City of Oneida
109 N Main Street
Oneida, NY 13421

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 City of Oneida, (hereinafter after referred to as "Group") and certain Humana affiliates that offer or administer health plans, (collectively, "Humana") effective on 11/5/2015, is here by amended as follows:

1. 2027 Rate sheet
2. 2027 Plan Design Exhibit
3. 2027 Plan Year Amendment

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.

CITY OF ONEIDA	**HUMANA**
BY:_____	BY: _____
PRINTED:_____	PRINTED:_____
TITLE:_____	TITLE:_____
DATE:_____	DATE: _____

GHHKSAMEN 062026

2027 Plan Year MAA Amendment

1. The purpose of this Amendment is to amend the Medicare Advantage Agreement currently in place with City of Oneida ("Agreement").

2. This Amendment is effective **January 1, 2027** ("Amendment Effective Date").

3. The Agreement is hereby amended to add the following new section(s), which shall be incorporated into and made part of the Agreement effective as of the Amendment Effective Date:

- The relationship between the parties is solely one of independent contractors, and nothing in this Agreement shall be construed or deemed to create any other relationship between the parties, including one of employment, agency, partnership or joint venture.
- Providing incomplete, inaccurate, or untimely information may void, reduce, or increase premium, or terminate an individual's coverage or the plan coverage.
- Only individuals who meet the eligibility requirements of the plan are eligible to maintain coverage.

Eligibility and Enrollment

- Group shall offer enrollment in the Plan to Eligible Persons in compliance with all applicable Laws, including but not limited to, any applicable antidiscrimination Laws. For the avoidance of doubt, coverage under the Plan for Enrolled Members will not become effective until enrollment is confirmed by MAO.
- Group shall not change the timing of its open enrollment period
- Group shall not change any of its eligibility requirements for the Plan without the prior written approval of MAO.
- Group shall not permit actively working employees or their dependents to enroll in the Plan.

Termination by MAO

- If Plan Sponsor fails to pay premiums due under the Agreement within ninety (90) calendar days of the applicable Premium Due Date, MAO may immediately terminate this Agreement following the end of such ninety
    - (90) calendar day period upon written notice to Plan Sponsor.
    - MAO may terminate the Agreement for any reason effective upon the end of the current plan year (i.e., December 31) by providing at least ninety (90) calendar days advance written notice to Plan Sponsor.
- MAO may terminate the Agreement upon at least ninety (90) calendar days advance written notice to Plan Sponsor if Plan Sponsor breaches any provision of the Agreement and such breach remains uncured at the end of the notice period or if Plan Sponsor fails to comply with any applicable laws related to offering the Plans, including the requirements described in the Rating Assumptions and Stipulations below.

Dispute Resolution

- All questions as to the execution, validity, interpretation, construction and performance of this Agreement shall be construed in accordance with the laws of the state in which the Plan Sponsor is situated (the "Situs State"), without regard to conflict of laws or principles thereof. Except where arbitration is required by this Agreement, Group hereby consents to the jurisdiction of the courts the Situs State.

- All disputes arising out of this Agreement shall be submitted to binding arbitration conducted in accordance with the rules and procedures of alternative dispute resolution and arbitration established by the American Arbitration Association, except as modified hereby. Such arbitration shall be conducted before a single, mutually agreed upon arbitrator. The parties will agree to a schedule for exchange of relevant documents and discovery, and time frame for responding to reasonable document and discovery requests. The arbitrator shall, at least ninety (90) calendar days before the date set for the arbitration hearing, convene the parties for the purpose of identifying and narrowing the issues in dispute and confirming or setting forth the applicable procedures and time frames for discovery as required by the nature of the dispute.

Confidentiality and Nondisclosure

- Plan Sponsor and MAO agree to maintain the confidentiality of Enrolled Member identifiable information as required by Law, including but not limited to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA").
- Plan Sponsor and MAO may from time to time furnish each other with Confidential Information, written, oral or otherwise. Each party agrees it will use such Confidential Information only for the purpose of exercising its respective rights and responsibilities hereunder, and will not otherwise disclose any Confidential Information to any third party, employees, agents or representatives without the other party's written consent. Each party will use the same degree of care, but in any event no less than a reasonable degree of care, to avoid unauthorized use or disclosure of the other party's Confidential Information as that party uses to protect its own information of a similar nature.

  The confidentiality obligations set forth in this Agreement will not apply with respect to any information that: (i) the receiving party rightfully possesses at the time of disclosure by the disclosing party without a duty of confidentiality; (ii) the receiving party receives from a third party authorized to disclose such information without requirements of confidentiality; or (iii) that the receiving party develops independently of and without reference to the disclosing party's Confidential Information. In addition, the receiving party may disclose Confidential Information of the disclosing party to the extent that the receiving party is required by any applicable governmental authority to do so; provided, however, where permitted by Law, the receiving party gives the disclosing party prompt written notice of such requirement and reasonably cooperates with the disclosing party in attempting to contest or limit such required disclosures, as applicable.
- Plan Sponsor acknowledges and agrees that due to the unique nature of MAO's Confidential Information, there can be no adequate remedy at law for any breach of the Plan Sponsor's confidentiality obligations under this Agreement, that any such breach may result in harm to MAO, and that, therefore, upon any such breach or threat thereof, MAO will be entitled to seek appropriate equitable relief including, without limitation, injunctive relief.

Employer Group Waiver Premium Requirements

- The Plan Sponsor can subsidize different premium amounts for different classes of enrollees in a plan provided: 1) such classes are reasonable and based on objective business criteria, such as years of service, date of retirement, business location, job category, and nature of compensation (e.g., salaried vs. hourly), 2) the premium cannot vary for individuals within a given class of enrollees, and 3) the Plan Sponsor must pass through any direct subsidy payments received from CMS to reduce the amount that the beneficiary pays (or in those

instances where the subscriber to or participant in the plan pays premiums on behalf of a Medicare eligible spouse or dependent, the amount the subscriber or participant pays). With regard to the Part D premium, different classes of enrollees cannot be based on eligibility for the Part D Low-Income Subsidy (LIS).

- If plan enrollees are entitled to a reduction of their premium as Part D LIS enrollees and Humana receives a Low-Income Premium Subsidy for such enrollees, Humana will pass the Low-Income Premium Subsidy(LIPS) amount through to the LIS enrollees to reduce their premiums. When Humana does not directly bill the Part D enrollees, the Plan Sponsor must directly refund the amount of the LIPS to the LIS beneficiary.
- Regarding the Part D premium, the Plan Sponsor cannot charge an enrollee for prescription drug coverage provided under the PDP/MAPD plan more than the sum of his or her monthly beneficiary premium attributable to basic prescription drug coverage and 100% of the monthly beneficiary premium attributable to his or her non-Medicare Part D benefits (if any).

- This Agreement may be amended only by a writing executed by both parties.

- 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.

Unless otherwise modified by the terms of this Amendment, the terms of the Agreement remain unchanged and in effect.

Humana Group Medicare Advantage

Humana Medicare Group Plan – Premium Information

CITY OF ONEIDA - PPO

Non-Integrated, Sole Carrier Offering

Date: 6/10/2026
Humana Medicare Group Plan

Plan Names: PASSIVE PPO 079 066 with Custom PDP

PASSIVE WAIVER 079 066 with Custom PDP

Rx Formulary: Group Plus Formulary - 27800

Additional Medication Buy-Ups: EDs Standard

Plan Year	MA Only Rate*	PDP Only Rate*	Combined MA Only + PDP Only Rate (Billed Rate)
1/1/2027 - 12/31/2027	$94.28	$244.52	$338.80

*The MA Only and PDP Only Rates displayed are not available as standalone offerings and must be purchased concurrently.

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)	Custom PDP $10/$20/$40/$80 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.

Humana Medicare Group Plan – Rating Assumptions and Stipulations

CITY OF ONEIDA - 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 75% 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 102 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 Servives, 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 Servives 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 • 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	100%	100%	100%	100%

	• 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 City of Oneida Rx 214
Group Plus Formulary - PDG 6
With Package(s): 6 (Erectile Dysfunction)
Effective Date: 01/01/2027 - 12/31/2027

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		
079/066	$10	$20	$40	$80	$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		
079/066	$10	$20	$40	$80	$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		
079/066	$30	$60	$120	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		
079/066	$0	$40	$80	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 (enhanced drug coverage claims are excluded from accrual towards the Part D MOOP), Humana then pays 100% of covered Part D Rx claims, including enhanced drug coverage.
2 Part D MOOP: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches $2,400 (enhanced drug coverage claims are excluded from accrual towards the Part D MOOP), Humana then pays 100% of covered Part D Rx claims, including enhanced drug coverage.
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.