City of Longview

1525 Broadway
Longview, WA 98632
www.ci.longview.wa.us

LEOFF-1
Disability Board

Agenda

Wednesday, August 26, 2026 | **8:30 AM** | **2nd Floor, City Hall**

The City Hall is accessible for persons with disabilities. Special equipment to assist the hearing impaired is also available. Please contact the City Executive Office at 360.442.5004 48 hours in advance if you require special accommodations to attend the meeting.

To attend the meeting virtually use the link or information below:
Click here to join the meeting
Meeting ID: 269 837 824 466
Passcode: 998pKy

Or call in (audio only)
+1 213-631-2692
Phone Conference ID: 315 649 02#

1 CALL TO ORDER

2 ROLL CALL

3 CHANGES /REVISIONS TO THE AGENDA

4 PUBLIC COMMENT

5 APPROVAL OF MINUTES

26-00639 July 29, 2026 Regular Meeting

6 MEDICAL REIMBURSEMENT REQUESTS

26-00741 Request Pre-Approval of Hearing Aid Expenses - $5,800.00

26-00742 Request Pre-Approval of Hearing Aid Expenses - $5,900.00

26-00743 Request Pre-Approval of Hearing Aid Expenses - $1,599.99

7 APPROVAL OF BILLS

26-00640 August 2026 Medicare B Reimbursement - Total $9,712.90

26-00641 August 2026 Medical Bills (Regular) - Total $25,801.79

8 NEW BUSINESS

26-00646 Information Only - Rate Preview for Humana for LEOFF-1 Retirees effective January 2027

9 ADJOURNMENT

NEXT REGULAR MEETING - Wednesday, September 30, 2026 at 8:30 a.m.

LONGVIEW | WA

Agenda Summary

July 29, 2026 Regular Meeting

Attachments:
1. July 29, 2026 LEOFF Regular Meeting Minutes

City of Longview

1525 Broadway
Longview, WA 98632
www.ci.longview.wa.us

LEOFF-1
Disability Board

Minutes

Wednesday, July 29, 2026 | **8:30 AM** | **2nd Floor, City Hall, Small Conference Room**

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1 CALL TO ORDER

Chair Nichols called the meeting to order at 8:30 a.m.

2 ROLL CALL

Present: Jim Morkert, Fire Retiree Representative
Chet Makinster, Member-at-Large
Wayne Nichols, City Council Representative
Chris Bryant, City Council Representative

Absent/Excused: Don Barnd, Police Retiree Representative

Also Present: Dana Beck, Human Resources Specialist
James Goodman, Senior Assistant City Attorney
Tiffany Ostreim, Board Secretary

3 CHANGES /REVISIONS TO THE AGENDA

4 PUBLIC COMMENT

5 APPROVAL OF MINUTES

26-00478 June 24, 2026 Regular Meeting

A motion was made by Member Bryant, seconded by Member Morkert, to approve the June 24, 2026 Regular Meeting Minutes. The motion carried unanimously.

6 MEDICAL REIMBURSEMENT REQUESTS

26-00638 R-34 Request Approval of Long Term Care Costs

A motion was made by Member Morkert, seconded by Member Makinster, to approve R-34 Long Term Care costs. The motion carried unanimously.

7 APPROVAL OF BILLS

A motion was made by Member Morkert, seconded by Member Makinster, to approve the July 2026 bills as presented, reasonable, and medically necessary. The motion carried unanimously.

26-00479 July 2026 Medicare B Reimbursement - Total $10,011.50

26-00480 July 2026 Medical Bills (Regular) - Total $17,446.71

8 NEW BUSINESS

The Board discussed UNUM Long Term Care Insurance and nursing home. The insurance does not pay a nursing home for the whole month, instead, the benefit is prorated for the days of care received. The nursing home does not pro-rate.
The Board concurred that if this is the nursing home standard to charge for the whole month, R-22 will be reimbursed for the full amount charged minus the UNUM payment.

Member Makinster submitted his resignation. The city will advertise for the member at large position who must reside within the City of Longview to be appointed by the other four appointed and elected members of the LEOFF Board.

9 ADJOURNMENT

With no further business to discuss, Chair Nichols adjourned the meeting at 8:56 a.m.

Next Meeting
The next regular meeting of the LEOFF-1 Board is scheduled for Wednesday, July 26, 2026 at 8:30 a.m.

_____ _____
Wayne Nichols, Chair *Tiffany Ostreim, Board Secretary*

LONGVIEW | WA

Agenda Summary

Request Pre-Approval of Hearing Aid Expenses - $5,800.00

Attachments:
1. R-40 Hearing Aid Pre-Approval documents

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

SUBJECT: R-40 REQUEST PRE-APPROVAL OF HEARING AID EXPENSES

R-40 is requesting approval for hearing aid cost of $5800.00. An audiogram and hearing assessment from audiology appointment have been submitted along with a Medically Necessary form.

Action needed on this claim:

1. Make determination as to whether R-40 qualifies for reimbursement of hearing aid in the estimated amount of $5,800.00.

Documents included for review:

1. Audiogram & Hearing Assessment
2. Affordable Hearing Estimate.
3. Medically Necessary Form

R-40

Affordable Hearing

[redacted]

To whom it may concern.

We are requesting payment for a set of Starkey Edge AI 24 hearing aids for [redacted]. He has a sensorineural hearing loss (H90.3 diagnosis code) and a 58% loss in his right ear and 55% in his left.

Sincerely,

Keri Moonen

Keri Moonen, HIS #61037188

1066 14th Ave.
Longview, WA 98632
Ph: 360-232-8217
Fax: 360-232-8478

Affordable Hearing

1066 14th Ave Longview, WA 98632
Phone: 360-232-8217
Fax: 360-232-8478

03/04/2026

[redacted]

QTY	DESCRIPTION	UNIT PRICE	
1	Starkey Edge AI 24 (charger included)	$6800	
	First responder discount	-$1000	
1	TV Connector (accessory)	$0 Complimentary	
		SUBTOTAL	$5800
		SALES TAX	0
		TOTAL	$5800

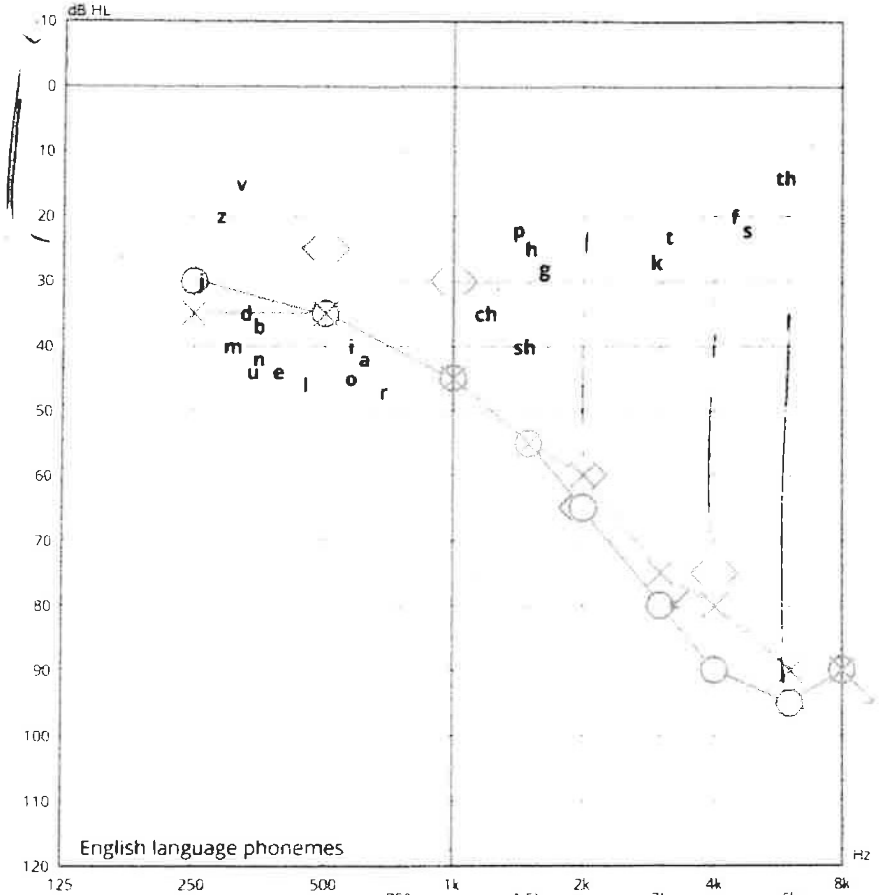
Provider Signature _____

Affordable Hearing

1066 14th Ave Longview, WA 98632
(360) 232-8217

[redacted]

1: Pure tone audiometry - 3/4/2026 11:58 AM



		125	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
AC R	Thr.		30	35		45	55	65	80	90	95	90
AC L	Thr.		35	35		45	55	60	75	80	90	N.R.
BC R	Thr.			25		30		65		N.R.		
BC L	Thr.			25		30		60		75		

	R	L	BIL
AC			⊗
AC	Mask.		△
UCL			
BC			
BC	Mask.		
FF			
FF	Mask		
FF	Aided		

Pure tones average

	R	L
AC	58.8	55
BC	48.8	47.5

Freq. (Hz): 500, 1k, 2k, 4k

2: Speech audiometry - 3/4/2026 12:07 PM

	dB HL	WRS1 Mask.	%	SRT dB HL	Mask.	MCL dB HL	UCL dB HL
AC R	70		64	55		70	90
AC L	65		84	50		65	90
AC BIL	65		72			65	

Speech material: NU 6

Keri Moonen #41037688

Keri Moonen, HIS

City of Longview

LEOFF-1

Reasonable and Medically Necessary Services

Completion of this form by the physician (or dentist) recommending treatment is required for the LEOFF-1 Disability Board to consider reimbursement requests for services not covered by insurance (dental, massage, acupuncture, etc). The retiree is responsible for submitting the form to the LEOFF-1 Disability Board with a completed claim form, invoice or estimate, explanation of benefits from insurance (denial of claim), & proof of payment. ***Procedures that are purely cosmetic and not medically necessary are not eligible for reimbursement. The City of Longview cannot pay providers directly – the retiree is responsible for making payment. Only procedures/services that are determined to be reasonable and medically necessary by the LEOFF-1 Board will be considered for reimbursement.***

PATIENT/RETIREE NAME: [redacted]

1. Name of physician/dentist and business/clinic address: Keri Moonen
Affordable Hearing 1016 14th ave. Longview, WA 98632

2. Condition requiring treatment: Hearing Loss

3. Summary of recommended services: Hearing aids

4. Are the recommended services purely cosmetic (yes/(no)) _____

5. Are the recommended services reasonable and medically necessary ((yes)/no): _____

6. Explain why you determined that the recommended services are reasonable and medically necessary:
Patient has a 58% hearing loss in his right ear and 55% loss in his left. This requires hearing aids.

7. Please provide the dates on which services were provided (if already provided):
Test performed on 3-4-26 - need approval to order hearing aids

8. If the treatment has not yet been provided, are there alternative treatment options? NO

9. What are the approximate costs of alternative treatment, if applicable?

N/A

10. Explain why these alternative treatment options were not chosen:

there is not another option to treat hearing loss

I swear under penalty of perjury that the above statements are true.

Li Morren, HIS
Physician/Dentist Signature

3.4.26
Date

Patient/retiree authorization for the release of this form to the City of Longview LEOFF-1 Disability Board (LEOFF Administrator Dana Beck and Board Secretary Tiffany Ostreim):

[redacted]
Patient/Retiree Signature

3/4/26
Date

LONGVIEW | WA

Agenda Summary

Request Pre-Approval of Hearing Aid Expenses - $5,900.00

Attachments:
1. R-41 Hearing Aid Pre-Approval documents

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

SUBJECT: R-41 REQUEST PRE-APPROVAL OF HEARING AID EXPENSES

R-49 is requesting approval for hearing aid cost of $5900.00.00. An audiogram and hearing assessment from audiology appointment have been submitted along with a Medically Necessary form.

Action needed on this claim:

1. Make determination as to whether R-41 qualifies for reimbursement of hearing aid in the estimated amount of $5900.00.

Documents included for review:

1. Audiogram & Hearing Assessment
2. Visit Notes with Estimate.
3. Medically Necessary Form

R-41

Hearing Aid Center · 1715 Bay Ave. #2 · Ocean Park, WA 98640 · 360-665-5881
License # HA60143052 · Bond S17155

PATIENT'S STATEMENT OF HEARING INSTRUMENT FITTING CHARGES

Name [redacted] Date 07-01-26

Address [redacted]

City [redacted] State [redacted] Zip Code [redacted]

Type of instrument(s) to be fitted (2) Oticon Intent BTE R, color Steel Gray, 3 year Service, repair, damage warranty - my service fee 1 year - one-time loss claim during warranty w/ deductible. Level 1 technology.

A minimum deposit of ½ of the instrumentation charge at time of order. Total Due 5900 —

Payment by Check Approximate delivery 2 weeks

Rebecca Winters — (X) [redacted] —

Dispenser's Printed Name Purchaser's Signature Date

NOTICE TO BUYER

Do not sign this agreement before you read it or if any spaces intended for the agreed terms are blank. You are entitled to receive a copy of this agreement at the time you sign it. The seller's business address must be shown on the agreement.

Section 1 CANCELLATION – WITHIN THREE DAYS Purchaser's Initial (X) JH

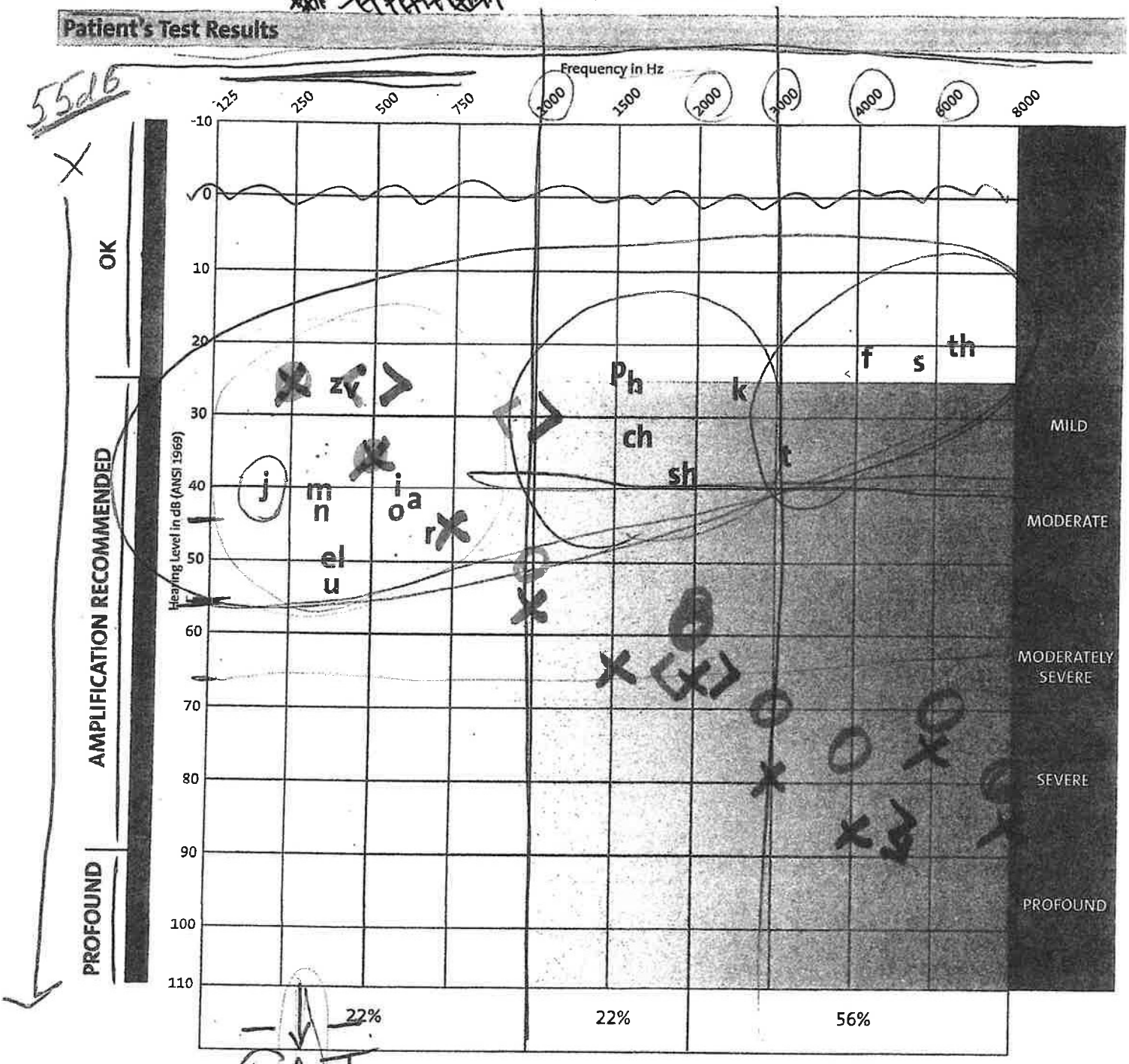
You many cancel this agreement within three days, without explaining your reasons, if the seller solicited it in person and you signed it at a place other than the seller's business address. To cancel this agreement without explaining your reasons, you must notify the seller in writing that you are canceling the agreement. You may deliver the written notice to the seller at the seller's business address. Alternatively, you may send the written notice by certified mail, return receipt requested, to the seller at the seller's business address. Your written notice must be mailed or delivered by midnight of the third business day after you signed this agreement. Any merchandise you received under this agreement must be in its original condition. You must return it to the seller or make it available to the seller at the same place it was delivered to you. The seller must refund to you all deposits, including any down payment, and must return to you all goods traded in as part of the agreement. You will incur no additional liability for canceling the agreement.

Section 2 RECISION – WITHIN THIRTY DAYS Purchaser's Initial (X) JH

You may rescind (or terminate) the agreement within thirty days, for reasonable cause. This thirty-day period is called the "recission period." To rescind this agreement, you must notify the seller in writing that you are rescinding the agreement for reasonable cause pursuant to RCW 18.35.185(1). (Reasonable cause does not include cosmetic concerns or a mere change of mind.) You may deliver the written notice to the seller at the seller's business address. Alternatively, you may send the written notice by certified mail, return receipt requested, to the seller at the seller's business address. Your written notice must be mailed or delivered by midnight of the thirtieth day after delivery of the normal wear and tear. You must return it to the seller or make it available to the seller at the same place it was delivered to you. The seller must refund to you all deposits, including any down payment, and must return to you all goods traded in as part of the agreement. However, for each hearing instrument you return, the seller may keep either one hundred fifty dollars or

07-01-26

Patient's Test Results



CAT

Hearing Aid Center
1715 Bay Avenue #2
P.O. Box 499
Ocean Park, WA 98640

SPEECH TEST RESULTS

EAR	UCL (dB HL)	MCL (dB HL)	SRT (dB HL)	WRS % CORRECT	WRS PRESENT LEVEL	PTA (dB HL)	
						L	R
RIGHT		65	45	56	65	51	30
LEFT		55	45	58	65		
BINAURAL	L R	L R			L R		

Test Environment
Ambient Noise Level (in dB SPL) _____

RESPONSE	Left	Right		Left	Right
Air Conduction Unmasked	X	O	Bone Conduction Mastoid Unmasked	>	<
Air Conduction Masked	□	△	Bone Conduction Mastoid Masked	⊐	⊏
UCL	⊓	⊓			

NO RESPONSE	Left	Right		Left	Right
Air Conduction Unmasked	X	O	Bone Conduction Mastoid Unmasked	↘	↙
Air Conduction Masked	□	△	Bone Conduction Mastoid Masked	↘	↙

Hearing Care Professional Rebecca Winters, HIS License No. HA 60143052

City of Longview

LEOFF-1

Reasonable and Medically Necessary Services

Completion of this form by the physician (or dentist) recommending treatment is required for the LEOFF-1 Disability Board to consider reimbursement requests for services not covered by insurance (dental, massage, acupuncture, etc). The retiree is responsible for submitting the form to the LEOFF-1 Disability Board with a completed claim form, invoice or estimate, explanation of benefits from insurance (denial of claim), & proof of payment. ***Procedures that are purely cosmetic and not medically necessary are not eligible for reimbursement. The City of Longview cannot pay providers directly – the retiree is responsible for making payment. Only procedures/services that are determined to be reasonable and medically necessary by the LEOFF-1 Board will be considered for reimbursement.***

PATIENT/RETIREE NAME: [redacted]

1. Name of physician/dentist and business/clinic address: Rebecca Winters Hearing Aid Center 1715 Bay Ave Suite 2 POB 499 Ocean Park WA 98631

2. Condition requiring treatment: Hearing Aids Don't work any more

3. Summary of recommended services: New hearing aid replacement due to Normal Wear + tear.

4. Are the recommended services purely cosmetic (yes/no): NO

5. Are the recommended services reasonable and medically necessary (yes/no): yes

6. Explain why you determined that the recommended services are reasonable and medically necessary:

~~Can't~~ can not Hear Without Them

7. Please provide the dates on which services were provided (if already provided):

7-1-26

8. If the treatment has not yet been provided, are there alternative treatment options?_____

9. What are the approximate costs of alternative treatment, if applicable?

I pd her $5,900 on 7-1-26

10. Explain why these alternative treatment options were not chosen:

I swear under penalty of perjury that the above statements are true.

Rebecca Whitten, HIS — 08-03-26

Physician/Dentist Signature — Date

License # HA 60143052

Patient/retiree authorization for the release of this form to the City of Longview LEOFF-1 Disability Board (LEOFF Administrator Dana Beck and Board Secretary Tiffany Ostreim):

[redacted] — 8-3-26

Patient/Retiree Signature — Date

LONGVIEW | WA

Agenda Summary

Request Pre-Approval of Hearing Aid Expenses - $1,599.99

Attachments:
1. R-51 Hearing Aid Pre-Approval documents

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

SUBJECT: R-51 REQUEST PRE-APPROVAL OF HEARING AID EXPENSES

R-51 is requesting approval for hearing aid cost of $1599.99. An audiogram and hearing assessment from audiology appointment have been submitted along with an estimate.

Action needed on this claim:

1. Make determination as to whether R-51 qualifies for reimbursement of hearing aid in the estimated amount of $1599.99.

Documents included for review:

1. Audiogram & Hearing Assessment
2. Costco estimate

2-5

COSTCO WHOLESALE

3125 QUEENSGATE DRIVE
RICHLAND WA 99352
(509) 579-3929

Member Copy
Do Not Slip Print

9701171800000575420

[redacted]
PRINT NAME OF USER

112010963966
MEMBERSHIP NO.

[redacted]
ADDRESS

6860318
PATIENT ID

[redacted]
TELEPHONE NO.

5575420

PRINT NAME OF BUYER (INDICATE IF BUYER IS THE SAME AS USER)

MEMBERSHIP NO.

ADDRESS

TELEPHONE NO.

Item Description	Item #	Model / Description	Manufacturer Warranty	Unit Price	Total Amount
Bundle	**2027784**	**Sennheiser Sonite Rise R-Li Pair with Charger**		**1599.99**	**1599.99**
Left Hearing Aid		*Sennheiser Sonite Rise RIC Digital* *Loss & Damage Warranty* *Battery Size Li-ion*	36 mths 36 mths		
Right Hearing Aid		*Sennheiser Sonite Rise RIC Digital* *Loss & Damage Warranty* *Battery Size Li-ion*	36 mths 36 mths		
Accessory		*Sennheiser Sonite Rise R-Li Premium Charger*	36 mths		
Left Receiver		Sonova M Receiver 5, 2	36 mths	0.00	0.00
Right Receiver		Sonova M Receiver 5, 2	36 mths	0.00	0.00
				Tax (if applicable)	Ø
				Total	$1599.99

Manufacturer warranty periods are noted above.

[Rev. 4/2/2024]

COSTCO HEARING AID CENTER

MARY E. COLLINS, BC-HIS; A.A.S.
Senior Hearing Aid Specialist
Lic. #HAS.0530

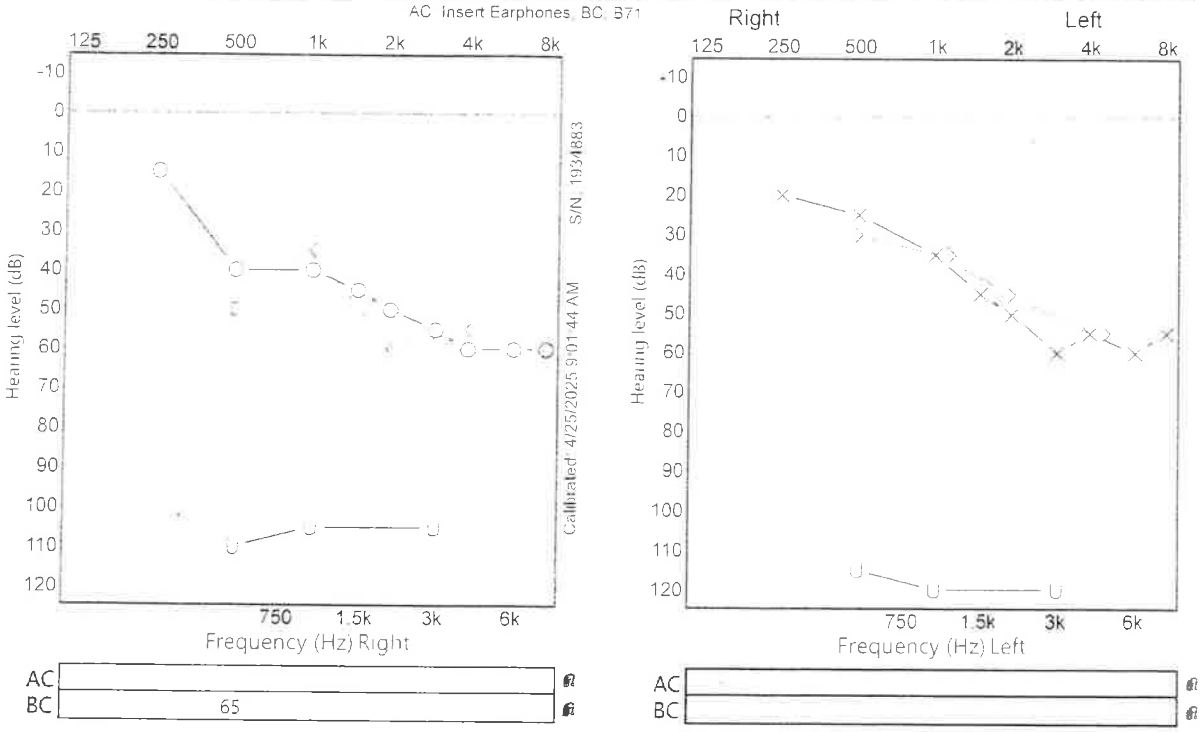
791 Marks St.
Henderson, NV 89014

702/352-2036
Fax 702/ 352-2019
w673aid@costco.com
www.costco.com

OTOsuite

COSTCO WHOLESALE

AUDIOMETRY 3/2/2026



Speech	SDT		SRT		WRS / SRS 1				WRS / SRS 2				MCL	UCL
	dB HL	[m]	dB HL	[m]	%	dB HL	[m]	S/N	%	dB HL	[m]	S/N	dB HL	dB HL
Right			50		100.0	75							65	100
Left			30		100.0	75							65	100
Bin														
Note	[1] NU-6 1A - Ordered by Difficulty					[2] NU-6 2A - Ordered by Difficulty								
Aided														
Note	[1]					[2]								

Legend

L	R	Masked
X	O AC	□ △
> <	BC	] [
S S	S SF	⊗ ⊘
M	M MCL	
U	U UCL	
↘ ↓	↙ NR	

PTA AC: 500, 1k, 2k
BC: 500, 1k, 2k
Aud Method:

Test	Ear	Type	SNR Loss	Lists	Category/Comments
1	Both	Standard	8	2	AC - Moderate SNR Loss

Directional microphones help. Consider array mic.

PTA (dB HL) / AI (%)

	AC	BC	AI
Right	43	48	19
Left	37	37	28

Reliability

Signed by: Mary Collins BC-HIS HAS 0530

LONGVIEW | WA

Agenda Summary

August 2026 Medicare B Reimbursement - Total $9,712.90

Attachments:
1. Medicare B August 2026 voucher list

Medicare Premiums August 2026

Code	Vendor #	NEW Vendor #	Year	
R59	000092	10004	2026	$202.90
R02	000122	10007	2026	$443.30
R05	000233	10014	2026	$443.30
R06	000278	10017	2026	$202.90
R34	000447	10031	2026	$188.90
R08	000465	10035	2026	$202.90
R09	000466	10036	2026	$202.90
R11	000632	10042	2026	$202.90
R28	000664	10045	2026	$202.90
R13	000666	10046	2026	$202.90
R14	000706	10049	2026	$202.90
R39	000740	10052	2026	$202.90
R40	000744	10053	2026	$202.90
R17	000827	10056	2026	$202.90
R64	000883	10058	2026	$202.90
R19	000963	10061	2026	$202.90
R44	001021	10063	2026	$201.90
R51	001106	10065	2026	$284.10
R29	001124	10066	2026	$202.90
R47	001226	10073	2026	$202.90
R21	001245	10075	2024	$174.70
R49	001402	10083	2026	$202.90
R23	001511	10087	2026	$202.90
R24	001631	10095	2026	$202.90
R25	001644	10097	2025	$174.70
R53	001685	10099	2026	$202.90
R63	001694	10101	2026	$202.90
R55	001714	10102	2026	$202.90
R56	001732	10103	2026	$202.90
R58	001823	10104	2026	$202.90
R26	002066	10124	2026	$202.90
R27	210058	11328	2024	$174.70
R18	210122	11331	2026	$202.90
R42	210489	11336	2026	$193.90
R48	211292	11346	2026	$284.10
R12	211809	11350	2026	$732.50
R43	216727	11383	2026	$202.90
R31	218105	11415	2026	$164.90
R33	218134	11417	2026	$202.90
R46	218350	11424	2026	$202.90
R41	223804	11544	2024	$164.90
R61	224982	11607	2025	$202.90
R15	226325	11703	2026	$202.90
				$9,712.90

LONGVIEW | WA

Agenda Summary

August 2026 Medical Bills (Regular) - Total $25,801.79

Attachments:
1. Reimbursement August 2026 Spreadsheet

August 2026 MEDICAL BILLS (Regular)			
Member	**Dental**	**Regular**	
R-08		$ 2,025.00	
R-22		$ 12,535.46	Last payment
R-29	$ 131.70	$ 477.88	
R-34		$ 9,973.70	
R-43		$ 200.00	
R-63		$ 458.05	
TOTAL	$131.70	$25,670.09	**$25,801.79**

Group Medicare Renewal

2027 Renewal Information

Thank you for being a loyal Humana customer. Our commitment to providing exceptional healthcare solutions remains unwavering, and we look forward to continuing our partnership. We are pleased to deliver the 2027 Group Medicare MAPD renewal for City of Longview. Attached to this PDF file you will find the following information for your review:

- 2027 Rate Sheet
- 2027 Plan Design Exhibit

We consider multiple factors when determining rates, including but not limited to claims experience and trend, benefit design changes, and CMS reimbursement updates.

For 2027, two key influences continue to shape rate development:
- The CMS Rate Announcement, which establishes Medicare Advantage and Part D reimbursement and funding parameters for the year, and
- The ongoing impacts of the Inflation Reduction Act (IRA), including continued evolution of the Part D benefit and funding structure.

2027 CMS Rate Announcement

Each year, the Centers for Medicare & Medicaid Services (CMS) updates Medicare Advantage and Part D prescription drug funding to reflect changes in healthcare costs, utilization, and federal policy. CMS finalized its 2027 Medicare Advantage and Part D payment updates in April 2026, and these changes take effect January 1, 2027.

What's Important for 2027

- +2.48% payment increase to Medicare Advantage plans for 2027. While the payment increase from CMS is higher, it is less than claims trends so Humana will be prepared to discuss strategies (plan design changes, formulary, etc.) and solutions.
- CMS paused implementing the new risk model overhaul (CMS-HCC) and will utilize the current framework with ongoing V28 phased updates
    - The model now calibrates differently for MA Prescription drug plans (MAPD) and Standalone prescription drug plans (PDP)
- CMS finalized regulatory changes relative to the exclusion of diagnosis from unlinked chart reviews within risk scoring
    - This policy applies to both medical and part D

CMS defined standard parameter changes:

Part D Parameters	2026	2027
Deductible (If applicable)	$615	$700
Out-of-pocket threshold	$2,100	$2,400

Humana places tremendous value on our relationship with the City of Longview. We will continue to explore ways to stabilize costs while providing the value and service that City of Longview and its retirees expect and deserve. We appreciate the trust and confidence you have placed in Humana and look forward to our continued partnership.

Next Steps

As you review the 2027 renewal, please let me know if you have any questions. If there are no questions, please sign the requested documents by 09/01/2026 and send back to me. We can then begin processing the renewal.

Sincerely,

Jessica Stolberg
Account Executive
Humana Group Medicare

Humana®

Humana
Group Medicare
Advantage

Humana Medicare Group Plan – Premium Information

CITY OF LONGVIEW - PPO

Date: 6/30/2026
Humana Medicare Group Plan

Plan Names: PASSIVE PPO 079 064 with Standard Rx331

PASSIVE WAIVER 079 064 with Standard Rx331

Rx Formulary: Group Plus Formulary - 27800

Additional Medication Buy-Ups: Cosmetics, Coughs and Colds, Fertility Agents, Vitamins, Weight Loss Agents Enhanced, EDs Enhanced

Plan Year	Final Billed Premium (Per Member Per Month)
1/1/2027 - 12/31/2027	$638.71

PASSIVE PPO 079 064 Medical and Rx Benefit Overview

	(In-Network Benefits match Out-of-Network Benefits)
Deductible	None
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)	Rx331 $0/$0/$0/$0 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.

Humana Group Medicare Advantage

Humana Medicare Group Plan – Rating Assumptions and Stipulations

CITY OF LONGVIEW - PPO

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 shall have the right to unilaterally adjust the proposed premium rates set forth in this rate sheet if:

i. a change in or clarification to Law affects Medicare Part C or D program costs or revenue;
ii. a natural disaster, pandemic, act of God or other cause beyond the reasonable control of Humana affects Medicare Part C or D programs costs or revenue;
iii. highly utilized specialty or high-cost drugs are introduced, or additional indications are added to such a drug resulting in an increase in the pharmacy allowed per member per month; or
iv. Humana determines that data provided and relied upon by Humana in development of the premium rates was inaccurate, incomplete, biased, misleading, or otherwise contributed to Humana underestimating actual plan expenses or revenue incurred by Group.

For purposes of this proposal, "Law" shall mean, "any federal, state, or local law, statute, regulation, ordinance, code, rule, order, or other similar requirement enacted, adopted, or enforced by a government authority, including, without limitation, Medicare laws and CMS regulations and requirements, including CMS manuals, CMS payment methodology, and other directives.

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 75% 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. This proposal assumes 40 currently enrolled members.

Humana's Medicare Advantage plan is the only plan offered. Additionally, there is no secondary plan wrapping around, coordinating with, 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 accumulators will be reset on January 1 each year.

We are pleased to present this Humana Group Medicare Advantage proposal to you and assume all information provided is accurate with the understanding if there is a material change from the provided information, including the offering environment, Humana has a right to revise or rescind the quote.

HUMANA MEDICARE EMPLOYER LPPO PLAN

2027 LPPO for Standard Plan 079 Option 064 - Passive

		2026		2027	
Annual Maximum Out-of-Pocket		• In-Network: $0 per individual per plan year (excludes Part D Pharmacy, Extra Services and the Plan Premium).		• In-Network: $0 per individual per plan year (excludes Part D Pharmacy, Extra Services and the Plan Premium).	
		• Combined In and Out-of-Network: $0 per individual per plan year (excludes Part D Pharmacy, Extra Services, Worldwide Coverage and the Plan Premium).		• Combined In and Out-of-Network: $0 per individual per plan year (excludes Part D Pharmacy, Extra Services, Worldwide Coverage and the Plan Premium).	
Annual Deductible		• Combined In and Out-of-Network: NONE		• Combined In and Out-of-Network: NONE	
		• Combined In-Network Exclusions: N/A		• Combined In-Network Exclusions: N/A	
		• Combined Out-of-Network Exclusions: N/A		• Combined Out-of-Network Exclusions: N/A	
Place of Treatment	**Benefit**	**Network Coverage Plan Pays (1):**	**Non-Network Coverage Plan Pays (1):**	**Network Coverage Plan Pays (1):**	**Non-Network Coverage Plan Pays (1):**
Primary Care Physician	• Office Visit	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
	• Surgical Procedures	100%	100%	100%	100%
	• Allergy Shots and Injections	100%	100%	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%	100%	100%
Specialist	• Office Visit	100%	100%	100%	100%
	• Advanced Imaging Services	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
	• Surgical Procedures	100%	100%	100%	100%
	• Diagnostic Colonoscopy	100%	100%	100%	100%
	• Podiatry Services (Medicare-covered)	100%	100%	100%	100%
	• Chiropractic Services (Medicare-covered)	100%	100%	100%	100%
	• Cardiac Therapy	100%	100%	100%	100%
	• Supervised Exercise Therapy (SET) Symptomatic Peripheral Artery Disease (PAD) Services	100%	100%	100%	100%
	• Pulmonary Therapy	100%	100%	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%	100%	100%
	• Radiation Therapy	100%	100%	100%	100%
	• Allergy Shots and Injections	100%	100%	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
	• Opioid Treatment Services	100%	100%	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%	100%	100%
	• Chemotherapy Drugs	100%	100%	100%	100%
	• Dental Services (Medicare-covered)	100%	100%	100%	100%
	• Hearing Services (Medicare-covered)	100%	100%	100%	100%
	• Vision Services (Medicare-covered)	100%	100%	100%	100%
	• Eyewear for Post-Cataract Surgery	100% •For eyeglasses and contacts following cataract surgery.	100% •For eyeglasses and contacts following cataract surgery.	100% •For eyeglasses and contacts following cataract surgery.	100% •For eyeglasses and contacts following cataract surgery.
	• Diabetic Eye Exam	100%	100%	100%	100%
	• Acupuncture Services (Medicare-Covered) for Chronic Lower Back Pain • Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.	•100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. - CLB309	•100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - CLB309	•100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. - CLB309	•100% for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. - CLB309
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	100%	100%	100%	100%

	• Colorectal Cancer Screening • Depression Screening • Diabetes Screening • Diabetes Self-Management Training • Glaucoma Screening • Hepatitis C Screening • HIV Screening • Immunizations • Kidney Disease Education Services • Lung Cancer Screening • Medicare Diabetes Prevention Program (MDPP) • Medical Nutrition Therapy • Obesity Screening and Therapy • Physical Exams (Routine) • Prostate Cancer Screening Exam • Smoking and Tobacco Use Cessation • STI Screening and Counseling • "Welcome to Medicare" Preventive Visit	100%	100%	100%	100%
Inpatient Hospital Services	• Inpatient Care (All Authorized Admissions)	100% per admission	100% per admission	100% per admission	100% per admission
	• Inpatient Physician Services	100%	100%	100%	100%
	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% per admission	100% per admission	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.	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%	100%	100%
Outpatient Hospital	• Surgical Services	100%	100%	100%	100%
	• Diagnostic Colonoscopy	100%	100%	100%	100%
	• Advanced Imaging Services	100%	100%	100%	100%
	• Nuclear Medicine Services	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
	• Radiation Therapy	100%	100%	100%	100%
	• Cardiac Therapy	100%	100%	100%	100%
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100%	100%	100%	100%
	• Pulmonary Therapy	100%	100%	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%	100%	100%
	• Chemotherapy Drugs	100%	100%	100%	100%
	• Renal Dialysis Services	100%	100%	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%	100%	100%
	• Partial Hospitalization	100%	100%	100%	100%
	• Intensive Outpatient Services	100%	100%	100%	100%
	• Opioid Treatment Services	100%	100%	100%	100%
	• Other Medicare Part B Drugs	100%	100%	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%	100%	100%
	• Observation Services	100%	100%	100%	100%
	• Outpatient Physician Services	100%	100%	100%	100%
Skilled Nursing Facility (SNF)	• SNF Care (no 3 day hospital stay is required)	100% per day (days 1-100) •Plan pays $0 after 100 days.	100% per day (days 1-100) •Plan pays $0 after 100 days.	100% per day (days 1-100) •Plan pays $0 after 100 days.	100% per day (days 1-100) •Plan pays $0 after 100 days.
	• SNF Physician Services	100%	100%	100%	100%
Urgent Care Center	• Urgently Needed Care	100%	100%	100%	100%
	• Lab Services	100%	100%	100%	100%
Emergency Room	• Emergency Services (2)	100%	100%	100%	100%
	• Emergency Room Physician Services	100%	100%	100%	100%
Ambulance	• Ambulance Services	100% per date of service •Limited to Medicare-covered transportation.	100% per date of service •Limited to Medicare-covered transportation.	100% per date of service •Limited to Medicare-covered transportation.	100% per date of service •Limited to Medicare-covered transportation.
Travel Benefit	• US Travel Benefit	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	N/A	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	N/A
Worldwide Coverage	• Emergency Services and Urgently Needed Care Only	N/A	80% after $100 deductible per year. Limited to emergency Medicare-covered services. $25,000 Maximum Benefit per year Or 60 consecutive days, whichever is reached first.	N/A	80% after $100 deductible per year. Limited to emergency Medicare-covered services. $25,000 Maximum Benefit per year Or 60 consecutive days, whichever is reached first.
Comprehensive Outpatient Rehabilitation Facility	• Pulmonary Therapy	100%	100%	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%	100%	100%
Freestanding Radiological Facility	• Advanced Imaging Services	100%	100%	100%	100%
	• Nuclear Medicine Services	100%	100%	100%	100%
	• Diagnostic Procedures and Tests	100%	100%	100%	100%
	• Radiation Therapy	100%	100%	100%	100%

Ambulatory Surgical Center	• Surgical Procedures	100%	100%	100%	100%
	• Diagnostic Colonoscopy	100%	100%	100%	100%
Freestanding Laboratory	• Lab Services	100%	100%	100%	100%
Dialysis Center	• Renal Dialysis Services	100%	100%	100%	100%
Home Health	• Home Health Care	100% •Excludes Personal Home Care.	100% •Excludes Personal Home Care.	100% •Excludes Personal Home Care.	100% •Excludes Personal Home Care.
DME Provider	• Durable Medical Equipment	100%	100%	100%	100%
	• Diabetic Monitoring Supplies	100%	100%	100%	100%
	• Continuous Glucose Monitor	100%	100%	100%	100%
Medical Supply Provider	• Medical Supplies	100%	100%	100%	100%
Preferred Diabetic Supplier	• Diabetic Monitoring Supplies	100%	N/A	100%	N/A
Preferred Pharmacy	• Continuous Glucose Monitor	N/A	N/A	100%	N/A
Prosthetics Provider	• Prosthetics	100%	100%	100%	100%
Pharmacy (Part B Only)	• Durable Medical Equipment	100%	100%	100%	100%
	• Medical Supplies	100%	100%	100%	100%
	• Diabetic Monitoring Supplies	100%	100%	100%	100%
	• Continuous Glucose Monitor	100%	100%	100%	100%
	• Other Medicare Part B Drugs	100%	100%	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%	100%	100%
Additional Telehealth Services	• Primary Care Physician - Virtual Visit	100%	N/A	100%	N/A
	• Specialist - Virtual Visit	100%	N/A	100%	N/A
	• Behavioral Health and Substance Abuse - Virtual Visit	100%	N/A	100%	N/A
	• Urgently Needed Care - Virtual Visit	100%	N/A	100%	N/A

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor.			
Extra Benefits (MSB)	• SilverSneakers®	Available	Available
	• Wellness Coaching	Available	Available
	• Smoking Cessation (Additional)	Available	Available
	• Post-Discharge Meal Program	Available	Available
	• Post-Discharge Transportation Services	Available	Available
	• Post-Discharge Personal Home Care	Available	Available
	• Virtual Cardiac Recovery Program (Uniformity Flexibility)	Not Available	Available
	• Transportation (Uniformity Flexibility)	Available	Available
Care Management	• **Clinical Programs/Disease Management (3)** *- Humana's Care Management* *- Behavioral Healthcare Coordination and Consultation* *- Medication Therapy Management* *- Health Coaching* *- Transplant Management*	Available	Available

(1) All coinsurance percentages are based on the Medicare fee schedule and not billed charges. All copayments are on a 'per visit' basis, unless otherwise noted.
(2) Emergency room copayment waived if admitted or if hospital is outside the U.S.
(3) We have provided examples of various Health Education and clinical programs. Actual programs may vary by market.

Go365® by Humana is included in this plan

A wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help your members establish and maintain a healthy lifestyle. As your members achieve manageable health goals, Go365 keeps them engaged and motivated by acknowledging their efforts. By completing healthy activities like walking, getting an Annual Wellness Exam, or volunteering, your members earn rewards they can redeem for gift cards in the Go365 Mall.

HUMANA MEDICARE EMPLOYER Rx PLAN

2027 Rx for Standard Rx 331
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

Plan/ Option	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		
000/000	$0	$0	$0	$0	$0	$2,400

Plan/ Option	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		
000/000	$0	$0	$0	$0	$0	$2,400

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

*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.

100 day Supplies

Plan/ Option	100 day Standard Retail (3) from $0 to Catastrophic (1)				100 day Standard Retail (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	$0	$0	$0	N/A	$0	$2,400

Plan/ Option	100 day Standard Mail Order (3) from $0 to Catastrophic (1)				100 day Standard Mail Order (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	$0	$0	$0	N/A	$0	$2,400

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 $2,400 (enhanced drug coverage claims are excluded from accrual towards the Part D MOOP), Humana then pays 100% of covered Part D Rx claims, including enhanced drug coverage.
2 Part D MOOP: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches $2,400 (enhanced drug coverage claims are excluded from accrual towards the Part D MOOP), Humana then pays 100% of covered Part D Rx claims, including enhanced drug coverage.
3 Retail and Mail Order: The benefit for a 100-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.

HUMANA GROUP MEDICARE ADVANTAGE/PRESCRIPTION DRUG PLAN
VALUE ADDED SERVICES

Effective Date: 01/01/2027 - 12/31/2027

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.

	Benefit	Description	2026	2027
Extra Services (VAIS)	• CAM Integrative Services Discount (Tivity) - Not available in Puerto Rico	Discounts for complementary and alternative medicine services including acupuncture, chiropractic, massage, vitamins, healthy meal plans, footwear and more. Services must be received from participating designated providers.	Available	Available
	• Dental Discount (Florida GoldPlus) - Available in Florida only	Discounts on dental services. Services must be received from participating dental providers.	Available	Available
	• Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico	Discounts on dental services. Services must be received from participating dental providers.	Available	Available
	• Healthy Hearing Discount (HearUSA) - Available in Florida only	Discounts on select hearing aids, accessories and hearing assistance products.	Available	Not Available
	• Hearing Discount (TruHearing) - Not available in Puerto Rico	Discounts on select hearing aids. Services must be received at participating hearing centers.	Available	Available
	• Personal Emergency Response System (Lifeline®Medical Alert Systems)	Discounts on select medical alert systems, medication dispensers and emergency response smartwatch.	Available	Available
	• Meal Delivery Discount (Mom's Meals)	Discounts on home delivered meals to help support nutritional needs.	Available	Available
	• Bill Management Service (Silver Bills)	Discount on monthly bill management services.	Available	Available
	• Dental Health (Truthbrush)	Discounts on toothbrush tracking devices that monitors dental habits and performance through the use of an app.	Available	Available
	• Vision Discount (EyeMed)	Discounts from participating providers on routine vision services such as: Exam, contact lens fitting and follow-up, lenses, frames and laser vision correction.	Available	Available
	• Travel Discount (International Medical Group)	Discounts on medical services and evacuation protection when travelling outside of the U.S.	Available	Available
	• Pet Telehealth (Petzey)	Discounts on unlimited pet telehealth visits.	Available	Available
	• Laundry Service Discount (Poplin)	Discount on select laundry services.	Available	Available
	• Total Wellbeing Discount (SWORKIT)	Discount on virtual wellbeing program.	Available	Available
	• Prescription Medication Discount	Discounts on select non-covered prescription drugs received from a network pharmacy (Quantity limits may apply).	Available	Available

Humana is a Medicare Employer plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

HUMANA GROUP MEDICARE ADVANTAGE
OUT-OF-NETWORK BENEFIT ADDENDUM

Plan Year 01/01/2027-12/31/2027

The benefit information presented here is current as of the date of this document and pending CMS approval. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor.

If the member receives covered supplemental services from a provider that is not in-network, they may be eligible for reimbursement. Reimbursement is limited to the benefit maximum and allowances described. All reimbursements are subject to verification of benefits, applicable plan rules, and review of submitted documentation. Humana reserves the right to request additional information or medical records as necessary to determine eligibility.

	Benefit	Out-of-Network Coverage Pays:	2026	2027
Supplemental Benefits	• SilverSneakers®	5% for out-of-network services received and submitted by the member.	Not Available	Available
	• Wellness Coaching	5% for out-of-network products/services received and submitted by the member.	Not Available	Available
	• Smoking Cessation (Additional)	5% for out-of-network products/services received and submitted by the member.	Not Available	Available
	• Post-Discharge Meal Program	5% for out-of-network post-discharge meals received and submitted by the member. Meals received out-of-network reduce the total number of meals allotted to the member per discharge event.	Not Available	Available
	• Post-Discharge Transportation Services	5% for out-of-network post-discharge transportation services received and submitted by the member. Services received out-of-network reduce the total number of rides allotted to the member per discharge event.	Not Available	Available
	• Post-Discharge Personal Home Care	5% for out-of-network post-discharge personal home care services received and submitted by the member. Services received out-of-network reduce the total number of services allotted to the member per discharge event.	Not Available	Available
	• Virtual Cardiac Recovery Program (Uniformity Flexibility)	5% for out-of-network services received and submitted by the member.	Not Available	Available
	• Transportation (Uniformity Flexibility)	5% for out-of-network uniform flexibility transportation services received and submitted by the member.	Not Available	Available
	• Hearing Services (Routine) (if available on plan)	5% for out-of-network products/services received and submitted by the member.	Not Available	Available
	• Personal Emergency Response System (if available on plan)	5% for out-of-network products/services received and submitted by the member.	Not Available	Available
	• Over-the-Counter Drugs CenterWell™ (if available on plan)	5% for out-of-network over-the-counter-drugs received and submitted by the member. Products received out-of-network reduce the funds allotted to the member per month/year.	Not Available	Available
	• Transportation (Routine) (if available on plan)	5% for out-of-network routine transportation services received and submitted by the member. Services received out-of-network reduce the total number of rides allotted to the member.	Not Available	Available

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

2027 Plan Year MAA Amendment

1. The purpose of this Amendment is to amend the Medicare Advantage Agreement currently in place with City of Longview ("Agreement").

2. This Amendment is effective **January 1, 2027** ("Amendment Effective Date").

3. The Agreement is hereby amended to add the following new section(s), which shall be incorporated into and made part of the Agreement effective as of the Amendment Effective Date:

- The relationship between the parties is solely one of independent contractors, and nothing in this Agreement shall be construed or deemed to create any other relationship between the parties, including one of employment, agency, partnership or joint venture.
- Providing incomplete, inaccurate, or untimely information may void, reduce, or increase premium, or terminate an individual's coverage or the plan coverage.
- Only individuals who meet the eligibility requirements of the plan are eligible to maintain coverage.

Eligibility and Enrollment

- Group shall offer enrollment in the Plan to Eligible Persons in compliance with all applicable Laws, including but not limited to, any applicable antidiscrimination Laws. For the avoidance of doubt, coverage under the Plan for Enrolled Members will not become effective until enrollment is confirmed by MAO.
- Group shall not change the timing of its open enrollment period
- Group shall not change any of its eligibility requirements for the Plan without the prior written approval of MAO.
- Group shall not permit actively working employees or their dependents to enroll in the Plan.

Termination by MAO

- If Plan Sponsor fails to pay premiums due under the Agreement within ninety (90) calendar days of the applicable Premium Due Date, MAO may immediately terminate this Agreement following the end of such ninety
    - (90) calendar day period upon written notice to Plan Sponsor.
    - MAO may terminate the Agreement for any reason effective upon the end of the current plan year (i.e., December 31) by providing at least ninety (90) calendar days advance written notice to Plan Sponsor.
- MAO may terminate the Agreement upon at least ninety (90) calendar days advance written notice to Plan Sponsor if Plan Sponsor breaches any provision of the Agreement and such breach remains uncured at the end of the notice period or if Plan Sponsor fails to comply with any applicable laws related to offering the Plans, including the requirements described in the Rating Assumptions and Stipulations below.

Dispute Resolution

- All questions as to the execution, validity, interpretation, construction and performance of this Agreement shall be construed in accordance with the laws of the state in which the Plan Sponsor is situated (the "Situs State"), without regard to conflict of laws or principles thereof. Except where arbitration is required by this Agreement, Group hereby consents to the jurisdiction of the courts the Situs State.

- All disputes arising out of this Agreement shall be submitted to binding arbitration conducted in accordance with the rules and procedures of alternative dispute resolution and arbitration established by the American Arbitration Association, except as modified hereby. Such arbitration shall be conducted before a single, mutually agreed upon arbitrator. The parties will agree to a schedule for exchange of relevant documents and discovery, and time frame for responding to reasonable document and discovery requests. The arbitrator shall, at least ninety (90) calendar days before the date set for the arbitration hearing, convene the parties for the purpose of identifying and narrowing the issues in dispute and confirming or setting forth the applicable procedures and time frames for discovery as required by the nature of the dispute.

Confidentiality and Nondisclosure

- Plan Sponsor and MAO agree to maintain the confidentiality of Enrolled Member identifiable information as required by Law, including but not limited to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA").
- Plan Sponsor and MAO may from time to time furnish each other with Confidential Information, written, oral or otherwise. Each party agrees it will use such Confidential Information only for the purpose of exercising its respective rights and responsibilities hereunder, and will not otherwise disclose any Confidential Information to any third party, employees, agents or representatives without the other party's written consent. Each party will use the same degree of care, but in any event no less than a reasonable degree of care, to avoid unauthorized use or disclosure of the other party's Confidential Information as that party uses to protect its own information of a similar nature.

  The confidentiality obligations set forth in this Agreement will not apply with respect to any information that: (i) the receiving party rightfully possesses at the time of disclosure by the disclosing party without a duty of confidentiality; (ii) the receiving party receives from a third party authorized to disclose such information without requirements of confidentiality; or (iii) that the receiving party develops independently of and without reference to the disclosing party's Confidential Information. In addition, the receiving party may disclose Confidential Information of the disclosing party to the extent that the receiving party is required by any applicable governmental authority to do so; provided, however, where permitted by Law, the receiving party gives the disclosing party prompt written notice of such requirement and reasonably cooperates with the disclosing party in attempting to contest or limit such required disclosures, as applicable.
- Plan Sponsor acknowledges and agrees that due to the unique nature of MAO's Confidential Information, there can be no adequate remedy at law for any breach of the Plan Sponsor's confidentiality obligations under this Agreement, that any such breach may result in harm to MAO, and that, therefore, upon any such breach or threat thereof, MAO will be entitled to seek appropriate equitable relief including, without limitation, injunctive relief.

Employer Group Waiver Premium Requirements

- 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).

- 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(LIPS) amount through to the LIS enrollees to reduce their premiums. When Humana does not directly bill the Part D enrollees, the Plan Sponsor must directly refund the amount of the LIPS to the LIS beneficiary.
- Regarding 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).

- This Agreement may be amended only by a writing executed by both parties.

- This Agreement, including the Attachments and amendments hereto and the documents incorporated herein, constitutes the entire agreement between MAO and Plan Sponsor with respect to the subject matter hereof, and it supersedes any other prior agreement, oral or written, between MAO and Group with respect to its subject matter.

Unless otherwise modified by the terms of this Amendment, the terms of the Agreement remain unchanged and in effect.

Humana.

Dana Beck
City of Longview
1525 Broadway
PO Box 128
Longview, WA 98632

Group Medicare Renewal Agreement

In signing this document, you are accepting the renewal, effective January 1, 2027, 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, 2027, as indicated in the Rate Sheet(s). For the terms of this renewal to become effective, Humana must receive acceptance of your renewal no later than September 1, 2026. This will ensure we meet CMS requirements and provide on-time delivery of member materials.**

The Agreement, made by and between City of Longview, (hereinafter after referred to as "Group") and certain Humana affiliates that offer or administer health plans, (collectively, "Humana") effective on November 12th, 2019, is here by amended as follows:

1. 2027 Plan Year Amendment
2. 2027 Rate sheet
3. 2027 Plan Design Exhibit

The attachments listed above, which are in the possession of Group and MAO, are made a part of this Amendment and incorporated by reference whether or not they are attached hereto.

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

- You have received, and reviewed the enclosed renewal proposal, including rate sheet(s) and Plan Design Exhibit(s). You have reviewed the included Rating Assumptions and Stipulations. Terms of the rate sheet(s) are incorporated herein.
- Except as expressly provided in this Renewal, all other terms and conditions of the Agreement remain unchanged and in full force and effect.
- This Agreement, including the Attachments and amendments hereto and the documents incorporated herein, constitutes the entire agreement between MAO and Plan Sponsor with respect to the subject matter hereof, and it supersedes any other prior agreement, oral or written, between MAO and Group with respect to its subject matter.

IN WITNESS WHEREOF, the parties hereto have caused this Renewal to be executed by their duly authorized officers or representatives as of the date first set forth above.

CITY OF LONGVIEW	**HUMANA**
BY:_____	BY: _____
PRINTED:_____	PRINTED:_____
TITLE:_____	TITLE:_____
DATE:_____	DATE: _____

GHHKSAMEN 062026