

2019

# Prescription Drug Schedule

Humana Medicare Employer™ Plan

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Rx 2

**Humana**®





## Let's talk about **Humana Medicare Employer Rx,**

Find out more about the Humana Medicare Employer Rx plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is 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. For a complete list of services we cover, ask us for the "Evidence of Coverage" or you will receive one after you enroll.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Para obtener información adicional, llame a Servicio al cliente al número que aparece al reverso de su tarjeta de identificación.



## Monthly Premium, Deductible and Limits

### Pharmacy (Part D) deductible

This plan does not have a deductible.



## Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$3,820**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

| Tier                                    | Standard Retail Pharmacy | Standard Mail Order    |
|---|--------------------------|------------------------|
| <b>30-day supply</b>                    |                          |                        |
| <b>1 (Generic or Preferred Generic)</b> | <b>\$5</b> copay         | <b>\$5</b> copay       |
| <b>2 (Preferred Brand)</b>              | <b>\$30</b> copay        | <b>\$30</b> copay      |
| <b>3 (Non-Preferred Drug)</b>           | <b>\$60</b> copay        | <b>\$60</b> copay      |
| <b>4 (Specialty Tier)</b>               | <b>33%</b> of the cost   | <b>33%</b> of the cost |
| <b>90-day supply</b>                    |                          |                        |
| <b>1 (Generic or Preferred Generic)</b> | <b>\$15</b> copay        | <b>\$0</b> copay       |
| <b>2 (Preferred Brand)</b>              | <b>\$90</b> copay        | <b>\$60</b> copay      |
| <b>3 (Non-Preferred Drug)</b>           | <b>\$180</b> copay       | <b>\$120</b> copay     |
| <b>4 (Specialty Tier)</b>               | N/A                      | 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.

### ADDITIONAL DRUG COVERAGE

#### 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. In some situations 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 **\$3,820**. 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 **\$5,100** for 2019.

#### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$3,820**. After you enter the coverage gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total **\$5,100**, 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 **\$5,100**, you pay the greater of:

- **\$3.40** for generic (including brand drugs treated as generic) and a **\$8.50** copay for all other drugs, or
- **5%** coinsurance.

# Notes

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If you need these services, call **1-866-396-8810** or if you use a **TTY**, call **711**.

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If you need help filing a grievance, call **1-866-396-8810** 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>.

## Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-396-8810 **(TTY: 711)**... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-396-8810 **(TTY: 711)** 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)**。... 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)**... 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-396-8810 **(TTY: 711)** 번으로 전화해 주십시오 ... 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)**... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-396-8810 **(телетайп: 711)**... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-396-8810 **(TTY: 711)**... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-396-8810 **(ATS: 711)**... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-396-8810 **(TTY: 711)**... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-396-8810 **(TTY: 711)**... 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)**... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-396-8810 **(TTY: 711)**... 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。...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-396-8810 **(TTY: 711)** تماس بگیرید.

Díí baa akó nínizín: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih 1-866-396-8810 **(TTY: 711)**...

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



## Find out **more**

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You can see our plan's pharmacy directory at our website at **[www.humana.com/Medicare/medicare\\_prescription\\_drugs](http://www.humana.com/Medicare/medicare_prescription_drugs)** or call us at the number listed at the beginning of this booklet and we will send you one.



You can see our plan's drug formulary at our website at **[http://www.humana.com/medicare/medicare\\_prescription\\_drugs/medicare\\_drug\\_tools/medicare\\_drug\\_list](http://www.humana.com/medicare/medicare_prescription_drugs/medicare_drug_tools/medicare_drug_list)** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a Medicare Advantage organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This is an advertisement. This information is not a complete description of benefits. Call 1-866-396-8810 (TTY: 711) for more information.

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