government (the "Plan").

The Client and HIC agree as follows:

- (a) HIC is authorized and granted the right to process and make payment on claims submitted by participants in the Plan, on their behalf and on behalf of their covered dependents, for benefits under the Plan during the period prior to electronic delivery to the Client and HIC of a final Summary Plan Description.
- (b) Claims payment will be based on benefits and provisions described in the New Case Document as stated in the Summary Plan Description, draft numbered 1.
- (c) If benefit levels or provisions change in future drafts or modifications of the Plan, HIC shall not be required to reprocess claims properly processed under the agreed-upon description of the Plan as of the time that the claims were processed.
- (d) Between the time successor drafts of the Summary Plan Description are prepared and exchanged, any changes to the documents describing the Plan for these purposes must be in writing, state the effective date, and must be timely communicated to and accepted for claims administration by HIC. Changes made in this fashion will be incorporated into the documents controlling claims processing and payment, as described and agreed to under this agreement.

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

THE CLIENT

By: _____

Date: _____

Accepted:

HUMANA INSURANCE COMPANY

By: *Khalid Nazir*

Khalid Nazir
Vice President

CLAIMS PAYMENT AGREEMENT – SUMMARY PLAN DESCRIPTION

(EHDHP – SFLFUC13) *HSR*

This authorization and agreement is made and entered into by Lexington Fayette Urban County Government (the "Client") and Humana Insurance Company ("HIC"), effective January 1, 2013.

This authorization and agreement concerns the establishment and development of a contractual relationship between HIC and the Client for providing administrative services with respect to the Lexington Fayette Urban County Government (the "Plan").

The Client and HIC agree as follows:

- (a) HIC is authorized and granted the right to process and make payment on claims submitted by participants in the Plan, on their behalf and on behalf of their covered dependents, for benefits under the Plan during the period prior to electronic delivery to the Client and HIC of a final Summary Plan Description.
- (b) Claims payment will be based on benefits and provisions described in the New Case Document as stated in the Summary Plan Description, draft numbered 1.
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The Client and HIC have caused this agreement to be executed by their respective officers or representatives as duly authorized.

THE CLIENT

By: _____

Date: _____

Accepted:

HUMANA INSURANCE COMPANY

By: *Khalid Nazir*

Khalid Nazir
Vice President

PPO 1 PLAN

SUMMARY OF BENEFITS AND COVERAGE DOCUMENT AUTHORIZATION

This authorization and agreement is made and entered into by Lexington Fayette Urban County Government (the "Client") and Humana Insurance Company ("Humana"), effective 01/01/2013.

This authorization and agreement concerns the establishment and development of a contractual relationship between Humana and the Client for providing the Summary of Benefits and Coverage ("SBC") document with respect to the Lexington Fayette Urban County Government (the "Plan").

The Client and Humana agree as follows:

- (a) Humana has created, on behalf of the Client, the SBC document based on benefits and provisions described in the New Case Document.
- (b) By signing this authorization, the Client agrees that the benefits and provisions outlined in this SBC document are accurate and approved by the Client.
- (c) If benefits or provisions change in future drafts or modifications of the Plan prior to the final draft of the Summary Plan Description, the Client is responsible for updating the SBC document and providing to its members.
- (d) The Client is responsible for the distribution of the SBC document to its members. Humana will make a final SBC (issued with the final SPD) available to members on its website at the request of the Client.

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

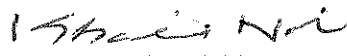
THE CLIENT

By: _____

Date: _____

Accepted:

HUMANA INSURANCE COMPANY

By: 
Khalid Nazir
Vice President

H.S.A. 1 PLAN

SUMMARY OF BENEFITS AND COVERAGE DOCUMENT AUTHORIZATION

This authorization and agreement is made and entered into by Lexington Fayette Urban County Government (the "Client") and Humana Insurance Company ("Humana"), effective 01/01/2013.

This authorization and agreement concerns the establishment and development of a contractual relationship between Humana and the Client for providing the Summary of Benefits and Coverage ("SBC") document with respect to the Lexington Fayette Urban County Government (the "Plan").

The Client and Humana agree as follows:

- (a) Humana has created, on behalf of the Client, the SBC document based on benefits and provisions described in the New Case Document.
- (b) By signing this authorization, the Client agrees that the benefits and provisions outlined in this SBC document are accurate and approved by the Client.
- (c) If benefits or provisions change in future drafts or modifications of the Plan prior to the final draft of the Summary Plan Description, the Client is responsible for updating the SBC document and providing to its members.
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The Client and Humana have caused this agreement to be executed by their respective officers or representatives as duly authorized.

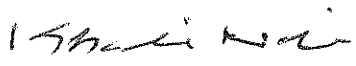
THE CLIENT

By: _____

Date: _____

Accepted:

HUMANA INSURANCE COMPANY

By: 
Khalid Nazir
Vice President

PPO 2 PLAN

SUMMARY OF BENEFITS AND COVERAGE DOCUMENT AUTHORIZATION

This authorization and agreement is made and entered into by Lexington Fayette Urban County Government (the "Client") and Humana Insurance Company ("Humana"), effective 01/01/2013.

This authorization and agreement concerns the establishment and development of a contractual relationship between Humana and the Client for providing the Summary of Benefits and Coverage ("SBC") document with respect to the Lexington Fayette Urban County Government (the "Plan").

The Client and Humana agree as follows:

- (a) Humana has created, on behalf of the Client, the SBC document based on benefits and provisions described in the New Case Document.
- (b) By signing this authorization, the Client agrees that the benefits and provisions outlined in this SBC document are accurate and approved by the Client.
- (c) If benefits or provisions change in future drafts or modifications of the Plan prior to the final draft of the Summary Plan Description, the Client is responsible for updating the SBC document and providing to its members.
- (d) The Client is responsible for the distribution of the SBC document to its members. Humana will make a final SBC (issued with the final SPD) available to members on its website at the request of the Client.

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


THE CLIENT

By: _____

Date: _____

Accepted:

HUMANA INSURANCE COMPANY

By: 
Khalid Nazir
Vice President

H.S.A. 2 PLAN

SUMMARY OF BENEFITS AND COVERAGE DOCUMENT AUTHORIZATION

This authorization and agreement is made and entered into by Lexington Fayette Urban County Government (the "Client") and Humana Insurance Company ("Humana"), effective 01/01/2013.

This authorization and agreement concerns the establishment and development of a contractual relationship between Humana and the Client for providing the Summary of Benefits and Coverage ("SBC") document with respect to the Lexington Fayette Urban County Government (the "Plan").

The Client and Humana agree as follows:

- (a) Humana has created, on behalf of the Client, the SBC document based on benefits and provisions described in the New Case Document.
- (b) By signing this authorization, the Client agrees that the benefits and provisions outlined in this SBC document are accurate and approved by the Client.
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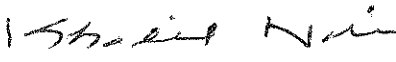
THE CLIENT

By: _____

Date: _____

Accepted:

HUMANA INSURANCE COMPANY

By: 
Khalid Nazir
Vice President