Proposal prepared for:

Jefferson Parish Government

Fully Insured Medical Plans, SOQ No. 22-021

Quote Date: June 7, 2022

Effective Date: October 1, 2022

Submitted by: Carla Cohran | Agency Relationship Manager | 225-397-0159 | ccohran@humana.com

Humana Offering Company Statement

The benefits outlined in this proposal are offered by the following company, hereafter referred to as "Humana:"

- Fully insured HMO plans in Louisiana are offered by Humana Health Benefit Plan of Louisiana, Inc.
- Fully insured PPO plans in Louisiana are offered by Humana Health Benefit Plan of Louisiana, Inc.

Humana Inc. is the ultimate parent company and not an offering company. Humana Inc. holds no insurance licenses or health plan licenses.

Humana has provided information and responses that are consistent with current internal policies and procedures; however, clients will receive the newest and most innovative solutions that Humana has to offer at the time of implementation.

Please be aware that Humana's responses include information that we consider proprietary and confidential in nature. Humana is pleased to provide our proposal and simply asks that it be treated as confidential. This information is released on the condition that it will be used for no purpose other than to evaluate Humana as a healthcare vendor and that Humana-specific data will not be sold or released for publication. Jefferson Parish Government's acceptance of this information is considered an agreement to these conditions.

Humana

June 6, 2022

Melissa Ovalle, Buyer
Jefferson Parish Government
Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, Louisiana 70053

Carla Cohran
Agency Relationship Manager
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Dear Ms. Ovalle:

We appreciate the opportunity to respond to Jefferson Parish Government's (the Parish) request for a proposal. This proposal contains detailed, cost-effective healthcare solutions that we believe offer the Parish the greatest opportunity to lower your healthcare costs and achieve your health and wellness goals. As part of our integrated care strategy, we focus on enhanced clinical capabilities, actionable data and analysis, and personalized service to enable the best possible experience and health outcomes for our consumers.

The offer we specifically developed for the Parish takes a customized, integrated approach, and includes the following coverage and benefits:

- **Medical**: Good health is about making the best health decisions possible. By offering consumer-choice benefits and broad network access, the Parish's employees will better understand their healthcare costs and options to make smarter, healthier decisions.
- **Pharmacy**: This fully integrated pharmacy benefit is uniquely positioned to close more gaps in care, better contain costs, and deliver a more seamless and robust member experience. We make it easy for members to find the right prescription at the most convenience pharmacy, for the right price.
- **Go365**: The need for well-being programs is at an all-time high as employers face increasing pressure to keep their workforce healthy. Our comprehensive wellness solution utilizes a variety of comprehensive health assessments and verifiable activities, as well as education and coaching support, to seamlessly address all aspects of a person's health.

Thank you for taking the time to review our proposal, which is structured in accordance with the provisions of your RFP. Please do not hesitate to call me at 225-397-0159 if you have any questions or need clarification regarding any aspect of this proposal.

We look forward to meeting with the Parish to discuss how we can partner in achieving your health and wellness goals.

Sincerely,

Carla Cohran

Carla Cohran
Agency Relationship Manager

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EXECUTIVE SUMMARY

Executive Summary

Simplifying the Healthcare Experience

When it comes to healthcare, we all have the same ultimate expectations. We want to make sure everyone has access to the resources and support they need to be their healthiest, whenever and wherever they need it. However, the complexity of the current landscape has created barriers throughout the patient-provider relationship. There are gaps—in terms of accessibility, affordability, technology, and the quality of care—that are affecting millions of people every day.

To ensure we give the Parish's employees and their families their best chance, we need to make sure the right information and resources get to the right parties 100% of the time, and as quickly as possible. At Humana, we believe in an integrated care delivery model that puts people's health at the center. We utilize the transformative power of technology to improve processes so providers can spend more quality time with patients. We're advocates treating the entire individual and not just their currently known issues. Most importantly, we empower healthcare providers in ways that help to ensure the best outcomes possible.

Expect More from Humana

Humana provides ***more than health insurance***–we deliver personalized, simplified ***human care***. It means replacing the traditional notions of health insurance and seeing people beyond their medical condition. It's our strategy for delivering personalized care, alleviating pain points, and driving positive change within the healthcare industry. In other words, **human care is not only *how* we're different, but *why* we're different**.

For over 60 years, we have encouraged members to proactively addresses health risks through preventive care and to use their benefits effectively. Humana continually invests in digital health solutions, product innovations, and network access to connect members to the best, most effective care. Our plans offer financially sustainable solutions built to reduce care costs, improve health outcomes, and foster a happier, healthier, more productive workforce.

Bold Goal in the Greater New Orleans – Orleans and Jefferson Parishes

Humana's Bold Goal is to improve the health of the people and communities we serve because by making it easy for people to achieve their best health. We address whole person health, and particularly Health-Related Social Needs (HRSNs), by co-creating solutions that seamlessly integrate clinical and social aspects of care. Through our Bold Goal, we are collaborating with nonprofit organizations, businesses, government leaders, and healthcare professionals. We are working to identify the root causes of poor health and build a stronger healthcare ecosystem that meets people where they are on their health and well-being journey.

Developing a Sustainable Infrastructure

Our Bold Goal strategy is focused on the creation of a sustainable infrastructure, integrating HRSNs into our clinical, home health and pharmacy capabilities – allowing physicians, clinicians and Humana care teams to address and impact an individual's whole-person health. As part of our clinical model, we developed and made tools available to support primary care physicians (PCPs)/clinicians, helping them screen and solve for food insecurity, social isolation, and loneliness. To further this work at the community level, we developed clinical partnerships with Ochsner Health, JenCare, Second Harvest Food Bank, March of Dimes (Maternal Health Equity), to advance population health, address social needs, and focus on co-creating initiatives to improve the health of individuals.

Addressing Health Related Social Needs

We recently launched the Humana findhelp platform, which is a social health access referral platform, Humana's white-labeled site, powered by findhelp. This is an active directory of resources across the United States that address the social needs of our members. Resources are shared via an online platform to enable finding and connecting to these resources. All programs listed are direct services that are free, reduced or have a sliding scale of costs.

Fostering Partnerships in Greater New Orleans Region

Humana collaborates with the Greater New Orleans Region, which includes Jefferson Parish and local community-based organizations to address social determinants of health (SDoH) and develop direct interventions to support their senior population and the most vulnerable. These community health linkages offer tools and resources to identify and address SDoH and connect those in need to resources, while simultaneously supporting community-based organizations providing services. Examples include:

- As part of the Greater New Orleans Bold Goal, including Jefferson Parish, we are using education and awareness to help improve health outcomes of the citizens in our community; as well as investigating and trying to alleviate economic challenges that include the lack of access to healthy food, shortage of affordable housing, inadequate education and limited workforce opportunities.
- Humana is focused on creating solutions that address disparities for more equitable care and health outcomes. With more than $16 million in community investments since 2019, and investments in March of Dimes partnership to impact moms and babies.
- As a top priority to provide access to behavioral health services in rural Louisiana, Humana continues to lead conversations with partner organizations, like National Alliance of Mental Illness (NAMI), to address the stigma associated with needing and seeking services.
- Other strategies for targeted interventions that improve health quality and outcomes in Louisiana include identifying and addressing key SDoH.

Enabling Interventions

Humana is in a unique position to support key social needs like food, social support and transportation through health plan benefits, community health linkages, and services that address the whole-health needs of individual members. Humana leverages strong coordination and our partnerships to address health equity and SDoH in communities across the country. Responding to the needs of the community reveals that Humana is more than a health plan but a partner in human care for the state of Louisiana.

Medical Coverage

Our medical coverage is available in a number of product and plan design combinations to ensure each and every employer can offer the plan that best fits their population's needs and goals. The medical product solution we have specifically selected for the Parish includes:

- **PPO**: Our commercial PPO plans provide members the freedom to choose the provider they want. Through the ChoiceCare® Network, one of the largest healthcare provider networks in the United States, we offer access to more than 875,000 providers and 4,500 hospitals nationwide. These plans use financial incentives to encourage members to use network providers; however, members have the freedom to receive care from providers outside the network if they wish, and still receive benefits.
- **HMO Premier (Open Access)**: With an open access HMO plan, members are not restricted to a single PCP and are free to see any doctor in the HMO network who has committed to Humana's high quality standards. The plans offer very low out-of-pocket expenses similar to traditional HMO plans and

members do not receive any out-of-network benefits, except in emergencies. Although HMO Premier offers deeper savings over PPO networks, there are limited service areas.

- **Ochsner Total Care HMO/PPO (Accountable Care Network):** The Total Care network is a select network product created through a partnership between Humana and the Ochsner Health Network. Anchored by Ochsner hospitals, clinics and providers, the Total Care network offers access to 19 managed and affiliated hospitals and more than 2,000 participating physicians in the region. The managed and affiliated hospitals include St. Tammany Health System, Slidell Memorial Hospital, St. Charles Parish Hospital, and St. Bernard Parish Hospital. PCPs act as the members' quarterback for care; however, no referral is required to see a specialist. Members on the HMO plan do not receive any out-of-network benefits, except in emergencies.

Virtual Visits Powered by Doctor On Demand

As we all manage through the COVID-19 pandemic, access to telemedicine is an invaluable service to provide to your employees. By avoiding costly trips to the emergency room, your employees are able to safely get the medical answers they need. This low cost, flexible solution is ideal for non-emergent issues.

For most common ailments and issues, Doctor On Demand® can be the perfect answer. There's no waiting, no scheduling hassles, and your employees are able to avoid the overwhelmed hospitals. This virtual care solution brings board-certified physicians to your employees anywhere they have an internet-connected device with a camera, 24 hours a day, seven days a week. The typical wait time to see a health professional averages five minutes and the top-rated doctors are also able to order labs, screenings, and prescriptions as needed.

Through live video chats within the easy-to-use mobile app, members can get care for common conditions such as:

- Cough, cold, influenza, or sore throat
- Skin conditions
- Eye problems
- Upper respiratory infections
- Heart health

Behavioral health services are also provided through Doctor On Demand so members can visit board-certified psychiatrists and psychologists to get non-emergency care for depression, trauma, loss, stress, or anxiety. Members can typically schedule private appointments with a provider sooner than the average in-person visit, and see the same doctor for each online session.

Comprehensive Clinical Programs

Humana's comprehensive clinical programs support a healthier population, address the need for cost control, and deliver a better experience for both members and employers. We meet members where they are with services and targeted outreach that match their personal level of need – helping members stay well when they are healthy and navigate the healthcare system when they are not.

Our clinical care team builds a holistic view of each member from diverse data sources. We determine the right care model for each member by leveraging advanced analytics and predictive modeling that identify gaps in care and care intervention needs. This approach allows us to deliver fully integrated, connected care management solutions for the whole person.

We have also invested in technology and tools that effectively match the right members with the right clinical interventions, at the right time. All our clinicians work on the same state-of-the-art platform, which provides real-time, actionable information. This knowledge enables clinicians to engage members in order to optimize their well-being, reduce costs, and improve outcomes.

Comprehensive Chronic Condition Management Programs

Humana offers a wide array of chronic condition management programs positively impacting members with conditions such as coronary artery disease, heart failure, end-stage kidney disease, chronic kidney disease, asthma, diabetes, cancer, and rare diseases. Humana uses an integrated approach to provide support for members with chronic conditions to help reduce their costs. Members are generally managed by a single clinician, even if they have multiple chronic conditions. Every Humana member is screened for high acuity chronic condition management program participation using advanced proprietary algorithms. We identify participants through a variety of methods, including: medical and pharmacy claims review; Personal Nurses working with moderate acuity members; case managers' referrals; providers' recommendations; and self-referral.

While there are standard program components for each chronic condition management program, Humana tailors the coaching and education for each program to each member's needs. In addition, not only do most programs provide a set schedule of outbound nurse calls, but all programs provide 24-hour access to a nurse for questions or concerns.

Integrated Pharmacy Benefit Management (PBM) Services

We provide PBM services internally through CenterWell Pharmacy (formerly Humana Pharmacy), currently one of the largest PBMs in the country, managing approximately $18 billion in drug spend and processing more than 300 million prescriptions each year. We negotiated some of the lowest discounts in the industry in order to provide our members with access to approximately 67,000 pharmacies nationwide — including all national chains, major regional chains, and nearly 23,000 independent pharmacies.

Members can also order mail-delivery prescriptions through CenterWell Pharmacy and order refills by phone, fax, mail, our through our award-winning website and CenterWell Pharmacy mobile app. Our professionals review all prescription orders and pharmacists inspect each one to provide accuracy.

CenterWell Specialty Pharmacy allows us to provide high quality, lower-cost specialty medications to the Parish's specialty patients. Our nurses and pharmacists work closely with the Parish's members and their doctors to help manage specialty medication therapy effectively. Specialty nurses may also refer members to other Humana programs and services as appropriate.

Humana's RxMentor® tool offers members an easy way to keep track of their medications (with pictures) and any known allergies all in one place, as well as inform them of ways to save money on their medications. Members simply populate their medication list using their previous claims and then may edit their list, insert notes about any medication, add over-the-counter (OTC) medications, and print the list to share with their doctor. Members can access this tool from **Humana.com** or download the RxMentor mobile app to manage their prescriptions anytime, anywhere.

Account Management

Humana's account management and implementation process is structured to ensure we deliver the Parish's employees a seamless, uninterrupted transition to their new medical plan. This process is led by your senior client executive, Candice Knaps, whose main objective is to ensure your satisfaction. Candice works with your benefits administrators to create well-being and engagement strategies to help you realize the full value of Humana's offering. Candice and your current account executive, Erin Dey, have worked closely together for 17 years. Together, this seasoned team will ensure a cohesive transition to Humana for all of the Parish's active employees and retirees.

We have also assigned Heather Orr, installation administration professional, to serve as your single point of contact, providing service on all of the Parish's plans to your benefits administrators, designated HR representatives, and agents, brokers, or consultants. Heather serves as your day-to-day contact for any service-related issues or concerns, assisting on items such as enrollment/eligibility submission or premium payment discussions, and they can engage other areas within Humana on your behalf, as necessary.

Additionally, the Parish will also work closely with Kristen Braud, consumer engagement professional, who works with your benefits administrators to create well-being and engagement strategies to help you realize the full value of Humana's offering. She will ensure you are able to fully engage in Humana's Go365 wellness program.

Reporting

To help you keep track of your employees' utilization of their benefits, we offer the following standard employer reporting capabilities:

- **Medical:** Our business intelligence platform, Humana Smart Insights, gives a comprehensive, end-to-end view of the Parish's health plan experience with personalized observations and consultative recommendations. Our annual report integrates member demographics, clinical participation, and medical/pharmacy utilization patterns compared to benchmarks and prior periods that can be used to improve results and achieve benefit goals.

  We also offer an online reporting tool and our partnership with Deerwalk, a Cedar Gate Company, has allowed us to launch expanded plan analytics and reporting. These robust tools offer innovative ways to analyze healthcare data, from both the clinical and financial perspective. Industry-standard reports focus on utilization and cost for areas such as places of service, diagnoses, procedures, providers and drugs. the Parish can leverage flexible and customizable reporting options to analyze trends in your healthcare spending and utilization by performing streamlined analysis.

Customer Care

Customer service is an integral part of Humana's consumer engagement efforts. From Humana's operational procedures to the recruitment and training of our Customer Care specialists, Humana is organized around a client-focused approach. As a consumer-centric company, we strive for proactive, personalized service through a key metric we brand internally as the Perfect Experience. This multifaceted approach to customer service encompasses:

- A focus on human capital, which begins with selecting the best talent and preparing and engaging those associates through extensive service orientation, practice, and ongoing training
- A commitment to developing a strong "outside in" perspective of every customer interaction, as well as the processes underlying those interactions

- A comprehensive call quality program that utilizes multiple methodologies to evaluate both associate performance and member satisfaction
- Direct feedback provided to all associates on the quality of their performance and the member reception (via outbound surveys to customers), and establishing opportunities for improvement

MyHumana

Every Humana member receives access to a personalized home page on **Humana.com**. Through the MyHumana portal, members can get information about their plans, coverage, claims, spending accounts, and wellness information. Compatible with all computers, mobile devices, and tablets, features of the site include:

- Administrative functions
- Benefits management functions
- Financial functions and decision tools
- Health and wellness resources

Mobile Capabilities

Through text, a phone's mobile browser, or Humana's mobile app, members have the ability to manage their healthcare needs virtually anywhere, anytime. The MyHumana Mobile app leverages features to deliver on-the-go resources, providing personalized resources such as:

- View claims, coverage, benefits, and ID cards
- View spending account balances
- Search for in-network providers or nearby urgent care facilities
- Receive medication reminders, refill notifications, or Health and Wellness Alerts via text messaging*
- Research drug prices or refill Humana Pharmacy prescriptions

**Message and data rates may apply.*

Humana can also partner with the Parish to creatively promote healthy, happy living for your members and their families. If desired, Humana can create a green strategy by providing much of our messaging electronically.

Summary

Through innovative products and services, Humana guides members in taking control of their health. The result is a better experience and lower healthcare costs for both members and employers. Humana looks forward to discussing in detail the solution developed specifically for the Parish.

MINIMUM QUALIFICATIONS

Minimum Qualifications

The following are mandatory requirements for all proposers that cannot be delegated to another entity and must be met by the actual entity submitting the proposal. Failure to meet any of these requirements at the time of the submission deadline will result in the disqualification of a proposal:

1. **Proposer must be licensed in Louisiana and in other states once it is known that a beneficiary has moved to or received services in that state. Please provide copies of all licensing credentials from the State of Louisiana with your proposal.**

   Confirmed. Humana's offering company is licensed to conduct business in the state of Louisiana for both HMO and PPO plans as follows:
   - Humana Health Benefit Plan of Louisiana, Inc.

   Please refer to Attachment A for copies of all licensing credentials.

2. **Proposer must have at least five (5) years of experience in providing the type of plans and services requested in this SOQ.**

   Confirmed.

   Fully Insured Medical Plans for Active Employees
   Humana has been offering medical plan benefits since 1982. As of January 2022, Humana provides medical and specialty benefits to more than 750 public sector commercial clients including municipalities and educational institutions, with approximately 139,729 members. The average duration of these groups, weighted by the number of employees, is approximately 17 years.

   Humana works hard to build long-lasting relationships within the public sector, which is evident through our current 98% retention rate. We make it a priority to offer multi-year guarantees and work with our book of business to control costs each year, because we understand the cost of procurement and benefit evaluation for the public sector.

   We also understand that health is local. Humana continues to scale our Bold Goal population health strategy to help the communities we serve be healthier by making it easier for people to achieve their best health. Louisiana is home to two active Bold Goal communities: Baton Rouge and New Orleans. To learn more about our strategic partnerships within these communities, please visit **populationhealth.humana.com/Louisiana**.

3. **Proposer must offer the type of plans and services as described in this SOQ to at least three (3) similar employer groups or municipalities with similar total members as Jefferson Parish Government, and provide as references.**

   Confirmed. The following clients have agreed to serve as references for Humana:

   Jefferson Parish Clerk of Courts
   2200 Derbigny Street, Suite 5600, Gretna, Louisiana 70054

Gina Perrin, Chief Deputy Clerk of Court
504-364-2846
Fully insured medical, dental, vision

St. Tammany Parish Government
21454 Koop Drive, Suite 2F, Mandeville, Louisiana 70471
Adrienne Stroble, Director HR
985-898-3015
Fully insured medical, dental, vision

St. Tammany Parish School Board
321 North Thread, Covington, Louisiana 70433
Gayle Adams, Broker
985-893-5519
Fully insured dental, vision, Group Medicare

Diocese of Lafayette
1408 Carmel Avenue, Lafayette, Louisiana 70501
Maureen Fontenot, HR Director
337-261-5526
Fully insured dental, vision

North Oaks Health System
15790 Paul Vega MD Drive, Hammond, Louisiana 70403
Jeff Jarreau, Chief HR Officer
985-230-6787
Self-funded medical, dental

RESPONSE TO SCOPE OF SERVICES

Scope of Services

General Services
Provide for full COBRA administration service for health, dental, vision and flexible spending account (FSA), including all required notifications as per the COBRA regulations, such as initial notice, final notice, late payment, early termination, legally required notifications, etc. and provide monthly payment reconciliation, notice to carriers and JPG of enrollment and terminations, etc. COBRA administration will include sending COBRA payments directly to various carriers and monthly reports to JPG identifying participants. JPG's responsibility will only be to provide a list of terminated employees weekly.

Humana does not administer COBRA but has negotiated discounted rates with several COBRA administers in the marketplace. This approach puts the Parish in the driver's seat, giving complete control to determine the best vendor to meet your COBRA administration needs at a discounted rate.

The Parish contracts directly with the COBRA administrator of your choice or can self-administer. With this arrangement, all COBRA administration fees are paid by the Parish directly to the COBRA administrator. To help the Parish with this, Humana has vetted three different COBRA administrators that will offer discounted rates to the Parish along with electronic connectivity with Humana to make processing COBRA elections: Benefits Outsource, Ameriflex, and Discovery Benefits. There is no obligation to work with one of these vendors.

The Parish has three options:
1. Work with one of the three vetted vendors and take advantage of the pre-negotiated discounts:
    - We will maintain inbound EDI file feeds between Humana and these COBRA administrators to accommodate elections
2. Work with another administrator of choice
3. Self-administer COBRA services

Provide a full-service Employee Assistance Program (EAP) to include at least three no cost face to face visits, unlimited telephonic consultations and referral to an in-network provider.

Confirmed. Humana's EAP and Work-Life Services empower people to find their proper work-life balance. We provide employees and their household members with confidential access to EAP professionals 24 hours a day, seven days a week who assess the person's needs, provide counseling and support, and connect them with the appropriate network provider and/or community resources. Resolving issues can help improve performance in the workplace by refocusing attention back on work and productivity, while reducing stress and absenteeism.

Our programs serve your entire organization, from the line employee to the executive. We listen to your needs and your employees' needs to shape our programs into a complete solution. By design, we aid the entire enterprise and ensure that people and systems continue to function optimally regardless of individual or organizational challenges.

For businesses. What makes Humana unique in the industry is how we partner with each organization to understand each distinct culture and address the specific issues their organization faces. Our Account Management team offers expert support keeps in constant contact with your program administrators. We

also understand the different needs of executives, managers, team leaders, and human resources, and find new and innovative ways to support each of these important roles. For managers and HR professionals, we help strategize and streamline operations so that their lives are also made easier.

For employees. We help employees and their household members with a wide variety of issues and challenges, (e.g., marital/couples, financial or emotional problems; depression and anxiety; personal and family matters; substance/alcohol abuse; parenting issues; etc.) that may be adversely affecting their performance. Through a holistic approach, our work-based intervention program determines the reasons behind employees' concerns and coordinates with all of Jefferson Parish's benefits to bring employees to the right services and solutions.

Provide a comprehensive Wellness Program to plan participants.

Confirmed. Our comprehensive wellness solution, Go365, utilizes a variety of comprehensive health assessments and verifiable activities, as well as education and coaching support, to seamlessly address all aspects of a person's health.

Every person's health is wholly unique. Therefore, a wellness program's likelihood to succeed depends upon its ability to evolve and contour to the member. At the foundation, Go365 creates a personalized experience, which outlines the journey of health as it's developed between Humana and each individual.

Based on the composite health risk profile, our individualized recommendations, and the member's interests and goals, each member helps build their own path to health that includes more than 30 verifiable activities. Each of these activities are statistically weighted with compensatory Points, based on the potential and significance of the impact on that specific member's health. We'll even help members stay accountable to this pathway through personalized email messages, push messaging, and direct mailings to remind them of specific goals and activities they should be undertaking along the way. Members can also participate in Go365's Healthy Life Coaching program and with one or more of our supporting coaching app partners.

Provide for the coordination and cost for employee health screening, under wellness coverage or other means, and for the communication of individual results and meaning.

Confirmed. Humana commits to the coordination of eight health screenings as requested. The following are provided for no additional cost to the Parish's members:

Health Assessment
There are multiple ways to begin participating in Go365, one of which includes completing a section of the health assessment. Accessible online at **Go365.com** or through the free Go365 App, this interactive tool can be completed in less than 15 minutes, and even in two-minute sections, rather than all in one sitting. The assessment gathers essential information about many health factors and behaviors measured within our program and benchmarks members' progress in the following key areas:

- Get active: Physical activity and fitness questions
- Eat better: Nutrition-based questions
- Live well: Lifestyle questions, such as tobacco and alcohol use
- Reduce stress: Stress-related questions

- Know your health: Biometric measurements and other screenings

Within the health assessment, there are questions about biometric screening measurements and an assessment of an individual's health. It also offers valuable insights into health risks. Some members may not have these measurements handy at the time of taking the survey. Members can still complete the Assessment without those values and once biometric screening results are available, we can incorporate those validated screening results into the individual's overall health assessment, overriding any self-reported values initially provided.

The Go365 Health Assessment also fully integrates with medical management services by automatically prompting a nurse to contact participants eligible for Humana's clinical programs. These programs include Humana's Healthy Life Coaching, the HumanaBeginnings® maternity program, the Personal Nurse® service, and various chronic condition or health management programs.

Individual Results
Upon completing the entire health assessment, members receive their Go365 Age, a weighted analysis of their current state of health that reveals whether a member's body is living older or younger than their actual age. Members also receive a detailed health report that explains their results in comparison to healthy ranges of various health categories and details steps they can take to improve their well-being by recommending actions to minimize or eliminate health risks and motivate positive lifestyle changes. Members can then review their online dashboard to see personalized wellness goals and recommended activities based on their health assessment responses and other profile information.

Biometric Screenings
A biometric screening is another one of the multiple ways to participate in the Go365 program. It serves as a big Points booster for those who get one. It provides an assessment of an individual's health and offers valuable insight into health risks. While simple to measure, these risk factors have great importance on long-term health. Validated biometric screening values override any self-reported values in members' health assessments. The measurements chosen for this assessment have proven through medical research to give participants an easy method to determine current health risks, and include the following:

- **Body mass index (BMI):** This calculation of height versus weight is a fairly reliable indicator of body fat for most adults.
- **Blood pressure:** While high blood pressure is directly tied to an increased risk for heart disease and stroke, it has no symptoms. Without being measured, it's almost impossible to detect, so the American Heart Association recommends all adults have their blood pressure checked at least once every two years.
- **Total cholesterol:** Maintaining healthy cholesterol levels directly helps lower the risk of heart disease and stroke.
- **Blood glucose:** Elevated blood glucose levels are not only tied to heart disease and stroke, but can also lead to type 2 diabetes**.**

Screenings can be set up through any of our more than 6,000 biometric locations, including Quest Diagnostics® Patient Service Centers, LabCorp Patient Service Centers, Kroger Company Family of Pharmacies, eHealthScreenings, and The Little Clinics®, or through any member's primary care physician (PCP). (Please note that only medical professionals licensed and trained according to state laws may perform

and submit the screenings and tests.) To locate a preferred clinic nearby, set up an appointment, or download an authorization form and voucher, members can visit **Go365.com**.

Compile and mail all plan related materials to all employees and covered retirees to be received prior to commencement of open enrollment on an annual basis. Materials will include plan summary, all-inclusive network provider list/booklet, prescription drug coverage information, material describing ancillary coverage, such as vision, etc. and letter to employees provided by JPG.

Confirmed. While enrollment materials are mailed/printed, all plan summary, network listings, and standard communication materials are provided electronically.

Mail all plan related materials, as stated herein, to Benefit Administrator upon request for distribution to new hires.

Confirmed. While enrollment materials are mailed/printed, all plan summary, network listings, and standard communication materials are provided electronically.

Complete enrollment and eligibility prior to the effective date of the contract by way of electronic transfer of data from current carrier.

Confirmed.

The Proposer must mail subscriber and dependent ID cards annually prior to the first of each year after open enrollment.

Confirmed. We mail the identification cards to the employee's home, unless a specific request has been made that the cards be sent to a different address. The Parish can request special handling during the sales negotiation process. ID cards are also viewable online through MyHumana on **Humana.com** and through the MyHumana mobile app.

Provide annual open enrollment support by providing a speaker at each employee and retiree meeting upon request.

Confirmed.

Manage claims by providing coordination of benefits, subrogation, Medicare coordination, and to challenge all disputed claims with providers, etc.

Confirmed.

Manage claims by offering services of utilization review, large case management, wellness, and disease management programs.

Confirmed.

Provide billing discrepancy reports monthly, beginning with the invoice of January 2023, within 45 days of receiving payment of a given month. If the Parish is notified beyond 60 days of the discrepancy, JPG will be allowed to make appropriate adjustments.

Confirmed. A premium discrepancy is monitored and communicated monthly to the Parish for prompt resolution. In order to resolve a premium discrepancy, the Parish may be asked to submit documentation, such as payroll records and previous correspondence.

Jefferson Parish Government will be allowed to make billing adjustments 90 days in the past.

Humana generally processes changes up to 60 days retroactively.

No commissions, bonuses or overrides will be paid to anyone for this account.

Confirmed.

Professional Services
Provide a network of physicians, hospitals and ancillary medical providers. Maintain a thorough, well documented credentialing procedure, and conduct an ongoing quality assurance program under the purview of a peer review committee.

Confirmed. Humana's HMO Premier Network is the largest HMO network available to our members, with over 900 PCPs within 100 miles of Jefferson, Louisiana. HMO members have the ability to see any participating provider and do not need to select a PCP. Our PPO plans are available nationally through our ChoiceCare network.

Providers applying for participation with Humana, or be listed in our provider directory, must submit a credentialing application and meet credentialing criteria prior to approval. Once initially credentialed, providers are recredentialed every three years.

Providers Subject to Credentialing Process
Practitioners subject to credentialing and recredentialing include, but are not limited to:

- Medical Doctors (M.D.)
- Dentists (D.D.S. and D.M.D.)
- Chiropractors (D.C.)
- Osteopaths (D.O.)
- Podiatrists (D.P.M.)
- Independently licensed behavioral health practitioners

Organizational providers subject to credentialing and recredentialing include, but are not limited to:

- Hospitals
- Skilled nursing facilities
- Home health agencies
- Free standing surgical centers
- Inpatient, residential, and ambulatory behavioral health facilities

Credentialing Application

The credentialing and recredentialing applications include the following information:

- Current state professional license number(s)
- Current Drug Enforcement Administration (DEA) and/or Controlled Dangerous Substance (CDS) certificate numbers
- Current Medicare provider number
- Professional education, training, and board certification
- Work history of five years
- Current professional liability insurance (PLI) coverage
- Clinical privileges at a primary participating hospital
- Signed and dated consent and release form
- An attestation that addresses the following:
  - Reasons for any inability to perform essential functions of the position, with or without accommodation
  - Lack of present illegal drug use
  - History of any loss of professional licenses and any felony conviction
  - History of loss or limitation of privileges or disciplinary activity
  - Current malpractice coverage with coverage and claims history
  - The correctness and completeness of the application

Credentialing Criteria

The decision to credential or recredential providers is based on the following criteria:

- Holds a current valid state professional license
- Holds a current federal DEA certificate and/or a CDS certificate, if applicable to profession
- Holds current PLI
- Has completed appropriate education and training for applied specialty
- Demonstrates appropriate history of employment and clinical practice
- Holds current clinical privileges in good standing at a participating facility, if applicable to profession
- Has acceptable liability claims history
- Represents sanction-free status by federal, state, and local authorities
- Demonstrates lack of physical or mental impairment, including impairments due to chemical dependency that may impair the practitioner's ability to practice or may pose a risk of harm to patients
- Demonstrates acceptable office survey results, if applicable

Credentialing/Recredentialing Verification Process

The credentialing and recredentialing process includes verification of the following:

- Current valid state license(s)
- Current valid DEA and/or CDS certificate (as applicable)
  - Board certification
- Education, training, and current board certification
- Work history
- History of professional liability claims that resulted in settlements/judgments
- State sanctions, restrictions on licensure, and/or limitations on scope of practice
- Medicare and Medicaid sanctions

Gathering Data for Recredentialing Process
We have routine mechanisms for the collection of provider performance information during the recredentialing process. Performance indicators are defined as the incorporation of available data and information from quality improvement activities. This information is collected by our Quality Management department and placed in the practitioner's file prior to the recredentialing decision.

Credentialing/Recredentialing Decision
The approval or denial of a provider's initial or recredentialing application is the decision of the credentials committee and is based on the provider's ability to meet the established criteria. Providers are notified in writing of the committee's decision within 60 days of the committee date. Providers who are denied credentialing or recredentialing may be eligible for reconsideration.

Provide utilization management services designed to authorize care with the fewest number of hospital days and/or elective surgeries such that quality of care and patient satisfaction are not reduced. Reviews to be conducted by staff consisting of registered nurses and a panel of physician advisors including specialists.

Confirmed. Humana's Utilization Management (UM) and case management (CM) programs are integral components of our clinical solution. The UM programs ensure members are admitted to the appropriate level of care per MCG®. CM ensures members receive the appropriate care during an inpatient event, through discharge, and aftercare. Before a member is hospitalized or receives certain types of care, our Health Services Outpatient UM teams complete a preauthorization, or if applicable, a retrospective review for medical necessity and/or length of stay. This gives us an opportunity to manage the care delivery by setting authorization standards for high-volume or high-risk procedures, such as experimental treatments. While a member is in the hospital, a designated team of case managers completes concurrent review to identify ways to enhance the member's care.

Our CM nurses also follow members after the hospitalization or procedure, providing discharge support to reduce the risk of readmission. These nurses help members by providing guidance and by identifying and recommending appropriate healthcare services most consistent with members' needs.

Across UM and CM functions, we apply MCG and Humana medical coverage policies as decision support tools. Details of MCG and our coverage policies are as follows:

- MCG is a set of nationally recognized, evidence-based clinical guidelines. These guidelines help determine the medical necessity and appropriateness of the admission, establish length of stay, and provide extensive notes and references to help support clinical positions.
- Medical coverage policies are guidelines developed by Humana to support clinical interventions across the continuum of care. The development and review process includes a search and evaluation of pertinent peer-reviewed medical literature, nationally accepted clinical practice guidelines, and consensus statements from professional organizations or governmental agencies.

Provide information on all programs that target treatment of chronic diseases, i.e., disease management. Discuss health assessment surveys, nurse interventions and health outcome data, different therapies used to treat different diseases and dissemination of data to network physicians.

Confirmed. Our approach to supporting members with chronic conditions is to provide various levels of support, matching intensity of support to the needs of members with ongoing health challenges (historically addressed through Disease Management Programs). Levels of support include the Personal Nurse service, Integrated Care Management for members with complex behavioral and physical health diagnoses, the Humana Cancer program, our focused Late-Stage Chronic Kidney Disease (CKD) and End-Stage Kidney Disease (ESKD) Management program offered through our vendor partners. Details of these programs are provided in Attachment C, Clinical Program Overview. Details on the member experience are provided below.

Identification

Humana employs multiple methods to identify members who could benefit from education and support. This multifaceted approach provides safety nets. We would much rather identify someone in multiple ways than miss an opportunity to help our members. The methods provide redundancy and are completely coordinated. The backbone of our identification is advanced predictive modeling to identify members who need support, and for whom we can have the greatest impact. By using medical and pharmacy claims data, along with other data elements such as behavioral and socioeconomic input, membership, participation in clinical programs, laboratory data, consumer data, hospital authorizations, and health survey data, this early identification allows our clinical programs to intervene before a major health event occurs.

Sophisticated algorithms allow for precise risk stratification, and members are queued for engagement first based on those members for whom we can have the greatest impact. Nurse queues are refreshed weekly to assure the members with the most need are prioritized for outreach. Clinicians throughout Humana can also make member referrals into our Personal Nurse program, HumanaBeginnings maternity management program, or other clinical program after review by Personal Nurse. Other methods of identification include:

- Direct System Rules and Triggers: We perform ongoing, real-time analysis of all members, as more information is continually added to the system. Certain factors and risk parameters trigger appropriate program outreach. In addition, key clinical data (e.g., post-discharge, emergency room (ER) events, out-of-range lab values) and clinical protocols alert clinicians when they can make a positive impact on the condition and a member's health. Ongoing risk stratification and assessment triggers the most appropriate level and intensity of intervention.
- Analysis of Care Gaps: Further, we consolidate all available data elements into a clinical profile for each member. This profile is monitored continuously through our rules engine, which systematically identifies members who should receive a Humana Health Alert. These alerts let members know about disease-specific care available to them and inform them of any gaps in care. Every Humana clinician has ready access to these care gaps and reviews these with our members to educate them on the need to close the gap and the reason for taking action.
- Lab Values: We have partnered with independent labs to receive not only the claim for a completed test, but also the actual lab value. Every Humana clinician has ready access to these while they are speaking with our members. However, lab values are not available for every member.
- Transition of Care: Changing insurance plans is often viewed as a stressful time, especially during intense medical treatment, such as chemotherapy. During the transition, we identify those in need of additional support, and have an established process that creates a smooth transition to the right program with the least amount of disruption for the member.
- Health Assessment Responses: By reviewing answers to a confidential lifestyle questionnaire, we can identify health risks and improvement options more quickly than by relying solely on claims data.

- Program-to-Program Referrals: We also identify potential candidates for chronic condition management through intra-program referrals, quality department nurses, behavioral health clinicians, provider referrals, and even referrals from Customer Care.

Member Outreach
Once a member is identified, they are then invited to participate in Humana's chronic condition management programs. Chronic condition management programs are "opt in," and participants must agree to be included. Members identified with the most significant need are invited to participate by outbound calls directly from their nurse, who makes at least two attempts to reach the member.

Member Participation
Once a member agrees to participate, the relationship begins. A registered nurse serves as the point person for the member, the providers, and other members of the care management team. Throughout the program, the participant works with the same clinician, who places agreed upon calls to the member and is available toll-free if any questions or concerns arise. We send a welcome letter with the nurse's business card attached. While each program is tailored to the individual and their needs, programs average two conversations per month. Members also receive automated letters, as well as online resources and drug compliance support.

The clinician completes a thorough assessment during a call with the member and documents the member's responses in our fully integrated clinical system, which is continuously monitored and tracked. Assessments include medication compliance, laboratory testing, current active treatment, past surgical procedures/hospitalizations, and physician visits. Our clinicians customize a tailored care plan to meet the participant's specific goals and needs, emphasizing self-care. The care manager uses evidence-based care recommendations and tools to help the member identify, set, and reach health improvement goals. If the member is not established with a PCP, the clinician will encourage and work with the member to become established with an in-network PCP. The clinician also works with the member on effective communication and barriers to obtaining an appointment as needed. Personal Nurse does not authorize services or provide direct patient care.

After several discussions, participants feel more in control of their condition and have a better understanding and more confidence in managing their health. With the support of our chronic condition programs, participants communicate better with their physicians and understand the value of following treatment plans. Recognizing that managing chronic illness involves more than just handling the disease's primary side effects, the programs provide a holistic, interdisciplinary structure. Care managers support the member in managing their disease and any comorbid conditions (like behavioral health), in addition to addressing any wellness concerns. Through our programs, members have the opportunity to take an active role in managing their unique conditions.

Administrative Services
Establish, maintain, and update Master Record file(s).
Prepare and print all plan documents:
a. Group Policy/ Plan Document
b. Policy amendments
c. Certificates
d. Summary Plan Description (SPD)

e. Summary of Benefits and Costs (SBC)
g. Other documents as may be required by federal state and local laws

Confirmed. While enrollment materials are mailed/printed, all plan summary, network listings, and standard communication materials are provided electronically.

Furnish all standard forms to be used in connection with the administration of the plan:
a. Enrollment Forms
b. Claim Forms
c. ID cards
d. EOBs

Confirmed.

Review, in a consultative capacity, summary plan descriptions and other similar material to be distributed to plan participants.

Confirmed.

Consult on plan provisions, plan design, impact of local, state, or federal legislation, new medical procedures/technology, emerging benefits trends, cost containment, and other ongoing services issues.

Confirmed.

Performance Standards
Proposer shall maintain the following performance levels, as applicable:
Eligibility Loading- Load all eligibility files into system within five (5) business days of receipt.
Measurement Criteria- Elapsed time from date file received to the date upon which the file is loaded to the eligibility system.

ID Cards -mailed within ten (10) business days after final member eligibility is received, system loaded and passes a quality assurance check. Measurement Criteria - Date ID cards are mailed.

Electronic "Claim Ready Date"- Electronic Claim Ready by the effective date or within twenty (20) business days after account structure is entered into the system, final member eligibility is received, and benefit plan design is finalized. Measurement Criteria - Date plan benefits and employee and dependent eligibility data is system loaded.

Claim Operations: Measurement Criteria- by standard claim operations reports:
Time to Pay- 90% of "non-controversial' or "clean" claims paid in ten (10) business days Financial Accuracy- 99% of submitted charges processed correctly

Procedural Accuracy- 95% of claims processed without non-financial error Penalties: The annual penalty for failure to maintain the performance levels above shall be:
Eligibility Loading $20,000
ID Cards $50,000

Electronic "Claims Ready Date" $50,000
Time to pay $50,000 for failure to pay 90% of claims within 10 days; Increase $5,000 per extra day to meet 90% standard to a maximum of 15 days and maximum of $100,000.
Financial Accuracy $100,000 for failure to process 99% of claims correctly; Increase $5,000 per 25% reduction in accuracy to 98% and maximum of $200,000
Procedural Accuracy $20,000 for failure to process 95% of claims without a Non-financial error; increase $5,000 per .50% reduction in accuracy to 93% and maximum of $40,000.

Please refer to Section X for our proposed performance guarantees.

Actuarial Services
Furnish quarterly expected paid and incurred claims estimate.

Confirmed.

Determine the estimated incurred but not reported (IBNR) claim liability at the close of each quarter.

Confirmed.

Furnish claim cost calculations for changes or proposed changes in the plans.

Confirmed.

Claims Processing Services
Maintain and update eligibility file.

Confirmed.

Administer the plans' Coordination of Benefits (COB) provision.

Confirmed.

Coordinate payment of benefits with Medicare when applicable.

Confirmed.

Review claims submitted for medical services that appear excessive and/or establish medical necessity for services rendered or expenses incurred.

Confirmed.

Make available the services of field claim consultants and/or professional services resources for the evaluation of complex claims.

Confirmed.

Maintain peer review relations.

Confirmed.

Discuss disputed charges with providers when appropriate.

Confirmed.

Must notify JPG of any and all PPACA changes and updates that will impact JPG financially and administratively.

Confirmed.

Maintain and store claim detail data elements for statistical analysis.

Confirmed.

Provide online and mobile claim viewing access to participants.

Confirmed.

Statistical Services
Summary claims reports.

Confirmed.

New Business Installation Services
Consult on new products, alternate health care delivery system, and healthcare cost management techniques.

Confirmed.

Participate in and/or conduct employee meetings as requested.

Confirmed.

Act as a liaison with administrative, technical services, and claims departments.

Confirmed.

If you are awarded the contract, you will be responsible for developing, printing and distribution of the required ID cards, claim forms, provider directories and employee booklets. Any cost for these services must be absorbed by the proposer.

Specifically, installation services include the following:

1. **Receive initial eligibility data via electronic transfer and provide enrollment and eligibility data to the Parish via electronic transfer or allow direct electronic access.**
2. **Prepare, submit for approval, and print employee ID cards, which will be distributed to covered employees, retirees and their eligible dependents by the effective date. ID cards will be distributed directly to the individual address that is on record.**
3. **Draft, revise, and finalize the policy, Summary Benefit Cost plan documents etc.**
4. **Provide all reasonable assistance, as may be requested, during the transition period, including participation at enrollment meetings.**
5. **Load all data for claim adjudication and ongoing plan management.**
6. **It is expected that your account executive or account manager or a specific team will assist the Parish in the on-going communication and administration of the program, including plan design and cost analysis in the event of new benefits being developed, or a change in the existing benefits structure. Ongoing assistance is required in administration, claim adjudication, monthly eligibility, enrollment meeting assistance, and general assistance.**
7. **The Parish will also request assistance with issues such as establishing the level of claim projections and the estimation of an appropriate level for incurred but not reported (IBNR) claims.**

Confirmed. While enrollment materials are mailed/printed, all plan summary, network listings, and standard communication materials are provided electronically.

Other Services
Provide a network of physicians, hospitals and other health care professionals and providers offering discounts or special fee arrangements to their normal service fee schedules.

Confirmed.

An agreement to provide eight (8) annual health fairs at which time screenings will be made available which includes: cholesterol, blood sugar, and blood pressure; booths set up with educational information on the following: exercise, nutrition, Rx, depression, and healthy cooking; health professionals available to answer questions.

Confirmed.

A dedicated nationwide toll-free customer service line specifically for employees of the Parish is required.

Confirmed.

Internet-based technology that will allow the Parish to perform on-line additions and terminations in real time, as well as having the ability to access reports.

Confirmed.

The Parish reserves the right to return to the top candidates to request a final proposal based on one or more components of the initial proposal. JPG reserves the right to negotiate certain terms and conditions relative to the contract.

Understood and agreed.

ATTACHMENT A

GENERAL PROFESSIONAL SERVICES QUESTIONNAIRE

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert "N/A" or "None" if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:
Fully Insured Medical Plans - SOQ No. 22-021
Resolution No. 139688

B. Firm Name & Address:
Humana
500 West Main Street
Louisville, Kentucky 40202

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

Carla Cohran, Agency Relationship Manager
225-397-0159
ccohran@humana.com

D. Address of principal office where Project work will be performed:
Humana Commercial Group Sales Office
One Galleria Boulevard, Suite 1200
Metairie, Louisiana 70001

E. Is this submittal by a JOINT-VENTURE? Please check: **YES** [ ] **NO** [✔]

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

2.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. Concentrix 44201 Nobel Drive Fremont, California 94538	Assist members with medication therapy with their refills at retail or Humana Pharmac	Yes
2. Conduent (formerly Xerox) 745 New Circle Road Lexington, Kentucky 40511	Mailroom services, paper claims/enrollment/correspondence	Yes
3. Doctor on Demand 600 California, Suite 15-019 San Francisco, California 94109	Telehealth Services	Yes
4. Fiserv 13100 North Promenade Boulevard Stafford, Texas 77477	ID card production	Yes
5. HealthHelp 16945 Northcase Drive, Suite 1300 Houston, Texas 77060	Radiology review services, radiation therapy management, cardiac consultation, and sleep apnea site of serivice optimization	Yes

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project:
6

J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

PROFESSIONAL NO. 1

Name & Title:

Carla Cohran, Agency Relationship Manager

Name of Firm with which associated:

Humana

Description of job responsibilities:

Develop, cultivate and maintain relationships with industry partners. Access client needs, assist in developing strategy and providing benefit solutions that yield customer satisfaction.

Years' experience with this Firm:

2

Education: Degree(s)/Year/Specialization:

Studied Business Management while attending Southern University; degree not completed at this time.

Other experience and qualifications relevant to the proposed Project:

Carla has 14 years of experience in the insurance industry, including wellness and benefit administration. While operating in various capacities such as benefit administrator, account manager and sales executive, Carla was responsible for all sales-oriented activities, marketing and advertising for 100+ clients just to name a few.

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Amanda Free, Director of Sales
Name of Firm with which associated:
Humana
Description of job responsibilities:
Develop strategy for client based on RFP request and work with internal and external partners to develop RFP response
Years' experience with this Firm:
9
Education: Degree(s)/Year/Specialization:
BBA Risk Management and Insurance, University of Georgia 2006
Other experience and qualifications relevant to the proposed Project:
Has worked in benefits since 2004 with both broker/consultants and Humana.

General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
Richard Bedingfield, Director Client Management
Name of Firm with which associated:
Humana
Description of job responsibilities:
Directing the overall financial and operational performance for fully insured and self-funded existing 100+ business for Georgia and Louisiana Markets as well as directing Humana's Georgia and Louisiana Consumer Experience Professionals.
Years' experience with this Firm:
2
Education: Degree(s)/Year/Specialization:
Richard holds a Bachelor of Science and Business Administration Degree from Florida State University.
Other experience and qualifications relevant to the proposed Project:
Richard has 20+ years of progressive insurance industry experience helping a wide range of organizations better protect and serve their employees through innovations in service delivery, product development, wellness, and analytical reporting. Richard joined Humana in September 2020 as Director of Client Management responsible for the financial, operational and service delivery performance for 100+ clients in Georgia and Louisiana Markets as well as supervising the Humana Consumer Experience Professionals within Georgia and Louisiana. Prior to joining Humana, Richard was the Director of Account Management for Aetna and Coventry for Key & Hospital Vertical Accounts within Georgia, Alabama, Mississippi, and Louisiana. His areas of responsibility include directing the overall financial and operational performance for major self-insured (ASO) clients, hospital system groups, and Key fully insured accounts ranging in size from 51 to 50,000. In addition, Richard supervised the local medical economics & reporting staff and local market Wellness Consultant personnel. His expertise includes highly custom network and benefit designs for large hospital system clients, physician groups, and large self-insured customers in addition to analytical reporting.

General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title:
Candice Knaps, Senior Client Executive
Name of Firm with which associated:
Humana
Description of job responsibilities:
Maintains positive relationships with customers by meeting regularly, negotiating renewals, creating and assessing client satisfaction, and serving as a consultant on additional product offerings.
Years' experience with this Firm:
16
Education: Degree(s)/Year/Specialization:
Bachelor of Science in Information Technology from the University of Phoenix.
Other experience and qualifications relevant to the proposed Project:
Candice has 33 years industry experience. Prior to joining Humana, Candice served as an operations and provider services representative with another insurance carrier where she coordinated special projects to ensure company policies were followed and key objectives were met.

General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title:
Kristen Braud, Consumer Engagement Professional
Name of Firm with which associated:
Humana
Description of job responsibilities:
Designs and executes individual wellness strategies to suit each client's needs. Attends enrollment meetings, biometric screenings, and wellness sponsor trainings to help drive engagement to each clients' goals.
Years' experience with this Firm:
3
Education: Degree(s)/Year/Specialization:
Bachelor of Science in Finance, May 2004, University of New Orleans.
Other experience and qualifications relevant to the proposed Project:
Kristen has been in the insurance industry since 2005. She has worked both on the broker/consultant and carrier sides of the business. Kristen has worked to educate groups and members on various topics such as COBRA, Healthcare Reform, FMLA, and wellness. Kristen is able to pull from her background to ensure a successful wellness strategy is in place to serve both the employer and employees.

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.	
PROJECT NO. 1	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
In addition to the medical references provided within our response, attached in this section are examples of a handful of other public sector customers 1,000+ where Humana administers medical benefits.	
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 2	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	**Description of Services Provided:**
Length of Services Provided:	**Cost of Services Provided:**

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	**Defendant:**	
1. *	*	*All material past, pending, or threatened litigation or regulatory proceedings have been disclosed in Humana's annual reports on Form 10-K and quarterly reports on Form 10-Q, available at www.sec.gov.
2.		
3.		
4.		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: Susan Schick **Print Name:** Susan D. Schick

Title: Segment President, Group and Military Business **Date:** May 6, 2022

List of Subcontractors (continuation of list from Section IV-Attachment A)

Humana performs all core services included in this proposal. We may utilize some external vendors to perform specific program and administrative services.

All of Humana's approved vendors undergo a rigorous due diligence process prior to doing business with us and are some of the best vendors used by most of the major insurance companies in the United States. All access to information within our systems is restricted, monitored, and carefully protected and is never stored or maintained outside of Humana's secure firewalls.

Vendors are subject to all of the same HIPAA privacy restrictions and IT security agreements as Humana and are regularly audited each year. We agree to assume all financial and operational responsibility for services performed on behalf of all insured groups, regardless of whether those services are performed internally by Humana or through an approved vendor. The following vendors may have contact with the Parish's members:

Vendor	Service Provided	Address
Higi	Kiosk Supplier	100 S Wicker Drive, Suite 100 Chicago, Illinois 60606
New Century Health	Oncology quality management	675 Placentia Avenue, Suite 300 Brea, California 92821
Oncology Analytics	Oncology quality management	8751 West Broward Boulevard, Suite 500 Plantation, Florida 33324
Optum Health	Therapeutic, musculoskeletal, and pain management review	11000 Optum Circle Eden Prairie, Minnesota 55344
OrthoNet	Therapeutic, musculoskeletal, and pain management review	600 North Pin Island Road, Suite 200 Plantation, Florida 33324
SS&C	Pharmacy claim adjudication services	80 Lamberton Road Windsor, Connecticut 06095
Village Health	ESRD support	2000 16th Street Denver, Colorado 80202
Virta	Diabetes Management/Reversal	501 Folsom Street San Francisco, California 94105
Zelis	Shared savings, supplemental network	744 Office Parkway St. Louis, Missouri 63141

While Humana's clinicians perform precertification/preauthorization review and retro authorizations in house, we also offer the Parish several enhanced UM programs for an additional fee, which are administered by our vendor partners. Many of these UM programs include a peer-to-peer consultation, and offer guidelines if there are opportunities to improve the patient's outcome or to increase quality/safety. We strive to make the services of each vendor as seamless for members as possible.

A listing of each Enhanced UM program and respective vendor partner includes:

- **HealthHelp:** Radiology Review services, Radiation Therapy Management, Cardiac Consultation, Sleep Apnea Site of Service Optimization
- **Oncology Analytics:** Oncology Quality Management
- **Cohere Health, OrthoNet and Optum Health:** Therapeutic, Musculoskeletal, and Pain Management Review (vendors vary by market)

General Professional Services Questionnaire – Additional Page

Professional No. 6
Name and Title: Heather Orr, Installation Administration Professional

Name of Firm with which associated: Humana

Description of job responsibilities: Heather, the assigned installation administration professional, establishes and manages relationships with internal and external clients. She coordinates end-to-end processes from the point of sale to ensuring that member data has been loaded into our system, ID cards are issued, claims are opened for processing and certifications are issued.

Heather's work assignments are varied and frequently require interpretation and independent determination of the appropriate courses of action:

- creates accurate and timely reporting of implementation data, status, and metrics
- serves as the control point for all requirements
- gathers and disseminates information to functional areas
- leads post-implementation stabilization processes, if applicable
- understands department, segment, and organizational strategy and operating objectives, including their linkages to related areas
- makes decisions regarding her own work methods, occasionally in ambiguous situations
- requires minimal direction and receives guidance where needed
- follows established guidelines/procedures

Years' experience with this Firm: 12

Education/Degree(s)/Year/Specialization: Bachelor's degree/2017/Deans List

Other experience and qualifications relevant to the proposed Project:

- 2006-2009: TRICARE Enrollment and Service Representative
- 2009-2010: Individual Life Insurance Sales Representative
- 2010 – Current: Humana Medicare sales coordinator, commercial sales coordinator, sales support representative, installation administration professional

Medical 1,000+ Clients

State	Employer Name	Effective Date	Members
Florida	City of Lauderhill	10/1/1999	1,044
Louisiana	St. Charles Parish School Board	5/1/2008	3,639
Kentucky	Northern Kentucky University	1/1/2008	2,492
Wisconsin	Kenosha County	1/1/2010	2,283
Wisconsin	Milwaukee Drivers H&W Trust Fund IBT Local 344	5/1/1998	9,224
Kentucky	Campbellsville University	7/1/2010	1,022
Ohio	Butler County	1/1/2022	2,729
Indiana	City of Jeffersonville	1/1/2009	1,168
Indiana	New Albany Floyd County Consolidated Schools	1/1/2012	2,194
Florida	Hillsborough Community College	7/1/2009	1,312
Florida	Hillsborough County Public Schools	10/1/1999	20,293
Florida	Hillsborough County Sheriff's Office	10/1/2008	7,711
Kentucky	Louisville Metro Government	6/25/2007	9,840
Texas	Judson Independent School District	1/1/2022	3,314
Texas	Southwest ISD	9/1/2020	1,545

ATTACHMENT B

INSURANCE REQUIREMENTS AND INDEMNIFICATION

Attachment B, Insurance Requirements and Indemnity

For commercial plans, Managed Care Indemnity, Inc. (MCII) provides General Liability, Professional Liability, Errors & Omission, and Malpractice for Humana Inc. and all of our subsidiaries. This policy is written with a $3 million limit on an occurrence form with no deductible.

Humana Inc. and all of our subsidiaries are covered by a blanket Fidelity policy with National Union Insurance with limits of $15 million and a $1 million deductible, which is written on an occurrence basis.

The coverages listed above is for Humana Health Benefit Plan of Louisiana, Inc. and does not extend to the Parish.

INDEMNITY

To the fullest extent permitted by law, Proposer, agrees to protect, defend, indemnify and save the Parish, its agents, officials, employees, volunteers or any firm, company, organization, or individual, or their Proposers, or subcontractors with whom the Parish may be contracted harmless from and against any and all claims, demands, actions, and causes of action of every kind and character including but not limited to claims based on negligence, strict liability, and absolute liability which may arise in favor of any person or persons on account of illness, disease, loss of property, services, wages, death or personal injuries resulting from acts or omissions of Proposer, its agents, employees, assigns, or subcontractors, during the operations contemplated by the contract.

This indemnity does not extend to the sole negligence of the Parish and the Proposer shall not be liable to the Parish for its lost profits or revenue or consequential damages except claims advanced in tort and/or claims advanced in contract due to the bad faith of Proposer. Bad faith shall mean a breach of some motive or interest of ill will on the part of the Proposer.

Further, Proposer hereby agrees to indemnify the Parish for all reasonable expenses including but not limited to all fees and charges of attorneys and other professionals and all court or other dispute resolution costs incurred by or imposed upon the Parish in connection therewith for any such loss, damage, injury or other casualty. Proposer further agrees to pay all reasonable expenses and attorneys' fees incurred by the Parish in establishing the right to indemnity pursuant to the provisions in this agreement."

Humana agrees to indemnify and hold the Parish harmless from and against damages, claims, or liabilities that arise as a result of acts or omissions on our part or the part of our employees in the performance of the contract.

Our contracts do not include a hold harmless provision that indemnifies the Parish for general legal action from members, employees, subcontractors, or other vendors. We do not indemnify the Parish as a result of the acts or omissions of third parties, including its members' service providers.

ATTACHMENT C

PROPOSED RATE FORM

ATTACHMENT C

Proposed Rate Form

JPG wishes to maintain the following:

Composite Rate structure

Active Employees	
Employee Only	**$865.39**
Employee and Spouse	**$1,903.84**
Employee and Child(ren)	**$1,644.24**
Employee and Family	**$2,682.69**

Retirees w/o Medicare	
Retiree Only	**$1,022.13**
Retiree and Spouse	**$3,270.81**
Retiree and Child(ren)	**$2,821.08**
Retiree and Family	**$4,599.58**
Surviving Child Only	**$1,566.36**

Rate Ratio

Active Employees	**Rate Ratios**
Employee Only	1.00
Employee & Spouse	2.20
Employee & Child(ren)	1.90
Employee & Family	3.10

Retirees w/o Medicare	**Rate Ratios**
Retiree Only	1.45
Retiree & Spouse	3.20
Retiree & Child(ren)	2.76
Retiree & Family	4.50

Proposals should also include rates that include the Parish's retirees over age 65 who are eligible for Medicare Parts A & B and those who are not eligible. The Parish does have some retirees who are over 65 and not eligible for Medicare.

Jefferson Parish Government

Effective Date: 1/1/2023
Rating Exhibit - Fully Insured
Situs State: Louisiana

COMMISSIONS: 0.00%

Proposed Plan One:

Product: Active
Network: HMO

Coins % Par/Non Par	80%	**PCP/SPC Copay**	$30/$45
Individual Annual Par Ded	$500	**Urgent Care Copay**	$75
Family Annual Par Ded	$1,000	**Hospital IP Copay/# Days**	Ded/Coins
Individual Par MOOP	$3,000	**Outpt Facility Copay**	Ded/Coins
Family Par MOOP	$6,000	**Emergency Room Copay**	$350
Non Par Multiplier	N/A	**Rx Plan**	10/50/75
Lifetime Max Benefit	Unlimited	**Mail Order Multiplier**	3X
Par Plan MOOP	$3,000	**Par Rx MOOP**	$3,000

Additional Information:
Comb Therap: $0 Copay first 3 visits for manip trtmnt & PT for new low back pain,then copay for subsequent visits.1 vis exam covered every 2 years @ PCP copay.1 Hearing Aid covered every 36 mos@Ded/Coins.Specialty Rx applies to relevant tier copays.

	Subscribers	Rates
Employee	1866	$865.39
Employee/Spouse	207	$1,903.84
Employee/Child(ren)	283	$1,644.24
Family	161	$2,682.69

Proposed Plan Two:

Product: Pre Retiree
Network: HMO

Coins % Par/Non Par	80%	**PCP/SPC Copay**	$30/$45
Individual Annual Par Ded	$500	**Urgent Care Copay**	$75
Family Annual Par Ded	$1,000	**Hospital IP Copay/# Days**	Ded/Coins
Individual Par MOOP	$3,000	**Outpt Facility Copay**	Ded/Coins
Family Par MOOP	$6,000	**Emergency Room Copay**	$350
Non Par Multiplier	N/A	**Rx Plan**	10/50/75
Lifetime Max Benefit	Unlimited	**Mail Order Multiplier**	3X
Par Plan MOOP	$3,000	**Par Rx MOOP**	$3,000

Additional Information:
Comb Therap: $0 Copay first 3 visits for manip trtmnt & PT for new low back pain,then copay for subsequent visits.1 vis exam covered every 2 years @ PCP copay.1 Hearing Aid covered every 36 mos@Ded/Coins.Specialty Rx applies to relevant tier copays.

	Subscribers	Rates
Employee	216	$1,256.81
Employee/Spouse	69	$2,764.99
Employee/Child(ren)	15	$2,387.95
Family	9	$3,896.11

Proposed Plan Three:

Product: Pre Retiree
Network: PPO

Coins % Par/Non Par	80/60	**PCP/SPC Copay**	$25/$45
Individual Annual Par Ded	$500	**Urgent Care Copay**	$75
Family Annual Par Ded	$1,500	**Hospital IP Copay/# Days**	Ded/Coins
Individual Par MOOP	$2,500	**Outpt Facility Copay**	Ded/Coins
Family Par MOOP	$7,500	**Emergency Room Copay**	$250
Non Par Multiplier	2X	**Rx Plan**	10/35/60/100
Lifetime Max Benefit	Unlimited	**Mail Order Multiplier**	3X
Par Plan MOOP	$2,500	**Par Rx MOOP**	$2,500

Additional Information:
Comb Therap: $0 Copay first 3 visits for manip trtmnt & PT for new low back pain,then copay for subsequent visits.1 vis exam covered every 2 years @ PCP copay.1 Hearing Aid covered every 36 mos@Ded/Coins.Specialty Rx applies to relevant tier copays.

	Subscribers	Rates
Employee	4	$1,110.25
Employee/Spouse	3	$2,442.53
Employee/Child(ren)		$2,109.45
Family		$3,441.75

Jefferson Parish Government

Effective Date: 1/1/2023
Rating Exhibit - Fully Insured
Situs State: Louisiana

Humana.

Medical Terms & Conditions:

MEDICAL

Administration

- Humana is the sole Medical carrier being offered.
- Final benefit plan(s) selection and premium rates require Underwriting approval.
- Medical benefits outlined in this Proposal represent a high level benefit summary, please refer to the Certificate of Coverage for a full description of benefits.
- Business will not be accepted if the Writing Agent or Agent of Record are not appropriately licensed and contracted to represent Humana. Both must be licensed in the state(s) indicated by the abbreviation in the products illustrated in this rate quote. Certain states also require appointment prior to selling your first case with an insurer.
- Humana requires any producer transacting the sale of insurance products on Humanas behalf to be contracted with Humana and appointed as Humanas agent in accordance with applicable law. The provision of this quoting information to the producer identified within this quote does not constitute an authorization of the named producer to solicit or otherwise transact the sale of insurance products on behalf of Humana, its affiliates, or subsidiaries. The provisions of this quote is intended for a producers informational purposes only and shall not be distributed further.
- Proposal includes Go365 program.

Eligibility

- Humana reserves the right to recalculate the rates if employee shifts between offered medical coverages would impact premium more than 5% in the aggregate from the Proposal.
- Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate your coverage. This guide is available at www.disclosure.humana.com or through your sales representative.

Financial

- An enrollment validation comparing the actual enrollment to the expected quoted enrollment will be completed. An adjustment will be applied, if needed, based on the actual participation level. If the actual participation level is 25.0% to 49.9%, an adjustment factor of 1.20 will be applied or if the actual participation level is less than 25.0%, an adjustment factor of 2.20 will be applied; the final adjustment factor is subject to State Regulations or Limits.
- Humana reserves the right to recalculate the rates if demographic changes which are age, sex, coverage type, geographic area, would impact premium more than 5% from the Proposal.
- Humana reserves the right to recalculate the rates for any Federal or State legislation, regulations or other rules or requirements that would impact premium.
- Humana reserves the right to recalculate the rates if the Employer funds more than 50% of the Medical plan's deductible.

Jefferson Parish Government

Effective Date: 1/1/2023
Rating Exhibit - Fully Insured
Situs State: Louisiana

COMMISSIONS: **0.00%**

Alternate Plan One:

Product:
Network: OCH PPO

Coins % Par/Non Par	80/60	**PCP/SPC Copay**	$30/$45
Individual Annual Par Ded	$500	**Urgent Care Copay**	$75
Family Annual Par Ded	$1,000	**Hospital IP Copay/# Days**	Ded/Coins
Individual Par MOOP	$3,000	**Outpt Facility Copay**	Ded/Coins
Family Par MOOP	$6,000	**Emergency Room Copay**	$350
Non Par Multiplier	2X	**Rx Plan**	10/50/75
Lifetime Max Benefit	Unlimited	**Mail Order Multiplier**	3X
Par Plan MOOP	$3,000	**Par Rx MOOP**	$3,000

Additional Information:
Comb Therap: $0 Copay first 3 visits for manip trtmnt & PT for new low back pain,then copay for subsequent visits.1 vis exam covered every 2 years @ PCP copay.1 Hearing Aid covered every 36 mos@Ded/Coins.Specialty Rx applies to relevant tier copays.

	Subscribers	Rates
Employee		$808.71
Employee/Spouse		$1,779.14
Employee/Child(ren)		$1,536.54
Family		$2,506.97

Jefferson Parish Government

Effective Date: 1/1/2023
Rating Exhibit - Fully Insured
Situs State: Louisiana

Humana.

Medical Terms & Conditions:

MEDICAL

Administration

- Humana is the sole Medical carrier being offered.
- Final benefit plan(s) selection and premium rates require Underwriting approval.
- Medical benefits outlined in this Proposal represent a high level benefit summary, please refer to the Certificate of Coverage for a full description of benefits.
- Business will not be accepted if the Writing Agent or Agent of Record are not appropriately licensed and contracted to represent Humana. Both must be licensed in the state(s) indicated by the abbreviation in the products illustrated in this rate quote. Certain states also require appointment prior to selling your first case with an insurer.

  Humana requires any producer transacting the sale of insurance products on Humanas behalf to be contracted with Humana and appointed as Humanas agent in accordance with applicable law. The provision of this quoting information to the producer identified within this quote does not constitute an authorization of the named producer to solicit or otherwise transact the sale of insurance products on behalf of Humana, its affiliates, or subsidiaries. The provisions of this quote is intended for a producers informational purposes only and shall not be distributed further.
- Proposal includes Go365 program.

Eligibility

- Humana reserves the right to recalculate the rates if employee shifts between offered medical coverages would impact premium more than 5% in the aggregate from the Proposal.
- Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate your coverage. This guide is available at www.disclosure.humana.com or through your sales representative.

Financial

- An enrollment validation comparing the actual enrollment to the expected quoted enrollment will be completed. An adjustment will be applied, if needed, based on the actual participation level. If the actual participation level is 25.0% to 49.9%, an adjustment factor of 1.20 will be applied or if the actual participation level is less than 25.0%, an adjustment factor of 2.20 will be applied; the final adjustment factor is subject to State Regulations or Limits.
- Humana reserves the right to recalculate the rates if demographic changes which are age, sex, coverage type, geographic area, would impact premium more than 5% from the Proposal.
- Humana reserves the right to recalculate the rates for any Federal or State legislation, regulations or other rules or requirements that would impact premium.
- Humana reserves the right to recalculate the rates if the Employer funds more than 50% of the Medical plan's deductible.

ATTACHMENT D

CARRIER QUESTIONNAIRE

Carrier Questionnaire (Attachment D)

1. **Name and address of parent company.**

   Humana
   500 West Main Street
   Louisville, Kentucky 40202

2. **How long has the company been in business?**

   Humana has been in business more than 60 years. Founded on August 18, 1961 by David Jones and Wendell Cherry, Humana started as a nursing home business, and later moved into the hospital business and, by 1980, had become the world's largest investor-owned hospital company. In 1983, we entered the medical insurance business and launched a health maintenance organization (HMO) designed to help employers control premium costs while at the same time providing better patient care coordination.

   In 1993, we spun off our hospital division as a separate publicly held corporation and then shifted our focus solely to health insurance products. Through the 1990s and early 2000s, we expanded our insurance product lines to encompass a broad continuum of member segments (e.g., individual insurance, Medicare, Medicaid, TRICARE, etc.) and a full line of specialty insurance products (e.g., dental, vision, life, STD/LTD, worksite voluntary, etc.).

3. **Name and address of local office. What is the size of your local staff?**

   The Louisiana Commercial Group Sales team is comprised of 16 individuals.

   Humana Commercial Group Sales Office address:
   One Galleria Boulevard, Suite 1200, Metairie, Louisiana 70001

4. **Provide the most recent A.M. Best or Standard & Poor's rating for your company.**

	Moody's	Standard & Poor's	Fitch	A.M. Best
Humana Health Benefit Plan of Louisiana, Inc.	Not Rated	A	A	A1

5. **How many members are being served by your company nationally and in Louisiana?**

Commercial Members	
National	1,078,449
Louisiana	46,994

6. **How many employers with 3,000+ employees are being served in Louisiana by you?**

   While we do not currently have any clients with over 3,000 commercial subscribers in Louisiana, we currently have a total of 1,111 commercial clients in Louisiana with two clients that have over 1,000 subscribers each.

7. **Where is your customer service office located?**

   Although many of our Customer Care specialists work from home, Humana has a Customer Care center located at 111 Merchant Street, Springdale Ohio, 45246.

   Humana's Customer Care center operates from 8 a.m. to 6 p.m., member time zone, Monday through Friday. Members dial the toll-free Customer Care line and calls are automatically transferred to the appropriate service center. Members also have access to an interactive voice response (IVR) system and Humana.com 24 hours a day, seven days a week.

8. **Provide three references that have similar dynamics to Jefferson Parish Government. At least one reference group should have gone through the respective enrollment process within the last two years. Include contact names, phone numbers and email addresses.**

   Confirmed. The following clients have agreed to serve as references for Humana:

   Jefferson Parish Clerk of Courts
   2200 Derbigny Street, Suite 5600, Gretna, Louisiana 70054
   Gina Perrin, Chief Deputy Clerk of Court
   504-364-2846
   Fully insured medical, dental, vision

   St. Tammany Parish Government
   21454 Koop Drive, Suite 2F, Mandeville, Louisiana 70471
   Adrienne Stroble, Director HR
   985-898-3015
   Fully insured medical, dental, vision

   St. Tammany Parish School Board
   321 North Thread, Covington, Louisiana 70433
   Gayle Adams, Broker
   985-893-5519
   Fully insured dental, vision, Group Medicare

   Diocese of Lafayette
   1408 Carmel Avenue, Lafayette, Louisiana 70501
   Maureen Fontenot, HR Director
   337-261-5526
   Fully insured dental, vision

   North Oaks Health System
   15790 Paul Vega MD Drive, Hammond, Louisiana 70403
   Jeff Jarreau, Chief HR Officer
   985-230-6787
   Self-funded medical, dental

9. **A provider network is a critical part of the medical plan; therefore, include provider directory with your proposal. Also, provide a GEO Access report using a standard of two (2) providers within ten (10) miles.**

   Following are the instructions for reaching our provider search tool:
   - Click on or type in this link: **Humana.com/finder/provider-directories**
   - Select the state needed
   - Scroll down for a list of each directory for each market and network

   Please refer to Section XI for the requested network accessibility reports.

10. **Describe the account management services and the team that would be responsible for handling the Parish account.**

    Humana's account management and implementation process is structured to ensure we deliver the Parish's employees a seamless, uninterrupted transition to their new medical plan. This process is led by your senior client executive, Candice Knaps, whose main objective is to ensure your satisfaction. Candice works with your benefits administrators to create well-being and engagement strategies to help you realize the full value of Humana's offering.

    Also, we have assigned an installation administration professional, Heather Orr, to work with the Parish. Heather will serve as your single point of contact during implementation and enrollment, work to ensure a smooth, seamless implementation, and engage internal contacts across Humana to facilitate resolutions for all other issues as necessary. After implementation, Heather will be the Parish's day-to-day contact for service-related issues or concerns. She will assist initially on day-to-day items, such as enrollment/eligibility submission or premium payment discussions, and will soft transfer to other areas as necessary. Member and provider inquiries are addressed through the Customer Care department at the phone number listed on the members' ID cards.

    Additionally, the Parish will also work closely with Kristen Braud, consumer engagement professional, who works with your benefits administrators to create well-being and engagement strategies to help you realize the full value of Humana's offering. She will ensure you are able to fully engage in Humana's Go365 wellness program.

    Please refer to Attachment G for biographies of our proposed Account Management team.

11. **Describe the support you would provide as part of a change in vendors. Provide an implementation and communication schedule showing tasks, allocation of responsibilities and personnel.**

    Humana's implementation process is structured to ensure we deliver the Parish's employees a seamless, uninterrupted transition to their new medical plan(s). This process is led by two key contacts:
    1. Your **senior client executive**, **Candice Knaps**, whose main objective is to ensure your satisfaction with the proposed medical plan(s). Candice works with your benefits administrators to create well-being and engagement strategies to help you realize the full value of Humana's offering. Candice

previously managed the current Medicare Advantage business with the Parish and is well versed in operations regarding the Parish's requirements.

2. Your **installation administration professional, Heather Orr,** serves as your single point of contact during implementation and enrollment.

Senior Client Executive

Candice works with your benefits administrators to lay out a successful implementation strategy, and then helps you follow it through. Together, they devise an appropriate action plan that maximizes engagements and inspires well-being among your employees and their families. She will be there for you every step of the way, from the point of sale through the effective date, ensuring everything goes according to plan.

During this process, her responsibilities include:

- Ensuring our enrollment systems adopt the Parish's information accurately
- Coordinating open enrollment meetings to deliver ongoing benefit education and improve employee engagement
- Providing printed enrollment materials as required or requested
- Reviewing the master Certificate of Coverage — which describes how members are covered under the plan — before it is posted online
- Coordinating all of the Parish's unique plan features with every affected area within Humana, including familiarizing our Customer Care team with your benefits plan
- Setting up billing processes that accommodate the Parish's schedule and requirements
- Answering all questions about our industry, services, and products

Installation Administration Professional

Heather will ensure any installation issues are addressed in a timely manner. She will work directly with the Parish to engage internal contacts across Humana to facilitate resolutions for all other issues as necessary. This simplifies the service experience by creating a trusted advocate to help the Parish by:

- Providing a dedicated contact who builds long-term relationships with your key personnel
- Demonstrating a commitment to excellence in service support
- Resolving issues promptly (generally within two business days) and providing thorough feedback

Heather is also available throughout the life of the plan to assist Candice and act as the day-to-day contact for service-related issues or concerns. They will assist initially on day-to-day items, such as enrollment/eligibility submission or premium payment discussions, and will soft transfer to other areas as necessary. Member and provider inquiries are addressed through the Customer Care department at the phone number listed on the members' ID cards.

Please refer to Attachment B for a sample implementation timeline that outlines responsibilities of the Parish and us, along with the milestone dates of the implementation process.

12. **Do you agree to comply with all of the proposal assumptions and requirements as outlined in this SOQ? If not, specifically explain how your proposal deviates from this.**

Indemnity
To the fullest extent permitted by law, Proposer, agrees to protect, defend, indemnify and save the Parish, its agents, officials, employees, volunteers or any firm, company, organization, or individual, or their Proposers, or subcontractors with whom the Parish may be contracted harmless from and against any and all claims, demands, actions, and causes of action of every kind and character including but not limited to claims based on negligence, strict liability, and absolute liability which may arise in favor of any person or persons on account of illness, disease, loss of property, services, wages, death or personal injuries resulting from acts or omissions of Proposer, its agents, employees, assigns, or subcontractors, during the operations contemplated by the contract.

This indemnity does not extend to the sole negligence of the Parish and the Proposer shall not be liable to the Parish for its lost profits or revenue or consequential damages except claims advanced in tort and/or claims advanced in contract due to the bad faith of Proposer. Bad faith shall mean a breach of some motive or interest of ill will on the part of the Proposer.

Further, Proposer hereby agrees to indemnify the Parish for all reasonable expenses including but not limited to all fees and charges of attorneys and other professionals and all court or other dispute resolution costs incurred by or imposed upon the Parish in connection therewith for any such loss, damage, injury or other casualty. Proposer further agrees to pay all reasonable expenses and attorneys' fees incurred by the Parish in establishing the right to indemnity pursuant to the provisions in this agreement."

Humana agrees to indemnify and hold the Parish harmless from and against damages, claims, or liabilities that arise as a result of acts or omissions on our part or the part of our employees in the performance of the contract.

Our contracts do not include a hold harmless provision that indemnifies the Parish for general legal action from members, employees, subcontractors, or other vendors. We do not indemnify the Parish as a result of the acts or omissions of third parties, including its members' service providers.

13. **Do you agree to administer the requested benefits plan as described? If not, specifically identify any variations in plan designs.**

    Humana agrees we can administer benefits substantially similar to those described in the Parish's summary submission, pending a complete review of the comprehensive written plan description and in light of current system capabilities.

14. **Please provide results from the following surveys for 2020/2021:**
    a. **Member Satisfaction**

       Net Promoter Score (NPS) is a well published consumer experience metric used widely across consumer and business sectors. Humana measures NPS on a number of levels, including after key transactions and touchpoints, as a best-practice way to understand the quality of interactions and how well expectations were met. We use this to continuously improve our customer and member experiences.

As a result of scores and feedback, Humana has made significant gains over the past year, including:

- Limiting Member Disruption – ensuring members can get the care they need when they need it
- Reducing Unnecessary Work – which in turn reduces additional efforts from our customers
- Operational Excellence – using technology to rethink routine and simplify processes to allow for ease in issue resolution
  - Example: Digitizing our enrollment platform through *Launch My Group* has allowed us to decrease the time it takes to load members into our systems by 80%, allowing day one access to care and eliminating a painful member experience
  - Example: Use of auto-renewal logic over the past two years has allowed over 80,000 Humana members to seamlessly get prescriptions at the point of sale. In real time, the system validates a drug is safe, the member has been regularly filling their prescription, and allows members to seamlessly get their prescription instead of receiving a denial during point of sale.

Humana also considers it a tremendous honor to be recognized for the experience we provide to our members.

b. Provider Satisfaction

Humana conducts an annual provider feedback survey that primarily focuses on the administrative aspects of Humana's relationship with providers. The survey measures satisfaction with timeliness and accuracy of claims payment, provider education on our policies and processes, issue resolution, helpfulness of website, etc. Additionally, we may periodically survey subsets of our provider network on specific needs (e.g., utilization management). These results are considered proprietary.

We also obtain provider feedback through periodic focus groups and provider advisory groups. In these groups, we seek provider input on various proposed Humana and healthcare industry trends. We also receive feedback through ongoing relationships with organizations such as the Medical Group Management Association.

c. Benefits Manager Satisfaction

We also provide an annual client satisfaction survey to be completed by designated members of the Parish's Benefits team. The survey addresses the overall program, including service, marketing, and account management. These results are considered proprietary.

15. For which services, and to whom, do you outsource the following:

a. Mental Health

These services are performed internally.

b. Laboratory

Humana contracts with ancillary providers for laboratory services.

c. Vision

These services are performed internally.

d. Prescription Drug

These services are performed internally.

We use CenterWell Pharmacy as our pharmacy benefits manager. Please note, Humana Pharmacy and Humana Specialty Pharmacy were rebranded to CenterWell Pharmacy and CenterWell Specialty Pharmacy effective June 2022.

Humana began offering pharmacy benefits in 1985 and opened our mail-order pharmacy in 2006 and our specialty pharmacy in 2009. Today, we provide pharmacy services for more than 11 million lives, process more than 430 million prescriptions annually, and manage approximately $26 billion in prescription drug spend. We employ more than 5,000 pharmacy associates, including 800 in-house pharmacists who focus solely on understanding prescription drug benefits and how they can support the member's total health. This approach helped us to grow into one of the largest PBMs in the country.

We achieved the No. 1 ranking for Mail Order Pharmacy customer satisfaction by J.D. Power in their 2021 U.S. Pharmacy Study. It marks the fourth year in a row that we captured the honor.

With Humana as the PBM for this offering, the Parish gains innovative expertise from a leading health insurance provider and the flexibility of a major pharmacy benefits partner.

e. Network Management

Humana contracts with various outsourced vendor providers to provide services including, but not limited to, laboratory, X-ray and diagnostics, home health, home infusion, DME, orthotics and prosthetics, dialysis, vision, chiropractic, physical medicine, and pharmacy. These contracted arrangements are made to ensure proper access to such services for members.

f. Utilization Management

Most precertification/preauthorization review and clinical claims review is performed in-house by Humana's clinicians. However, the list below includes clinical third party vendors that deliver services for our Enhanced Utilization Management (UM) programs. We strive to make the services of each vendor as seamless for members as possible.

- **HealthHelp:** Radiology Review services, Radiation Therapy Management, Cardiac Consultation, Sleep Apnea Site of Service Optimization
- **New Century Health and Oncology Analytics:** Oncology Quality Management (vendor varies by market)
- **Cohere Health:** Therapeutic, Musculoskeletal, and Pain Management Review

Additionally, we work with **Focus Health** for peer reviews of behavioral health service requests.

16. **What was your 2021 target Per Member Per Month (PMPM) medical cost for your network?**

    As this is included in our administration fee, there is not a separate network cost.

17. **What is your administration charge as a percentage of premiums for JPG?**

    3.73%

18. **What is the JPG pooling level and estimated pooling charge for 2023?**

    6.63%

19. **For what procedures do you offer Centers for Excellence program? Please provide a listing of locations utilized by procedure.**

    Humana offers our National Transplant Network as the Centers of Excellence program to members who need high-cost, highly specialized solid organ, stem cell, Ventricular Assist Devices for both Destination Therapy and Bridge-to-Transplant, and immune effector cell therapy. Each transplant facility in our network is chosen based on a review of the program's outcomes, annual volume, survival rates, and accreditation. We negotiate network contracts with leading transplant centers strategically located throughout the Unites States to best serve our members. Humana also continues to evaluate additional centers for participation in our National Transplant Network.

    In addition, since 1987, Humana's Transplant Management program has delivered dedicated transplant care managers (registered nurses) to help enhance members' quality of life, while helping them understand the transplant process, and get the most from their benefits in the most cost-effective way. Once members are identified and referred to the program, a dedicated care manager works with them and their providers during the planning stages, procedure, hospital stay, and for one year post-transplant.

    Please refer to the National Transplant Network website located at **humana.com/individual-and-family-support/benefits/health-resources/transplant-services** for a list of facilities in our National Transplant Network. Network providers are subject to change and vary by transplant type. The list includes the facility name, location, transplant service type, and program type (adult, pediatric). To confirm a facility's participation in the National Transplant Network, the member may call 1-866-421-5663.

20. **Is MD Anderson Cancer Center, located in Houston, TX, a network provider?**

    Yes, MD Anderson Cancer Center is currently in network for commercial PPO and NPOS only.

21. **What disease management programs do you currently have in place?**

    Humana's support for members with chronic conditions features disease-specific best practices (DSBP) for six priority conditions – diabetes, hypertension, depression and mental illness, congestive heart failure, coronary artery disease, and chronic obstructive pulmonary disease. These practices focus on

promoting healthy behaviors, resulting in quality outcomes and improved well-being. However, while we focus on these prevalent conditions, we treat the whole individual, not single diseases, and members need not have any of these conditions to engage in our programs.

Our approach is to provide various levels of support, matching intensity of support to the needs of members with ongoing health challenges. Levels of support include the Personal Nurse® service, Integrated Care Management for members with complex behavioral and physical health diagnoses, the Humana Cancer program, and our focused Late-Stage Chronic Kidney Disease (CKD) and End-Stage Kidney Disease (ESKD) Management program offered through our vendor partners.

Across Humana's care management programs, our goals are to:

- Maintain or improve member compliance on key quality metrics
- Help members avoid unnecessary emergency room (ER) visits and inpatient admissions
- Empower members to practice self-care and behavior modification
- Promote the physician/patient relationship and treatment plan
- Emphasize evidence-based guidelines to reduce symptoms and complications
- Provide education and increase knowledge of the disease
- Help members and their caregivers meet personally selected health improvement goals
- Show members how to get the most from their doctors' visits
- Encourage members to maximize their benefits by utilizing them intelligently

Personal Nurse

Personal Nurse serves as the primary program for members with chronic issues. This program is centered on motivational interviewing and behavior change, and develops a relationship with members to engage and empower them to achieve their best health. Our advanced predictive modeling tools target members based on their projected use of healthcare services, not solely on their current condition. Comorbid condition management also includes behavioral health issues such as depression, anxiety, PTSD, alcohol, and drug use, for which members are continuously assessed.

Our nurses are very specific in how they intervene with members to maintain or improve compliance with DSBP metrics. Personal Nurses will target specific evidence-based metrics known to improve disease outcomes to assist members with closing gaps. They will then document care plan goals and interventions to support the member's goals. We help members and their caregivers meet personally selected health improvement goals. In addition to addressing the member's knowledge of the disease, registered nurses support the development of healthy behaviors and coping skills. They also show members how to get the most from their doctors' visits. Clinicians provide personalized coaching, education, and care coordination, as well as suggestions for external resources.

The registered nurses will also tailor discussions to the member's needs, concerns, and readiness to change. The care manager and member work through ongoing conversations until the member reaches his or her health goals and can self-manage without scheduled clinician support. Even after the agreed upon calls stop, members can reach out to reconnect with the Personal Nurse program if needs arise. The relationships established as our clinicians work with members are a testament to the value our members see in our clinical programs.

The Personal Nurse may also re-establish the calls if a change in the member's condition is identified, and will call and assess the member's need for ongoing support and identify any new needs or goals the member may have. We help our members reach their best health possible by managing their condition, their environment, and their social situation.

Integrated Care Management
The Integrated Care Management (ICM) program is a telephonic care management program that provides holistic care to members with complex behavioral health and physical health diagnoses. ICM care managers provide an exceptional member experience by discussing member-specific health issues, challenges, and goals. While working with the member, the ICM care manager utilizes cognitive-behavioral interviewing techniques (motivational interviewing), which allows the member to explore ways to resolve ambivalent or conflicting feelings about changing behavior. This communicates respect for the member, is non-confrontational, supportive, and encourages honest dialogue.

ICM care managers elicit responses from members regarding reasons for change that are personally important to them, and help members to explore discrepancies between their words and actions. This is consistent with the member-centric focus of Humana's philosophy of care management. Although the ultimate goal is member self-management, ICM members often have chronic recurring conditions that require ongoing care management. The ICM program partners with members to further holistic care by:

- Assessing the interaction of both physical and behavioral health needs
- Collaborating with the member's providers and the member's support network
- Addressing gaps in care
- Finding resources and providers for all of their health needs
- Assisting in transitions and planning from different levels of care
- Educating on symptoms and coping skills

Humana Cancer Program
Because of the urgent nature of a cancer diagnosis, as well as the specialized treatment options, we developed a specialized program for members undergoing active cancer treatment. The program offers emotional support and education for members diagnosed with specific types of cancer and is provided by certified oncology nurses.

Our nurses focus one on one with members on their cancer disease process, and their plan of care. Our nurses work with members from diagnosis through completion of treatment, with the goal of helping them to manage not only the disease side effects, but any treatment side effects, as well. Nurses are also available to help participating members navigate the health care system as needs arise.

The program has six critical goals:

- Educate the member about the disease and how best to manage it
- Reinforce the prescribed plan of care from the member's doctor
- Assess and intervene to help alleviate negative side effects of therapy – both to increase the member's comfort and decrease ER and hospital admissions
- Monitor the member's compliance with medications and treatment schedule
- Help the member transition through active treatment to recovery
- Encourage the member in clinical decisions and when appropriate, end-of-life decisions

- Share internal and external resources with the member to help meet the member's social, financial, emotional, and physical needs.

Late-Stage Chronic Kidney Disease and End-Stage Kidney Disease Support
Late-Stage CKD and ESKD support is available for Humana members in many markets. Depending on location and condition severity, members may have access to care support via telephone or in-person at their home or dialysis center.

These comprehensive care coordination programs are designed to educate participants and coordinate the multiple facets of their care, including:

- Member assessment and care planning
- Case management and care coordination
- Member education (including medication compliance)
- Application of protocols and guidelines to prevent or control the development of comorbid conditions

Using nationally accepted practice guidelines, programs work with local nephrologists and dialysis centers to develop efficient care management for program participants. Care coordination promotes the most cost-effective use of resources by helping patients get the most appropriate healthcare, social, and support services.

In addition, Humana tracks member-months on dialysis, so it knows when commercial members are approaching the 30-month mark and should move to Medicare primary, provided they have Medicare coverage.

22. Describe your current Wellness Program options and results, including what programs are provided to assist in healthy living. Do you provide an onsite wellness program?

Go365® is a personalized wellness and rewards program that motivates your employees to achieve a healthier lifestyle and create a strategy for lifelong well-being. Our goal is to deliver the core elements of a wellness program in a seamless manner that is both motivational and easy to understand. The program educates members about potential risks associated with health and lifestyle choices specific to each individual. Combined with behavioral economics, personalized goals, and incentives, Go365 motivates members to make positive, sustainable lifestyle changes.

Our program is designed to effectively engage both low- and high-risk members by rewarding them for short-term activities that create long-term healthy behaviors. Go365 provides immediate, tangible feedback to indicate the health benchmarks a member has reached to encourage continued participation and offer guidance to help select their next goals.

We consistently measure and monitor to ensure the most effective outcome
One of the most attractive features of Go365 is that it is deeply rooted in verifiable data. Nothing is left to chance or based on the possible inaccuracies of self-reporting. In addition, a member's profile is updated automatically using data feeds and authorized forms so members can monitor their progress in near real-time.

We also provide employers with several reports that track employee engagement and progress towards improving the overall health of your company. We will work with the Parish to discuss any specific reporting needs outside of our standard reporting package.

The Go365 Member Experience
Go365 is simple to use and easy to navigate. We give members the tools and support they need to understand their current state of well-being and guidance on how to improve their total health. There are multiple ways to begin, including connecting a device and logging a workout, getting a biometric screening, or completing a health assessment.

Completing the personal Go365 Health Assessment
Our Go365 Health Assessment can be completed through the app or online in minutes. It gathers essential information about a member's health, and it provides a benchmark for members to measure their progress in key areas that relate to overall well-being, including:

- Medical history
- Weight, blood pressure, and other personal measurements
- Tobacco and alcohol use
- Eating habits
- Fitness and exercise
- Lifestyle habits
- Mental well-being

Determining Your Go365 Age
Members receive their health results immediately, as well as their Go365 Age, which is a weighted comparison of whether a person is older or younger than their actual age. This is a critical component that moves members from just being "health aware" to becoming "health engaged." A member's Go365 Age is an indicator of overall health that motivates individuals to make positive lifestyle changes.

We also provide a report card that educates members as to why a particular risk factor is important and recommends actions and activities a member can take to improve it.

Personalized Health Plans
Based on the Go365 Health Assessment and other health profile information, we develop a tailored experience that encourages each member to take control of their health. Specific goals and related activities are recommended to help members address health risks to achieve better health. The plan includes over 30 verifiable activities, such as working out at one of over 25,000 participating fitness facilities, getting a biometric screening, engaging with one of our coaches, and getting regular medical checkups. The recommended activities within the plan are based on what will have the biggest impact on each member's health.

Go365 even takes into consideration the emotional impact of goal setting by rewarding members for reaching interim goals as they work towards improved health. For example: recommending a member lose 25 pounds to achieve their ideal body weight may seem unobtainable. However, recommending they lose 13 pounds as a first step may seem more manageable, which leads to stronger motivation.

Personal choice is also built into the Go365 experience. Members have full control over which recommended activities to complete based on the health risks and conditions they are ready to change; thus, leading to a greater likelihood of success.

A bigger choice of health-related activities for achieving goals

The Go365 experience is unlike other wellness and rewards programs because we focus on more than just physical fitness. Our program focuses on the following five categories:

Fitness	Members can experience how a physically active lifestyle can greatly benefit their health. They can earn Points through fitness facility workouts, participating in sports leagues and athletic events, or even everyday physical activities like walking the dog.
Education Activities	Members may earn Points by using a variety of educational tools, such as health calculators, covering a wide range of educational topics including nutrition, ways to get active, stress management, tobacco cessation, managing alcohol consumption, pregnancy, preventing heart attacks, and child nutrition. Members can also earn Points for CPR and First Aid certifications.
Prevention	Members earn Points when they visit a physician and receive certain preventive screenings, such as a colorectal screening or mammogram. In addition, members can earn Points for receiving preventive dental and vision exams, a biometric screening*, nicotine tests, flu shots, or other recommended immunizations.
Healthy Living	Members can earn Points for donating blood, passing a nicotine test, or having results within healthy ranges based on their biometric screening*. Members with out-of-range results can also earn Points when they engage in activities designed to improve these at-risk health factors.
Personalized Goals and Activities	Once a member completes the health assessment or a biometric screening, they receive recommended goals and activities that are personalized to their specific risks and current state of health.

**Adult children are not eligible to earn Points or Bucks for biometric screening completion or in-range results. Although they do not earn Points or Bucks, it is still a valuable tool to help unlock additional Points-earning opportunities.*

The latest technology helps track progress

Technology turns over faster than any other industry and keeping up can be challenging. Go365 continuously invests in the development and integration of technology into our program.

Our free app combines the best parts of Go365 into one convenient platform, designed to help members stay healthy wherever they go. Through the app, members can:

- Complete a health assessment section in under two minutes
- Earn Points for athletic events or for achieving short-term goals, like trying a new healthy habit or meditating
- Connect a preferred compatible fitness device
- Customize profiles with personal pictures to stay motivated
- Go head-to-head with family and friends in a Challenge
- Enroll with one of our health coaching partner programs
- Redeem Bucks in the Go365 Mall

Go365 members can also engage with our participating network of over 25,000 fitness facilities, many of which are set up to automatically recognize members via a check-in card swipe or Bluetooth-enabled

Beacon technology. If Go365 members participate at a fitness facility that doesn't provide a tracking service, they can track workouts through a wide range of verifiable devices, including:

- Heart rate monitors
- Pedometers
- Smartphone apps

How to earn rewards

In addition to the benefit of improved health and well-being, Go365 incentivizes members to engage in the program. We offer members tangible rewards as motivation to positively change their health behaviors, and we make earning rewards simple.

Members receive Points for completing eligible activities, which are converted into Bucks that can be redeemed at the Go365 Mall for discounts and merchandise, such as e-gift cards, fitness devices and gear, apparel and more. Accruing Points also raises a member's Status level, making them eligible for Bonus Bucks. To ensure members are participating in the program, they must achieve Bronze Status before they can redeem rewards from the Go365 Mall.

The end result: Ongoing rewards for healthy activities and achieving goals continue to reinforce positive behaviors. Offering a variety of attractive incentives to satisfy a wide range of individual preferences becomes a powerful motivator to drive long-term behavior change.

A fully integrated wellness and rewards program

The Go365 program is fully integrated with the medical management services offered by Humana. This allows your employees seamless accessibility to our high-quality clinical programs, including:

- HumanaBeginnings® maternity program
- Personal Nurse service
- Go365 Health Life Coaching
- Supporting coaching app partners
- Biometric screenings
- CenterWell Pharmacy®
- Humana dental and vision plans

Go365 encourages members to complete an initial biometric screening*, and then electronically integrates the verified results into each member's Go365 Health Assessment. Our biometric screening partners allow individual results to seamlessly integrate with the Go365 program.

**Adult children are not eligible to earn Points or Bucks for biometric screening completion or in-range results.*

Our Go365 program also has the capacity to integrate with non-Humana medical carriers and vendors for managed behavioral health or biometric programs. Depending on the scope of integration with outside vendors, some additional fees may apply. The assigned consumer engagement professional, Kristen Braud, coordinates all plan features with any external vendors responsible for delivering services to the Parish and your associates.

Wellness Coaching
Our Go365 Healthy Life Coaches are trained behavioral health specialists with a minimum of a bachelor's degree and holding certifications through nationally recognized organizations. They are trained and experienced in providing personalized guidance, education, and encouragement across a wide selection of topics, including:

- **Health coaching focus areas:** weight, nutrition, fitness, sleep, stress, tobacco/vaping, back care, cholesterol, blood pressure, and diabetes
- **Life coaching focus areas:** financial management, work-life balance, career development, relationships, parenting, caregiver support, as well as life purpose and meaning

Humana also works with several market-leading health coaching partners to give our members a wide range of specialized solutions to promote high utilization and engagement. We offer these programs to members at low-to-no cost, and the Parish can choose which supporting coaching apps are offered to provide a program that best fits their unique culture:

- **Craving to Quit® (offered by MINDSCIENCES)**: uses mobile results-based training, an online community of support, and weekly live expert video coaching to help tobacco users begin their journey towards quitting for good.
- **Eat Right Now® (offered by MINDSCIENCES)**: helps to reduce craving-related eating by 40% with this daily program that is based on mindfulness, backed by science, and delivered through step-by-step guidance.
- **Fitbit Premium™**: offers personalized video workouts and audio fitness coaching.
- **Noom®**: offers live, interactive coaching to help members develop personal weight-loss plans by providing tools, information, motivation, and guidance. Noom helps members meet nutrition goals and manage issues such blood pressure, cholesterol, diabetes, and hypertension.
- **Unwinding Anxiety® (offered by MINDSCIENCES)**: helps people suffering from anxiety learn how to uncover their triggers, identify "anxiety habits," and break cycles of panic in a step-by-step program.

Biometric Screenings
Go365 members can receive a biometric screening through a primary care physician (PCP), an employer-hosted on-site event, or at one of our 6,000 retail biometric locations — including Quest Diagnostics Patient Service Centers, LabCorp Patient Service Centers, Kroger Company Family of Pharmacies, and The Little Clinics. Members must submit results from screenings performed at their PCP by submitting a signed, authorized form directly to Humana.

A biometric screening measures a member's body mass index (BMI), blood pressure, total cholesterol, as well as blood glucose level. Upon completion, the results are:

- Transmitted to Humana as an electronic file
- Uploaded into the member's profile
- Integrated into the member's Go365 Health Assessment
- Verified to override any self-reported values
- Reassessed to see how they affect the member's personalized health plan and Go365 Age

Biometric screenings provide a more accurate view of each member's health, and can be used to earn additional Points.*

**Adult children are not eligible to earn Points or Bucks for biometric screening completion or in-range results.*

Go365 Kids Program
We also include our Go365 Kids program available to all child dependents under the age of 18 at no additional cost to members or the Parish. Research shows that a third of American children are overweight or obese and this can lead to school absences, higher healthcare expenses, and oftentimes these children remain overweight into adulthood.

Our Go365 Kids program provides fun and easy ways to help children remain healthy and active while earning Points for the whole family. Activities eligible for Points in the Go365 Kids program include:

- Team sports
- Athletic events, such as a 5K
- Preventive screenings and immunizations
- Employer-sponsored events

HealthyFood Program
Eating healthy isn't always inexpensive or easy, but a good diet can go a long way toward helping offset long-term medical costs. HealthyFood is an innovative program that encourages eligible Go365 members* to make healthier selections at the grocery store by offering them up to 50% savings** on Great For You™ healthier food purchases at Walmart®+. Members can save up to $600 per year.

At a minimum, members will earn 5% savings on healthier food items; however, they can increase their savings up to a maximum of 50% when they play Pick 6. Pick 6 is a simple game that members can access via the App or online. To play, members tap six out of 12 squares to reveal the contents. The more healthy tiles they reveal, such as apples, the greater their savings.

To sign up, eligible Go365 members sign in to **Go365.com** or the App, complete their health assessment, biometric screening, or log a workout, and request their HealthyFood shopping card. When members purchase approved healthier food items at Walmart, the cashier simply scans their HealthyFood shopping card to initiate the savings. All Great For You healthier foods qualify and the savings are applied to the member's bill at the end of the transaction.

**The HealthyFood program is embedded in all of Humana's fully insured medical products and is available as a buy-up for self-funded clients. Go365 members must have Bronze Status or higher and must be 18 years of age or older to be eligible to participate in the HealthyFood program. The HealthyFood program is not available to all Go365 members and is only available with certain plans or products offered by Humana.*
***The standard program savings on Great For You healthier foods is 5%. Any increase in savings is variable and based on an eligible member playing the HealthyFood Pick 6 game. Complete Pick 6 game details can be found within the Frequently Asked Questions online or on the Go365 App. Members must complete a health assessment within 90 days of the Go365 program start or renewal date to remain eligible for program savings.*
+The HealthyFood program is only available at Walmart Neighborhood Markets and Walmart retails stores. Sam's Club stores are excluded from the HealthyFood program.

Go365 administers the program for you
Program administration is managed by Humana. Each member's Go365 page can be accessed securely through **Go365.com** and serves as a dashboard for tracking incentive-based activities and redeeming rewards.

All activities are tracked and verified through the secure online portal or the App by either directly uploading authorized forms through partnering facilities and participating vendors or by the member submitting them.

Go365 Member Communications
Throughout the duration of the program, the Parish will receive our marketing assistance, including tool kits that offer templates, posters, flyers, and employee announcement letters and emails. We provide access all the benefits of our Engagement Source website, our online portal of wellness information, engagement tactics, planning tools, and tips that will help the Parish develop and execute an effective engagement strategy.

Based on individual health profiles, members will receive personalized communications meant to encourage participation in their personalized health plan. Customized communications are targeted to both "actively engaged" members, as well as those who haven't yet participated by completing the Go365 Health Assessment, biometric screening, or a verified workout.

Go365 also encourages members to brag about their hard work over social media to help drive member participation. For example, members can sign into our exclusive online forum, the Go365 Support Community, and receive:

- Answers to questions about the program
- Tips for getting the most out of the program
- Links to online nutrition or fitness guides
- Access to inspirational stories from other Go365 members

Go365 Champ Program
Through our Go365 Champ program, the Parish's own employees can serve as the best resource for implementing a successful wellness program. This is an extremely valuable component of the program, as these employer-chosen advocates provide internal, local motivation for participation in the program and help create a culture of wellness directly within the workplace.

Go365 Champs are provided access to posters, flyers, and email templates through our online portal, the Go365 Engagement Source, which allows them to organize, lead, and communicate activities, including biometric screenings, group walks/runs, campaigns, and contests. The best form of communication they provide, though, is word of mouth.

Go365 Champ Camp
In addition, Go365 Champs can also participate in the Go365 Champ Camp, a fast-paced orientation session where they can learn more about Go365, as well as best practices in developing an engagement plan. Training is done to demonstrate strategies and concepts to drive wellness initiatives. Go365 Champ Camp is an incredible opportunity to link individual Go365 Champs together with a common purpose. We can offer the Parish Go365 Champ Camp solutions to meet your needs, such as hosting a "Day Camp" or "Half-Day Camp" experience at varying locations nationwide.

The Go365 program really works
Go365 regularly initiates studies of how effective the program is working across our entire base of members. Our most recent study– the 2021 *Go365 Wharton Study*–concluded that program engagement resulted in better health, better productivity and quality of life, healthcare cost savings, fewer and shorter hospital stays, higher job performance and workplace health peer effects.

On-site Wellness Program
The dedicated consumer engagement professional, Kristen Braud, coordinates on-site wellness education and program promotion, and helps drive overall member engagement. Kristen is trained by the Wellness Council of America (WELCOA) and provides on-site support, as well as unlimited phone and email support.

23. What unique services or support does your organization provide that you believe sets you apart from your competition?

When your employees turn to you for answers, the Parish can turn to your dedicated installation administration professional, Heather Orr, who is ready to help. Managing insurance benefits doesn't have to be complicated. The experience can be simplified with a personal touch. When questions arise, it's nice to know you can rely on one person to help provide answers, address concerns and resolve Customer Care issues. As your single point of contact, Heather will get to know you and your company, which will result in better service, quicker response times, and more accurate resolutions when helping with the following:

- Enrollment
- Benefits
- ID Cards
- Accessing care, finding a doctor
- Implementation and renewal
- Claims
- Billing
- And more

New Clinical Programs
The Parish may benefit from a health plan that works at the same pace as your employees. That's why Humana has developed On Hand, a revolutionary virtual-first primary care plan to fit the real world needs of your business. Members have access to unlimited $0 virtual visits with U.S.-based and board-certified Doctor On Demand® PCPs, psychiatrists and therapists. It's the first plan of its kind to offer primary care from a phone, tablet, or computer and it can completely change your employees' relationship to their health.

Supporting Go365 Clients
Humana has worked with many different client types and sizes developing our engagement strategies to support our clients' objectives. In our experience, regardless of industry or size, the most successful and effective strategies include strong leadership support, a health contribution incentive, and a high-touch educational strategy, all of which are supplemented through a robust communication strategy and Go365 Champ program.

Our Account Management team works with the Parish to build a solid foundation and uses sustainable tools and strategies that make sense for their organization and include the following:

- **Senior Leadership Support:** Employees might understand the benefits of a wellness program, but it's critical that upper management is also actively engaged and supportive of wellness efforts company wide. As a part of the Go365 Champ program, we've seen leaders host employee educational sessions as well as communicate their support of the program by participating themselves. Our Account Management teams works with your Champs program volunteers to help highlight the value of wellness so that they can take it back to their senior leaders and motivate further leadership support and engagement.
- **Health Contribution Incentives:** Our Account Management teams have consulted with numerous clients in developing a contribution strategy with further incentives for their employees while using tools that already exist through the Go365 program. Often times, this strategy requires the member to complete the Go365 Health Assessment, get a biometric screening, or by earning a Status level within the Go365 program. The incentive can vary from HSA contributions or additional paid time off (PTO) for completing one or all of these activities. Go365 offers the Member Engagement Report that provides data on program participation at the member level by reporting member completion of a biometric screening and the Go365 Health Assessment. The report is updated daily and can also be pulled by employers to determine if an employee has met a contribution.
- **Robust Communications:** Go365 is effective in delivering a high-touch educational strategy thanks to our decade-long experience in creating awareness and driving program engagement through the right messages at the right time. Taking into consideration the existing wellness culture and input from client managers and their elected Go365 Champs, we have communication strategies that are relevant and efficient around prevention and targeting at-risk members within the program. Based on aggregate reporting, an employer can see where their population may be at-risk, and develop a targeted campaign to increase awareness on such conditions. Organizations also have push messaging capabilities to tailor message campaigns and send messages to members' phones. Currently, we are working with employers to provide the ability to take customized messaging a step further with the Communications Builder. With this online tool, employers can self-serve by directly editing flyers and other engagement materials in the following ways: logos for co-branding, a custom wellness program name if applicable, dates, times, calls-to-action, and images.
- **Go365 Champ program:** For larger-sized employers, we believe it's important to have direct support at each location, whether it's on-site or someone to help virtually. We refer to them as Go365 Champs. A Go365 Champ program enables volunteer employees to help set up wellness events, share communications, and increase associate engagement within the program.

  We've seen employers shape the Go365 program to best suit their population by choosing on-site events such as biometric screenings, blood drives, and weight management meetings. Employers have also used employer-sponsored events and activities as a way to allow members to earn Points outside of the standard set of eligible activities and include additional activities, such as safety training, financial education, nutrition classes, and volunteer activities that support the employers' own culture and meets the needs of their population. Champs can also be leveraged to assist in overcoming challenges related to the program.

  For example, one of our largest clients had a population that was not comfortable with nor had consistent access to technology, which made it difficult for members to engage with a web-based program like Go365. Our Account Management team worked with the group to ensure Go365 and

client champions were consistently available to provide both access to the necessary technology as well as support utilizing said technology. We extended the Go365 Champ network to beyond the client's staff as well by partnering with local health departments across the state to make more of an impact by assisting members with using the web-based functions of Go365 during biometric screenings events.

The Go365 team also hosts many of their own lunch-and-learn style events at worksites to help members become more comfortable with utilizing technology to engage in Go365.

Bold Goal in the Greater New Orleans - Orleans and Jefferson Parishes

Humana's Bold Goal is to improve the health of the people and communities we serve because by making it easy for people to achieve their best health. We address whole person health, and particularly Health-Related Social Needs, by co-creating solutions that seamlessly integrate clinical and social aspects of care. Through our Bold Goal, we are collaborating with nonprofit organizations, businesses, government leaders, and healthcare professionals. We are working to identify the root causes of poor health and build a stronger healthcare ecosystem that meets people where they are on their health and well-being journey.

Developing a Sustainable Infrastructure

Our Bold Goal strategy is focused on the creation of a sustainable infrastructure, integrating health related social needs (HRSNs) into our clinical, home health and pharmacy capabilities – allowing physicians, clinicians and Humana care teams to address and impact an individual's whole-person health. As part of our clinical model, we developed and made tools available to support PCPs/clinicians, helping them screen and solve for food insecurity, social isolation, and loneliness. To further this work at the community level, we developed clinical partnerships with Ochsner Health, JenCare, Second Harvest Food Bank, March of Dimes (Maternal Health Equity), to advance population health, address social needs, and focus on co-creating initiatives to improve the health of individuals.

Addressing Health Related Social Needs

We address whole person health, and particularly Health-Related Social Needs, by co-creating solutions that seamlessly integrate clinical and social aspects of care. We recently launched the Humana findhelp platform. It is a social health access referral platform; Humana's white-labeled site, powered by findhelp. This is an active directory of resources across the United States that address the social needs of our members. Resources are shared via an online platform to enable finding and connecting to these resources. All programs listed are direct services that are free, reduced or sliding scale cost.

Fostering Partnerships in Greater New Orleans Region

Humana collaborates with the Greater New Orleans Region, which includes the Parish and local community-based organizations to address SDOH and develop direct interventions to support its senior population and the most vulnerable. These community health linkages offer tools and resources to identify and address SDOH and connect those in need to resources, while simultaneously supporting the community based organizations providing services. Examples include:

- As part of the Greater New Orleans Bold Goal, including the Parish, we are using education and awareness to help improve health outcomes of the citizens in our community, economic challenges that include the lack of access to healthy food, shortage of affordable housing, inadequate education and limited workforce opportunities.

- Humana is focused on creating solutions that address disparities for more equitable care and health outcomes. With more than $16 million in community investments since 2019, and investments in March of Dimes partnership to impact moms and babies.
- As a top priority to provide access to behavioral health services in rural Louisiana, Humana continues to lead conversations with partner organizations, like NAMI (National Alliance of Mental Illness), to address the stigma associated with needing and seeking services.
- Other strategies for targeted interventions that improve health quality and outcomes in Louisiana include identifying and addressing key social determinants of health (SDoH).

Enabling Interventions

Humana is in a unique position to support key social needs like food, social support and transportation through health plan benefit, community health linkages, and services that address the whole-health needs of individual members. Humana leverages strong coordination and partnership to address health equity and social determinants of health in communities across the country. Responding to the needs of the community reveals that Humana is more than a health plan but a partner in human care for the state of Louisiana.

MEDICAL AND PRESCRIPTION DRUG PLAN

1. **Describe your medical management programs and provide copies of reports that will be provided to demonstrate the return on investment associated with these programs.**

   Humana's health resources strive to promote a healthier population, address the need for cost control, and provide a better experience for both members and their employers. This is achieved through delivery of personalized guidance. We seek to understand members' health situations and to help them make treatment decisions and grasp the impact of these decisions.

   Recognizing that physical health – including illness and injury – is only one part of well-being, we view each member's needs as an interrelated convergence of physical health, health behaviors, and situations or life issues. Members may face challenges in any element of this "total person" view, but typically, they can use help in all three areas. This is a philosophical view of how we approach members and how programs and services are established to address not only bad health, but underlying causes as well.

   Our approach to health and productivity management unites pharmacy solutions, nurse-based support, wellness, and behavioral health to provide an integrated solution that addresses the "total person." The end result is the delivery of the right service or message to the right member, at the right time.

   We offer a comprehensive suite of clinical programs and services to provide education and address member needs at all levels of health – to help members stay well when they are healthy and navigate the healthcare system when they are ill or injured. Our experience has proven that education and guidance transform passive healthcare users into active healthcare consumers who work collaboratively with their doctor, make smart choices, improve their health, and save healthcare dollars.

   Please refer to Attachment C, Clinical Program Overview, for descriptions of the programs included in our proposal for the Parish.

2. Provide a sample reporting package. Reports must be available on an interactive basis.

Humana partners with Deerwalk, a Cedar Gate Company, to offer expanded plan analytics and reporting tools offering innovative ways to analyze the Parish's data. Flexible and dynamic reporting analytics help you manage healthcare costs and utilization by identifying your company's clinical and financial risk. The Parish will receive the following standard reports, included in the base medical premium, most of which are updated around the 15th of each month:

- Annual reporting package
- Monthly Plan Summary report (available online)
- Quarterly snapshot report
- Online reporting tool

Humana Smart Insights
Our business intelligence platform, Humana Smart Insights, provides a comprehensive, end-to-end view of the Parish's health plan experience with personalized observations and consultative recommendations. It integrates member demographic, clinical participation, and medical/pharmacy utilization patterns (as compared to benchmarks and prior periods) in ways that will help Humana and the Parish co-create strategies that lead to higher engagement, improved outcomes, sustainable cost controls, and a better return on your investment.

Quarterly Snapshot Report
Our snapshot is a quarterly, pared down version of the annual report. The snapshot rhythm of more frequent data can initiate more timely reactions, such as proactive communications about wellness activities or reminders about preventive care services and screenings. It gives a detailed overview of program specifics, including information on high-cost claims and case management, as well as where our programs are having the most impact and saving money for both you and your employees.

Online Reporting
Humana's online business intelligence platform, Humana Smart Insights, is available to the Parish and your broker via the employer and broker portals on **Humana.com**. Here you can access a variety of meaningful reports and download the results to PDF or Excel for reporting and further analysis. Accessibility of information is key in helping you create custom reports and presentations.

The online dashboards and reports include information on member composition, utilization patterns, and clinical cost drivers. Within each of these areas, users can instantaneously compare period-over-period and benchmark data and filter on divisions, benefits, relationships (subscriber, spouse, dependent), and a number of other filters. Information is downloaded and saved for effortless retrieval.

Ad hoc Reporting
We can also provide ad hoc reporting for the Parish, prepared in Excel. Depending on the complexity of the request, there may be an additional charge for highly customized reporting if it must be delivered in a non-standard format.

Please refer to Attachment D for a sample of our standard reporting package.

3. **Describe your enrollment process.**

   Humana follows a standardized enrollment process. Representatives from our local market office assist in the enrollment process and employee meetings, and Humana takes full responsibility for educating employees about their medical program. With the Parish's guidance, we will jointly develop a comprehensive communication strategy to inform and facilitate the easy enrollment of your employees.

   We offer enrollment materials designed to educate and encourage members to utilize all their medical benefits and services. If the Parish would like additional materials included in the enrollment kit, you can discuss these needs with your sales representative to determine any associated costs and production concerns. Please refer to Attachment E for a sample our enrollment kit materials.

   In addition to the enrollment kit materials, we provide information on how to access our website, **Humana.com**. The site offers a broad range of tools and resources, including online health assessments, prescription drug information, a provider search tool, and preventive health content through various respected health content vendors.

4. **Will you be able to complete enrollment and eligibility prior to the effective date of the contract by way of electronic transfer of data from the current carrier? If not, please explain.**

   Yes, we will be able to accept automated enrollment and maintenance of eligibility information via electronic transfer, as long as the Parish:
   - Provides all data in one of our standard layouts, depending on the products sold
   - Has electronic capability via FTP Electronic Data Interchange/Transfer (EDI/T)
   - Allows for appropriate lead time prior to the Parish's effective date for setup and programming

   In addition, we accept eligibility information (adds, changes, and terminations) through our secured, web-based employer portal. The Parish can enter eligibility changes, as well as view and approve changes entered by your employees through our member self-service functions.

   Layout guide options can be provided upon request. Please refer to Attachment F, Introduction to EDI, for more information.

5. **Will you be able to administer all services, including processing of claims on the effective date of the contract? If not, please explain.**

   Yes, we will be able to administer all services, including processing of claims on the effective date.

6. **Describe your pharmacy network.**

   Humana maintains a national retail network of pharmacies numbering over 67,000 for the convenient access to medications for our members. The national network includes all major pharmacy chains as well as independents. In addition, Humana owns and operates its home delivery pharmacies, dispensing from three different locations around the country to optimally support member prescriptions who choose this method of fulfillment.

Humana is continuously researching and evaluating opportunities to enhance our products, services, and systems to meet the emerging needs of our clients. Some of our current and upcoming initiatives, specific to our pharmacy line of business, include the following:

- **IntelligentRx**
  Developed by Transcend Insights—Humana's wholly owned technological organization—our IntelligentRx analytics engine provides real-time clinical decision support for prescription drug benefits. By leveraging patient claims and medical records data, IntelligentRx is able to automatically identify potential adverse drug events, eliminate unnecessary prior authorizations and identify lower-cost formulary alternatives before delivering that information to care professionals.

  The platform is fully integrated within the CenterWell Pharmacy ecosystem and evaluates approximately 98% of pharmacy claims for approximately 10.3 million Humana members. While this is currently implemented and used to deliver real-time safety alerts, provide formulary alternatives, and evaluate clinical criteria and prior authorizations, we continue to develop this technology year over year, which leads to an improved member experience, a reduction in adverse drug events, and a reduction in administrative costs.
- **Mail-Order Pharmacy**
  Through our mail-order pharmacy, we offer prescription delivery through the mail as a safe, convenient, reliable option for members on maintenance and specialty medications. Our numerous enhancements/improvements will help to improve the member experience. The following are scheduled for implementation in 2018 through 2019:
  - **Transfer Rx to CenterWell Pharmacy on HP Mobile Application** – We're adding a quick button on the CenterWell Pharmacy mobile app that allows members to transfer their prescriptions to the CenterWell Pharmacy after inputting key data and capturing a photo of their prescription .
  - **SMS Text Capabilities for Humana Specialty Pharmacy** – We're providing CenterWell Specialty Pharmacy members' order details through automated text communications.
  - **Video Chat Capabilities for Humana Specialty Pharmacy** – We're improving the member experience for members that choose to communicate with Humana nurses and pharmacists via video conference.
  - **IVR Repeat Caller Routing** – Based on a member's ID number and date of birth, repeat callers are automatically recognized and routed to specific Customer Care specialists based on previous call transfers.
  - **Humana Specialty Pharmacy VAT Order Scheduling** – CenterWell Specialty Pharmacy members are getting additional self-service opportunities with new options for scheduling orders and the ability to verify copays and delivery dates during our outbound communications.
- **Specialty Pharmacy Management**
  Specialty pharmaceuticals are the fastest growing and the most expensive components of a client's pharmacy benefits. According to current projections, specialty medications will account for half of all drug costs by 2019. To help, Humana's taken up specialty drug strategic initiatives to help address these costs, such as:
  - **Site of Care Management:** We're targeting spend in infusion and creating savings opportunities by encouraging the most cost-effective site of care.
  - **Pharmaceutical Contracting:** We're working with pharmaceutical manufacturers to obtain actionable outcomes reporting.
  - **Pharmacogenomics, Pipeline, Biosimilar Strategy:** Humana is strengthening our competency in pharmacogenomics Utilization Management and developing biosimilar and pipeline strategies.

- **Specialty Trend Management:** We're creating more visibility around specialty trend as a whole, including both medical and pharmacy spend, to better understand and address its causes and identify solutions.

7. **How many Prescription Drug Lists (PDL's) does your company administer?**

   One

8. **If more than one PDL, what is the pricing differentials for each PDL and what is the impact on premiums and co-pays?**

   Not applicable.

9. **Based on the top 100 drugs based on prescriptions filled, please identify which tier each drug falls under in your company's PDL.**

   Please refer to Section XII for the top 100 NDCs by Tier.

10. **Describe your mail order capabilities**.

    The CenterWell Pharmacy shipping decision-making process is based on the recommendations of its shipping software. The software's programmed logic specifically takes the type of medication, weight, and destination ZIP code into account to select the best method or service available. Regular prescriptions are typically shipped via United States Postal Service first class mail. Cold-packed, controlled substances, and specialty prescriptions are shipped via UPS or FedEx for tracking purposes. A signature may also be required for these items. For non-specialty prescriptions, CenterWell Pharmacy provides the tracking number via **CenterWellPharmacy.com** or our mobile application. The member can also call our service center to obtain tracking information.

    Shipping costs for regular shipments are included in the mail-delivery prescription copayment. Expedited shipping methods are available per the member's request; however, the member will be responsible for the additional shipping charges. The charge varies depending on the size of the package and the delivery location.

ATTACHMENT E

SOQ AFFIDAVIT

Statement of Qualifications
Affidavit Instructions

- **Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.**
- **Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.**
- **Affidavit must be notarized or the affidavit will not be accepted.**
- **Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.**
- **Affiant MUST select either A or B when required or the affidavit will not be accepted.**
- **Affiants who select choice A must include an attachment or the affidavit will not be accepted.**
- **If both choice A and B are selected, the affidavit will not be accepted.**
- **Affidavit marked N/A will not be accepted.**
- **It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.**

Instruction sheet may be omitted when submitting the affidavit

Statement of Qualifications

AFFIDAVIT

STATE OF Kentucky

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: _____

Susan D. Schick, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Segment President, Group and Military Business of Humana (Entity), the party who submitted a Statement of Qualifications (SOQ) to Jefferson Parish Government Medical health insurance plans (Briefly describe the services the SOQ will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B __X___ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact,** solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B __x___ there are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A __X__ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

Choice B _____ There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[*The remainder of this page is intentionally left blank.*]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Signature of Affiant

Susan D Schick, Segment President, Group and Military Business
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

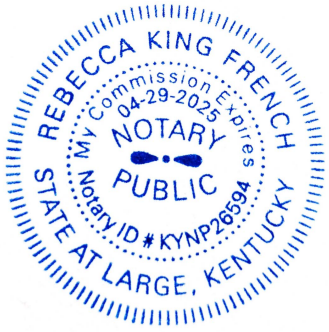
ON THE 4th DAY OF May, 2022.

Notary Public

Rebecca King French
Printed Name of Notary

KYNP26594
Notary/Bar Roll Number

My commission expires April 29, 2025.



Plan Designs

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.groupcertificate.humana.com or by calling 1-866-4ASSIST (427-7478). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-866-4ASSIST (427-7478) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$500 individual / $1,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain Office Visits, Preventive, Emergency Room Care, Urgent Care, Certain Prescription Drugs and Certain Therapies	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$3,000 individual / $6,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover, penalties	Even though you pay these expenses, they don't count toward the out–of–pocket limit.

Will you pay less if you use a network provider?	Yes. See www.humana.com/directories or call 1-866-4ASSIST (427-7478) for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Telehealth or telemedicine services: $30 copay/office visit; deductible does not apply Primary care visit: $30 copay/office visit; deductible does not apply	Not covered	None
	Specialist visit	$45 copay/visit; deductible does not apply	Not covered	None
	Preventive care/screening/ immunization	No charge; deductible does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge; deductible does not apply	Not covered	Cost sharing may vary based on where service is performed.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	Not covered	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at https://www.humana.com	Level 1 - Generic drugs	(Retail) $10 copay/prescription; deductible does not apply (Mail Order) $30 copay/prescription; deductible does not apply	(Retail) Not covered (Mail Order) Not covered	(Retail) 30 day supply. (Mail Order) 90 day supply.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Level 2 - Preferred brand-name drugs	(Retail) $50 copay/ prescription; deductible does not apply (Mail Order) $150 copay/ prescription; deductible does not apply	(Retail) Not covered (Mail Order) Not covered	
	Level 3 - Higher-cost brand-name drugs	(Retail) $75 copay/ prescription; deductible does not apply (Mail Order) $225 copay/ prescription; deductible does not apply	(Retail) Not covered (Mail Order) Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	Not covered	None
	Physician/surgeon fees	20% coinsurance	Not covered	None
If you need immediate medical attention	Emergency room care	$350 copay/visit; deductible does not apply	$350 copay/visit; deductible does not apply	Emergency room care: Copayment waived if admitted.
	Emergency medical transportation	20% coinsurance	20% coinsurance after network deductible	
	Urgent care	$75 copay/visit; deductible does not apply	Not covered	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	Not covered	None
	Physician/surgeon fees	20% coinsurance	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Therapy: $30 copay/visit; deductible does not apply Other outpatient services: 20% coinsurance	Not covered	None
	Inpatient services	20% coinsurance	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you are pregnant	Office visits	No charge; deductible does not apply	Not covered	Cost sharing does not apply for preventive services.
	Childbirth/delivery professional services	20% coinsurance	Not covered	Depending on the type of services, a copayment, coinsurance or deductible may apply.
	Childbirth/delivery facility services.	20% coinsurance	Not covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
If you need help recovering or have other special health needs	Home health care	20% coinsurance	Not covered	100 visits per calendar year/plan year.
	Rehabilitation services	Physical, occupational, speech, cognitive and audiology therapy: $45 copay/visit; deductible does not apply Manipulative treatment and physical therapy for new, low back pain: First 3 visits: No charge; deductible does not apply Visits 4+: $45 copay/visit; deductible does not apply	Not covered	Physical, occupational, speech, cognitive and audiology therapy: 30 visits per year combined.
	Habilitation services	Physical, occupational, speech and audiology therapy: $45 copay/visit; deductible does not apply	Not covered	
	Skilled nursing care	20% coinsurance	Not covered	60 days per calendar year/plan year.
	Durable medical equipment	20% coinsurance	Not covered	Excludes vehicle and home modifications,exercise and bathroom equipment.
	Hospice services	20% coinsurance	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	$30 copay/visit; deductible does not apply	Not covered	1 visit per 2 years
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Child dental check-up
- Child glasses
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture, if it is prescribed by a physician
- Chiropractic care - spinal manipulations are covered
- Cosmetic surgery, if to correct a functional impairment
- Dental care (Adult), if for dental injury of a sound natural tooth
- Hearing aids, 1 hearing aid per 36 months
- Routine eye care (Adult), 1 visit per 2 years
- Routine foot care, when in treatment for diabetes

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- www.humana.com or 1-866-4ASSIST (427-7478).
- For group health coverage subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- www.humana.com or 1-866-4ASSIST (427-7478).
- Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- Louisiana Department of Insurance: 800-259-5300 or www.ldi.la.gov.

Does this plan provide Minimum Essential Coverage? **Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? **Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-4ASSIST (427-7478) (TTY: 711).

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$500
Specialist copayment	$45
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles*	$500
Copayments	$10
Coinsurance	$2,100
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$2,670**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$500
Specialist copayment	$45
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles*	$0
Copayments	$1,700
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,720**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$500
Specialist copayment	$45
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles*	$500
Copayments	$700
Coinsurance	$200
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,400**

*Note: This plan has other **deductibles** for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **866-427-7478** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 866-427-7478 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

GCHJV5REN 0721

Language assistance services, free of charge, are available to you. 866-427-7478 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę niká'adoowoł.

العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.groupcertificate.humana.com or by calling 1-866-4ASSIST (427-7478). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-866-4ASSIST (427-7478) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$500 individual / $1,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain Office Visits, Preventive, Emergency Room Care, Urgent Care, Certain Prescription Drugs and Certain Therapies	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$3,000 individual / $6,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover, penalties	Even though you pay these expenses, they don't count toward the out–of–pocket limit.

Will you pay less if you use a network provider?	Yes. See www.humana.com/directories or call 1-866-4ASSIST (427-7478) for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Telehealth or telemedicine services: $30 copay/office visit; deductible does not apply Primary care visit: $30 copay/office visit; deductible does not apply	Not covered	None
	Specialist visit	$45 copay/visit; deductible does not apply	Not covered	None
	Preventive care/screening/ immunization	No charge; deductible does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge; deductible does not apply	Not covered	Cost sharing may vary based on where service is performed.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	Not covered	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at https://www.humana.com	Level 1 - Generic drugs	(Retail) $10 copay/prescription; deductible does not apply (Mail Order) $25 copay/prescription; deductible does not apply	(Retail) Not covered (Mail Order) Not covered	(Retail) 30 day supply. (Mail Order) 90 day supply.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Level 2 - Preferred brand-name drugs	(Retail) $50 copay/ prescription; deductible does not apply (Mail Order) $150 copay/ prescription; deductible does not apply	(Retail) Not covered (Mail Order) Not covered	
	Level 3 - Higher-cost brand-name drugs	(Retail) $75 copay/ prescription; deductible does not apply (Mail Order) $225 copay/ prescription; deductible does not apply	(Retail) Not covered (Mail Order) Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	Not covered	None
	Physician/surgeon fees	20% coinsurance	Not covered	None
If you need immediate medical attention	Emergency room care	$350 copay/visit; deductible does not apply	$350 copay/visit; deductible does not apply	Emergency room care: Copayment waived if admitted.
	Emergency medical transportation	20% coinsurance	20% coinsurance after network deductible	
	Urgent care	$75 copay/visit; deductible does not apply	Not covered	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	Not covered	None
	Physician/surgeon fees	20% coinsurance	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Therapy: $30 copay/visit; deductible does not apply Other outpatient services: 20% coinsurance	Not covered	None
	Inpatient services	20% coinsurance	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you are pregnant	Office visits	No charge; deductible does not apply	Not covered	Cost sharing does not apply for preventive services.
	Childbirth/delivery professional services	20% coinsurance	Not covered	Depending on the type of services, a copayment, coinsurance or deductible may apply.
	Childbirth/delivery facility services.	20% coinsurance	Not covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
If you need help recovering or have other special health needs	Home health care	20% coinsurance	Not covered	100 visits per calendar year/plan year.
	Rehabilitation services	Physical, occupational, speech, cognitive and audiology therapy: $45 copay/visit; deductible does not apply First 3 visits for manipulative treatment and physical therapy for new, low back pain: No charge; deductible does not apply Visits 4+ for manipulative treatment and physical therapy for new, low back pain: $45 copay/visit; deductible does not apply	Not covered	Physical, occupational, speech, cognitive and audiology therapy: 30 visits per year combined.
	Habilitation services	Physical, occupational, speech and audiology therapy: $45 copay/visit; deductible does not apply	Not covered	
	Skilled nursing care	20% coinsurance	Not covered	60 days per calendar year/plan year.
	Durable medical equipment	20% coinsurance	Not covered	Excludes vehicle and home modifications,exercise and bathroom equipment.
	Hospice services	20% coinsurance	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	$30 copay/visit; deductible does not apply	Not covered	1 visit per 2 years
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Child dental check-up
- Child glasses
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture, if it is prescribed by a physician
- Chiropractic care - spinal manipulations are covered
- Cosmetic surgery, if to correct a functional impairment
- Dental care (Adult), if for dental injury of a sound natural tooth
- Hearing aids, 1 hearing aid per 36 months
- Routine eye care (Adult), 1 visit per 2 years
- Routine foot care, when in treatment for diabetes

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- www.humana.com or 1-866-4ASSIST (427-7478).
- For group health coverage subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- www.humana.com or 1-866-4ASSIST (427-7478).
- Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- Louisiana Department of Insurance: 800-259-5300 or www.ldi.la.gov.

Does this plan provide Minimum Essential Coverage? **Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? **Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-4ASSIST (427-7478) (TTY: 711).

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$500
Specialist copayment	$45
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles*	$500
Copayments	$10
Coinsurance	$2,100
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$2,670**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$500
Specialist copayment	$45
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles*	$200
Copayments	$1,700
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,720**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$500
Specialist copayment	$45
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles*	$500
Copayments	$700
Coinsurance	$200
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,400**

*Note: This plan has other **deductibles** for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **866-427-7478** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 866-427-7478 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

GCHJV5REN 0721

Language assistance services, free of charge, are available to you. 866-427-7478 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

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Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: $500 individual / $1,500 family; Non-Network: $1,000 individual / $3,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Network Providers: Yes. Certain Office Visits, Preventive, Emergency Room Care, Urgent Care, Prescription Drugs and Certain Therapies Non-Network Providers: Yes. Emergency Room Care and Prescription Drugs	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For network providers: $2,500 individual / $7,500 family For non-network providers: $5,000 individual / $15,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover, penalties, non-network transplant, non-network prescription drugs, non-network specialty drugs, non-network immune effector cell therapy	Even though you pay these expenses, they don't count toward the out–of–pocket limit.

Will you pay less if you use a network provider?	Yes. See www.humana.com/directories or call 1-866-4ASSIST (427-7478) for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Telehealth or telemedicine services: $25 copay/office visit; deductible does not apply Primary care visit: $25 copay/office visit; deductible does not apply	Telehealth or telemedicine services: 40% coinsurance Primary care visit: 40% coinsurance	None
	Specialist visit	$45 copay/visit; deductible does not apply	40% coinsurance	None
	Preventive care/screening/ immunization	No charge; deductible does not apply	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge; deductible does not apply	40% coinsurance	Cost sharing may vary based on where service is performed. Imaging: Preauthorization may be required - if not obtained, penalty will be 50%.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at https://www.humana.com	Level 1 - Low-cost generic and brand-name drugs	(Retail) $10 copay/prescription; deductible does not apply (Mail Order) $30 copay/prescription; deductible does not apply	(Retail) 30% coinsurance, after $10 copay/prescription; deductible does not apply (Mail Order) 30% coinsurance, after $30 copay/prescription; deductible does not apply	(Retail) 30 day supply. Preauthorization may be required - if not obtained, member is responsible for 100% of the cost of the drug. (Mail Order) 90 day supply. Preauthorization may be required - if not obtained, member is responsible for 100% of the cost of the drug.
	Level 2 - Higher-cost generic and brand-name drugs	(Retail) $35 copay/prescription; deductible does not apply (Mail Order) $105 copay/prescription; deductible does not apply	(Retail) 30% coinsurance, after $35 copay/prescription; deductible does not apply (Mail Order) 30% coinsurance, after $105 copay/prescription; deductible does not apply	
	Level 3 - High-cost, mostly brand-name drugs	(Retail) $60 copay/prescription; deductible does not apply (Mail Order) $180 copay/prescription; deductible does not apply	(Retail) 30% coinsurance, after $60 copay/prescription; deductible does not apply (Mail Order) 30% coinsurance, after $180 copay/prescription; deductible does not apply	
	Level 4 - Highest-cost drugs	(Retail) $100 copay/prescription; deductible does not apply (Mail Order) $300 copay/ prescription; deductible does not apply	(Retail) 30% coinsurance, after $100 copay/ prescription; deductible does not apply (Mail Order) 30% coinsurance, after $300 copay/prescription; deductible does not apply	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Preauthorization may be required - if not obtained, penalty will be 50%.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	None
If you need immediate medical attention	Emergency room care	$250 copay/visit; deductible does not apply	$250 copay/visit; deductible does not apply	Emergency room care: Copayment waived if admitted.
	Emergency medical transportation	20% coinsurance	20% coinsurance after network deductible	
	Urgent care	$75 copay/visit; deductible does not apply	40% coinsurance	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	Preauthorization may be required - if not obtained, penalty will be 50%.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Therapy: $25 copay/visit; deductible does not apply Other outpatient services: 20% coinsurance	Therapy: 40% coinsurance Other outpatient services: 40% coinsurance	None
	Inpatient services	20% coinsurance	40% coinsurance	Preauthorization may be required - if not obtained, penalty will be 50%.
If you are pregnant	Office visits	No charge; deductible does not apply	40% coinsurance	Cost sharing does not apply for preventive services.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	Depending on the type of services, a copayment, coinsurance or deductible may apply.
	Childbirth/delivery facility services.	20% coinsurance	40% coinsurance	Preauthorization may be required - if not obtained, penalty will be 50%. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	100 visit limit per year. Preauthorization may be required - if not obtained, penalty will be 50%.
	Rehabilitation services	Physical, occupational, speech, cognitive and audiology therapy: $45 copay/visit; deductible does not apply Manipulative treatment and physical therapy for new, low back pain: First 3 visits: No charge; deductible does not apply Visits 4+: $45 copay/visit; deductible does not apply	Physical, occupational, speech, cognitive and audiology therapy: 40% coinsurance	Therapies: Preauthorization may be required - if not obtained, penalty will be 50%. Physical, occupational, speech, cognitive and audiology therapy: For network, 30 visits per year combined. For non-network, 10 visits per year combined. Network and non-network visit limits reduce each other.
	Habilitation services	Physical, occupational, speech and audiology therapy: $45 copay/visit; deductible does not apply	Physical, occupational, speech and audiology therapy: 40% coinsurance	
	Skilled nursing care	20% coinsurance	40% coinsurance	60 day limit per year. Preauthorization may be required - if not obtained, penalty will be 50%.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Durable medical equipment	20% coinsurance	40% coinsurance	Preauthorization may be required - if not obtained, penalty will be 50%. Excludes vehicle and home modifications,exercise and bathroom equipment.
	Hospice services	20% coinsurance	40% coinsurance	Preauthorization may be required - if not obtained, penalty will be 50%.
If your child needs dental or eye care	Children's eye exam	$30 copay/visit; deductible does not apply	Not covered	1 visit per 2 years
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Child dental check-up
- Child glasses
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture, if it is prescribed by a physician
- Chiropractic care - spinal manipulations are covered
- Cosmetic surgery, if to correct a functional impairment
- Dental care (Adult), if for dental injury of a sound natural tooth
- Hearing aids, 1 hearing aid per 36 months
- Routine eye care (Adult), 1 visit per 2 years
- Routine foot care, when in treatment for diabetes

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This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$500
Specialist copayment	$45
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$500
Copayments	$0
Coinsurance	$2,000
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$2,560**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$500
Specialist copayment	$45
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$1,300
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,320**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$500
Specialist copayment	$45
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$500
Copayments	$600
Coinsurance	$200
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,300**

The plan would be responsible for the other costs of these EXAMPLE covered services.

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Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę niká'adoowoł.

العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.groupcertificate.humana.com or by calling 1-866-4ASSIST (427-7478). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-866-4ASSIST (427-7478) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: $500 individual / $1,000 family; Non-Network: $1,000 individual / $2,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Network Providers: Yes. Certain Office Visits, Preventive, Emergency Room Care, Urgent Care, Certain Prescription Drugs and Certain Therapies Non-Network Providers: Yes. Emergency Room Care and Certain Prescription Drugs	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For network providers: $3,000 individual / $6,000 family For non-network providers: $6,000 individual / $12,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover, penalties, non-network transplant, non-network prescription drugs, non-network specialty drugs, non-network immune effector cell therapy	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See www.humana.com/directories or call 1-866-4ASSIST (427-7478) for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Telehealth or telemedicine services: $30 copay/office visit; deductible does not apply Primary care visit: $30 copay/office visit; deductible does not apply	Telehealth or telemedicine services: 40% coinsurance Primary care visit: 40% coinsurance	None
	Specialist visit	$45 copay/visit; deductible does not apply	40% coinsurance	None
	Preventive care/screening/ immunization	No charge; deductible does not apply	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have a test	Diagnostic test (x-ray, blood work)	No charge; deductible does not apply	40% coinsurance	Cost sharing may vary based on where service is performed. Imaging: Preauthorization may be required - if not obtained, penalty will be 50%.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at https://www.humana.com	Level 1 - Generic drugs	(Retail) $10 copay/prescription; deductible does not apply (Mail Order) $30 copay/ prescription; deductible does not apply	(Retail) 30% coinsurance, after $10 copay/prescription; deductible does not apply (Mail Order) 30% coinsurance after $30 copay/ prescription; deductible does not apply	(Retail) 30 day supply. Preauthorization may be required - if not obtained, member is responsible for 100% of the cost of the drug. (Mail Order) 90 day supply. Preauthorization may be required - if not obtained, member is responsible for 100% of the cost of the drug.
	Level 2 - Preferred brand-name drugs	(Retail) $50 copay/ prescription; deductible does not apply (Mail Order) $150 copay/ prescription; deductible does not apply	(Retail) 30% coinsurance after $50 copay/prescription; deductible does not apply (Mail Order) 30% coinsurance after $150 copay/prescription; deductible does not apply	
	Level 3 - Higher-cost brand-name drugs	(Retail) $75 copay/ prescription; deductible does not apply (Mail Order) $225 copay/ prescription; deductible does not apply	(Retail) 30% coinsurance after $75 copay/prescription; deductible does not apply (Mail Order) 30% coinsurance after $225 copay/prescription; deductible does not apply	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Preauthorization may be required - if not obtained, penalty will be 50%.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Physician/surgeon fees	20% coinsurance	40% coinsurance	None
If you need immediate medical attention	Emergency room care	$350 copay/visit; deductible does not apply	$350 copay/visit; deductible does not apply	Emergency room care: Copayment waived if admitted.
	Emergency medical transportation	20% coinsurance	20% coinsurance after network deductible	
	Urgent care	$75 copay/visit; deductible does not apply	40% coinsurance	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	Preauthorization may be required - if not obtained, penalty will be 50%.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Therapy: $30 copay/visit; deductible does not apply Other outpatient services: 20% coinsurance	Therapy: 40% coinsurance Other outpatient services: 40% coinsurance	None
	Inpatient services	20% coinsurance	40% coinsurance	Preauthorization may be required - if not obtained, penalty will be 50%.
If you are pregnant	Office visits	No charge; deductible does not apply	40% coinsurance	Cost sharing does not apply for preventive services.
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	Depending on the type of services, a copayment, coinsurance or deductible may apply.
	Childbirth/delivery facility services.	20% coinsurance	40% coinsurance	Preauthorization may be required - if not obtained, penalty will be 50%. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	100 visit limit per year. Preauthorization may be required - if not obtained, penalty will be 50%.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
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	Skilled nursing care	20% coinsurance	40% coinsurance	60 day limit per year. Preauthorization may be required - if not obtained, penalty will be 50%.
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	Children's glasses	Not covered	Not covered	None
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Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$500
Specialist copayment	$45
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles*	$500
Copayments	$10
Coinsurance	$2,100
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$2,670**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$500
Specialist copayment	$45
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles*	$200
Copayments	$1,600
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,820**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$500
Specialist copayment	$45
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles*	$500
Copayments	$700
Coinsurance	$200
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,400**

*Note: This plan has other **deductibles** for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

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GCHJV5REN 0721

Language assistance services, free of charge, are available to you. 866-427-7478 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę niká'adoowoł.

العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

PERFORMANCE GUARANTEES

Performance Standards

Proposer shall maintain the following performance levels, as applicable:

Requested Guarantees	Requested Amount at Risk	Humana Proposed Guarantees	Humana Amount at Risk
Implementation Measurements			
Eligibility Loading- Load all eligibility files into system within five (5) business days of receipt. Measurement Criteria- Elapsed time from date file received to the date upon which the file is loaded to the eligibility system.	$20,000	Humana agrees that "clean" eligibility files will be loaded into Humana's system within 5 business days of receipt. "Clean" enrollment is defined as needing no additional information from the member or the group.	$20,000
ID Cards -mailed within ten (10) business days after final member eligibility is received, system loaded and passes a quality assurance check. Measurement Criteria - Date ID cards are mailed.	$50,000	Humana will agree that 98% of open enrollment ID cards will be mailed within 10 days prior to the member/group's effective date contingent upon receiving clean enrollment data. "Clean" enrollment is defined as needing no additional information from the member or the group. The following requirements are necessary for this guarantee to be met: A) a test file must be received 90 days prior to the effective date and must be an approved eligibility file.; B) group set up information must be submitted 60 days prior to the effective date with no changes after that date; and C) the production file must be received 25 days prior to the effective date.	$50,000
Electronic "Claim Ready Date"- Electronic Claim Ready by the effective date or within twenty (20) business days after account structure is entered into the system, final member eligibility is received, and benefit plan design is finalized. Measurement Criteria - Date plan benefits and employee and dependent eligibility data is system loaded.	$50,000	Humana will agree that Claims payment will begin within 60 days of the completed NCD (or equivalent document) with no further changes.	$50,000
Claims Processing Measurements			
Time to Pay- 90% of "non-controversial' or "clean" claims paid in ten (10) business days.	$50,000 for failure to pay 90% of claims within 10 days; Increase $5,000 per extra day to meet 90%	Humana agrees to a cycle time of 90% within 14 calendar days. Cycle time is measured from the date a clean claim is received to	$50,000 for failure to pay 90% of claims within 10 days; Increase $5,000 per

Requested Guarantees	Requested Amount at Risk	Humana Proposed Guarantees	Humana Amount at Risk
	standard to a maximum of 15 days and maximum of $100,000	the date it is processed. "Processed" means paid or denied without requiring additional information from an external source.	extra day to meet 90% standard to a maximum of 15 days and maximum of $100,000
Financial Accuracy- 99% of submitted charges processed correctly.	$100,000 for failure to process 99% of claims correctly; Increase $5,000 per 25% reduction in accuracy to 98% and maximum of $200,000	Humana agrees to a financial accuracy rate of 99%. The financial accuracy rate is defined as the percentage of dollars paid correctly. It is calculated by dividing the total claim dollars paid less the absolute value of overpayments and underpayments by the total claim dollars paid.	$100,000 for failure to process 99% of claims correctly; Increase $5,000 per 25% reduction in accuracy to 98% and maximum of $200,000
Procedural Accuracy- 95% of claims processed without non-financial error Penalties.	Procedural Accuracy $20,000 for failure to process 95% of claims without a Non-financial error; increase $5,000 per .50% reduction in accuracy to 93% and maximum of $40,000.	Humana agrees to a processing accuracy rate of 97%. Processing accuracy is defined as the percent of claims coded correctly in the system; calculated by dividing the claims audited without processing errors by the total volume of claims audited.	Procedural Accuracy $20,000 for failure to process 95% of claims without a Non-financial error; increase $5,000 per .50% reduction in accuracy to 93% and maximum of $40,000.

Humana agrees to meet the performance standards as outlined above. This agreement is effective 1/1/2023 to 12/31/2023. Humana is willing to place a total of $460,000 of funded premiums at risk for failure to meet the stated performance standard. Performance results will be reported quarterly based on book of business results for the claims processing measurements and client specific for the implementation measurements. Payment of any penalties due to the client will be made following the end of the plan year based on annual results.

With respect to financial and payment accuracy, data is obtained through ongoing random audits based on a statistically valid sampling of all claims represented for payment. During implementation if significant changes to the Client's Plan, or in the event a benefit change notification is not received from the Client on a timely basis, Humana will not be responsible for performance results or penalty amounts as described within this Agreement.

_____ _____

Client Representative Signature/Date **Humana Representative Signature/Date**

In order for this contract to be binding, signatures are required from both the client and Humana representative. This signed exhibit must be returned to the Performance Guarantee Consultant for tracking purposes no later than 30 days post effective date.

NETWORK ACCESSIBILITY REPORTS

Humana HMO Premier

Jefferson Parish Government

Created by...

Humana

April 27, 2022

Contents

Report Contents

Contents

Report Contents

Access Overview

April 27, 2022

Created by...

Humana

Access Analysis

2 Primary Care Physicians in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Primary Care Physicians

Access Map

Employee locations

◆ With access

● Without access

588.96 miles

Comparison Graph

Percent of employees with access to a choice of providers over miles

- 1st closest
- 2nd closest
- 3rd closest
- 4th closest
- 5th closest

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

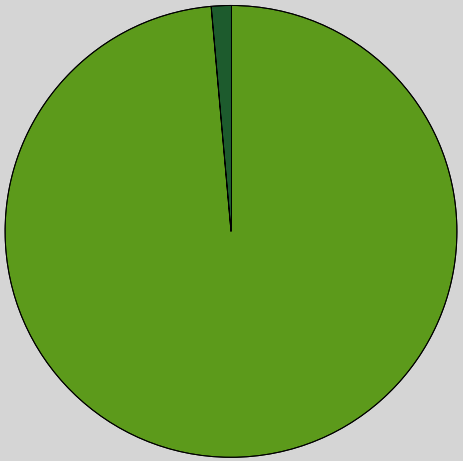
2 (Primary Care Physicians) providers in 10 miles

Overall Access[1]

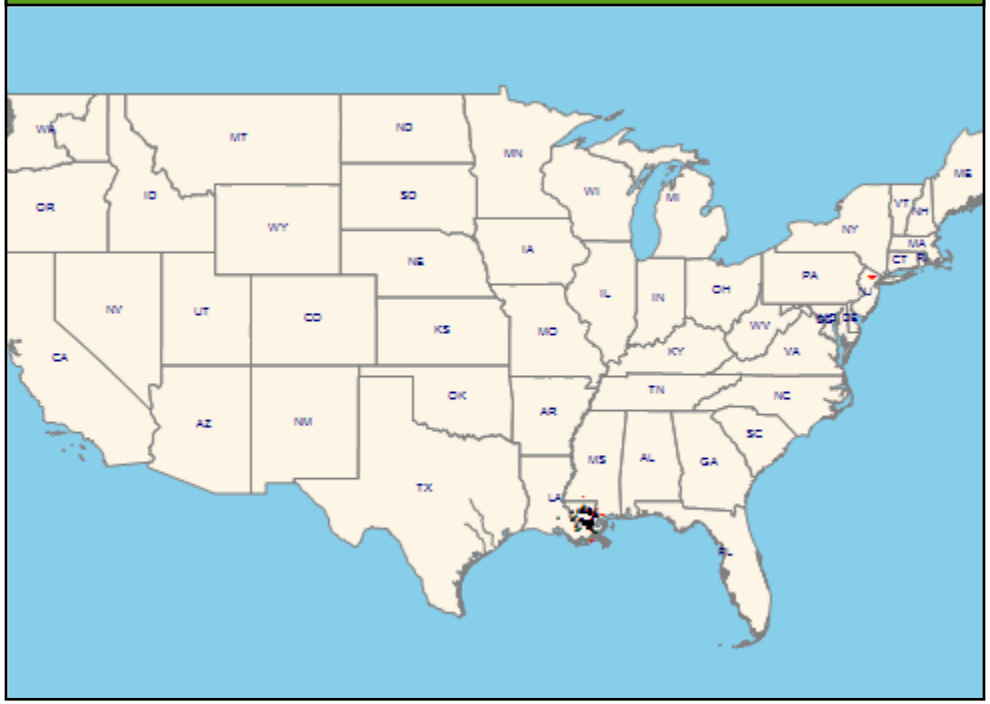
3,161 Employees
62,050 providers at 27,977 locations (Jefferson Parish Government)

3,118 (98.6%) Employees with access

43 (1.4%) Employees without access



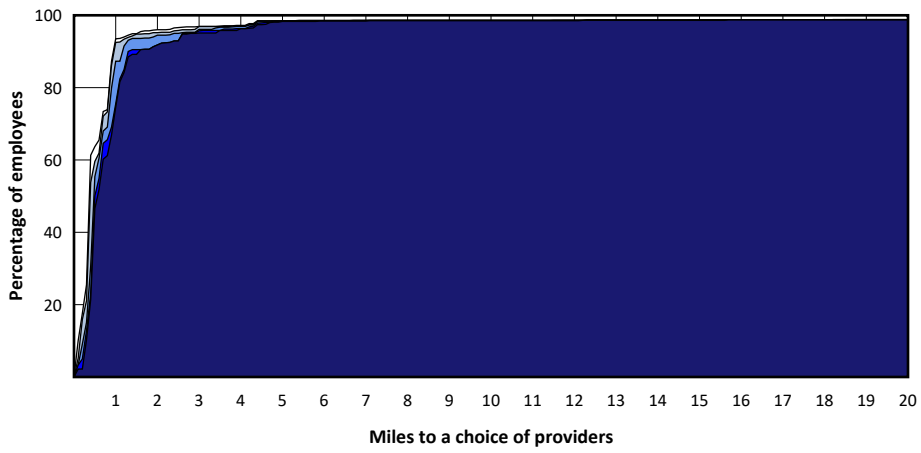
All Employees



Distances

	Average
Distance to 1st closest provider	5.0 miles
Distance to 2nd closest provider	5.2 miles
Distance to 3rd closest provider	5.4 miles
Distance to 4th closest provider	5.5 miles
Distance to 5th closest provider	5.6 miles

Access Standard Comparison



Access Summary By State Name

April 27, 2022

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Humana

Access Analysis

2 Primary Care Physicians in 10 miles

Employee Group

Jefferson Parish Government

Provider Group

Primary Care Physicians

Areas With Access

Top 35 State Names in the market, sorted by the number of employees with access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Primary Care Physicians) providers in 10 miles

Employees With Access

Employee Group	**3,161 employees** 3,118 (98.6%) employees with access	Provider Group	**62,050 unique providers at 27,977 unique locations** (93,009 total access points)

Key Geographic Areas

	State Name	Employee	With Access[1]		Average Distance		
		#	#	%	1	2	3
With Access	Louisiana	3,127	3,118	99.7	0.6	0.6	0.7

Access Detail By County

April 27, 2022

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Access Analysis

2 Primary Care Physicians in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Primary Care Physicians

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Primary Care Physicians) providers in 10 miles

Employees With Access								
State Name	County	Employee Counts		With Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Ascension	4	110	4	100.0	1.9	2.0	2.0
	East Baton Rouge	2	870	2	100.0	1.3	1.3	1.4
	Jefferson	2,530	819	2,523	99.7	0.6	0.6	0.6
	Lafourche	3	88	3	100.0	1.1	1.2	1.2
	Livingston	2	95	2	100.0	4.0	4.0	4.7
	Orleans	283	708	283	100.0	0.4	0.6	0.7
	Plaquemines	31	18	29	93.5	1.0	1.1	1.4
	St. Bernard	16	55	16	100.0	1.5	1.8	1.9
	St. Charles	77	67	77	100.0	0.8	0.9	1.8
	St. John the Baptist	51	50	51	100.0	0.2	0.2	0.2
	St. Martin	1	48	1	100.0	1.1	1.1	1.1
	St. Tammany	104	360	104	100.0	1.5	1.9	1.9
	Tangipahoa	21	239	21	100.0	1.7	2.0	2.0
	Terrebonne	2	116	2	100.0	1.7	1.7	1.8
Grand Totals		**3,127**	**3,643**	**3,118**	**99.7**	**0.6**	**0.6**	**0.7**

Access Summary By State Name

April 27, 2022

Created by...

Humana

Access Analysis

2 Primary Care Physicians in 10 miles

Employee Group

Jefferson Parish Government

Provider Group

Primary Care Physicians

Areas Without Access

Bottom 35 State Names in the market, sorted by the number of employees without access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Primary Care Physicians) providers in 10 miles

Employees Without Access

Employee Group	**3,161 employees** 43 (1.4%) employees without access	Provider Group	**62,050 unique providers at 27,977 unique locations** (93,009 total access points)

Key Geographic Areas

	State Name	Employee	Without Access[1]		Average Distance		
		#	#	%	1	2	3
Without Access	New Jersey	29	29	100.0	465.2	486.5	498.2
	Louisiana	3,127	9	0.3	25.9	25.9	26.5
	Mississippi	5	5	100.0	20.2	20.5	20.9

Access Detail By County

April 27, 2022

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Access Analysis

2 Primary Care Physicians in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Primary Care Physicians

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Primary Care Physicians) providers in 10 miles

Employees Without Access								
State Name	County	Employee Counts		Without Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Jefferson	2,530	819	7	0.3	29.8	29.8	29.8
	Plaquemines	31	18	2	6.5	12.3	12.3	14.8
Mississippi	Hancock	2	0	2	100.0	20.2	20.2	20.2
	Harrison	1	0	1	100.0	29.7	29.7	29.7
	Pearl River	1	0	1	100.0	18.2	18.2	18.5
	Pike	1	0	1	100.0	12.6	14.3	15.7
New Jersey	Essex	18	0	18	100.0	465.9	487.0	498.8
	Morris	7	0	7	100.0	460.0	482.1	493.3
	Passaic	4	0	4	100.0	471.2	492.1	504.0
Grand Totals		**2,595**	**837**	**43**	**1.7**	**321.5**	**335.9**	**344.0**

Network Analysis - With and Without

Access Overview

April 27, 2022

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Access Analysis

2 Pediatricians in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Pediatricians

Access Map

Employee locations

◆ With access

● Without access

588.96 miles

Comparison Graph

Percent of employees with access to a choice of providers over miles

1st closest

2nd closest

3rd closest

4th closest

5th closest

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

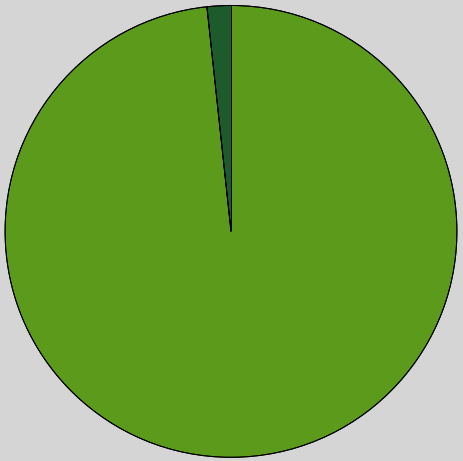
2 (Pediatricians) providers in 10 miles

Overall Access[1]

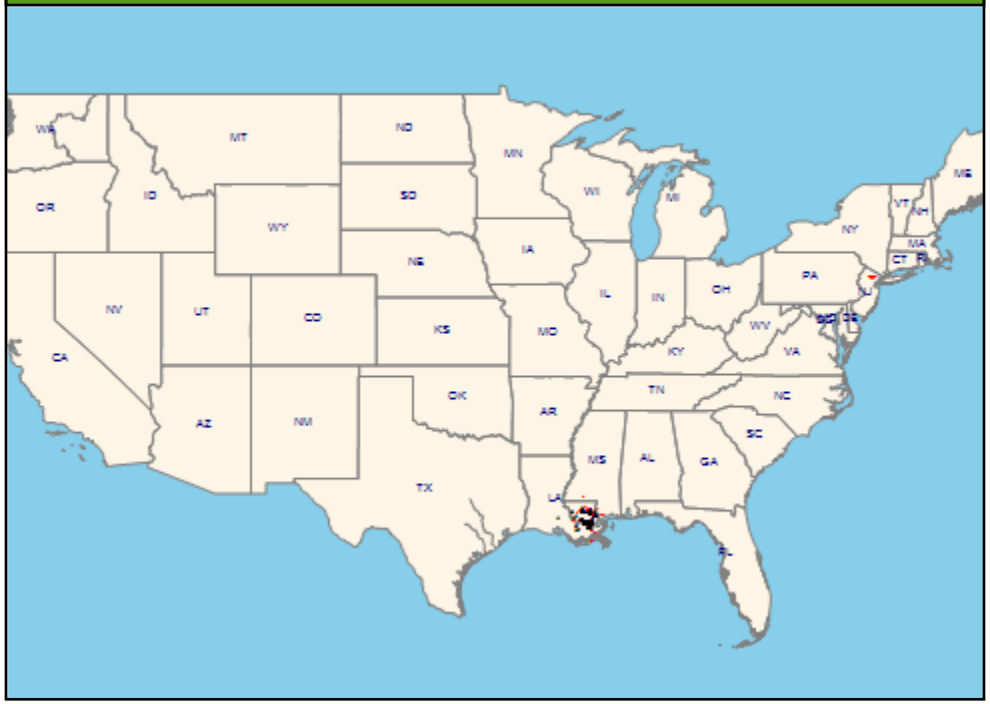
3,161 Employees
13,182 providers at 7,464 locations (Jefferson Parish Government)

3,107 (98.3%) Employees with access

54 (1.7%) Employees without access



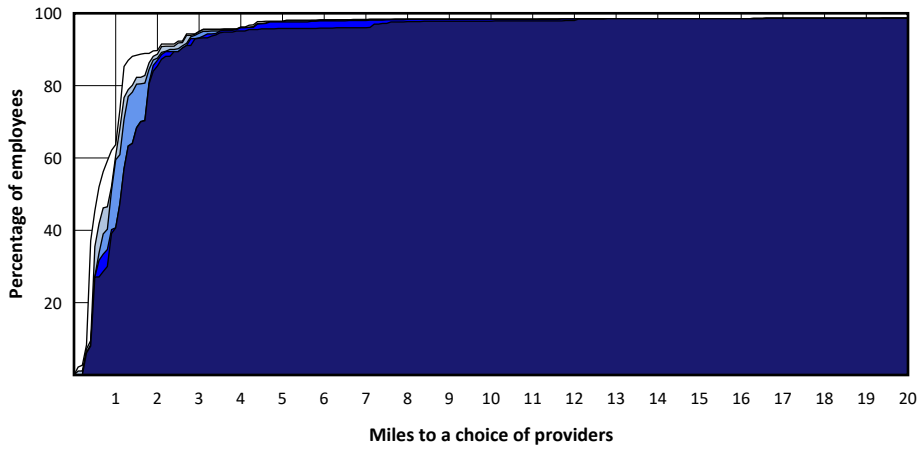
All Employees



Distances

	Average
Distance to 1st closest provider	5.6 miles
Distance to 2nd closest provider	5.8 miles
Distance to 3rd closest provider	6.0 miles
Distance to 4th closest provider	6.2 miles
Distance to 5th closest provider	6.3 miles

Access Standard Comparison



Access Summary By State Name

April 27, 2022

Created by...

Humana

Access Analysis

2 Pediatricians in 10 miles

Employee Group

Jefferson Parish Government

Provider Group

Pediatricians

Areas With Access

Top 35 State Names in the market, sorted by the number of employees with access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Pediatricians) providers in 10 miles

Employees With Access

Employee Group	**3,161 employees** 3,107 (98.3%) employees with access	Provider Group	**13,182 unique providers at 7,464 unique locations** (21,444 total access points)

Key Geographic Areas

	State Name	Employee	With Access[1]		Average Distance		
		#	#	%	1	2	3
With Access	Louisiana	3,127	3,107	99.4	0.9	1.1	1.1

Access Detail By County

April 27, 2022

Created by...

Humana

Access Analysis

2 Pediatricians in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Pediatricians

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Pediatricians) providers in 10 miles

Employees With Access								
State Name	County	Employee Counts		With Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Ascension	4	20	2	50.0	5.5	6.3	6.7
	East Baton Rouge	2	222	2	100.0	1.6	2.2	3.1
	Jefferson	2,530	264	2,523	99.7	0.8	0.9	1.0
	Lafourche	3	10	2	66.7	1.4	1.4	1.4
	Orleans	283	198	283	100.0	0.6	0.8	1.1
	Plaquemines	31	2	26	83.9	2.7	2.7	2.9
	St. Bernard	16	17	16	100.0	2.1	2.1	2.1
	St. Charles	77	24	77	100.0	2.1	2.5	2.9
	St. John the Baptist	51	12	51	100.0	1.0	1.9	1.9
	St. Martin	1	16	1	100.0	1.1	1.1	1.1
	St. Tammany	104	109	103	99.0	2.3	2.5	2.5
	Tangipahoa	21	37	19	90.5	2.1	2.4	3.2
	Terrebonne	2	28	2	100.0	2.1	2.6	2.8
Grand Totals		**3,125**	**959**	**3,107**	**99.4**	**0.9**	**1.1**	**1.1**

Access Summary By State Name

April 27, 2022

Created by...
Humana

Access Analysis
2 Pediatricians in 10 miles

Employee Group
Jefferson Parish Government

Provider Group
Pediatricians

Areas Without Access
Bottom 35 State Names in the market, sorted by the number of employees without access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (Pediatricians) providers in 10 miles

Employees Without Access

Employee Group	**3,161 employees** 54 (1.7%) employees without access	Provider Group	**13,182 unique providers at 7,464 unique locations** (21,444 total access points)

Key Geographic Areas

	State Name	Employee	Without Access[1]		Average Distance		
		#	#	%	1	2	3
Without Access	New Jersey	29	29	100.0	498.4	498.4	508.8
	Louisiana	3,127	20	0.6	20.4	24.0	24.1
	Mississippi	5	5	100.0	23.3	24.1	24.1

Access Detail By County

April 27, 2022

Created by...

Humana

Access Analysis

2 Pediatricians in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Pediatricians

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Pediatricians) providers in 10 miles

Employees Without Access								
State Name	County	Employee Counts		Without Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Ascension	4	20	2	50.0	12.1	12.1	12.1
	Jefferson	2,530	264	7	0.3	29.8	37.9	37.9
	Lafourche	3	10	1	33.3	3.8	13.4	13.9
	Livingston	2	26	2	100.0	10.9	11.0	11.0
	Plaquemines	31	2	5	16.1	23.6	23.6	23.9
	St. Tammany	104	109	1	1.0	12.7	12.7	12.8
	Tangipahoa	21	37	2	9.5	9.5	12.0	12.3
Mississippi	Hancock	2	0	2	100.0	20.2	20.2	20.2
	Harrison	1	0	1	100.0	29.7	29.7	29.7
	Pearl River	1	0	1	100.0	18.5	22.1	22.1
	Pike	1	0	1	100.0	28.1	28.1	28.1
New Jersey	Essex	18	0	18	100.0	499.0	499.0	508.8
	Morris	7	0	7	100.0	493.6	493.6	506.2
	Passaic	4	0	4	100.0	504.3	504.3	513.1
Grand Totals		**2,729**	**468**	**54**	**2.0**	**277.4**	**278.8**	**284.4**

Access Overview

April 27, 2022

Created by...

Humana

Access Analysis

2 OB/GYNs in 10 miles

Employee / Provider Groups

Jefferson Parish Government

OB/GYNs

Access Map

Employee locations

◆ With access

● Without access

588.96 miles

Comparison Graph

Percent of employees with access to a choice of providers over miles

1st closest

2nd closest

3rd closest

4th closest

5th closest

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

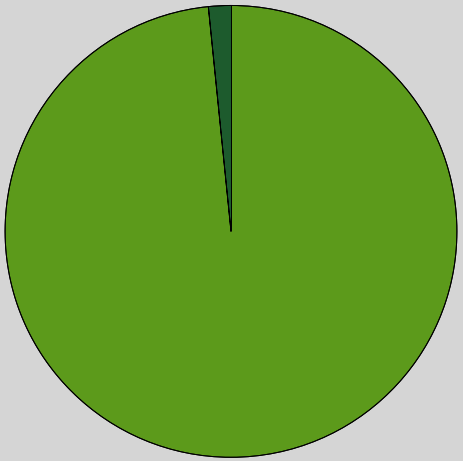
2 (OB/GYNs) providers in 10 miles

Overall Access[1]

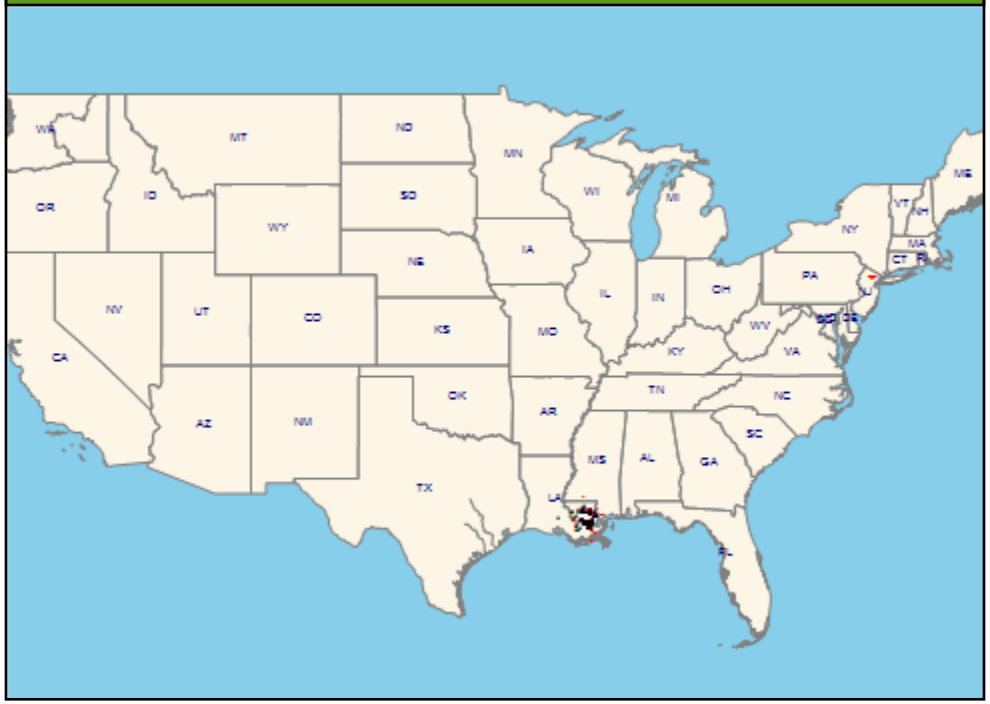
3,161 Employees
11,786 providers at 6,816 locations (Jefferson Parish Government)

3,112 (98.4%) Employees with access

49 (1.6%) Employees without access



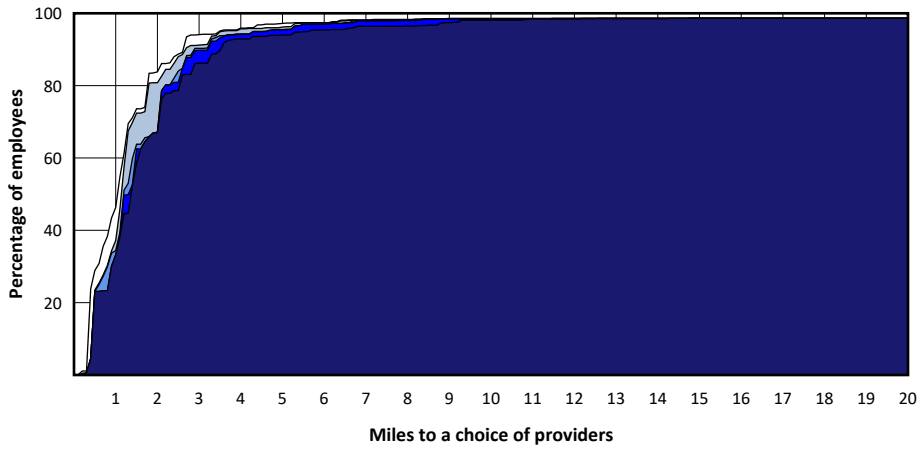
All Employees



Distances

	Average
Distance to 1st closest provider	6.0 miles
Distance to 2nd closest provider	6.1 miles
Distance to 3rd closest provider	6.3 miles
Distance to 4th closest provider	6.3 miles
Distance to 5th closest provider	6.5 miles

Access Standard Comparison



Access Summary By State Name

April 27, 2022

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Humana

Access Analysis
2 OB/GYNs in 10 miles

Employee Group
Jefferson Parish Government

Provider Group
OB/GYNs

Areas With Access
Top 35 State Names in the market, sorted by the number of employees with access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (OB/GYNs) providers in 10 miles

Employees With Access

Employee Group		Provider Group	
	3,161 employees 3,112 (98.4%) employees with access		**11,786 unique providers at 6,816 unique locations** (22,314 total access points)

Key Geographic Areas

	State Name	Employee	With Access[1]		Average Distance		
		#	#	%	1	2	3
With Access	Louisiana	3,127	3,112	99.5	1.3	1.4	1.6

Access Detail By County

April 27, 2022

Created by...

Humana

Access Analysis

2 OB/GYNs in 10 miles

Employee / Provider Groups

Jefferson Parish Government

OB/GYNs

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (OB/GYNs) providers in 10 miles

Employees With Access								
State Name	County	Employee Counts		With Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Ascension	4	6	2	50.0	5.8	6.7	9.0
	East Baton Rouge	2	166	2	100.0	2.7	2.7	2.7
	Jefferson	2,530	175	2,523	99.7	1.1	1.2	1.3
	Lafourche	3	21	3	100.0	1.4	1.6	1.6
	Livingston	2	16	2	100.0	6.2	6.2	6.2
	Orleans	283	197	283	100.0	1.1	1.4	1.5
	Plaquemines	31	1	26	83.9	2.8	2.8	2.8
	St. Bernard	16	1	16	100.0	3.7	4.7	5.6
	St. Charles	77	4	77	100.0	2.9	2.9	4.1
	St. John the Baptist	51	5	51	100.0	2.0	2.3	2.3
	St. Martin	1	8	1	100.0	1.1	2.8	2.8
	St. Tammany	104	85	103	99.0	3.1	3.1	3.5
	Tangipahoa	21	50	21	100.0	2.9	3.1	3.2
	Terrebonne	2	28	2	100.0	5.1	5.2	5.2
Grand Totals		**3,127**	**763**	**3,112**	**99.5**	**1.3**	**1.4**	**1.6**

Access Summary By State Name

April 27, 2022

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Access Analysis
2 OB/GYNs in 10 miles

Employee Group
Jefferson Parish Government

Provider Group
OB/GYNs

Areas Without Access
Bottom 35 State Names in the market, sorted by the number of employees without access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (OB/GYNs) providers in 10 miles

Employees Without Access

Employee Group	**3,161 employees** 49 (1.6%) employees without access	Provider Group	**11,786 unique providers at 6,816 unique locations** (22,314 total access points)

Key Geographic Areas

	State Name	Employee	Without Access[1]		Average Distance		
		#	#	%	1	2	3
Without Access	New Jersey	29	29	100.0	498.4	498.4	498.5
	Louisiana	3,127	15	0.5	19.6	24.3	24.3
	Mississippi	5	5	100.0	21.9	24.3	24.3

Access Detail By County

April 27, 2022

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Access Analysis

2 OB/GYNs in 10 miles

Employee / Provider Groups

Jefferson Parish Government

OB/GYNs

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (OB/GYNs) providers in 10 miles

Employees Without Access								
State Name	County	Employee Counts		Without Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Ascension	4	6	2	50.0	0.1	10.5	10.5
	Jefferson	2,530	175	7	0.3	33.9	33.9	33.9
	Plaquemines	31	1	5	16.1	9.2	18.9	18.9
	St. Tammany	104	85	1	1.0	11.0	11.0	12.2
Mississippi	Hancock	2	0	2	100.0	20.6	20.6	20.6
	Harrison	1	0	1	100.0	30.2	30.2	30.2
	Pearl River	1	0	1	100.0	22.1	22.2	22.2
	Pike	1	0	1	100.0	16.2	28.1	28.1
New Jersey	Essex	18	0	18	100.0	499.0	499.0	499.1
	Morris	7	0	7	100.0	493.5	493.6	493.6
	Passaic	4	0	4	100.0	504.2	504.3	504.3
Grand Totals		**2,703**	**267**	**49**	**1.8**	**303.2**	**304.9**	**304.9**

Access Overview

April 27, 2022

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Access Analysis

2 Specialists in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Specialists

Access Map

Employee locations

◆ With access

● Without access

588.96 miles

Comparison Graph

Percent of employees with access to a choice of providers over miles

1st closest

2nd closest

3rd closest

4th closest

5th closest

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

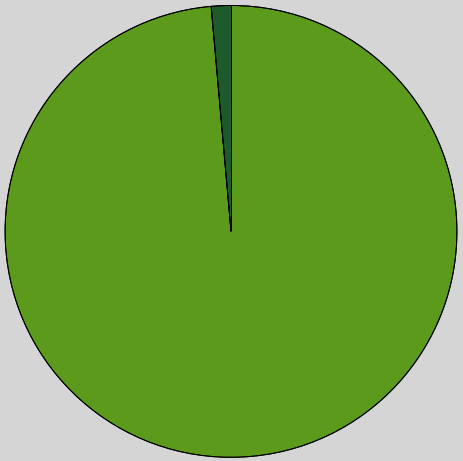
2 (Specialists) providers in 10 miles

Overall Access[1]

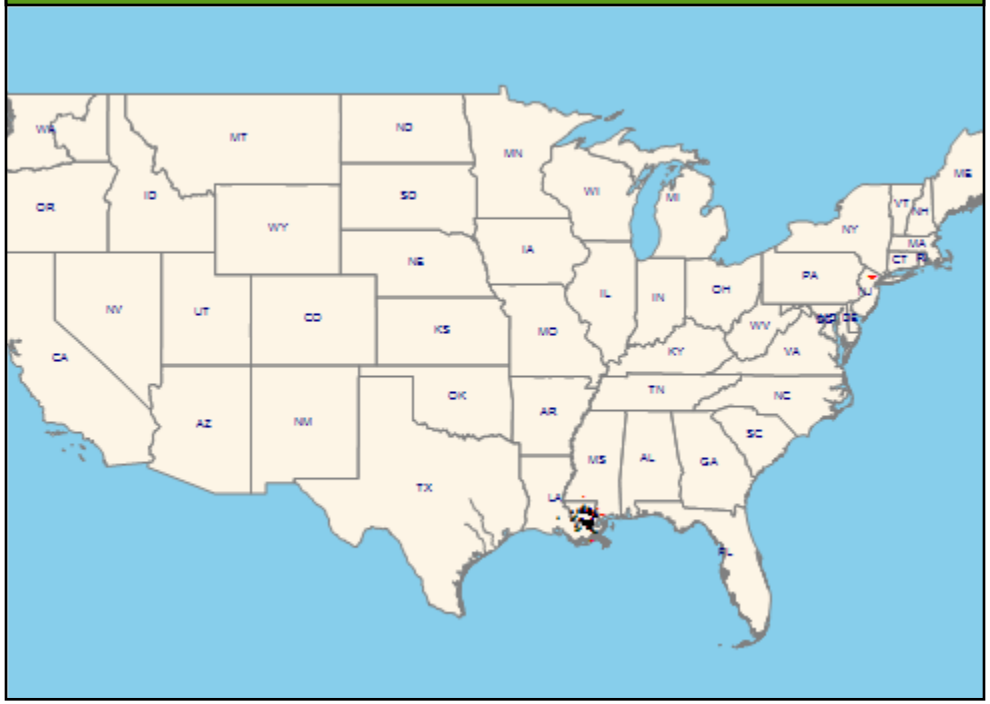
3,161 Employees
145,895 providers at 44,610 locations (Jefferson Parish Government)

3,118 (98.6%) Employees with access

43 (1.4%) Employees without access



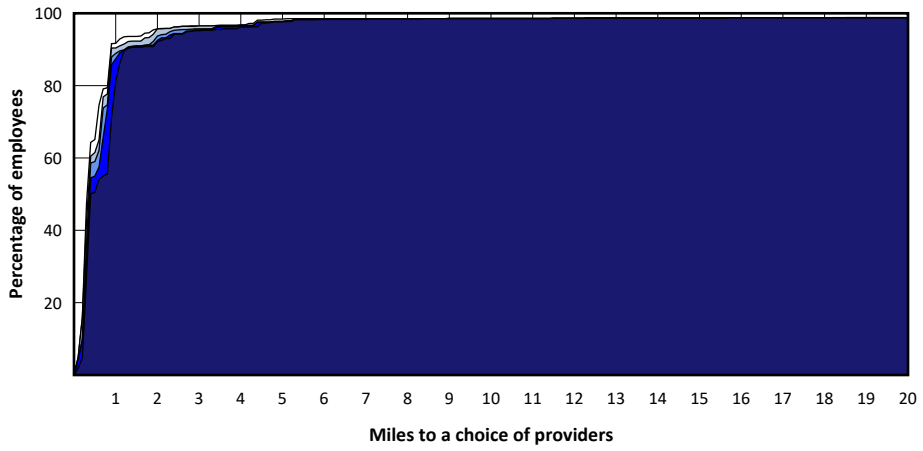
All Employees



Distances

	Average
Distance to 1st closest provider	2.3 miles
Distance to 2nd closest provider	3.5 miles
Distance to 3rd closest provider	5.0 miles
Distance to 4th closest provider	5.1 miles
Distance to 5th closest provider	5.2 miles

Access Standard Comparison



Access Summary By State Name

April 27, 2022

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Access Analysis
2 Specialists in 10 miles

Employee Group
Jefferson Parish Government

Provider Group
Specialists

Areas With Access
Top 35 State Names in the market, sorted by the number of employees with access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (Specialists) providers in 10 miles

Employees With Access

Employee Group		Provider Group	
	3,161 employees 3,118 (98.6%) employees with access		**145,895 unique providers at 44,610 unique locations** (338,756 total access points)

Key Geographic Areas

	State Name	Employee	With Access[1]		Average Distance		
		#	#	%	1	2	3
With Access	Louisiana	3,127	3,118	99.7	0.6	0.6	0.7

Access Detail By County

April 27, 2022

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Access Analysis

2 Specialists in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Specialists

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Specialists) providers in 10 miles

Employees With Access								
State Name	County	Employee Counts		With Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Ascension	4	194	4	100.0	2.2	2.4	2.4
	East Baton Rouge	2	3,053	2	100.0	0.7	0.7	0.7
	Jefferson	2,530	3,014	2,523	99.7	0.5	0.5	0.5
	Lafourche	3	348	3	100.0	0.9	0.9	1.0
	Livingston	2	207	2	100.0	6.2	6.2	6.2
	Orleans	283	2,437	283	100.0	0.5	0.7	0.8
	Plaquemines	31	9	29	93.5	2.0	2.0	4.3
	St. Bernard	16	104	16	100.0	1.6	1.6	1.6
	St. Charles	77	210	77	100.0	0.8	0.9	2.0
	St. John the Baptist	51	114	51	100.0	0.8	0.8	1.1
	St. Martin	1	58	1	100.0	1.1	1.1	2.8
	St. Tammany	104	1,747	104	100.0	1.7	1.9	2.0
	Tangipahoa	21	578	21	100.0	1.8	2.1	2.2
	Terrebonne	2	533	2	100.0	1.8	1.8	1.8
Grand Totals		**3,127**	**12,606**	**3,118**	**99.7**	**0.6**	**0.6**	**0.7**

Access Summary By State Name

April 27, 2022

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Access Analysis
2 Specialists in 10 miles

Employee Group
Jefferson Parish Government

Provider Group
Specialists

Areas Without Access
Bottom 35 State Names in the market, sorted by the number of employees without access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (Specialists) providers in 10 miles

Employees Without Access

Employee Group	**3,161 employees** 43 (1.4%) employees without access	Provider Group	**145,895 unique providers at 44,610 unique locations** (338,756 total access points)

Key Geographic Areas

	State Name	Employee	Without Access[1]		Average Distance		
		#	#	%	1	2	3
Without Access	New Jersey	29	29	100.0	173.9	298.4	460.0
	Louisiana	3,127	9	0.3	27.3	27.3	27.9
	Mississippi	5	5	100.0	20.8	20.9	20.9

Access Detail By County

April 27, 2022

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Access Analysis

2 Specialists in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Specialists

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Specialists) providers in 10 miles

Employees Without Access								
State Name	County	Employee	Counts	Without Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Jefferson	2,530	3,014	7	0.3	31.6	31.6	31.6
	Plaquemines	31	9	2	6.5	12.3	12.3	14.8
Mississippi	Hancock	2	0	2	100.0	20.2	20.2	20.2
	Harrison	1	0	1	100.0	29.7	29.7	29.7
	Pearl River	1	0	1	100.0	18.2	18.5	18.5
	Pike	1	0	1	100.0	15.7	15.7	15.7
New Jersey	Essex	18	0	18	100.0	173.8	299.1	460.8
	Morris	7	0	7	100.0	172.2	293.1	454.8
	Passaic	4	0	4	100.0	177.8	304.4	466.0
Grand Totals		**2,595**	**3,023**	**43**	**1.7**	**125.4**	**209.4**	**318.5**

Humana ChoiceCare PPO

Jefferson Parish Government

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May 3, 2022

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May 3, 2022

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Access Map

Employee locations

◆ With access

● Without access

588.96 miles

Comparison Graph

Percent of employees with access to a choice of providers over miles

1st closest

2nd closest

3rd closest

4th closest

5th closest

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

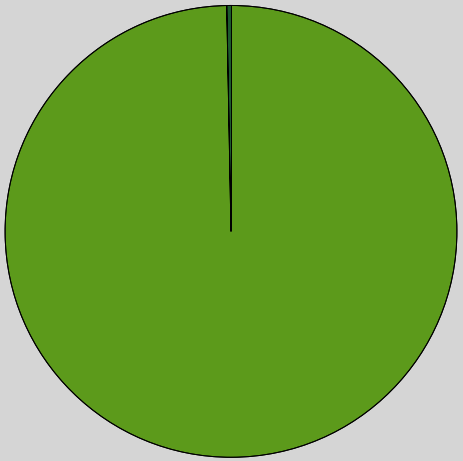
2 (Primary Care Physicians) providers in 10 miles

Overall Access[1]

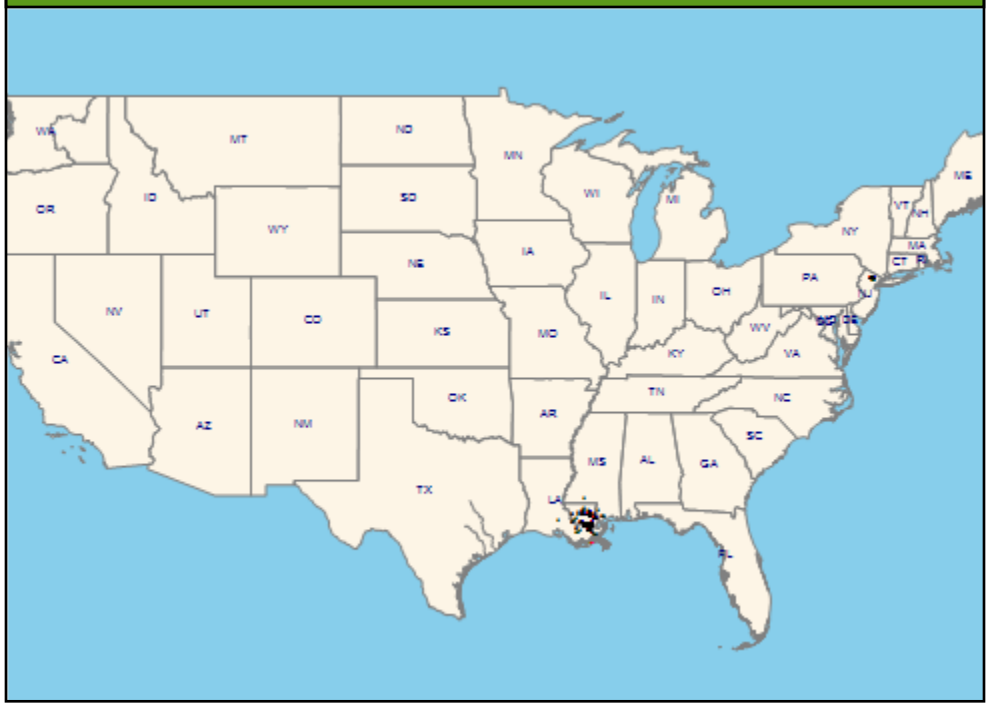
3,161 Employees
225,309 providers at 103,679 locations (Jefferson Parish Government)

3,152 (99.7%) Employees with access

9 (0.3%) Employees without access



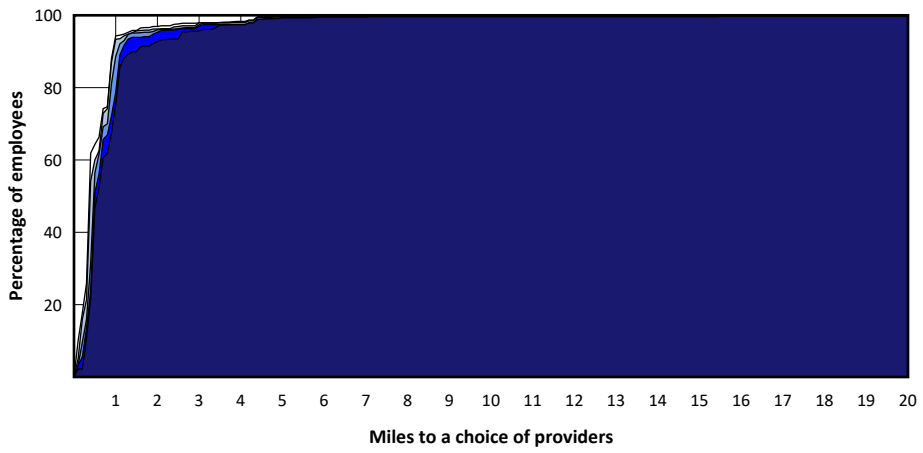
All Employees



Distances

	Average
Distance to 1st closest provider	0.7 mile
Distance to 2nd closest provider	0.7 mile
Distance to 3rd closest provider	0.8 mile
Distance to 4th closest provider	0.9 mile
Distance to 5th closest provider	1.0 mile

Access Standard Comparison



Access Summary By State Name

May 3, 2022

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Access Analysis

2 Primary Care Physicians in 10 miles

Employee Group

Jefferson Parish Government

Provider Group

Primary Care Physicians

Areas With Access

Top 35 State Names in the market, sorted by the number of employees with access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Primary Care Physicians) providers in 10 miles

Employees With Access

Employee Group	**3,161 employees** 3,152 (99.7%) employees with access	Provider Group	**225,309 unique providers at 103,679 unique locations** (382,236 total access points)

Key Geographic Areas

	State Name	Employee #	With Access[1] #	With Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
With Access	Louisiana	3,127	3,118	99.7	0.6	0.6	0.7
	New Jersey	29	29	100.0	0.5	0.6	0.7
	Mississippi	5	5	100.0	2.6	3.2	3.2

Access Detail By County

May 3, 2022

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Access Analysis

2 Primary Care Physicians in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Primary Care Physicians

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Primary Care Physicians) providers in 10 miles

Employees With Access								
State Name	County	Employee Counts		With Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Ascension	4	111	4	100.0	1.9	2.2	2.2
	East Baton Rouge	2	878	2	100.0	1.3	1.3	1.4
	Jefferson	2,530	835	2,523	99.7	0.6	0.6	0.6
	Lafourche	3	92	3	100.0	1.1	1.2	1.2
	Livingston	2	96	2	100.0	4.0	4.0	4.7
	Orleans	283	718	283	100.0	0.4	0.6	0.7
	Plaquemines	31	20	29	93.5	1.0	1.1	1.4
	St. Bernard	16	56	16	100.0	1.5	1.8	1.9
	St. Charles	77	74	77	100.0	0.8	0.9	0.9
	St. John the Baptist	51	47	51	100.0	0.2	0.2	0.2
	St. Martin	1	54	1	100.0	1.1	1.1	1.1
	St. Tammany	104	370	104	100.0	1.5	1.8	1.8
	Tangipahoa	21	239	21	100.0	1.7	2.0	2.0
	Terrebonne	2	135	2	100.0	1.7	1.7	1.8
Mississippi	Hancock	2	61	2	100.0	1.4	2.4	2.4
	Harrison	1	248	1	100.0	2.1	3.4	3.4
	Pearl River	1	66	1	100.0	3.8	3.8	3.8
	Pike	1	42	1	100.0	4.1	4.1	4.2
New Jersey	Essex	18	1,608	18	100.0	0.6	0.7	0.7
	Morris	7	830	7	100.0	0.4	0.6	0.7
	Passaic	4	916	4	100.0	0.2	0.3	0.3
Grand Totals		**3,161**	**7,496**	**3,152**	**99.7**	**0.6**	**0.6**	**0.7**

Access Summary By State Name

May 3, 2022

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Access Analysis

2 Primary Care Physicians in 10 miles

Employee Group

Jefferson Parish Government

Provider Group

Primary Care Physicians

Areas Without Access

Bottom 35 State Names in the market, sorted by the number of employees without access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Primary Care Physicians) providers in 10 miles

Employees Without Access

Employee Group	**3,161 employees** 9 (0.3%) employees without access	Provider Group	**225,309 unique providers at 103,679 unique locations** (382,236 total access points)

Key Geographic Areas

	State Name	Employee	Without Access[1]		Average Distance		
		#	#	%	1	2	3
Without Access	Louisiana	3,127	9	0.3	25.9	25.9	26.8

Access Detail By County

May 3, 2022

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Access Analysis

2 Primary Care Physicians in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Primary Care Physicians

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Primary Care Physicians) providers in 10 miles

Employees Without Access								
State Name	County	Employee Counts		Without Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Jefferson	2,530	835	7	0.3	29.8	29.8	30.2
	Plaquemines	31	20	2	6.5	12.3	12.3	14.8
Grand Totals		**2,561**	**855**	**9**	**0.4**	**25.9**	**25.9**	**26.8**

Network Analysis - With and Without

Access Overview

May 3, 2022

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Access Analysis

2 Pediatricians in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Pediatricians

Access Map

Employee locations

◆ With access

● Without access

588.96 miles

Comparison Graph

Percent of employees with access to a choice of providers over miles

1st closest

2nd closest

3rd closest

4th closest

5th closest

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Pediatricians) providers in 10 miles

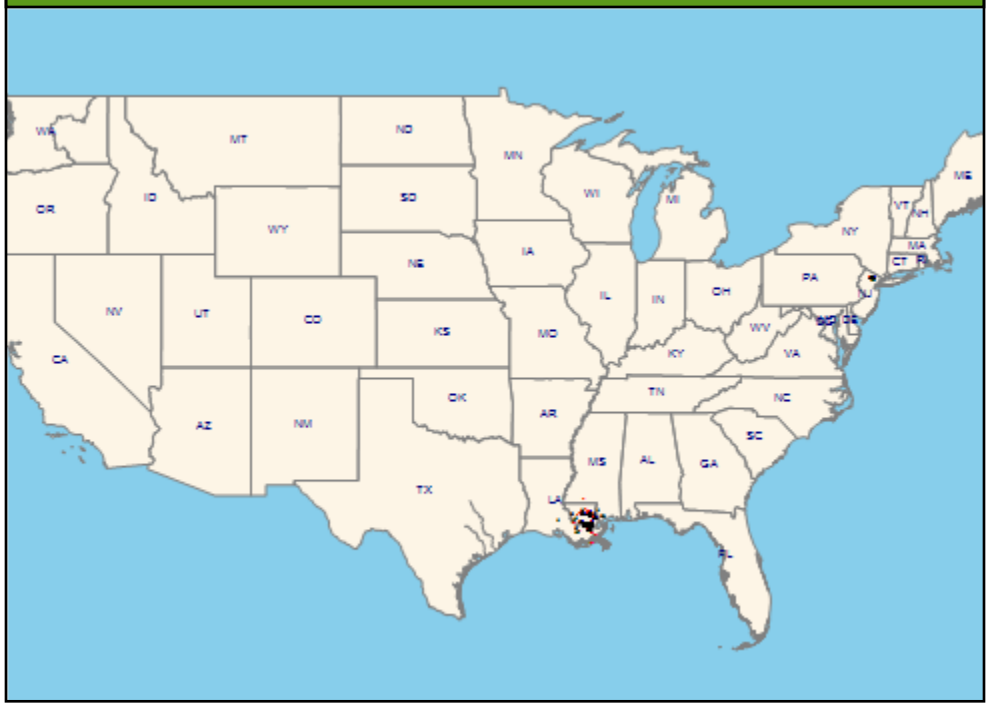
Overall Access[1]

3,161 Employees
44,931 providers at 26,547 locations (Jefferson Parish Government)

3,140 (99.3%) Employees with access

21 (0.7%) Employees without access

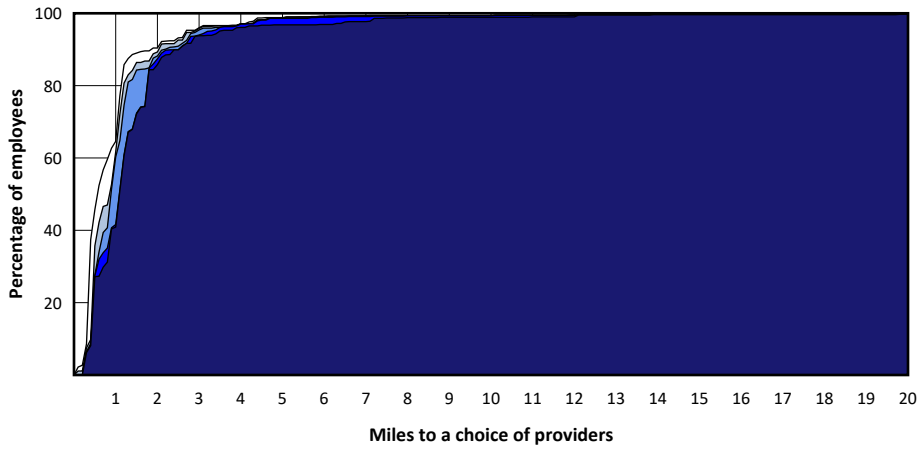
All Employees



Distances

	Average
Distance to 1st closest provider	1.0 mile
Distance to 2nd closest provider	1.2 miles
Distance to 3rd closest provider	1.3 miles
Distance to 4th closest provider	1.4 miles
Distance to 5th closest provider	1.5 miles

Access Standard Comparison



Access Summary By State Name

May 3, 2022

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Access Analysis
2 Pediatricians in 10 miles

Employee Group
Jefferson Parish Government

Provider Group
Pediatricians

Areas With Access
Top 35 State Names in the market, sorted by the number of employees with access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (Pediatricians) providers in 10 miles

Employees With Access

Employee Group	**3,161 employees** 3,140 (99.3%) employees with access	Provider Group	**44,931 unique providers at 26,547 unique locations** (82,573 total access points)

Key Geographic Areas

	State Name	Employee	With Access[1]		Average Distance		
		#	#	%	1	2	3
With Access	Louisiana	3,127	3,107	99.4	0.9	1.0	1.1
	New Jersey	29	29	100.0	1.1	1.3	1.5
	Mississippi	5	4	80.0	4.1	4.2	4.2

Access Detail By County

May 3, 2022

Created by...

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Access Analysis

2 Pediatricians in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Pediatricians

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Pediatricians) providers in 10 miles

Employees With Access								
State Name	County	Employee Counts		With Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Ascension	4	20	2	50.0	6.3	6.3	6.7
	East Baton Rouge	2	225	2	100.0	1.6	2.2	3.1
	Jefferson	2,530	267	2,523	99.7	0.8	0.9	1.0
	Lafourche	3	14	2	66.7	1.4	1.4	1.4
	Orleans	283	203	283	100.0	0.6	0.8	1.1
	Plaquemines	31	3	26	83.9	2.7	2.7	2.8
	St. Bernard	16	17	16	100.0	2.1	2.1	2.1
	St. Charles	77	24	77	100.0	2.1	2.5	2.9
	St. John the Baptist	51	12	51	100.0	1.0	1.9	1.9
	St. Martin	1	16	1	100.0	1.1	1.1	1.1
	St. Tammany	104	109	103	99.0	2.3	2.5	2.5
	Tangipahoa	21	37	19	90.5	2.3	2.6	3.4
	Terrebonne	2	32	2	100.0	2.1	2.1	2.7
Mississippi	Hancock	2	7	2	100.0	2.7	2.7	2.7
	Harrison	1	42	1	100.0	4.7	4.7	4.7
	Pearl River	1	15	1	100.0	6.1	6.6	6.6
New Jersey	Essex	18	423	18	100.0	1.1	1.1	1.1
	Morris	7	217	7	100.0	1.5	2.5	3.2
	Passaic	4	275	4	100.0	0.4	0.4	0.4
Grand Totals		**3,158**	**1,958**	**3,140**	**99.4**	**0.9**	**1.0**	**1.1**

Access Summary By State Name

May 3, 2022

Created by...
Humana

Access Analysis
2 Pediatricians in 10 miles

Employee Group
Jefferson Parish Government

Provider Group
Pediatricians

Areas Without Access
Bottom 35 State Names in the market, sorted by the number of employees without access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (Pediatricians) providers in 10 miles

Employees Without Access

Employee Group	**3,161 employees** 21 (0.7%) employees without access	Provider Group	**44,931 unique providers at 26,547 unique locations** (82,573 total access points)

Key Geographic Areas

	State Name	Employee	Without Access[1]		Average Distance		
		#	#	%	1	2	3
Without Access	Louisiana	3,127	20	0.6	20.0	24.0	24.0
	Mississippi	5	1	20.0	11.9	11.9	11.9

Access Detail By County

May 3, 2022

Created by...

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Access Analysis

2 Pediatricians in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Pediatricians

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Pediatricians) providers in 10 miles

Employees Without Access								
State Name	County	Employee	Counts	Without Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Ascension	4	20	2	50.0	12.1	12.1	12.1
	Jefferson	2,530	267	7	0.3	29.8	37.9	37.9
	Lafourche	3	14	1	33.3	3.8	13.4	13.4
	Livingston	2	26	2	100.0	10.9	11.0	11.0
	Plaquemines	31	3	5	16.1	23.6	23.6	23.6
	St. Tammany	104	109	1	1.0	12.7	12.7	12.8
	Tangipahoa	21	37	2	9.5	5.8	12.0	12.0
Mississippi	Pike	1	3	1	100.0	11.9	11.9	11.9
Grand Totals		**2,696**	**479**	**21**	**0.8**	**19.6**	**23.4**	**23.4**

Access Overview

May 3, 2022

Created by...
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Access Analysis
2 OB/GYNs in 10 miles

Employee / Provider Groups
Jefferson Parish Government
OB/GYNs

Access Map
Employee locations
◆ With access
● Without access
588.96 miles

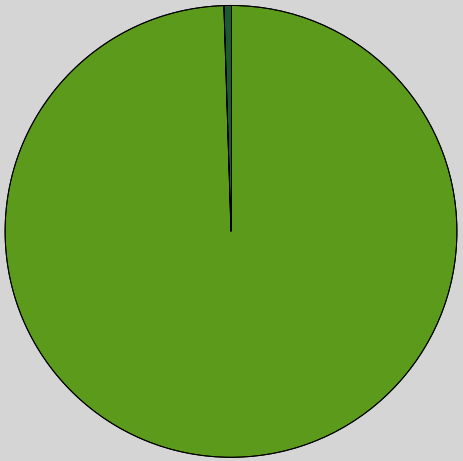
Comparison Graph
Percent of employees with access to a choice of providers over miles
1st closest
2nd closest
3rd closest
4th closest
5th closest

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (OB/GYNs) providers in 10 miles

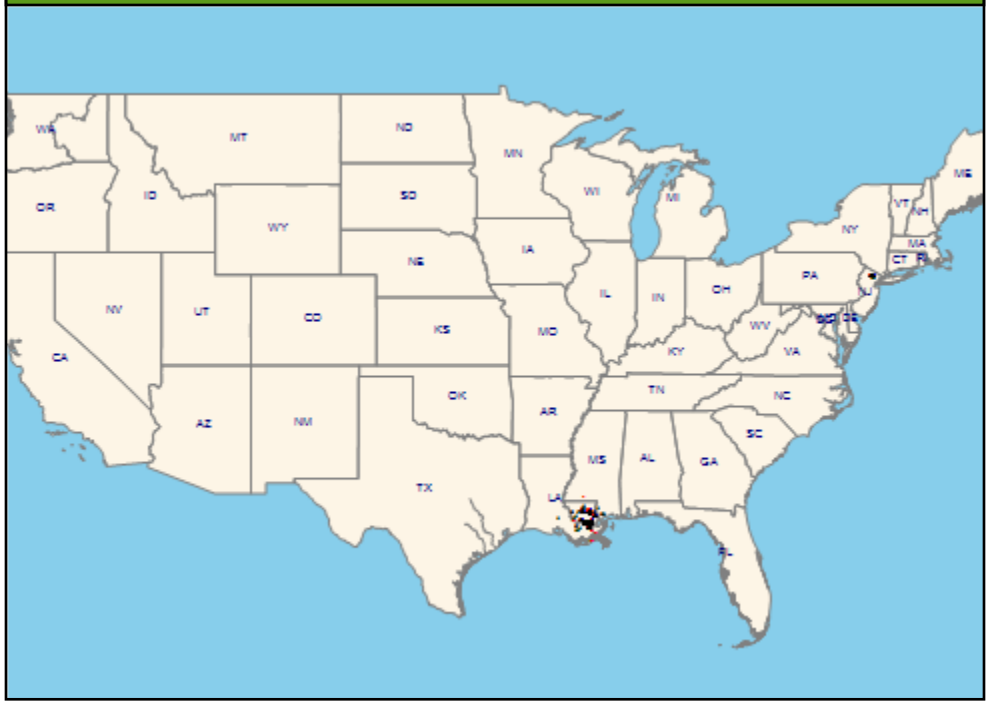
Overall Access[1]

3,161 Employees
38,916 providers at 25,330 locations (Jefferson Parish Government)

3,144 (99.5%) Employees with access
17 (0.5%) Employees without access



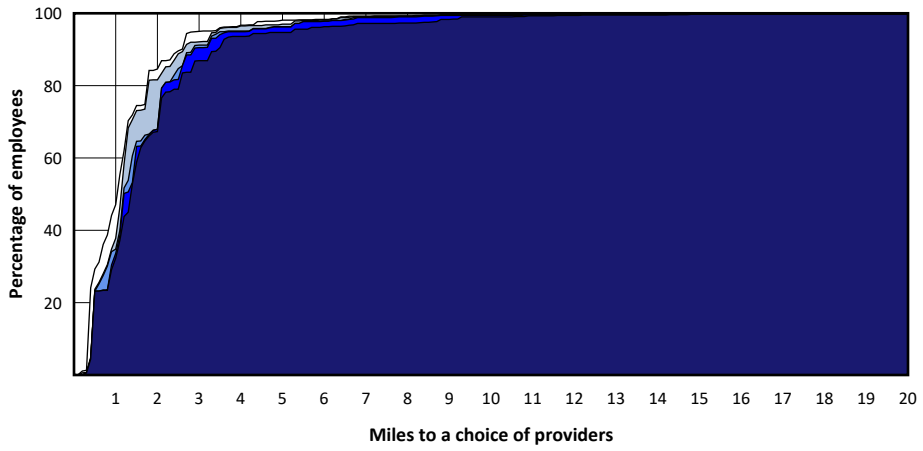
All Employees



Distances

	Average
Distance to 1st closest provider	1.4 miles
Distance to 2nd closest provider	1.5 miles
Distance to 3rd closest provider	1.7 miles
Distance to 4th closest provider	1.7 miles
Distance to 5th closest provider	1.9 miles

Access Standard Comparison



Access Summary By State Name

May 3, 2022

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Humana

Access Analysis
2 OB/GYNs in 10 miles

Employee Group
Jefferson Parish Government

Provider Group
OB/GYNs

Areas With Access
Top 35 State Names in the market, sorted by the number of employees with access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (OB/GYNs) providers in 10 miles

Employees With Access

Employee Group		Provider Group	
	3,161 employees 3,144 (99.5%) employees with access		**38,916 unique providers at 25,330 unique locations** (82,399 total access points)

Key Geographic Areas

	State Name	Employee	With Access[1]		Average Distance		
		#	#	%	1	2	3
With Access	Louisiana	3,127	3,111	99.5	1.3	1.4	1.6
	New Jersey	29	29	100.0	0.8	1.0	1.2
	Mississippi	5	4	80.0	5.0	5.0	5.1

Access Detail By County

May 3, 2022

Created by...

Humana

Access Analysis

2 OB/GYNs in 10 miles

Employee / Provider Groups

Jefferson Parish Government

OB/GYNs

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (OB/GYNs) providers in 10 miles

Employees With Access								
State Name	County	Employee Counts		With Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Ascension	4	6	2	50.0	5.8	6.7	9.0
	East Baton Rouge	2	159	2	100.0	2.7	2.7	2.7
	Jefferson	2,530	180	2,523	99.7	1.1	1.2	1.3
	Lafourche	3	27	3	100.0	1.2	1.2	1.3
	Livingston	2	18	1	50.0	6.6	6.6	6.6
	Orleans	283	199	283	100.0	1.2	1.5	1.6
	Plaquemines	31	1	26	83.9	2.8	2.8	2.8
	St. Bernard	16	1	16	100.0	3.7	4.7	5.6
	St. Charles	77	4	77	100.0	2.9	2.9	4.1
	St. John the Baptist	51	5	51	100.0	2.0	2.3	2.3
	St. Martin	1	9	1	100.0	1.1	2.8	2.8
	St. Tammany	104	82	103	99.0	3.1	3.1	3.5
	Tangipahoa	21	51	21	100.0	3.4	3.6	3.7
	Terrebonne	2	40	2	100.0	2.6	2.6	2.6
Mississippi	Hancock	2	4	2	100.0	2.4	2.4	2.7
	Harrison	1	41	1	100.0	8.5	8.5	8.5
	Pearl River	1	7	1	100.0	6.6	6.6	6.6
New Jersey	Essex	18	498	18	100.0	0.8	1.1	1.2
	Morris	7	228	7	100.0	1.4	1.4	1.5
	Passaic	4	221	4	100.0	0.3	0.3	0.4
Grand Totals		**3,160**	**1,781**	**3,144**	**99.5**	**1.3**	**1.4**	**1.6**

Access Summary By State Name

May 3, 2022

Created by...
Humana

Access Analysis
2 OB/GYNs in 10 miles

Employee Group
Jefferson Parish Government

Provider Group
OB/GYNs

Areas Without Access
Bottom 35 State Names in the market, sorted by the number of employees without access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (OB/GYNs) providers in 10 miles

Employees Without Access

Employee Group	**3,161 employees** 17 (0.5%) employees without access	Provider Group	**38,916 unique providers at 25,330 unique locations** (82,399 total access points)

Key Geographic Areas

	State Name	Employee	Without Access[1]		Average Distance		
		#	#	%	1	2	3
Without Access	Louisiana	3,127	16	0.5	19.1	23.4	23.5
	Mississippi	5	1	20.0	11.3	11.3	11.6

Access Detail By County

May 3, 2022

Created by...
Humana

Access Analysis
2 OB/GYNs in 10 miles

Employee / Provider Groups
Jefferson Parish Government
OB/GYNs

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (OB/GYNs) providers in 10 miles

Employees Without Access								
State Name	County	Employee	Counts	Without Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Ascension	4	6	2	50.0	0.1	10.5	10.5
	Jefferson	2,530	180	7	0.3	33.9	33.9	33.9
	Livingston	2	18	1	50.0	10.6	10.6	10.6
	Plaquemines	31	1	5	16.1	9.2	18.9	18.9
	St. Tammany	104	82	1	1.0	11.0	11.0	12.2
Mississippi	Pike	1	6	1	100.0	11.3	11.3	11.6
Grand Totals		**2,672**	**293**	**17**	**0.6**	**18.6**	**22.7**	**22.8**

Access Overview

May 3, 2022

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Access Analysis
2 Specialists in 10 miles

Employee / Provider Groups
Jefferson Parish Government
Specialists

Access Map
Employee locations
◆ With access
● Without access

588.96 miles

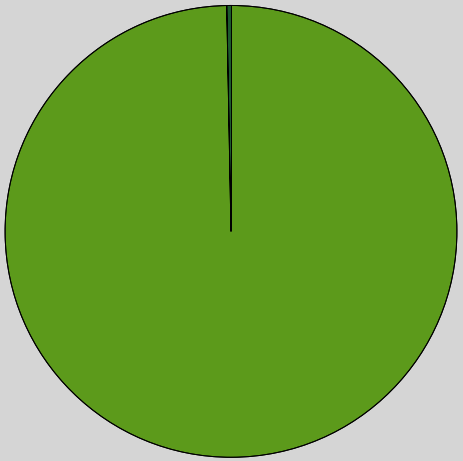
Comparison Graph
Percent of employees with access to a choice of providers over miles
1st closest
2nd closest
3rd closest
4th closest
5th closest

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (Specialists) providers in 10 miles

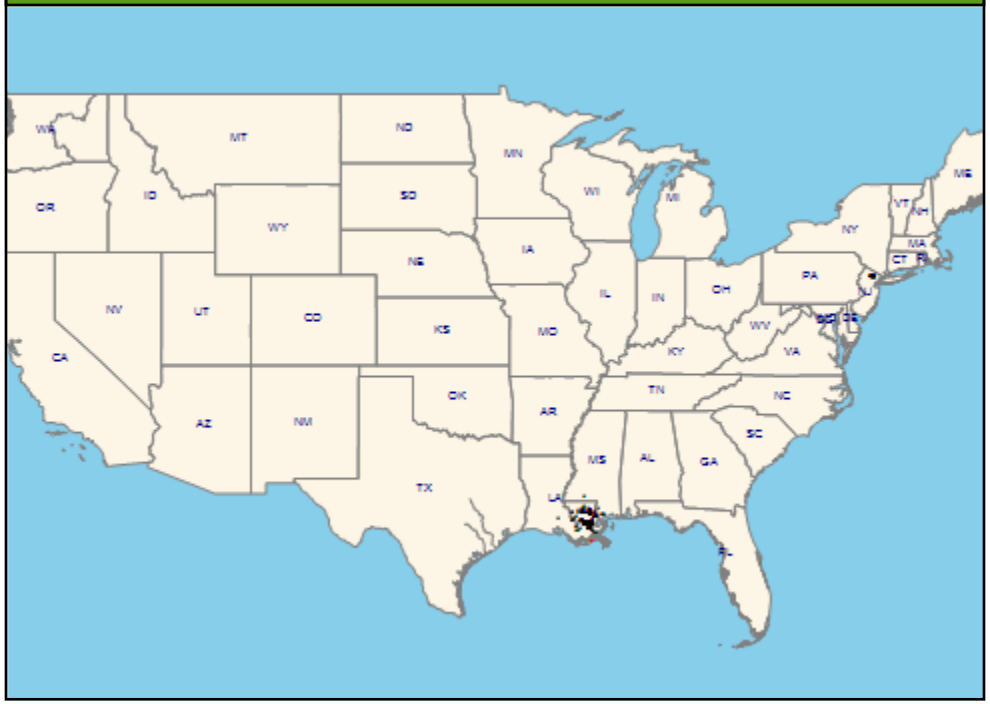
Overall Access[1]

3,161 Employees
452,873 providers at 152,000 locations (Jefferson Parish Government)

3,152 (99.7%) Employees with access
9 (0.3%) Employees without access



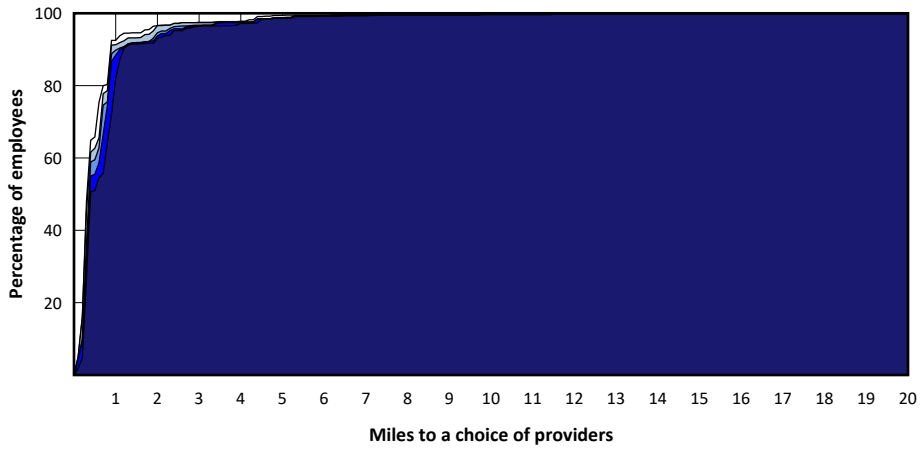
All Employees



Distances

	Average
Distance to 1st closest provider	0.7 mile
Distance to 2nd closest provider	0.7 mile
Distance to 3rd closest provider	0.8 mile
Distance to 4th closest provider	0.8 mile
Distance to 5th closest provider	0.9 mile

Access Standard Comparison



Access Summary By State Name

May 3, 2022

Created by...
Humana

Access Analysis
2 Specialists in 10 miles

Employee Group
Jefferson Parish Government

Provider Group
Specialists

Areas With Access
Top 35 State Names in the market, sorted by the number of employees with access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (Specialists) providers in 10 miles

Employees With Access

Employee Group		Provider Group	
	3,161 employees 3,152 (99.7%) employees with access		**452,873 unique providers at 152,000 unique locations** (1,129,582 total access points)

Key Geographic Areas

	State Name	Employee	With Access[1]		Average Distance		
		#	#	%	1	2	3
With Access	Louisiana	3,127	3,118	99.7	0.6	0.6	0.7
	New Jersey	29	29	100.0	0.4	0.5	0.6
	Mississippi	5	5	100.0	4.6	4.7	4.7

Access Detail By County

May 3, 2022

Created by...

Humana

Access Analysis

2 Specialists in 10 miles

Employee / Provider Groups

Jefferson Parish Government

Specialists

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:

2 (Specialists) providers in 10 miles

Employees With Access								
State Name	County	Employee Counts		With Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Ascension	4	198	4	100.0	2.2	2.4	2.4
	East Baton Rouge	2	3,038	2	100.0	0.7	0.7	0.7
	Jefferson	2,530	3,021	2,523	99.7	0.5	0.5	0.5
	Lafourche	3	357	3	100.0	0.9	0.9	1.0
	Livingston	2	209	2	100.0	6.2	6.2	6.2
	Orleans	283	2,507	283	100.0	0.5	0.7	0.8
	Plaquemines	31	9	29	93.5	2.0	2.0	4.3
	St. Bernard	16	115	16	100.0	1.6	1.6	1.6
	St. Charles	77	216	77	100.0	0.8	0.9	2.0
	St. John the Baptist	51	120	51	100.0	0.8	0.8	1.1
	St. Martin	1	59	1	100.0	1.1	1.1	2.8
	St. Tammany	104	1,788	104	100.0	1.7	1.9	2.0
	Tangipahoa	21	584	21	100.0	1.8	2.4	2.6
	Terrebonne	2	575	2	100.0	1.8	1.8	1.8
Mississippi	Hancock	2	74	2	100.0	2.4	2.4	2.4
	Harrison	1	474	1	100.0	4.2	4.7	4.7
	Pearl River	1	73	1	100.0	6.2	6.2	6.3
	Pike	1	60	1	100.0	7.7	7.7	7.7
New Jersey	Essex	18	3,786	18	100.0	0.4	0.6	0.6
	Morris	7	1,932	7	100.0	0.4	0.4	0.7
	Passaic	4	1,632	4	100.0	0.2	0.3	0.3
Grand Totals		**3,161**	**20,827**	**3,152**	**99.7**	**0.6**	**0.6**	**0.7**

Access Summary By State Name

May 3, 2022

Created by...
Humana

Access Analysis
2 Specialists in 10 miles

Employee Group
Jefferson Parish Government

Provider Group
Specialists

Areas Without Access
Bottom 35 State Names in the market, sorted by the number of employees without access

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (Specialists) providers in 10 miles

Employees Without Access

Employee Group		Provider Group	
	3,161 employees 9 (0.3%) employees without access		**452,873 unique providers at 152,000 unique locations** (1,129,582 total access points)

Key Geographic Areas

	State Name	Employee	Without Access[1]		Average Distance		
		#	#	%	1	2	3
Without Access	Louisiana	3,127	9	0.3	27.3	27.3	27.9

Access Detail By County

May 3, 2022

Created by...
Humana

Access Analysis
2 Specialists in 10 miles

Employee / Provider Groups
Jefferson Parish Government
Specialists

[1] The Access Standard is defined as (Jefferson Parish Government) employees accessing:
2 (Specialists) providers in 10 miles

Employees Without Access								
State Name	County	Employee Counts		Without Access[1]		Average Distance		
		#	#	#	%	1	2	3
Louisiana	Jefferson	2,530	3,021	7	0.3	31.6	31.6	31.6
	Plaquemines	31	9	2	6.5	12.3	12.3	14.8
Grand Totals		**2,561**	**3,030**	**9**	**0.4**	**27.3**	**27.3**	**27.9**

TOP 100 NDCs BY TIER

NDC ID	Tier	Drug Label Name
59267100001	TIER 4	PFIZER COVID-19 VACCINE-PURPLE
59267100002	TIER 4	PFIZER COVID-19 VACCINE-PURPLE
80777027399	TIER 4	MODERNA COVID-19 VACCINE (EUA)
69452015120	TIER 1	VITAMIN D2 1.25MG(50,000 UNIT)
80777027398	TIER 4	MODERNA COVID-19 VACCINE (EUA)
68180098003	TIER 1	LISINOPRIL 10 MG TABLET
68180072003	TIER 1	AMLODIPINE BESYLATE 5 MG TAB
80777027310	TIER 4	MODERNA COVID-19 VACCINE (EUA)
00054327099	TIER 2	FLUTICASONE PROP 50 MCG SPRAY
68180098103	TIER 1	LISINOPRIL 20 MG TABLET
68180072103	TIER 1	AMLODIPINE BESYLATE 10 MG TAB
66993001968	TIER 2	ALBUTEROL HFA 90 MCG INHALER
64380080707	TIER 1	IBUPROFEN 800 MG TABLET
70461032103	TIER 3	FLUCELVAX QUAD 2021-2022 SYR
52817033200	TIER 1	CYCLOBENZAPRINE 10 MG TABLET
29300012510	TIER 1	MELOXICAM 15 MG TABLET
62175061743	TIER 1	PANTOPRAZOLE SOD DR 40 MG TAB
59267100003	TIER 4	PFIZER COVID-19 VACCINE-PURPLE
00088221905	TIER 2	LANTUS SOLOSTAR 100 UNIT/ML
59310057922	^	PROAIR HFA 90 MCG INHALER
65862057490	TIER 1	MONTELUKAST SOD 10 MG TABLET
59267100001	TIER 3	PFIZER COVID-19 VACCINE-PURPLE
65862042005	TIER 2	SULFAMETHOXAZOLE-TMP DS TABLET
50111064801	TIER 1	FLUOXETINE HCL 20 MG CAPSULE
00430042014	TIER 2	LO LOESTRIN FE 1-10 TABLET
65162041503	TIER 1	BUPRENORPHINE-NALOX 8-2 MG TAB
59746000103	TIER 2	METHYLPREDNISOLONE 4 MG DOSEPK
00093317431	TIER 2	ALBUTEROL HFA 90 MCG INHALER
00781808926	TIER 2	AZITHROMYCIN 250 MG TABLET
65862001305	TIER 1	SERTRALINE HCL 100 MG TABLET
60505082901	TIER 2	FLUTICASONE PROP 50 MCG SPRAY
00173068220	TIER 2	VENTOLIN HFA 90 MCG INHALER
65862001205	TIER 1	SERTRALINE HCL 50 MG TABLET
00003089421	TIER 2	ELIQUIS 5 MG TABLET
00054018913	TIER 1	BUPRENORPHINE-NALOX 8-2 MG TAB
55111015810	TIER 1	OMEPRAZOLE DR 20 MG CAPSULE
65162041503	^	BUPRENORPHINE-NALOX 8-2 MG TAB
16729018317	TIER 1	HYDROCHLOROTHIAZIDE 25 MG TAB
00054018913	^	BUPRENORPHINE-NALOX 8-2 MG TAB
57237000511	TIER 2	FLUCONAZOLE 150 MG TABLET
49281042150	TIER 3	FLUZONE QUAD 2021-2022 SYRINGE
65862050320	TIER 2	AMOX-CLAV 875-125 MG TABLET
68462039710	TIER 1	OMEPRAZOLE DR 40 MG CAPSULE
65162062711	TIER 2	TRAMADOL HCL 50 MG TABLET
00781185220	TIER 2	AMOX-CLAV 875-125 MG TABLET
68382005105	TIER 1	MELOXICAM 15 MG TABLET

69097083412	TIER 1	SERTRALINE HCL 50 MG TABLET
00591544305	TIER 1	PREDNISONE 20 MG TABLET
31722072690	TIER 1	MONTELUKAST SOD 10 MG TABLET
00116200116	TIER 2	CHLORHEXIDINE 0.12% RINSE
00406012305	TIER 2	HYDROCODONE-ACETAMIN 5-325 MG
00555097302	TIER 2	DEXTROAMP-AMPHETAMIN 20 MG TAB
00002143480	TIER 2	TRULICITY 1.5 MG/0.5 ML PEN
69097083512	TIER 1	SERTRALINE HCL 100 MG TABLET
42806054701	TIER 1	VITAMIN D2 1.25MG(50,000 UNIT)
58160088752	TIER 3	FLUARIX QUAD 2021-2022 SYRINGE
65862020399	TIER 1	LOSARTAN POTASSIUM 100 MG TAB
80777027315	TIER 4	MODERNA COVID-19 VACCINE (EUA)
29300012810	TIER 1	HYDROCHLOROTHIAZIDE 25 MG TAB
65862056099	TIER 1	PANTOPRAZOLE SOD DR 40 MG TAB
16729018201	TIER 1	HYDROCHLOROTHIAZIDE 12.5 MG TB
69097015907	TIER 1	MELOXICAM 15 MG TABLET
00406802003	TIER 1	BUPRENORPHINE-NALOX 8-2 MG TAB
31722072610	TIER 1	MONTELUKAST SOD 10 MG TABLET
68180051902	TIER 1	LISINOPRIL-HCTZ 20-12.5 MG TAB
68180051303	TIER 1	LISINOPRIL 5 MG TABLET
67877019805	TIER 1	AMLODIPINE BESYLATE 5 MG TAB
00781261305	TIER 2	AMOXICILLIN 500 MG CAPSULE
65862056090	TIER 1	PANTOPRAZOLE SOD DR 40 MG TAB
58160082311	TIER 4	SHINGRIX VIAL KIT
65862016001	TIER 1	ZOLPIDEM TARTRATE 10 MG TABLET
69097014260	TIER 2	ALBUTEROL HFA 90 MCG INHALER
00143980305	TIER 2	DOXYCYCLINE HYCLATE 100 MG CAP
16729013616	TIER 2	CLONAZEPAM 0.5 MG TABLET
00169413212	TIER 2	OZEMPIC 0.25-0.5 MG/DOSE PEN
00555901658	TIER 1	SPRINTEC 28 DAY TABLET
13668000805	TIER 1	ZOLPIDEM TARTRATE 10 MG TABLET
69238183107	TIER 1	LEVOTHYROXINE 50 MCG TABLET
68382013201	TIER 1	TAMSULOSIN HCL 0.4 MG CAPSULE
43547035311	TIER 1	LISINOPRIL 10 MG TABLET
00597015330	TIER 2	JARDIANCE 25 MG TABLET
59417010410	TIER 2	VYVANSE 40 MG CAPSULE
69097094312	TIER 2	GABAPENTIN 300 MG CAPSULE
43547035411	TIER 1	LISINOPRIL 20 MG TABLET
49483060450	TIER 1	IBUPROFEN 800 MG TABLET
52268001201	TIER 2	SUPREP BOWEL PREP KIT
59676058015	TIER 4	JANSSEN COVID-19 VACCINE (EUA)
65862019399	TIER 1	FLUOXETINE HCL 20 MG CAPSULE
65862001705	TIER 2	AMOXICILLIN 500 MG CAPSULE
00186037020	TIER 2	SYMBICORT 160-4.5 MCG INHALER
13668001005	TIER 1	CITALOPRAM HBR 20 MG TABLET
65862000899	TIER 1	METFORMIN HCL 500 MG TABLET
65862020299	TIER 1	LOSARTAN POTASSIUM 50 MG TAB

68382050010	TIER 1	OMEPRAZOLE DR 40 MG CAPSULE
00603459315	TIER 2	METHYLPREDNISOLONE 4 MG DOSEPK
42806040021	TIER 2	METHYLPREDNISOLONE 4 MG DOSEPK
57237007710	TIER 2	ONDANSETRON ODT 4 MG TABLET
00054327099	TIER 1	FLUTICASONE PROP 50 MCG SPRAY
55111018015	TIER 1	TIZANIDINE HCL 4 MG TABLET
59417010310	TIER 2	VYVANSE 30 MG CAPSULE

ATTACHMENTS

State of Louisiana

J. ROBERT WOOLEY

COMMISSIONER OF INSURANCE

I, THE UNDERSIGNED **COMMISSIONER OF INSURANCE** OF THE STATE OF LOUISIANA,

DO HEREBY CERTIFY THAT

HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.

has complied with all requirements and is hereby licensed to act as a
HEALTH MAINTENANCE ORGANIZATION
in the State of Louisiana
This license shall remain in effect until canceled, suspended, revoked or the renewal thereof refused.

Given Under my signature, authenticated with the impress of my Seal of office, at the City of Baton Rouge, this, 1st day of May A.D. 2004

J. Robert Wooley
Commissioner of Insurance

Account Implementation Project Timeline
Fully Insured
Jefferson Parish Government

Plan Effective Date: October 1, 2022

#	Task	Responsible Parties	Target Dates
1	**Carrier Selection**	Customer	August 31, 2022
2	**Plan Enrollment Meetings** -Sales may actually work with the client prior to carrier selection.	Customer / Humana	August 31, 2022
3	**Customer Detail Meeting:** -Confirm Plan Designs -Discuss Plan Structure	Customer / Humana	September 5, 2022
4	**Confirm Customer Approval of:** -Mock Structure -Mock Bill	Customer	September 5, 2022
5	**Finalize and Order Benefit Summaries / Enrollment Kits / Employee Meeting Materials**	Customer / Humana	September 7, 2022
6	**Conduct Enrollment Meetings**	Customer / Humana	
7	**Open Enrollment Begins**	Customer	September 10, 2022
8	**Open Enrollment Ends**	Customer	September 17, 2022
9	**Mail ID Cards to Employees**	Customer	September 22, 2022
10	**Certificate of Coverage is posted to the Internet**	Humana	October 1, 2022
11	**Plan Effective Date**	Customer	October 1, 2022
12	**Conduct Wrap-up Meeting**	Humana / Customer	October 31, 2022

Clinical Program Overview

The following clinical programs and services are automatically included for Humana's fully insured clients:

- Utilization Management (UM)
- Case management (CM)
- Quality metrics (gaps-in-care) notifications
- Neonatal Intensive Care Unit (NICU) Management
- Transplant management
- Chronic condition management
- HumanaBeginnings® maternity management program
- Enhanced UM programs:
  - Cardiac Consultation
  - Radiology Review Services
  - Radiation Therapy Management
  - Sleep Apnea Site of Service Optimization
  - Oncology Quality Management
  - Therapeutic, Musculoskeletal, and Pain Management Review Program
- Virtual Visits

UM and CM

UM and CM programs are an integral component of Humana's clinical solution. The review process ensures members receive the appropriate care needed at all stages of a health event, even before their hospitalization, starting with clinical review. Our CM components work to support the member through the hospitalization or procedure, along with discharge assistance and follow up after discharge to reduce the risk of readmission.

We perform the following UM and CM services:

- **Preauthorization with medical necessity review:** The primary care physician (PCP), attending physician, and/or the facility preauthorize non-emergency hospital admissions and some outpatient procedures. Providers may request authorizations and submit inpatient notification and claims through Availity.com, or use the interactive voice response (IVR) line to submit a request by phone. If an admission or outpatient procedure occurs without preauthorization, retrospective review may occur when we receive the claim to determine if both the admission and the length of stay were medically appropriate. Generally, we authorize 98% of inpatient admissions.
- **Acute Case Management:** Acute case managers review cases, perform concurrent review and discharge planning as needed during a member's hospitalization. Nurses are assigned by facility and provide telephonic CM services.
- **Transitional Case Management:** Transitional case managers call members with a high risk of readmission one to two business days after they leave the hospital to make sure they understand the discharge plan of care and that they follow the plan. The call may include:
  - Reinforcing the physician's orders
  - Confirming follow-up appointments
  - Verifying that prescriptions were filled
  - Identifying early signs of complications
  - Confirming that discharge services were provided

- **Complex Case Management:** We refer members with complex or catastrophic CM needs to a complex case manager for ongoing CM support by phone after discharge or after their initial post-discharge follow-up conversation. Complex case managers support return to activities of daily living (ADL) and provide guidance through the healthcare system, coordinate necessary services, and help members understand their benefits, health care options, and community resources available that best meet their needs. Complex case managers also assess members for referral into the appropriate clinical programs for ongoing chronic condition management support.

Quality Metrics (Gaps-in-Care) Notifications

Humana continuously fosters a totally integrated and connected healthcare system. In fact, our position in the healthcare delivery system provides great insight and rich data on each member. In some cases, we may have more information than the member's doctor. We use this data to identify opportunities to help members close gaps in their medical care. Our systems help determine the best and most timely way to identify members in need, the optimal support, and the best way to provide that support.

To properly identify members, we pull together detailed information for each individual, such as medical and pharmacy claims, lab results, biometrics, and more. This is compiled into a comprehensive clinical profile, a "clinical thumb print" of each member. This data is continually run through our rules engine, which applies clinical and business rules, so we can accurately identify members with potential health issues and route them to the most appropriate support. The rules engine automatically recognizes when members are not getting the recommended care. These "gaps in care" may be preventive in nature (like a child missing immunizations), disease specific (such as annual exams for diabetics), or care modification (like addressing potentially harmful drug-to-drug or drug-to-disease interactions).

We do not handle all care the same way, as not all gaps require a message. The rules engine analyzes each gap and determines the most appropriate communication needed, if any. We thoughtfully assess what distribution method makes the most sense to help the member close the gap. A member may be alerted through email, letter, automated calls, or in certain circumstances, text message. In some cases, if the gap is for a serious condition, the member may receive a call from a Humana nurse. We also may contact the member's physician, and when appropriate, we alert the Customer Care team so that when a member calls in with questions, the representative can answer the question and let the member know about the recommended care they may be missing.

Quality metrics promote better health through evidence-based medicine and preventive care. Each message is tailored to the action needed to close each gap and addresses each member's situation. This way, we can get the message through the clutter and provide relevant health information, just as it is needed. These messages encourage members to obtain the care they need for better outcomes, lower costs, and healthier lives.

NICU Management

Humana offers specialized support for those members whose babies are admitted to a NICU. Newborns at risk for or who are experiencing complications after birth often require care in a hospital NICU. Most of the newborn infants admitted to a NICU each year are due to preterm delivery, which is defined as birth before 37 weeks of gestation. The incidence of preterm deliveries is 9.6% of all births in the United States each year (based on 2016 March of Dimes data).

Our internal NICU program provides a wide range of CM support. As part of the program, a nurse trained in the care of premature infants and sick newborns is assigned to each family with a NICU admission. The case manager provides clinical oversight on each case, participates in medical rounds to discuss plans of care and status updates, reaches out to parents/caregivers to provide support and answer any questions, and helps coordinate discharge plans to home.

The combination of care coordination and parent education focuses care on the newborn, while reducing stress on the family. This approach ensures timely discharges and parent/caregiver access to a specialized NICU nurse. The NICU CM program aims to manage appropriate lengths of stay and assist with complex discharge needs to support a smooth transition to home.

Transplant Management

Since 1987, Humana's Transplant management program has delivered dedicated transplant specialists to help enhance members' quality of life, while helping them get the most from their benefits in the most cost-effective way. Along with the program's nurse-led guidance, we own and use a National Transplant Network (Centers of Excellence [COE]) for high-cost, highly specialized solid organ, stem cell and Ventricular Assist Devices for both Destination Therapy and Bridge-to-Transplant. Once members are identified and referred to the program, their dedicated clinician works with them and their providers during the planning stages, the procedure, the hospital stay, and for one year post-transplant.

Chronic Condition Management

Humana's support for members with chronic conditions has migrated towards disease-specific best practices (DSBP) as the model of care. These practices focus on promoting healthy behaviors, resulting in quality outcomes that improve the health of members living with high-priority conditions (diabetes, hypertension, depression and mental illness, Congestive Heart Failure, Coronary Artery Disease, and Chronic Obstructive Pulmonary Disease). The goal is to use disease-specific metrics to create optimally managed members who are in compliance with necessary guidelines per these conditions.

One example of this model in action would be a diabetic member with a gap in the quality measures expected for members with diabetes (e.g., annual eye exams to check for diabetic retinopathy and blood work twice a year to check for hemoglobin A1C levels). The Personal Nurse will work with the member to ensure he or she understands the importance of the testing, expected outcomes of the testing, and if the member's results are not optimal, what actions the member can take to improve results of the next test. Improving member compliance will lead to better long-term management of the member's condition. This may present itself in increased pharmacy and PCP costs, and reduction in emergency room (ER) visits, inpatient admissions, and readmissions.

While our focus is on priority conditions, we treat the whole individual, not simply a single disease. Our approach is to provide various levels of support, matching intensity of support to the needs of members with ongoing health challenges (historically addressed through Disease Management Programs). Levels of support include the Personal Nurse® service, Integrated Care Management (ICM), the internal Humana Cancer program, and our focused Late-Stage Chronic Kidney Disease (CKD) / End-Stage Kidney Disease (ESKD) management program offered through our vendor partners.

Our goals are to:

- Maintain or improve member compliance on key quality metrics

- Help members avoid unnecessary ER visits and inpatient admissions
- Empower members to practice self-care and behavior modification
- Promote the physician/patient relationship and treatment plan
- Emphasize evidence-based guidelines to reduce symptoms and complications
- Provide education and increase knowledge of the disease
- Help members and their caregivers meet personally selected health improvement goals
- Show members how to get the most from their doctors' visits
- Encourage members to maximize their benefits by utilizing them intelligently

Following are details of each level of support listed above:

Personal Nurse

Personal Nurse serves as the primary program for members with chronic issues. This program is centered on motivational interviewing and behavior change, and develops a relationship with members to engage and empower them to achieve their best health. Our advanced predictive modeling tools target members based on their projected use of healthcare services, not solely on their current condition. Comorbid condition management also includes behavioral health issues such as depression, anxiety, PTSD, alcohol, and drug use, for which members are continuously assessed.

Our nurses are very specific in how they intervene with members to maintain or improve compliance with DSBP metrics. The nurse will prepare for outreach by reviewing a clinical outcomes report, which will show any gaps in compliance. Personal Nurses will then target specific evidence-based metrics known to improve disease outcomes to assist members with closing gaps. They will then document care plan goals and interventions to support the member's goals. We help members and their caregivers meet personally selected health improvement goals. In addition to addressing the member's knowledge of the disease, registered nurses support the development of healthy behaviors and coping skills. They also show members how to get the most from their doctors' visits. Clinicians provide personalized coaching, education, and care coordination, as well as suggestions for external resources.

The registered nurses will also tailor discussions to the member's needs, concerns, and readiness to change. The care manager and member work through ongoing conversations until the member reaches his or her health goals and can self-manage without scheduled clinician support. Even after the scheduled calls stop, members can reach out to their single connection for the entire time they are with Humana, if needs arise. The relationships established as our clinicians work with members are a testament to the value our members see in our clinical programs.

The Personal Nurse may also re-establish the calls if a change in the member's condition are identified, and will assess the member's need for ongoing support and identify any new needs or goals the member may have. The member's health is a lifelong journey in the Personal Nurse program rather than a one-time interaction with the nurse. We help our members reach their best health possible by managing their condition, their environment, and their social situation. We also help our members enjoy the highest quality of life possible during their end-of-life journey while respecting their wishes and supporting their family and caregivers.

ICM

The ICM program is a telephonic care management program that provides holistic care to members with complex behavioral health and physical health diagnoses. ICM care managers provide an exceptional

member experience by discussing member-specific health issues, challenges, and goals. While working with the member, the ICM care manager utilizes cognitive-behavioral interviewing techniques (motivational interviewing), which allows the member to explore ways to resolve ambivalent or conflicting feelings about changing behavior. This communicates respect for the member, is non-confrontational, supportive, and encourages honest dialogue.

ICM care managers elicit responses from members regarding reasons for change that are personally important to them, and help members to explore discrepancies between their words and actions. This is consistent with the member-centric focus of Humana's philosophy of care management. Although the ultimate goal is member self-management, ICM members often have chronic recurring conditions that require ongoing care management. The ICM program partners with members to further their holistic care:

- Assessing the interaction of both physical and behavioral health needs
- Collaborating with the members' providers and the members' support network
- Addressing gaps in care
- Finding resources and providers for all of their health needs
- Assisting in transitions and planning from different levels of care
- Educating on symptoms and coping skills

Humana Cancer Program

Because of the urgent nature of a cancer diagnosis, as well as the specialized treatment options, we developed a specialized program for members undergoing active cancer treatment. The program offers emotional support and education for members diagnosed with specific types of cancer and is provided by certified oncology nurses.

The program has seven critical goals:

- Educate the member about the disease and how best to manage it
- Reinforce the prescribed plan of care from the member's doctor
- Assess and intervene to help alleviate negative side effects of therapy – both to increase the member's comfort and decrease ER and hospital admissions
- Monitor the member's compliance with medications and treatment schedule
- Help the member transition through active treatment to recovery
- Encourage the member in clinical decisions and when appropriate, end-of-life decisions
- Share internal and external resources with the member to help meet the member's social, economic, financial, emotional, and physical needs

Late-Stage CKD and ESKD

Late-Stage CKD and ESKD support is available for Humana members in many markets. Depending on location and condition severity, members may have access to care support via telephone or in-person at their home or dialysis center.

These comprehensive care coordination programs are designed to educate participants and coordinate the multiple facets of their care, including:

- Member assessment and care planning
- Case management and care coordination
- Member education (including medication compliance)
- Application of protocols and guidelines to prevent or control the development of comorbid conditions

Using nationally accepted practice guidelines, programs works with local nephrologists and dialysis centers to develop efficient care management for program participants. Care coordination promotes the most cost-effective use of resources by helping patients get the most appropriate healthcare, social, and support services.

In addition, Humana tracks member-months on dialysis, so it knows when commercial members are approaching the 30-month mark and should move to Medicare primary, provided they have Medicare coverage.

HumanaBeginnings Maternity Management Program

Humana's maternity management program, HumanaBeginnings, provides prenatal education and guidance for expectant mothers. Nurses are available during the earliest stages of pregnancy as well as for follow up questions following their pregnancy.

Since 1998, HumanaBeginnings nurses have served as a resource for expectant mothers. Our current model offers a combination of nurse outreach, offerings of online and community resources, and a Voice Activated Telephone (VAT) initiative where members can opt into monthly emails or weekly text messages containing important educational information related to their stage of pregnancy. Our nurses provide education and support based on the stage of pregnancy and presenting factors upon completing a health assessment. If a member gives birth prematurely, the HumanaBeginnings nurse works with our NICU case managers to offer support for both baby and mother, with the goal of getting the baby stabilized and home safely as soon as possible.

Enhanced UM Programs

Cardiac Consultation

Cardiac Consultation is a UM program administered by HealthHelp that manages a full suite of cardiology diagnostic tests, interventions, and devices. Using evidence-based-guidelines established by medical associations and specialty societies and supplemented by thorough reviews of vetted, significant, evidenced-based literature (e.g., The American College of Cardiology), HealthHelp manages three main areas within cardiology. The first area is cardiac imaging CCTA, ECHO, MPI-SPECT, stress ECHO, catheterization, implantable loop recorders, and mobile outpatient telemetry. The second is cardiac interventions PCI, stents, and ablation, often paired with electrophysiology. The third is cardiac services defibrillator (CDEF), pacemaker (CPAC), resynch therapy devices (CRTD/CRTP), wearable cardioverter defibrillator (WCD), transcatheter aortic valve replacement (TAVR), transcatheter mitral valve replacement (TMVR), percutaneous ventricular assist device (PVAD), left atrial appendage closure (LAAC). Members benefit from these quality and safety initiatives through the reduced risk of complications, reduced need for more invasive testing, and reduced radiation exposure.

The consultation process involves collecting relevant clinical information from the ordering or treating physician's office, reviewing this information alongside current evidence-based guidelines and, if necessary, providing physician-to-physician consultation on treatment or test appropriateness and patient safety.

Radiology Review Services

Radiology is now second only to pharmacy in overall healthcare expenditures. Humana's Radiology Review program, administered by HealthHelp, to promote a consistent patient health and safety approach and to

contain healthcare costs for members. Inappropriate and unnecessary imaging studies are a significant source of expense and patient inconvenience. Radiology review is designed to educate ordering physicians on imaging procedures and best practice guidelines before the CT, CTA, MRI, MRA, nuclear stress test, or PET procedure is scheduled. The focus of this program is to ensure appropriate radiology procedures are used and limit the member's unnecessary exposure to radiation.

The clinical decision support system allows users to obtain authorization for most procedures in less than one minute and, generally, with fewer than five mouse clicks, and delivers up-to-the-minute appropriateness guidelines via an intuitive web or tablet interface. When a provider's order receives a low rating, meaning it is not highly indicated by the given clinical scenario, the provider has the option of choosing more suitable exams based on evidence-based guidelines or a peer-to-peer consultation with a HealthHelp-affiliated, subspecialist-physician expert in cardiology, radiology, or oncology.

Radiation Therapy Management

Radiation Therapy Management, administered by HealthHelp, is a UM program that provides consultation on the entire radiation therapy treatment plan for members with cancer. The Radiation Therapy Management program is designed from an evidence-based approach, and a panel of full-time practicing academic physicians at various institutions from across the country makes its recommendations.

The program steps in when a cancer patient's treatment plan requires the use of the following modalities: 2D/3D Conformal Radiation, Intensity-Modulated Radiation Therapy (IMRT), Brachytherapy, and Proton-Beam Therapy. The Radiation Therapy Management program promotes the appropriate utilization of radiation therapy treatments consistent with the National Comprehensive Cancer Network (NCCN) Guidelines, ensuring patients are receiving the right amounts of radiation through the right modalities (treatment plans) at the right time to improve member quality outcomes, reduce complications and reduce radiation exposure.

HealthHelp utilizes the affiliations with radiation oncologists associated with academic centers and teaching hospitals to participate in peer-to-peer discussions with ordering providers if the provider does not follow evidence-based, best practice guidelines.

Sleep Apnea Site of Service Optimization

Sleep Apnea Site of Service Optimization is a preauthorization and clinical review program for requested services related to obstructive sleep apnea (OSA) diagnostic in-lab polysomnography procedures. The program, administered by HealthHelp, focuses on education, guidance to the appropriate site of service, and redirection to in-home testing when appropriate to provide improved member convenience and comfort.

HealthHelp offers real-time decision support for physicians ordering in-lab polysomnography procedures using evidence-based guidelines.

Oncology Quality Management

Humana's Oncology Quality Management program, founded on evidence-based care, utilizes a peer-to-peer model within traditional preauthorization management for chemotherapeutic drugs, symptom management drugs and supporting agents. The focus of the program is to improve adherence to evidence-based care, while utilizing the most effective treatment plans with the lowest toxicity and least amount of side effect risks.

This program is administered by New Century Health or Oncology Analytics, depending on location.

Therapeutic, Musculoskeletal, and Pain Management Review Program
Chronic non-malignant pain can be debilitating, impacting work and home life. Humana's Therapeutic, Musculoskeletal, and Pain Management Review program focuses on assisting physicians in selecting appropriate treatment options to decrease pain, while improving quality of care for their patients. This includes clinical review of proposed pain injections and implants, spinal surgeries, podiatric surgeries, orthopedic surgeries for the hip, knee and shoulder, and therapies (physical, occupational, speech) by Board-certified specialists with credentials, training, and experience with the specific clinical service being requested.

Humana partners Cohere Health to provide medical management services for care provided in both inpatient and outpatient settings, and outpatient physical therapy. Cohere Health's holistic Care Pathway approach allows them to review additional procedures that require pre-authorization on a limited based, if requested by the provider, and if those procedures are tied to the member's overall musculoskeletal care pathway (e.g., imaging, DME, or post-surgery IP stays).

Virtual Visits
Humana has partnered with Doctor On Demand® to provide virtual visits for acute, non-emergent medical conditions. Virtual visits uses information technology and telecommunications to provide virtual clinical care to patients for non-emergent medical conditions 24 hours a day, seven days a week. Patients can interact with providers through video and app technology by using smartphones, tablets, laptops, and desktop computers.

Doctor On Demand is also available for mental and behavioral health visits. Members can see a psychiatrist for virtual psychiatry or a psychologist for virtual therapy. Doctor On Demand can provide non-emergent treatment for: anxiety, stress, depression (including post-partum), worry, grief/loss/guilt, relationship and marriage issues, trauma, smoking cessation, and more. Following are the types of behavioral health services included:

- **Virtual psychiatry:** psychiatric diagnostic evaluations and ongoing mental and behavioral health evaluation and management
- **Virtual therapy:** individual or family psychotherapy for recurring, ongoing talk therapy

Wellness Programs
The following wellness programs are also included for fully insured clients:

- Employee Assistance Program (EAP)
- Go365®

EAP
EAP provides confidential, personal assistance to members and their households and offers employers consultative services that spell success in effectively managing performance issues. Humana's EAP and work-life philosophy reflects the mission—changing behaviors, improving lives. Humana accomplishes this through early intervention and a caring approach, via telephone, face-to-face counseling, web-based tools, and management support.

Go365

Members of our wellness program, Go365, can earn reward Points when their Go365 Health Assessment and other profile information indicate they could benefit from participating the HumanaBeginnings Maternity Management program. If members are pregnant, they can earn Points for enrolling and participating in the program, which combines personal contact and informative mailings to help members learn more about pregnancy, follow baby's development, and practice healthy habits along the way.

Awarding Go365 Points for participation is a strong, positive motivator for Go365 members to engage in this program when they need assistance. In addition to providing incentives to members, integration between Go365 and Humana's clinical IT platform gives our clinical team a comprehensive view of members' health, supporting targeted interventions and assistance for each Humana member. All nurses have access to Go365 members' Go365 summary page.

Humana Smart Insights

Plan Summary

123456 SAMPLE REPORT GROUP

Reporting Period: Incurred October 2020 to September 2021 Through December 2021
Comparison Period: Incurred October 2019 to September 2020 Through December 2020

Humana®

Table of Contents

Executive Summary

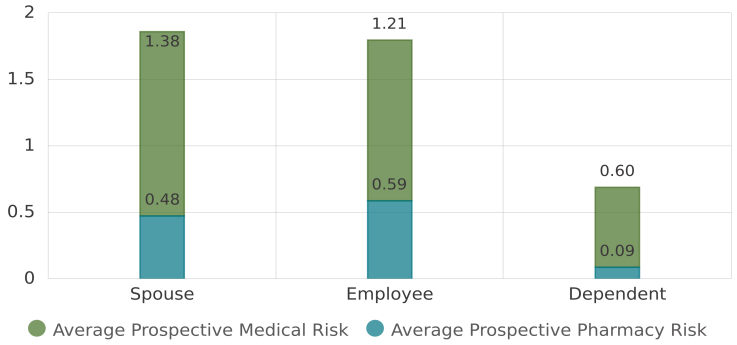
Population: 123456 SAMPLE REPORT GROUP

Humana

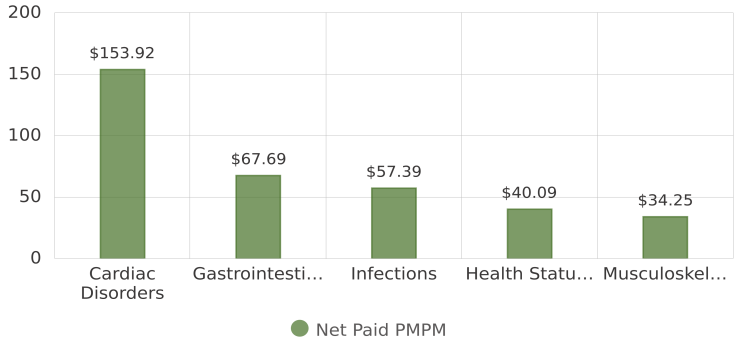
Average Age	Average Mbrs	Medical or Rx Claimants	Medical and Rx Mbr Paid PMPM
44.39	693.17	842	$100.56
45.13 (-1.65%)	699.33 (-0.88%)	777 (+8.37%)	$82.76 (+21.52%)

Medical and Rx Plan Paid PMPM	RX Plan Paid PMPM	Medical Plan Paid PMPM	Medical % Paid In-Network
$705.78	$156.16	$549.62	90.41%
$614.53 (+14.85%)	$147.67 (+5.75%)	$466.86 (+17.73%)	97.81% (-7.56%)

Prospective Risk by Mbr Relationship Class



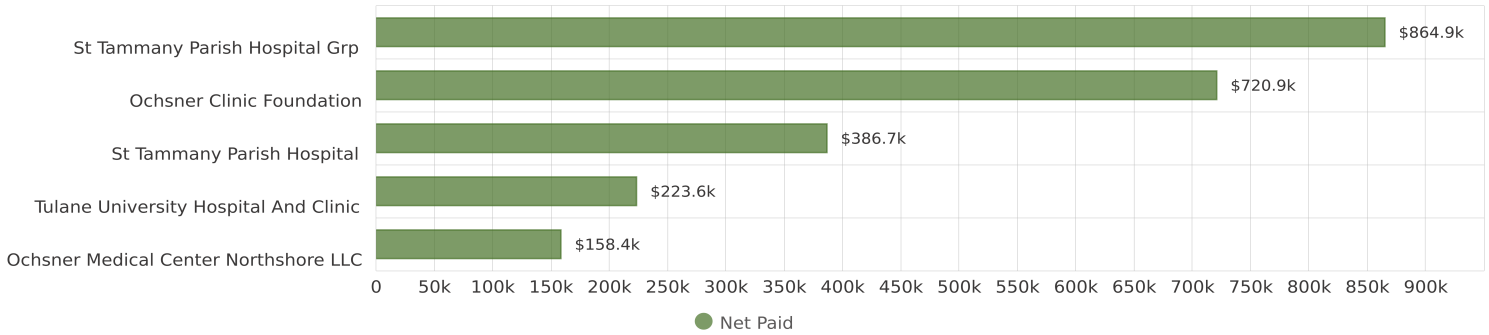
Top 5 Medical Conditions by Net Paid



Top Medical Utilization Categories by Spend

SN.	Category Name	Plan Paid PMPM	% of Medical Total	% Change Plan Paid PMPM	% Change Utilization per 1000	% Change Avg Plan Paid
1	Inpatient Surgical	$141.00	25.65%	60.23%	-16.21%	91.24%
2	Outpatient Surgery -22	$84.59	15.39%	-0.05%	-5.24%	5.47%
3	Inpatient Medical	$49.69	9.04%	49.92%	-9.05%	64.84%
4	Emergency Room	$48.80	8.88%	53.42%	41.96%	8.08%
5	Injectable Drugs	$35.06	6.38%	1.65%	-6.33%	8.52%
6	Outpatient Other	$31.13	5.66%	46.28%	36.81%	6.92%
7	Lab/Pathology	$19.92	3.62%	0.58%	18.22%	-14.93%
8	Physician-Specialist Visit	$18.55	3.37%	-1.33%	<5	-1.57%
9	Physician-PCP Visit	$16.75	3.05%	25.91%	12.70%	11.72%
10	Radiology-Complex (Outpatient Hospital)	$13.42	2.44%	-8.22%	14.51%	-19.85%
11	Physician-Other	$11.30	2.06%	-9.47%	<5	-9.77%

Top 5 In-Network Providers by Net Paid



Reporting Period: Incurred October 2020 to September 2021 Through December 2021
Comparison Period: Incurred October 2019 to September 2020 Through December 2020
Prior Period: Incurred October 2018 to September 2019 Through December 2019
Benchmark: Commercial

January 24, 2022

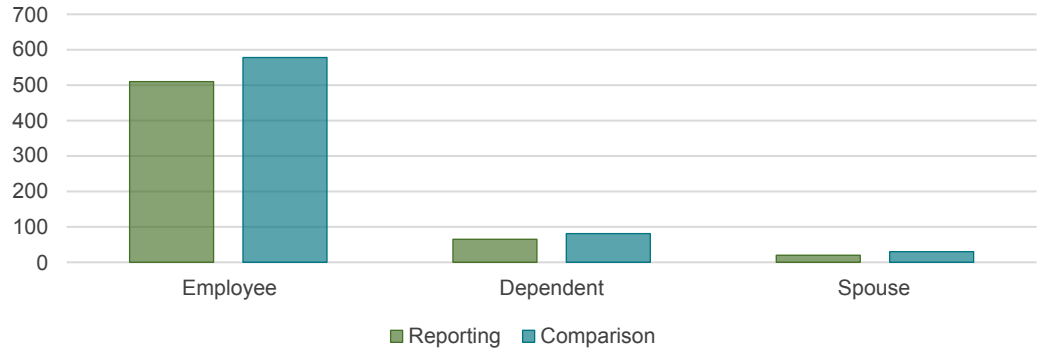
Coverage by Relationship Class

Population: 123456 SAMPLE REPORT GROUP

Humana

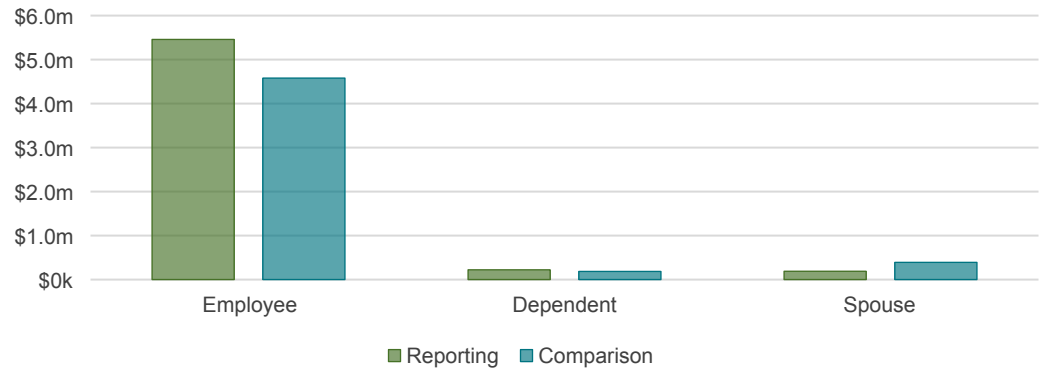
This report presents the membership and healthcare costs by claimant relationship class. It shows employee, spouse, and other dependents' contribution to the overall population costs. Plan design, including employee cost share, can have significant impact on the coverage of spouses and dependents. The percent change (%Δ) from the comparison period to the reporting period is shown to facilitate analysis of how changes in enrollment by relationship affect costs.

Member Count by Relationship to Employee



Relationship Class	Reporting Period (Oct 2020 through Sep 2021)			Comparison Period (Oct 2019 through Sep 2020)		%Δ
	Count	%	Benchmark	Count	%	
Employee	510	85.71%	51.35%	578	83.89%	-11.76%
Dependent	65	10.92%	31.93%	81	11.76%	-19.75%
Spouse	20	3.36%	16.65%	30	4.35%	-33.33%
Total	**595**	**100.00%**	**- -**	**689**	**100.00%**	**-13.64%**

Total Medical and Rx Paid by Relationship to Employee



Relationship Class	Reporting Period (Oct 2020 through Sep 2021)			Comparison Period (Oct 2019 through Sep 2020)		%Δ
	Amount Paid	%	Benchmark	Amount Paid	%	
Employee	$5,458,242	92.97%	56.60%	$4,579,752	88.80%	19.18%
Dependent	$222,758	3.79%	16.44%	$185,680	3.60%	19.97%
Spouse	$189,674	3.23%	23.77%	$391,701	7.60%	-51.58%
Total	**$5,870,674**	**100.00%**	**- -**	**$5,157,132**	**100.00%**	**13.84%**

Reporting Period: Incurred October 2020 to September 2021 Through December 2021
Comparison Period: Incurred October 2019 to September 2020 Through December 2020
Benchmark: Commercial

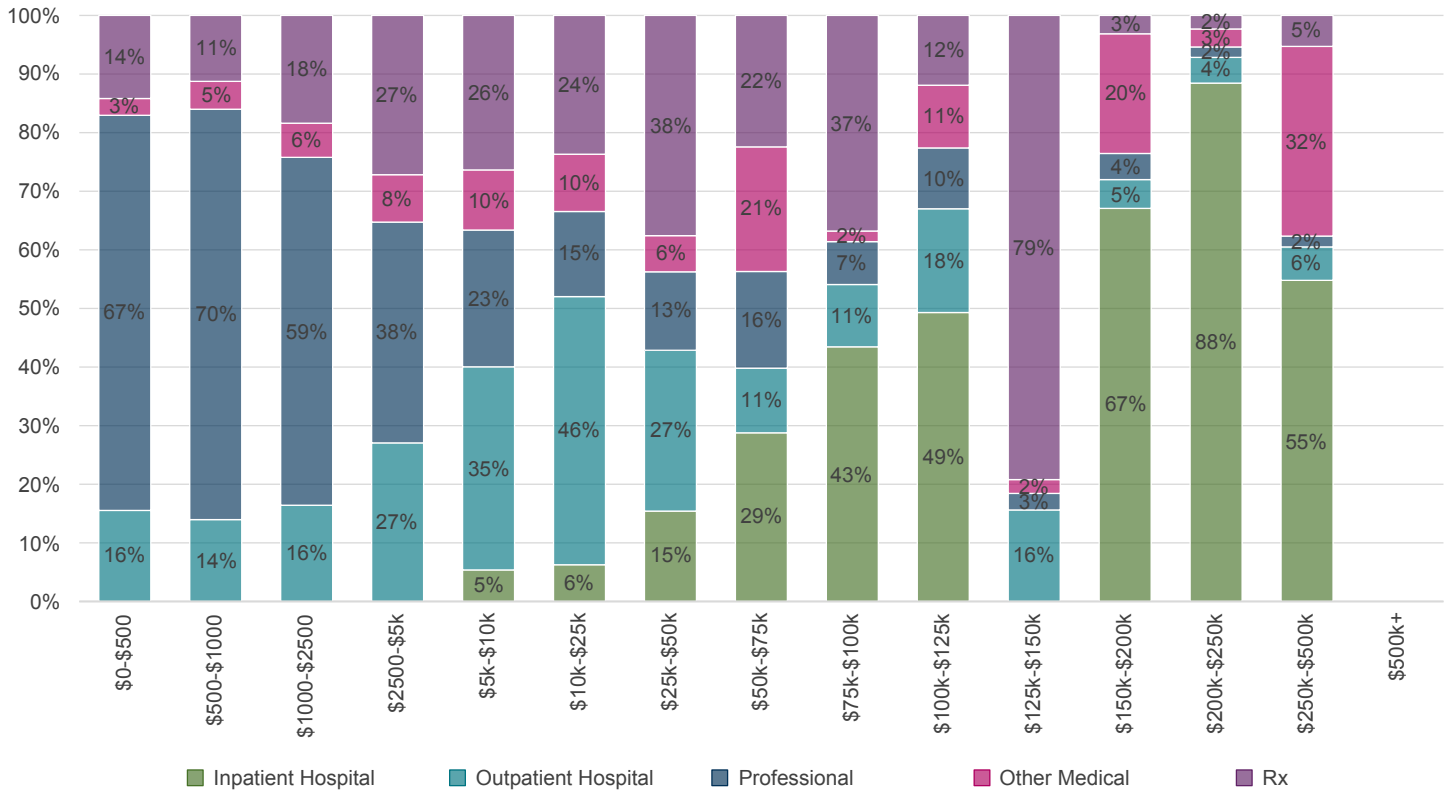
January 24, 2022

Claimant Distribution

Population: 123456 SAMPLE REPORT GROUP

Humana

Aggregate Plan Paid Breakdown



Aggregate Plan Paid

Claims Paid Range	Members	Member Months	Avg. Age	% Male	Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Rx	Total Paid Claims
$0 or less	33	234	38.64	63.64%	$0	$0	$0	$0	$0	$0
$0-$500	233	1,933	40.55	64.38%	$0	$7,894	$34,263	$1,454	$7,204	$50,815
$500-$1000	131	1,216	44.35	41.98%	$0	$13,760	$68,973	$4,682	$11,082	$98,498
$1000-$2500	166	1,624	45.22	39.16%	$1,726	$44,040	$159,194	$15,629	$49,319	$269,908
$2500-$5k	96	914	46.53	51.04%	$571	$90,347	$125,773	$27,006	$90,734	$334,431
$5k-$10k	72	703	48.83	58.33%	$28,109	$180,966	$121,851	$53,569	$137,624	$522,119
$10k-$25k	65	673	50.58	56.92%	$63,721	$465,226	$147,628	$99,410	$240,782	$1,016,766
$25k-$50k	25	249	55.36	48.00%	$136,381	$242,698	$118,409	$54,544	$332,324	$884,356
$50k-$75k	6	65	40.50	66.67%	$107,312	$41,124	$61,504	$79,291	$83,625	$372,856
$75k-$100k	4	48	62.50	50.00%	$160,102	$39,158	$26,960	$6,665	$135,544	$368,429
$100k-$125k	4	48	67.50	100.00%	$223,494	$80,260	$47,056	$48,496	$53,987	$453,291
$125k-$150k	1	12	37.00	0.00%	$0	$19,834	$3,583	$2,995	$100,585	$126,997
$150k-$200k	1	12	74.00	100.00%	$121,148	$8,878	$8,050	$36,892	$5,651	$180,618
$200k-$250k	2	16	66.00	100.00%	$371,701	$18,455	$7,474	$12,898	$9,710	$420,239
$250k-$500k	2	19	51.50	100.00%	$422,657	$44,022	$14,259	$249,651	$40,762	$771,351
$500k+	0	0	0.00	0.00%	$0	$0	$0	$0	$0	$0
Total	**841**	**7,766**	**44.95**	**53.03%**	**$1,636,920**	**$1,296,661**	**$944,977**	**$693,183**	**$1,298,933**	**$5,870,674**

Reporting Period: Incurred October 2020 to September 2021 Through December 2021
Benchmark: Commercial

January 24, 2022

Claimant Distribution

Population: 123456 SAMPLE REPORT GROUP

Humana

PMPM Plan Paid

Claims Paid Range	Members	Member Months	Avg. Age	% Male	Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Rx	Total Paid Claims
$0 or less	33	234	38.64	63.64%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0-$500	233	1,933	40.55	64.38%	$0.00	$4.08	$17.73	$0.75	$3.73	$26.29
$500-$1000	131	1,216	44.35	41.98%	$0.00	$11.32	$56.72	$3.85	$9.11	$81.00
$1000-$2500	166	1,624	45.22	39.16%	$1.06	$27.12	$98.03	$9.62	$30.37	$166.20
$2500-$5k	96	914	46.53	51.04%	$0.62	$98.85	$137.61	$29.55	$99.27	$365.90
$5k-$10k	72	703	48.83	58.33%	$39.98	$257.42	$173.33	$76.20	$195.77	$742.70
$10k-$25k	65	673	50.58	56.92%	$94.68	$691.27	$219.36	$147.71	$357.77	$1,510.80
$25k-$50k	25	249	55.36	48.00%	$547.72	$974.69	$475.54	$219.05	$1,334.64	$3,551.63
$50k-$75k	6	65	40.50	66.67%	$1,650.95	$632.67	$946.22	$1,219.87	$1,286.54	$5,736.24
$75k-$100k	4	48	62.50	50.00%	$3,335.46	$815.79	$561.67	$138.84	$2,823.83	$7,675.60
$100k-$125k	4	48	67.50	100.00%	$4,656.12	$1,672.07	$980.33	$1,010.33	$1,124.73	$9,443.57
$125k-$150k	1	12	37.00	0.00%	$0.00	$1,652.81	$298.56	$249.60	$8,382.10	$10,583.08
$150k-$200k	1	12	74.00	100.00%	$10,095.63	$739.81	$670.80	$3,074.36	$470.94	$15,051.54
$200k-$250k	2	16	66.00	100.00%	$23,231.33	$1,153.46	$467.15	$806.15	$606.85	$26,264.94
$250k-$500k	2	19	51.50	100.00%	$22,245.09	$2,316.95	$750.48	$13,139.52	$2,145.37	$40,597.41
$500k+	0	0	0.00	0.00%	--	--	--	--	--	--
Total	**841**	**7,766**	**44.95**	**53.03%**	**$210.78**	**$166.97**	**$121.68**	**$89.26**	**$167.26**	**$755.95**

Utilization Metrics

Population: 123456 SAMPLE REPORT GROUP

Humana

Utilization Metrics	Reporting				Comparison		% Δ
	Per 1000		Plan + Mem Paid Avg		Per 1000	Plan + Mem Paid Avg	
	Group	Benchmark	Group	Benchmark	Group	Group	
Member Months	8,318.00	- -	- -	- -	8,392.00	- -	-0.9%
ER Visits	258.24	164.79	$2,747.89	$2,620.85	183.03	$2,610.71	41.1%
Urgent Care Visits	486.17	226.40	$173.69	$174.82	404.67	$137.49	20.1%
Retail Clinic Visits	0.00	19.25	$0.00	$50.68	0.00	$0.00	0.0%
Total Office Visits	5,102.67	3,871.36	$141.68	$163.55	4,730.22	$133.80	7.9%
Routine Office Visits	4,072.61	2,783.33	$140.87	$157.00	3,777.88	$131.94	7.8%
Preventive Office Visits	522.24	436.49	$168.23	$244.93	503.34	$160.63	3.8%
MH/SA Office Visits	507.81	0.00	$120.83	$0.00	446.14	$119.84	13.8%
Other Office Visits	0.00	4.57	$0.00	$241.68	2.86	$51.64	-100.0%
Chiropractic Visits	411.16	357.50	$47.76	$59.74	540.51	$53.44	-23.9%
Physical Therapy	832.41	529.12	$144.33	$155.20	1,122.50	$140.80	-25.8%
MRI Scan	90.89	56.22	$1,033.13	$1,317.00	94.38	$1,052.50	-3.7%
CT Scan	157.25	83.01	$878.46	$1,257.61	231.65	$745.04	-32.1%
PET	8.66	4.12	$2,437.08	$3,368.38	8.58	$2,460.98	0.9%
Mammograms	213.51	103.90	$324.79	$351.83	193.04	$350.83	10.6%
Dialysis Services	1.44	66.51	$58.53	$633.86	0.00	$0.00	0.0%
Colonoscopies	53.38	32.64	$2,180.65	$2,603.91	64.35	$2,186.14	-17.0%
Outpatient / Ambulatory Surgeries	259.68	161.60	$5,024.63	$5,015.34	297.43	$4,205.41	-12.7%
Newborn Deliveries	8.66	10.76	$8,490.71	$15,511.99	7.15	$10,569.67	21.1%
Vaginal Deliveries	7.21	7.19	$8,053.88	$13,448.31	5.72	$10,751.15	26.1%
C-Section Deliveries	1.44	3.58	$10,674.83	$19,659.29	1.43	$9,843.75	0.9%
Inpatient Days	232.27	245.22	$10,545.82	$5,843.64	270.26	$5,868.82	-14.1%
Medical Inpatient Days	92.33	59.27	$6,844.15	$4,603.50	90.09	$4,289.60	2.5%
Surgical Inpatient Days	112.53	95.80	$15,419.75	$8,715.23	108.67	$9,942.86	3.5%
Maternity Inpatient Days	17.31	31.51	$4,245.35	$5,644.83	18.59	$4,302.03	-6.9%
MH/SA Inpatient Days	10.10	0.00	$880.88	$0.00	47.19	$370.90	-78.6%
NICU Inpatient Days	0.00	14.74	$0.00	$5,949.01	5.72	$3,785.00	-100.0%
Total Admissions	54.82	45.51	$44,680.96	$31,483.23	54.34	$29,189.67	0.9%
Medical Admissions	18.75	13.33	$33,694.26	$20,464.83	18.59	$20,788.04	0.9%
Surgical Admissions	24.53	15.48	$70,749.45	$53,928.19	22.88	$47,228.57	7.2%
Maternity Admissions	8.66	11.52	$8,490.71	$15,445.46	8.58	$9,321.06	0.9%
MH/SA Admissions	2.89	0.00	$3,083.08	$0.00	2.86	$6,119.78	0.9%
NICU Admissions	0.00	0.78	$0.00	$111,942.78	1.43	$15,140.00	-100.0%
Admissions from ER	57.89	48.32	$48,963.22	$32,577.17	57.89	$23,342.18	0.0%
30 Day ReAdmissions	4.33	3.50	$21,673.82	$38,082.52	5.72	$17,695.63	-24.3%
Average Length of Stay	4.24	5.39	$0.00	- -	4.97	$0.00	-14.8%
Pharmacy Scripts	16,167.83	8,889.41	$0.00	- -	15,797.90	$0.00	2.3%
Pharmacy Scripts Mail Order	33.84	N/A	$0.00	N/A	32.87	$0.00	3.0%
Pharmacy Scripts Generic Drugs	82.60	82.36	$0.00	- -	83.97	$0.00	-1.6%
SNF/SNU Days	0.00	33.79	$0.00	$266.14	0.00	$0.00	0.0%

Reporting Period: Incurred October 2020 to September 2021 Through December 2021
Comparison Period: Incurred October 2019 to September 2020 Through December 2020
Benchmark: Commercial

January 24, 2022

Utilization Metrics

Population: 123456 SAMPLE REPORT GROUP

Humana

Utilization Metrics	Reporting			Comparison			% Δ
	Group Total	Plan Paid Avg	Member Paid Avg	Group Total	Plan Paid Avg	Member Paid Avg	
Member Months	8,318	- -	- -	8,392	- -	- -	-0.9%
ER Visits	179	$2,269.72	$478.16	128	$2,135.91	$474.80	39.8%
Urgent Care Visits	337	$149.13	$24.57	283	$103.42	$34.06	19.1%
Retail Clinic Visits	0	$0.00	$0.00	0	$0.00	$0.00	0.0%
Total Office Visits	3,537	$110.62	$31.06	3,308	$109.42	$24.38	6.9%
Routine Office Visits	2,823	$105.19	$35.68	2,642	$104.47	$27.46	6.9%
Preventive Office Visits	362	$167.65	$0.58	352	$160.35	$0.28	2.8%
MH/SA Office Visits	352	$95.50	$25.33	312	$94.24	$25.60	12.8%
Other Office Visits	0	$0.00	$0.00	<5	$51.64	$0.00	-100.0%
Chiropractic Visits	285	$18.49	$29.27	378	$28.07	$25.37	-24.6%
Physical Therapy	577	$104.91	$39.42	785	$115.13	$25.67	-26.5%
MRI Scan	63	$606.08	$427.05	66	$690.27	$362.23	-4.5%
CT Scan	109	$569.22	$309.24	162	$617.52	$127.52	-32.7%
PET	6	$1,727.65	$709.44	6	$1,972.87	$488.12	0.0%
Mammograms	148	$317.39	$7.40	135	$341.46	$9.36	9.6%
Dialysis Services	<5	$0.00	$58.53	0	$0.00	$0.00	0.0%
Colonoscopies	37	$1,923.44	$257.20	45	$1,842.12	$344.02	-17.8%
Outpatient / Ambulatory Surgeries	180	$4,273.89	$750.75	208	$3,802.36	$403.05	-13.5%
Newborn Deliveries	6	$6,380.58	$2,110.13	5	$8,469.57	$2,100.10	20.0%
Vaginal Deliveries	5	$5,621.73	$2,432.16	<5	$8,724.37	$2,026.78	25.0%
C-Section Deliveries	<5	$10,174.83	$500.00	<5	$7,450.39	$2,393.36	0.0%
Inpatient Days	161	$10,132.52	$413.30	189	$5,603.81	$265.01	-14.8%
Medical Inpatient Days	64	$6,458.19	$385.95	63	$4,121.15	$168.44	1.6%
Surgical Inpatient Days	78	$15,055.90	$363.85	76	$9,714.03	$228.82	2.6%
Maternity Inpatient Days	12	$3,190.29	$1,055.07	13	$3,494.30	$807.73	-7.7%
MH/SA Inpatient Days	7	$766.82	$114.06	33	$103.20	$267.70	-78.8%
NICU Inpatient Days	0	$0.00	$0.00	4	$3,097.50	$687.50	-100.0%
Total Admissions	38	$42,929.89	$1,751.07	38	$27,871.60	$1,318.07	0.0%
Medical Admissions	13	$31,794.18	$1,900.08	13	$19,971.75	$816.29	0.0%
Surgical Admissions	17	$69,080.02	$1,669.43	16	$46,141.66	$1,086.90	6.3%
Maternity Admissions	6	$6,380.58	$2,110.13	6	$7,570.98	$1,750.08	0.0%
MH/SA Admissions	<5	$2,683.88	$399.20	<5	$1,702.76	$4,417.02	0.0%
NICU Admissions	0	$0.00	$0.00	<5	$12,390.00	$2,750.00	-100.0%
Admissions from ER	22	$47,042.58	$1,920.63	22	$22,559.12	$783.06	0.0%
30 Day ReAdmissions	<5	$20,530.24	$1,143.58	<5	$17,484.39	$211.24	-25.0%
Average Length of Stay	4	$0.00	$0.00	5	$0.00	$0.00	-14.8%
Pharmacy Scripts	11,207	$0.00	$0.00	11,048	$0.00	$0.00	1.4%
Pharmacy Scripts Mail Order	3,792	$0.00	$0.00	3,631	$0.00	$0.00	3.0%
Pharmacy Scripts Generic Drugs	9,257	$0.00	$0.00	9,277	$0.00	$0.00	-1.6%
SNF/SNU Days	0	$0.00	$0.00	0	$0.00	$0.00	0.0%

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January 24, 2022

Inpatient Care

Population: 123456 SAMPLE REPORT GROUP

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Admits per 1000

54.82

54.34 (+<5)

Avoidable Admits per 1000

<5

<5 (+51.33%)

Inpatient Hospital PMPM

$196.12

$126.21 (+55.40%)

Avg Paid per Admit

$42,929.89

$27,871.60 (+54.03%)

Avg Allowed per Admit

$44,680.96

$29,189.67 (+53.07%)

Avg Length of Stay

4

4 (-14.81%)

Days per 1000

141.38

147.28 (-4.01%)

% Admits from the ER

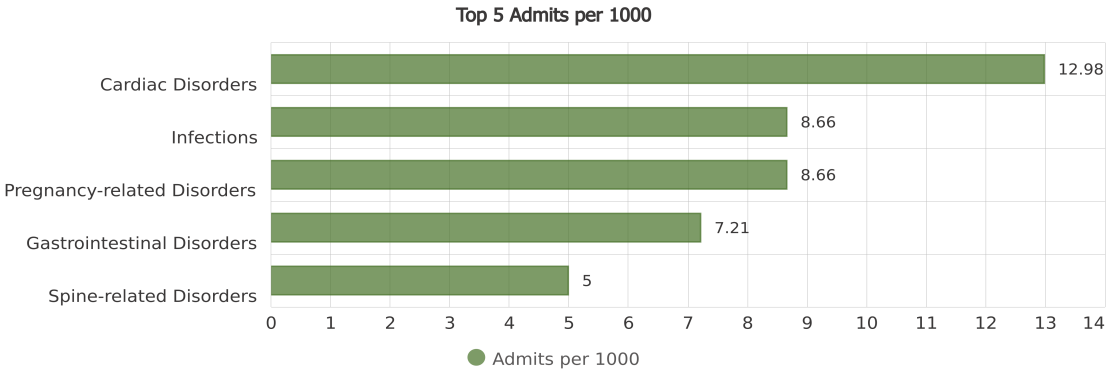
57.89%

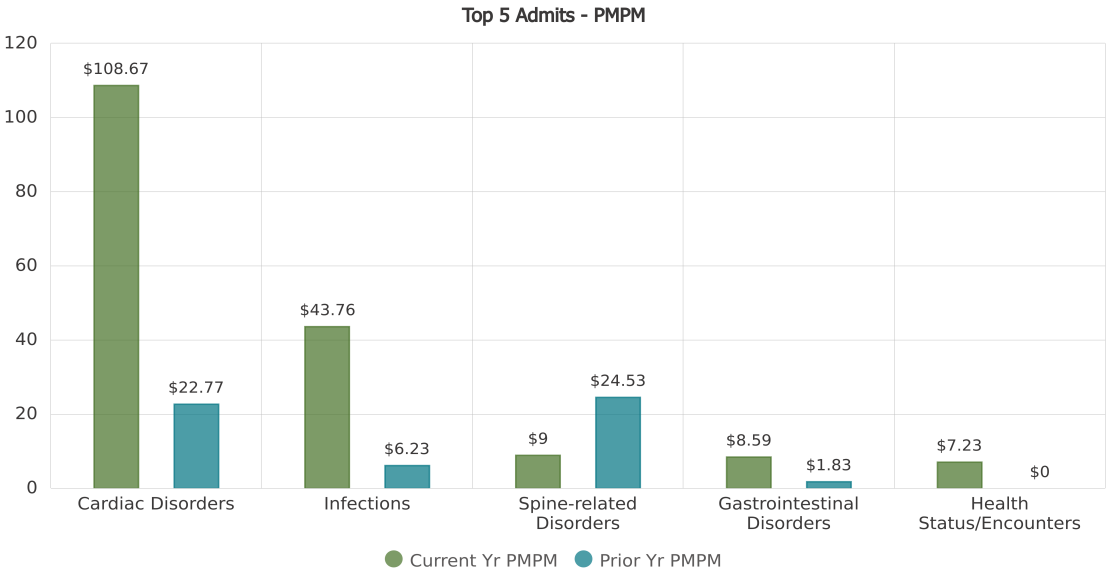
57.89% (+0.00%)

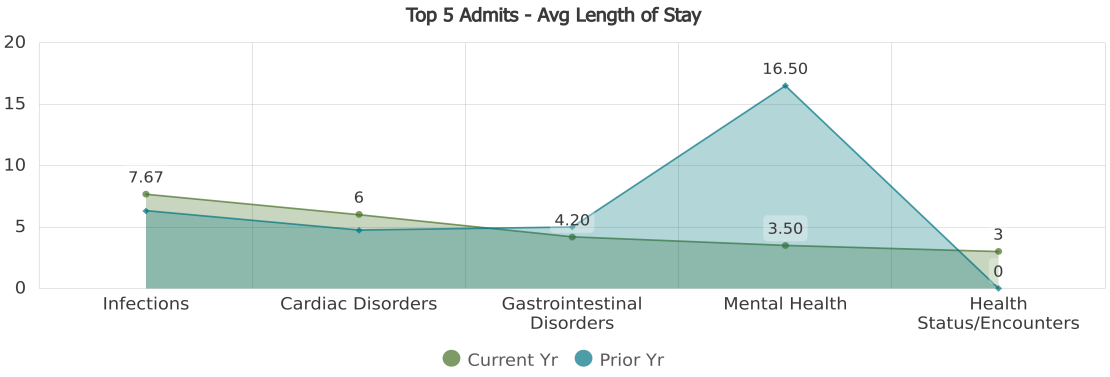
Readmissions per 1000

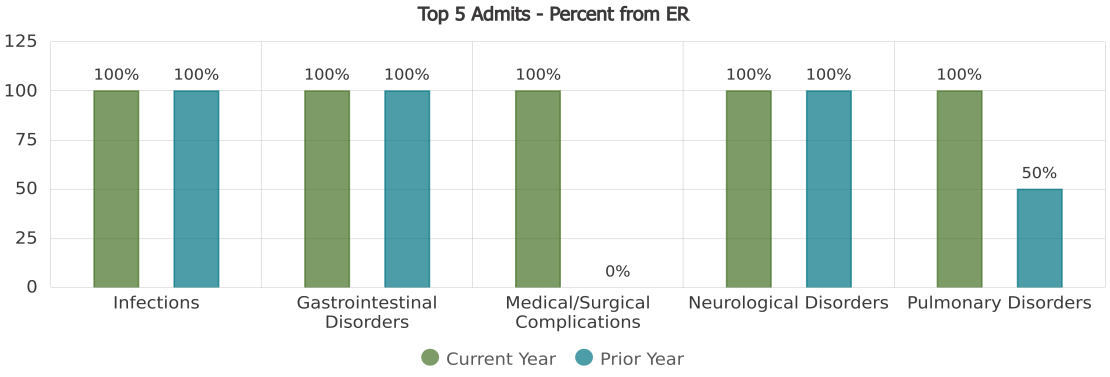
<5

<5 (+51.33%)









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January 24, 2022

Potentially Avoidable Admissions

Population: 123456 SAMPLE REPORT GROUP

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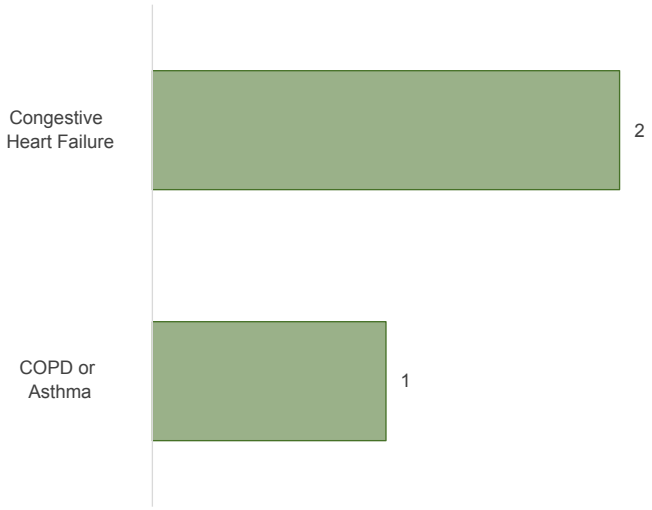
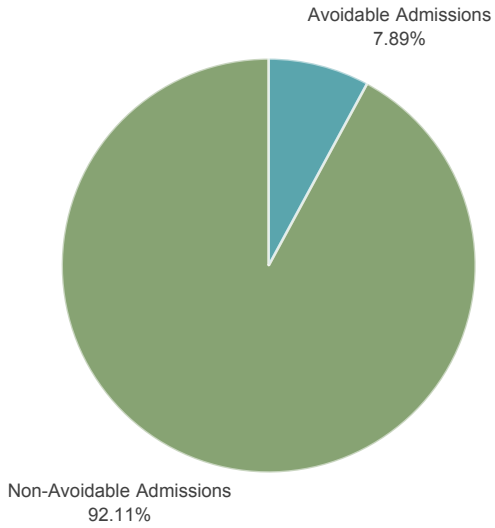
Potentially avoidable admissions (also called ambulatory care sensitive conditions) are hospitalizations for diagnoses for which timely and effective outpatient care can help to reduce the risks of hospitalization by either preventing the onset of an illness or condition, controlling an acute episodic illness or condition, or managing a chronic disease.

Top Avoidable Admitting Diagnoses by Admits



Avoidable vs. Non-Avoidable



Reporting Period Oct 2020 through Sep 2021	Age Range	Admits	Admits / 1000	Members	Allowed / Admit	Paid / Admit
Asthma	18 through 39	0	0.00	0	$0	$0
Bacterial Pneumonia	18+	0	0.00	0	$0	$0
Chronic Obstructive Pulmonary Disease	18 through 39	0	0.00	0	$0	$0
Congestive Heart Failure	18+	2	2.89	1	$27,551	$26,144
COPD or Asthma	40+	1	1.44	1	$7,280	$6,225
Dehydration	18+	0	0.00	0	$0	$0
Diabetes with Amputation	18+	0	0.00	0	$0	$0
Diabetes with Long Term Complications	18+	0	0.00	0	$0	$0
Diabetes with Short Term Complications	18+	0	0.00	0	$0	$0
Diabetes without Complications	18+	0	0.00	0	$0	$0
Hypertension	18+	0	0.00	0	$0	$0
Infection from Device / Implant	All Ages	0	0.00	0	$0	$0
Perforated Appendix	18+	0	0.00	0	$0	$0
Pressure Ulcer	All Ages	0	0.00	0	$0	$0
Urinary Tract Infection	18+	0	0.00	0	$0	$0
All Avoidable Admissions		**3**	**4.33**	**2**	**$20,794**	**$19,504**
Avoidable as % of All Admissions		*7.89%*		*6.25%*	*46.54%*	*45.43%*

Comparison Period Oct 2019 through Sep 2020	Age Range	Admits	Admits / 1000	Members	Allowed / Admit	Paid / Admit
Asthma	18 through 39	0	0.00	0	$0	$0
Bacterial Pneumonia	18+	0	0.00	0	$0	$0
Chronic Obstructive Pulmonary Disease	18 through 39	0	0.00	0	$0	$0
Congestive Heart Failure	18+	1	1.43	1	$17,698	$17,698
COPD or Asthma	40+	0	0.00	0	$0	$0
Dehydration	18+	0	0.00	0	$0	$0
Diabetes with Amputation	18+	0	0.00	0	$0	$0
Diabetes with Long Term Complications	18+	0	0.00	0	$0	$0
Diabetes with Short Term Complications	18+	0	0.00	0	$0	$0
Diabetes without Complications	18+	0	0.00	0	$0	$0
Hypertension	18+	0	0.00	0	$0	$0
Infection from Device / Implant	All Ages	0	0.00	0	$0	$0
Perforated Appendix	18+	0	0.00	0	$0	$0
Pressure Ulcer	All Ages	0	0.00	0	$0	$0
Urinary Tract Infection	18+	1	1.43	1	$6,581	$6,581
All Avoidable Admissions		**2**	**2.86**	**2**	**$12,139**	**$12,139**
Avoidable as % of All Admissions		*5.26%*		*6.45%*	*41.59%*	*43.55%*

Reporting Period: Incurred October 2020 to September 2021 Through December 2021
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January 24, 2022

Emergency Room - Visits

Population: 123456 SAMPLE REPORT GROUP

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ER Members per 1,000

157.25

135.84 (+15.76%)

ER Members per 1000 w Avoidable Visits

14.43

24.31 (-40.65%)

ER Visits per 1,000

258.24

183.03 (+41.09%)

ER Avoidable Visits per 1000

15.87

25.74 (-38.35%)

ER Unavoidable Visits per 1000

242.37

157.29 (+54.09%)

ER Avoidable Visits %

6.15%

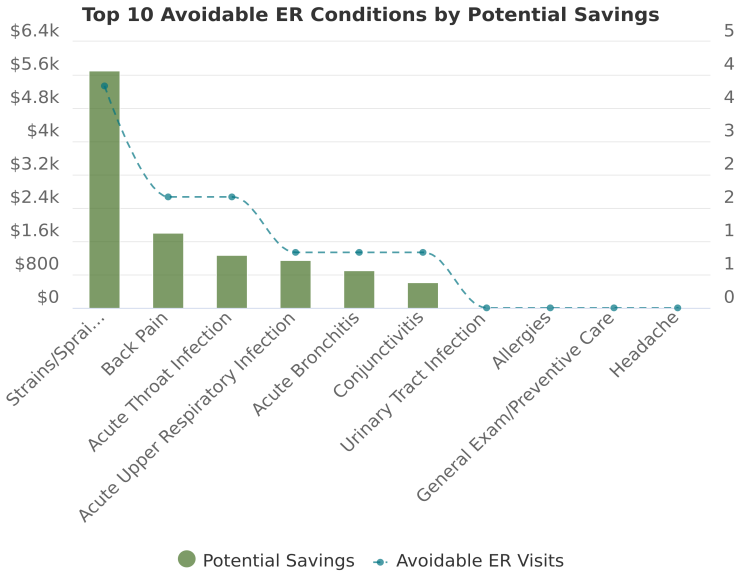
14.06% (-56.30%)

ER Visits per 1000 - Weekdays

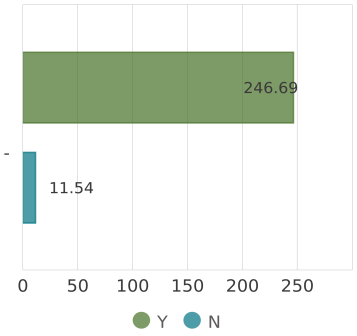
194.76

120.11 (+62.14%)

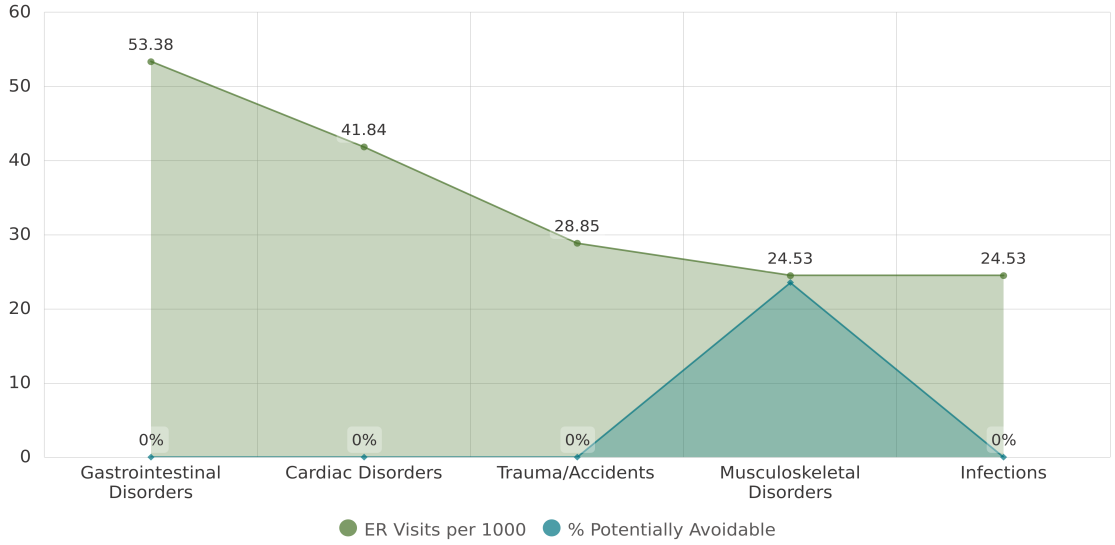
Top 10 Avoidable ER Conditions by Potential Savings



ER Network Usage - Visits per 1000



ER Top 5 Diagnoses



ER - Top 20 Providers by Visits

SN.	Provider Name	Provider City	Provider State	# Members	# Visits	% In-Network	Paid per Visit	PMPM
1	Regional Radiology LLC	Zachary	LA	47	69	100.00%	$66.06	$0.55
2	St Tammany Parish Hospital Grp	Covington	LA	41	65	100.00%	$1,561.69	$12.20
3	St Tammany Parish Hospital	Covington	LA	27	43	100.00%	$1,564.82	$8.09
4	Slidell Memorial Hospital	Slidell	LA	19	31	100.00%	$848.96	$3.16
5	Vincent Emergency Group LLC	Slidell	LA	22	26	100.00%	$1,432.41	$4.48
6	Slidell Emergency Group LLC	Slidell	LA	21	23	100.00%	$1,141.96	$3.16
7	Van Meter Emergency Physicians Inc APMC	Covington	LA	18	21	100.00%	$445.32	$1.12
8	Ochsner Medical Center Northshore LLC	Slidell	LA	16	20	100.00%	$1,109.10	$2.67
9	Radiology Associates of Southwest Louisiana	Lake Charles	LA	14	18	100.00%	$97.99	$0.21
10	Samy Abdelghani	Covington	LA	9	11	100.00%	$12.12	$0.02
11	Frank Voelker	Franklinton	LA	9	10	100.00%	$8.04	$0.01

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January 24, 2022

Lifestyle Management

Population: 123456 SAMPLE REPORT GROUP

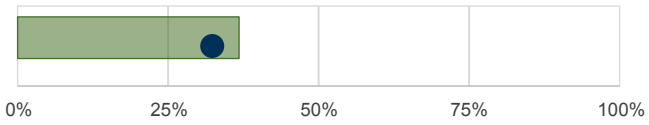
Humana

This overview shows how your population is performing vs the comparison period and vs the benchmark in 4 wellness metrics.

Colorectal Cancer Screens

Colorectal cancer screening ages 45-75

The vast majority of new cases of colorectal cancer (about 90%) occur in people who are 50 or older. Millions of people in the United States are not getting screened as recommended. They are missing the chance to prevent colorectal cancer or find it early, when treatment often leads to a cure.*



		# Members in Group	# Meeting the Metric	% Meeting Metric
■	Reporting	318	117	36.79%
■	Benchmark	- -	- -	N/A
■	Comparison	365	118	32.33%

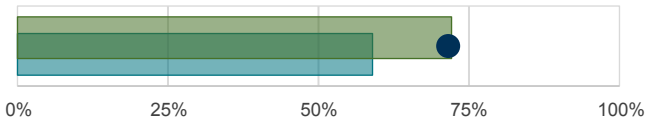
↓ **0.00%** from Benchmark

↑ **4.46%** from Comparison

Cervical Cancer Screens

Women age 21-64 years with cervical cancer screen in last 36 months

All women are at risk for cervical cancer. It occurs most often in women over age 30. Long-lasting infection with certain types of HPV is the main cause of cervical cancer. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.*



		# Members in Group	# Meeting the Metric	% Meeting Metric
■	Reporting	190	137	72.11%
■	Benchmark	- -	- -	58.98%
■	Comparison	246	176	71.54%

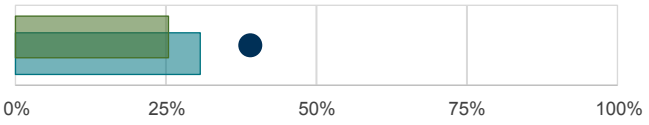
↑ **13.13%** from Benchmark

↑ **0.56%** from Comparison

Flu Vaccination

Annual flu vaccination (All Ages)

A flu vaccine is needed every season. The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season. Vaccination has been shown to have many benefits including reducing the risk of flu illnesses, hospitalizations, and even the risk of flu-related death in children.*



		# Members in Group	# Meeting the Metric	% Meeting Metric
■	Reporting	594	151	25.42%
■	Benchmark	- -	- -	30.70%
■	Comparison	687	268	39.01%

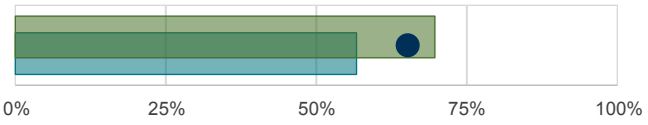
↓ **5.28%** from Benchmark

↓ **13.59%** from Comparison

Mammography

Women age 40-75 with a screening mammogram last 24 months

Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. At this time, a mammogram is the best way to find breast cancer for most women.*



		# Members in Group	# Meeting the Metric	% Meeting Metric
■	Reporting	165	115	69.70%
■	Benchmark	- -	- -	56.68%
■	Comparison	201	131	65.17%

↑ **13.02%** from Benchmark

↑ **4.52%** from Comparison

*provided by cdc.gov

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January 24, 2022

Wellness Quality Metrics

Population: 123456 SAMPLE REPORT GROUP

Humana

This report summarizes results for quality metric performance. Quality metrics measure the quality of care your membership is receiving. The goal of quality health care is to ensure individuals get the care they need in a manner that most effectively protects or restores their health. This report can be used to identify areas where high quality care is being successfully delivered as well as areas for improvement. For some metrics, the positive health outcome results in members meeting the metric while for others a negative health outcome is indicated by members meeting the metric. For each metric, the negative health outcome has been made bold. Metrics for which there were no eligible members in either the report or comparison periods have been removed from the report. Quality Metrics are always calculated on a service date basis.

Primary Care Physician Details:

Gender: All

SN	Condition	Metric Description	Reporting		Comparison
			% Meet.	Benchmark	% Meet.
W02	Wellness	Age 50-64, annual flu vaccination	31.48%	36.18%	50.61%
W03	Wellness	Age 45 to 75 years with colorectal cancer screening	25.16%	23.95%	26.85%
W04	Wellness	Women age 25-65 with cervical cancer screen last 24 months	68.16%	59.50%	70.09%
W05	Wellness	Males 50+, PSA test last 24 months	54.41%	46.29%	61.07%
W06	Wellness	Women 65+, screening for osteoporosis	55.56%	N/A	52.63%
W07	Wellness	Routine exam last 24 months	86.03%	83.00%	90.10%
W08	Wellness	Women 40-75 with a screening mammogram in last 24 mos	69.70%	56.68%	65.17%
W10	Wellness	Age 2-6, annual well-child exam	70.00%	70.52%	53.85%
W11	Wellness	Age 7-12, annual well-child exam	46.15%	52.34%	47.06%
W12	Wellness	Age 13-21, annual well-child exam	36.84%	39.52%	35.71%
W13	Wellness	Age 4-6 yrs with recommended immunizations	100.00%	N/A	100.00%
W15	Wellness	Age 13, rec. immunizations	50.00%	2.93%	0.00%
W16	Wellness	Age 2, rec. immunizations	0.00%	0.30%	100.00%
W17	Wellness	Age 15 months, well child visit	100.00%	91.02%	50.00%

Reporting Period: Incurred October 2020 to September 2021 Through December 2021
Comparison Period: Incurred October 2019 to September 2020 Through December 2020
Benchmark: Commercial

January 24, 2022

Primary Care Physician Details:

Gender: All

SN	Condition	Metric Description	Reporting		Comparison
			% Meet.	Benchmark	% Meet.
W18	Wellness	Infant, well child visit	100.00%	90.88%	100.00%
W20	Wellness	Infant, well & non-well child visit	100.00%	68.20%	100.00%
W21	Wellness	Routine office visit last 6 months	76.43%	63.72%	73.80%
W22	Wellness	Women age 21-65 with cervical cancer screen last 36 mos	72.11%	58.98%	71.54%
W23	Wellness	Age 65+, glaucoma screening last 24 months	39.47%	32.99%	47.73%
W24	Wellness	Age 19-39, preventive visit last 24 months	45.61%	40.53%	49.75%
W25	Wellness	Age 40-64, preventive visit last 24 months	57.49%	56.01%	61.42%
W26	Wellness	Women age 25-65 with recommended cervical cancer screening	73.60%	59.42%	71.79%
W27	Wellness	Age 19-39, cholesterol screening	39.77%	25.22%	37.81%
W28	Wellness	Age 40-64, cholesterol screening	67.37%	56.87%	68.24%
W29	Wellness	Age 65+, annual preventive visit	56.10%	43.50%	47.92%
W38	Wellness	Females age 13 with HPV vaccine	100.00%	4.14%	0.00%
W39	Wellness	Annual flu vaccination (All Ages)	25.42%	30.70%	39.01%
W40	Wellness	Women age 50 to 75 with a screening mammogram in last 24 months	72.17%	60.93%	72.18%
W41	Wellness	Colorectal cancer screening ages 45-75	36.79%	N/A	32.33%
W42	Wellness	Age 16 years and older with COVID vaccination	29.00%	N/A	0.00%

Reporting Period: Incurred October 2020 to September 2021 Through December 2021
Comparison Period: Incurred October 2019 to September 2020 Through December 2020
Benchmark: Commercial

High Cost Members - Blinded

Population: 123456 SAMPLE REPORT GROUP

Humana

This report identifies members whose total paid/allowed health care costs have exceeded the threshold during the reporting period. Both medical and pharmacy claims are included in this report. Costs for the individuals are broken-out by type of cost allowing for identification of which type of services are driving the members' costs.

Threshold: $50,000 **Amount: Paid** **Total Members: 20**

Blinded Member Id	Current Status	Risk Score	Medical Paid Cost	Pharmacy Paid Cost	Total Paid Cost	Diagnosis Grouper
769819c8b5cf8556991d089c...	Termed	--	$430,991.03	$1,163.87	$432,154.90	Myocardial Infarction
0d78a0050c1edf6f786912dc...	Active	9.60	$299,597.81	$39,598.08	$339,195.89	Inflammatory Bowel Disease
5597bcb8e81a552594535950...	Active	8.78	$200,574.19	$9,707.96	$210,282.15	Coronary Artery Disease
1b78f06e5dc9f95ebe4426b2...	Termed	8.21	$209,955.18	$1.65	$209,956.83	Septicemia
50a38738007bca4fb97a9260...	Active	7.68	$174,967.11	$5,651.31	$180,618.42	Colon Cancer
cc62e11d529f26b1aaf7afb5...	Active	11.37	$26,411.72	$100,585.22	$126,996.94	Migraines
a687aa54494a003328a1401d...	Active	2.66	$120,279.47	$2,538.28	$122,817.75	Coronary Artery Disease
ed4701a10c1500db65f53f67...	Active	8.79	$106,688.81	$10,138.53	$116,827.34	Heart Valve Disorders
4cfd9bb52a08b00564cf2092...	Active	24.76	$75,890.46	$36,613.65	$112,504.11	Intervertebral Disc Diso...
84cb77079b28e11abe3bbfd8...	Active	7.00	$96,445.83	$4,696.46	$101,142.29	Atrial Fibrillation
778878fa08e5a6cf2cdf873f...	Active	22.34	$63,216.30	$34,345.53	$97,561.83	Congestive Heart Failure
796bd9a81c1b5980df92dc01...	Active	4.72	$88,465.09	$8,585.60	$97,050.69	Encounter - Procedure
eb9f9621f22c97b5394d20bb...	Active	38.05	$14,238.11	$76,564.92	$90,803.03	GI Symptoms
c6fbb0448ff1dc9417ffe551...	Active	6.95	$66,965.51	$16,047.72	$83,013.23	Cancers, Other

Reporting Period: Incurred October 2020 to September 2021 Through December 2021
Comparison Period: Incurred October 2019 to September 2020 Through December 2020
Benchmark: Commercial

January 24, 2022

High Cost Members - Blinded

Population: 123456 SAMPLE REPORT GROUP

Humana

Blinded Member Id	Current Status	Risk Score	Medical Paid Cost	Pharmacy Paid Cost	Total Paid Cost	Diagnosis Grouper
a904d405ecccd59c04d2d6bf...	Active	9.87	$89.55	$74,893.99	$74,983.54	Inflammatory Bowel Disease
5e1d5cc39bd47d453161126f...	Termed	3.59	$69,701.52	$3,617.22	$73,318.74	Cardiac Arrhythmias
a57bb083540ac013b310e2ba...	Active	12.09	$64,107.97	$138.87	$64,246.84	Developmental Disorders
f4b8a19b4150055ad6557272...	Active	16.13	$56,026.96	$49.67	$56,076.63	GI Disorders, Other
565cc7c3164526fa8cf3bc7e...	Active	3.07	$53,214.19	$22.63	$53,236.82	Infectious Diseases
882b8f7cbe4741ec5db46728...	Termed	6.33	$46,090.32	$4,902.68	$50,993.00	Seizure Disorders
	Total		**$2,263,917.13**	**$429,863.84**	**$2,693,780.97**	

Reporting Period: Incurred October 2020 to September 2021 Through December 2021
Comparison Period: Incurred October 2019 to September 2020 Through December 2020
Benchmark: Commercial

January 24, 2022

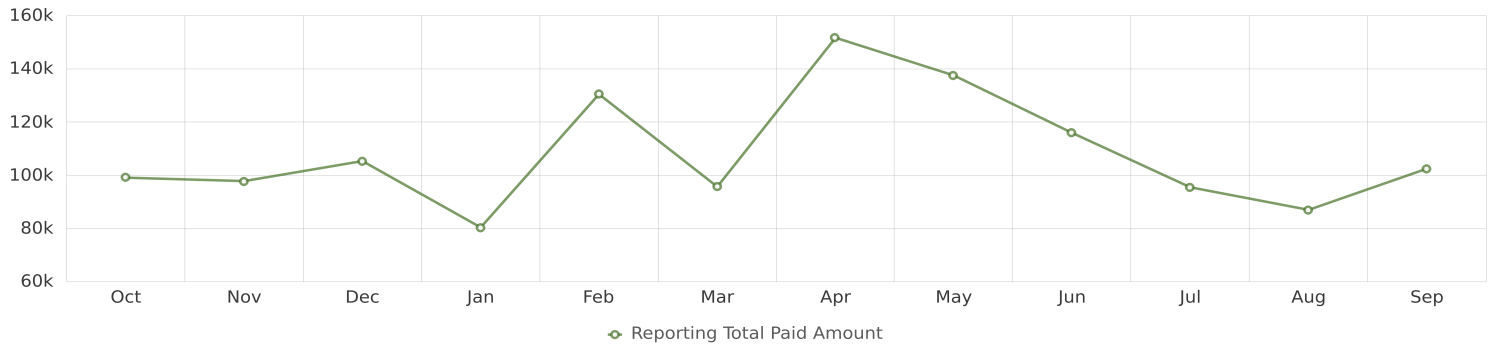
Pharmacy Snapshot

Population: 123456 SAMPLE REPORT GROUP

Humana

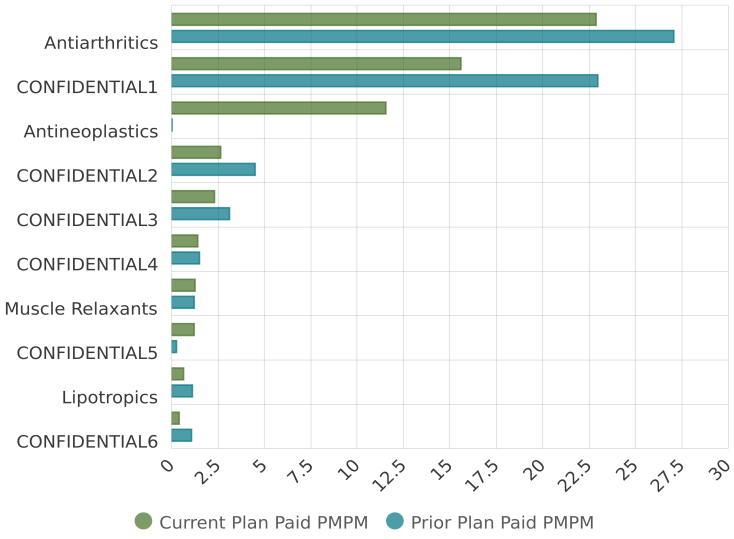
Total Net Paid	Rx Net Paid PMPM	Specialty Net Paid PMPM	Non-Specialty Net Paid PMPM
$1,298,933	**$156.16**	**$61.57**	**$94.59**
$1,239,280 (+4.81%)	$147.67 (+5.75%)	$65.33 (-5.76%)	$82.34 (+14.88%)

Monthly Pharmacy Spend

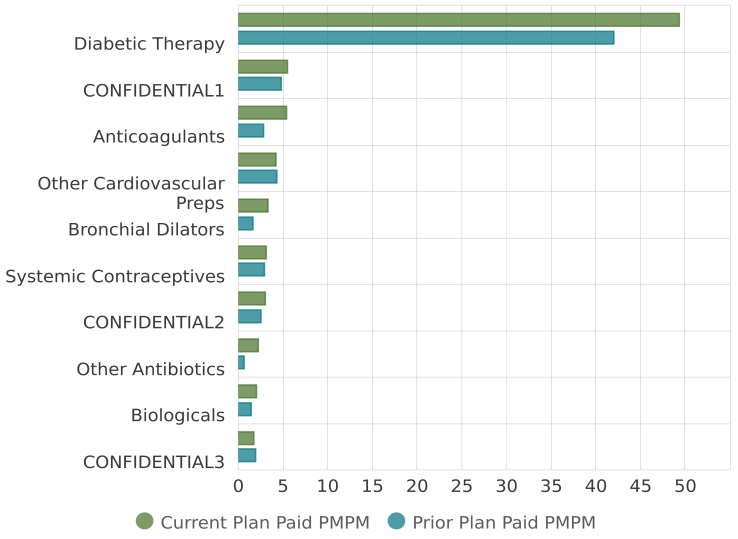


Generic Dispensing Rate	Humana Pharmacy Rx Count	Days Supply PMPM	Net Paid Per Script
82.60%	**288**	**59.77**	**$115**
83.97% (-1.63%)	264 (+9.09%)	57.75 (+3.51%)	$112 (+3.33%)

Top Specialty Drug Classes



Top Non-Specialty Drug Classes



Specialty vs Non-Specialty Metrics

SN.	Specialty Indicator	Current Net Paid PMPM	Prior Net Paid PMPM	Total Trend	Volume Trend	Price Trend	% Of Days Supply	% Of Paid Amount
1	N	$94.59	$82.34	14.88%	3.75%	10.72%	98.66%	60.57%
2	Y	$61.57	$65.33	-5.76%	-11.82%	6.87%	1.34%	39.43%
	Total	$156.16	$147.67	5.75%	3.51%	2.16%	100.00%	100.00%

Reporting Period: Incurred October 2020 to September 2021 Through December 2021
Comparison Period: Incurred October 2019 to September 2020 Through December 2020
Prior Period: Incurred October 2018 to September 2019 Through December 2019
Benchmark: Commercial

January 24, 2022

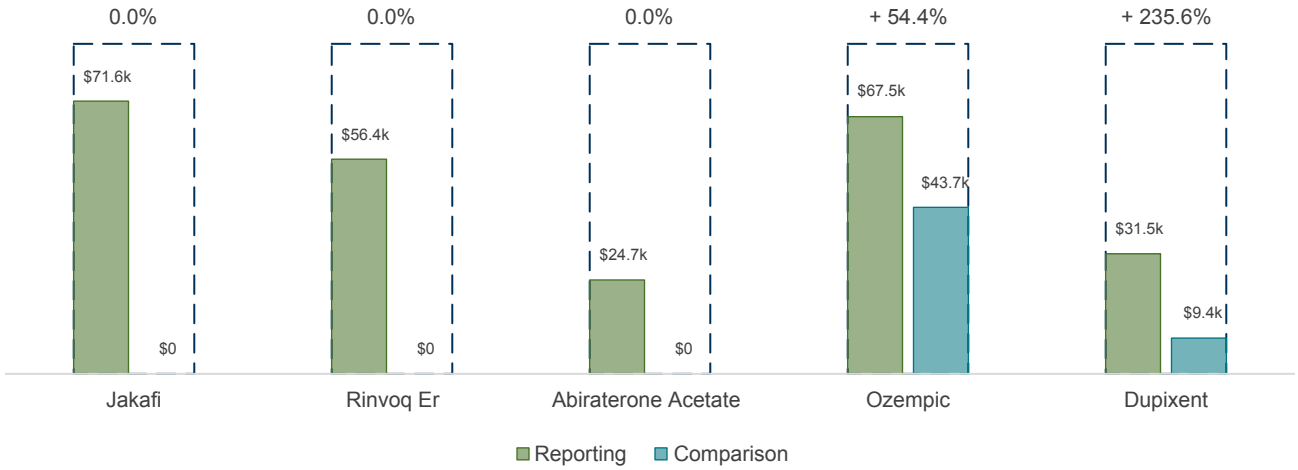
Top 20 Drugs - Comparison

Population: 123456 SAMPLE REPORT GROUP

Humana

This report presents the top drugs by total amount paid during the reporting and comparison periods. Drugs administered by the pharmacy benefit manager are included and drugs paid through medical claims are excluded. By looking at the total cost for a drug along with the prescription count it can be determined if the cost driver is a few individuals using a high cost drug or high utilization of the drug. The chart shows the top drugs that had the most growth in terms of amount paid between the comparison period and reporting period.

Largest Dollar Increase from Comparison Period



- Jakafi had the largest change in the reporting period with an increase of $71,619 from the comparison period
- Xifaxan has the most significant growth percentage in the reporting period at 253% ($18,095)

SN	Drug	Generic	Reporting Period Oct 2020 - Sep 2021				Comparison Period Oct 2019 - Sep 2020	%Δ	Prior Period Rank
			Total Paid Amount	Script Count	Member Count	PMPM	Total Paid Amount		
1	Humira	No	$127,789	22	<5	$15.36	$136,097	-6%	1
2	Mavenclad	No	$85,977	<5	<5	$10.34	$82,257	5%	2
3	Jakafi	No	$71,619	8	<5	$8.61	$0	0%	N/A
4	Ozempic	No	$67,531	63	12	$8.12	$43,727	54%	8
5	Novolog	No	$57,905	54	12	$6.96	$47,556	22%	6
6	Rinvoq Er	No	$56,373	11	<5	$6.78	$0	0%	N/A
7	Trulicity	No	$55,539	64	12	$6.68	$44,646	24%	7
8	Januvia	No	$51,919	77	15	$6.24	$42,320	23%	9
9	Victoza 3-Pak	No	$38,256	30	7	$4.60	$49,444	-23%	5
10	Dupixent	No	$31,519	10	<5	$3.79	$9,393	236%	32
11	Jardiance	No	$31,284	36	10	$3.76	$14,613	114%	19
12	Eliquis	No	$30,531	37	9	$3.67	$16,282	88%	16
13	Inderal La	No	$26,131	<5	<5	$3.14	$27,597	-5%	10
14	Invokana	No	$24,807	29	5	$2.98	$16,455	51%	15
15	Abiraterone Acetate	Yes	$24,655	11	<5	$2.96	$0	0%	N/A
16	CONFIDENTIAL2	No	$21,987	8	<5	$2.64	$10,818	103%	- -
17	Trokendi Xr	No	$19,548	16	<5	$2.35	$21,388	-9%	14
18	Lantus Solostar	No	$18,340	32	8	$2.20	$21,578	-15%	13
19	Emgality	No	$18,251	32	<5	$2.19	$15,379	19%	17
20	Xifaxan	No	$18,095	6	<5	$2.18	$5,123	253%	46
	All Others		$420,877	10,655	4,679		$634,609	-34%	
	Total		**$1,298,933**	**11,207**	**758**		**$1,239,280**		

Reporting Period: Incurred October 2020 to September 2021 Through December 2021
Comparison Period: Incurred October 2019 to September 2020 Through December 2020
Benchmark: Commercial

January 24, 2022

GCHK8PQEN 0119

Enrollment Guide

[Enrollment dates]

[Insert Dates]

Choosing the right medical plan is as easy as:

1. Review your plan benefits
2. Check out all the extras
3. Enroll in your plan

Everything you need is in this guide.
Get started now.

[Enroll at]

[Insert URL]

Questions?

[Insert phone number]

Humana.

Plan features

Your available plan information can be found below.

	Choose your plan	Choose your plan	Choose your plan	Choose your plan
Overview	Simplicity Canopy HDHP	Simplicity Canopy HDHP	Simplicity Canopy HDHP	Simplicity Canopy HDHP
Plan highlights	Copay No plan	Copay No plan	Copay No plan	Copay No plan
Best fit for				

Plan overview

Your available plan information can be found below.

Deductible
Maximum out-of-pocket
PCP/Specialist copay
Pharmacy

This is an example. Costs may vary. See your Summary of Benefits and Coverage for details.

Enrollment Guide

Additional benefits

Preventive care covered at no additional cost when you use in-network providers

Humana Pharmacy®
Save money and time with our full-service, mail-delivery pharmacy for your regular or specialty prescription needs.

Go365® wellness program
Get rewarded with things like Amazon and Target gift cards for doing the everyday things that help keep you healthy.

Doctor On Demand®
See a doctor from anywhere, anytime using your computer or mobile device. Board-certified doctors can diagnose conditions like the flu, strep throat and urinary tract infections and may write you a prescription and get you feeling better without the need to go in to an office.

Humana®

Additional plan options

Your additional plan information can be found below.

	Choose your plan	Choose your plan	Choose your plan	Choose your plan
Overview	**DENTAL** Preventive Plus	**DENTAL** Preventive Plus	**DENTAL** Preventive Plus	**DENTAL** Preventive Plus
	DENTAL Traditional Preferred	**DENTAL** Traditional Preferred	**DENTAL** Traditional Preferred	**DENTAL** Traditional Preferred
	DENTAL PPO	**DENTAL** PPO	**DENTAL** PPO	**DENTAL** PPO
Plan highlights	**VISION** Exam Plus	**VISION** Exam Plus	**VISION** Exam Plus	**VISION** Exam Plus
	VISION Humana Vision	**VISION** Humana Vision	**VISION** Humana Vision	**VISION** Humana Vision
	VISION Materials Only	**VISION** Materials Only	**VISION** Materials Only	**VISION** Materials Only
	Basic Life & AD&D	**Basic Life & AD&D**	**Basic Life & AD&D**	**Basic Life & AD&D**
Best fit for	**Voluntary/ Supplemental Life**	**Voluntary/ Supplemental Life**	**Voluntary/ Supplemental Life**	**Voluntary/ Supplemental Life**
	None	**None**	**None**	**None**

Additional plan options overview

Your additional plan information can be found below.

Plan details

This is an example. Costs may vary. See your Summary of Benefits and Coverage for details.

Enrollment Guide

How to enroll in two easy steps

1. **Choose your plan**
   [Enroll at]

2. **[Insert URL]**

If you have any questions, contact

[Insert phone number]

Humana.

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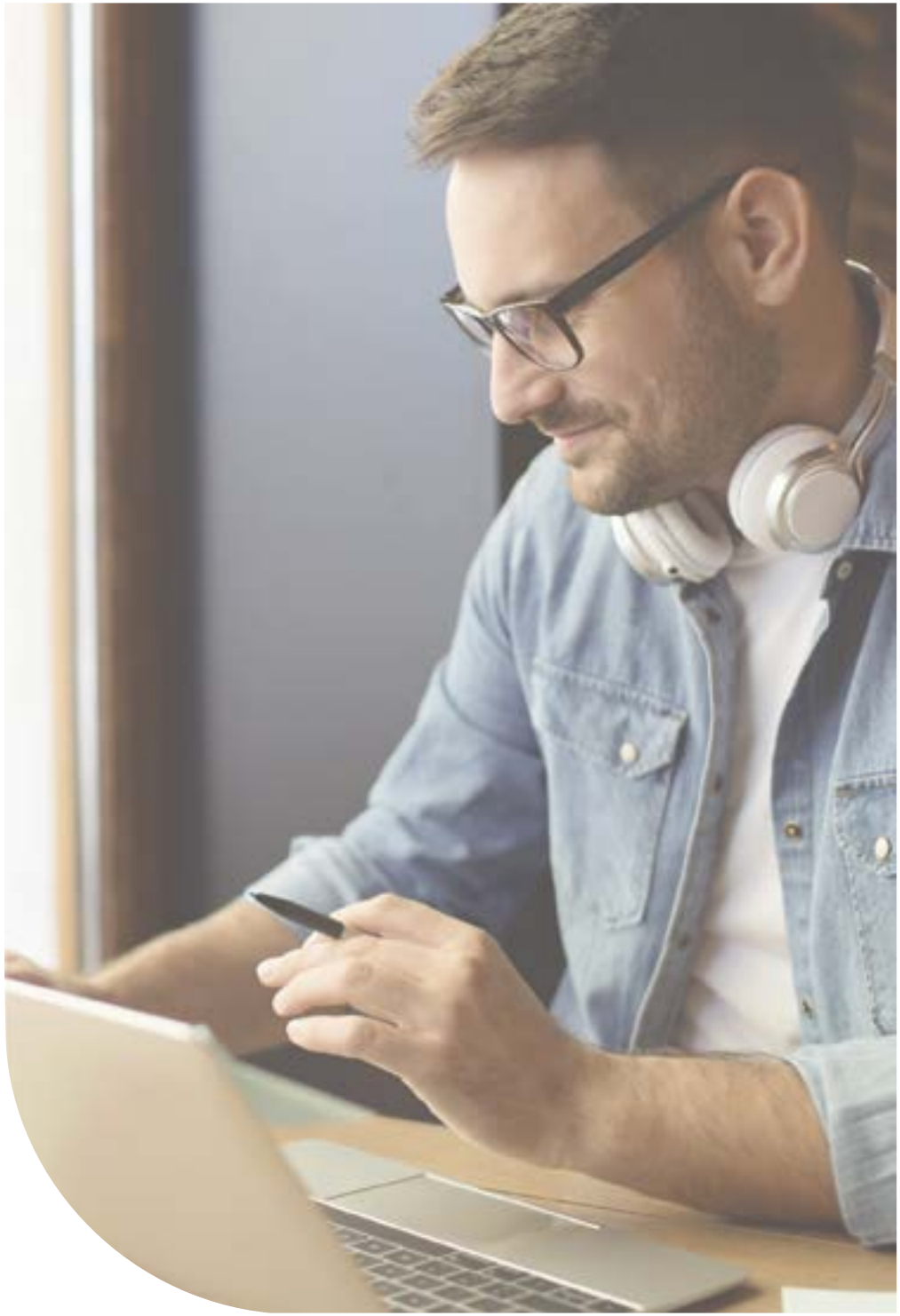

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Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, The Dental Concern, Inc., Humana Medical Plan of Utah, Humana Health Benefit Plan of Louisiana, CompBenefits Company, CompBenefits Insurance Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

Humana group vision plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Health Benefit Plan of Louisiana, Humana Insurance Company of Kentucky, Humana Insurance Company of New York, CompBenefits Insurance Company, CompBenefits Company, or The Dental Concern, Inc.

Humana group life plans are offered by Humana Insurance Company and Humana Insurance Company of Kentucky.

Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company. Administered by Humana Insurance Company.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or broker.

Doctor On Demand services are not available for Humana members in: Puerto Rico and outside the US.

Limitations on healthcare and prescription services delivered via telemedicine and communications options vary by state. Telemedicine is not a substitute for emergency care. This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional.

Go365 is not an insurance product. Not available with all Humana health plans.

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Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**.

Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę niká'adoowoł.

العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Humana®

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Introduction to Humana
Electronic Data Interchange

Commercial EDI

Customer Experience Document

Group Fulfillment
- Enrollment

Humana®

Introduction to EDI

In order to provide our Customers/Trading Partners with a better understanding of the Humana EDI Implementation process, this document contains the following:

- **EDI Implementation Timeline**
- **EDI Definitions**
- **Helpful FYI's**
- **EDI FAQ & Contacts**

EDI Implementation Timeline

This timeline is streamlined and achievable provided that data quality and reply times are reasonable.

No.	Process Step	Approx. business days for Completion
1	Intro Email sent to Group/Vendor including Electronic Transmission form & EDI Questionnaire.	2
2	Group/Vendor returns completed ET Form.	7
3	Humana ET Development creates test server, sends FTP credentials to trading partner. EDI contact will also send layout document and account structure.	4
4	Group/vendor delivers test file	5
5	Humana loads file to Test region. Sends group/vendor any member data/formatting discrepancies that need to be addressed.	3
6	Corrected test file received from group/vendor (if needed)	5
7	Humana approves file for Production. ET Development sends Production FTP credentials to trading partner.	2

EDI Definitions

Account Structure Sheet: Provides products sold to the group and the assigned benefit IDs, and sub categorization based on department or geographies. These codes will be used on the file to map each member to the correct product elected. The structure sheet is layout specific and provides field positions for each value. The coded account structure must be received from the Humana EDI team.

Electronic Transmission Form: This form provides Humana Electronic Transmission (ET) Development with the server credentials, such as file naming/folders/servers/IP addresses, used for file transmission. Most fields provide a drop down box for easy selection. Any ET/Electronic Transmission Self Service (ETSS) ticket related questions can be addressed by your assigned ET Developer.

Layout Type: Humana will accept the Humana Proprietary layout or the 834 layout for all EDI groups.

*Please note: The HIPAA 834 standard format does not accommodate class-based Life or Spending Accounts.

Testing Results: Humana tests the file for formatting errors as well as member-level discrepancies. The Test region compares the member data to our current Production data and reports any mismatches/invalid coding. Humana requires a full membership file for testing to ensure accurate results.

Approval for Production: Once Humana has verified and approved the testing results, we will provide the FTP credentials for the Production server and schedule the first Production file with the group/vendor.

Helpful FYI's

- A technical call to review the EDI file specs can be setup between Humana and group/vendor upon request.
- Humana must be made aware when a new test file has been sent.
- Humana prefers a full membership file for both Production and Test.
  Please ensure the Transaction code is 'F' on all Humana layouts, INS03 is '030' or BGN08 is '4' for 834 layouts.
- If the group/vendor would like to submit Primary Care Providers (PCPs) or Dental Provider elections (PCDs) on file, please consult with your Humana EDI contact.
- If the customer file contains Life products or Spending Accounts, we are only permitted to use the Humana Proprietary or 834 Non HIPAA layouts. Work with your Humana EDI contact to determine which layout can be utilized.
- Humana requires a term record to be sent once for all terminated members. Once the term record has been submitted to Humana the record should be removed from ongoing files.
- Subscriber Social Security Numbers are required on all files. Dependent socials are optional.
- If you submit a new member enrollment with a retroactive effective date, please note that it may require additional time and manual review.
- If you submit a benefit change including new group number, division number or benefit ID, a new effective date must be sent for that member.
- Each time a standard 834 file is submitted to Humana, our standard process will load the file through our EDIFECS software prior to loading into our Production environment. If there are any validation errors found it will stop the file from loading. Humana will report those errors back to the group/vendor and a corrected file will need to be submitted.

EDI FAQ Sheet & Contacts (Post Production)

URGENT ACCESS TO CARE: For all groups please send an email to EDISpecialistCommEnrollInquiry@humana.com. It is required to include the group name, group number and '**ATC**' in the subject line. ATC requests are processed within 2 hours if received by 6:30 pm EST. If received after 6:30 pm EST the request will be processed by 9:30 am EST the following business day. Be sure to include Subscriber SSN, Member demographics, Subscriber hire date, and coverage effective date.

ELIGIBILITY INQUIRIES - Specialty benefits only*:* Please send an email to EDISpecialistCommEnrollInquiry@humana.com. Please include group name, group number, and note 'ELIGIBILITY RESEARCH' in the subject line. All mailbox inquiries are answered within 4 business days.

ELIGIBILITY INQUIRIES - Large Medical groups *(99+ Subscribers):* Please reach out to your Customer Experience Manager.

ELIGIBILITY INQUIRIES – Small Medical groups *(1-99 Subscribers):* Please send to EDISpecialistCommEnrollInquiry@humana.com. Please include group name, group number, and note 'ELIGIBILITY RESEARCH' in the subject line. All mailbox inquiries are answered within 4 business days.

FILE PROCESSING TIMELINE: When the file is received from the group/vendor, the updates will appear in Humana's platform the next day. It will take another 24 hours to update in our Rx system. If an error has occurred for a member, our Enrollment team will review and manually resolve the issue within 4 calendar days.

DISCREPANCY REPORT: Once a month Humana will generate a File Compare Discrepancy Report. This is a compare of the full file to Humana's system. Any members 'Not on File, but Active in Humana' will appear on this discrepancy report and will be sent back to the group to be verified and updated manually. Humana will not term by absence. In most cases these discrepancies occur when a term record is not sent to Humana.

EDI FAQ Sheet & Contacts (Post Production) cont.

GROUP/MEMBER SUPPORT: For Benefits Administrators or Agents that need to verify member coverage status, please call 800-592-3005. Providers will call the Provider Service Center at 866-427-7478. Members will call the number on the back of their ID card.

HRBA/WEB PORTAL SUPPORT: The Humana Business Web Team (888-666-5733) can assist with the following inquiries:

- *Locked accounts*
- *Access issues/Employer Registration*
- *Error messages*
- *Assistance with printing a temporary ID Card*
- *Requesting Proof of Coverage Letter*
- *eBilling*

VENDOR CHANGE: If a vendor change needs to occur, please reach out to your Customer Experience Manager or Retention Executive to submit a request.

OFF-SCHEDULE FILES: You can always send an off-scheduled file if needed. Please send notification to your EDI contact so they are aware.

MEMBER INQUIRIES: Once EDI files have been moved to Production, any member who tries to contact Humana to make a change to their demographics and/or contact info will be directed back to their employer.

Electronic Transmission Questions/Concerns: For all ET inquiries, including password resets, please send to your Humana EDI contact.

NO ACCESS TO WEB: Once a group is moved to EDI, HRBA/Web portal access will be changed to 'View Only.'

Additional Questions: If you have further questions not answered in this document, please address to your Humana EDI Contact.

Account Management Team Biographies

The following Account Management team members will be assigned to work with the Parish:

Carla Cohran, Agency Relationship Manager
Carla has 14 years of experience in the insurance industry, including wellness and benefit administration. While operating in various capacities such as benefit administrator, account manager and sales executive, Carla was responsible for all sales-oriented activities, marketing and advertising for 100+ clients just to name a few.

Carla studied Business Management while attending Southern University.

Candice Knaps, Senior Client Executive
Candice has 33 years industry experience. Prior to joining Humana, Candice served as an operations and provider services representative with another insurance carrier where she coordinated special projects to ensure company policies were followed and key objectives were met.

Carla has a Bachelor of Science in Information Technology from the University of Phoenix.

Heather Orr, Installation Administration Professional
Heather has 16+ years of insurance industry experience. Prior to joining Humana in 2010, Heather served as an enrollment and service representative, as well as a sales representative within the insurance industry establishing and managing relationships with internal and external clients.

Heather holds a bachelor's degree.

Kristen Braud, Consumer Engagement Professional
Kristen has been in the insurance industry since 2005. She has worked both on the broker/consultant and carrier sides of the business. Kristen has worked to educate groups and members on various topics such as COBRA, Health Care Reform, FMLA, and wellness. Kristen is able to pull from her background to ensure a successful wellness strategy is in place to serve both the employer and employees.

Kristen has a Bachelor of Science in Finance from the University of New Orleans.

Richard Bedingfield, Director of Client Management
Richard has 20+ years of progressive insurance industry experience helping a wide range of organizations better protect and serve their employees through innovations in service delivery, product development, wellness, and analytical reporting. Richard joined Humana in September 2020 as director of client management responsible for the financial, operational and service delivery performance for 100+ clients in Georgia and Louisiana Markets as well as supervising the Humana consumer experience professionals within Georgia and Louisiana.

Prior to joining Humana, Richard was the director of Account Management for Aetna and Coventry for Key & Hospital Vertical Accounts within Georgia, Alabama, Mississippi, and Louisiana. His areas of responsibility include directing the overall financial and operational performance for major self-funded clients, hospital system groups, and key fully insured accounts ranging in size from 51 to 50,000. In addition, Richard

supervised the local medical economics and reporting staff and local market wellness consultant personnel. His expertise includes highly custom networks and benefit designs for large hospital system clients, physician groups, and large self-funded customers in addition to analytical reporting.

2021 Bold Goal Progress Report

2020 Results

Whole-person health focus creates positive results

When the COVID-19 crisis created more immediate needs than ever within our communities, we and our partners wasted no time in getting together to problem solve and get needed clinical and social support to members. The latest Bold Goal survey shows these efforts were a worthwhile investment in our members' health.

Report Highlights

2020 survey results show:

Humana Medicare Advantage members maintained overall health-related quality of life in 2020, while experiencing more physically Healthy Days.

Humana conducted nearly 6.2 million screenings for health-related social needs in 2020.

Vulnerable populations – members with depression, on low-income subsidy (LIS), are disabled, or are dual-eligible for Medicare and Medicaid – experienced more Healthy Days.

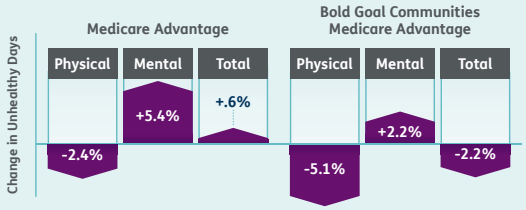
Humana's Basic Needs Program made a direct impact on food insecurity by bridging the gap in access to food due to the pandemic.

Medicare Advantage members maintained their overall health in 2020

Humana measures the health-related quality of life of members through the Centers for Disease Control and Prevention's Healthy Days survey, in which members self-report both their physical and mental health-related quality of life over the previous 30 days. Each year's survey results are compared to baseline year membership population characteristics to track progress. Results show MA members maintained overall health despite the pandemic, with a reduction in physically unhealthy days.

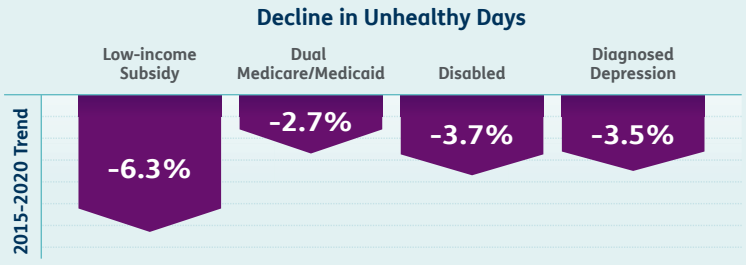
Healthy Days Survey from Baseline Year 2015 - 2020

Both Humana overall Medicare Advantage membership and those in Bold Goal communities saw decreases in physically unhealthy days from baseline year 2015, with MA members in BG communities experiencing fewer unhealthy days overall. Mentally unhealthy days increases are likely driven by pandemic-related year-over-year effects.



Improved Healthy Days for Vulnerable Individuals

Notably, some of those most impacted by the pandemic experienced an overall decline in unhealthy days partly due to efforts connecting them to needed resources.



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To learn more about our Bold Goal progress, visit:
populationhealth.humana.com/2021-bold-goal-progress-report

2021 Bold Goal Progress Report

2020 Results

Continued

High-Priority Social Needs

Screenings focus on health-related social needs — barriers to health and quality of life, including food insecurity, loneliness, housing insecurity, financial strain, and transportation barriers.

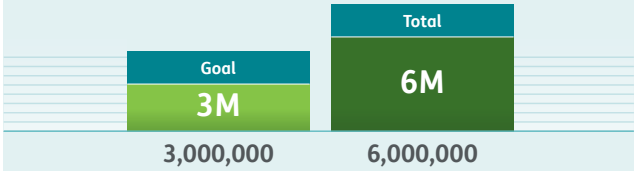
Expanded screening for social needs

In the last two years, we've greatly expanded screening of our members for a comprehensive set of social needs that impact health and quality of life.

In 2020, we set an enterprise wide goal to conduct 3 million screenings.

2020 Screenings

Our advances in screening work continued in 2020. In the end, we more than doubled our goal for social need screenings. Overall, we tracked 6,157,340 screening events.



1.1 Million Meals

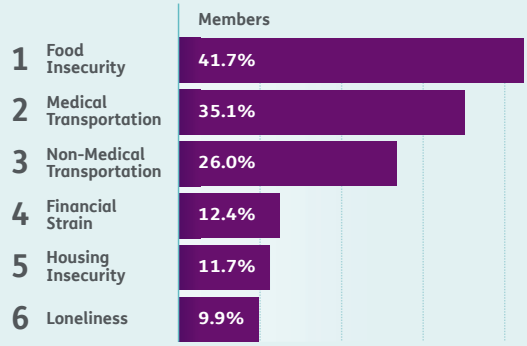
Humana's Basic Needs Program made a direct impact on food insecurity, providing more than 1.1 million meals to at-risk members.

Identified and met social needs

Humana is capturing and measuring data in a new way that allows us to close the loop on social need referrals and continue to follow up as needed – to see that the resource offered helped the member. For example, from December 11, 2020 to March 15, 2021, we measured the gap closure rate of the six social need domains below for a subset of Medicare Advantage members. While some pandemic-driven needs such as access to food and transportation were more immediately resolved, many needs are preexisting and will require more time and resources to address.

Percentage of Met Needs

Truly solving for social needs requires long-term, repeated outreach to connect members to community resources, access to member plan benefits, and care plans for managing complex needs. Through this continued work, we are learning the type and number of interventions needed.



WILLIAM SHRANK, MD
CHIEF MEDICAL AND CORPORATE AFFAIRS OFFICER, HUMANA

Bold Goal continues to guide Humana's strategy to address social needs –

and to improve the health of the people and communities we serve by making it easier for everyone to achieve their best health.

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To learn more about our Bold Goal progress, visit:
populationhealth.humana.com/2021-bold-goal-progress-report