

OPEN ENROLLMENT MEDICAL AND DENTAL INSURANCE 2010

Humana Group Medicare Plans

Benefits:	<u>Humana HMO RX 3</u>	<u>Humana RPPO RX 26</u>
Office Visit Co-pay in Network	\$10 PCP/\$25 Spec.	\$15 PCP/\$35 Spec.
Office Visit Co-pay out of Network	N/A	30% coinsurance
Prescription Drugs		
Retail	\$5/\$30/\$60/25%	\$8/\$42/\$80/33%
Mail Tier One (Preferred Generic)	\$0 copay for 90 days	\$0 copay for 90 days
Tier Two & Three	90 days @ 2 x copay	90 days @ 2 x copay
Rates:		
Retiree 65+	\$85.00	\$59.00 (Missouri Resident) \$74.00 (Kansas Resident)
Retiree (65+) + One (65+)	\$170.00	\$118.00 (Missouri Resident) \$148.00 (Kansas Resident)

● **Rx Option 3 & Rx Option 26 have the following restrictions, however, preferred generic drugs are exempt and can always be purchased with a \$5.00 or \$8.00 co-pay regardless of the coverage gap:**

After meeting a total drug spend paid by Humana and the member, of \$2,830 for levels 1-4, the member will then be responsible for 100% of the RX cost (except for preferred generic drugs coverage through the gap). Once the member's true out of pocket costs (TrOOP) hits \$4,550, the member pays the greater of \$2.50 for generic or a preferred drug that is a multiple source drug, and \$6.30 for all other drugs, or 5%. Rx coverage is unlimited.

Rates:	Base Plan		BuyUp Plan	
	<u>Blue Care</u>	<u>Preferred Care Blue</u>	<u>Blue Care</u>	<u>Preferred Care Blue</u>
Retiree <65	\$485.92	\$947.59	\$498.50	\$972.13
Retiree 65+	\$423.98	\$735.63	\$434.95	\$754.68
Retiree (<65) + One (<65)	\$852.98	\$1,868.38	\$875.06	\$1,916.75
Retiree (<65) + One (65+)	\$784.75	\$1,683.21	\$805.07	\$1,726.78
Retiree (65+) + One (<65)	\$769.05	\$1,656.44	\$788.96	\$1,699.29
Retiree (65+) + One (65+)	\$660.85	\$1,471.25	\$677.97	\$1,509.32
Retiree (<65) + Deps (<65)	\$1,274.78	\$2,452.71	\$1,307.77	\$2,516.19
Retiree (<65) + Deps (65+)	\$1,178.52	\$2,267.54	\$1,203.14	\$2,326.23
Retiree (65+) + Deps (<65)	\$1,166.75	\$2,240.75	\$1,191.11	\$2,298.74
Retiree (65+) + Deps (65+)	\$1,082.64	\$2,055.57	\$1,110.65	\$2,108.76
Companion Plan Spouse (<65)	\$339.97	\$907.20	\$348.77	\$930.67
Companion Plan Child(ren)	\$397.70	\$584.32	\$402.14	\$599.44
Office Visit Co-pay	\$25 PCP/\$50 Spec.	deductible & coinsurance	\$20 PCP/\$40 Spec.	\$15.00
Prescription Drugs				
Retail	\$12/\$35/\$60	\$12/\$35/\$60	\$12/\$35/\$60	\$12/\$35/\$60
Mail	90 days @ 2 x copay	90 days @ 2 x copay	90 days @ 2 x copay	90 days @ 2 x copay

Blue Cross and Blue Shield Dental Plan

Rates:	Benefits	In Network	Out-of-Network
	Annual Deductible	\$0/\$50	\$0/\$50
Retiree \$26.73	Preventative	100%	50%
Retiree + One \$49.33	Basic Service	100%	50%
Family \$69.11	Major Service	60%	50%
	Annual Benefit	\$1,500	\$1,500
	Orthodontic Services	Not covered	not covered