

HUMANA MEDICARE EMPLOYER PDP PLAN  
2022 PDP for Standard Plan 037 Option 105  
Group Plus Formulary

30 day Supplies

PDP Option Number	30 day Standard Retail from \$0 to ICL (1)				30 day Standard Retail from ICL to Catastrophic (2) "Coverage Gap"				30 day Standard Retail from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	30 day Standard Retail Home Infusion Drugs (3)			
	Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
PDP 5	\$4	\$25	\$54	33%	\$4	25%	25%	25%	Member pays the greater of \$3.95 for generic/preferred multi-source drugs/biosimilars and \$9.85 for all other drugs; OR 5% coinsurance.	\$7,050	\$4	\$25	\$54	25%

PDP Option Number	30 day Standard Mail Order from \$0 to ICL (1)				30 day Standard Mail Order from ICL to Catastrophic (2) "Coverage Gap"				30 day Standard Mail Order from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	30 day Standard Mail Order Home Infusion Drugs (3)			
	Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
PDP 5	\$4	\$25	\$54	33%	\$4	25%	25%	25%	Member pays the greater of \$3.95 for generic/preferred multi-source drugs/biosimilars and \$9.85 for all other drugs; OR 5% coinsurance.	\$7,050	\$4	\$25	\$54	25%

\*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.  
Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.  
Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offered at a higher cost than Tier 2 Preferred Brand drugs.  
Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

90 day Supplies

PDP Option Number	90 day Standard Retail (4) from \$0 to ICL (1)				90 day Standard Retail (4) from ICL to Catastrophic (2) "Coverage Gap"				90 day Standard Retail (4) from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	90 day Standard Retail Home Infusion Drugs (3)			
	Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
PDP 5	\$12	\$75	\$162	N/A	\$12	25%	25%	N/A	Member pays the greater of \$3.95 for generic/preferred multi-source drugs/biosimilars and \$9.85 for all other drugs; OR 5% coinsurance.	\$7,050	\$12	\$75	\$162	N/A

PDP Option Number	90 day Standard Mail Order (4) from \$0 to ICL (1)				90 day Standard Mail Order (4) from ICL to Catastrophic (2) "Coverage Gap"				90 day Standard Mail Order (4) from Catastrophic to Unlimited	Out-of-Pocket that triggers Catastrophic	90 day Standard Mail Order Home Infusion Drugs (3)			
	Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
PDP 5	\$0	\$50	\$108	N/A	\$4	25%	25%	N/A	Member pays the greater of \$3.95 for generic/preferred multi-source drugs/biosimilars and \$9.85 for all other drugs; OR 5% coinsurance.	\$7,050	\$0	\$50	\$108	N/A

Footnotes

- 1 ICL (Initial Coverage Limit): When total drug cost (the amount the member pays plus the amount Humana pays) reaches \$4,430.
- 2 Catastrophic: When a member's True Out Of Pocket (TrOOP) cost reaches \$7,050.
- 3 Home Infusion Drugs: After the deductible has been met, these drugs will be covered at the specified cost shares in the Coverage Gap.
- 4 Retail and Mail Order: Retail and Mail Order benefit for a 90-day supply is limited to Rx formulary Tiers 1-2 and most drugs on Tier 3. Regardless of tier placement, Specialty drugs are limited to a 30-day supply.

Out of Network: Emergency Situations

When a member purchases a drug at an out-of-network pharmacy in an emergency situation:

a. the member will pay the same coinsurance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or,

b. the member will pay the same copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price and the network pharmacy price.

Extra Services

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor. The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of your Humana membership card. CMS does not permit discussing the below services with potential enrollees prior to enrollment.

• Complementary Alternative Medicine and Weight Management (Tivity)	Discounts for complementary and alternative medicine services including chiropractic, acupuncture, massage therapy and nutrition. Services must be received from participating designated providers.
• Dental Discount (CAREINGTON administered by HumanaDental) - Available only in Florida	Discounts on dental services. Services must be received from participating Careington providers.
• Dental Discount (HumanaDental) - Not Available in Florida or Puerto Rico	Discounts on dental services. Services must be received from participating HumanaDental providers.
• Hearing Discount (HearUSA) - Available in Florida only	Discounts on hearing aids, accessories and hearing assistance products.
• Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico	Discounts on hearing aids. Services must be received at a TruHearing hearing center.
• Lifeline Program (Philips Lifeline)	Philips Lifeline may help members live independently with peace of mind. Personal emergency response services connect members to caregivers and emergency services when an incident occurs. Wireless or landline options available.
• Meal Delivery Discount (Mom's Meals)	Discounts on home delivered meals to help support nutritional needs. Purchases may be placed online at MomsMeals.com/welldine or by calling 1.877.347.3438.
• Rx Discount	Members show their Humana member ID card at participating pharmacies when they buy non-covered prescription medicines to receive any available discounts. Depending on the medicine purchased, quantity limits may apply.
• Vision Discount (EyeMed Vision)	Discounts from participating EyeMed Vision Care Select network providers on routine vision services such as: Exam, contact lens fitting and follow-up, lenses, frames and laser vision correction. Discounts are taken at point of sale. Discount and funded benefits cannot be utilized within the same transaction.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. The formulary and pharmacy network may change at any time. You will receive notice when necessary. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer Prescription Drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.