



2007

# Summary of Benefits



(Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming)

Humana Prescription Drug Plan Standard  
Humana Prescription Drug Plan Enhanced  
Humana Prescription Drug Plan Complete

**HUMANA**  
*Guidance when you need it most*

# Section I - Introduction to Summary of Benefits

January 1, 2007 - December 31, 2007

Thank you for your interest in Humana Prescription Drug Plan. Our plan is offered by HUMANA INSURANCE COMPANY, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Humana Insurance Company and ask for the "Evidence of Coverage".

## **You Have Choices In Your Medicare Prescription Drug Coverage**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Humana Prescription Drug Plan. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

## **How Can I Compare My Options?**

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Humana Prescription Drug Plan to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

## **Where Is Humana Prescription Drug Plan Available?**

The service area for this plan includes: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. You must live in one of these areas to join this plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so during certain times of the year. Please call Customer Service for more information.

## **Who is eligible to join?**

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private-Fee-For-Services plan or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year.

You cannot enroll in this plan if your current or former employer helps pay for your drugs.

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

Humana Prescription Drug Plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

## **Where can I get my prescriptions?**

Humana Prescription Drug Plan has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

## Section I (continued)

### **What is a prescription drug formulary?**

Humana Prescription Drug Plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.humana-medicare.com](http://www.humana-medicare.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### **What should I do if I have other insurance in addition to Medicare?**

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Humana Prescription Drug Plan. Get this information before you decide to enroll in this plan.

### **How can I get help with my drug plan costs?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Humana Prescription Drug Plan, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TTD users should call 1-877-486-2048.

## Section I (continued)

### What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Humana Prescription Drug Plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost.

You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

### What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected.

Please call **Humana Insurance Company** for more information about this plan. Visit us at [www.humana-medicare.com](http://www.humana-medicare.com) or call us:

- **Customer Service Hours:**  
Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. - 8 p.m.
- **Current members should call**  
**1-800-281-6918. TTY/TDD 1-800-833-3301**
- **Prospective members should call**  
**1-800-706-0872. TTY/TDD 1-877-833-4486**
- **For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or visit [www.medicare.gov](http://www.medicare.gov) on the web.**
- **If you have special needs, this document may be available in other formats.**

## Section II - Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

BENEFIT	ORIGINAL MEDICARE	HUMANA PRESCRIPTION DRUG PLAN		
		STANDARD	ENHANCED	COMPLETE
Prescription Drugs	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program	Please refer to the Premium Table located after this section to find out what the premium is in your area.	Please refer to the Premium Table located after this section to find out what the premium is in your area.	Please refer to the Premium Table located after this section to find out what the premium is in your area.
Drugs covered under Medicare Part D (Prescription Drug Benefit)		<ul style="list-style-type: none"> <li>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <a href="http://www.humana-medicare.com">www.humana-medicare.com</a>.</li> <li>People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</li> </ul>		
		<ul style="list-style-type: none"> <li>You pay from <b>\$10.20</b> to <b>\$18.20</b> each month for your Medicare Part D prescription benefits.</li> </ul>	<ul style="list-style-type: none"> <li>You pay from <b>\$17.10</b> to <b>\$27.50</b> each month for your Medicare Part D prescription benefits.</li> </ul>	<ul style="list-style-type: none"> <li>You pay from <b>\$69.50</b> to <b>\$88.40</b> each month for your Medicare Part D prescription benefits.</li> </ul>
Deductible		<ul style="list-style-type: none"> <li>You pay a <b>\$265</b> yearly deductible.</li> </ul>	<ul style="list-style-type: none"> <li>There is no deductible.</li> </ul>	<ul style="list-style-type: none"> <li>There is no deductible.</li> </ul>

(Continued Next page)

## Section II - Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

BENEFIT	ORIGINAL MEDICARE	HUMANA PRESCRIPTION DRUG PLAN		
		STANDARD	ENHANCED	COMPLETE
Initial Coverage		<ul style="list-style-type: none"> <li>After you have paid your yearly deductible and before the total yearly drug costs (paid by both you and your plan) reach <b>\$2,400</b>, you pay <b>25%</b> of your yearly drug costs.</li> </ul>	<ul style="list-style-type: none"> <li>Before the total yearly drug costs (paid by both you and your plan) reach <b>\$2,400</b>, you pay the following for prescription drugs:</li> </ul>	<ul style="list-style-type: none"> <li>Before the total yearly drug costs (paid by both you and your plan) reach <b>\$2,400</b>, you pay the following for prescription drugs:</li> </ul>
In-Network Retail Pharmacy		<ul style="list-style-type: none"> <li>You may receive drugs for the following:                             <ul style="list-style-type: none"> <li>one month (30 day) supply</li> <li>three month (90 day) supply</li> </ul> </li> <li>See page 13 for additional information.</li> </ul>	<ul style="list-style-type: none"> <li><b>\$5</b> for a one month (30 day) supply of preferred generic drugs</li> <li><b>\$30</b> for a one month (30 day) supply of preferred brand drugs</li> <li><b>\$60</b> for a one month (30 day) supply of other - non-preferred drugs</li> <li><b>25%</b> coinsurance for a one month (30 day) supply of specialty drugs</li> <li><b>\$15</b> for a three month (90 day) supply of preferred generic drugs</li> <li><b>\$90</b> for a three month (90 day) supply of preferred brand drugs</li> <li><b>\$180</b> for a three month (90 day) supply of other - non-preferred drugs</li> </ul>	<ul style="list-style-type: none"> <li><b>\$5</b> for a one month (30 day) supply of preferred generic drugs</li> <li><b>\$30</b> for a one month (30 day) supply of preferred brand drugs</li> <li><b>\$60</b> for a one month (30 day) supply of other - non-preferred drugs</li> <li><b>25%</b> coinsurance for a one month (30 day) supply of specialty drugs</li> <li><b>\$15</b> for a three month (90 day) supply of preferred generic drugs</li> <li><b>\$90</b> for a three month (90 day) supply of preferred brand drugs</li> <li><b>\$180</b> for a three month (90 day) supply of other - non-preferred drugs</li> </ul>

*(Continued Next page)*

## Section II - Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

BENEFIT	ORIGINAL MEDICARE	HUMANA PRESCRIPTION DRUG PLAN		
		STANDARD	ENHANCED	COMPLETE
Mail Order		<ul style="list-style-type: none"> <li>You may receive drugs for the following:               <ul style="list-style-type: none"> <li>– one month (30 day) supply</li> <li>– three month (90 day) supply</li> </ul> </li> <li>See page 13 for additional information.</li> </ul>	<ul style="list-style-type: none"> <li>– <b>\$5</b> for a one month (30 day) supply of preferred generic drugs</li> <li>– <b>\$30</b> for a one month (30 day) supply of preferred brand drugs</li> <li>– <b>\$60</b> for a one month (30 day) supply of other - non-preferred drugs</li> <li>– <b>25%</b> coinsurance for a one month (30 day) supply of specialty drugs</li> <li>– <b>\$12.50</b> for a three month (90 day) supply of preferred generic drugs</li> <li>– <b>\$75</b> for a three month (90 day) supply of preferred brand drugs</li> <li>– <b>\$150</b> for a three month (90 day) supply of other - non-preferred drugs</li> </ul>	<ul style="list-style-type: none"> <li>– <b>\$5</b> for a one month (30 day) supply of preferred generic drugs</li> <li>– <b>\$30</b> for a one month (30 day) supply of preferred brand drugs</li> <li>– <b>\$60</b> for a one month (30 day) supply of other - non-preferred drugs</li> <li>– <b>25%</b> coinsurance for a one month (30 day) supply of specialty drugs</li> <li>– <b>\$12.50</b> for a three month (90 day) supply of preferred generic drugs</li> <li>– <b>\$75</b> for a three month (90 day) supply of preferred brand drugs</li> <li>– <b>\$150</b> for a three month (90 day) supply of other - non-preferred drugs</li> </ul>
Coverage After You Reach Your Initial Coverage Limit		<ul style="list-style-type: none"> <li>After the total yearly drug costs (paid by both you and your plan) reach <b>\$2,400</b>, you pay <b>100%</b> of your prescription drug costs until your yearly out-of-pocket drug costs reach <b>\$3,850</b>.</li> </ul>	<ul style="list-style-type: none"> <li>After the total yearly drug costs (paid by both you and your plan) reach <b>\$2,400</b>, you pay <b>100%</b> of your prescription drug costs until your yearly out-of-pocket drug costs reach <b>\$3,850</b>.</li> </ul>	<ul style="list-style-type: none"> <li>You pay the following:</li> </ul>
In-Network Retail Pharmacy				<ul style="list-style-type: none"> <li>– <b>\$5</b> for a one month (30 day) supply of preferred generic drugs</li> <li>– <b>\$15</b> for a three month (90 day) supply of preferred generic drugs</li> </ul>

(Continued Next page)

## Section II - Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

BENEFIT	ORIGINAL MEDICARE	HUMANA PRESCRIPTION DRUG PLAN		
		STANDARD	ENHANCED	COMPLETE
Mail Order				<ul style="list-style-type: none"> <li>– <b>\$5</b> for a one month (30 day) supply of preferred generic drugs</li> <li>– <b>\$12.50</b> for a three month (90 day) supply of preferred generic drugs</li> </ul>
				<ul style="list-style-type: none"> <li>• For all other covered drugs and after the total yearly drug costs (paid by both you and your plan) reach <b>\$2,400</b>, you pay <b>100%</b> of your prescription drug costs up until your yearly out-of-pocket drug costs reach <b>\$3,850</b>.</li> </ul>
Catastrophic Coverage		<ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs reach <b>\$3,850</b> you pay the greater of:               <ul style="list-style-type: none"> <li>– <b>\$2.15</b> for generic (including brand drugs treated as generic) and <b>\$5.35</b> for all other drugs, or</li> <li>– <b>5%</b> coinsurance.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs reach <b>\$3,850</b> you pay the greater of:               <ul style="list-style-type: none"> <li>– <b>\$2.15</b> for generic (including brand drugs treated as generic) and <b>\$5.35</b> for all other drugs, or</li> <li>– <b>5%</b> coinsurance.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs reach <b>\$3,850</b> you pay the greater of:               <ul style="list-style-type: none"> <li>– <b>\$2.15</b> for generic (including brand drugs treated as generic) and <b>\$5.35</b> for all other drugs, or</li> <li>– <b>5%</b> coinsurance.</li> </ul> </li> </ul>

*(Continued Next page)*



## Section II - Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Humana Insurance Company for details.

BENEFIT	ORIGINAL MEDICARE	HUMANA PRESCRIPTION DRUG PLAN		
		STANDARD	ENHANCED	COMPLETE
General Information		<ul style="list-style-type: none"> <li>• In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</li> <li>• Certain prescription drugs will have maximum quantity limits.</li> <li>• Your provider must get prior authorization from Humana Prescription Drug Plan for certain prescription drugs.</li> <li>• Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</li> <li>• Please contact the plan for details.</li> </ul>	<ul style="list-style-type: none"> <li>• In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</li> <li>• Certain prescription drugs will have maximum quantity limits.</li> <li>• Your provider must get prior authorization from Humana Prescription Drug Plan for certain prescription drugs.</li> <li>• Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</li> <li>• Please contact the plan for details.</li> </ul>	<ul style="list-style-type: none"> <li>• In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</li> <li>• Certain prescription drugs will have maximum quantity limits.</li> <li>• Your provider must get prior authorization from Humana Prescription Drug Plan for certain prescription drugs.</li> <li>• Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</li> <li>• Please contact the plan for details.</li> </ul>

## Plan Premiums

### 2007 HUMANA PRESCRIPTION DRUG PLANS Contract #: S5884

State	Humana PDP Standard	Standard Premium	Humana PDP Enhanced	Enhanced Premium	Humana PDP Complete	Complete Premium
Alabama	S5884-070	\$18.20	S5884-001	\$26.50	S5884-040	\$88.40
Alaska	S5884-094	\$11.70	S5884-097	\$24.60	S5884-100	\$77.30
Arizona	S5884-086	\$13.40	S5884-026	\$18.20	S5884-056	\$74.70
Arkansas	S5884-077	\$13.90	S5884-017	\$20.00	S5884-047	\$76.40
California	S5884-090	\$15.70	S5884-030	\$23.10	S5884-060	\$80.90
Colorado	S5884-085	\$16.60	S5884-025	\$24.40	S5884-055	\$83.30
Connecticut	S5884-061	\$16.90	S5884-002	\$25.80	S5884-031	\$87.40
Delaware	S5884-063	\$13.00	S5884-004	\$20.10	S5884-033	\$74.40
District of Columbia	S5884-063	\$13.00	S5884-004	\$20.10	S5884-033	\$74.40
Florida	S5884-069	\$15.90	S5884-010	\$23.50	S5884-039	\$83.70
Georgia	S5884-068	\$17.40	S5884-009	\$25.40	S5884-038	\$86.60
Hawaii	S5884-093	\$10.80	S5884-096	\$23.30	S5884-099	\$74.90
Idaho	S5884-089	\$13.30	S5884-029	\$19.10	S5884-059	\$73.20
Illinois	S5884-075	\$17.10	S5884-015	\$25.50	S5884-045	\$86.00
Indiana	S5884-073	\$17.70	S5884-013	\$25.30	S5884-043	\$86.30
Iowa	S5884-083	\$10.60	S5884-023	\$17.10	S5884-053	\$71.60
Kansas	S5884-082	\$11.30	S5884-022	\$17.20	S5884-052	\$69.50
Kentucky	S5884-073	\$17.70	S5884-013	\$25.30	S5884-043	\$86.30
Louisiana	S5884-079	\$16.00	S5884-019	\$22.50	S5884-049	\$80.80
Maine	S5884-092	\$13.70	S5884-095	\$27.50	S5884-098	\$82.30
Maryland	S5884-063	\$13.00	S5884-004	\$20.10	S5884-033	\$74.40
Massachusetts	S5884-061	\$16.90	S5884-002	\$25.80	S5884-031	\$87.40
Michigan	S5884-071	\$17.90	S5884-011	\$25.70	S5884-041	\$86.90
Minnesota	S5884-083	\$10.60	S5884-023	\$17.10	S5884-053	\$71.60
Mississippi	S5884-078	\$14.60	S5884-018	\$21.50	S5884-048	\$80.60

(Continued Next Page)

## Plan Premiums

### 2007 HUMANA PRESCRIPTION DRUG PLANS Contract #: S5884

State	Humana PDP Standard	Standard Premium	Humana PDP Enhanced	Enhanced Premium	Humana PDP Complete	Complete Premium
Missouri	S5884-076	\$14.90	S5884-016	\$22.90	S5884-046	\$78.50
Montana	S5884-083	\$10.60	S5884-023	\$17.10	S5884-053	\$71.60
Nebraska	S5884-083	\$10.60	S5884-023	\$17.10	S5884-053	\$71.60
Nevada	S5884-087	\$15.50	S5884-027	\$23.20	S5884-057	\$79.60
New Hampshire	S5884-092	\$13.70	S5884-095	\$27.50	S5884-098	\$82.30
New Jersey	S5884-062	\$10.20	S5884-003	\$17.40	S5884-032	\$71.20
New Mexico	S5884-084	\$15.50	S5884-024	\$22.10	S5884-054	\$83.50
North Carolina	S5884-066	\$17.80	S5884-007	\$26.20	S5884-036	\$85.90
North Dakota	S5884-083	\$10.60	S5884-023	\$17.10	S5884-053	\$71.60
Ohio	S5884-072	\$16.00	S5884-012	\$25.20	S5884-042	\$85.00
Oklahoma	S5884-081	\$15.00	S5884-021	\$21.60	S5884-051	\$79.40
Oregon	S5884-088	\$15.00	S5884-028	\$21.80	S5884-058	\$78.10
Pennsylvania	S5884-064	\$14.80	S5884-005	\$22.90	S5884-034	\$79.70
Rhode Island	S5884-061	\$16.90	S5884-002	\$25.80	S5884-031	\$87.40
South Carolina	S5884-067	\$16.60	S5884-008	\$23.60	S5884-037	\$84.10
South Dakota	S5884-083	\$10.60	S5884-023	\$17.10	S5884-053	\$71.60
Tennessee	S5884-070	\$18.20	S5884-001	\$26.50	S5884-040	\$88.40
Texas	S5884-080	\$12.70	S5884-020	\$19.80	S5884-050	\$76.60
Utah	S5884-089	\$13.30	S5884-029	\$19.10	S5884-059	\$73.20
Vermont	S5884-061	\$16.90	S5884-002	\$25.80	S5884-031	\$87.40
Virginia	S5884-065	\$13.40	S5884-006	\$20.40	S5884-035	\$76.30
Washington	S5884-088	\$15.00	S5884-028	\$21.80	S5884-058	\$78.10
West Virginia	S5884-064	\$14.80	S5884-005	\$22.90	S5884-034	\$79.70
Wisconsin	S5884-074	\$14.80	S5884-014	\$23.50	S5884-044	\$80.30
Wyoming	S5884-083	\$10.60	S5884-023	\$17.10	S5884-053	\$71.60

## Section III - Important Plan Information

### Humana Prescription Drug Plan

This section further explains some of the benefits of our plan. It doesn't explain every benefit that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Humana and ask for the "Evidence of Coverage."

#### Humana Prescription Drug Plan Standard

##### Days Supply

You may receive one month (30 days) or three month (90 days) supply of drugs at an in-network retail or mail order pharmacy. However, specialty drugs are limited to a one month (30-day) supply.

##### Enrollment Limitations

Eligible individuals may only enroll in one Medicare Prescription Drug Plan (PDP) at a time.

You may not enroll in a Medicare Advantage Plan (HMO, PPO) and a stand alone PDP at the same time. You may enroll in a Private Fee For Service (PFFS) Plan and a stand alone PDP; however you may not do so if the PFFS Plan already has drug coverage attached.

#### Humana Prescription Drug Plan Enhanced

##### Employer Assistance

You cannot enroll in Humana's PDP Enhanced or PDP Complete Plan if your current or former employer helps pay for your drugs.

##### Enrollment Limitations

Eligible individuals may only enroll in one Medicare Prescription Drug Plan (PDP) at a time.

You may not enroll in a Medicare Advantage Plan (HMO, PPO) and a stand alone PDP at the same time. You may enroll in a Private Fee For Service (PFFS) Plan and a stand alone PDP; however you may not do so if the PFFS Plan already has drug coverage attached.

#### Humana Prescription Drug Plan Complete

##### Employer Assistance

You cannot enroll in Humana's PDP Enhanced or PDP Complete Plan if your current or former employer helps pay for your drugs.

##### Enrollment Limitations

Eligible individuals may only enroll in one Medicare Prescription Drug Plan (PDP) at a time.

You may not enroll in a Medicare Advantage Plan (HMO, PPO) and a stand alone PDP at the same time. You may enroll in a Private Fee For Service (PFFS) Plan and a stand alone PDP; however you may not do so if the PFFS Plan already has drug coverage attached.

## Notes



## Notes



# HUMANA<sup>®</sup>

*Guidance* when you need it most

A Medicare approved Prescription Drug Plan available to anyone entitled to Part A and/or enrolled in Part B of Medicare through age or disability. You must continue to pay your Medicare applicable premiums if not otherwise paid for under Medicaid or by another third party. Copayment, service area, and benefit limitations may apply.

[www.humana-medicare.com](http://www.humana-medicare.com)