

# 2023 Prescription Drug Benefits at a Glance

Humana Walmart Value Rx Plan (PDP) S5884-184 States of DC, DE, MD

## Monthly premium \$39

### Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

### Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month (up to 30-day) supply of each Part D insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. Please see your Prescription Drug Guide to find all Part D insulins covered by your plan.

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

**Deductible** No deductible for Tier 1 and Tier 2. This plan has a **\$505** deductible for Tier 3, Tier 4, Tier 5 drugs. You pay the full cost of these drugs until you reach \$505. Then, you only pay your cost-share.

**Initial Coverage** You pay the following until your total yearly drug costs reach **\$4,660**. Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.

## Mail Order Cost-Sharing

Pharmacy options	Standard		Preferred CenterWell Pharmacy™	
	30-day supply	90-day supply*	30-day supply	90-day supply*
<b>Get more value with cost-share options in bold</b>	Walmart Mail, PillPack Other pharmacies are available in our network. To find the pharmacy mail order options, go to <a href="https://www.humana.com/pharmacyfinder">Humana.com/pharmacyfinder</a>			
<b>Tier 1:</b> Preferred Generic	\$10	\$30	\$1	<b>\$3</b>
<b>Tier 2:</b> Generic	\$20	\$60	\$2	<b>\$6</b>
<b>Tier 3:</b> Preferred Brand	20%	20%	15%	<b>15%</b>
<b>Tier 4:</b> Non-Preferred Drug	50%	50%	50%	<b>50%</b>
<b>Tier 5:</b> Specialty Tier	25%	N/A	25%	N/A

## Retail Cost-Sharing

Pharmacy options	Standard All other network retail pharmacies.		Preferred To find the preferred cost-share retail pharmacies near you, go to <a href="https://www.humana.com/pharmacyfinder">Humana.com/pharmacyfinder</a>	
	30-day supply	90-day supply*	30-day supply	90-day supply*

Continued:

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<b>Tier 1:</b> Preferred Generic	\$10	\$30	\$1	<b>\$3</b>
<b>Tier 2:</b> Generic	\$20	\$60	\$2	<b>\$6</b>
<b>Tier 3:</b> Preferred Brand	20%	20%	15%	<b>15%</b>
<b>Tier 4:</b> Non-Preferred Drug	50%	50%	50%	<b>50%</b>
<b>Tier 5:</b> Specialty Tier	25%	N/A	25%	N/A

Once your total yearly drug costs—what is paid both by you and our plan—reach **\$4,660** 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 your 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).
- **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 pharmacy.

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

**Deductible** You may pay **\$0** or **\$104** depending on your level of "Extra Help" for Tier 3, Tier 4, Tier 5. If your deductible is **\$104**, you pay the full cost of these drugs until you reach **\$104**. Then, you only pay your cost-share.

Pharmacy cost-sharing		
For generic drugs (including brand drugs treated as generic), either:	30-day supply	90-day supply*
	\$0 copay; or \$1.45 copay; or \$4.15 copay; or 15% of the cost	\$0 copay; or \$1.45 copay; or \$4.15 copay; or 15% of the cost
For all other drugs, either:		
	\$0 copay; or \$4.30 copay; or \$10.35 copay; or 15% of the cost	\$0 copay; or \$4.30 copay; or \$10.35 copay; or 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, 2022 - Mar. 31, 2023 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, ME, MN, MO, MS, ND, NJ, NY, PR, RI, SD; suburban areas of CT, MA, ME, MN, MT, ND, NH, NJ, NY, PA, PR, RI; and rural areas of 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, ME, MN, MS, ND; 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](https://www.humana.com/Benefits)**



## Important

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### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**.

### Auxiliary aids and services, free of charge, are available to you.

**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.

**This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.**

**Español (Spanish):** Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

**繁體中文 (Chinese):** 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。