

# Loudon County Commission Workshop

Loudon, Tennessee  
Monday, September 21, 2020  
Courthouse Annex  
6:00 pm

1. Comments by Members of the General Public
2. Loudon County Codes Enforcement Director – Jim Jenkins
  - A. A RESOLUTION AMENDING THE ZONING MAP OF LOUDON COUNTY, TENNESSEE, PURSUANT TO CHAPTER SEVEN, §13-7-105 OF THE TENNESSEE CODE ANNOTATED, TO REZONE APPROXIMATELY 32.4 ACRES FROM R-1/PUD, (SUBURBAN RESIDENTIAL DISTRICT WITH PLANNED UNIT DEVELOPMENT OVERLAY) TO A-2 (RURAL RESIDENTIAL DISTRICT) HWY 411, TAX MAP 084, PARCELS 044.00, SITUATED IN THE 3<sup>rd</sup> LEGISLATIVE DISTRICT
  - B. A RESOLUTION OF THE LOUDON COUNTY COMMISSION ACCEPTING FIELDSTONE DR., MILLSTONE LN., AND GREYSTONE COURT, COBBLESTONE DR., FLAGSTONE BLVD. LOCATED IN STONE CROSSING SUBDIVISION INTO THE PUBLIC ROADWAY SYSTEM, SAID ROAD LOCATED IN THE 5<sup>th</sup> LEGISLATIVE DISTRICT OF LOUDON COUNTY, TENNESSEE
3. Mayor – Buddy Bradshaw
  - A. Discussion of property adjacent to Greenback Convenience Center
4. Procurement Director – Susan Huskey
  - A. Surplus Property Authority – Sale of Powermatic Lathe surplus from Loudon High School
  - B. Humana Retiree Insurance Renewal
5. Commissioner Van Shaver
  - A. Consideration of a 4-way stop at intersection of Town Creek and Shaw Ferry Roads
  - B. Discussion of Workhouse Designation of the Loudon County Jail
6. Director of Accounts and Budgets – Tracy Blair
  - A. Budget Recommendations

**Loudon County Commission**

**Resolution 092120-**

***Re-Zone***

**REZONE APPROXIMATELY 32.4 ACRES FROM R-1/PUD,  
(SUBURBAN RESIDENTIAL DISTRICT WITH PLANNED UNIT  
DEVELOPMENT OVERLAY) TO A-2 (RURAL RESIDENTIAL  
DISTRICT) HWY 411, TAX MAP 084, PARCELS 044.00, SITUATED IN  
THE 3<sup>rd</sup> LEGISLATIVE DISTRICT**

RESOLUTION

A RESOLUTION AMENDING THE ZONING MAP OF LOUDON COUNTY, TENNESSEE, PURSUANT TO CHAPTER SEVEN, §13-7-105 OF THE TENNESSEE CODE ANNOTATED, TO REZONE APPROXIMATELY 32.4 ACRES FROM R-1/PUD, (SUBURBAN RESIDENTIAL DISTRICT WITH PLANNED UNIT DEVELOPMENT OVERLAY) TO A-2 (RURAL RESIDENTIAL DISTRICT) HWY 411, TAX MAP 084, PARCELS 044.00, SITUATED IN THE 3<sup>rd</sup> LEGISLATIVE DISTRICT

WHEREAS, the Loudon County Commission, in accordance with Chapter Seven, §13-7-105 of the Tennessee Code Annotated, may from time to time, amend the number, shape, boundary, area or any regulation of or within any district or districts, or any other provision of any zoning resolution, and

WHEREAS, the Regional Planning Commission has forwarded a recommendation regarding the amendment to the Zoning Map of Loudon County, Tennessee,

WHEREAS, a notice of public hearing and a description of the resolution appeared in the Loudon County newspaper, News Herald on August 26, 2020 consistent with the provisions of Tennessee Code Annotated, §13-7-105, and

NOW, THEREFORE, BE IT RESOLVED by the Loudon County Commission that the Zoning Map of Loudon County, Tennessee be amended as follows:

Located at 7431 Hwy. 411S situated in the 3<sup>rd</sup> Legislative District, referenced by Tax Map 084, Parcel 044.00, be rezoned from R-1/PUD (Suburban Residential District with Planned Unit Development Overlay) to A-2 (Rural Residential District), being specifically shown on the attached illustrations.

BE IT FINALLY RESOLVED, that this Resolution shall take effect immediately, the public welfare requiring it.

ATTEST:

LOUDON COUNTY CHAIRMAN

DATE:

October 5, 2020

APPROVED: LOUDON COUNTY MAYOR

The votes on the question of approval of this Resolution by the Planning Commission are as follows:

APPROVED: 2

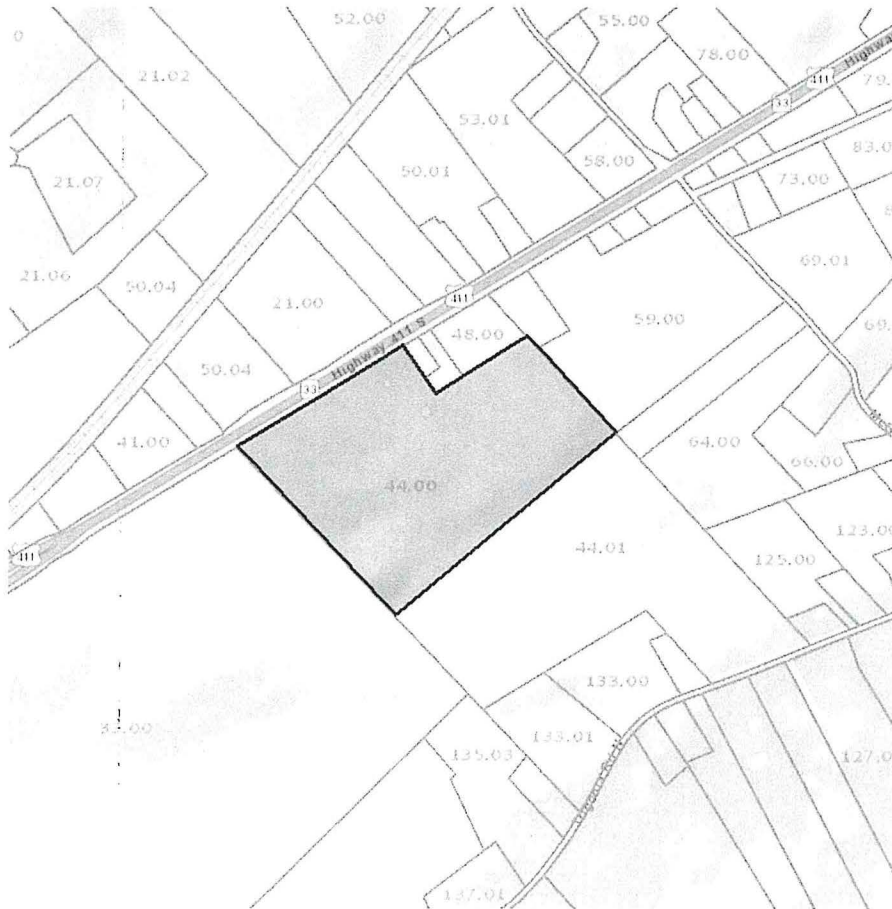
DISAPPROVED: 6

  
ATTEST: SECRETARY LOUDON COUNTY  
REGIONAL PLANNING COMMISSION  
Dated: 2020

RESOLUTION NO. \_\_\_\_\_

ILLUSTRATION ATTACHMENT

REZONE APPROXIMATELY 32.4 ACRES FROM R-1/PUD, SUBURBAN RESIDENTIAL DISTRICT WITH PLANNED UNIT DEVELOPMENT OVERLAY TO A-2, RURAL RESIDENTIAL DISTRICT REFERENCED BY LOUDON COUNTY TAX MAP 084, PARCELS 044.00 LOCATED AT 7431 HWY. 70, LOUDON COUNTY, TN, SITUATED IN THE 3<sup>RD</sup> LEGISLATIVE DISTRICT



**Loudon County Commission**

**Resolution 092120-**

***Re-Zone***

A RESOLUTION OF THE LOUDON COUNTY COMMISSION ACCEPTING  
FIELDSTONE DR., MILLSTONE LN., AND GREYSTONE COURT, COBBLESTONE  
DR., FLAGSTONE BLVD. LOCATED IN STONE CROSSING SUBDIVISION INTO  
THE PUBLIC ROADWAY SYSTEM, SAID ROAD LOCATED IN THE 5<sup>th</sup>  
LEGISLATIVE DISTRICT OF LOUDON COUNTY, TENNESSEE

RESOLUTION \_\_\_\_\_

A RESOLUTION OF THE LOUDON COUNTY COMMISSION ACCEPTING  
FIELDSTONE DR., MILLSTONE LN., AND GREYSTONE COURT,  
COBBLESTONE DR., FLAGSTONE BLVD. LOCATED IN STONE CROSSING  
SUBDIVISION INTO THE PUBLIC ROADWAY SYSTEM, SAID ROAD  
LOCATED IN THE 5<sup>th</sup> LEGISLATIVE DISTRICT OF LOUDON COUNTY,  
TENNESSEE

**WHEREAS**, the Loudon County Commission has the authority under Tennessee Code Annotated to accept the dedication of roads, to adopt policies and standards for the acceptance of new roads and to reopen previously closed county roads; and

**WHEREAS**, the Loudon County Regional Planning Commission has received a request from the property owners of Stone Crossing Subdivision to accept the following roads into the County Road system:

- 1) Fieldstone Drive and
- 2) Millstone Lane and
- 3) Greystone Court and
- 4) Cobblestone Drive and
- 5) Flagstone Blvd.

**WHEREAS**, the Loudon County Regional Planning Commission approved the preliminary and final plat for the construction of the road and right of way dedication consistent with the minimum requirements of the subdivision regulations for Loudon County; and

**WHEREAS**, the Loudon County Road Superintendent has inspected the road and recommends acceptance of the road as a Loudon County Public Road;

**NOW, THEREFORE, BE IT RESOLVED**, that the Loudon County Commission approves the acceptance of this road, as shown on the attached map and described in this resolution, into the County's public roadway system.

**NOW, THEREFORE, BE IT FINALLY RESOLVED**, that this Resolution shall take effect immediately the public welfare requiring it.

**This Resolution adopted** \_\_\_\_\_

\_\_\_\_\_  
Attest, County Court Clerk


\_\_\_\_\_  
Loudon County Chairman

\_\_\_\_\_  
Approved: Loudon County Mayor

The vote on the question of approval of this Resolution by the Planning Commission is as follows:

APPROVED: 8

DISAPPROVED: 0

  
\_\_\_\_\_  
ATTEST: SECRETARY, LOUDON COUNTY  
REGIONAL PLANNING COMMISSION  
DATE: September 15, 2020



**A RESOLUTION OF THE LOUDON COUNTY COMMISSION ACCEPTING  
FIELDSTONE DR., MILLSTONE LN., AND GREYSTONE CT. LOCATED IN STONE  
CROSSING SUBDIVISION INTO SAID ROAD SYSTEM LOCATED IN THE 5<sup>th</sup>  
LEGISLATIVE DISTRICT OF LOUDON COUNTY, TENNESSEE**



**A RESOLUTION OF THE LOUDON COUNTY COMMISSION ACCEPTING  
FIELDSTONE DR., MILLSTONE LN., AND GREYSTONE CT. LOCATED IN STONE  
CROSSING SUBDIVISION INTO SAID ROAD SYSTEM LOCATED IN THE 5<sup>th</sup>  
LEGISLATIVE DISTRICT OF LOUDON COUNTY, TENNESSEE**

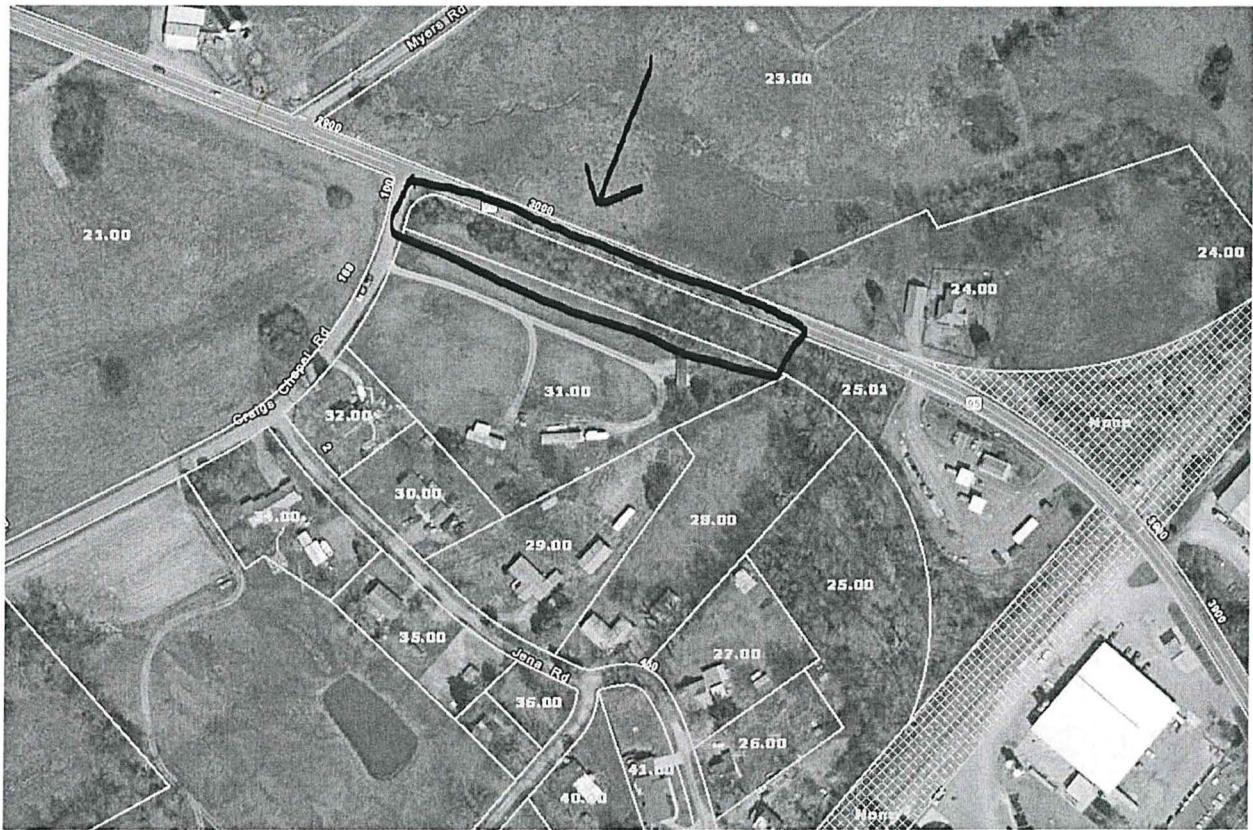




**Loudon County Commission**

**Exhibit 092120-**

***Property Adjacent to  
Greenback Convenience  
Center***



**Property Adjacent to Greenback Convenience Center**

**Loudon County Commission**

**Exhibit 092120-**

***Humana Retiree Insurance  
Renewal***

**From:** Chris Wampler <[chris@carriagehillinsurance.com](mailto:chris@carriagehillinsurance.com)>

**Sent:** Thursday, September 10, 2020 9:27 AM

**To:** Huskey, Susan <[huskeys@loudoncounty-tn.gov](mailto:huskeys@loudoncounty-tn.gov)>

**Cc:** Reynolds, Tammy <[reynoldst@loudoncounty-tn.gov](mailto:reynoldst@loudoncounty-tn.gov)>; Averil Peters ([apetersfinsvcs@bellsouth.net](mailto:apetersfinsvcs@bellsouth.net)) <[apetersfinsvcs@bellsouth.net](mailto:apetersfinsvcs@bellsouth.net)>

**Subject:** Humana Medicare group renewal 1/01/2021

Good day All,

Humana is pleased to deliver the 2021 Medicare Advantage Plan renewal for Loudon County Gov.. Attached you will find the 2021 rates, renewal acceptance letter, and the medical and pharmacy benefits for your review. Any changes to the medical benefits are highlighted in yellow on the attached Product Design Exhibits. We would like to bring a few 2021 benefit highlights to your attention:

- Telehealth; \$0 cost share for PCP, Urgent Care and Behavioral Health for In Network Providers
- COVID Testing and Treatment \$0 cost share for In and Out of Network Providers
- COVID Care Package; Respiratory care kit and 14 days of meals (28 meals) for member with COVID 19 diagnosis (applies to 4 per year limit)

As far as the pharmacy component, the Co-Pays will remain the same.

The 2020 rate was **\$177.77** The 2021 rate is **\$140.17**

**Please note:** 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. This refund has been added to the 2021 rate as a credit in the amount of **\$30.85 PM/PM**. Further details can be found on the attached rate sheet.

As you review the 2021 renewal, please let me know if you have any questions. If there are no questions, please have the renewal signature form signed by 10/1/2020, and send back to me. We can then begin processing the renewal for 2021. Thank you!

## **Rick McHale**

Account Executive Group Medicare

**Humana** | **Group Medicare** | 500 W Main St. NCT 15 | Louisville, KY 40202

| ☎ Cell: 502-407-4278

| ✉ E-Mail: [rmchale@humana.com](mailto:rmchale@humana.com) | 🌐 Web: [www.humana.com](http://www.humana.com)

Chris Wampler, President



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Chris Wampler, President

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## Humana Medicare Employer Plan – Premium Information

### LOUDON COUNTY GOVERNMENT - PPO

**Date:** 8/3/2020  
**Plan Names:** Humana Medicare Employer Plan  
**Rx Formulary:** Traditional PPO 079 058 with Rx3 \$5/\$30/\$60/33% from \$0 to ICL; \$5/25%/25%/25% from ICL to Catastrophic 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	\$171.02	(\$30.85)	\$140.17

#### Traditional PPO 079 058 Medical and Rx Benefit Overview

	(In-Network/Out-of-Network)
Deductible	None / None
Inpatient Acute Hospital	\$175 Copayment per Admission / 30% Coinsurance per Admission
Skilled Nursing Facility	\$50 Copayment (Days 21-100) / 30% Coinsurance (Days 1-100)
Physician Office Visits	\$5 Copayment / 30% Coinsurance
Specialist Office Visits	\$15 Copayment / 30% Coinsurance
Outpatient Surgical	\$50 Copayment / 30% Coinsurance
Ambulance	\$50 Copayment / \$50 Copayment
Emergency Room	\$65 Copayment / \$65 Copayment
Medical Maximum Out of Pocket	\$2,500 / \$5,000 Combined (Medicare Covered Services)
Prescription Drugs (Retail 30 day supply)	Rx3 \$5/\$30/\$60/33% from \$0 to ICL; \$5/25%/25%/25% from ICL 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 LOUDON COUNTY GOVERNMENT.  
 Not to be shared externally without written consent from Humana Inc.





## Humana Medicare Employer Plan – Rating Assumptions and Stipulations

### LOUDON COUNTY GOVERNMENT

#### 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.

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.

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.

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.

**HUMANA MEDICARE EMPLOYER LPPO PLAN**  
2021 LPPO for Standard Plan 079 Option 058 - Traditional

		2020		2021	
Annual Maximum Out-of-Pocket		• In-Network: \$2,500 per individual per plan year (excludes Part D Pharmacy, Extra Services and the Plan Premium)		• In-Network: \$2,500 per individual per plan year (excludes Part D Pharmacy, Extra Services and the Plan Premium)	
		• Combined In and Out-of-Network: \$5,000 per individual per plan year (excludes Part D Pharmacy, Worldwide Coverage and the Plan Premium)		• Combined In and Out-of-Network: \$5,000 per individual per plan year (excludes Part D Pharmacy, Worldwide Coverage and the Plan Premium)	
Annual Deductible		• Combined In and Out-of-Network: NONE		• Combined In and Out-of-Network: NONE	
		• In-Network Exclusions: N/A		• In-Network Exclusions: N/A	
		• Out-of-Network Exclusions: N/A		• 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 \$5 copayment	70%	100% after \$5 copayment	70%
	• Diagnostic Procedures and Tests	100% after \$5 copayment	70%	100% after \$5 copayment	70%
	• Lab Services	100%	70%	100%	70%
	• Surgical Procedures	100% after \$5 copayment	70%	100% after \$5 copayment	70%
	• Allergy Shots and Injections	100% after \$5 copayment	70%	100% after \$5 copayment	70%
	• Mental Health/Substance Abuse Services	100% after \$5 copayment	70%	100% after \$5 copayment	70%
	• Administration of Drugs in a Physician's Office	80%	70%	80%	70%
Specialist	• Office Visit	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Advanced Imaging Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Diagnostic Procedures and Tests	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Lab Services	100%	70%	100%	70%
	• Surgical Procedures	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Diagnostic Colonoscopy	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Podiatry Services (Medicare-covered)	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Chiropractic Services (Medicare-covered)	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Cardiac Therapy	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Pulmonary Therapy	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Radiation Therapy	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Allergy Shots and Injections	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Mental Health/Substance Abuse Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%

	• Opioid Treatment Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Administration of Drugs in a Physician's Office	80%	70%	80%	70%
	• Chemotherapy Drugs	95%	70%	95%	70%
	• Dental Services (Medicare-covered)	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Hearing Services (Medicare-covered)	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Vision Services (Medicare-covered)	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• 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%	70%	100%	70%
	• Acupuncture (Medicare-covered)	Benefit became available after 01/01/2020	Benefit became available after 01/01/2020	100% after \$15 copayment • Up to 20 visits per year	70% • Up to 20 visits per year
Preventive Services	• Abdominal Aortic Aneurysm Screening	100%	70%	100%	70%
	• 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				
	• Kidney Disease Education Services				
	• Lung Cancer Screening				
	• Medical Nutrition Therapy				
	• Obesity Screening and Therapy				
	• Physical Exams (Routine)				
	• Prostate Cancer Screening Exam				
	• STI Screening and Counseling				
	• Smoking and Tobacco Use Cessation				
	• "Welcome to Medicare" Preventive Visit				
	• Immunizations	100%	100%	100%	100%
	• Medicare Diabetes Prevention Program (MDPP)	100%	100%	100%	100%
Inpatient Hospital Services	• Inpatient Care (All Authorized Admissions)	100% after \$175 copayment per admission	70% per admission	100% after \$175 copayment per admission	70% per admission
	• Inpatient Physician Services	100%	70%	100%	70%
	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% after \$175 copayment per admission	70% per admission	100% after \$175 copayment per admission	70% per admission



Inpatient Psychiatric Facility	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% after \$175 copayment per admission • 190 day lifetime limit in a psychiatric facility	70% per admission • 190 day lifetime limit in a psychiatric facility	100% after \$175 copayment per admission • 190 day lifetime limit in a psychiatric facility	70% per admission • 190 day lifetime limit in a psychiatric facility
	• Inpatient Mental Health/Substance Abuse Physician Services	100%	70%	100%	70%
Partial Hospitalization	• Mental Health/Substance Abuse Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Opioid Treatment Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%
Outpatient Hospital	• Surgical Services	100% after \$50 copayment	70%	100% after \$50 copayment	70%
	• Diagnostic Colonoscopy	100% after \$50 copayment	70%	100% after \$50 copayment	70%
	• Advanced Imaging Services	100% after \$50 copayment	70%	100% after \$50 copayment	70%
	• Nuclear Medicine Services	100% after \$50 copayment	70%	100% after \$50 copayment	70%
	• Diagnostic Procedures and Tests	100% after \$50 copayment	70%	100% after \$50 copayment	70%
	• Lab Services	100%	70%	100%	70%
	• Radiation Therapy	100% after \$50 copayment	70%	100% after \$50 copayment	70%
	• Cardiac Therapy	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Pulmonary Therapy	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Chemotherapy Drugs	95%	70%	95%	70%
	• Renal Dialysis Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Mental Health/Substance Abuse Services	100% after \$40 copayment	70%	100% after \$40 copayment	70%
	• Opioid Treatment Services	100% after \$40 copayment	70%	100% after \$40 copayment	70%
	• Outpatient Physician Services	100%	70%	100%	70%
Skilled Nursing Facility (SNF)	• SNF Care (No 3-day hospital stay is required)	100% per day (days 1-20); \$50 copayment per day (days 21-100) • Plan pays \$0 after 100 days	70% per day (days 1-100) • Plan pays \$0 after 100 days	100% per day (days 1-20); \$50 copayment per day (days 21-100) • Plan pays \$0 after 100 days	70% per day (days 1-100) • Plan pays \$0 after 100 days
	• SNF Physician Services	100%	70%	100%	70%
Urgent Care Center	• Urgently Needed Care	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Lab Services	100%	70%	100%	70%
Emergency Room	• Emergency Services (2)	100% after \$65 copayment; waived if admitted within 24 hours	100% after \$65 copayment; waived if admitted within 24 hours	100% after \$65 copayment; waived if admitted within 24 hours	100% after \$65 copayment; waived if admitted within 24 hours
	• Emergency Room Physician Services	100%	100%	100%	100%
Ambulance	• Ambulance Services	100% after \$50 copayment per date of service • Limited to Medicare-covered transportation	100% after \$50 copayment per date of service • Limited to Medicare-covered transportation	100% after \$50 copayment per date of service • Limited to Medicare-covered transportation	100% after \$50 copayment per date of service • Limited to Medicare-covered transportation

Network Provider	• US Travel Benefit	• Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	Not Available	• Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	Not Available
Worldwide Coverage	• Emergency Services and Urgently Needed Care Only	Not Available	• \$100 deductible, 80% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.	Not Available	• \$100 deductible, 80% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.
Comprehensive Outpatient Rehabilitation Facility	• Pulmonary Therapy	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after \$15 copayment	70%	100% after \$15 copayment	70%
Freestanding Radiological Facility	• Advanced Imaging Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Nuclear Medicine Services	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Diagnostic Procedures and Tests	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Radiation Therapy	100% after \$15 copayment	70%	100% after \$15 copayment	70%
Ambulatory Surgical Center	• Surgical Procedures	100% after \$15 copayment	70%	100% after \$15 copayment	70%
	• Diagnostic Colonoscopy	100% after \$15 copayment	70%	100% after \$15 copayment	70%
Freestanding Laboratory	• Lab Services	100%	70%	100%	70%
Dialysis Center	• Renal Dialysis Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
Home Health	• Home Health Care	100% • Excludes Personal Home Care	70% • Excludes Personal Home Care	100% • Excludes Personal Home Care	70% • Excludes Personal Home Care
DME Provider	• Durable Medical Equipment	80%	50%	80%	50%
	• Diabetic Monitoring Supplies	100%	50%	100%	50%
Medical Supply Provider	• Medical Supplies	80%	50%	80%	50%
Prosthetics Provider	• Prosthetics	80%	50%	80%	50%
Pharmacy (Part B Only)	• Durable Medical Equipment	80%	50%	80%	50%
	• Medical Supplies	80%	50%	80%	50%
	• Diabetic Monitoring Supplies	100%	50%	100%	50%
	• Medicare-covered Part B Drugs	80%	80%	80%	80%
Additional Telehealth Services	• Primary Care Physician - Virtual Visit	100% after \$5 copayment	Not Available	100%	Not Available
	• Specialist - Virtual Visit	Not Available	Not Available	100% after \$15 copayment	Not Available
	• Behavioral Health and Substance Abuse - Virtual Visit	100% after \$15 copayment	Not Available	100%	Not Available
	• Urgently Needed Care - Virtual Visit	100% after \$5 copayment	Not Available	100%	Not Available



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
	• Personal Health Coaching	Available	Available
	• Smoking Cessation (Additional)	Available	Available
	• Meal Program	Available	Available
	• COVID-19 Care Package	Not Available	Available
Care Management	<ul style="list-style-type: none"> <li>Clinical Programs/Disease Management (3) <ul style="list-style-type: none"> <li>- Case Management</li> <li>- Humana At Home®</li> <li>- Chronic Condition Management</li> <li>- Transplant Management</li> <li>- Behavioral Health Care Coordination</li> </ul> </li> </ul>	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.

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. The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of the member's Humana membership card.

CMS does not permit discussing the below services with potential enrollees prior to enrollment.

Extra Services (VAIS)	• Complementary and Alternative Medicine and Weight Management - Not available in Puerto Rico	Available	Available
	• Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico	Available	Available
	• Dental Discount (Careington Dental) - Available in Florida only	Available	Available
	• Healthy Hearing Discount (HearUSA) - Available in Florida only	Available	Available
	• Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico	Available	Available
	• Go365 by Humana (Rock and Roll Marathon Series)	Available	Available
	• Lifeline® Medical Alert Systems	Available	Available
	• Meal Delivery Discount	Available	Available
	• Vision Discount (EyeMed)	Available	Available
	• Weight Management Discount (Jenny Craig®)	Available	Available

**Go365® by Humana is included in this plan**

Go365 is a wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help them establish and maintain a healthy lifestyle. As they achieve manageable health goals, Go365 keeps members engaged and motivated by acknowledging their efforts. By completing healthy activities like walking, getting an Annual Wellness Exam, or volunteering, 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**  
2021 Rx for Standard Rx 3  
Group Plus Formulary

**30 Day Supplies**

Plan/ Option	30 Day Standard Retail from \$0 to ICL (1)				30 Day Standard Retail from ICL to Catastrophic (2) "Coverage Gap"				30 Day Standard Retail Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	30 day Standard Retail Home Infusion Drugs (3)			
	Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
TBD	\$5	\$30	\$60	33%	\$5	25%	25%	25%	Member pays the greater of \$3.70 for generic/preferred multi-source drugs/biosimilars and \$9.20 for all other drugs; OR 5% coinsurance	\$6,550	\$5	\$30	\$60	25%

Plan/ Option	30 Day Standard Mail Order from \$0 to ICL (1)				30 Day Standard Mail Order from ICL to Catastrophic (2) "Coverage Gap"				30 Day Standard Mail Order Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	30 day Standard Mail Order Home Infusion Drugs (3)			
	Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
TBD	\$5	\$30	\$60	33%	\$5	25%	25%	25%	Member pays the greater of \$3.70 for generic/preferred multi-source drugs/biosimilars and \$9.20 for all other drugs; OR 5% coinsurance	\$6,550	\$5	\$30	\$60	25%

\*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 offered at a higher cost than Tier 2 Preferred Brand drugs.  
 Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

90 Day Supplies

Plan/ Option	90 Day Standard Retail (4) from \$0 to ICL (1)				90 Day Standard Retail from ICL to Catastrophic (2) "Coverage Gap"				90 Day Standard Retail Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	90 day Standard Retail Home Infusion Drugs (3)			
	Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
TBD	\$15	\$90	\$180	N/A	\$15	25%	25%	N/A	Member pays the greater of \$3.70 for generic/preferred multi-source drugs/biosimilars and \$9.20 for all other drugs; OR 5% coinsurance	\$6,550	\$15	\$90	\$180	N/A

Plan/ Option	90 Day Standard Mail Order (4) from \$0 to ICL (1)				90 Day Standard Mail Order from ICL to Catastrophic (2) "Coverage Gap"				90 Day Standard Mail Order Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	90 day Standard Mail Order Home Infusion Drugs (3)			
	Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
TBD	\$0	\$60	\$120	N/A	\$0	25%	25%	N/A	Member pays the greater of \$3.70 for generic/preferred multi-source drugs/biosimilars and \$9.20 for all other drugs; OR 5% coinsurance	\$6,550	\$0	\$60	\$120	N/A

**Footnotes:**

1 ICL (Initial Coverage Limit): When total drug cost (the amount the member pays plus the amount Humana pays) reaches \$4,130

2 Catastrophic: When a member's True Out-of-Pocket (TROOP) cost reaches \$6,550.

3 Home Infusion Drugs: After the deductible has been met, these drugs will be covered at the specified cost shares in the Coverage Gap.

4 Retail and Mail Order: The benefit for a 90-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.

**Extra Services**

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**CMS does not permit discussing the below services with potential enrollees prior to enrollment.**

• Prescription Medication Discount	Members show their Humana member ID card at participating pharmacies when they buy non-covered prescription medicines to receive any available discounts. Depending on the medicine purchased, quantity limits may apply.
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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. 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.