2015

Summary of Benefits

Humana Enhanced (PDP)

State of Missouri

Humana®

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2015

Summary of Benefits

Humana Enhanced (PDP)
S5884-076

State of Missouri

Humana®

SECTION 1

Summary of Benefits

January 1, 2015 - December 31, 2015

This booklet gives you 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. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare prescription drug benefits

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **Humana Enhanced (PDP)**.
- Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Humana Enhanced (PDP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling **1-800-MEDICARE** (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Sections in this booklet

- Things to Know About **Humana Enhanced (PDP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.
This document may be available in a non-English language. For additional information, call us at **1-800-281-6918**.
Es posible que este documento esté disponible en otros idiomas aparte de inglés. Para obtener información adicional, llame al Servicio al Cliente al número de teléfono que se indica a continuación.

Things to Know About Humana Enhanced (PDP)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Humana Enhanced (PDP) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-800-281-6918**.
- If you are not a member of this plan, call toll-free **1-800-706-0872**.
- Our website: **http://www.humana-medicare.com**

Who can join?

To join **Humana Enhanced (PDP)** , you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.
Our service area includes the following: Missouri.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (**http://www.humana-medicare.com**). Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.
Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies .
You can see our plan's pharmacy directory at our website (**http://www.humana.com/Medicare/medicare_prescription_drugs**). Or, call us and we will send you a copy of the pharmacy directory .

Summary of Benefits
January 1, 2015 - December 31, 2015

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
How much is the monthly premium?	**$50.50** per month.
How much is the deductible?	This plan does not have a deductible.

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

Prescription Drug Benefits

Initial Coverage

You pay the following until your total yearly drug costs reach **$2,960.** Total yearly drug costs are the total drug costs paid by both you and our Part D plan.
You may get your drugs at network retail pharmacies and mail order pharmacies.

Preferred Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	**$3** copay	**$9** copay
Tier 2 (Non-Preferred Generic)	**$7** copay	**$21** copay
Tier 3 (Preferred Brand)	**$42** copay	**$126** copay
Tier 4 (Non-Preferred Brand)	**44%** of the cost	**44%** of the cost
Tier 5 (Specialty Tier)	**33%** of the cost	Not Offered

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	**$7** copay	**$21** copay
Tier 2 (Non-Preferred Generic)	**$12** copay	**$36** copay
Tier 3 (Preferred Brand)	**$45** copay	**$135** copay

Tier 4 (Non-Preferred Brand)	**50%** of the cost	**50%** of the cost
Tier 5 (Specialty Tier)	**33%** of the cost	Not Offered

Preferred Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	**$3** copay	**$0**
Tier 2 (Non-Preferred Generic)	**$7** copay	**$0**
Tier 3 (Preferred Brand)	**$42** copay	**$116** copay
Tier 4 (Non-Preferred Brand)	**44%** of the cost	**44%** of the cost
Tier 5 (Specialty Tier)	**33%** of the cost	Not Offered

Standard Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	**$7** copay	**$21** copay
Tier 2 (Non-Preferred Generic)	**$12** copay	**$36** copay
Tier 3 (Preferred Brand)	**$45** copay	**$135** copay
Tier 4 (Non-Preferred Brand)	**50%** of the cost	**50%** of the cost
Tier 5 (Specialty Tier)	**33%** of the cost	Not Offered

If you reside in a long-term care facility, you pay the same as at a retail pharmacy
You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy
Days' Supply Available
Unless otherwise specified, you can get your Part D medicine in the following days' supply amounts:

- One-month supply (up to 30 days)*
- Two-month supply (31 - 60 days)
- Three-month supply (61 - 90 days)

*Long Term Care Pharmacy (one month supply = 31 days)

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **$2,960.** After you enter the coverage gap, you pay **45%** of the plan's cost for covered brand name drugs and **65%** of the plan's cost for covered generic drugs until your costs total **$4,700,** which is the end of the coverage gap. Not everyone will enter the coverage gap.Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you

Preferred Retail Cost-Sharing

Tier	Drugs Covered	One-month supply	Three-month supply
Tier 3 (Preferred Brand)	Some	**$42** copay	**$126** copay
Tier 4 (Non-Preferred Brand)	Some	**$94** copay	**$282** copay

Standard Retail Cost-Sharing

Tier	Drugs Covered	One-month supply	Three-month supply
Tier 3 (Preferred Brand)	Some	**$45** copay	**$135** copay
Tier 4 (Non-Preferred Brand)	Some	**$95** copay	**$285** copay

Preferred Mail Order Cost-Sharing

Tier	Drugs Covered	One-month supply	Three-month supply
Tier 3 (Preferred Brand)	Some	**$42** copay	**$116** copay
Tier 4 (Non-Preferred Brand)	Some	**$94** copay	**$272** copay

Standard Mail Order Cost-Sharing

Tier	Drugs Covered	One-month supply	Three-month supply
Tier 3 (Preferred Brand)	Some	**$45** copay	**$135** copay
Tier 4 (Non-Preferred Brand)	Some	**$95** copay	**$285** copay

Days' Supply Available
Unless otherwise specified, you can get your Part D medicine in the following days' supply amounts:

- One-month supply (up to 30 days)*
- Two-month supply (31 - 60 days)
- Three-month supply (61 - 90 days)

*Long Term Care Pharmacy (one month supply = 31 days)

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **$4,700,** you pay the greater of:

- **5%** of the cost, or
- **$2.65** copay for generic (including brand drugs treated as generic) and a **$6.60** copayment for all other drugs

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Notes

Notes

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-281-6918. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-281-6918. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-281-6918。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-281-6918。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-281-6918. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à no tre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-281-6918. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch v ụ thông dịch miễn phí để trả l ời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-281-6918 s ẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-281-6918. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-281-6918 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-281-6918. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:
إننا نقدم خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الإتصال بنا على 1-800-281-6918. سيقوم شخص ما يتحدث اللغة العربية بمساعدتك. هذه الخدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-281-6918 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

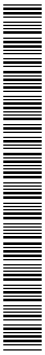
Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-281-6918. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-281-6918. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-281-6918. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-281-6918. Ta usługa jest bezpłatna.

Japanese:当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-281-6918にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。



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