



Humana Medicare Employer Plan – Premium Information

MONTGOMERY COUNTY - PPO

Date: 7/25/2022
 Humana Medicare Employer Plan
Plan Names: PASSIVE PPO 079 397 with No Rx Coverage
Additional Services Included: Hearing, Vision

Plan Year	Final Billed Premium (Per Member Per Month)
1/1/2023 - 12/31/2023	\$185.21

PASSIVE PPO 079 397 Medical 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	\$50 Copayment
Medical Maximum Out of Pocket	\$3,400 Combined (Medicare Covered Services)
Prescription Drugs (Retail 30 day supply)	No Part D Coverage

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 MONTGOMERY COUNTY.
 Not to be shared externally without written consent from Humana Inc.**



Humana Medicare Employer Plan – Rating Assumptions and Stipulations

MONTGOMERY COUNTY

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/or 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 267 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.

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

CMS does not allow members to purchase an individual PDP with the use of this product.

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.