

JOINT CERS AND KRS RETIREE HEALTH COMMITTEE
October 23, 2023, 10:00 a.m. EST
Live Videoconference/Facebook Live Agenda

1. Call to Order – *Jerry Powell*
2. Opening Video Teleconference Statement – *Office of Legal Services*
3. Roll Call – *Sherry Rankin*
4. Public Comment – *Sherry Rankin*
5. Approval of Committee Minutes. September 5, 2023, and September 12, 2023* - *Jerry Powell*
6. Humana Presentation – *Humana Larry Loew/Carrie Lovell*
 - a. 2024 Pharmacy Drug List Changes
 - b. Pharmacogenomics
 - c. Humana Updates
7. Other Business – Open Enrollment - *Connie Pettyjohn/Abby Sutherland*
8. Adjourn* - *Jerry Powell*

**CERS and KRS Board Action Required*

**KENTUCKY PUBLIC PENSIONS AUTHORITY
JOINT CERS-KRS BOARD OF TRUSTEES
RETIREE HEALTH PLAN COMMITTEE MEETING
SEPTEMBER 5, 2023, at 10:00 A.M., E.S.T.
VIA LIVE VIDEO TELECONFERENCE**

At the September 5, 2023, Regular Meeting of the Retiree Health Plan Committee of the Joint CERS and KRS Boards of Trustees, the following members were present: CERS – Jerry Powell (Chair) and J.T. Fulkerson; KRS – Keith Peercy and Dr. Crystal Miller. Staff members present were CERS CEO Ed Owens, III, KRS CEO John Chilton, David Eager, Erin Surratt, Michael Board, Vicki Hale, Carrie Bass, Michael Lamb, Connie Pettyjohn, Abby Sutherland, Ashley Gabbard, Brian Towles, Katie Park, Phillip Cook, and Sherry Rankin. Others in attendance included Tracey Garrison, Larry Loew, Carrie Lovell, and Carla Whaley with Humana as well as Danny White, Janie Shaw, and Michael Reed with GRS.

Mr. Powell called the meeting to order.

Mr. Board read the Opening Video Teleconference Statement.

Ms. Rankin called Roll.

Ms. Rankin announced that one (1) **Public Comment** was submitted by Larry P Totten and read it aloud to the Committee:

The Humana section of the Meeting Materials for today's meeting contains a veritable cafeteria of options for possible enhanced benefits. I note that the Humana rate for 2024 will be rising to just under the contractually allowed 5% to \$93.35. One can assume that the same will apply for 2025 to put the rate in the neighborhood of \$98. These rates are substantially lower than the contribution rate of \$252.51. It would seem that the addition of benefits totaling no more than \$10/PMPM would be very doable for our insurance plans. Four of the five were 100+% funded in June 2022. The assets in these plans gained 9.5%

as of June 2023. This increase should still be manageable even with assumed increases in plan rates for 2026 and beyond. I don't presume to know what those covered under the Medicare Advantage plan would like to see added. I would ask, though, that a final decision on the benefit structure be delayed until the October 23, 2023, meeting to solicit input from members to find out. At a time when pension benefits have stagnated for twelve years, this is something that KPPA can do for its Medicare Advantage members.

Mr. Powell introduced the agenda item ***Approval of Minutes – May 11, 2023*** (Video 00:07:50 to 00:08:38). A motion was made by Mr. Peercy and seconded by Dr. Miller to approve the minutes as presented. The motion passed unanimously.

Mr. Powell introduced the agenda item ***Establish 2024 Health Insurance Components and Health Insurance Rate to be Paid by Kentucky Public Pensions Authority that will be used to define 100% Contribution for non-Medicare Eligible Retirees*** (Video 00:08:39 to 00:38:30).

Ms. Erin Surratt presented information on the non-Medicare eligible health insurance plans Kentucky Employees' Health Plan (KEHP). She also discussed Tobacco Usage and The Living Well Promise (LW). Lastly, Ms. Surratt reviewed the 2024 premium changes and 2023 plan enrollments with the Committee Members.

It was determined that the LivingWell PPO Plan would be the 2024 Percentage Contribution Plan.

Mr. Peercy made a motion to set the contribution rate as the LivingWell PPO Plan for 240 months of Nonhazardous and Hazardous Retiree Service Credit (100%). The motion was seconded by Mr. Fulkerson and passed unanimously.

Mr. Peercy made a motion to set the contribution rate as the LivingWell PPO Plan for Hazardous Spouse/Dependent (Couple, Family, and Parent Plus). The motion was seconded by Dr. Miller and passed unanimously.

Mr. Percy made a motion to follow the Tobacco rates set by KEHP for all retirees, eligible spouses/dependents. The motion was seconded by Dr. Miller and passed unanimously.

Mr. Percy made a motion to allow KPPA Retirees to access the Consumer-Driven plans that includes an embedded (HRA). The motion was seconded by Dr. Miller and passed unanimously.

Mr. Percy made a motion regarding the LivingWell Promise Premium Incentive. The premium incentive will not be applied to the premiums in a LivingWell Plan for 2025 for retirees or eligible dependents who fail to fulfill the LivingWell Promise in 2024. Mr. Percy made a motion to follow the KEHP rules for the LivingWell Promise. The motion was seconded by Dr. Miller and the motion passed unanimously.

Mr. Percy made a motion to accept the LivingWell Basic CDHP Plan as the Default Plan for 2024. New Retirees that fail to submit a health insurance enrollment form will be defaulted into this plan. Dr. Miller seconded the motion and the motion passed unanimously.

Mr. Percy made a motion stating that retirees currently enrolled in a KEHP plan that fail to submit a health insurance application will be rolled over into the same plan at the same level of coverage they had in 2023. Dr. Miller seconded the motion and the motion passed unanimously.

Mr. Percy made a motion to allow Cross-Reference option for retirees. Dr. Miller seconded the motion and the motion passed unanimously.

Mr. Percy made a motion to maintain the LivingWell PPO Plan as the premium for KEHP Medicare Secondary Payer (MSP) Plan. Dr. Miller seconded the motion and the motion passed unanimously.

Mr. Powell introduced the agenda item ***Establish 2024 Health Insurance Plan Components and Health Insurance Rate to be Paid by Kentucky Public Pensions Authority that will be used to define 100% Contribution for Medicare Eligible Retirees (Video 00:38:31 to 01:42:53)***. Ms. Tracey Garrison with Humana presented information regarding the 2024 Medicare Advantage (MA) Renewal, Benefit Enhancement Options and Part D Cost Share Changes. Mr. Larry Loew with Humana provided an update on the Baptist Health Medical Group Contract.

Next, Mr. Michael Reed with GRS presented the GRS Medical Only and Mirror Premium Letter. Ms. Surratt briefly reviewed the GRS Equivalency letter (2021) with the Joint Retiree Health Plan Committee. Lastly, Ms. Janie Shaw and Mr. Danny White with GRS exhibited the Actuarial Analysis of Change to Monthly Contribution Rate.

Mr. Peercy made a motion to table the Enhanced Benefit Options. The motion was seconded by Mr. Fulkerson and passed unanimously.

In reference to the presentation by GRS, Mr. Powell requested that the Committee determine the monthly contribution rate. Mr. Peercy made a motion to mirror the premium amount as presented by Humana. Dr. Miller seconded by the motion and the motion was passed unanimously.

Next, the Committee set the contribution rate for the MA Premium Plan. Mr. Peercy made a motion to set the contribution rate at \$93.35 for the MA Premium Plan. Mr. Fulkerson seconded the motion and the motion passed unanimously.

Mr. Peercy made a motion to set the same contribution rate as established by the rates being charged by Humana for Hazardous duty spouse/dependents for the MA Premium Plan. Mr. Fulkerson seconded the motion and the motion passed unanimously.

Next, the Committee set the contribution rate for the MA Premium Plan. Mr. Peercy made a motion to set the contribution rate at \$93.35 for the MA Premium Plan. Mr. Fulkerson seconded the motion and the motion passed unanimously.

Ms. Surratt advised that the contribution rate set for the MA Essential Plan in 2023 was \$75.56 and the premium paid to Humana was \$0; however, the premium for the Essential Plan and the rate that will be paid to Humana in 2024 is \$4.07. Mr. Powell requested a motion to approve the above for the 2024 plan year. Mr. Peercy made the motion and was seconded by Mr. Fulkerson. The motion passed unanimously.

Mr. Peercy made a motion to set the Medical Only Plan rate at \$188.73 as established by GRS. Mr. Fulkerson seconded the motion and the motion passed unanimously.

Mr. Peercy made a motion to set the MA Essential Mirror Plan rate at \$228.98 and the MA Mirror Premium Plan rate at \$328.11. Mr. Fulkerson seconded the motion and the motion passed unanimously.

Next, Mr. Powell requested a motion to allow enrollment for No Part B and exceptions. Mr. Peercy made the motion and was seconded by Mr. Fulkerson. The motion passed unanimously.

Lastly, Mr. Peercy made a motion to continue the Medical Only Plan as the Default Plan for plan year 2024. The motion was seconded by Mr. Fulkerson and passed unanimously.

Mr. Powell *adjourned* the meeting.

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CERTIFICATION

I hereby certify that I was present at this meeting, and I have recorded above the action of the Committee on the various items considered by it at this meeting. Further, I certify that all requirements of KRS 61.805-61.850 were met in connection with this meeting.

Recording Secretary

I, Jerry Powell, the Chair of the Joint Retiree Health Plan Committee of the Board of Trustees of the County Employees Retirement System and the Kentucky Retirement Systems, do hereby certify that the Minutes of the meeting held on September 5, 2023, were approved by the Joint Retiree Health Plan Committee on October 23, 2023.

Committee Chair

I have reviewed the Minutes of the September 5, 2023, Joint Retiree Health Plan Committee meeting for form, content, and legality.

Executive Director
Office of Legal Services

**KENTUCKY PUBLIC PENSIONS AUTHORITY
JOINT CERS-KRS BOARD OF TRUSTEES
RETIREE HEALTH PLAN COMMITTEE
SPECIAL CALLED MEETING
SEPTEMBER 12, 2023, at 10:00 A.M., E.S.T.
VIA LIVE VIDEO TELECONFERENCE**

At the September 12, 2023, Special Meeting of the Retiree Health Plan Committee of the Joint CERS and KRS Boards of Trustees, the following members were present: CERS – Jerry Powell (Chair) and J.T. Fulkerson; KRS – Keith Peercy and Dr. Crystal Miller. Staff members present were CERS CEO Ed Owens, III, KRS CEO John Chilton, David Eager, Rebecca Adkins, Erin Surratt, Vicki Hale, Carrie Bass, Michael Lamb, Connie Pettyjohn, Abby Sutherland, Ashley Gabbard, Brian Towles, Katie Park, Phillip Cook, and Sherry Rankin. Others in attendance included Larry Loew with Humana.

Mr. Powell called the meeting to order.

Ms. Bass read the Opening Video Teleconference Statement.

Ms. Rankin called Roll.

There being no ***Public Comment***, Mr. Powell introduced ***2024 Retiree Health Monthly Contribution Rate, Plans and Premiums*** (Video 00:06:30 to 00:30:05). Ms. Connie Pettyjohn presented information regarding the 2024 Contribution Impact of the Medicare Eligible Health Insurance Plans. She reviewed 2023 Monthly Contribution Rate scenarios based on Service Credit/Percentage of Contributions Rate paid by KPPA with the Committee. These scenarios illustrated the 2023 and 2024 Member Costs and Cost Increase/Savings Per Member Per Month by Plan (Medical Only and Mirror Plans and Medicare Advantage Plans). Lastly, Dollar Contribution Plans were discussed. Ms. Pettyjohn presented a Nonhazardous scenario illustrating the 2023 and 2024 Member Costs and Cost Increase/Savings Per Member Per Month of a Member with 10 Year Dollar Contribution.

Mr. Percy made a motion to set the 2024 monthly contribution rate for Medicare eligible recipients based on the Medical Only Plan in the amount of \$188.73. The motion was seconded by Mr. Fulkerson and passed unanimously.

Mr. Powell requested a motion to ***adjourn*** the meeting. A motion was made by Mr. Percy to adjourn. The motion was seconded by Mr. Fulkerson and passed unanimously.

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CERTIFICATION

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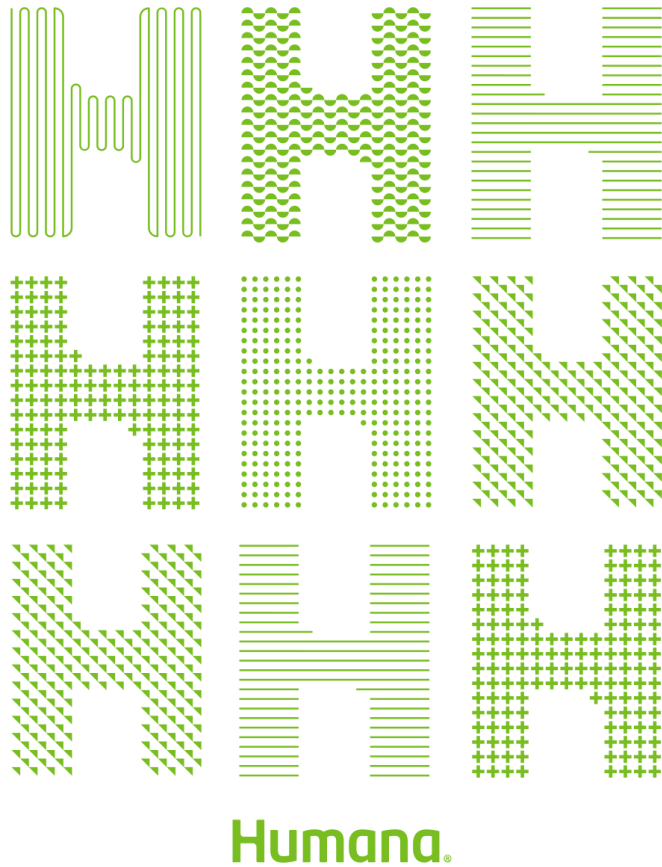
Recording Secretary

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Committee Chair

I have reviewed the Minutes of the September 12, 2023, Joint Retiree Health Plan Committee meeting for form, content, and legality.

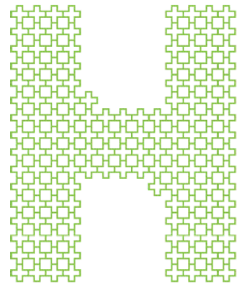
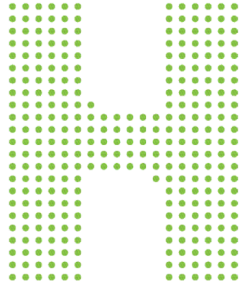
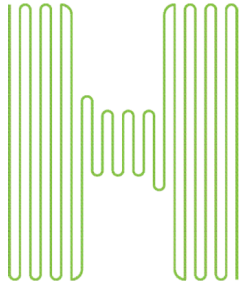
Executive Director
Office of Legal Services



Kentucky Public Pensions Authority 2024 Renewal Information

Retiree Health Plan Committee Meeting
October 23, 2023



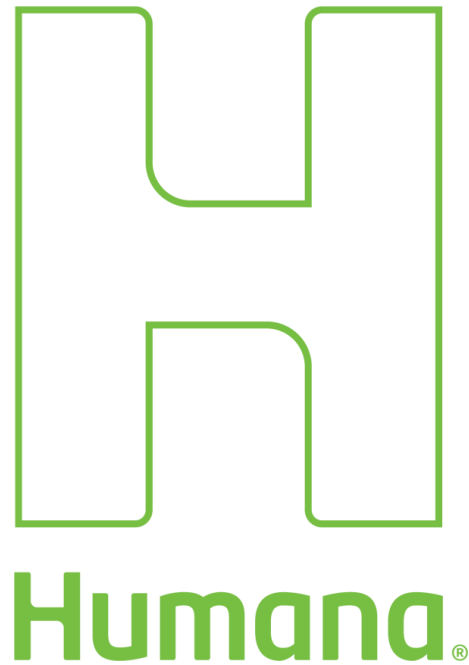


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Agenda

- 01 | 2024 Drug List Changes and Pharmacy Updates
- 02 | Pharmacogenomics
- 03 | MTM
- 04 | Humana Updates



2024 Drug List Changes and Pharmacy Updates

Why Make Annual Drug List Changes?

The drug list is updated on an annual basis to ensure placement of drugs in the most appropriate and cost-effective tier in compliance with contracts and government regulations. Changes help ensure safety, control cost and mitigate the pharmacy trend.



New Products

New medications are developed and enter the market for the first time.



Generic Availability

Brand name medications lose patent protection and generics become available.



Clinical Updates

Medications may gain new indications, have changes in dosing guidelines or in prescribing recommendations. New need to prevent potential for “off label” usage.



Price

The price of a medication may change.

Summary of 2024 Impact for KPPA

Edit	Member Impact	% Member Impact**	Script Impact
Not Covered	885	1.5%	1421
Prior Authorization	577	1.0%	1138
Step Therapy	152	0.2%	252
Negative Tier Change	779*	1.3%	1406
Total	2393	3.1%	4217
Positive Change	766	1.2%	1434

**138 of the 779 members will not experience a cost share difference because Tier 3 to Tier 4 is neutral.
Members may experience a day supply change because Tier 4 is available only in a 30-day supply.*

***% members based on 60,476 members*

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Drug List Change Details

Coverage Change projected negative impact: 885 members

- New Diabetic supply Strategy – BD and HTL products preferred: 622 members
- Flovent Diskus/Inhaler (asthma) mfg. market removal: 205 members
- Onglyza (diabetes) mfg. market removal: 44 members

Prior Authorization projected impact: 577 members

- Levemir (diabetes): 520 members
- Buprenorphine (narcotic analgesic): 38 members
- Daliresp (COPD): 18 members

Step Therapy projected impact: 152 members

- Advair Diskus (COPD): 68 members
- Difluprednate (ophthalmic steroid): 68 members

Tier Change projected impact: 779 members

- Levemir (diabetes): 520 members
- Lagevrio (anti-infective): 138 members
- Adair Diskus (COPD): 69 members

2024 Coverage Change for Provider Administered Medication

2023

Payment for provider administered medications dispensed from a pharmacy is dependent upon whether:

- Pharmacy ships directly to the provider's office for administration to member ("White Bagging") - covered under Part B

OR

- Member picks up medication at the pharmacy and transports to the provider for administration ("Brown Bagging") - covered under Part D

2024

Beginning 1/1/2024, provider administered medication dispensed from a pharmacy will be billed under Part D if the member picks up the medication at a pharmacy or continues to ship to the provider from the pharmacy.

- Members may see a change in cost for this medication if the Part D benefit is different.
- Medications may require Prior Authorization (PA) to pay under Part D.
- Impacted members will receive a letter in November to notify them that this change is coming 1/1/2024 and to let them know if a PA will be required for their medication.
- These medications will be eligible for a transition fill.
- Projected member impact is approximately 117 members

GLP-1 Update

Glucagon-like Peptide-1 (GLP-1s) are a class of medication used to treat Type 2 Diabetes Mellitus.

Beginning 1/1/2024, all members utilizing GLP-1s will need valid diagnosis of Type II Diabetes for coverage due to the potential for off-label use.

- The pharmacy dispensing system will have an automated “lookback” for other non-GLP-1 diabetes medications, diabetic supplies, and a crosswalk to medical claims OR the pharmacist may add the diagnosis at the Point of Sale.
- Members who have had an impacted GLP-1 claim, will receive messaging in their Smart Summary the month the claim was processed.

All GLP-1s will be included:

Adlyxin
Bydureon
Byetta
Mounjaro
Ozempic
Rybelsus
Trulicity
Victoza

New Vaccines

RSV

- **Arexvy** is the first RSV vaccine approved for use in the United States for prevention of lower respiratory tract disease caused by RSV in individuals 60 years of age or older. This vaccine is recommended by the Advisory Committee on Immunization Practices (ACIP), so as a result of the IRA, it is covered under Part D at \$0 cost share to the member.
- **Abrysvo** is the first and only maternal vaccine approved in the United States to help protect infants from birth through six months of life from RSV.

COVID-19

- The FDA approved the 2023-2024 version of the Covid-19 vaccine (XBB variant).
- It is covered under Part B at \$0 cost share to the member.



Preparing for Change

Smart Summary Communication

Members will receive messaging in October, November and December

Member Letter

Members impacted by negative drug list changes for 2023 will receive a personalized letter in mid-late November

Transition Fill

A 30-day transition supply is available to members impacted by changes* to Part D covered drugs eligible for transition.
(*Tier changes still apply)



Pharmacogenomics

October 2023

What is Pharmacogenomics?

- The study of how genes influence individuals' responses to drug treatments.

Drug X - Patient A
Normal dose
works



No change
recommended

Drug X - Patient B
Half dose works



Recommend
dosage change

Drug X - Patient C
Drug does not
work



Recommend
alternate drug

- This is a dynamic, evolving area of medicine which is monitored by Humana's Integrated Health Solutions and Patient Safety Clinical Programs Teams.

2023 Medicare Coverage

- ✓ CMS does not cover pharmacogenomics tests for predictive purposes or broad panel testing.
 - Predictive testing is considered “screening” when a member has no signs or symptoms.
 - Broad panel tests look for variations in multiple genes affecting a wide array of medications .
 - Single gene tests are more focused and look for genetic interactions between specific genes and medications.
- ✓ CMS does cover single drug-gene testing for some medications when medically necessary.
 - Example:
 - According to FDA approved labeling for seizure medications such as carbamazepine (Tegretol) and phenytoin (Dilantin), genetic testing should be done for patients with Asian ancestry.
 - Populations in Southeast Asia have a higher risk for potentially life-threatening skin conditions that may result from these medications due to the presence of a particular gene/genetic mutation.
 - Covered testing must be ordered by a physician or qualified non-physician practitioner.
 - Member-initiated tests frequently advertised online or on TV are not covered by Medicare.
- ✓ At this time, we are not aware of any changes to CMS coverage of drug-gene testing for 2024
 - ✓ [Article - Billing and Coding: Molecular Pathology and Genetic Testing \(A58917\) \(cms.gov\)](#)

Humana Pharmacogenomics Pilot

- Humana is currently conducting a pilot of MAPD Individual members.
- Pilot Objectives
 - Evaluate the value of genetic testing to guide therapy decisions
 - Evaluate impact on longer term outcomes such as medication adherence, hospital admissions, readmissions, and cost of care
 - Determine if the process should be expanded on a larger scale and applied to additional markets
- Results will be evaluated in Q4 of 2023 to determine if outcomes and return on investment support a larger rollout.



Medication Therapy Management

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What is Medication Therapy Management?



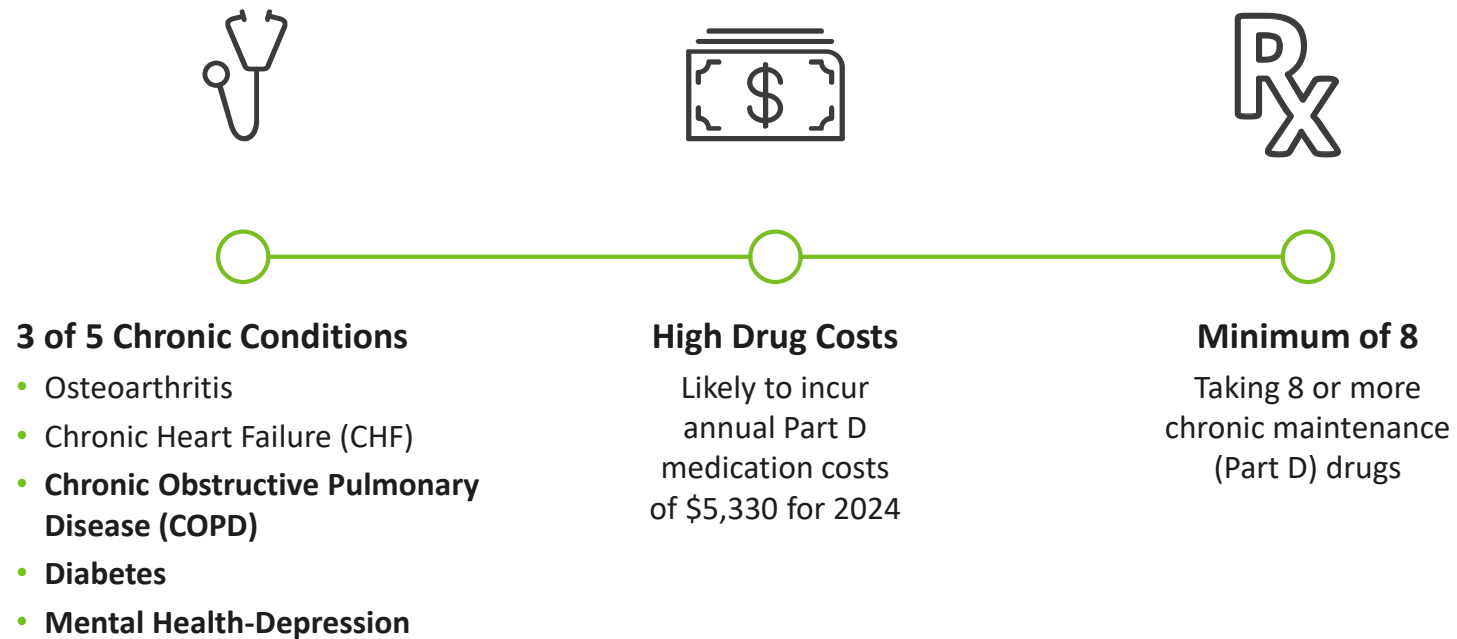
Medication Therapy Management (MTM) is a federally mandated program created by CMS.

Humana's MTM program is designed to optimize medication therapy to promote medication safety, effectiveness and cost savings, enabling members to achieve their best health.

Program Goals:

- ✓ Optimize therapeutic outcomes and drug therapies
- ✓ Improve medication use
- ✓ Reduce risk of adverse events and drug interactions
- ✓ Increase patient adherence and compliance with prescription drugs
- ✓ Identify interventions that provide improved care to members
- ✓ Improve health benefits and cost effectiveness for members

Humana Medication Therapy Management Criteria 2024



Bold conditions=new conditions for 2024

Medication Therapy Management

Comprehensive Medication Review (CMR)

- Real-time, interactive medication review performed by a qualified provider to assess medication use for presence of medication-related problems and results in the creation of an individualized written summary in CMS' standardized format

KPPA	MTM Eligible	CMR's Completed	CMR Completion Rate	MAPD Year End Goal
1/1/23 – 8/21/23	4894	3324	67.9%	80.7%
2022	4781	3692	77.2%	79.7%

Peer Group A	MTM Eligible	CMR's Completed	CMR Completion Rate
1/1/23 – 8/21/23	7971	5692	71.4%
2022	7,524	6,107	81.17%

Patient Take Away

- Cover Letter
- Medication Action Plan (MAP)
- Personal Medication List (PML)

Peer Group B	MTM Eligible	CMR's Completed	CMR Completion Rate
1/1/23 – 8/21/23	4281	2972	69.4%
2022	3,989	3,220	80.72%

Why Medication Therapy Management?

At Humana, supporting **improvement of patient outcomes** is our goal, especially in **complex patients** with **multiple chronic conditions**.



Hospital Admissions

MTM participants had 36.8 per 1,000 fewer acute inpatient admissions¹



Clinical Markers

MTM participants had clinically positive differences in:

Low-density Lipoproteins (LDL), High-density Lipoproteins (HDL), Urinary Albumin: Creatinine Ratio (ACR), Glomerular Filtration Rate (GFR), and Instrumental Activities of Daily Living (IADL)²



Adherence

MTM participants had greater improvement in medication adherence:

- 0.4% for oral diabetes medications
- 7.7% for antihypertensive agents
- 3.0% for statins¹

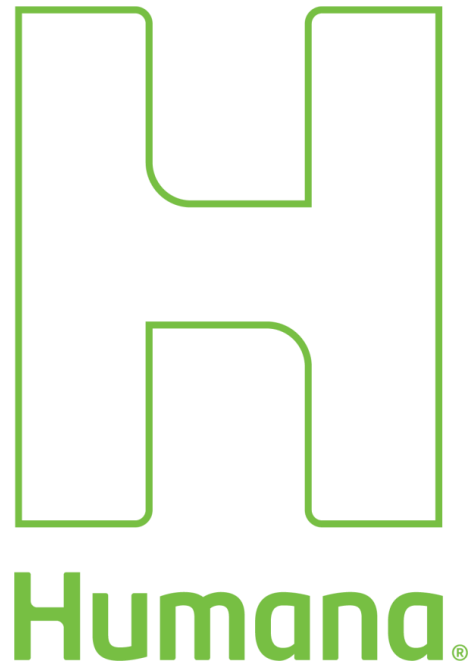
¹Dye J.T., Hall B, Ndehi L, et al. Comparison of Medication Therapy Management Services and Their Effects on Health Care Utilization and Medication Adherence. *Journal of Managed Care & Specialty Pharmacy*. 2019;25(6):688–695. <https://doi.org/10.18553/jmcp.2019.25.6.688>

²Lin, HW, Lin CH, Chang CK, et al. Economic outcomes of pharmacist-physician medication therapy management for polypharmacy elderly: A prospective, randomized, controlled trial. *Journal of the Formosan Medical Association*. 2018;117(3): 235–243. <https://doi.org/10.1016/j.ifma.2017.04.017>

Glossary

Review of important terms

- **Drug List** – this is the formulary listing covered medications
- **Tier** – a level of benefit for categorizing drugs on the formulary
- **Prior Authorization (PA)** - requires a physician to obtain pre-approval in order for Humana to provide coverage for a drug prescribed for a member (safety, cost, diagnosis, OTC/generic availability)
- **Step-Therapy (ST)** – requires members to try and fail a lower cost medicine or a “first line” medicine before another medicine will be approved for coverage (sometimes performed electronically)
- **Tier Change (TC)** – a covered drug moves from one tier to a different tier
- **Not Covered (NC)** – a drug that is not covered under the prescription drug benefit (Ex: obsolete, now OTC, released prior to FDA approval)



Humana Updates

Humana 2024 Annual Enrollment Meetings

- Humana Hosted Meetings
 - Louisville
 - Lexington
 - Frankfort
 - Erlanger
 - Virtual
- Kentucky Public Retiree Chapter Meetings
 - Paducah
 - Flemingsburg
 - Prestonsburg
 - Frankfort

Baptist Health Contract Update

Baptist Health Medical Group (BHMKG) and Humana, KPPA's Medicare Advantage provider, were unable to reach an agreement on a new contract before the September 22, 2023 deadline. **This means BHMKG doctors and advanced practice clinicians are now considered out-of-network for Humana Medicare Advantage (MA) plans.** Baptist Health hospitals are unaffected and remain in-network for Humana.

Regardless of the outcome, the in-network and out-of-network benefits and out of pocket costs are the same, **meaning costs should NOT increase for KPPA members whose BHMKG doctor or clinician accepts Medicare.**

Go365 by Humana: 2024 program updates



Preventive screenings

- Bundling of diabetic screenings – Must complete all 4 to earn \$50 (Diabetic eye exam, hemoglobin A1C, diabetic kidney function tests – blood and urine). *All diabetic screenings are based on clinical triggers.*
- Reward for Annual Wellness Visit, mammogram and colorectal screening



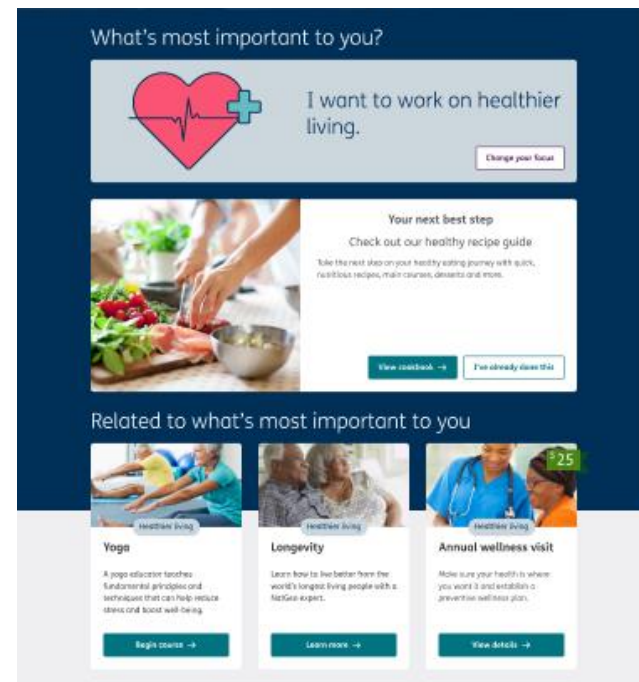
Exercise & fitness

- Reward \$5/month, \$60 max per program year
- 12 workouts per month, including attending SilverSneakers® classes



Social & health education

- Reward \$5/month, \$20 max per program year
- Access to **even more** high-quality courses, podcasts and educational resources on topics including addiction and sobriety, caregiving strategies and navigating anxiety
- Reward for attending eligible health education classes, athletic events and volunteer opportunities



*Members have up to 90 days from the date they complete an activity to submit for rewards.

Rewards have no cash value and can only be redeemed in the Go365 Mall. Rewards must be earned and redeemed within the same program year. Rewards not redeemed by Dec. 31 will be forfeited. Remember, only the member can redeem rewards and order gift cards. Some items in the Mall catalog may have been discontinued, and new items may be available for redemption. For the most current list, visit Go365.com or call 1-866-677-0999.

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Thank you!

Humana[®]

