

# New Case Document (NCD)

Raytown School District

Effective date  
01/01/2019

**Humana.**

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# New Case Document (NCD)

NCD completed by: Jennifer Bruffett  
Account Executive: Necia Williams  
Account Installation Manager: Jennifer Bruffett

Date: 9/28/2018

## Authorization

By signing below, the plan sponsor:

Acknowledges it is the sponsor's responsibility to review and verify that the NCD and all document drafts are correct and, if not correct, to make necessary corrections in a timely manner. This authorizes Humana to build product, plan benefits, process claims and draft mandated communications (i.e., Evidence of Coverage) based on the final approved NCD.

This authorization and agreement is made and entered into by Raytown School District and Humana, effective 01/01/2019

After the exchange of the NCD, any changes to the documents describing the plan for these purposes must be in writing, state the effective date and must be communicated to and accepted by Humana claims administration in a timely fashion.

Renewing plan for existing client      Effective date of plan: 01/01/2019

Plan Sponsor signature:



Print name: Dr. Steve Shelton  
Title: Associate Superintendent  
Date: 10/8/18

Humana signature: Jennifer Bruffett  
Print name: Jennifer Bruffett  
Title: Account Installation Manager  
Date: 9/28/2018

The client and Humana have caused this agreement to be executed by their respective officers or representatives as duly authorized.



## 1. Plan Sponsor

**Legal name of plan sponsor:** Raytown School District  
**Plan sponsor DBA name:** Raytown School District

**Common name of plan sponsor:** Raytown School District  
**Federal Tax ID Number:** 44-6004129  
Name provided must match the tax ID number reported to the IRS.

**Location address: (No P.O. boxes)** 6608 Raytown Rd Raytown MO,64133  
**County:** Jackson  
**Mailing address:** 6608 Raytown Rd Raytown MO,64133  
**County:** Jackson

**Management contact:** Steve Shelton  
(Primary plan decision maker)  
**Title:**  
**Mailing address:** 6608 Raytown Rd Raytown MO,64133  
**Telephone:** 816-268-7000  
**Fax number:**  
**Email address:** [steve.shelton@raytownschools.org](mailto:steve.shelton@raytownschools.org)

**Administrative contact:** N/A  
(Day-to-day administrative contact)  
**Title:**  
**Mailing address:**  
**Telephone:**  
**Fax number:**  
**Email address:**

**Third-party Administrator:** N/A  
**Contact name:**  
**Mailing address:**  
**Telephone:**  
**Fax number:**  
**Email address:**

**The account is sponsored by:**  
Employer

**Organization type:**  
Other: School

## 2. Product

**The product type offered:**

MAPD (medical with RX rider)

**The plan(s) design available:**

Type of plan	Plan number	Option number	Rx option	Medical benefit slick	Rx benefit slick
HMO	076	517	3	SEE ATTACHMENTS	SEE ATTACHMENTS
LPPO	079	187	282	SEE ATTACHMENTS	SEE ATTACHMENTS
LPPO	079	086	282	SEE ATTACHMENTS	SEE ATTACHMENTS
RPPO	079	622	284	SEE ATTACHMENTS	SEE ATTACHMENTS
RPPO	079	623	285	SEE ATTACHMENTS	SEE ATTACHMENTS
LPPO	079	082	282	SEE ATTACHMENTS	SEE ATTACHMENTS





### 3. Enrollment

**Plan Year:** 2019  
**Duration of the plan:** 01/01/2019-12/31/2019  
**Estimated eligible enrollees:** 139  
**Initial Open Enrollment Period:** N/A  
**Annual Open Enrollment Period:** N/A

**Other insurance options offered through the plan sponsor:**

No - Voluntary

**Other medical and/or prescription drug insurance options offered through the plan sponsor :**

**Note:** Enrollees **may not** enroll into an individual MAPD or PDP plan and remain on this plan. If Humana plan is MA only, enrollees may enroll in a plan-sponsored PDP plan and remain on this plan. If Humana plan is a PDP only, enrollees may enroll in a plan-sponsored MA plan and remain on this plan.

**Initial enrollment method to be used:**

Paper applications

**Ongoing enrollment method to be used:**

Paper applications

**Paper applications will be sent to:**

Plan sponsor

**Note:** Applications will need to be received by Humana prior to the effective date or within seven days of the signature date. Enrollment effective date is always the first of the month after the receipt date or a future effective month specified by the group.

**Humana updates demographics for:**

All

**Note:** For plan sponsors that use paper enrollment method, Humana is required to process an address change when a member contacts Humana with this information. If the plan sponsor contacts Humana with a demographic change, Humana must reach out to the member to confirm the change only if the member moves out of his or her current service area.

**Additional enrollment comments:**

## 4. Eligibility

**Acceptance of ongoing Medicare Age-In Enrollments:**

Aging-in retirees can enroll at any time

**New enrollments received after the Open Enrollment Period:** (Other than retirees aging-in to Medicare)

Yes, Humana can accept enrollments throughout the plan year

**Acceptance of Medicare-eligible Spouses and/or Dependents:**

Yes, Medicare eligible spouses and dependents may enroll

**Split coverage is allowed if multiple plan options are offered:**

No

**Acceptance of Surviving Spouses at implementation:**

Yes

**The Spouse or Dependent will be able to remain on the plan if the retiree passes away:**

Yes

**Note:** If an individual is eligible for or entitled to Medicare based solely on ESRD (end stage renal disease), Medicare Secondary Payer laws require that the Employer Group health plan offered by Employer Group be the primary payer for the first 30 months of the individual's Medicare eligibility or entitlement. The Employer Group agrees to confirm whether individuals seeking to enroll in the Plan are within this 30-month coordination period and also agrees not to seek enrollment in the Plan of any individuals during their 30-month coordination period.

**Additional Eligibility comments:**

Once disenrolled the member must wait until the next OE period to elect back into the plan

**Age-In Process:**

Paper Applications

## 5. Opt-out and Terminations

### Opportunity for re-enrollment when a retiree opts out or terminates coverage from the plan:

Yes, retirees can elect back into the plan at a later date

### The spouse or dependent will be able to remain on the plan if the retiree terminates coverage:

No

**Note:** If time limit is set that allows the spouse or dependent to remain on the plan, the plan sponsor is responsible for informing Humana **30 days before** the desired termination date.

### Note:

- **Voluntary terminations** are initiated by the member. Requests for terminations must be made by a signed and dated letter submitted by the member specifically requesting a termination date. The request must be received prior to the requested end date.
- **Involuntary terminations** are initiated by the plan sponsor. These requests must be made in enough time for Humana to provide the member with 30 days notice of termination. Terminations must be submitted 30 days in advance of the requested end date. Requests submitted late will be processed for the next available end date per CMS regulation.

### Additional opt-out/termination comments:

N/A

### Consequences to a retiree if he or she opts out or terminates coverage from the plan:



## 6. ID Card

Name will be on the ID card:

Yes

If yes, the naming convention will be displayed as: (26 characters; M and W count as 1.5)

R	A	Y	T	O	W	N		S	C	H	O	O	L		D	I	S	T	R	I	C	T		
---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--

Customer Service number displayed on the ID card: 1-866-396-8810

The benefits selected below will appear on the ID cards:

- Office visit
- Specialist
- Hospital emergency

Note: Coinsurances do not display on the ID card

Plan sponsor logo will appear on ID card:



## 7. Billing Setup

**The bill type will be:**

Individual billed

**Note:** For employer and split-billed accounts, the plan sponsor will receive a single invoice for all members detailing each market.

**Customer Service will provide premium information to the members:**

Yes, see blended composite grid below

**Plan sponsor will make a contribution to the premium:**

No

**The plan sponsor will be:**

N/A

**Monthly payment method:** (Payment is due at the first of the month. Example: January premium is due Jan. 1.)

Check

**Type of premium**

Blended

**If blended, the composite rate is:**

**Plan type/option**

HMO 076/517

**Blended rate**

\$206.24 Per Member Per Month

**Separate billing address for the invoices:**

No

**Additional billing setup comments:**

**The plan sponsor receives the retiree drug subsidy (RDS) or has an employer plan sponsor waiver plan (EGWP):**  
Neither

**The plan sponsor will attest that all of the retirees enrolling in our plan(s) have had creditable prescription drug coverage before enrolling:**

No

**Note:** Medicare requires continuous prescription drug coverage at or above the Original Medicare level since the member became Medicare eligible. Continuous coverage means going no more than 63 consecutive days without coverage.

**The plan sponsor will pay late enrollment penalties (LEP) assessed by CMS for members who did not have creditable drug coverage:**

No

**Note:** If the plan sponsor does not pay for the member's LEP, Humana will send the member a coupon booklet to pay for the LEP portion of the premium.

## 8. Renewals

Each year Humana must conduct a renewal process for plan-sponsored Medicare plans. In the interest of protecting the member's coverage, Humana will automatically term the Medicare Advantage plan if the plan sponsor does not respond to its renewal before **11/30/2019**

1. Renewal date for next plan year: **01/01/2020**

## 9. Annual Member Mailings

### **Coordination of Benefits (COB)**

Humana's standard is to obtain coordination of benefit information at time of enrollment, and then annually thereafter if Medicare indicates the member could have other coverage. This information is collected in compliance with the Medicare Secondary Payer Act to ensure that Medicare should be the primary payer for the member.

### **Annual Notification of Change (ANOC) information**

Renewing members will receive an ANOC informing members of changes to their plan from one year to the next. The members will receive this information during the fourth quarter of each year, provided the plan sponsor has chosen to renew its plan.

### **Evidence of Coverage (EOC)**

All new members receive a detailed description of their specific benefits through the EOC, which will arrive within 30 days of the effective date. Renewing members will receive a copy of the upcoming year's EOC along with the ANOC.

