



Humana Medicare Employer Plan – Premium Information

LOUDON COUNTY GOVERNMENT - PPO

Date: 7/24/2017
Plan Year: January 1, 2018 through December 31, 2018
 Humana Medicare Employer Plan
Plan Names: Traditional LPPO 079 058 with Rx3 \$5/\$30/\$60/33% from \$0 to ICL; \$5/35%/35%/35% from ICL to Catastrophic
Rx Formulary: Group Plus Formulary - 18800

Blended Rate (excluding ACA Health Insurer Fee)	\$187.89 Per Member Per Month
2018 Calculated ACA Health Insurer Fee	\$32.81 Per Member Per Month
Premium Adjustment/Rate Stabilization	(\$16.15) Per Member Per Month
Total Blended Rate	\$204.55 Per Member Per Month *

Traditional LPPO 079 058 Medical and Rx Benefit Overview

	(In-Network/Out-of-Network)
Deductible	None / None
Inpatient Acute Hospital	\$175 Copayment per Admission / 30% Coinsurance per Admission
Skilled Nursing Facility	\$50 Copayment (Days 21-100) / 30% Coinsurance (Days 1-100)
Physician Office Visits	\$5 Copayment / 30% Coinsurance
Specialist Office Visits	\$15 Copayment / 30% Coinsurance
Outpatient Surgical	\$50 Copayment / 30% Coinsurance
Ambulance	\$50 Copayment / \$50 Copayment
Emergency Room	\$65 Copayment / \$65 Copayment
Medical Maximum Out of Pocket	\$2,500 / \$5,000 Combined (Medicare Covered Services)
Prescription Drugs (Retail 30 day supply)	Rx3 \$5/\$30/\$60/33% from \$0 to ICL; \$5/35%/35%/35% from ICL to Catastrophic

*ACA Health Insurer Fee included in premium.

See attached sheet for rating assumptions and stipulations. The benefits presented above are a high-level summary. Please consult the summary of benefits for a more detailed list of covered services, member cost shares, services subject to deductibles and any plan limitations.

\$29.56 Increase