



Village of Downers Grove

Report for the Village Council Meeting

Table 1 - Council Agenda item.

Subject	Employee Benefits Renewal Contracts and Medical Plan Amendments for Fiscal Year 2027
Submitted By	Lauren Linares, Director of Human Resources

Synopsis

Resolutions have been prepared to authorize approval of employee benefits renewal contracts and plan amendments for Fiscal Year 2027 and to authorize staff to remit weekly funding for health claims and associated administrative fees.

Strategic Plan Alignment

The 2025-2027 goals include *Steward of Financial, Environmental, and Neighborhood Sustainability*.

Fiscal Impact

The proposed Fiscal Year 2027 health insurance budget includes \$2,299,270 for claims administration, stop-loss contracts, and wellness initiatives. The vendors and contract amounts for Fiscal Year 2026 and Fiscal Year 2027 are itemized below:

Vendor	Contract Item	Fiscal Year 2027 Amount	Fiscal Year 2026 Amount
Blue Cross Blue Shield	Medical Claim Administration	(\$229,377)	(\$391,812)
Blue Cross Blue Shield	Specific and Aggregate Stop Loss	\$1,353,647	\$1,125,737
Subtotal		\$1,124,270	\$733,925
Delta Dental	Dental Insurance Administration	\$23,500	\$22,141
Humana	Retiree Carve Out	\$260,831	\$247,601
Professional Benefit Administrators	COBRA & Flexible Spending	\$10,285	\$10,000
HealthJoy	Care Navigation Platform	\$38,037	\$38,037
Total		\$1,456,923	\$1,051,704

Recommendation

Approval on the October 20, 2026 Consent Agenda.

Background

The recommended contracts provide the administration and support needed for the Village's Health Insurance program, which has a total Fiscal Year 2027 proposed budget of \$14.5 million.

A summary of the 2027 employee benefits contracts is provided below:

Medical Claim Administration – The Village has a self-funded medical plan and contracts with an outside vendor to provide claim administration on behalf of the Village. Claim administration includes adjudication of medical and prescription drug claims, pre-certification, and medical case management services. Annually, staff reviews the claim administration services received from the vendor. Staff also reviews the vendor's relationship with Preferred Provider Organizations (PPOs) to ensure the discounts received through PPO contracts are cost-effective for both the Village and its employees. The Village has contracted with Blue Cross Blue Shield of Illinois for these services since 2011 and will renew the contract into Fiscal Year 2027. The Village health insurance plan is consumer-centric and allows employees to participate in an annual wellness screening initiative. Employee participation drives a one-time wellness credit to the Blue Cross plan. The 2027 medical claims administration is an annual credit of \$229,377, resulting from medical rebate credits. Please note that the Benefit Program Application (BPA) identifies a weekly fee schedule, a change from the current monthly cycle. As a self-funded plan, BCBSIL requires the Village to fund claims weekly at its 2027 renewal. The resolution authorizes Village staff to remit payment for all undisputed health claims and associated administrative fees on a weekly basis without prior Village Council approval. The expenditures will subsequently appear on claims ordinances for Village Council ratification.

Stop Loss Coverage – The Village purchases stop-loss coverage to limit its financial exposure. Stop loss coverage provides insurance for catastrophic medical claims of participants in the Village's group health care plan. Stop-loss coverage comes in two types: specific and aggregate. Specific stop-loss insurance provides a point at which the insurance company becomes responsible for any claims after an individual insured reaches a predetermined limit in the contract year. As part of the annual review, staff directs the Village's consultant, MarshMMA, to recommend the most appropriate point for specific stop-loss coverage. The consultant reviews specific claim data for the Village's group and determines whether it is cost-effective for the Village to take on additional claim exposure. For 2027, the consultant determined that the Village should maintain the current \$150,000 specific stop-loss level. However, negotiations resulted in a 20% increase due to plan exposure related to the number of high claimants and claim severity. There are no changes to the aggregate stop loss coverage.

Dental Insurance – The Village provides employees with a dental program administered by Delta Dental Plan of Illinois. Under this program, employees use PPO network providers, receive services at discounted rates, and have benefits paid in full. Employees can also use out-of-network providers; however, they receive less comprehensive coverage. All administrative services, customer service, claims processing, underwriting, billing, network recruiting and management, enrollment, sales, and account service are conducted locally from Naperville, IL. Fiscal Year 2027 fees to administer the Delta Dental program are \$23,500, an increase of \$1,359 from Fiscal Year 2026.

Retiree Carve Out – Village employees and their eligible spouses on the Village’s Health Insurance Plan become eligible for the retiree carve out when becoming Medicare eligible at age 65. In 2012, through its broker, the Village found a Humana supplement plan to offer to Medicare-eligible retirees, thereby transitioning this group from the Village’s self-insured plan. The Village funds the premiums and invoices the respective retirees. Employees who retired before the Village Ordinance change on September 9, 2009, receive a 50% premium credit. Humana’s Fiscal Year 2027 rates are adjusting due to rising healthcare costs, changes to federal Medicare, and the Part D redesign under the Inflation Reduction Act (IRA). The Fiscal Year 2027 premium increased 3.1% from Fiscal Year 2026.

COBRA & Flexible Spending – Professional Benefit Administrators (PBA) provides medical, transit, parking, and dependent flexible spending accounts for Village employees, and administers continuation of health coverage (COBRA) for separating employees and their families. In 2025, PBA deployed a COBRA upgrade that lets participants view benefit letters, elect coverage, and make online payments. The Village incurs a single annual COBRA fee for this service. However, flexible spending fees vary monthly, depending on the number of participants. For Fiscal Year 2027, the contracted fee amounts increased .15 per flexible spending account participant per month, with no changes to the COBRA administrative fee.

HealthJoy – The Village provides employees access to a healthcare navigation platform to support participants’ physical and mental well-being by highlighting better care already offered by the Village’s current plan design. Members can connect with benefits experts, clinical consultants, and billing experts. Additionally, Teladoc Health will provide virtual care services. The rate for Fiscal Year 2027 will continue at \$38,037.

Attachments

Resolutions

Contracts

Resolution No.

A Resolution Authorizing Execution of a Renewal Agreement Between the Village of Downers Grove and Humana for Medicare Advantage Insurance for Retirees over 65

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois, as follows:

1. That the form and substance of a certain Medicare Advantage Employer Plan Renewal (the "Renewal"), between the Village of Downers Grove (the "Plan Sponsor") and Humana (the "Company"), for Medicare Advantage insurance for retirees over 65, effective January 1, 2027 through December 31, 2027 as set forth in the form of the documents submitted to this meeting with the recommendation of the Village Manager, is hereby approved.
2. That the Village Manager and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Renewal, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.
3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Renewal.
4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.
5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

By: Mayor

Passed:

Published:

Attest:

By: Village Clerk



Group Medicare Renewal

2027 Renewal Information

Thank you for being a loyal Humana customer. Our commitment to providing exceptional healthcare solutions remains unwavering, and we look forward to continuing our partnership. We are pleased to deliver the 2027 Group Medicare MAPD renewal for Village of Downers Grove. Attached to this PDF file you will find the following information for your review:

- 2027 Rate Sheet
- 2027 Plan Design Exhibit
- 2027 Plan Year Amendment
- 2027 Renewal Agreement**Need Signature**

We consider multiple factors when determining rates, including but not limited to claims experience and trend, benefit design changes, and CMS reimbursement updates.

For 2027, two key influences continue to shape rate development:

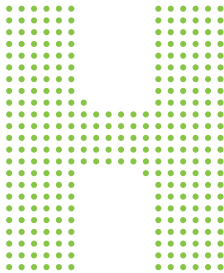
- The CMS Rate Announcement, which establishes Medicare Advantage and Part D reimbursement and funding parameters for the year, and
- The ongoing impacts of the Inflation Reduction Act (IRA), including continued evolution of the Part D benefit and funding structure.

2027 CMS Rate Announcement

Each year, the Centers for Medicare & Medicaid Services (CMS) updates Medicare Advantage and Part D prescription drug funding to reflect changes in healthcare costs, utilization, and federal policy. CMS finalized its 2027 Medicare Advantage and Part D payment updates in April 2026, and these changes take effect January 1, 2027.

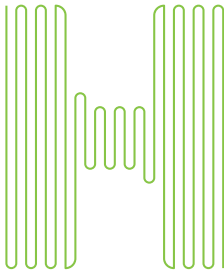
What's Important for 2027

- +2.48% payment increase to Medicare Advantage plans for 2027. While the payment increase from CMS is higher, it is less than claims trends so Humana will be prepared to discuss strategies (plan design changes, formulary, etc.) and solutions.
- CMS paused implementing the new risk model overhaul (CMS-HCC) and will utilize the current framework with ongoing V28 phased updates
 - The model now calibrates differently for MA Prescription drug plans (MAPD) and Standalone prescription drug plans (PDP)
- CMS finalized regulatory changes relative to the exclusion of diagnosis from unlinked chart reviews within risk scoring
 - This policy applies to both medical and part D



CMS defined standard parameter changes:

Part D Parameters	2026	2027
Deductible (If applicable)	\$615	\$700
Out-of-pocket threshold	\$2,100	\$2,400



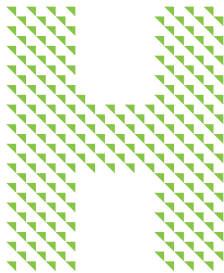
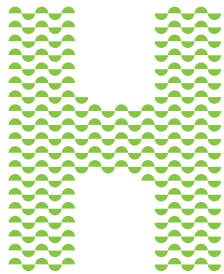
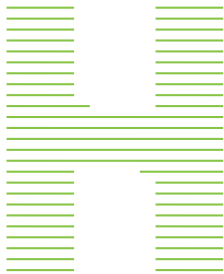
Humana places tremendous value on our relationship with the Village of Downers Grove. We will continue to explore ways to stabilize costs while providing the value and service that Village of Downers Grove and its retirees expect and deserve. We appreciate the trust and confidence you have placed in Humana and look forward to our continued partnership.

Next Steps

As you review the 2027 renewal, please let me know if you have any questions. If there are no questions, please sign the requested documents by September 1, 2026, and send back to me. We can then begin processing the renewal.

Sincerely,

Christy Furlong
Account Executive
Humana Group Medicare



Lauren Linares
Village of Downers Grove
801 Burlington Ave
Downers Grove, IL 60515

Group Medicare Renewal Agreement

In signing this document, you are accepting the renewal, effective January 1, 2027, 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, 2027, as indicated in the Rate Sheet(s). For the terms of this renewal to become effective, Humana must receive acceptance of your renewal no later than September 1, 2026. This will ensure we meet CMS requirements and provide on-time delivery of member materials.**

The Agreement, made by and between **Village of Downers Grove** (hereinafter after referred to as "Group") and certain Humana affiliates that offer or administer health plans, (collectively, "Humana") effective on **October 10, 2013**, is here by amended as follows:

1. 2027 Plan Year Amendment
2. 2027 Rate Sheet
3. 2027 Plan Design Exhibit(s)

The attachments listed above, which are in the possession of Group and MAO, are made a part of this Amendment and incorporated by reference whether or not they are attached hereto.

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

- You have received, and reviewed the enclosed renewal proposal, including rate sheet(s) and Plan Design Exhibit(s). You have reviewed the included Rating Assumptions and Stipulations. Terms of the rate sheet(s) are incorporated herein.
- Except as expressly provided in this Renewal, all other terms and conditions of the Agreement remain unchanged and in full force and effect.
- This Agreement, including the Attachments and amendments hereto and the documents incorporated herein, constitutes the entire agreement between MAO and Plan Sponsor with respect to the subject matter hereof, and it supersedes any other prior agreement, oral or written, between MAO and Group with respect to its subject matter.

IN WITNESS WHEREOF, the parties hereto have caused this Renewal to be executed by their duly authorized officers or representatives as of the date first set forth above.

VILLAGE OF DOWNERS GROVE

BY: _____

PRINTED: _____

TITLE: _____

DATE: _____

HUMANA

BY: _____

PRINTED: _____

TITLE: _____

DATE: _____

GHHKSAMEN 062026





Humana Medicare Group Plan – Premium Information

VILLAGE OF DOWNERS GROVE - PPO

Date:

7/6/2026
Humana Medicare Group Plan

Plan Names:

PASSIVE PPO 079 066 with Standard Rx66

Rx Formulary:

PASSIVE WAIVER 079 066 with Standard Rx66
Group Plus Formulary - 27800

Plan Year	Final Billed Premium (Per Member Per Month)
1/1/2027 - 12/31/2027	\$236.26

PASSIVE PPO 079 066 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	\$10 Copayment
Specialist Office Visits	\$20 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)	Rx66 \$10/\$30/\$60/33% 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 VILLAGE OF DOWNERS GROVE.
Not to be shared externally without written consent from Humana Inc.



Humana Medicare Group Plan – Rating Assumptions and Stipulations

VILLAGE OF DOWNERS GROVE - PPO

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 shall have the right to unilaterally adjust the proposed premium rates set forth in this rate sheet if:

- i. a change in or clarification to Law affects Medicare Part C or D program costs or revenue;
- ii. a natural disaster, pandemic, act of God or other cause beyond the reasonable control of Humana affects Medicare Part C or D programs costs or revenue;
- iii. highly utilized specialty or high-cost drugs are introduced, or additional indications are added to such a drug resulting in an increase in the pharmacy allowed per member per month; or
- iv. Humana determines that data provided and relied upon by Humana in development of the premium rates was inaccurate, incomplete, biased, misleading, or otherwise contributed to Humana underestimating actual plan expenses or revenue incurred by Group.

For purposes of this proposal, "Law" shall mean, "any federal, state, or local law, statute, regulation, ordinance, code, rule, order, or other similar requirement enacted, adopted, or enforced by a government authority, including, without limitation, Medicare laws and CMS regulations and requirements, including CMS manuals, CMS payment methodology, and other directives.

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 50% 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 92 currently enrolled members.

Humana's Medicare Advantage plan is the only plan offered. Additionally, there is no secondary plan wrapping around, coordinating with, 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 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 provided information, including the offering environment, Humana has a right to revise or rescind the quote.

HUMANA MEDICARE EMPLOYER LPPO PLAN

2027 LPPO for Standard Plan 079 Option 066 - Passive

		2026		2027	
Annual Maximum Out-of-Pocket		• In-Network: \$1,000 per individual per plan year (excludes Part D Pharmacy, Extra Services, worldwide Coverage and the Plan Premium). • Combined In and Out-of-Network: \$1,000 per individual per plan year (excludes Part D Pharmacy, Extra Services, Worldwide Coverage and the Plan Premium).		• In-Network: \$1,000 per individual per plan year (excludes Part D Pharmacy, Extra Services and the Plan Premium). • Combined In and Out-of-Network: \$1,000 per individual per plan year (excludes Part D Pharmacy, Extra Services, Worldwide Coverage and the Plan Premium).	
Annual Deductible		• Combined In and Out-of-Network: NONE • Combined In-Network Exclusions: N/A • Combined Out-of-Network Exclusions: N/A		• Combined In and Out-of-Network: NONE • Combined In-Network Exclusions: N/A • Combined Out-of-Network Exclusions: N/A	
Place of Treatment	Benefit	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):
Primary Care Physician	• Office Visit	100% after \$10 copayment	100% after \$10 copayment	100% after \$10 copayment	100% after \$10 copayment
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
	• Surgical Procedures	100%	100%	100%	100%
	• Allergy Shots and Injections	100% after \$10 copayment	100% after \$10 copayment	100% after \$10 copayment	100% after \$10 copayment
	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%	100%	100%
Specialist	• Office Visit	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment
	• Advanced Imaging Services	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
	• Surgical Procedures	100%	100%	100%	100%
	• Diagnostic Colonoscopy	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment
	• Podiatry Services (Medicare-covered)	100%	100%	100%	100%
	• Chiropractic Services (Medicare-covered)	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment
	• Cardiac Therapy	100%	100%	100%	100%
	• Supervised Exercise Therapy (SET) Symptomatic Peripheral Artery Disease (PAD) Services	100%	100%	100%	100%
	• Pulmonary Therapy	100%	100%	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%	100%	100%
	• Radiation Therapy	100%	100%	100%	100%
	• Allergy Shots and Injections	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment
	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
	• Opioid Treatment Services	100%	100%	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%	100%	100%
	• Chemotherapy Drugs	100%	100%	100%	100%
	• Dental Services (Medicare-covered)	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment
	• Hearing Services (Medicare-covered)	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment
	• Vision Services (Medicare-covered)	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment	100% after \$20 copayment
	• Eyewear for Post-Cataract Surgery	100% •For eyeglasses and contacts following cataract surgery.	100% •For eyeglasses and contacts following cataract surgery.	100% •For eyeglasses and contacts following cataract surgery.	100% •For eyeglasses and contacts following cataract surgery.
	• Diabetic Eye Exam	100%	100%	100%	100%
	• Acupuncture Services (Medicare-Covered) for Chronic Lower Back Pain - Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.	•100% after \$20 copayment for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. - CLB323	•100% after \$20 copayment for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - CLB323	•100% after \$20 copayment for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. - CLB323	•100% after \$20 copayment for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - CLB323
Preventive Services	• Abdominal Aortic Aneurysm	100%	100%	100%	100%
	• Alcohol Misuse Screening and Counseling				
	• Annual Wellness Visit				
	• Bone Mass Measurement				
	• Breast Cancer Screening				
	• Cardiovascular Disease Behavioral Therapy				
	• Cardiovascular Disease Screening				
	• Cervical and Vaginal Cancer Screening				
	• Colorectal Cancer Screening				
	• Depression Screening				
	• Diabetes Screening				
	• Diabetes Self-Management Training				
	• Glaucoma Screening				
	• Hepatitis C Screening				
	• HIV Screening				
	• Immunizations				

	- Kidney Disease Education Services - Lung Cancer Screening - Medicare Diabetes Prevention Program (MDPP) - Medical Nutrition Therapy - Obesity Screening and Therapy - Physical Exams (Routine) - Prostate Cancer Screening Exam - Smoking and Tobacco Use Cessation - STI Screening and Counseling "Welcome to Medicare" Preventive Visit	100%	100%	100%	100%
Inpatient Hospital Services	• Inpatient Care (All Authorized Admissions)	100% per admission	100% per admission	100% per admission	100% per admission
	• Inpatient Physician Services	100%	100%	100%	100%
	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% per admission	100% per admission	100% per admission	100% per admission
Inpatient Psychiatric Facility	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% per admission •190 day lifetime limit in a psychiatric facility.	100% per admission •190 day lifetime limit in a psychiatric facility.	100% per admission •190 day lifetime limit in a psychiatric facility.	100% per admission •190 day lifetime limit in a psychiatric facility.
	• Inpatient Mental Health/Substance Abuse Physician Services	100%	100%	100%	100%
Outpatient Hospital	• Surgical Services	100%	100%	100%	100%
	• Diagnostic Colonoscopy	100%	100%	100%	100%
	• Advanced Imaging Services	100%	100%	100%	100%
	• Nuclear Medicine Services	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
	• Radiation Therapy	100%	100%	100%	100%
	• Cardiac Therapy	100%	100%	100%	100%
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100%	100%	100%	100%
	• Pulmonary Therapy	100%	100%	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%	100%	100%
	• Chemotherapy Drugs	100%	100%	100%	100%
	• Renal Dialysis Services	100%	100%	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
	• Partial Hospitalization	100%	100%	100%	100%
	• Intensive Outpatient Services	100%	100%	100%	100%
	• Opioid Treatment Services	100%	100%	100%	100%
	• Other Medicare Part B Drugs	100%	100%	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%	100%	100%
	• Observation Services	100%	100%	100%	100%
	• Outpatient Physician Services	100%	100%	100%	100%
Skilled Nursing Facility (SNF)	• SNF Care (no 3 day hospital stay is required)	100% per day (days 1-100) •Plan pays \$0 after 100 days.	100% per day (days 1-100) •Plan pays \$0 after 100 days.	100% per day (days 1-100) •Plan pays \$0 after 100 days.	100% per day (days 1-100) •Plan pays \$0 after 100 days.
	• SNF Physician Services	100%	100%	100%	100%
Urgent Care Center	• Urgently Needed Care	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
Emergency Room	• Emergency Services (2)	100%	100%	100%	100%
	• Emergency Room Physician Services	100%	100%	100%	100%
Ambulance	• Ambulance Services	100% per date of service •Limited to Medicare-covered transportation.	100% per date of service •Limited to Medicare-covered transportation.	100% per date of service •Limited to Medicare-covered transportation.	100% per date of service •Limited to Medicare-covered transportation.
Travel Benefit	• US Travel Benefit	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	N/A	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	
Worldwide Coverage	• Emergency Services and Urgently Needed Care Only	N/A	80% after \$100 deductible. Limited to emergency Medicare-covered services. \$25,000 Maximum Benefit per year Or 60 consecutive days, whichever is reached first.	N/A	80% after \$100 deductible. Limited to emergency Medicare-covered services. \$25,000 Maximum Benefit per year Or 60 consecutive days, whichever is reached first.
Comprehensive Outpatient Rehabilitation Facility	• Pulmonary Therapy	100%	100%	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%	100%	100%
Freestanding Radiological Facility	• Advanced Imaging Services	100%	100%	100%	100%
	• Nuclear Medicine Services	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Radiation Therapy	100%	100%	100%	100%
Ambulatory Surgical Center	• Surgical Procedures	100%	100%	100%	100%
	• Diagnostic Colonoscopy	100%	100%	100%	100%
Freestanding Laboratory	• Lab Services	100%	100%	100%	100%
Dialysis Center	• Renal Dialysis Services	100%	100%	100%	100%
Home Health	• Home Health Care	100% •Excludes Personal Home Care.	100% •Excludes Personal Home Care.	100% •Excludes Personal Home Care.	100% •Excludes Personal Home Care.

DME Provider	• Durable Medical Equipment	100%	100%	100%	100%
	• Diabetic Monitoring Supplies	100%	100%	100%	100%
	• Continuous Glucose Monitor	100%	100%	100%	100%
Medical Supply Provider	• Medical Supplies	100%	100%	100%	100%
Preferred Diabetic Supplier	• Diabetic Monitoring Supplies	100%	N/A	100%	N/A
Preferred Pharmacy	• Continuous Glucose Monitor	N/A	N/A	100%	N/A
Prosthetics Provider	• Prosthetics	100%	100%	100%	100%
Pharmacy (Part B Only)	• Durable Medical Equipment	100%	100%	100%	100%
	• Medical Supplies	100%	100%	100%	100%
	• Diabetic Monitoring Supplies	100%	100%	100%	100%
	• Continuous Glucose Monitor	100%	100%	100%	100%
	• Other Medicare Part B Drugs	100%	100%	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%	100%	100%
Additional Telehealth Services	• Primary Care Physician - Virtual Visit	100%	N/A	100%	N/A
	• Specialist - Virtual Visit	100% after \$20 copayment	N/A	100% after \$20 copayment	N/A
	• Behavioral Health and Substance Abuse - Virtual Visit	100%	N/A	100%	N/A
	• Urgently Needed Care - Virtual Visit	100%	N/A	100%	N/A

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor.

Extra Benefits (MSB)	• SilverSneakers®	Available	Available
	• Wellness Coaching	Available	Available
	• Smoking Cessation (Additional)	Available	Available
	• Post-Discharge Meal Program	Available	Available
	• Post-Discharge Transportation Services	Available	Available
	• Post-Discharge Personal Home Care	Available	Available
	• Virtual Cardiac Recovery Program (Uniformity Flexibility)	Not Available	Available
	• Transportation (Uniformity Flexibility)	Available	Available
Care Management	• Clinical Programs/Disease Management (3) - Humana's Care Management - Behavioral Healthcare Coordination and Consultation - Medication Therapy Management - Health Coaching - Transplant Management	Available	Available

(1) All coinsurance percentages are based on the Medicare fee schedule and not billed charges. All copayments are on a 'per visit' basis, unless otherwise noted.

(2) Emergency room copayment waived if admitted or if hospital is outside the U.S.

(3) We have provided examples of various Health Education and clinical programs. Actual programs may vary by market.

Go365® by Humana is included in this plan

A wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help your members establish and maintain a healthy lifestyle. As your members achieve manageable health goals, Go365 keeps them engaged and motivated by acknowledging their efforts. By completing healthy activities like walking, getting an Annual Wellness Exam, or volunteering, your members earn rewards they can redeem for gift cards in the Go365 Mall.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. Certain services under the plan require authorization by network providers. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.



HUMANA MEDICARE EMPLOYER Rx PLAN

2027 Rx for Standard Rx 66
Group Plus Formulary - PDG 2

30 day Supplies

Plan/ Option	30 day Standard Retail from \$0 to Catastrophic (1)				30 day Standard Retail from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	\$10	\$30	\$60	33%	\$0	\$2,400

Plan/ Option	30 day Standard Mail Order from \$0 to Catastrophic (1)				30 day Standard Mail Order from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	\$10	\$30	\$60	33%	\$0	\$2,400

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.
Note: Plan covered insulin products will not exceed \$35 for a one-month supply no matter what cost-sharing tier it's on.

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.
Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.
Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offers at a higher cost than Tier 2 Preferred Brand drugs.
Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.



100 day Supplies

Plan/ Option	100 day Standard Retail (3) from \$0 to Catastrophic (1)				100 day Standard Retail (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	\$30	\$90	\$180	N/A	\$0	\$2,400

Plan/ Option	100 day Standard Mail Order (3) from \$0 to Catastrophic (1)				100 day Standard Mail Order (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	\$0	\$60	\$120	N/A	\$0	\$2,400

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Footnotes

- 1 Catastrophic: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,400, Humana then pays 100% of covered Part D Rx claims.
- 2 Part D MOOP: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,400, Humana then pays 100% of covered Part D Rx claims.
- 3 Retail and Mail Order: The benefit for a 100-day supply is limited to Rx formulary Tiers 1-2 and most drugs on Tier 3. Regardless of tier placement, Specialty drugs are limited to a 30-day supply.

Out of Network: Emergency Situations

- When a member purchases a drug at an out-of-network pharmacy in an emergency situation:
- a. the member will pay the same coinsurance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or,
 - b. the member will pay the same copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price and the network pharmacy price.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Part D benefit parameters, regulated by the Centers for Medicare and Medicaid Services (CMS), can impact Part D benefits on an annual basis. The formulary and pharmacy network may change at any time. The member will receive notice when necessary. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer Prescription Drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.