

Plan #	Plan Type	Humana Plan ID	Plan Description	Min. Employer Contribution	2025 Premium
1	PDP Only	037/346	\$4/\$25/\$40/\$80 from \$0 to Catastrophic	50%	\$239.70
2	PDP Only	037/300	\$10/\$20/\$40/\$80 from \$0 to Catastrophic	50%	\$232.51
3	PDP Only	037/347	\$10/\$30/\$60/\$100 from \$0 to Catastrophic	50%	\$221.39
4	PDP Only	037/103	\$4/\$25/\$40/33% from \$0 to Catastrophic	50%	\$191.20
5	PDP Only	037/315	\$10/\$20/\$40/25% from \$0 to Catastrophic	50%	\$176.47
6	PDP Only	037/316	\$10/\$30/\$60/33% from \$0 to Catastrophic	25%	\$166.96
7	PDP Only	037/102	\$5/\$30/\$60/33% from \$0 to Catastrophic	25%	\$148.67

Pricing above **EXCLUDES** an additional \$10 TPA admin fee payable to Bay Bridge Administrators (BBA). See Proposal Considerations for additional detail.

PROPOSAL CONSIDERATIONS

Each Group may choose one of the plans above to offer its members, subject to meeting the minimum contribution and proposal terms below.

Offering is limited to groups with less than 150 enrolled members and at least 2 members. Groups with more than 150 members will be individually underwritten.

Pricing is fixed and cannot be negotiated on a group-by-group basis.

All TAGCO MET 2025 plans include plan administrative services through Bay Bridge Administrators (BBA). This includes but is not limited to, billing, enrollment, and eligibility services performed on behalf of Humana and the TAGCO MET. These services are subject to additional fees at BBA's discretion.

PROPOSAL TERMS

The benefits presented 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 Part D EGWP 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.

If plan enrollees are entitled to a reduction of their premium as Part D LIS enrollees and Humana receives a Low-Income Premium Subsidy for such enrollees, Humana will pass the Low-Income Premium Subsidy amount through to the TAGCO MET to reduce the LIS members' premiums.

Humana will hold the proposed rate(s) unless there are material changes to existing or implementation of new federal regulations or requirements and/or any unforeseen/unusual circumstances (i.e. pandemic) 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/or Part B.

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.

This quote is on an incurred basis. Humana will be responsible for all eligible claims incurred on or after the effective date through the end of the contract period.

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

CMS does not allow members to purchase an individual Medicare Advantage Medical Plan with the use of this product.

Humana is the sole PDP carrier 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.

The quoted rates are based on Humana's Part D EGWP being the only Group PDP option.



TAGCO MET 2025 EMPLOYER GROUP PHARMACY PLANS AND RATES



Plan #	Humana Plan ID	Dist. Channel	Ded	ICL	Catastrophic	Part D MOOP	Buy ups*
1	037/346	30 retail	\$0	\$4/\$25/\$40/\$80	\$0	\$2,000	Yes
		30 MO	\$0	\$4/\$25/\$40/\$80	\$0		
		90 retail	\$0	\$12/\$75/\$120	\$0		
		90 MO	\$0	\$0/\$50/\$80	\$0		
2	037/300	30 retail	\$0	\$10/\$20/\$40/\$80	\$0	\$2,000	Yes
		30 MO	\$0	\$10/\$20/\$40/\$80	\$0		
		90 retail	\$0	\$30/\$60/\$120	\$0		
		90 MO	\$0	\$0/\$40/\$80	\$0		
3	037/347	30 retail	\$0	\$10/\$30/\$60/\$100	\$0	\$2,000	Yes
		30 MO	\$0	\$10/\$30/\$60/\$100	\$0		
		90 retail	\$0	\$30/\$90/\$180	\$0		
		90 MO	\$0	\$0/\$60/\$120	\$0		
4	037/103	30 retail	\$0	\$4/\$25/\$40/33%	\$0	\$2,000	No
		30 MO	\$0	\$4/\$25/\$40/33%	\$0		
		90 retail	\$0	\$12/\$75/\$120	\$0		
		90 MO	\$0	\$0/\$50/\$80	\$0		
5	037/315	30 retail	\$0	\$10/\$20/\$40/25%	\$0	\$2,000	No
		30 MO	\$0	\$10/\$20/\$40/25%	\$0		
		90 retail	\$0	\$30/\$60/\$120	\$0		
		90 MO	\$0	\$0/\$40/\$80	\$0		
6	037/316	30 retail	\$0	\$10/\$30/\$60/33%	\$0	\$2,000	No
		30 MO	\$0	\$10/\$30/\$60/33%	\$0		
		90 retail	\$0	\$30/\$90/\$180	\$0		
		90 MO	\$0	\$0/\$60/\$120	\$0		
7	037/102	30 retail	\$0	\$5/\$30/\$60/33%	\$0	\$2,000	No
		30 MO	\$0	\$5/\$30/\$60/33%	\$0		
		90 retail	\$0	\$15/\$90/\$180	\$0		
		90 MO	\$0	\$0/\$60/\$120	\$0		

* Buy-ups include: Cosmetics, Cough/Cold, Fertility, Vitamins/Minerals, Weight Loss and Erectile Dysfunction Medications

****Please note that this is a high level overview of the Standard plans and is not intended to replace the use of the PDE and Benefit Grid as the source documents****

HUMANA MEDICARE EMPLOYER PDP PLAN

2025 PDP for Standard Plan 037 Option 346

Group Plus Formulary - PDG 21

With Package(s): 1 (Cosmetic), 2 (Cough/Cold), 3 (Fertility), 4 (Vitamins/Minerals), 5 (Weight Loss) & 6 (Erectile Dysfunction)

30 day Supplies

PDP Option Number	30 day Standard Retail from \$0 to Catastrophic (1)				30 day Standard Retail from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 140	\$4	\$25	\$40	\$80	\$0	\$2,000

PDP Option Number	30 day Standard Mail Order from \$0 to Catastrophic (1)				30 day Standard Mail Order from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 140	\$4	\$25	\$40	\$80	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Note: Plan covered insulin products will not exceed \$35 for a one-month supply no matter what cost-sharing tier it's on.

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.
Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.
Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offers at a higher cost than Tier 2 Preferred Brand drugs.
Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

90 day Supplies

PDP Option Number	90 day Standard Retail (3) from \$0 to Catastrophic (1)				90 day Standard Retail (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 140	\$12	\$75	\$120	N/A	\$0	\$2,000

PDP Option Number	90 day Standard Mail Order (3) from \$0 to Catastrophic (1)				90 day Standard Mail Order (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 140	\$0	\$50	\$80	N/A	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Footnotes

1 Catastrophic: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,000 (enhanced drug coverage is excluded).

2 Part D MOOP (Maximum Out-of-Pocket): When the member's cost share plus the costs incurred for Part D drugs reimbursed through insurance or a group health plan reaches \$2,000, Humana pays 100% (enhanced drug coverage is excluded).

3 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:

- 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,
- 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.

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. Part D benefit parameters, regulated by the Centers for Medicare and Medicaid Services (CMS), can impact Part D benefits on an annual basis. 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.

HUMANA MEDICARE EMPLOYER PDP PLAN

2025 PDP for Standard Plan 037 Option 300

Group Plus Formulary - PDG 24

With Package(s): 1 (Cosmetic), 2 (Cough/Cold), 3 (Fertility), 4 (Vitamins/Minerals), 5 (Weight Loss) & 7 (Erectile Dysfunction)

30 day Supplies

PDP Option Number	30 day Standard Retail from \$0 to Catastrophic (1)				30 day Standard Retail from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 92	\$10	\$20	\$40	\$80	\$0	\$2,000

PDP Option Number	30 day Standard Mail Order from \$0 to Catastrophic (1)				30 day Standard Mail Order from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 92	\$10	\$20	\$40	\$80	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Note: Plan covered insulin products will not exceed \$35 for a one-month supply no matter what cost-sharing tier it's on.

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.
Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.
Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offers at a higher cost than Tier 2 Preferred Brand drugs.
Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

90 day Supplies

PDP Option Number	90 day Standard Retail (3) from \$0 to Catastrophic (1)				90 day Standard Retail (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 92	\$30	\$60	\$120	N/A	\$0	\$2,000

PDP Option Number	90 day Standard Mail Order (3) from \$0 to Catastrophic (1)				90 day Standard Mail Order (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 92	\$0	\$40	\$80	N/A	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Footnotes

- 1 Catastrophic: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,000 (enhanced drug coverage is excluded).
- 2 Part D MOOP (Maximum Out-of-Pocket): When the member's cost share plus the costs incurred for Part D drugs reimbursed through insurance or a group health plan reaches \$2,000, Humana pays 100% (enhanced drug coverage is excluded).
- 3 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.

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. Part D benefit parameters, regulated by the Centers for Medicare and Medicaid Services (CMS), can impact Part D benefits on an annual basis. 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.

HUMANA MEDICARE EMPLOYER PDP PLAN

2025 PDP for Standard Plan 037 Option 347

Group Plus Formulary - PDG 21

With Package(s): 1 (Cosmetic), 2 (Cough/Cold), 3 (Fertility), 4 (Vitamins/Minerals), 5 (Weight Loss) & 6 (Erectile Dysfunction)

30 day Supplies

PDP Option Number	30 day Standard Retail from \$0 to Catastrophic (1)				30 day Standard Retail from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 141	\$10	\$30	\$60	\$100	\$0	\$2,000

PDP Option Number	30 day Standard Mail Order from \$0 to Catastrophic (1)				30 day Standard Mail Order from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 141	\$10	\$30	\$60	\$100	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Note: Plan covered insulin products will not exceed \$35 for a one-month supply no matter what cost-sharing tier it's on.

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.
Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.
Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offers at a higher cost than Tier 2 Preferred Brand drugs.
Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

90 day Supplies

PDP Option Number	90 day Standard Retail (3) from \$0 to Catastrophic (1)				90 day Standard Retail (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 141	\$30	\$90	\$180	N/A	\$0	\$2,000

PDP Option Number	90 day Standard Mail Order (3) from \$0 to Catastrophic (1)				90 day Standard Mail Order (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 141	\$0	\$60	\$120	N/A	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Footnotes

- 1 Catastrophic: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,000 (enhanced drug coverage is excluded).
- 2 Part D MOOP (Maximum Out-of-Pocket): When the member's cost share plus the costs incurred for Part D drugs reimbursed through insurance or a group health plan reaches \$2,000, Humana pays 100% (enhanced drug coverage is excluded).
- 3 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.

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. Part D benefit parameters, regulated by the Centers for Medicare and Medicaid Services (CMS), can impact Part D benefits on an annual basis. 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.

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HUMANA MEDICARE EMPLOYER PDP PLAN

2025 PDP for Standard Plan 037 Option 103
Group Plus Formulary - PDG 2

30 day Supplies

PDP Option Number	30 day Standard Retail from \$0 to Catastrophic (1)				30 day Standard Retail from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 3	\$4	\$25	\$40	33%	\$0	\$2,000

PDP Option Number	30 day Standard Mail Order from \$0 to Catastrophic (1)				30 day Standard Mail Order from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 3	\$4	\$25	\$40	33%	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.
Note: Plan covered insulin products will not exceed \$35 for a one-month supply no matter what cost-sharing tier it's on.

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.
Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.
Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offers at a higher cost than Tier 2 Preferred Brand drugs.
Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

90 day Supplies

PDP Option Number	90 day Standard Retail (3) from \$0 to Catastrophic (1)				90 day Standard Retail (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 3	\$12	\$75	\$120	N/A	\$0	\$2,000

PDP Option Number	90 day Standard Mail Order (3) from \$0 to Catastrophic (1)				90 day Standard Mail Order (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 3	\$0	\$50	\$80	N/A	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Footnotes

- 1 Catastrophic: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,000.
- 2 Part D MOOP (Maximum Out-of-Pocket): When the member's cost share plus the costs incurred for Part D drugs reimbursed through insurance or a group health plan reaches \$2,000, Humana pays 100%.
- 3 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.

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. Part D benefit parameters, regulated by the Centers for Medicare and Medicaid Services (CMS), can impact Part D benefits on an annual basis. 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.

HUMANA MEDICARE EMPLOYER PDP PLAN

2025 PDP for Standard Plan 037 Option 315

Group Plus Formulary - PDG 2

30 day Supplies

PDP Option Number	30 day Standard Retail from \$0 to Catastrophic (1)				30 day Standard Retail from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 107	\$10	\$20	\$40	25%	\$0	\$2,000

PDP Option Number	30 day Standard Mail Order from \$0 to Catastrophic (1)				30 day Standard Mail Order from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 107	\$10	\$20	\$40	25%	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Note: Plan covered insulin products will not exceed \$35 for a one-month supply no matter what cost-sharing tier it's on.

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.

Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.

Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offers at a higher cost than Tier 2 Preferred Brand drugs.

Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

90 day Supplies

PDP Option Number	90 day Standard Retail (3) from \$0 to Catastrophic (1)				90 day Standard Retail (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 107	\$30	\$60	\$120	N/A	\$0	\$2,000

PDP Option Number	90 day Standard Mail Order (3) from \$0 to Catastrophic (1)				90 day Standard Mail Order (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 107	\$0	\$40	\$80	N/A	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Footnotes

1 Catastrophic: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,000.

2 Part D MOOP (Maximum Out-of-Pocket): When the member's cost share plus the costs incurred for Part D drugs reimbursed through insurance or a group health plan reaches \$2,000, Humana pays 100%.

3 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.

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. Part D benefit parameters, regulated by the Centers for Medicare and Medicaid Services (CMS), can impact Part D benefits on an annual basis. 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.

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HUMANA MEDICARE EMPLOYER PDP PLAN

2025 PDP for Standard Plan 037 Option 316

Group Plus Formulary - PDG 2

30 day Supplies

PDP Option Number	30 day Standard Retail from \$0 to Catastrophic (1)				30 day Standard Retail from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 108	\$10	\$30	\$60	33%	\$0	\$2,000

PDP Option Number	30 day Standard Mail Order from \$0 to Catastrophic (1)				30 day Standard Mail Order from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 108	\$10	\$30	\$60	33%	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Note: Plan covered insulin products will not exceed \$35 for a one-month supply no matter what cost-sharing tier it's on.

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.

Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.

Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offers at a higher cost than Tier 2 Preferred Brand drugs.

Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

90 day Supplies

PDP Option Number	90 day Standard Retail (3) from \$0 to Catastrophic (1)				90 day Standard Retail (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 108	\$30	\$90	\$180	N/A	\$0	\$2,000

PDP Option Number	90 day Standard Mail Order (3) from \$0 to Catastrophic (1)				90 day Standard Mail Order (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 108	\$0	\$60	\$120	N/A	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Footnotes

1 Catastrophic: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,000.

2 Part D MOOP (Maximum Out-of-Pocket): When the member's cost share plus the costs incurred for Part D drugs reimbursed through insurance or a group health plan reaches \$2,000, Humana pays 100%.

3 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.

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. Part D benefit parameters, regulated by the Centers for Medicare and Medicaid Services (CMS), can impact Part D benefits on an annual basis. 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.

HUMANA MEDICARE EMPLOYER PDP PLAN

2025 PDP for Standard Plan 037 Option 102
Group Plus Formulary - PDG 2

30 day Supplies

PDP Option Number	30 day Standard Retail from \$0 to Catastrophic (1)				30 day Standard Retail from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 2	\$5	\$30	\$60	33%	\$0	\$2,000

PDP Option Number	30 day Standard Mail Order from \$0 to Catastrophic (1)				30 day Standard Mail Order from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 2	\$5	\$30	\$60	33%	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.
Note: Plan covered insulin products will not exceed \$35 for a one-month supply no matter what cost-sharing tier it's on

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.
Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.
Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offers at a higher cost than Tier 2 Preferred Brand drugs.
Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

90 day Supplies

PDP Option Number	90 day Standard Retail (3) from \$0 to Catastrophic (1)				90 day Standard Retail (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 2	\$15	\$90	\$180	N/A	\$0	\$2,000

PDP Option Number	90 day Standard Mail Order (3) from \$0 to Catastrophic (1)				90 day Standard Mail Order (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
PDP 2	\$0	\$60	\$120	N/A	\$0	\$2,000

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Footnotes

1 Catastrophic: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches \$2,000.

2 Part D MOOP (Maximum Out-of-Pocket): When the member's cost share plus the costs incurred for Part D drugs reimbursed through insurance or a group health plan reaches \$2,000, Humana pays 100%.

3 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:

- 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,
- 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.

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. Part D benefit parameters, regulated by the Centers for Medicare and Medicaid Services (CMS), can impact Part D benefits on an annual basis. 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.

TAGCO
Sylvia Mata
400 N LOOP 1604 E
SAN ANTONIO, TX 78232

Humana Medicare Employer PDP Plan Renewal

In signing this document, you are accepting the renewal, effective January 1, 2025, of the Group Medicare plan(s) submitted by your Humana Account Executive and described in the enclosed renewal package. **The new rate is effective January 1, 2025, as indicated in the Rate Sheet(s). It is important that we receive acceptance of your renewal no later than September 1, 2024. This will ensure we meet CMS requirements and provide on-time delivery of member materials.**

You, the Plan Sponsor, understand, acknowledge, and agree that:

- You have carefully reviewed the renewal package, including the 2025 Rate Sheet(s).
- Only individuals who meet the eligibility requirements of the plan are eligible to maintain coverage.
- Providing incomplete, inaccurate, or untimely information may void, reduce, or increase premium, or terminate an individual's coverage or the plan coverage.
- The Plan Sponsor can subsidize different premium amounts for different classes of enrollees in a plan provided: 1) such classes are reasonable and based on objective business criteria, such as years of service, date of retirement, business location, job category, and nature of compensation (e.g., salaried vs. hourly), 2) the premium cannot vary for individuals within a given class of enrollees, and 3) the Plan Sponsor must pass through any direct subsidy payments received from CMS to reduce the amount that the beneficiary pays (or in those instances where the subscriber to or participant in the plan pays premiums on behalf of a Medicare eligible spouse or dependent, the amount the subscriber or participant pays). With regard to the Part D premium, different classes of enrollees cannot be based on eligibility for the Part D Low-Income Subsidy (LIS).
- With regard to the Part D premium, the Plan Sponsor cannot charge an enrollee for prescription drug coverage provided under the PDP/MAPD plan more than the sum of his or her monthly beneficiary premium attributable to basic prescription drug coverage and 100% of the monthly beneficiary premium attributable to his or her non-Medicare Part D benefits (if any).
- If plan enrollees are entitled to a reduction of their premium as Part D LIS enrollees and Humana receives a Low-Income Premium Subsidy for such enrollees, Humana will pass the Low-Income Premium Subsidy amount through to the LIS enrollees to reduce their premiums.

Organization: _____

Signature: _____

Title: _____

Date: _____

Important reminder:

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

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