

## Humana Group Medicare Advantage Plan Renewal

In signing this document, you are accepting the renewal, effective January 1, 2025, 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, 2025, as indicated in the Rate Sheet(s). It is important that we receive acceptance of your renewal no later than September 1, 2024. This will ensure we meet CMS requirements and provide on-time delivery of member materials.**

<b>2025 Plan/Option:</b> <u>LPPO 079/066 Custom Rx214</u> <b>2025 Rate:</b> <u>\$319.39 PMPM</u>
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You, the Plan Sponsor, understand, acknowledge, and agree that:

- You have carefully reviewed the enclosed renewal package, including the 2025 Rate Sheet(s).
- Only individuals who meet the eligibility requirements of the plan are eligible to maintain coverage.
- Providing incomplete, inaccurate, or untimely information may void, reduce, or increase premium, or terminate an individual's coverage or the plan coverage.
- 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 amount through to the LIS enrollees to reduce their premiums.
- With regard to 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).

Organization: City of Oneida \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Important reminder:

Please sign and return the enclosed "Humana Group Medicare Advantage Plan Renewal" form no later than **September 1, 2024** to accept the plan's benefits and rates and continue the plan in the coming year.

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# New Case Document (NCD)

**City of Oneida**

Effective Date

1/1/2025

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## 1. Plan Sponsor

Legal name of plan sponsor: City of Oneida

BA and/or AKA Name:

Common name of plan sponsor: City of Oneida

Federal Tax ID Number 15-6000411

Name provided must match the tax ID number reported to the IRS

Location address(No PO boxes) 109 N Main Street | Oneida, NY 13421

County

Mailing address 109 N Main Street | Oneida, NY 13421

Management contact: Helen Acker

Primary plan decision maker)

Title Mayor

Mailing address 109 N Main Street | Oneida, NY 13421

Telephone: 315-363-1561

Email address hacker@oneidacity.com

Administrative contact: Lee Ann Wells

Day-to-day administrative contact)

Title City Comptroller

Mailing address 109 N Main Street | Oneida, NY 13421

Telephone: 315-363-2022

Email address lwells@oneidacity.com

contact name

mailing address

telephone:

mail address

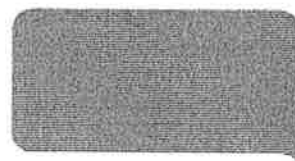
the account is sponsored by:

employer

organization type:

Local Government

organization type description



## 2. Product

**Product(s) offered:**

MAPD Passive LPPO

**Plan Design(s) Available:**

Plan Type	Plan Number	Option Number	RX Option
LPPO	079	066	214

an Design Exhibits Attached

### 3. Enrollment

Plan Year:	2025
Duration of the plan	Calendar Year
Estimated eligible enrollees	100
Initial Open Enrollment Period	N/A
Annual Open Enrollment Period	N/A

Other insurance options offered through the plan sponsor:

No-Full Replacement

Humana is the only Medicare Advantage carrier offered to retirees. Medicare-eligible retirees are expected to move to the Humana plan unless the plan sponsors' rules allow retirees to remain on the active employee plan.

Other Medicare Advantage Carrier

Other Medical and/or Prescription drug insurance options offered through the plan sponsor:

**Note:** Enrollees **may not** enroll into an individual MAPD or PDP plan and remain on this plan. If Humana plan is MA only, enrollees may enroll in a plan-sponsored PDP plan and remain on this plan. If Humana plan is a PDP only, enrollees may enroll in a plan-sponsored MA plan and remain on this plan.

Dental and/or Vision insurance options offered through the plan sponsor outside of Humana:

N/A

N/A

Paper

**Paper Applications will be sent to:**

**Group**

**Completed Applications are to be sent to:**

**Applications will be sent back to the group and then forwarded to Humana for processing.**

**Note:** Applications will need to be received by Humana prior to the effective date or within seven days of the signature date. Enrollment effective date is always the first of the month after the receipt date or a future effective month specified by the group

**Humana updates demographics for:**

**All Demographic Information**

**Demographics Updates to be Referred to**

**Humana and/org City of Oneida**

**Note:** For plan sponsors that use paper enrollment method, Humana is required to process an address change when a member contacts Humana with this information. If the plan sponsor contacts Humana with a demographic change, Humana must reach out to the member to confirm the change only if the member moves out of his or her current service area

**Additional enrollment comments**



**Acceptance of ongoing Medicare Age-In Enrollments:**

Aging-in retirees can enroll at any time

**New enrollments received after the Open Enrollment Period: (Other than retirees aging-in to Medicare)**

Yes Humana can accept enrollments throughout the plan year

**Acceptance of Medicare-eligible Spouses and/or Dependents:**

Yes Medicare eligible spouses and dependents may enroll

**Split coverage is allowed if multiple plan options are offered:**

N/A

**Acceptance of Surviving Spouses at implementation:**

Yes

**The Spouse or Dependent will be able to remain on the plan if the retiree passes away:**

Yes

**Note:** If an individual is eligible for or entitled to Medicare based solely on ESRD (end stage renal disease), Medicare Secondary Payer laws require that the Employer Group health plan offered by Employer Group be the primary payer for the first 30 months of the individual's Medicare eligibility or entitlement. The Employer Group agrees to confirm whether individuals seeking to enroll in the Plan are within this 30-month coordination period and also agrees not to seek enrollment in the Plan of any individuals during their 30-month coordination period

**Additional Eligibility comments:**

Members will come off Excellus when they retire or are eligible for Medicare

**Age-In Process:**

Humana will mail enrollment kits to members who are aging in. Humana will also supply the City with age-ins kits for retirees who go into the office to enroll.

**Opportunity for re-enrollment when a retiree opts out or terminates coverage from the plan:**

See additional opt-out/termination comments below

**The spouse or dependent will be able to remain on the plan if the retiree terminates coverage:**

No

**Note:** If time limit is set that allows the spouse or dependent to remain on the plan, the plan sponsor is responsible for informing Humana 30 days before the desired termination date.

**Note:**

- **Voluntary terminations** are initiated by the member. Requests for terminations must be made by a signed and dated letter submitted by the member specifically requesting a termination date. The request must be received prior to the requested end date.
- **Involuntary terminations** are initiated by the plan sponsor. These requests must be made in enough time for Humana to provide the member with 30 days notice of termination. Terminations must be submitted 30 days in advance of the requested end date. Requests submitted late will be processed for the next available end date per CMS regulation.

**Additional opt-out/termination comments:**

Re-enrollment rules are subject to change at the City's discretion. Please refer members in question to City of Oneida at 315-363-2022 for additional guidance.

**Consequences to a retiree if he or she opts out or terminates coverage from the plan:**

**Name will be on the ID card**

**Yes**

**If yes, the naming convention will be displayed as: (26 characters; M and W count as 1.5)**

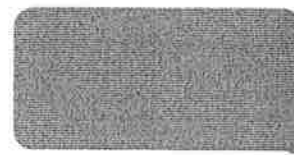
**CITY OF ONEIDA**

**Customer Service number displayed on the ID card: (866) 396-8810**

**The benefits selected below will appear on the ID cards:**

- ☒ Office Visit
- ☒ Specialist
- ☒ Hospital emergency
- ☐ N/A

**Note:** • Coinsurances do not display on the ID card • Not applicable for PDP only



## 7. Billing Setup

The Billing Type will be:

Employer billed

The plan sponsor pays full premium to Humana and coordinates payment from the member, if applicable. Members will be referred back to the designated contact and phone number provided by the group for questions related to premium information.

Customer Service will provide premium information to the members:

No, members can be referred to

Name: Lee Ann Wells

Phone: 315-363-2022

Hours:

Plan sponsor will make a contribution to the premium

Yes

If yes, the contribution amount will be

100% for Retiree, 80% for spouse

The plan sponsor will be:

Pay as billed

Plan Sponsor will receive monthly invoice; Plan Sponsor group numbers will be combined unless requested otherwise.

Additional Billing Comments:

Monthly payment method: (Payment is due at the first of the month. Example: January premium is due Jan. 1.)

Check

Type of premium: Blended

If blended, the composite rate is:

Plan type/Option

Blended rate

079/066 Rx 214

\$319.39

0

lling contact information:

lling contact:

ailing Address

elephone:

nail address:

Additional billing setup comments:

re plan sponsor receives the retiree drug subsidy (RDS) or has an employer plan sponsor waiver plan (EGWP):

either

re plan sponsor will attest that all of the retirees enrolling in our plan(s) have had creditable prescription drug coverage before enrolling:

es

**Note:** Medicare requires continuous prescription drug coverage at or above the Original Medicare level since the member became Medicare eligible. Continuous coverage means going no more than 63 consecutive days without coverage.

re plan sponsor will pay late enrollment penalties (LEP) assessed by CMS for members who did not have creditable drug coverage:

0

**Note:** If the plan sponsor does not pay for the member's LEP, Humana will send the member a coupon booklet to pay for the LEP portion of the premium.



## 8. Renewals

Each year Humana must conduct a renewal process for plan-sponsored Medicare plans. In the interest of protecting the member's coverage, Humana will automatically term the Medicare Advantage plan if the plan sponsor does not respond to its renewal before

**11/30/2025**

1. Renewal date for next plan year **01/01/2026**

## 9. Member Communications

### Coordination of Benefits (COB)

Humana's standard is to obtain coordination of benefit information at time of enrollment , and then annually thereafter if Medicare indicates the member could have other coverage. This information is collected in compliance with the Medicare Secondary Payer Act to ensure that Medicare should be the primary payer for the member.

### Evidence of Coverage (EOC)

The EOC provides a detailed description of their specific benefits. New members will receive a postcard within 30 days of the effective date explaining how to find the EOC online or request a printed copy.

### ID Card

All new members will receive an ID card prior to their effective date.

### Acceptance/Acknowledgment Letter

Once the member is enrolled in the plan, they will receive a combined letter confirming their enrollment has been accepted by CMS.

### Annual Notice of Change (ANOC)/EOC

Renewing members will receive a copy of the upcoming year's Annual Notice of Change (ANOC), which includes information on how to obtain the EOC.

