

**State of Kansas
Premium Information**

Date: 7/30/2010

Plan Year: January 1, 2011 until December 31, 2011

Plan Names: Humana Group Medicare
Traditional RPPO 079 555 with Rx3 \$5/\$5/\$30/\$60/33%; \$5 gen in gap

Humana Group Sponsored Medicare Advantage

Blended Rate	\$160.00 per member per month
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Medical and Rx Benefit Blended Overview Traditional RPPO 079 555	
Deductible	None / \$300
Inpatient Hospital	\$175 Copayment (days 1-5) / 30% Coinsurance per Admission
Skilled Nursing	\$100 Copayment (days 11-100) / 30% Coinsurance (days 1-100)
Physician	\$15 Copayment / 30% Coinsurance
Specialist	\$35 Copayment / 30% Coinsurance
Outpatient Surgical	\$125 Copayment / 30% Coinsurance
Outpatient Non-Surgical	\$75 Copayment / 30% Coinsurance
Ambulance	\$100 Copayment / \$100 Copayment
Emergency Room	\$50 Copayment / \$50 Copayment
Maximum Out of Pocket	\$3,000 / \$5,000
Pharmacy	Rx3 \$5/\$5/\$30/\$60/33%; \$5 gen in gap

***See attached sheet for rating assumptions and stipulations**

****New for 2011, Dental benefits will only include Medicare covered services. The quoted plan also includes the HumanaDental discount program.**

State of Kansas

Rating Assumptions and Stipulations

The following items apply to the rates provided:

The quoted rates are valid only for the specified effective date and are offered for the time period specified commencing with this effective date and are valid only if the following conditions are met.

In the event that the effective date is other than the date listed above, the rates are subject to change. Humana reserves the right to change the rates and benefits 90 days after presentation of quote.

In order to implement this plan effectively, an implementation meeting must be held with Humana 60 to 90 days prior to the effective date.

The premium(s) and plan(s) quoted cannot be altered or adjusted in anyway, up or down, without Humana's approval.

The quoted rates do not include a possible reduction for those eligible for the CMS regulated low income subsidy. If applicable, the rate reductions will be made available at a later date upon CMS releasing the new 2011 subsidies.

This proposal assumes all members are retired and have enrolled in Medicare Part A and Part B.

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

These rates are based on the assumption that there is no secondary plan wrapping around Humana's Medicare Advantage plan or Rx plan.

This proposal is based on the group not contributing to the proposed premium.

Humana follows the Center for Medicare and Medicaid Services (CMS) rules and regulations regarding enrollment and eligibility into the Employer Sponsored Medicare Advantage plans. CMS has strict guidelines in regards to a carrier's ability to accept members with a diagnosis of End Stage Renal Disease (ESRD). Outside of the initial open enrollment period and "aging-in" to the plan, there are very few times when Humana can accept Medicare members with an ESRD diagnosis.

The benefits presented on the previous page are a high-level summary. Please consult the summary of benefits for a complete and detailed list of benefits provided in this Humana Medicare Advantage plan.