

2017

Prescription Drug Schedule Humana Medicare Employer Plan

Rx 5



Humana[®]

SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. **To get a complete list of our benefits, please reference your "Evidence of Coverage".**

You have choices about how to get your Medicare prescription drug benefits

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like the **Humana Rx Plan**.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Humana Medicare Employer Rx** covers and what you pay.

Sections in this booklet

- Things to Know About **Humana Medicare Employer Rx**
- Limits on How Much You Pay for Covered Services
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call customer service at the number on the back of your ID card.

Es posible que este documento esté disponible en otros idiomas aparte de inglés. Para obtener información adicional, llame al Servicio al Cliente al número de en el reverso de su tarjeta de identificación.

Things to Know About Humana Medicare Employer Rx

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website http://www.humana.com/medicare/medicare_prescription_drugs/medicare_drug_tools/medicare_drug_list. Or, call Group Medicare Customer Care and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

- You can see our plan's pharmacy directory at our website www.humana.com/Medicare/medicare_prescription_drugs.
- Or, call Group Medicare Customer Care and we will send you a copy of the pharmacy directory.

SECTION II – SUMMARY OF BENEFITS

Prescription Drug Benefits

INITIAL COVERAGE

You pay the following until your total yearly drug costs reach **\$3,700**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 – Generic or Preferred Generic	\$4	\$12
Tier 2 – Preferred Brand	\$25	\$75
Tier 3 – Non-Preferred Drug	\$40	\$120
Tier 4 – Specialty Tier	33%	N/A

Standard Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 – Generic or Preferred Generic	\$4	\$0
Tier 2 – Preferred Brand	\$25	\$50
Tier 3 – Non-Preferred Drug	\$40	\$80
Tier 4 – Specialty Tier	33%	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. See the Prescription Drug Guide to identify commonly prescribed prescription drugs in each tier.

If you reside in a long-term facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

SECTION II (continued)

COVERAGE GAP

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$3,700**.

After you enter the coverage gap, you pay **\$25** of the plan's cost for covered brand name drugs and **\$4** copayment for covered generic drugs until your costs total **\$4,950**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

CATASTROPHIC COVERAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$4,950**, you pay the greater of:

- **\$3.30** for generic (including brand drugs treated as generic) and a **\$8.25** copay for all other drugs, or
- **5%** coinsurance

HOME INFUSION THERAPY DRUGS

If you take certain types of infusion drugs covered under our Medicare Advantage Prescription Drug plans (MA/PD), you may qualify for this service, which helps you and your doctor manage your care without ongoing hospitalization. This service includes coverage for the "Coverage Gap" portion of your plan. Drugs included in this coverage are those that would be used as an alternative to inpatient treatment. Your cost for the medication is the same as it is before the coverage gap sets in. Your out-of-pocket expenses while using this service apply to your "true out-of-pocket" maximum, which is **\$4,950** for 2017.

Home infusion drugs will be covered based on the tier of the drug at the same cost share amount as listed in the chart above when you have reached a total yearly drug cost of **\$3,700**.

Discrimination is Against the Law

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Humana:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats
- Provides free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Dr. Michelle Griffin, PhD.

If you believe that Humana has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Dr. Michelle M. Griffin, PhD (FACHE)

Civil Rights/LEP/ADA/Section 1557 Compliance Officer: 500 W. Main Street -10th floor Louisville, Kentucky 40202

Phone: 1-877-320-1235 Fax: 877-320-1269

Email: Mgriffin5@humana.com or Accessibility@humana.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Dr. Michelle Griffin PHD, Civil Rights/LEP/ADA/Section 1557 Compliance Officer is available to help you at the contact information listed above.

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, D.C. 20201

1-800-368-1019 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-396-8810(TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-396-8810(TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-396-8810(TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-396-8810(TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-396-8810(TTY: 711)번으로 전화해 주십시오 .

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-396-8810(TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-396-8810(телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-396-8810(TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-396-8810(ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-396-8810(TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-396-8810(TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-396-8810(TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-396-8810 (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-396-8810(TTY: 711) まで、お電話にてご連絡ください。

فارسی (Farsi):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-396-8810(رقم هاتف الصم والبكم: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódílnih 1-866-396-8810(TTY: 711)

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-396-8810(رقم هاتف الصم والبكم: 711).

Humana is a Medicare Advantage organization and a stand-alone prescription drug plan with a Medicare contract. You must continue to pay your Medicare Part B premiums. Enrollment in this Humana plan depends on contract renewal. This is an advertisement. The benefit information provided is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits and/or copayments/coinsurance may change each year.

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