



2016 Prescription Drug Plans

Guidance to help
you enroll in the plan
that's right for you

– Prescription Drug Plans

Humana[®]

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Thank you

Thank you for your interest in Humana's Medicare options. Here is some information that explains Medicare. We want to help you choose the plan that's right for you.



“Humana is a company that works for you. For us, Medicare is a personal thing. That’s why our people are here for you – every step of the way. It’s how we support lifelong well-being.”

Alan Wheatley – President, Humana Retail Segment

Your health and well-being partner

When you choose Humana, you are choosing a relationship to help you maintain, improve and manage your health. **It's not just insurance... It's our members, and our associates, partnering to make a difference.**



Barbara made a difference.

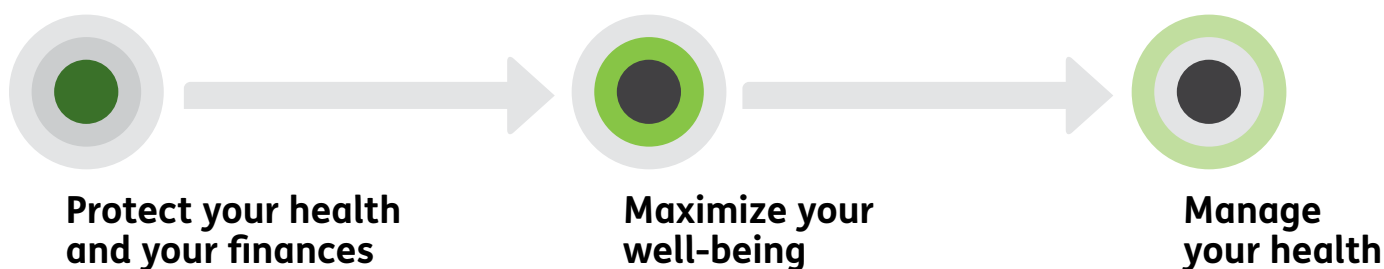
*"As a senior case manager, one of my assigned tasks is to complete post - discharge calls to members. My initial call to a 68-year-old lady recovering from a total knee replacement, was greeted with a voice-mail message saying, 'If you are a friend or a family member, leave a message.' I was a bit hesitant but did leave a message. She later returned my call and together we reviewed her status and discussed what she felt she needed to be successful in healing. By the time we had completed our work together, she considered me a friend. I am pleased to say, that day, with that member, **I did have the chance to make a difference.**"*

– Barbara Q., RN, Humana Senior Case Manager
Centennial, Colorado

For nearly 30 years, Humana has offered Medicare plans to the public. In that time, our members, and people like you, have shown us a lot about how to be a better partner in health. We've changed our understanding of what it means to provide healthcare coverage. It has grown into a partnership to help you achieve the healthcare goals you set with your doctor.

It may be as simple as a phone call or an email to share tips on making the most of your benefits. It could be visiting you in your home or providing long-term support if you're dealing with a chronic condition. You and your doctor set the course; we're here to support you on the journey.

We're with you on your healthcare journey



How to choose the right Humana prescription drug plan for you

Making a decision about your Medicare coverage shouldn't be confusing. Humana wants to make it simpler by helping you understand your choices.



How do you expect to use your prescription drug plan over time?

- What medicines do you take now?
- Do you take any maintenance medicines or specialty drugs?
- If you're considering a prescription drug plan, are your medicines listed on the plan's covered drugs list?
- What share of the cost will you pay each month?



Are there any additional resources available to you to help with costs?

- Are you eligible to receive any benefits from the Veterans Administration, TRICARE®, Medicaid or your state's pharmacy assistance program?

“With my Medicare plan, when I have a question about my prescription ... I just call Humana Pharmacy™. It's that easy when you have Humana.”

– Elizabeth M.
Humana Gold Plus HMO
Ormond Beach, Florida

Humana wants to simplify the process for you, to help you see clearly what's most important to you. Then we can help you choose the plan that's best for you.

Enjoy extra perks with a Medicare prescription drug plan from Humana

Having choices is important, and so is stretching your dollar. A Medicare prescription drug plan (PDP) may help lower your prescription drug expenses and protect against higher costs in the future.

However, you can't get prescription drug coverage through Original Medicare. It's offered only by private companies – like Humana – that have a contract with Medicare to provide prescription drug plans. Each plan provides coverage for a specific drug list, called a formulary. Choose your plan carefully to make sure it covers the medicines you take regularly.¹

Prescription drugs and other medicines can be very costly. We can help you manage those costs with the following offerings:



Mail delivery pharmacy service – Mail delivery pharmacies, like Humana Pharmacy™, will ship up to a 90-day supply of maintenance medicines and diabetic supplies directly to you.² If you would like more information, visit [Humanapharmacy.com](https://www.humanapharmacy.com) to see if you can save. Other mail delivery and specialty pharmacies are also available in our network.

For even quicker access to your account, download the free MyHumana Mobile app from your app store. Search “MyHumana” in the Google Play or Apple app store now. (Data charges may apply.)



SmartSummary™ – These statements make it easy to track how you've used your plan, what you have spent and other helpful tips.



Maximize Your BenefitSM Rx – This Humana program delivers messages about opportunities for you to save on prescription drugs.

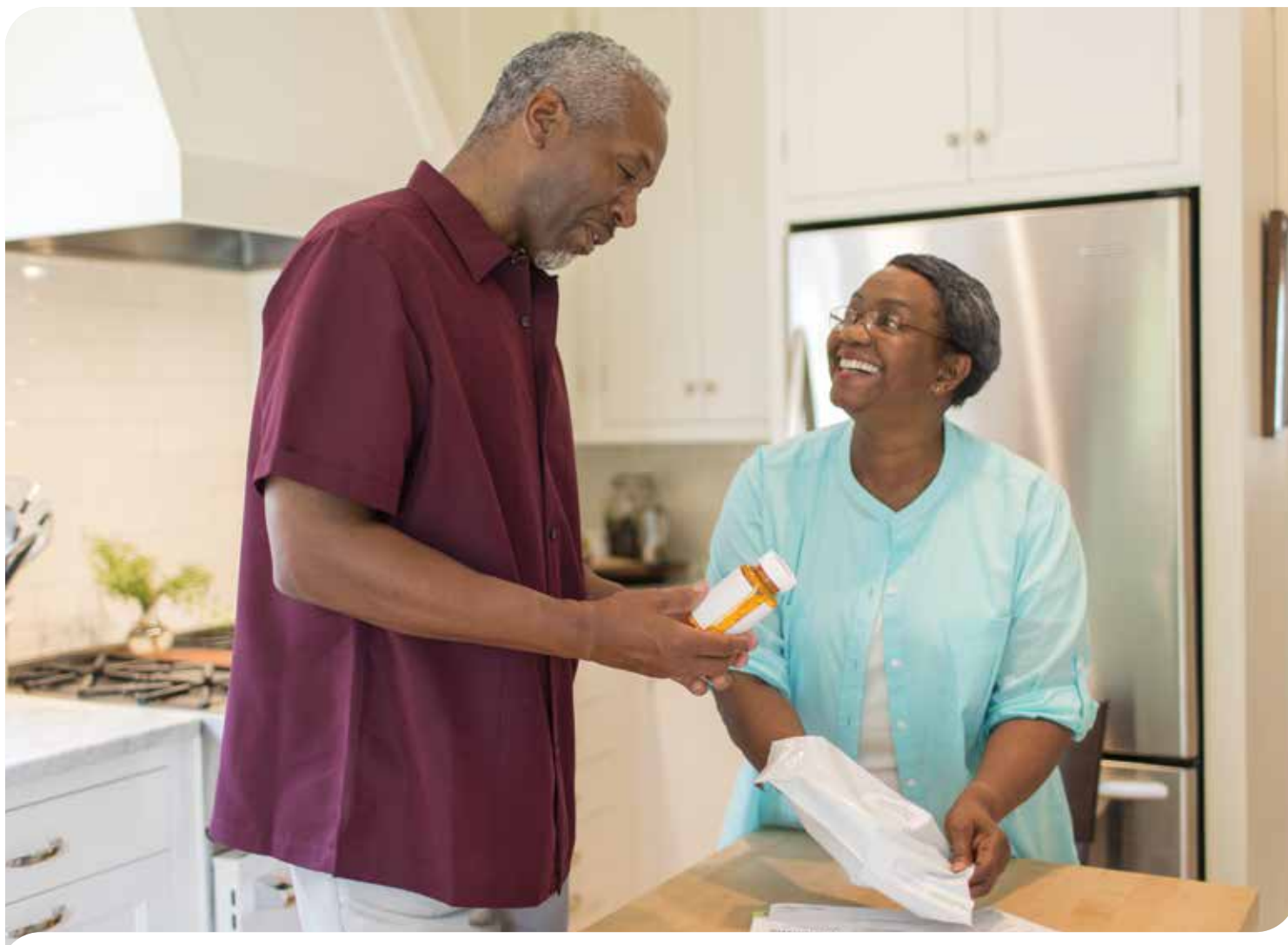


MyHumana – You have unique needs, so why not have your own personalized tool to help you manage your prescription drug plan? Whether you prefer using a desktop, laptop or smartphone, you can access your healthcare information in one convenient place to compare drug prices, find pharmacies in your plan's network and sign up for refill reminders via text alert. Check it out today at [Humana.com/TourMyHumana](https://www.humana.com/TourMyHumana).

¹If you purchase a stand-alone Medicare prescription drug plan while you're enrolled in a Medicare Advantage plan with prescription drug coverage (MAPD), you'll be automatically disenrolled from the MAPD plan.

²Humana Pharmacy™ shipments are typically delivered within 7-10 days from the date of your order. Call **1-800-379-0092 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m. and Saturday, 8 a.m. – 6:30 p.m., Eastern time, if you don't receive your order within this time frame.

Options that make sense



In most areas, Humana offers three stand-alone Medicare Part D prescription drug plans (PDPs) to help you balance your health needs and budget. Remember, “stand-alone” means they’re separate from your Medicare coverage. Stand-alone PDPs let you add drug coverage to your Original Medicare coverage or Medicare Supplement coverage.

Humana Walmart Rx Plan (PDP)

Humana Enhanced (PDP)

Humana Preferred Rx Plan (PDP)



Rx Plan (PDP)

Your licensed Humana sales agent will be able to provide information on the specific pharmacies covered by each plan and help determine which plan best fits your needs. Each of these plans has different features, so be sure to talk with your agent about what is most important to you.

Save with network pharmacies, close to home and right for you

Humana's pharmacy network has more than 60,000 pharmacies nationwide. That includes more than 20,000 independent pharmacies and mail-delivery pharmacies like Humana Pharmacy™.

To enjoy the benefits of your plan, you must use network pharmacies. Our pharmacy network includes mail delivery, specialty, retail, long-term care and home infusion.

You may save even more when you use select pharmacies

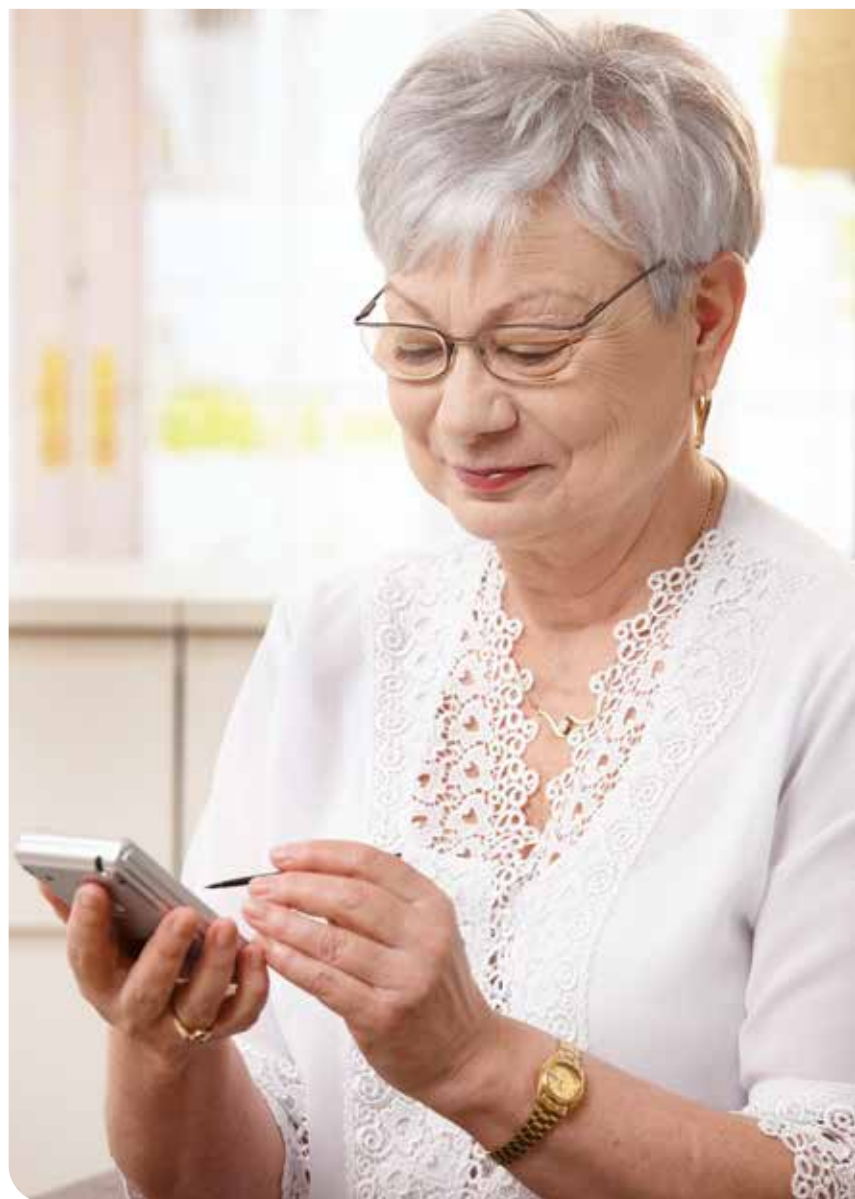
Fill your prescriptions at retail and mail delivery pharmacies with preferred cost-sharing to get the most out of your plan benefits. You will still have access to other pharmacies in the plan's network, but your costs for some drugs may be less at pharmacies with preferred cost-sharing.

For a complete list of pharmacies in our network, visit [Humana.com/PharmacyLocator](https://www.humana.com/PharmacyLocator). You can also download the **MyHumana Mobile** app to find a pharmacy in your plan's network with printable maps and directions.

In addition, you'll find details such as hours, drive-through availability and availability of specialty drugs. Just enter your address and decide how far you'd like to travel to the pharmacy. You'll get a detailed list of pharmacies within the distance you choose and helpful information about your mail delivery options.

"... recently, I spoke with a patient who didn't realize that the doctor had changed ... her prescription, so she had been taking it incorrectly. When I caught the discrepancy the patient was able to speak with her doctor and confirm the correct directions. **It's rewarding to know that my work is improving patient care.**

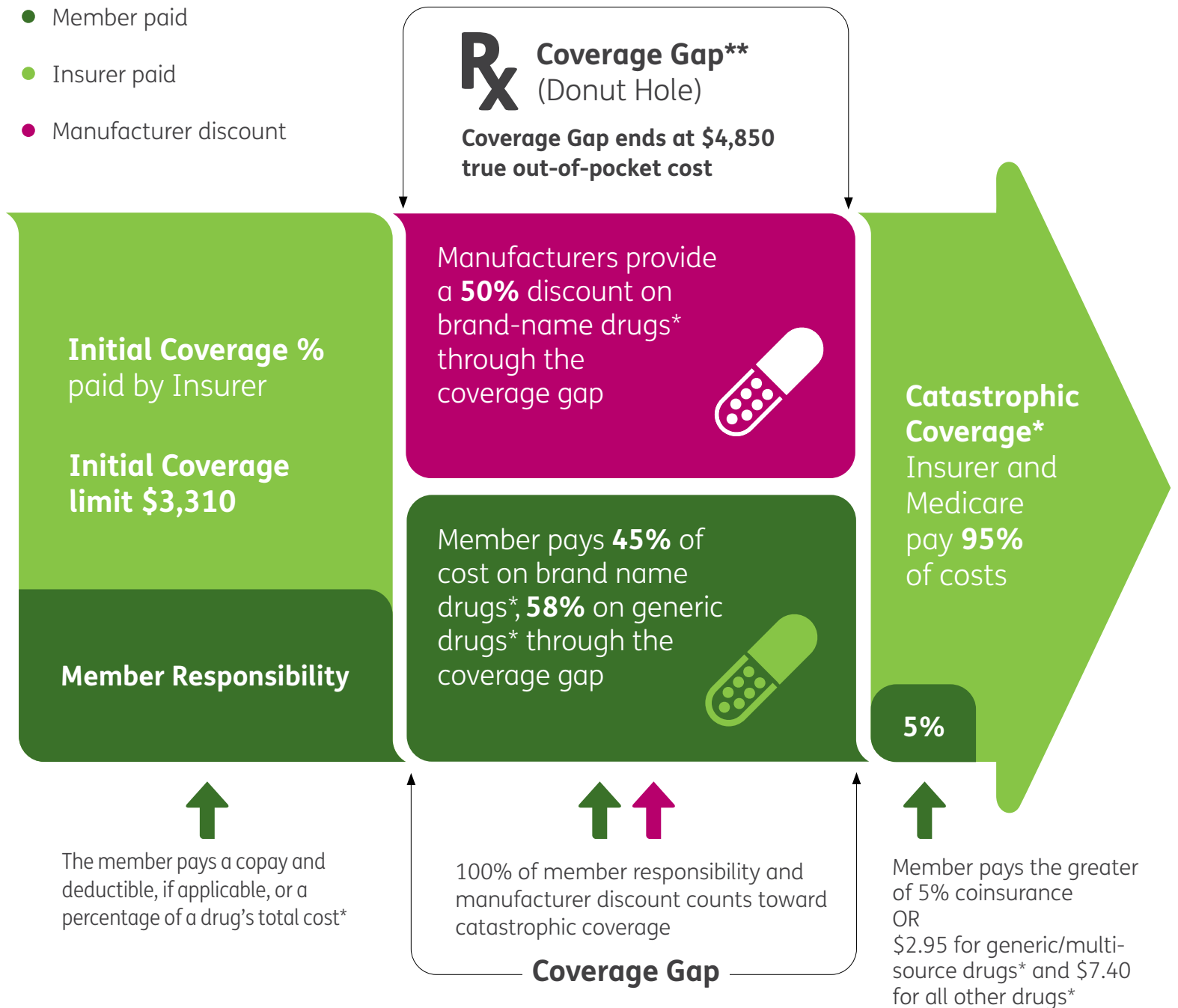
– Jennifer R., Humana Pharmacist
Glendale, Arizona



Get to know the coverage gap

Chances are you've heard of the Medicare prescription drug coverage gap, also called the "donut hole." The coverage gap is the period when you have to pay more of your drug cost, before additional Medicare coverage kicks in.

- Member paid
- Insurer paid
- Manufacturer discount



*applies only to drugs covered by the selected plan

**some plans have additional coverage while the member is in the gap

Frequently asked questions

I've just become eligible for Medicare. When can I enroll?

A. You become eligible on the first day of the month of your 65th birthday or when declared eligible for Medicare due to disability. You can enroll three months before and up to three months after you become eligible for Medicare Part A or B. If your birthday is the first day of the month, you're eligible on the first day of the prior month.

If you don't sign up for Medicare when you're 65, you may pay a penalty for signing up at a later time. For more details, go to [Humana.com](https://www.humana.com) or www.medicare.gov.

Can I get additional help with my plan decisions from my family or friends?

A. Many people trust someone else to help with healthcare matters. For instance, a spouse, sibling, grown child or close friend may help you talk with us about your insurance plan, keep track of your benefits and claims or answer healthcare questions.

We can share your information with this person, but you'll need to read and sign a consent form, allowing them to do so. This form allows insurers to share health plan information with someone who is assisting you with your benefits. It's different from granting medical power of attorney, which allows someone to make decisions about your care. You can do this when you enroll or after you enroll and register on [MyHumana.com](https://myhumana.com). If you complete the form, that individual will also receive information on programs and services that are available to you, along with tools and resources to help him or her.

Do I need to show my red, white and blue Medicare card when I fill prescriptions or when I visit my doctor?

A. No. You'll get a Humana member ID card that will take its place. However, it's a good idea to keep your Original Medicare card with your new Humana member ID card.

What should I do if I need prescriptions filled before I receive my Humana member ID card?

A. If you need to fill a prescription after your coverage begins but before you receive your Humana member ID card, take a copy of your temporary proof of membership to any in-network pharmacy.

How do I pay my monthly plan premium?

A. If your Humana plan has a monthly premium, you have a number of options:

- Deduction from your Social Security checks (SSA).
- Deduction from your Railroad Retirement Board (RRB) benefit.
- Automatic withdrawal – Have your monthly plan premium deducted from your checking or savings account.
- Automatic payment by credit card – Have your plan premium charged to a credit card each month.
- Sign up for eBilling and receive invoices and make your payments online.
- Coupon Book – We'll send you a coupon book of payment slips. Just write a check each month and mail it with that month's payment slip.

I'm concerned about costs. Can I get extra help paying for my Humana prescription drug plan?

A. People with limited incomes may qualify for assistance from the Extra Help program to pay for their prescription drug costs. To see if you qualify for Extra Help, call **1-800-MEDICARE (1-800-633-4227)**. If you use a TTY, call **1-877-486-2048**, 24 hours a day, seven days a week. You can also call the Social Security Administration at **1-800-772-1213**. If you use a TTY, call **1-800-325-0778**. Your state's Medical Assistance (Medicaid) Office may also be able to help, or you can apply for Extra Help online at www.socialsecurity.gov.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by law. This includes the right to make changes in our privacy practices and the revised terms of our notice effective for all personal and health information we maintain. This includes information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is personal and health information?

Personal and health information - from now on referred to as "information" - includes both medical information and individually identifiable information, like your name, address, telephone number or Social Security number. The term "information" in this notice includes any personal and health information created or received by a healthcare provider or health plan that relates to your physical or mental health or condition, providing healthcare to you or the payment for such healthcare. We protect this information in all formats including electronic, written and oral information.

How do we protect your information?

In keeping with federal and state laws and our own policy, we have a responsibility to protect the privacy of your information. We have safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our associates about company privacy policies and procedures

How do we use and disclose your information?

We must use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the secretary of the Department of Health and Human Services
- Where required by law

We have the right to use and disclose your information:

- To a doctor, a hospital or other healthcare provider so you can receive medical care
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments
- For healthcare operation activities including processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of healthcare professionals and determining premiums
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary-level health information about you with your plan sponsor in certain situations such as to allow your plan sponsor to obtain bids from other health plans. We will not share detailed health information to your plan sponsor unless you provide us your permission or your plan sponsor has certified they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders or about treatment alternatives that may be of interest to you if you have not opted out as described below
- To your family and friends if you are unavailable to communicate, such as in an emergency
- To your family and friends or any other person you identify, provided the information is directly relevant to their involvement with your healthcare or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation
- To public health agencies if we believe there is a serious health or safety threat
- To appropriate authorities when there are issues about abuse, neglect or domestic violence

- In response to a court or administrative order, subpoena, discovery request or other lawful process
- For law enforcement purposes, to military authorities and as otherwise required by law
- To assist in disaster relief efforts
- For compliance programs and health oversight activities
- To fulfill our obligations under any workers' compensation law or contract
- To avert a serious and imminent threat to your health or safety or the health or safety of others
- For research purposes in limited circumstances
- For procurement, banking or transplantation of organs, eyes or tissue
- To a coroner, medical examiner or funeral director

Will we use your information for purposes not described in this notice?

In all situations other than described in this notice, we will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not use or disclose your information for any reason not described in this notice without your permission. The following uses and disclosures will require an authorization:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of protected health information

What do we do with your information when you are no longer a member or you do not obtain coverage through us?

Your information may continue to be used for purposes described in this notice when your membership is terminated or you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

The following are your rights with respect to your information. We are committed to responding to your rights request in a timely manner:

- Access – You have the right to review and obtain a copy of your information that may be used to make decisions about you, such as claims and case or medical management records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for each page, a per hour charge for staff time to locate and copy your information, and postage.
- Adverse underwriting decision – You have the right to be provided a reason for denial or adverse underwriting decision if we decline your application or insurance.*
- Alternate communications – You have the right to receive confidential communications of information in a different manner or at a different place to avoid a life-threatening situation. We will accommodate your request if it is reasonable.
- Amendment – You have the right to request an amendment of information we maintain about you if you believe the information is wrong or incomplete. We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will give you a written explanation of the denial.
- Disclosure – You have the right to receive a listing of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, health plan operations and certain other activities. We maintain this information and make it available to you for a period of six years at your request. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- Notice – You have the right to receive a written copy of this notice any time you request.
- Restriction – You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

What types of communications can I opt out of that are made to me?

- Appointment reminders
- Treatment alternatives or other health-related benefits or services
- Fundraising activities

Notice of Privacy Practices

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable privacy rights request forms. You may obtain any of the forms by:

- Contacting us at **1-866-861-2762 (TTY:711)** at any time
- Accessing our website at **Humana.com** and going to the Privacy Practices link
- Emailing us at **privacyoffice@Humana.com**
- Send completed request form to:
Humana Inc.
Privacy Office 003/10911
101 E. Main St.
Louisville, KY 40202

What should I do if I believe my privacy has been violated?

If you believe your privacy has been violated in any way, you may file a complaint with us by calling us at **1-866-861-2762 (TTY:711)** at any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You also have the option to email your complaint to OCRComplaint@hhs.gov. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.

We follow all federal and state laws, rules and regulations addressing the protection of personal and health information. In situations when federal and state laws, rules and regulations conflict, we follow the law, rule or regulation that provides greater member protection.

What will happen if my private information is used or disclosed inappropriately?

You have a right to receive a notice that a breach has resulted in your unsecured private information being inappropriately used or disclosed. We will notify you in a timely manner if such a breach occurs.

The following affiliates and subsidiaries also adhere to our privacy policies and procedures:

American Dental Plan of North Carolina, Inc.
American Dental Providers of Arkansas, Inc.
American Eldercare, Inc.
Arcadian Health Plan, Inc.
Arcadian Management Services
CarePlus Health Plans, Inc.
Cariten Health Plan, Inc.
CHA HMO, Inc.
CompBenefits Company
CompBenefits Dental, Inc.
CompBenefits Insurance Company
CompBenefits of Alabama, Inc.
CompBenefits of Georgia, Inc.
DentiCare, Inc.
EmpheSys Insurance Company
HumanaDental Insurance Company
Humana Benefit Plan of Illinois, Inc. fna OSF Health Plans, Inc.
Humana Employers Health Plan of Georgia, Inc.
Humana Health Benefit Plan of Louisiana, Inc.
Humana Health Company of New York, Inc.
Humana Health Insurance Company of Florida, Inc.
Humana Health Plan of California, Inc.
Humana Health Plan of Ohio, Inc.
Humana Health Plan of Texas, Inc.
Humana Health Plan, Inc.
Humana Health Plans of Puerto Rico, Inc.
Humana Insurance Company
Humana Insurance Company of Kentucky
Humana Insurance Company of New York
Humana Insurance of Puerto Rico, Inc.
Humana Medical Plan, Inc.
Humana Medical Plan of Michigan, Inc.
Humana Medical Plan of Pennsylvania, Inc.
Humana Medical Plan of Utah, Inc.
Humana Pharmacy, Inc.
Humana Regional Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Kanawha Insurance Company*
Managed Care Indemnity, Inc
M.D. Care, Inc.
The Dental Concern, Inc.
Humana Dental Concern, Ltd

*These affiliates and subsidiaries are only covered by the Privacy Notice concerning financial information.

If you choose to enroll today, thank you!

Here's what will happen next:

- Choose how you would like to **Get Started** with Humana - online via **MyHumana.com** or via mail.
- Choosing our online option is a great way to stay organized and get started at your own pace. After you enroll with your agent, we will send you an email. You can then go to **MyHumana.com**, anytime. Your online guide will help you get the most from your plan before it goes into effect. You may also be able to view your plan documents, including:
 - Confirmation of Enrollment
 - Member Guide (Benefits at a Glance and other plan specific information)
 - Plan Coverage Package (Evidence of Coverage, Summary of Benefits, Plan Stars Rating, Value Added Services, Provider Directory and Drug Guide)
 - Renewal Information (plan Annual Notice of Change/Evidence of Coverage and Drug Guide for next plan year)

(Depending on your enrollment date, these documents may be delivered to you by mail.)

Humana will submit your completed application to CMS to confirm your eligibility. You will receive your Humana member ID card within 10 days after CMS approves your enrollment. You'll receive a couple of follow-up calls after you enroll. Your agent will call to make sure all is going well, and a nurse may call about chronic conditions or other special needs.



Use this convenient reminder card to keep the basic information about your new plan handy

- My sales agent: _____
- Plan name: _____
- Effective date: _____
- Premium: _____
- Deductible: _____
- PCP copayment: _____



If you have any questions, please call Humana's Customer Care team at **1-800-714-0160 (TTY: 711)**. Hours are 8 a.m. - 8 p.m., Eastern time, seven days a week through Feb. 15, 2016, and 8 a.m. - 8 p.m., Eastern time, Monday - Friday, the rest of the year.

Thank you for considering Humana

We're very proud to say that we're one of the largest administrators of Medicare Advantage plans in the country.¹ We offered our first Medicare plan in 1987, and today nearly 7.5 million² Medicare beneficiaries have chosen us to be their healthcare partner. And it is a partnership – because at Humana, healthcare is about more than just paying your bills when you need care; our goal is to simplify healthcare while helping our members achieve lifelong well-being.

Here are just some of the ways Humana helps to simplify your healthcare experience:

- **Enrollment support** – However you choose to enroll, we'll help you understand your options and make an informed choice.
- **Ability to customize your coverage** – Many of our Medicare Advantage plans have optional supplemental benefits, like dental and vision coverage, for an additional cost. This lets you customize your coverage for extra protection.
- **Support for your overall health and well-being** through services and programs that address your total health.

To find out more about Humana, visit Humana.com.

¹Herman, Bob. "Medicare Advantage plans 125% raise for 2016," modernhealthcare.com April 2015

²Humana Inc. First Quarter 2015 Earnings Release, April 2015



Humana is a Medicare Advantage organization and a stand alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost-share may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Humana MyOption optional supplemental benefits (OSB) are only available to members of certain Humana Medicare Advantage (MA) plans. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Benefits may change on January 1 of each year. Enrollees must continue to pay the Medicare Part B premium, their Humana plan premium and the OSB premium.

Humana's pharmacy network offers limited access to pharmacies with preferred cost sharing in urban areas of AL, CA, CT, DC, DE, GA, IA, IL, IN, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NY, OH, OR, PA, RI, SC, SD, TN, VA, VT, WA, WV, WY; suburban areas of AZ, CA, CT, DE, HI, IL, IN, MA, MD, ME, MI, MN, MO, MT, ND, NH, NJ, NY, OH, OR, PA, PR, RI, VT, WA, WV; and rural areas of AK, DC, IA, MN, MT, ND, NE, SD, VT, WY. 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 pharmacies with preferred cost sharing, please call Member Services at <**1-800-281-6918 (TTY: 711)**> or consult the online pharmacy directory at Humana.com

This information is available for free in other languages. Please call our Customer Service number at **1-800-457-4708 (TTY: 711)**. Hours are 8 a.m. – 8 p.m., seven days a week through Feb. 15, 2016, and 8 a.m. - 8 p.m., Monday – Friday, the rest of the year.

Esta información está disponible gratuitamente en otros lenguajes. Póngase en contacto con nuestro Departamento de Atención al Cliente al **1-800-457-4708 (TTY: 711)** si desea mayores informes. El horario es de 8 a.m. a 8 p.m., los siete días de la semana hasta el 15 de febrero de 2016 y de 8 a.m. a 8 p.m. de lunes a viernes por el resto del año.

本資訊也有其他語言的免費版本可供選擇。請致電 **1-800-457-4708** 與客戶服務部聯絡聽障專線：**711**。辦公時間為 2016 年 2 月 15 日以前，每週 7 天，每天上午 8 時至晚上 8 時；之後為週一至週五上午 8 時至晚上 8 時。

Humana®

