



Learn more about Humana Pharmacy®

You may be able to save money on the medicine you take every day since the plan you selected includes Humana Pharmacy as a preferred cost-sharing, mail-delivery pharmacy in your network. If you'd like to learn more or register with Humana Pharmacy, we need your written permission to have the pharmacy contact you. Provide your information below, and Humana will send it to Humana Pharmacy so the pharmacy can call you.

Consent

Yes, I would like to hear more about Humana Pharmacy. I understand I don't have to sign this authorization, and Humana can't condition treatment, payment, enrollment or eligibility of benefits on whether I sign this authorization.

Please print the following information (*required)

First name*

Last name*

Address*

City, state, ZIP*

Telephone*

Email

(By providing your email, you consent to receiving information about Humana Pharmacy by email.)

Date of birth*

Gender*

SSN* (Last 4 digits)

1. Is the number provided a cell phone number? **(yes/no)** **2.** May we contact you at that number regarding your Humana plan for informational or service purposes, such as information about your plan, health tips, reminders promoting preventive screenings, general health education, awareness and care coordination? **(yes/no)**

3. May we have your permission to call your cell phone for Humana marketing purposes, such as letting you know about new or different plan offerings that could help you save money on healthcare costs or other out-of-pocket expenses or other Humana offerings such as mail-delivery pharmacy? **(yes/no)**

If Yes to either or both questions 1 & 2: Your consent is voluntary and allows us to contact you via text messaging, artificial or prerecorded voice messages or automatic dialing. You may contact us to change your preferences at any time. Changing your preferences will not affect your eligibility for Humana benefits and enrollment, payment for coverage of services or ability to get treatment. Data use charges and rates from your cellular carrier may apply.

Unless canceled, this approval will expire two years from the signature date. If you choose to cancel, you must do so in writing by sending your name, address, date of birth and Humana member ID number to Humana MarketPoint, P.O. Box 14706, Lexington, KY 40512-4706. You also understand canceling won't apply to any personal information already released.

Humana will not release my personal information to third parties except as permitted under federal privacy laws. However, if my personal information is disclosed to third parties, Humana must notify me that my personal information can be disclosed and not be protected by these laws. I understand Humana also may receive direct or indirect payment from third parties as a result of the sale of certain products.

I give permission to Humana and its affiliates to send my personal information to Humana Pharmacy.

Signature of client or legal representative*

Date*

SAN _____

(for agent use only)

Humana is a Medicare Advantage HMO, PPO and PFFS organization and stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Other pharmacies are available in your network.

You should get your new prescription by mail 7–10 days after Humana Pharmacy has received your prescription and all the necessary information. It may take longer if they have to call you or your doctor with questions about the order. Refills should arrive within 5–7 days. If you do not receive your order within this time frame, please call Humana Pharmacy at **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.

Humana[®]

Discrimination is Against the Law

Humana Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call the number on your ID card or if you use a TTY, call 711.

If you believe that Humana has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call the number on your ID card or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card **(TTY: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación **(TTY: 711)**.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 **(TTY : 711)**。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị **(TTY:711)**.

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 **(TTY: 711)**.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card **(TTY: 711)**.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении **(телетайп: 711)**.

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou **(TTY: 711)**.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre **(ATS : 711)**.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej **(TTY: 711)**.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação **(TTY: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa **(TTY: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet **(TTY: 711)**.

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちのIDカードに記載されている電話番号までご連絡ください **(TTY : 711)**。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با شماره تلفن روی کارت شناسایی تان تماس بگیرید **(TTY: 711)**.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námbóo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' **(TTY: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).