

# 2024 Prescription Drug Benefits at a Glance

Humana Premier Rx Plan (PDP) S5884-158 States of Alabama and Tennessee

Monthly premium \$96.70

## Plan Highlights

<b>\$0 copays</b>	<b>\$0</b> copays at select pharmacy locations and tiers. Additional details below.
<b>Deductible</b>	<b>\$0</b> deductible on Tier 1, Tier 2 and Tier 6
<b>Insulin costs</b>	You won't pay more than <b>\$35</b> for a one-month (up to 30-day) supply of each insulin product covered by your plan
<b>Additional gap coverage</b>	Additional gap coverage for the following: Tier 1 drugs Tier 2 drugs Tier 6 drugs Insulin
<b>Excluded drug coverage</b>	Additional drug coverage for the following: Erectile dysfunction (ED) drugs
<b>\$0 vaccines</b>	<b>\$0</b> copay for adult Part D covered vaccines recommended by the Advisory Committee on Immunization Practices (ACIP)


## Deductible

**\$0** deductible for Tier 1, Tier 2 and Tier 6. This plan has a **\$300** deductible for Tier 3, Tier 4, Tier 5 drugs. You pay the full cost of these drugs until you reach **\$300**. Then, you only pay your cost-share.

## Initial Coverage

You pay the following until your total yearly drug costs for covered drugs reach **\$5,030**. Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.

## Mail Order Cost-Sharing

 <p>Get more value with cost-share options in bold</p>	<b>Standard Mail-Order Cost-Sharing</b>		<b>Preferred Mail-Order Cost-Sharing</b> CenterWell Pharmacy™	
	<b>30-day</b>	<b>90-day*</b>	<b>30-day</b>	<b>90-day*</b>
<b>Tier 1: Preferred Generic</b>	\$5	\$15	\$1	\$0

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Day Supply	30-day	90-day*	30-day	90-day*
Tier 2: Generic	\$10	\$30	\$4	\$0
Tier 3: Preferred Brand	\$47	\$141	\$45	\$125
Tier 4: Non-Preferred Drug	50%	50%	49%	49%
Tier 5: Specialty Tier	28%	N/A	28%	N/A
Tier 6: Select Care Drugs	\$11	\$33	\$0	\$0

### Retail Cost-Sharing

	Standard Retail Cost-Sharing		Preferred Retail Cost-Sharing	
Day Supply	30-day	90-day*	30-day	90-day*
Tier 1: Preferred Generic	\$5	\$15	\$1	\$3
Tier 2: Generic	\$10	\$30	\$4	\$12
Tier 3: Preferred Brand	\$47	\$141	\$45	\$135
Tier 4: Non-Preferred Drug	50%	50%	49%	49%
Tier 5: Specialty Tier	28%	N/A	28%	N/A
Tier 6: Select Care Drugs	\$11	\$33	\$0	\$0

Other pharmacies are available in our network. To find which pharmacies are available in your network, go to [Humana.com/pharmacyfinder](https://www.humana.com/pharmacyfinder).

\*Some drugs are limited to a 30-day supply.

Once your total yearly drug costs—what is paid both by you and our plan—reach **\$5,030**, the costs of your drugs may go up. Please refer to the Summary of Benefits for more information.

You can get more out of your plan by doing the following:

- **Stay in-network.** You may pay less for your drugs at in-network pharmacies.
- **Consider using your preferred mail order cost-sharing pharmacies.** They typically offer a lower cost-share than standard mail order cost-sharing pharmacies for most drugs (your cost-share for specialty drugs is the same at any in-network pharmacy).
- **Get a 90-day supply of many of the drugs you take all of the time.** You'll get more and may pay less, especially when you fill at a preferred cost-sharing mail order pharmacy.

You won't pay more than **\$35** for a one-month (up to 30-day) supply of each plan-covered insulin product regardless of cost-sharing tier, even if you haven't paid your deductible.

## "Extra Help"

If you receive "Extra Help" for your drugs you will have a **\$0** deductible.

Prior to reaching your annual **\$8,000** out-of-pocket limit you will pay one of the following depending on your level of "Extra Help:"

- **\$4.50** for generic/preferred multi-source drug or biosimilar; **\$11.20** for any other drug; OR
- **\$1.55** for generic/preferred multi-source drug or biosimilar; **\$4.60** for any other drug; OR
- **\$0** for all drugs

After reaching your annual **\$8,000** out-of-pocket limit, you will pay **\$0** for the remainder of the calendar year, regardless of the level of "Extra Help" you receive. Additional information will be available on your LIS rider.

If you have questions and are a Humana member, please contact Customer Care at 1-800-281-6918 (TTY: 711).

If you are not currently a Humana member, please contact a licensed Humana sales agent at 1-844-775-9622 (TTY: 711), 8 a.m. to 8 p.m. seven days a week from Oct. 1, 2023 – Mar. 31, 2024 and Monday - Friday the rest of the year.

Humana is a stand-alone PDP prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

The Humana Premier Rx Plan (PDP) Prescription Drug Plan pharmacy network includes limited lower-cost, preferred pharmacies in urban areas of AR, CT, DE, IA, IN, KY, MA, ME, MI, MN, MO, MS, NC, ND, NJ, NY, OH, PR, RI, SD, TN, WI, WV; suburban areas of CT, DE, MA, MI, MN, MT, ND, NJ, NY, OH, PA, PR, RI, WV; and rural areas of IA, MN, MT, ND, NE, SD, VT, WY. There are an extremely limited number of preferred cost share pharmacies in urban areas in the following states: DE, ME, MI, MN, MS, ND, OH; suburban areas of MT and ND; and rural areas of ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Care at 1-800-281-6918 (TTY: 711) or consult the online pharmacy directory at [Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments).

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Get all your health plan details at  
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## At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**.

## Auxiliary aids and services, free of charge, are available to you.

**877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.**

**Español (Spanish):** Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

**繁體中文 (Chinese):** 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。