



**Humana Medicare Employer Plan  
RPO Premium Information**

**FLOYD COUNTY GOVERNMENT - AO - PPO**

**Date:** 9/14/2020  
**Plan Year:** January 1, 2021 through December 31, 2021  
**Plan Names:** Humana Medicare Employer Sponsored Plan  
Refer to Offering Package for Benefit Information  
**Rx Formulary:** Group Plus Formulary - 21800

**RPO Market Rate**

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IN **\$45.00** Per Member Per Month

\*\*\*Please refer to the summary of benefits for complete coverage details as 2021 pharmacy and medical benefits may differ from 2020.



**Humana Medicare Employer Plan  
RPPO Market List by Plan**

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<u>RPPO 079 623 Rx 417</u>	<u>Members</u>	<u>RPPO 079 622 Rx 418</u>	<u>Members</u>
AL		AR	
AZ		KS	
FL		MO	
GA		OH	
IL		OK	
IN	15	TX	
KY			
LA			
MI			
MS			
NC			
PA			
SC			
TN			
VA			
WI			
WV			



## Humana Medicare Employer Plan – Rating Assumptions and Stipulations

### FLOYD COUNTY GOVERNMENT - AO - PPO

#### Proposal Terms

Please consult the Plan Design Exhibit for a 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 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.

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.

The employer/union is not allowed to sponsor or offer the class of retirees any Medicare supplement or Medicare Advantage plan in competition with Humana's offerings, in the counties where Humana is offered.

The proposed plan/option is designed to be offered in situations where there is little to no employer funding of health insurance premiums.

The products and plan/options will vary based on the eligible members' residence within an adequate Humana Medicare Advantage network service area.

A minimum of 10 enrolled members per standard product offering is required to renew the Humana Medicare Advantage plan.

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.