

2019 Standard Rx 3
Group Plus Formulary

Subject to CMS Approval

30 Day Supplies

Plan/Option	Rx Option Number	30 Day Standard Retail from \$0 to ICL (1)				30 Day Standard Retail from ICL to Catastrophic (2) "Coverage Gap"				30 Day Standard Retail Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	30 Day Standard Retail Home Infusion Drugs (3)			
		Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
TBD	Rx 3	\$5	\$30	\$60	33%	\$5	25%	25%	25%	Greater of \$3.40 for generic/multiple source drugs (\$8.50 for all others) or 5% coinsurance	\$5,100	\$5	\$30	\$60	25%

Plan/Option	Rx Option Number	30 Day Standard Mail Order from \$0 to ICL				30 Day Standard Mail Order from ICL to Catastrophic "Coverage Gap"				30 Day Standard Mail Order Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	30 Day Standard Mail Order Home Infusion Drugs			
		Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
TBD	Rx 3	\$5	\$30	\$60	33%	\$5	25%	25%	25%	Greater of \$3.40 for generic/multiple source drugs (\$8.50 for all others) or 5% coinsurance	\$5,100	\$5	\$30	\$60	25%

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.
 Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.
 Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offered at a higher cost than Tier 2 Preferred Brand drugs.
 Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

Footnotes

- 1 *ICL (Initial Coverage Limit)*: When total drug cost (the amount the member pays plus the amount Humana pays) reaches \$3,820.
- 2 *Catastrophic*: When a member's True Out-of-Pocket (TrOOP) cost reaches \$5,100.
- 3 *Home Infusion Drugs*: These drugs will be covered at the specified cost shares in the Coverage Gap.

Out of Network: Emergency Situations

When a member purchases a drug at an out-of-network pharmacy in an emergency situation:

- a. the member will pay the same coinsurance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or,
- b. the member will pay the same copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price and the network pharmacy price.

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90 Day Supplies

Plan/Option	Rx Option Number	90 Day Standard Retail (3) from \$0 to ICL (1)				90 Day Standard Retail from ICL to Catastrophic (2) "Coverage Gap"				90 Day Standard Retail Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	90 Day Standard Retail Home Infusion Drugs (4)			
		Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
TBD	Rx 3	\$15	\$90	\$180	N/A	\$15	25%	25%	N/A	Greater of \$3.40 for generic/multiple source drugs (\$8.50 for all others) or 5% coinsurance	\$5,100	\$15	\$90	\$180	N/A

Plan/Option	Rx Option Number	90 Day Standard Mail Order (3) from \$0 to ICL				90 Day Standard Mail Order from ICL to Catastrophic "Coverage Gap"				90 Day Standard Mail Order Cost Sharing from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	90 Day Standard Mail Order Home Infusion Drugs (4)			
		Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
TBD	Rx 3	\$0	\$60	\$120	N/A	\$0	25%	25%	N/A	Greater of \$3.40 for generic/multiple source drugs (\$8.50 for all others) or 5% coinsurance	\$5,100	\$0	\$60	\$120	N/A

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.

Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.

Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offered at a higher cost than Tier 2 Preferred Brand drugs.

Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

Footnotes

1 *ICL (Initial Coverage Limit)*: When total drug cost (the amount the member pays plus the amount Humana pays) reaches \$3,820.

2 *Catastrophic*: When a member's True Out-of-Pocket (TrOOP) cost reaches \$5,100.

3 *Retail and Mail Order*: The benefit for a 90-day supply is limited to Rx formulary Tiers 1-2 and most drugs on Tier 3. Regardless of tier placement, Specialty drugs are limited to a 30-day supply.

4 *Home Infusion Drugs*: These drugs will be covered at the specified cost shares in the Coverage Gap.

Out of Network: Emergency Situations

When a member purchases a drug at an out-of-network pharmacy in an emergency situation:

- a. the member will pay the same coinsurance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or,
- b. the member will pay the same copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price and the network pharmacy price.

General Exclusions

Member benefits do not include the following, except as otherwise noted:

Any drug not defined by CMS as a Part D drug.

Any drug prescribed for a non-covered illness or injury.

Any drug the member receives before their effective date of coverage or after the date their coverage has ended.

Any costs related to the mailing, sending or delivery of prescription drugs; unless the member is utilizing our mail-order pharmacy which includes first class delivery service.

More than one prescription for the same drug until at least 75% (up to a 30 day supply) or 83% for anything 31 days or over of the prescription has been used by the member based on the dosage schedule prescribed by the network provider. If received through the mail-order pharmacy program at least 66% of the previous prescription has been used. The exception to this is ophthalmic solutions where the threshold is 70% through a retail pharmacy or 66% through mail-order.

Any fraudulent misuse of this benefit, including prescriptions purchased for consumption by someone other than the member.

Any drug determined by Humana to require prior authorization and prior authorization is not obtained.

Prescriptions or refills for drugs that are lost, stolen, spilled, spoiled or damaged.

Any refunds or credits for prescription copayments or coinsurance after a prescription has been filled, regardless of whether the request is because of an adverse reaction or a change in the dosage or prescription.

Any drug prescribed for intended use other than for indications approved by the FDA or recognized off-label indications through peer-reviewed medical literature.

May exclude drugs such as Viagra, Cialis, Levitra, and Caverject when used for the treatment of sexual or erectile dysfunction.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. The formulary and pharmacy network may change at any time. The member will receive notice when necessary. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer Prescription Drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

