



Humana Medicare Employer Plan – Premium Information

CITY OF WEST ALLIS - PPO

**Date:** 7/30/2020  
Humana Medicare Employer Plan  
**Plan Names:** PASSIVE PPO 079 406 with Custom Rx \$12/\$25/\$35/5% from \$0 to Catastrophic  
PASSIVE WAIVER 079 406 with Custom Rx \$12/\$25/\$35/5% from \$0 to Catastrophic  
**Rx Formulary:** Group Plus Formulary - 21800

Plan Year	Base Rate	Premium Credit From 2020	Final Billed Premium (Per Member Per Month)
1/1/2021 - 12/31/2021	\$487.84	(\$46.01)	\$441.83

PASSIVE PPO 079 406 Medical and Rx Benefit Overview

(In-Network Benefits match Out-of-Network Benefits)	
Deductible	None
Inpatient Acute Hospital	\$0 Copayment per Admission
Skilled Nursing Facility	\$0 Copayment (Days 1-100)
Physician Office Visits	\$0 Copayment
Specialist Office Visits	\$0 Copayment
Outpatient Surgical	\$0 Copayment
Ambulance	\$0 Copayment
Emergency Room	\$0 Copayment
Medical Maximum Out of Pocket	\$1,000 Combined (Medicare Covered Services)
Prescription Drugs (Retail 30 day supply)	Custom Rx \$12/\$25/\$35/5% 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 CITY OF WEST ALLIS.  
Not to be shared externally without written consent from Humana Inc.



## Humana Medicare Employer Plan – Rating Assumptions and Stipulations

### CITY OF WEST ALLIS

#### 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.

Due to the COVID-19 pandemic, 2020 non-COVID medical benefit utilization is expected to be materially depressed in comparison to pre-pandemic forecasts. In response to the unexpected net decrease in medical claims costs for 2020, Humana is providing a partial refund of 2020 premiums. Although the refund of a portion of 2020 premiums is not contingent on the Plan's renewal for 2021, it is being provided as a credit against 2021 billed premiums to ease administrative and operational burden.

Humana will hold the proposed rate(s) unless there are material changes to existing or implementation of new federal regulations or requirements 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.

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.

Humana is the sole carrier 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.

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.