



2010 Prescription Drug Schedule

Humana Group Medicare

Option Three

HUMANA[®]
Guidance when you need it most

Benefit information

Covered drugs are classified as belonging to one of four different tiers. A committee of clinical pharmacists and doctors develop guidelines and criteria for drug placement in each tier.

Note: This may be different from any prescription drug benefit you have had in the past. Your copayment is determined by which tier the drug is assigned to, not by whether the drug is generic or

brand. 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.

When you need a prescription drug, talk to your doctor about your out-of-pocket costs and the drugs that may be appropriate for you and your particular condition

Prescription drug schedule

How the prescription structure works

Covered prescription drugs are assigned to one of four different tiers with corresponding cost share amounts. The tiers are described in the chart below.

	The cost share for each prescription is based on the current assigned tier of the drug.	
	<u>Network pharmacies</u> A 30-day supply (A 90-day supply at three times your 30-day cost*)	<u>Mail-order benefit</u> A 90-day supply at only two times your 30-day cost*
Tier 1 - Preferred Generic	\$5.00	\$0.00
Tier 2 - Non-Preferred Generic/Preferred Brand	\$30.00	\$60.00
Tier 3 - Non-Preferred Brand	\$60.00*	\$120.00*
Tier 4 - Specialty	25%*	25%*

*Specialty drugs are not available in a 90-day supply. Certain Tier 3 drugs are considered Specialty and are limited to a 30-day supply.

Benefit limitations

See your Evidence of Coverage for a complete listing of benefit Limitations and Exclusions.

Once you have reached a total yearly drug cost of \$2,830 (paid by both you and your plan), you pay a \$5 copayment for preferred generic drugs, and 100%

of the drug cost for non-preferred generic/preferred brand, non-preferred brand and specialty drugs. Once your true out-of-pocket cost (TrOOP) for Tiers One to Four reaches \$4,550, you pay the greater of \$2.50 for generic (including brand drugs treated as generic) and \$6.30 for all other drugs, or 5% coinsurance. Prescription drug coverage is unlimited.

Understanding your prescription drug coverage

- Some drugs in all tiers may be subject to prior authorization or dispensing limits.
- Medications may move from one tier to a different tier during the plan year. Please check our Website

- or contact Group Medicare Customer Service for the most up-to-date information.
- You can visit Humana's Website at **Humana.com** or call Humana Group Medicare Customer Service with

questions about your prescription drug benefits at the number on the back of your ID card, Monday-Friday, 8 a.m. - 11 p.m., Eastern time, and Saturday 8 a.m. - 6 p.m. Eastern time. If you are considering enrollment, call Humana at 1-866-396-8810, Monday-Friday, 8:30 a.m. - 5 p.m., Eastern time. Speech and hearing impaired members may call 1-800-833-3301 (TTY).

- Your copayments for covered prescription drugs are made on a per prescription or refill basis and will not change if Humana receives any retrospective volume discounts or prescription drug rebates.
- There are no claim forms to file if you use a network pharmacy and present your membership card with each prescription or refill.

Mail-order benefit

For your convenience, you may receive coverage for a maximum 90-day supply per prescription or refill through the mail (maximum 30-day supply for Specialty drugs). The same requirements apply when purchasing medications through a participating mail-order pharmacy as apply when purchasing in person at a pharmacy. Members can visit our Website or call Group Medicare Customer Service at the number on your ID card for more information, including mail-order forms.

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 \$4,550 for 2010.

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 \$2,830.

Where can I get my prescriptions if I join this plan?

You can use any pharmacy in our network. The pharmacies in our network can change at any time. Call Group Medicare Customer Service at the number on your ID card for a current Pharmacy Network List or go to **Humana.com** for a pharmacy location near

you. Speech and hearing impaired members may call 1-800-833-3301 (TTY). Representatives are available Monday-Friday 8 a.m. - 11 p.m., Eastern time, and Saturday from 8 a.m. - 6 p.m., Eastern time.

What happens if I go to a pharmacy that's not in the network?

When you purchase a drug at an out-of-network pharmacy, you will pay the same cost-sharing as you would have paid at a network pharmacy plus the difference between the out-of-network pharmacy's price and the network pharmacy price for that drug. If you go to a pharmacy that's not in our network, you should expect to pay more for your prescriptions. If the pharmacy is out of network you may have to pay full cost and then submit a claim for reimbursement from Humana. Contact the Plan for details. You also might have to follow special rules before getting your prescription in order for the prescription to be covered under our plan. For more information, call Customer Service at the number on your ID card. Speech and hearing impaired members may call 1-800-833-3301 (TTY). Representatives are available Monday-Friday 8 a.m. - 11 p.m., Eastern time, and Saturday 8 a.m. - 6 p.m., Eastern time.

Humana drug formulary

The Humana Drug Guide is a list of prescription drugs. Prescription drugs, or classes of certain prescription drugs, are generally reviewed by a committee comprised of physicians and pharmacists for safety, effectiveness and cost-effectiveness prior to placement on the Humana Drug Guide. The committee regularly updates the Drug Guide and reviews existing prescription drugs, or classes of prescription drugs, on a case-by-case basis. You should always discuss prescription drugs with your physician to determine appropriateness or clinical effectiveness with respect to you or any specific illness. This list is subject to change during the plan year. Information about the Humana Drug List is available to members by visiting our Website or calling Group Medicare Customer Service at the phone number on your ID card. Speech and hearing impaired members may call 1-800-833-3301 (TTY). Representatives are available Monday-Friday 8 a.m. - 11 p.m., Eastern time, and Saturday from 8 a.m. - 6 p.m., Eastern time.

What is a medication therapy management (MTM) program?

A Medication Therapy Management (MTM) Program is a benefit that your plan may offer. You may be identified to participate in a program designed for your specific health and pharmacy needs. It is

recommended that you take full advantage of this covered benefit if you are selected. Contact Humana Group Medicare at the number on your ID card for more details.

What type of drugs may be covered under Medicare Part B?

The following outpatient prescription drugs may be covered under Medicare Part B. This may include, but is not limited to, the following types of drugs. Contact Humana Group Medicare at the number on your ID card for more details.

- **Some antigens:** If prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin alpha or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.

- **Hemophilia clotting factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable drugs:** Most injectable drugs administered during a physician's service.
- **Immunosuppressive drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some oral cancer drugs:** If the same drug is available in an injectable form.
- **Oral anti-nausea drugs:** If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.
- **Diabetic medication and supplies**

Does my plan cover Medicare Part B or Part D drugs?

Humana Group Medicare covers both Medicare Part B prescription drugs and Part D prescription drugs.

HUMANA[®]
Guidance when you need it most

Medicare approved HMO, PPO, and PFFS plans available to anyone enrolled in Part A and Part B of Medicare through age or disability. Copayment, service area, and benefit limitations may apply.

Humana.com