

TENTATIVE AGENDA
OTTUMWA CITY COUNCIL

SPECIAL MEETING NO. 36
Council Chambers, City Hall

November 20, 2020
12:00 O'Clock P.M.

In order to protect the health and safety of our citizens and staff and mitigate the spread of COVID-19, we are following the Proclamation of a State Public Health Disaster Emergency issued at 12:00 P.M. on Tuesday, March 17, 2020, which has been extended through December 10, 2020. Effective 12:01 a.m. on November 17, 2020, and continuing until 11:59 p.m. on December 10, 2020: indoor gatherings of more than 15 people are prohibited; however, this does not apply to gatherings that occur during the ordinary course of business or government between employees or members of the public. Social distancing and mask or other face covering when inside a building are required for all people two or older. The gathering organizer must ensure at least six feet of physical distance between each group or individual attending alone and implement reasonable measures under the circumstances of each gathering to ensure social distancing of gathering participants, increased hygiene practices, and other public health measures to reduce the risk of transmission of COVID-19 consistent with guidance issued by the IDPH.

ROLL CALL: Council Member Dalbey, Roe, Stevens, Meyers, Berg and Mayor Lazio.

APPROVAL OF THE AGENDA

IDENTIFICATION OF CITIZENS DESIRING TO COMMENT ON AGENDA ITEMS:

(When called upon by the Mayor, step to the microphone; state their name, address and agenda item to be addressed. The Mayor will invite you to address the Council when that topic is being discussed. Remarks will be limited to **three minutes or less**. The City Clerk shall keep the time and notify the Mayor when the allotted time limit has been reached. Comments are to be directly germane to the agenda item being discussed; if not directly germane as determined by the Mayor will be ruled out of order.)

All items on this agenda are subject to discussion and/or action.

1. Approve Hire of a Temporary Part-time Employee at the WPCF.

RECOMMENDATION: Approve hire of a temporary part-time employee at WPCF.

2. Resolution No. 244-2020, approve Humana as the City's Post-65 Retiree Medical Supplemental and Rx Plans carrier as recommended by Mark J. Becker & Associates as our Consultant for Retiree Post-65 Insurance.

RECOMMENDATION: Pass and adopt Resolution No. 244-2020.

PUBLIC FORUM:

The Mayor will request comments from the public on topics of city business or operations other than those listed on this agenda. Comments shall not be personalized and limited to three minutes or less. Comments not directly applicable to operations, inappropriate, or an improper utilization of meeting time, as determined by the Mayor, will be ruled out of order. When called upon by the Mayor, step to the microphone; give your name, address and topic on which to address the Council. The Council is not likely to take any action on your comments due to requirements of the Open Meetings Law. Pertinent questions, comments or suggestions may be referred to the appropriate department, city administrator or legal counsel for response, if relevant.

ADJOURNMENT:

***** It is the goal of the City of Ottumwa that all City Council public meetings are accessible to people with disabilities. If you need assistance in participating in City Council meetings due to a disability as defined under the ADA, please call the City Clerk's Office at (641) 683-0621 at least one (1) business day prior to the scheduled meeting to request an accommodation. *****



[CITY OF]
O T T U M W A

FAX COVER SHEET

City of Ottumwa

DATE: 11/18/2020 TIME: 8:15 AM NO. OF PAGES 2
(Including Cover Sheet)

TO: News Media CO: _____

FAX NO: _____

FROM: Christina Reinhard

FAX NO: 641-683-0613 PHONE NO: 641-683-0620

MEMO: Tentative Agenda for the Special City Council Meeting #36 to be held on 11/20/2020 at 12:00 P.M. Social Distancing and mask or other face covering when inside a building are required for all people two or older. Six feet of physical distance between each group or individual attending alone must be followed at all times.

*** FAX MULTI TX REPORT ***

JOB NO. 2810
DEPT. ID 4717
PGS. 2
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ERROR 916416828482

Ottumwa Courier
KTVO
Tom FM



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*** TX REPORT ***

JOB NO. 2810
DEPT. ID 4717
ST. TIME 11/18 08:10
SHEETS 2
FILE NAME
TX INCOMPLETE -----
TRANSACTION OK 96847834
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FILED
2020 NOV 17 PM 3:21
CITY OF OTTUMWA
Staff Summary
** ACTION ITEM **

Council Meeting of: November 20, 2020

Public Works - WPCF
Department

Phillip Burgmeier
Prepared By

Larry Seals
Department Head


City Administrator Approval

AGENDA TITLE: Approve Hire of a Temporary Part-time Employee at the WPCF.

 Public hearing required if this box is checked. ** **The Proof of Publication for each Public Hearing must be attached to this Staff Summary. If the Proof of Publication is not attached, the item will not be placed on the agenda.

RECOMMENDATION:

Approve the hire.

DISCUSSION:

The WPCF is normally staffed 24 hours per day by a crew of six employees. Since October the plant has been down two employees, leaving only one person on duty at a time. Interviews are being scheduled, but in the mean time we would like to hire back an ex-employee in a part time manner. He will be hired through manpower and assist the day operator until a new full time employee can be brought on. While he is here we would utilize him in cleaning equipment, winterizing and cleaning pump stations, hauling grit to the landfill, supporting the concrete repair project in the primary clarifier, and other assignments as necessary to assist the day shift operator in their regular duties.

Funding for this position will be paid from unallocated full-time employee wages.

City of Ottumwa

Staff Summary

Council Meeting of: November 20th, 2020

Item No. 244-2020

Finance Department
Department

Kala Mulder

Prepared By


Department Head


City Administrator Approval

Agenda Title: Resolution No. 244-2020, Recommendation to approve Humana as the City's Post-65 Retiree Medical Supplemental and Rx Plans carrier.

.....
Recommendation: Pass and adopt Resolution 244-2020

Discussion: We have received the Medicare Advantage rates from Humana to condense our two Post-65 Retiree plans into just one plan. Over the course of the last twelve months, the total expenses per retiree are running \$349 per month for the Rx portion. The Fully-insured MedSupp plan is currently costing \$177.40 per retiree per month, with an increase to come in 2021. The total cost per retiree per month over the course of the last twelve months is \$530.50. Humana Medicare Advantage is offering a customized plan design to nearly mirror the current plan design at a total rate of \$209 per retiree per month. This amounts to a savings of \$317.40 per retiree per month, or **\$476,100** annually, based on current enrollment.

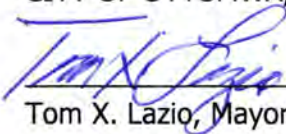
RESOLUTION NO. 244-2020

**A RESOLUTION TO APPROVE HUMANA AS THE CITY'S POST-65 RETIREE
MEDICAL SUPPLEMENTAL AND RX PLANS CARRIER.**

NOW, THEREFORE, BE IT RESOLVED, by the City Council of the City of Ottumwa, Iowa that: The Agreement between the City of Ottumwa and Humana for the referenced Humana Medicare Advantage plan is approved.

APPROVED, PASSED AND ADOPTED, this 20th day of November 2020.

CITY OF OTTUMWA, IOWA



Tom X. Lazio, Mayor

ATTEST:



Christina Reinhard, City Clerk

Christina Reinhard, City Clerk

MJB&A Benefits Levy Update

City Tax Rates

Ottumwa has the 5th highest total tax rate out of 940 cities in the state.

2020/2021 CITY TAX RATES, BY CONTROL COUNTY
DEPARTMENT OF MANAGEMENT - LOCAL BUDGET DIVISION

	TAXABLE VALUE		GENERAL		-----OTHER LEVIES-----					TOTAL	
	2010	JANUARY 1, 2019	\$8.10 LEVY		OUTSIDE	EMERG	DEBT	EMPLOY	CAPITAL	REGULAR	
	CENSUS	REGULAR W G&E	AGLAND	FY 19/20	FY 20/21	8.10000	LEVY	SERVICE	BENEFIT	IMPROVE	W/O AG
STANLEY	125	1,308,625	56,306	8.10000	8.10000	7.41771	0.26364	13.01748	0.99341	0.00000	29.79224
DAYTON	837	16,476,868	73,034	8.10000	8.10000	3.06180	0.27000	9.72378	2.50047	0.00000	23.65605
ROCKWELL CITY	1,709	37,514,740	1,747,842	8.10000	8.10000	1.59937	0.27000	5.68585	7.04369	0.00000	22.69891
BRAYTON	128	1,676,371	317,954	8.10000	8.10000	7.45658	0.00000	2.11111	4.80383	0.00000	22.47152
OTTUMWA	25,023	613,813,137	958,220	8.10000	8.10000	1.72000	0.21000	3.36595	9.06055	0.00000	22.45650
CASEY	426	9,416,503	151,850	8.10000	8.10000	4.54757	0.27000	3.01580	6.32071	0.00000	22.25408
LAURENS	1,258	31,557,465	12,843	8.10000	8.10000	2.05023	0.12675	5.33326	5.96214	0.63376	22.20614
OXFORD JUNCTION	496	7,066,046	301,219	8.10000	8.10000	5.37783	0.27000	3.85095	4.58743	0.00000	22.18621
FONDA	631	10,698,164	382,441	8.10000	8.10000	3.83482	0.27000	3.07261	6.71423	0.00000	21.99166
SWEA CITY	536	11,211,647	311,720	8.10000	8.10000	4.54884	0.27000	6.00001	3.05932	0.00000	21.97817
ELDORA	2,732	61,857,880	1,520,037	8.10000	8.10000	1.45610	0.27000	5.77359	6.16248	0.00000	21.76217
CALLENDER	376	8,046,675	140,811	8.10000	8.10000	2.00704	0.24867	7.98007	3.34822	0.00000	21.68400
MURRAY	756	12,185,573	143,446	8.10000	8.10000	2.59693	0.27000	5.18736	5.41624	0.00000	21.57053
RINARD	52	491,623	657,774	8.10000	8.10000	0.80956	0.27000	11.57391	0.80956	0.00000	21.56303
TITONKA	476	6,781,047	15,689	8.10000	8.10000	3.45307	0.27000	3.89090	5.73658	0.00000	21.45055
FENTON	279	3,797,471	122,509	8.10000	8.10000	4.79530	0.27000	4.87166	3.05466	0.00000	21.09162
HANSELL	98	1,491,782	114,401	8.10000	8.10000	9.81377	0.00000	0.00000	3.15059	0.00000	21.06436
PISGAH	251	4,699,845	202,883	8.10000	8.10000	2.97882	0.27000	6.91087	2.42242	0.00000	20.68211
AUDUBON	2,176	61,124,908	361,019	8.10000	8.10000	1.67859	0.27000	2.69044	7.93578	0.00000	20.67481
GARDEN GROVE	211	2,137,963	76,917	8.10000	8.10000	5.96362	0.27000	2.39761	3.75357	0.00000	20.48480
HUMESTON	494	11,891,588	64,422	8.10000	8.10000	2.73252	0.00000	7.55013	1.88444	0.00000	20.26709
FORT DODGE	25,206	741,700,287	3,627,383	8.10000	8.10000	1.61730	0.27000	4.27539	5.91126	0.00000	20.17395
CUMBERLAND	262	5,311,556	233,581	8.10000	8.10000	6.11929	0.00000	0.00000	5.92558	0.00000	20.14487



City Benefits Rate

Ottumwa has the highest employee benefit tax rate out of 940 cities in the state.

2020/2021 CITY TAX RATES, BY CONTROL COUNTY						
DEPARTMENT OF MANAGEMENT - LOCAL BUDGET DIVISION						
	TAXABLE VALUE			GENERAL	TOTAL	
	2010	JANUARY 1, 2019		\$8.10 LEVY	EMPLOY	REGULAR
	CENSUS	REGULAR W G&E	AGLAND	FY 19/20	BENEFIT	W/O AG
OTTUMWA	25,023	613,813,137	958,220	8.10000	9.06055	22.45650
AUDUBON	2,176	61,124,908	361,019	8.10000	7.93578	20.67481
ROCKWELL CITY	1,709	37,514,740	1,747,842	8.10000	7.04369	22.69891
AUBURN	322	5,862,603	188,031	8.10000	6.88142	16.94318
KEOKUK	10,780	318,036,265	218,912	8.10000	6.83476	17.70364
EXIRA	840	15,774,296	370,799	8.10000	6.81235	18.89528
FONDA	631	10,698,164	382,441	8.10000	6.71423	21.99166
BOONE	12,661	407,406,856	2,031,804	8.10000	6.57893	15.62578
CORNING	1,635	36,439,954	109,431	8.10000	6.51962	19.47492
RINGSTED	422	6,959,050	585,212	7.49250	6.41467	16.52375
MISSOURI VALLEY	2,838	88,430,566	1,061,436	8.10000	6.38928	19.42016
SAC CITY	2,220	55,398,887	1,669,185	8.10000	6.38912	19.69063
PERRY	7,702	166,881,147	1,486,036	8.10000	6.32926	17.93603
CASEY	426	9,416,503	151,850	8.10000	6.32071	22.25408
RED OAK	5,742	155,708,972	1,895,000	8.10000	6.31819	18.68150
ELDORA	2,732	61,857,880	1,520,037	8.10000	6.16248	21.76217
CENTERVILLE	5,528	137,954,353	303,973	8.10000	6.11644	17.47112
NEWTON	15,254	472,107,780	2,284,213	8.10000	6.05851	17.14000
MYSTIC	425	4,677,462	603,789	8.10000	6.02891	17.03709
LAURENS	1,258	31,557,465	12,843	8.10000	5.96214	22.20614
CUMBERLAND	262	5,311,556	233,581	8.10000	5.92558	20.14487
FORT DODGE	25,206	741,700,287	3,627,383	8.10000	5.91126	20.17395
ESSEX	798	15,484,402	895,401	8.10000	5.78253	16.22496



Comparable Cities Tax Rates

2020/2021 CITY TAX RATES, BY CONTROL COUNTY

DEPARTMENT OF MANAGEMENT - LOCAL BUDGET DIVISION

	TAXABLE VALUE			GENERAL			OTHER LEVIES			TOTAL		
	2010	JANUARY 1, 2019		\$8.10 LEVY		OUTSIDE	AGLAND	EMERG	DEBT	EMPLOY	CAPITAL	REGULAR
	CENSUS	REGULAR W G&E	AGLAND	FY 19/20	FY 20/21	8.10000	LEVY	LEVY	SERVICE	BENEFIT	IMPROVE	W/O AG
OTTUMWA	25,023	613,813,137	958,220	8.10000	8.10000	1.72000	3.00375	0.21000	3.36595	9.06055	0.00000	22.45650
FORT DODGE	25,206	741,700,287	3,627,383	8.10000	8.10000	1.61730	3.00375	0.27000	4.27539	5.91126	0.00000	20.17395
CLINTON	26,885	974,969,999	15,773,906	8.10000	8.10000	0.68721	3.00375	0.27000	1.77084	4.86344	0.00000	15.69149
MUSCATINE	22,886	900,098,379	1,192,058	8.10000	8.10000	0.43595	3.00375	0.00000	2.34955	4.78659	0.00000	15.67209
MARSHALLTOWN	27,552	904,620,601	5,589,811	8.10000	8.10000	0.92357	3.00375	0.27000	1.07205	4.34372	0.67500	15.38434
BURLINGTON	25,663	773,623,575	1,947,040	8.10000	8.10000	1.00975	3.00375	0.26995	3.79790	3.15872	0.00000	16.33632
MASON CITY	28,079	1,182,037,665	7,873,437	8.10000	8.10000	0.47840	3.00375	0.00000	2.83909	2.96952	0.00000	14.38701



What MJB&A is doing?


- Analyzing current benefit programs
- Provide employees/retirees similar options more economically to the City
- Benefit Compliance
- Evaluating vendors/carriers and overall networks

About MJB&A

A Trusted & Valued Consulting Partner

Who will always do what's in the best interest of your organization and your employees. We look forward to serving your organization and to Doing What's Right. That's Our Policy.





\$476,100
annual savings

Current Post-65 Plans:

\$530 per retiree/per month

Retirees pay \$102 per month

Humana Medicare Advantage:

\$209 per retiree/per month

Retirees pay \$83.60 per month

Retirees deductibles are waived from 3/1/21-12/31/21



Questions?



Humana Medicare Employer Plan – Premium Information

City of Ottumwa - PPO

Date: 11/13/2020
Plan Names: Humana Medicare Employer Plan
 Passive PPO Custom Medical with Custom Rx \$10/\$25/\$40/\$40 from \$0 to Catastrophic
 Passive Waiver Custom Medical with Custom Rx \$10/\$25/\$40/\$40 from \$0 to Catastrophic
Rx Formulary: Group Plus Formulary - 21800 *\$185 Deductible Waived for 2021*

Plan Year	Final Billed Premium (Per Member Per Month)
3/1/2021 - 12/31/2021	\$209.00

Passive PPO Custom Medical and Rx Benefit Custom Overview

	(In-Network Benefits match Out-of-Network Benefits)
Deductible	\$185 Waived for 2021
Inpatient Acute Hospital	\$0 Copayment per Admission
Skilled Nursing Facility	\$0 Copayment (days 1-100)
Physician Office Visits	\$0 Copayment
Specialist Office Visits	\$0 Copayment
Outpatient Surgical	\$0 Copayment
Ambulance	\$0 Copayment
Emergency Room	\$0 Copayment
Medical Maximum Out of Pocket	\$0 Combined (Medicare Covered Services)
Prescription Drugs (Retail 30 day supply)	Custom Rx \$10/\$25/\$40/\$40 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 City of Ottumwa.
 Not to be shared externally without written consent from Humana Inc.**



Humana Medicare Employer Plan – Rating Assumptions and Stipulations

City of Ottumwa

Proposal Terms

The benefits presented on the previous page are a high-level summary. Please consult the Plan Design Exhibit for a more detailed outline of the benefits proposed. Final benefits may differ due to annual changes in CMS benefit requirements.

For members with End Stage Renal Disease (ESRD), the Humana Group Medicare Advantage Plan is only offered to eligible members who are diagnosed and enrolled in a manner that is consistent with applicable Medicare secondary laws, and the rules and regulations set forth by CMS.

The rates provided do not reflect any potential premium adjustments provided by Center for Medicare and Medicaid Services (CMS) or federal regulations based on a Medicare beneficiary's income.

Humana will hold the proposed rate(s) unless there are material changes to existing or implementation of new federal regulations or requirements 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 60% 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.

This proposal is for less than 12 months ending December 31st. Please note, the ability to carry over the deductible and maximum out of pocket accumulators will vary based on current offering from the prior carrier and will reset on January 1.

In order to offer this plan design, the group's current benefits, after coordination with Medicare (if applicable), must be equal to or richer than the proposed benefits.

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 Plan – Premium Information

City of Ottumwa - PPO

Date: 11/5/2020
 Humana Medicare Employer Plan
Plan Names: Passive PPO Custom Medical with Custom Rx \$10/\$25/\$40/\$40 from \$0 to Catastrophic
 Passive Waiver Custom Medical with Custom Rx \$10/\$25/\$40/\$40 from \$0 to Catastrophic
Rx Formulary: Group Plus Formulary - 21800

Plan Year	Final Billed Premium (Per Member Per Month)
3/1/2021 - 12/31/2021	\$209.00

Passive PPO Custom Medical and Rx Benefit Custom Overview

	(In-Network Benefits match Out-of-Network Benefits)
Deductible	\$185 Combined
Inpatient Acute Hospital	\$0 Copayment per Admission
Skilled Nursing Facility	\$0 Copayment (days 1-100)
Physician Office Visits	\$0 Copayment
Specialist Office Visits	\$0 Copayment
Outpatient Surgical	\$0 Copayment
Ambulance	\$0 Copayment
Emergency Room	\$0 Copayment
Medical Maximum Out of Pocket	\$185 Combined (Medicare Covered Services)
Prescription Drugs (Retail 30 day supply)	Custom Rx \$10/\$25/\$40/\$40 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.

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Humana Medicare Employer Plan – Rating Assumptions and Stipulations

City of Ottumwa

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The rates provided do not reflect any potential premium adjustments provided by Center for Medicare and Medicaid Services (CMS) or federal regulations based on a Medicare beneficiary's income.

Humana will hold the proposed rate(s) unless there are material changes to existing or implementation of new federal regulations or requirements 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.

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

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In order to offer this plan design, the group's current benefits, after coordination with Medicare (if applicable), must be equal to or richer than the proposed benefits.

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 City of Ottumwa Plan 079 Option TBD1 - Passive
Effective Date: 03/01/2021 - 12/31/2021

Annual Maximum Out-of-Pocket	• In-Network: \$185 per individual per plan year (excludes Part D Pharmacy, Extra Services and the Plan Premium)		
	• Combined In and Out-of-Network: \$185 per individual per plan year (excludes Part D Pharmacy, Worldwide Coverage and the Plan Premium)		
Annual Deductible	• Combined In and Out-of-Network: \$185 per individual per plan year		
	• In-Network Exclusions: Part D Pharmacy, Medicare-Covered Diabetic Monitoring Supplies received at a Pharmacy, All Preventive Services, All Emergency Services, Urgently Needed Care, All Inpatient Services, All Skilled Nursing Facility Services, Home Health Services, Diabetic Eye Exam, Additional Telehealth Services, Extra Services and the Plan Premium		
	• Out-of-Network Exclusions: Part D Pharmacy, Medicare-Covered Diabetic Monitoring Supplies received at a Pharmacy, All Preventive Services, All Emergency Services, Urgently Needed Care, All Inpatient Services, All Skilled Nursing Facility Services, Home Health Services, Diabetic Eye Exam, Worldwide Coverage and the Plan Premium		
Place of Treatment	Benefit	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):
Primary Care Physician	• Office Visit	100% after combined annual deductible	100% after combined annual deductible
	• Diagnostic Procedures and Tests	100% after combined annual deductible	100% after combined annual deductible
	• Lab Services	100% after combined annual deductible	100% after combined annual deductible
	• Surgical Procedures	100% after combined annual deductible	100% after combined annual deductible
	• Allergy Shots and Injections	100% after combined annual deductible	100% after combined annual deductible
	• Mental Health/Substance Abuse Services	100% after combined annual deductible	100% after combined annual deductible
	• Administration of Drugs in a Physician's Office	100% after combined annual deductible	100% after combined annual deductible
Specialist	• Office Visit	100% after combined annual deductible	100% after combined annual deductible
	• Advanced Imaging Services	100% after combined annual deductible	100% after combined annual deductible
	• Diagnostic Procedures and Tests	100% after combined annual deductible	100% after combined annual deductible
	• Lab Services	100% after combined annual deductible	100% after combined annual deductible
	• Surgical Procedures	100% after combined annual deductible	100% after combined annual deductible
	• Diagnostic Colonoscopy	100% after combined annual deductible	100% after combined annual deductible
	• Podiatry Services (Medicare-covered)	100% after combined annual deductible	100% after combined annual deductible
	• Chiropractic Services (Medicare-covered)	100% after combined annual deductible	100% after combined annual deductible
	• Cardiac Therapy	100% after combined annual deductible	100% after combined annual deductible
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100% after combined annual deductible	100% after combined annual deductible
	• Pulmonary Therapy	100% after combined annual deductible	100% after combined annual deductible
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after combined annual deductible	100% after combined annual deductible
	• Radiation Therapy	100% after combined annual deductible	100% after combined annual deductible
	• Allergy Shots and Injections	100% after combined annual deductible	100% after combined annual deductible
	• Mental Health/Substance Abuse Services	100% after combined annual deductible	100% after combined annual deductible
	• Opioid Treatment Services	100% after combined annual deductible	100% after combined annual deductible
	• Administration of Drugs in a Physician's Office	100% after combined annual deductible	100% after combined annual deductible
	• Chemotherapy Drugs	100% after combined annual deductible	100% after combined annual deductible
	• Dental Services (Medicare-covered)	100% after combined annual deductible	100% after combined annual deductible

	• Hearing Services (Medicare-covered)	100% after combined annual deductible	100% after combined annual deductible
	• Vision Services (Medicare-covered)	100% after combined annual deductible	100% after combined annual deductible
	• Eyewear for Post-Cataract Surgery	100% after combined annual deductible • For eyeglasses and contacts following cataract surgery	100% after combined annual deductible • For eyeglasses and contacts following cataract surgery
	• Diabetic Eye Exam	100%	100%
	• Acupuncture (Medicare-covered)	100% after combined annual deductible • Up to 20 visits per year	100% after combined annual deductible • Up to 20 visits per year
Preventive Services	• Abdominal Aortic Aneurysm Screening • 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	100%	100%
	• Immunizations	100%	100%
	• Medicare Diabetes Prevention Program (MDPP)	100%	100%
Inpatient Hospital Services	• Inpatient Care (all authorized admissions)	100% per admission	100% per admission
	• Inpatient Physician Services	100%	100%
	• Inpatient Mental Health Care/Substance Abuse Services (all authorized admissions)	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
	• Inpatient Mental Health/Substance Abuse Physician Services	100%	100%
Partial Hospitalization	• Mental Health/Substance Abuse Services	100% after combined annual deductible	100% after combined annual deductible
	• Opioid Treatment Services	100% after combined annual deductible	100% after combined annual deductible
Outpatient Hospital Services	• Surgical Services	100% after combined annual deductible	100% after combined annual deductible
	• Diagnostic Colonoscopy	100% after combined annual deductible	100% after combined annual deductible
	• Advanced Imaging Services	100% after combined annual deductible	100% after combined annual deductible
	• Nuclear Medicine Services	100% after combined annual deductible	100% after combined annual deductible
	• Diagnostic Procedures and Tests	100% after combined annual deductible	100% after combined annual deductible
	• Lab Services	100% after combined annual deductible	100% after combined annual deductible

	<ul style="list-style-type: none"> Radiation Therapy 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Cardiac Therapy 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Pulmonary Therapy 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Therapies (Occupational, Physical, Audiology, and Speech) 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Chemotherapy Drugs 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Renal Dialysis Services 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Mental Health/Substance Abuse Services 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Opioid Treatment Services 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Outpatient Physician Services 	100% after combined annual deductible	100% after combined annual deductible
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> SNF Care (no 3-day hospital stay is required) 	100% per day (days 1 - 100)	100% per day (days 1 - 100)
	<ul style="list-style-type: none"> SNF Physician Services 	100%	100%
Urgent Care Center	<ul style="list-style-type: none"> Urgently Needed Care 	100%	100%
	<ul style="list-style-type: none"> Lab Services 	100% after combined annual deductible	100% after combined annual deductible
Emergency Room	<ul style="list-style-type: none"> Emergency Services (2) 	100%	100%
	<ul style="list-style-type: none"> Emergency Room Physician Services 	100%	100%
Ambulance	<ul style="list-style-type: none"> Ambulance Services 	100% after combined annual deductible per date of service <ul style="list-style-type: none"> Limited to Medicare-covered transportation 	100% after combined annual deductible per date of service <ul style="list-style-type: none"> Limited to Medicare-covered transportation
Network Provider	<ul style="list-style-type: none"> US Travel Benefit 	<ul style="list-style-type: none"> Member receives in-network benefits when services are received from a participating PPO provider in another Humana PPO service area. 	N/A
Worldwide Coverage	<ul style="list-style-type: none"> Emergency Services and Urgently Needed Care Only 	N/A	<ul style="list-style-type: none"> \$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	<ul style="list-style-type: none"> Pulmonary Therapy 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Therapies (Occupational, Physical, Audiology, and Speech) 	100% after combined annual deductible	100% after combined annual deductible
Freestanding Radiological Facility	<ul style="list-style-type: none"> Advanced Imaging Services 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Nuclear Medicine Services 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Diagnostic Procedures and Tests 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Radiation Therapy 	100% after combined annual deductible	100% after combined annual deductible
Ambulatory Surgical Center	<ul style="list-style-type: none"> Surgical Procedures 	100% after combined annual deductible	100% after combined annual deductible
	<ul style="list-style-type: none"> Diagnostic Colonoscopy 	100% after combined annual deductible	100% after combined annual deductible
Freestanding Laboratory	<ul style="list-style-type: none"> Lab Services 	100% after combined annual deductible	100% after combined annual deductible
Dialysis Center	<ul style="list-style-type: none"> Renal Dialysis Services 	100% after combined annual deductible	100% after combined annual deductible
Home Health	<ul style="list-style-type: none"> Home Health Care 	100% <ul style="list-style-type: none"> Excludes Personal Home Care 	100% <ul style="list-style-type: none"> Excludes Personal Home Care

DME Provider	▪ Durable Medical Equipment	100% after combined annual deductible	100% after combined annual deductible
	▪ Diabetic Monitoring Supplies	100% after combined annual deductible	100% after combined annual deductible
Medical Supply Provider	▪ Medical Supplies	100% after combined annual deductible	100% after combined annual deductible
Prosthetics Provider	▪ Prosthetics	100% after combined annual deductible	100% after combined annual deductible
Pharmacy (PART B ONLY)	▪ Durable Medical Equipment	100% after combined annual deductible	100% after combined annual deductible
	▪ Medical Supplies	100% after combined annual deductible	100% after combined annual deductible
	▪ Diabetic Monitoring Supplies	100%	100%
	▪ Medicare-covered Part B Drugs	100% after combined annual deductible	100% after combined annual deductible
Additional Telehealth Services	▪ Primary Care Physician - Virtual Visit	100%	Not Available
	▪ Specialist - Virtual Visit	100%	Not Available
	▪ Behavioral Health and Substance Abuse - Virtual Visit	100%	Not Available
	▪ Urgently Needed Care - Virtual Visit	100%	Not Available
Other Benefits	▪ COVID-19 Testing	Testing and treatment for members with COVID-19 diagnosis will be covered at 100%	

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®	In most service areas members will have free membership to a local fitness center through the SilverSneakers program.
	• Personal Health Coaching	Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.
	• Smoking Cessation (Additional)	A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.
	• Meal Program	After a member's overnight inpatient stay in a hospital or skilled nursing facility, they are eligible for nutritious meals delivered to their door at no cost.
	• COVID-19 Care Package	Coverage includes a Health Essentials Kit from our mail order catalog.
Care Management	<ul style="list-style-type: none"> • Clinical Programs/Disease Management (3) <ul style="list-style-type: none"> - Case Management - Humana At Home® - Chronic Condition Management - Transplant Management - Behavioral Health Care Coordination 	Health education and clinical programs that provide support to members and caregivers to optimize health outcomes.

(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)	<ul style="list-style-type: none"> Complementary and Alternative Medicine and Weight Management - Not available in Puerto Rico 	Discounts for complementary and alternative medicine services including chiropractic, acupuncture, massage therapy and nutrition. Services must be received from participating designated providers.
	<ul style="list-style-type: none"> Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico 	Discounts on dental services. Services must be received from participating HumanaDental providers.
	<ul style="list-style-type: none"> Dental Discount (Careington Dental) - Available in Florida only 	Discounts on dental services. Services must be received from participating Careington providers.
	<ul style="list-style-type: none"> Healthy Hearing Discount (HearUSA) - Available in Florida only 	Discounts on hearing aids, accessories and hearing assistance products.
	<ul style="list-style-type: none"> Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico 	Discounts on hearing aids. Services must be received at a TruHearing hearing center.
	<ul style="list-style-type: none"> Go365 by Humana (Rock and Roll Marathon Series) 	Discount on the Rock 'n' Roll Marathon Series (includes 5K, 10K, 1/2 Marathon, and Marathon).
	<ul style="list-style-type: none"> Lifeline® Medical Alert Systems 	Philips Lifeline may help members live independently with peace of mind. Personal emergency response services connect members to caregivers and emergency services when an incident occurs. Wireless or landline options available.
	<ul style="list-style-type: none"> Meal Delivery Discount 	Discounts on home delivered meals to help support nutritional needs. Purchases may be placed online at MomsMeals.com/welldine or by calling 1.877.347.3438.
	<ul style="list-style-type: none"> Vision Discount (EyeMed) 	Discounts from participating EyeMed Vision Care Select network providers on routine vision services such as: Exam, contact lens fitting and follow-up, lenses, frames and laser vision correction. Discounts are taken at point of sale. Discount and funded benefits cannot be utilized within the same transaction.
	<ul style="list-style-type: none"> Weight Management Discount (Jenny Craig®) 	Members pay for unlimited weekly one-on-one consultations. Discount on products, including food.

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 City of Ottumwa Rx TBD1
Group Plus Formulary
Effective Date: 03/01/2021 - 12/31/2021

30 Day Supplies

Plan/ Option	30 Day Standard Retail from \$0 to Catastrophic (1)				30 Day Standard Retail Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic
	Tier 1*	Tier 2	Tier 3	Tier 4		
TBD	\$10	\$25	\$40	\$40	Member pays the greater of \$3.70 for generic/preferred multi-source drugs/biosimilars and \$9.20 for all other drugs; OR 5% coinsurance (\$40 maximum out-of-pocket per prescription)	\$6,550

Plan/ Option	30 Day Standard Mail Order from \$0 to Catastrophic (1)				30 Day Standard Mail Order Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic
	Tier 1*	Tier 2	Tier 3	Tier 4		
TBD	\$10	\$25	\$40	\$40	Member pays the greater of \$3.70 for generic/preferred multi-source drugs/biosimilars and \$9.20 for all other drugs; OR 5% coinsurance (\$40 maximum out-of-pocket per prescription)	\$6,550

*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 (2) from \$0 to Catastrophic (1)				90 Day Standard Retail Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic
	Tier 1*	Tier 2	Tier 3	Tier 4		
TBD	\$30	\$75	\$120	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 (\$120 maximum out-of-pocket per prescription)	\$6,550

Plan/ Option	90 Day Standard Mail Order (2) from \$0 to Catastrophic (1)				90 Day Standard Mail Order Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic
	Tier 1*	Tier 2	Tier 3	Tier 4		
TBD	\$20	\$50	\$80	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 (\$80 maximum out-of-pocket per prescription)	\$6,550

Footnotes:

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

2 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, not to include maximums.

Extra Services

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.

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.


City of Ottumwa, Coverage Code CCX, Incurred/Settled: 4/1/2020 - 9/30/2020

Label Name	Humana Group Plus 2021 Formulary Coverage	Humana Tier	Blue Rx Complete 2020 Formulary Current Coverage	Current Tier	Disruption	Comments
ADVAIR DISKU AER 250/50	Y	2	Y	1	Negative	
AMITRIPTYLIN TAB 25MG	Y	1	Y	1	Neutral	
AMITRIPTYLIN TAB 25MG	Y	1	Y	1	Neutral	
AMITRIPTYLIN TAB 25MG	Y	1	Y	1	Neutral	
ATORVASTATIN TAB 40MG	Y	1	Y	1	Neutral	
ATORVASTATIN TAB 40MG	Y	1	Y	1	Neutral	
ATROPINE SUL SOL 1% OP	Y	1	Y	1	Neutral	
BRILINTA TAB 90MG	Y	2	Y	2	Neutral	
BYSTOLIC TAB 2.5MG	Y	2	Y	4	Positive	
BYSTOLIC TAB 5MG	Y	2	Y	4	Positive	
CLONAZEPAM TAB 0.5MG	Y	1	Y	1	Neutral	
COMBIVENT AER 20-100	Y	3	Y	2	Negative	
CYCLOBENZAPR TAB 10MG	Y	1	Y	1	Neutral	
DALIRESP TAB 500MCG	Y	2	Y	4	Positive	
DICLOFENAC GEL 1%	Y	1	N	not listed	Positive	
DIOVAN TAB 160MG	Y	3	Y	4	Positive	
DUPIXENT INJ 300/2ML	Y	4	Y	SP-P	Neutral	
ENBREL MINI INJ 50MG/ML	Y	4	Y	SP-P	Neutral	
ESBRIET CAP 267MG	Y	4	Y	SP-P	Neutral	
FOLIC ACID TAB 1000MCG	N	0	N	not listed	Neutral	CMS excluded drug -available on Vitamin/Mineral buy-up list
FOLIC ACID TAB 1MG	N	0	N	not listed	Neutral	CMS excluded drug -available on Vitamin/Mineral buy-up list
FOLIC ACID TAB 1MG	N	0	N	not listed	Neutral	CMS excluded drug -available on Vitamin/Mineral buy-up list
HUMALOG INJ 100/ML	Y	3	Y	4	Positive	
HUMALOG INJ 100/ML	Y	3	Y	4	Positive	
HYDROXYZ HCL TAB 25MG	Y	1	Y	1	Neutral	
HYDROXYZ HCL TAB 25MG	Y	1	Y	1	Neutral	
HYDROXYZ HCL TAB 25MG	Y	1	Y	1	Neutral	
HYDROXYZ HCL TAB 50MG	Y	1	Y	1	Neutral	
INVOKANA TAB 100MG	Y	2	Y	2	Neutral	
LINZESS CAP 145MCG	Y	2	Y	2	Neutral	
LIPITOR TAB 10MG	Y	3	Y	4	Positive	
LIPITOR TAB 20MG	Y	3	Y	4	Positive	
LOTEMAX SM GEL 0.38%	Y	3	Y	3	Neutral	
LOTEPREDNOL SUS 0.5%	Y	1	Y	1	Neutral	
MEGESTROL AC TAB 20MG	Y	1	Y	1	Neutral	
MYRBETRIQ TAB 25MG	Y	2	Y	4	Positive	
MYRBETRIQ TAB 50MG	Y	2	Y	4	Positive	
NITROFURANTN CAP 100MG	Y	1	Y	1	Neutral	
NITROFURANTN CAP 100MG	Y	1	Y	1	Neutral	
NITROFURANTN CAP 100MG	Y	1	Y	1	Neutral	
OLOPATADINE DRO 0.1%	Y	1	N	not listed	Positive	
ONETOUCH TES ULTRA	N	Part B	N	Part B	Neutral	Part B
ONETOUCH TES ULTRA	N	Part B	N	Part B	Neutral	Part B
ONETOUCH TES ULTRA BL	N	Part B	N	Part B	Neutral	Part B
ONETOUCH TES VERIO	N	Part B	N	Part B	Neutral	Part B
ONETOUCH DEL MIS PLUS 33G	N	Part B	N	Part B	Neutral	Part B
POT CHLORIDE CAP 10MEQ ER	Y	1	Y	1	Neutral	
POT CHLORIDE TAB 10MEQ ER	Y	1	Y	1	Neutral	
POT CHLORIDE TAB 10MEQ ER	Y	1	Y	1	Neutral	
POT CHLORIDE TAB 20MEQ ER	Y	1	Y	1	Neutral	
POT CL MICRO TAB 20MEQ ER	Y	1	Y	1	Neutral	
PREMARIN TAB 0.625MG	Y	3	Y	2	Negative	
PROLENSA SOL 0.07%	Y	3	Y	4	Positive	
QVAR REDHAL AER 40MCG	Y	3	Y	1	Negative	
RISEDRONATE TAB 150MG	Y	1	Y	1	Neutral	
RISEDRONATE TAB 150MG	Y	1	Y	1	Neutral	
RISEDRONATE TAB 150MG	Y	1	Y	1	Neutral	
RISEDRONATE TAB 35MG	Y	1	Y	1	Neutral	
RISEDRONATE TAB 35MG	Y	1	Y	1	Neutral	
ROSUVASTATIN TAB 5MG	Y	1	Y	1	Neutral	
SMZ/TMP DS TAB 800-160	Y	1	Y	1	Neutral	
SMZ/TMP DS TAB 800-160	Y	1	Y	1	Neutral	
SMZ/TMP DS TAB 800-160	Y	1	Y	1	Neutral	
SMZ-TMP DS TAB 800-160	Y	1	Y	1	Neutral	
SPIRIVA CAP HANDIHLR	Y	2	Y	2	Neutral	
STIVARGA TAB 40MG	Y	4	Y	SP-P	Neutral	
SUMATRIPTAN TAB 50MG	Y	1	Y	1	Neutral	
SYNTHROID TAB 137MCG	Y	2	Y	2	Neutral	
TADALAFIL TAB 20MG	Y	1	Y	1	Neutral	
TADALAFIL TAB 5MG	Y	1	Y	1	Neutral	
TADALAFIL TAB 5MG	Y	1	Y	1	Neutral	
TADALAFIL TAB 5MG	Y	1	Y	1	Neutral	
TECFIDERA CAP 240MG	Y	4	Y	SP-P	Neutral	
TRADJENTA TAB 5MG	Y	2	Y	4	Positive	
TRADJENTA TAB 5MG	Y	2	Y	4	Positive	
TRAVOPROST DRO 0.004%	Y	1	Y	1	Neutral	
TREMFYA INJ 100MG/ML	Y	4	Y	SP-NP	Neutral	
TRULICITY INJ 1.5/0.5	Y	2	Y	4	Positive	
TUDORZA PRES AER 400/ACT	Y	3	Y	4	Positive	
VITAMIN D CAP 1.25MG	N	0	Y	1	Negative	CMS excluded drug -available on Vitamin/Mineral buy-up list
VITAMIN D CAP 50000UNT	N	0	Y	1	Negative	CMS excluded drug -available on Vitamin/Mineral buy-up list
VOTRIENT TAB 200MG	Y	4	Y	SP-P	Neutral	
ZENPEP CAP 20000UNT	Y	3	Y	2	Negative	



How to use the Find a doctor tool

Choosing a doctor, dentist, vision care provider or healthcare facility is an important decision. You can use Humana's Find a doctor tool to search for an in-network provider near you. Using an in-network provider may help you save on out-of-pocket costs for the care you need.

Search for a doctor using one of the search options below or view our [printed directories](#) .

* Required

I'm looking within of

Distance ZIP code *

look up by for a

Select lookup method Search category Name, Specialty, Condition

 [How Humana selects providers for networks](#)

By selecting search, you agree to the [terms of use](#).

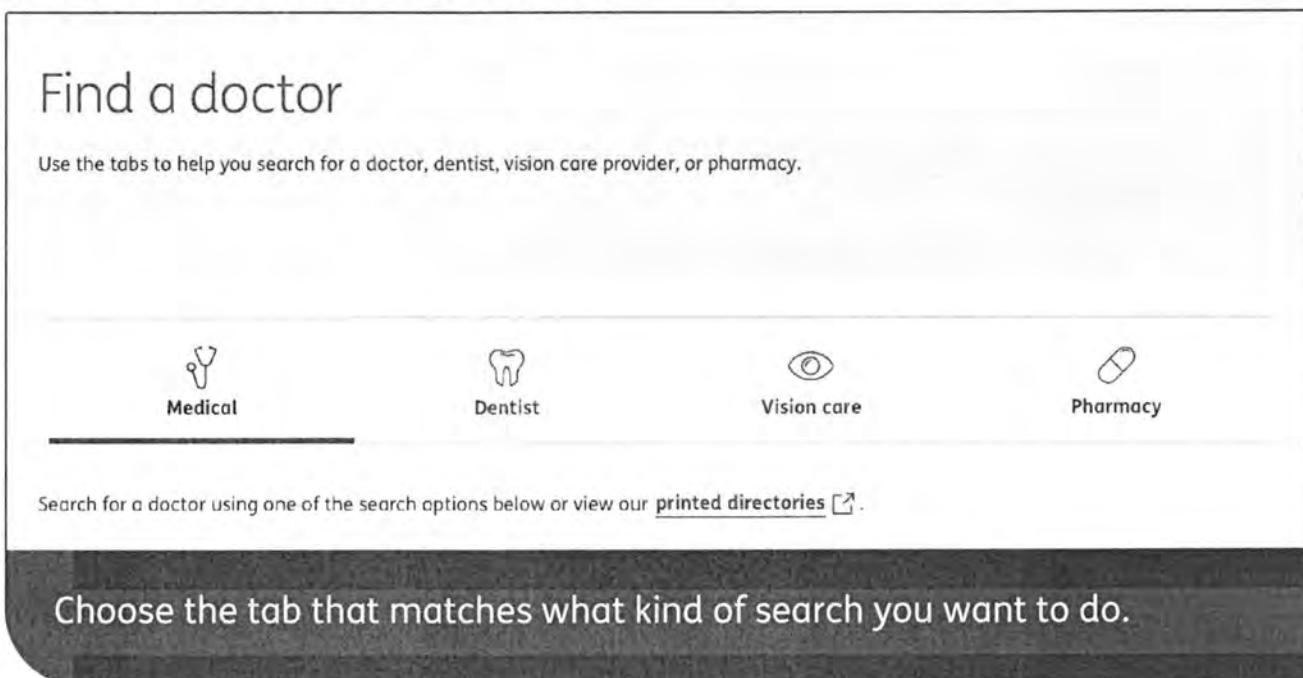
Use Humana's Find a doctor tool to search for an in-network provider near you.

You can filter your search results by:

- **Distance**, search for “doctors near me” (miles within your zip code)
- The **name** of a doctor/facility (such as “Jill Jones” or University Hospital)
- A specific **condition** you need to be treated for (such as diabetes or cold)
- A doctors **Specialty** (such as primary care doctor, or urgent care)
- Which **language(s)** the doctor speaks in their office

There's a link for the [Glossary of Terms](#), located in the footer of the page that will define any word(s) you may not understand.

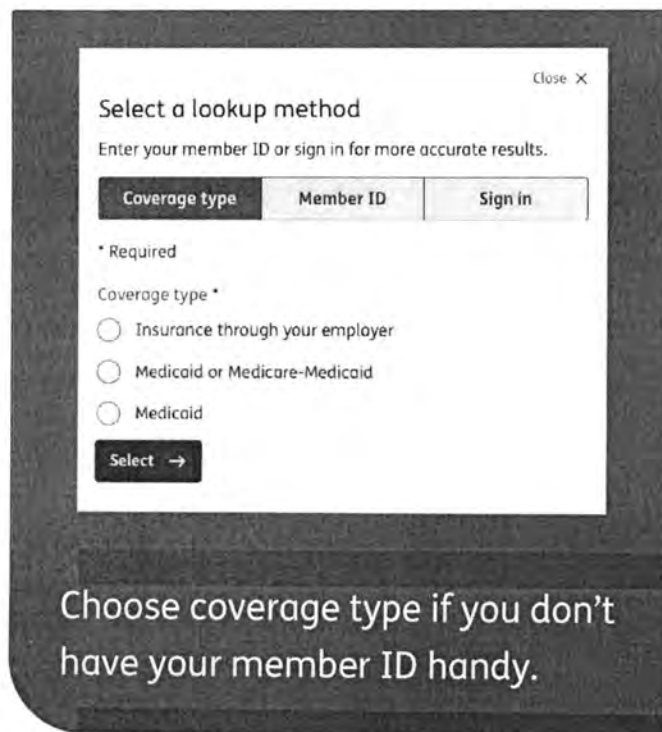
STEP 1: Search type - choose the tab that matches your search preference (Medical/Dentist/Vision Care/Pharmacy)



If you choose the vision care tab, you will see a multiple-choice question asking you to choose your vision coverage. Selecting "Submit" will take you to an off-site tool. Selecting the pharmacy tab also will guide you to a separate pharmacy search tool.

STEP 2: Fill in the blanks and tell us some specifics

A modal will pop up when you select the field labeled "Select a lookup method," and you will have 3 options. The first option is to search by your coverage type, such as Medicaid, Medicare or insurance through your employer. This is a good option if you don't have your member ID handy or if you are not yet a Humana member and want to browse. Just remember that in order to view the most accurate results, you should enter a plan or network.



The second option is to enter your Humana member ID (found on member ID card) and date of birth—just select the tab in the pop-up modal that says “Member ID.”

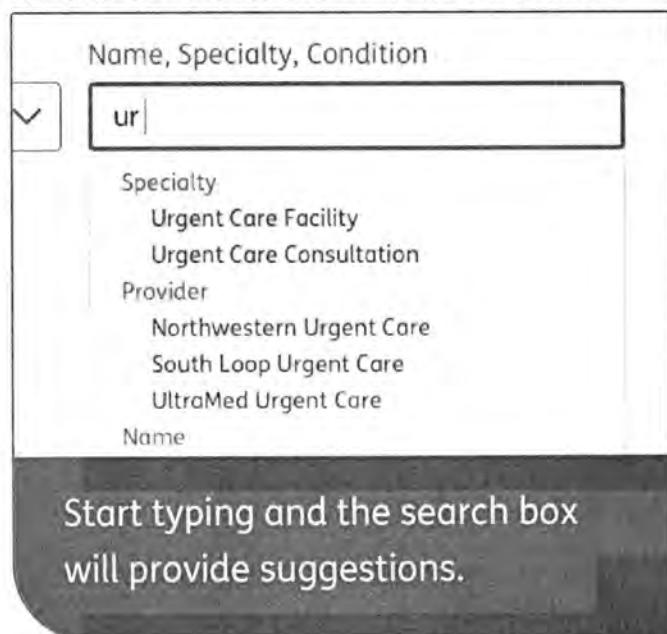
The third search option is to choose the “Sign in” tab. You’ll be taken to the MyHumana sign-in screen where you can sign in using your MyHumana username and password. You’ll end up back on the Find a doctor tool page once you’ve successfully signed in.

The best way to search for a doctor or provider is to use your Humana member ID or to sign in. This will help make sure that your search results are in network and as accurate as possible.

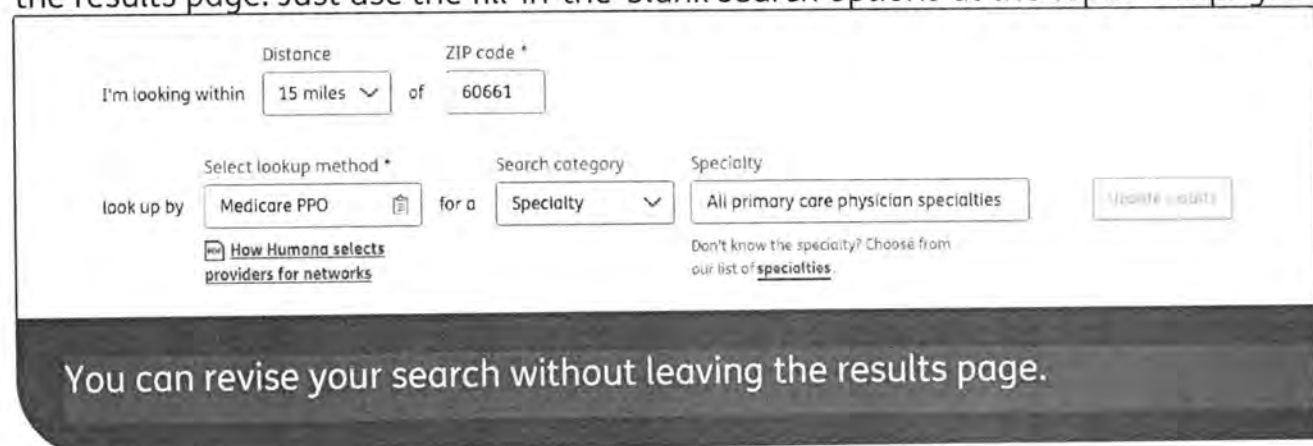
Once you’ve selected your lookup method, you can choose a search category. This is optional but it will help us narrow down your search.

The search box will provide suggestions as you start to type. You can also choose from a list of specialties if you aren’t sure which one you’re looking for.

STEP 3: Results - have you found what you’re looking for?



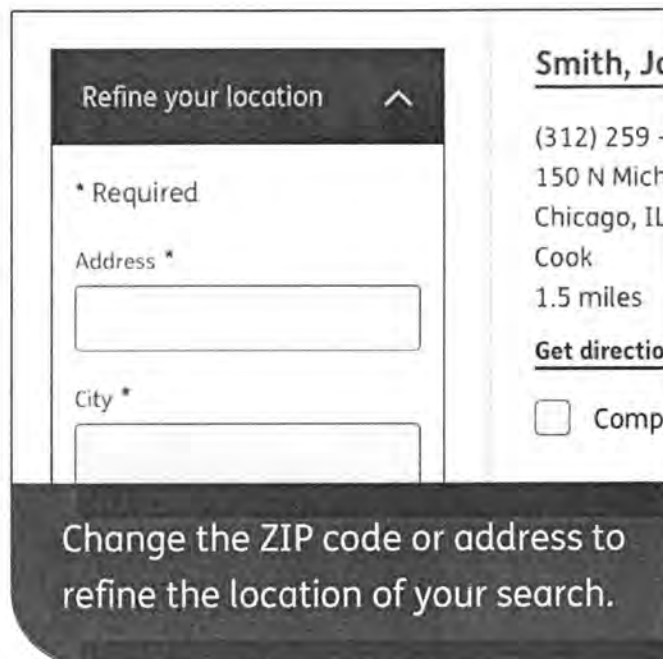
Take a look at the search results. Have you found the doctor or facility that you are looking for? If you need to revise your search, you can search again without leaving the results page. Just use the fill-in-the-blank search options at the top of the page



If you want to change your search to look for doctors in another area, then change the ZIP code in the “refine your location” section.

Once you find a doctor that seems like a good fit for your needs, you can:

- Click on the doctor’s name for more details
- Send the doctor’s contact information to yourself via email
- Get directions to the doctor’s office
- Print or save a PDF of the doctor’s contact information to your device



STEP 4: Finding provider groups

You can search by provider groups (for example, “Midtown Cardiology” or “East Side Family Practice”).

To search by provider groups, select “Practice group” under the filter “Affiliations” in the “Filter your results” column, and your results will be sorted by the provider group you choose.

When the link titled “View doctors in the group” appears within a search result, select it to see all the doctors within that group.

The screenshot shows a doctor's profile for John A. Smith, MD. On the left, there are filter options under 'Practice focus' (ADHD, Anxiety disorder, Chronic illness, Family therapy) and dropdown menus for Gender, Languages spoken, Accessibility, and Essential services. The main profile area includes contact information (phone, address, city, state, zip, name, location), a 'Get directions' link, and a 'Compare' checkbox. To the right, there are sections for 'Rated specialty' (Family practice), 'Clinical quality' (3 hearts), 'Cost-efficiency' (3 question marks), 'Accepting new patients' (checked), 'View doctors in the group' (link), 'Primary care number' (123456), 'Primary specialty' (Family practice), and 'Additional specialties'.

Select the “View doctors in the group” link within an individual search result to see all the doctors in that group.

STEP 5: Sending contact information

If you want to send the doctor’s contact information and details to yourself by email to look back on later, it’s easy to do. Just select the doctor you are interested in to view his or her detailed information page.

Then select the “Send contact information” link. From here you just need to enter a complete email address and select “Submit.” Your email address will be used for sending the doctor’s information only and will not be shared.

The screenshot shows the 'Send contact information' form. It includes a link to 'Read email policy', a disclaimer about the one-time use of the email address, and a required text input field for the email address.

Enter your email address to send the doctor’s contact information.

STEP 6: Compare and contrast

If there is more than one doctor that you think would be a good fit for your needs, you can compare up to three side by side. Just select the check boxes next to the doctors that you're interested in learning more about. Then select "Compare now." Once you arrive on the compare page, you can print your results. When you're ready to go back to your search results, just select the "Back to search results" link at the top of the page.

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