# 2022 **Prescription Drug Benefits** at a Glance

Humana Walmart Value Rx Plan (PDP) S5884-211 State of California

## Monthly premium $24.20

### If you don't receive Extra Help for your drugs, you'll pay the following:

**Deductible** This plan has a **$480** deductible for Tier 3, Tier 4, Tier 5 drugs. You pay the full cost of these drugs until you reach $480. Then, you only pay your cost-share.

**Initial Coverage** In this stage, you may pay a cost-share that is either a **copay** — a set dollar amount — or **coinsurance** — a set percentage amount you pay each time you fill your drug.

**Preferred cost-sharing**

| **Pharmacy options**<br><br>**Get more value with cost-share options in bold** | **Retail**<br>To find the preferred cost-share retail pharmacies near you, go to **Humana.com/pharmacyfinder** | | **Mail Order**<br>Humana Pharmacy® | |
|---|---|---|---|---|
| | **30-day supply** | **90-day supply*** | **30-day supply** | **90-day supply*** |
| **Tier 1:** Preferred Generic | $0 | **$0** | $0 | **$0** |
| **Tier 2:** Generic | $2 | **$6** | $2 | **$6** |
| **Tier 3:** Preferred Brand | 15% | **15%** | 15% | **15%** |
| **Tier 4:** Non-Preferred Drug | 40% | **40%** | 40% | **40%** |
| **Tier 5:** Specialty Tier | 25% | N/A | 25% | N/A |

**Standard cost-sharing**

| **Pharmacy options** | **Retail** All other network retail pharmacies. | | **Mail Order**<br>Walmart Mail, PillPack | |
|---|---|---|---|---|
| | **30-day supply** | **90-day supply*** | **30-day supply** | **90-day supply*** |
| **Tier 1:** Preferred Generic | $10 | $30 | $10 | $30 |
| **Tier 2:** Generic | $20 | $60 | $20 | $60 |
| **Tier 3:** Preferred Brand | 19% | 19% | 19% | 19% |
| **Tier 4:** Non-Preferred Drug | 50% | 50% | 50% | 50% |
| **Tier 5:** Specialty Tier | 25% | N/A | 25% | N/A |

Once your total yearly drug costs—what is paid both by you and our plan—reach **$4,430,** the costs of your drugs may go up. Please refer to the Summary of Benefits for more information.

You can get more out of your plan by doing the following:

- **Stay in–network.** You'll pay less for your drugs at in-network pharmacies.
- **Use preferred cost–sharing pharmacies.** They offer a lower cost-share than standard cost-sharing pharmacies for most drugs (your cost-share for specialty drugs is the same at any in-network pharmacy).

Continued:

- **Get a 90-day supply of many of the drugs you take all of the time.** You'll get more and may pay less, especially when you fill at a preferred cost-sharing mail-order pharmacy.

**If you receive Extra Help for your drugs, you'll pay the following:**

**Deductible** You may pay **$0** or **$99** depending on your level of Extra Help for Tier 3, Tier 4, Tier 5. If your deductible is **$99**, you pay the full cost of these drugs until you reach **$99**. Then, you only pay your cost-share.

| **Pharmacy cost-sharing** | | |
|---|---|---|
| | **30-day supply** | **90-day supply*** |
| For generic drugs (including brand drugs treated as generic), either: | $0 copay; or<br>$1.35 copay; or<br>$3.95 copay; or<br>15% of the cost | $0 copay; or<br>$1.35 copay; or<br>$3.95 copay; or<br>15% of the cost |
| For all other drugs, either: | $0 copay; or<br>$4 copay; or<br>$9.85 copay; or<br>15% of the cost | $0 copay; or<br>$4 copay; or<br>$9.85 copay; or<br>15% of the cost |

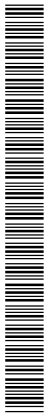
Other pharmacies are available in our network.

*Some drugs are limited to a 30-day supply.

If you have questions and are a Humana member, please contact Customer Care at 1-800-281-6918 (TTY: 711). If you are not currently a Humana member, please contact a licensed Humana sales agent at 1-844-775-9622 (TTY: 711), 8 a.m. - 8 p.m. seven days a week from Oct. 1, 2021 - Mar. 31, 2022 and Monday through Friday the rest of the year.

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

The Humana Prescription Drug Plan (PDP) pharmacy network includes limited lower-cost, preferred pharmacies in urban areas of CT, DE, IA, MA, MD, ME, MI, MN, MO, MS, MT, ND, NH, NJ, NY, PA, RI, SD, WY; suburban areas of CA, CT, DE, HI, IL, MA, MD, ME, MN, MT, ND, NH, NJ, NY, PA, PR, RI, VT, WV; and rural areas of AK, IA, MN, MT, ND, NE, SD, VT, WY. There are an extremely limited number of preferred cost share pharmacies in urban areas in the following states: DE, MA, ME, MN, MS, ND, NY; suburban areas of: MT and ND; and rural areas of: ND. 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 whether there are any lower-cost preferred pharmacies in your area, please call Customer Care at 1-800-281-6918 (TTY: 711) or consult the online pharmacy directory at Humana.com.



Get all your health plan details at
**Humana.com/Benefits**

Humana.

Walmart

Humana.com

S5884211000BAG22

# Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
  If you need help filing a grievance, call **1-877-320-1235** 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 their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

## Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

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.

## Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.
**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。
**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.
**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .
**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.
**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.
**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.
**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.
**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.
**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.
**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.
**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.
**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。
**فارسی (Farsi)**
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.
**Diné Bizaad (Navajo):** Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę́ niká'adoowoł.
**العربية (Arabic)**
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك